

The IUD consultation

Involves

- Explaining the risks, answering questions and obtaining a signed consent
- Infection control measures, examining the client, inserting a speculum, providing optional anaesthetic to the cervix, measuring the uterus, inserting the IUD
- Ensuring good recovery of the client, managing any complications such as vasovagals, and providing aftercare instructions
- Corresponding with the client's GP if indicated
- Writing detailed notes into the client's health record

Requires

- At least 45 minutes
- A nurse assistant for preparation, insertion and aftercare
- An IUD pack costing \$25

Current PBS remuneration if bulk billed \$72.05

Intrauterine Device Insertion Consent Form

Client:
 DOB:
 Address:
 File number:

Client
to
initial

| | |
|--|--|
| <p>I have discussed the benefits, risks, and side effects of using non-hormonal copper-bearing intrauterine devices (IUDs) and hormonal progestogen-releasing IUDs with staff at True Relationships & Reproductive Health. The nature of the insertion procedure has been fully explained to me and I have read the True Fact Sheet on this method of contraception. Based on this information, I have chosen a device to be inserted today.</p> | |
| <p>I understand that the insertion of an IUD has the following risks:</p> <ul style="list-style-type: none"> • Failure of the IUD to prevent pregnancy: <ul style="list-style-type: none"> ○ Mirena: 1 in 500 by the end of 1st year, increasing to 3-4 in 500 after 5 years ○ Kyleena: 1 in 500 by the end of 1st year, increasing to 7 in 500 after 5 years ○ Copper IUD: 4 in 500 for the entire time (5 to 10 years) • Expulsion (falling or pushing out) of the IUD – about 1 in 20 • Pelvic infection (infection of the uterus and tubes) – about 1 in 300 within 3 weeks of the insertion procedure • Perforation (damage) to the walls of the uterus by an instrument or the IUD <ul style="list-style-type: none"> ○ Approximately 1 in 500 insertions ○ 3 to 6 times increased risk if breastfeeding and/or up to 9 months postpartum • Possible fainting episode during the insertion procedure • An ultrasound may be required before or after the procedure to check anatomy or IUD position. This may be a point of care transvaginal and/or transabdominal ultrasound (where available) or a diagnostic ultrasound with an external provider, and may incur a cost. • Removal of the IUD under general anaesthetic if the IUD threads withdraw (missing strings) or the IUD is not in the correct position (perforation). | |
| <p>I understand the importance of excluding the possibility that I am already pregnant when the device is inserted. I have accurately reported to the clinician that the first day of my most recent period is <date> and/or given the clinician accurate information about recent sexual activity to ensure appropriate timing of insertion.</p> | |
| <p>I am aware that I must not drive a motor vehicle for at least one hour after the procedure.</p> | |
| <p>I am aware of the importance of attending an appointment at the clinic 2-3 weeks after insertion to check for unusual complications such as perforation of the uterus or pelvic infection. I am aware that these complications can occur without obvious symptoms and that it is my responsibility to arrange and attend this follow up appointment.</p> | |
| <p>I understand that the IUD must be removed within years, since leaving it in place for longer will increase the chances of a pregnancy occurring. I am aware that it is my responsibility to arrange removal no later than <date> .</p> | |
| <p>I have advised that I am/am not allergic to latex.</p> | |
| <p>I have been advised that I do/do not need to use additional contraception for 7 days after the insertion.</p> | |
| <p>I understand the need to provide True with an emergency contact as I am undergoing a procedure in this clinic.</p> | |

EMERGENCY CONTACT DETAILS

Emergency contact: _____ Phone: _____

I,
 consent to the insertion of an IUD and to the use of local anaesthetic to reduce discomfort (if required). I have initialled all the above and by doing so acknowledge that these have been understood by me.

Client Signature: _____ Date: _____

Inserting Clinician Signature: _____ Date: _____

**Informed Financial Consent – IUD Insertion/Removal
Clinic**

Client information

Client name _____ DOB _____

Address _____

Telephone _____ Postcode _____

Procedure details

Date: / /

| Procedure | ✓ | Item no. | ✓ | Private fee | ✓ | Medicare Rebate | ✓ | Client Gap | ✓ |
|-----------------------------|---|--------------|---|-------------------------------|---|-------------------------------|---|-----------------------------|---|
| IUD Insertion | | 35503 | | \$225.00 \$82.05 (HCC/PCC) | | \$72.05 | | \$152.95 \$10 (HCC/PCC) | |
| Nurse/NP - Insertions | | Nurse IUDI | | \$200.00 | | - | | \$200.00 | |
| Consultation (VR) | | 23, 36 44 | | \$80/\$130 \$175 | | \$39.75 / \$76.95 \$113.30 | | \$40.25 /\$53.05 \$61.70 | |
| NP – Prolonged Consultation | | 82215 | | \$120.00 | | \$52.70 | | \$67.30 | |
| Copper IUD Device | | CulUD | | \$110.00 | | - | | \$110.00 | |
| Pregnancy test | | 73806 | | \$15.00 | | \$8.65 | | \$6.35 | |
| NP – Pregnancy test | | 73833 | | \$15.00 | | \$8.65 | | \$6.35 | |
| Ultrasound – IUD Placement | | | | \$40.00 | | | | \$40.00 | |

Client/Guardian to complete

Certification

I, (insert name) _____

I am aware that the above cost estimates relate to the proposed treatment and may change as a result of variations in the actual treatment provided.

I am aware I may receive separate accounts from other service providers associated with my treatment, including from pathology and radiology.

I understand that if the IUD is not successfully inserted, is expelled, or is removed prematurely due to complications, I am still liable for the cost of the device. This does not include devices deemed faulty by the clinician.

I understand that as a client I am responsible for all medical costs that are not covered by my health fund or Medicare. I am aware that it is my responsibility to confirm any out of pockets costs with Medicare, my health fund, or other external providers. Those clients without Medicare or relevant travel insurance will be responsible for all costs associated with treatment at True, to be paid on the day.

The client or nominee named herein undertakes to pay the client payment as indicated, together with any unforeseen costs which may arise as a consequence of the procedure(s).

Signature of client

Date

____/____/____

| | |
|-------------------------|--|
| Signature of clinician: | Examples of other fees from external providers – Pathology, radiology and Hospital admission. True is not responsible for any out of pocket costs provided by external agencies. |
| Name of clinician: | |
| Date: | |

After your IUD Insertion

You have just had the following intrauterine device (IUD) inserted:
<Type of IUD inserted>

This IUD can be removed at any time but no later than:
<Date of removal>

Please read the following important post-insertion instructions:

1. Nothing is to be inserted into the vagina for 48 hours after insertion. This includes no penetrative intercourse, no tampons (use sanitary pads instead), no baths (have a shower instead) and no swimming.
2. You may experience mild cramps and some bleeding like a period for up to a week or so after the insertion of an IUD. This should respond well to rest, analgesics such as ibuprofen, and local heat.
3. You may notice changed vaginal mucus discharge for the first few weeks after IUD insertion.
4. For the first few post-insertion months, there may be some irregular bleeding. This is expected and normally settles. Irregular bleeding is common at the start of using a hormonal progestogen-releasing IUD (Mirena and Kyleena) and may take three to six months to settle.
5. You should check for the strings of your IUD within one week after the insertion, and then at regular intervals. Speak to the clinic doctor or nurse if you are not sure how to do this. If you cannot find the strings, use another form of contraception (e.g. condoms) and make an appointment for a check-up.
6. If you have any of the following symptoms, contact the clinic immediately to arrange an urgent face-to-face appointment with a nurse or doctor:
 - Unusual menstrual bleeding or heavy bleeding between periods
 - Pelvic pain or pain with intercourse
 - Offensive or discoloured discharge
 - Fever, aching or feeling generally unwell without obvious cause
 - Unable to locate IUD strings
 - If you suspect you may be pregnant
 - If you have a copper IUD in place and miss a period
7. You have been advised that you need to use additional contraception for the next 7 days.
8. If you have a copper IUD, you should not have microwave/short wave therapy to your abdomen or lower back.
9. It is very important to make an appointment and attend a follow-up in 2-3 weeks. Complications such as perforation of the uterus or pelvic infection do not always have obvious symptoms.

Appointment date: _____

Signed: _____ 21/02/2023

True clinic locations

Brisbane Clinic
Tel: 07 3250 0200

Cairns Clinic
Tel: 07 4051 3788

Ipswich Clinic
Tel: 07 3281 4088

Rockhampton Clinic
Tel: 07 4927 3999

Toowoomba Clinic
Tel: 07 4632 8166

true | relationships & reproductive health - Rockhampton Clinic
True
U10-11 301-307 Farm St
Norman Gardens 4701
P 0749273999 F 0749276003 W www.true.org.au
ABN 009 860 164 Family Planning Queensland

21/02/2023

Dear <General Practitioner>,

Re: <Patient name and DOB >

Your patient attended True Relationships & Reproductive Health for insertion of a Intrauterine Device (IUD) today. Prior to the IUD insertion, was fully counselled on the benefits and risks of this contraceptive method. After the insertion today, the IUD strings were cut to approximately <number> cm from the external cervical os.

Your patient has been advised of usual precautions to follow after the insertion of an IUD, and that mild lower abdominal discomfort, cramps and bleeding may last for up to a week or two following insertion. has been given information on symptoms that require medical follow up.

Please refer to the attached notes on normal progress and possible complications following IUD insertion and the 'After Your IUD' Client Information Handout.

Your patient has been asked to attend for a follow up appointment in approximately 2-3 weeks, which may occur at our True clinic or your GP practice. At this post-insertion visit the following should be checked:

- History of menses including intermenstrual bleeding
- History of abnormal discharge, pelvic pain, and/or dyspareunia
- Confirm ability to check presence of strings
- Speculum examination to determine presence and length of strings, and to exclude abnormal discharge. If strings are not detectable, the possibility of uterine perforation must be considered and investigated.
- Bimanual examination to exclude pelvic tenderness

If you conduct this follow-up visit, please fax the attached follow-up form to 0749276003.

After this visit, it is recommended that the IUD strings are checked at the time of any routine cervical screening visits or at any time that experiences problems.

The expiry date for this device is: <date> .

Please phone your local True clinic if any problems arise or you require assistance with 's ongoing care.

Yours sincerely,

Dr Danielle Haller
True
U10-11 301-307 Farm St
Norman Gardens 4701

Follow Up after Intrauterine Device (IUD) Insertions

Complications following IUD insertion are uncommon. However, in the days/weeks following the insertion, if there are any concerns with level of pain and/or bleeding the most important diagnoses to exclude are perforation and pelvic infection. Please contact True Relationships & Reproductive Health for management advice. Uterine perforation can also be asymptomatic so this should always be considered when IUD strings cannot be seen.

Expected normal progress:

1. Bleeding:

Copper IUDs

- For the first 1-2 months there may be some intermenstrual bleeding/spotting; this should settle.
- Menstrual periods are usually slightly heavier and longer, especially if a woman has been on oral contraception prior to IUD insertion. It is particularly likely in the first 2-3 months after insertion.
- Dysmenorrhea may also increase.
- Periods are commonly preceded by a few days of spotting.

Levonorgestrel IUDs (Mirena 52mg or Kyleena 19.5mg)

- For the first 3-6 months there may be irregular bleeding and spotting
- This should settle; with long term oligomenorrhea or amenorrhea likely within 6-12 months
- Most clients will continue to ovulate normally with a levonorgestrel IUD device, despite being amenorrhoeic or oligomenorrhoeic so cyclical changes such as mastalgia or bloating may still be noticed.

2. Pain:

- Many clients will experience some crampy lower abdominal pain in the days following IUD insertion. It is more common in nulliparous clients. This pain should be relieved with local heat and simple analgesics/ NSAIDs.
- With any complaints of pain and/or dyspareunia – pelvic infection or perforation should be considered. Both are rare complications of IUD insertion.

3. Strings:

- Clients should check for the presence of the strings within a week after insertion and then after each period; particularly the first period(s) after insertion (IUD expulsion can occur after 3-6% of insertions).
- The visible string length (from external os) should remain constant after insertion.
- If the strings are not visible the possibilities include perforation, expulsion or the strings having been drawn into/looped into the endocervical canal. A pelvic ultrasound (+/- abdominal X-ray if device not within uterus on US) will differentiate between these scenarios. Until the presence of the device is clarified, additional contraception should be used.
- If the strings have lengthened this may indicate partial expulsion. A pelvic ultrasound should be ordered to check position in the cavity.

4. Discharge:

- An increase in cervical mucous discharge is commonly noted with IUDs. Purulent or offensive discharge would not be expected.
- Assessment for possible pelvic infection relies on symptoms and signs of pelvic inflammatory disease (PID) such as abdominal or adnexal tenderness, cervical excitation, and/or fever.

Please note - If any problems arise at any point, please discuss management with staff at the True clinic. Our preference is to make an urgent appointment available at True for any client experiencing any possible complications from an IUD inserted at our clinic. If this is not possible, we can provide you with management advice or assist in arranging alternative follow up.

After your IUD Insertion

You have just had the following intrauterine device (IUD) inserted:

This IUD can be removed at any time but no later than:

Please read the following important post-insertion instructions:

1. Nothing is to be inserted into the vagina for 48 hours after insertion. This includes no penetrative intercourse, no tampons (use sanitary pads instead), no baths (have a shower instead) and no swimming.
2. You may experience mild cramps and some bleeding like a period for up to a week or so after the insertion of an IUD. This should respond well to rest, analgesics such as ibuprofen, and local heat.
3. You may notice changed vaginal mucus discharge for the first few weeks after IUD insertion.
4. For the first few post-insertion months, there may be some irregular bleeding. This is expected and normally settles. Irregular bleeding is common at the start of using a hormonal progestogen-releasing IUD (Mirena and Kyleena) and may take three to six months to settle.
5. You should check for the strings of your IUD within one week after the insertion, and then at regular intervals. Speak to the clinic doctor or nurse if you are not sure how to do this. If you cannot find the strings, use another form of contraception (e.g. condoms) and make an appointment for a check-up.
6. If you have any of the following symptoms, contact the clinic immediately and speak to a nurse or doctor as you will probably need to come in for a check-up:

- 1 **Unusual menstrual bleeding or heavy bleeding between periods**
- 2 **Pelvic pain or pain with intercourse**
- 3 **Offensive or discoloured discharge**
- 4 **Fever, aching or feeling generally unwell without obvious cause**
- 5 **Unable to locate IUD strings**
- 6 **If you suspect you may be pregnant**
- 7 **If you have a copper IUD in place and miss a period**

1. You have been advised that you need to use additional contraception for the next 7 days.
2. If you have a copper IUD, you should not have microwave/short wave therapy to your abdomen or lower back.
3. It is very important to make an appointment and attend a follow-up in 2-3 weeks. Complications such as perforation of the uterus or pelvic infection do not always have obvious symptoms.

Appointment date: _____

Signed: _____ Date: _____

True clinic locations

Brisbane Clinic
Clinic
Tel: 07 3250 0200
8166

Cairns Clinic
Tel: 07 4051 3788

Ipswich Clinic
Tel: 07 3281 4088

Rockhampton Clinic
Tel: 07 4927 3999

Toowoomba
Tel: 07 4632

Post IUD Insertion Check

Fax Back Form

Please fax this form back to True Relationships & Reproductive Health on 0749276003.

This client attended follow up with:

Client Name: _____

D.O.B: _____

Doctor: _____

Contact number: _____

Date of follow up: _____

1. Any problems/complications with IUD:

No Yes

2. Was there any pelvic pain on vaginal examination?

No Yes

3. Were the IUD strings visible at the cervix?

No Yes

4. Any other comments or findings?

No Yes

Clinical notes template used for IUD insertions

Intrauterine Device (IUD) Insertion

True clinician: ^

Assistant: ^

Trainee present: ^ <Name>

Contact details checked: ^

Type of IUD: ^

Indication for IUD: ^

Premed taken: ^

Pregnancy exclusion (history, LNMP): ^

Urinary HCG result today: ^

Any UPI last 7 days if removing IUD: ^

STI risk assessment: ^

STI screen result confirmed and recorded: ^

BV treatment taken if prescribed: ^

Allergies checked: ^

History of vasovagals: ^

Consent signed: ^

Informed financial consent signed: ^

Procedure:

PV findings: ^

Clinical Sx BV present: ^

HVS: ^

Cervix cleansing completed: ^

Previous IUD removed intact (Y/N/NA): ^

Local anaesthetic: ^ <Type>

Sound: ^ cm

Insertion difficulties/complications: ^

Length of strings: ^ cm

Trainee insertion: ^

Date for removal/changover: ^

IUD batch number: ^

IUD expiry/insert by date: ^

If Mirena/Kyleena, IUD pack batch number: ^

IUD insertion kit sterilisation batch number: ^

IUD insertion kit sterilisation date: ^

IUD insertion kit expiry date: ^

Other equipment used (type, batch number, sterilisation/expiry date: ^

Reminder card Issued: ^

Reminder added to best practice for changeover: ^

"After Your IUD" sheet discussed & supplied: ^

Follow up: ^ <True/GP>

GP letter generated: ^

Most popular searches

IUD Insertion Kit

Face Mask Level 2 Surgical

Siltape

I.V. Pressure Pad

Nasal Bolster / Nose Bandage - Non Sterile

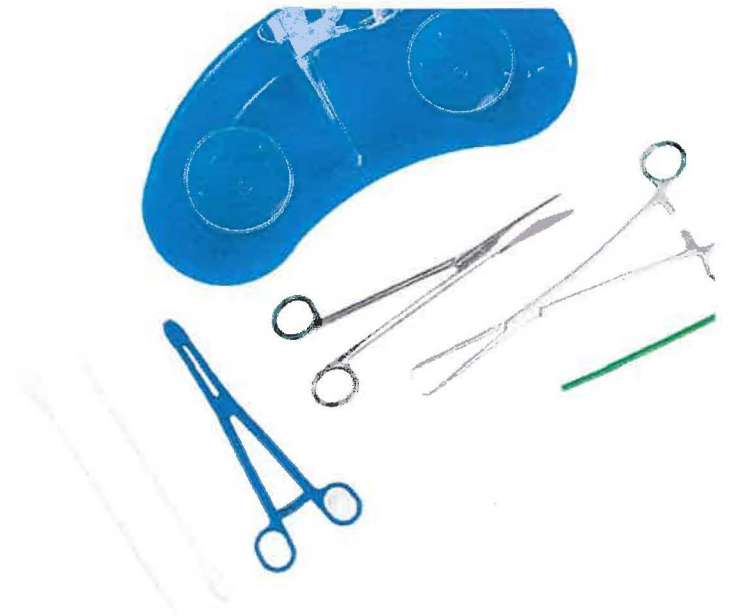
Activon Manuka Honey Tube 25g

Swab Sticks 15cm (Pack of 2)

Speculum - Vaginal with LED Light - Small - Sterile

Infrared Forehead Thermometer

Protective Safety Glasses



The MTOP consultation

Involves

- Explaining the risks, answering questions and obtaining a signed consent. An additional consent is required for a VEMA (very early medical abortion).
- Detailing a time-line for taking the 2 medication steps which may include supervising the taking of the 1st step at that consultation
- Arranging follow-up appointments for 1 week and 4 weeks
- Providing a letter for the local hospital
- Corresponding with the client's GP if indicated
- Discussing and providing future contraception
- Prescribing medications including an authority script for MS-2 Step and doing a Q-script check for administering a monitor medication (codeine) for pain relief
- Providing pathology forms for follow-up blood tests if required
- Writing detailed notes into the client's health record

Requires

- At least 60 minutes

Current PBS remuneration if bulk billed \$113.50 for a level D consultation.

Consent To Medical Termination with Mifepristone and Misoprostol

Potential Risks

Please note that the risks mentioned in the list below, and in the information brochure, are not exhaustive or inclusive of all possible complications, but are the ones generally known or associated with a Medical Termination of Pregnancy (MToP).

1. Failure of the Procedure (< 1% risk)
 - In this case, the process may be repeated if you are still under 63 days gestation (9 weeks). Alternatively, you may require a Surgical Termination of Pregnancy (SToP), and a clinician at True will refer you to another provider that can perform a SToP. You would be responsible for paying that provider/clinic for the surgical procedure.
 - If you have a continuing pregnancy and decide to keep the pregnancy, foetal malformations from the use of Misoprostol may occur. The effect of Mifepristone on a foetus is unknown.
2. Incomplete Procedure (approximately 5% risk)
 - Some of the pregnancy products can remain in the uterus after completing the procedure (after taking the medication)
 - In this situation, a surgical procedure may be necessary to remove these products.
 - A True clinician would refer you to your nearest hospital Emergency Department in this instance.
3. Heavy bleeding
 - Requiring surgical management (1-2% risk).
 - Requiring blood transfusion (0.1% risk)
 - A True clinician would refer you to your nearest hospital Emergency Department in this instance
4. Serious infection
 - A very rare complication but can be life threatening
 - Can present with persistent abdominal pain or feeling unwell, with or without a fever, following the treatment
 - If you experience any of these symptoms, contact a clinician immediately: nearest True clinic during office hours or the 24-hour After Care Number 1300 515 883.
5. Ectopic Pregnancy is a complication of Pregnancy, not of MToP.

Possible Side Effects

- You have a 5% chance of expelling the products of conception before you take Step 2.
- Possible side effects of the medication used include nausea, diarrhoea, vomiting, dizziness, headaches, fever and chills.
- Although low abdominal cramping and vaginal bleeding are an expected part of ending a pregnancy, it is important to note that there is a possibility that you may experience excessive or prolonged bleeding and severe cramping which is not relieved by oral pain medication.

ACKNOWLEDGEMENT (initialled by client)

I have read and understood the Client Information Brochure about the treatment and after care _____
I have received satisfactory answers to my questions and have no further queries _____

I of consent to Medical Termination of Pregnancy using Mifepristone and Misoprostol.

The nature, consequences, risks and side effects of this treatment have been explained to me, as well as the alternatives, including continuing with the pregnancy. I have been informed about the possibility of treatment failure, and that I may require a surgical procedure to complete the termination of pregnancy. I understand that TRUE is not responsible for the financial costs incurred to me in that situation.

I understand that if I decide not to complete the treatment once it has begun, or treatment fails to end the pregnancy, there is a significant risk of harm to the foetus if I continue with the pregnancy. I am aware that I must comply with any follow up arrangements advised by the doctor.

I am satisfied that I have been given the opportunity to explore all the options regarding my pregnancy and I am consenting to its termination of my own free will.

Client Name _____

Signature _____ Date ___/___/___

I confirm that, in my opinion, the client understands the nature and purposes of the combination of medications used to perform a medical termination of pregnancy, which has been explained to the client's understanding and the client is able to give informed consent.

Doctor Name _____

Signature _____ Date ___/___/___

Consent for Follow-up

You will receive an SMS on Day 3-5 from the clinic nurse. This will remind you about phone numbers to call if you have a problem.

It is important to attend a phone consultation 1 week from today. This is to help determine if the MToP process has been successful.

It is also recommended that you have a face-to-face or phone appointment with the clinic 4 weeks after your MToP.

If the doctor is using the VEMA protocol, you are also required to have a blood test on the day of your MToP, and a repeat blood test after the MToP (on Day 5 or 7).

The dates for the follow-up call in 1 week and the next follow-up at 4 weeks will be arranged before you leave today.

I, , hereby consent to receive a text message reminder and follow-up phone call(s) from the True clinic after my medical procedure.

Best Contact Phone Number:

Signature _____ Date __/__/__

Dates for follow-up (optional to complete here):

Form

Informed Financial Consent – MTOP

Clinic

Client information

Client name

Address

Telephone

Postcode

DOB

Procedure details

Date: 21/02/2023

| Procedure | ✓ | Item no. | ✓ | Private fee | ✓ | Medicare Rebate | ✓ | Client Gap | ✓ |
|--|---|----------|---|-------------|---|-----------------|---|------------|---|
| Prolonged Consultation | | 44 | | \$175.00 | | \$113.30 | | \$61.70 | |
| MTOP | | MTOP | | \$191.70 | | - | | \$191.70 | |
| MS2Step Medication – Non-Medicare | | MS-2Step | | \$370.00* | | - | | \$370.00* | |
| MS2Step Medication – Medicare | | MS-2Step | | \$30.00* | | - | | \$30.00* | |
| MS2Step Medication – Medicare + Concession | | | | \$6.30* | | - | | \$6.30* | |
| Pain relief Medication | | Codalgin | | \$6.30* | | - | | \$6.30* | |

*Please note these prices are an estimate only. Prices may vary depending on location.

Client/Guardian to complete

Certification

I, (insert name)

I am aware that the above cost estimates relate to the proposed treatment and may change as a result of variations in the actual treatment provided. If I vomit step 1 within 1 hour, I am aware that I will need to pay for the medication again.

I am aware I may receive separate accounts from other service providers associated with my treatment, including from pathology and radiology.

I understand that as a client I am responsible for all medical costs that are not covered by my health fund or Medicare. I am aware that it is my responsibility to confirm any out of pockets costs with Medicare, my health fund or other external providers. Those clients without Medicare or relevant travel insurance will be responsible for all costs associated with treatment at True, to be paid on the day.

The client or nominee named herein undertakes to pay the client payment as indicated, together with any unforeseen costs, which may arise as a consequence of the procedure(s).

Signature of client

Date

___/___/___

Signature of clinician:

Name of clinician:

Date:

Examples of other fees from external providers – Pathology, radiology and Hospital admission.

True is not responsible for any out of pocket costs provided by external agencies.

PREGNANCY OF UNKNOWN LOCATION

An ultrasound scan has been unable to demonstrate a pregnancy within your uterus (no evidence of a yolk sac or fetal pole in an intrauterine gestational sac), despite a positive pregnancy test.

There are four possibilities to explain this:

1. Your pregnancy is very early and not yet visible
2. The pregnancy has stopped growing and may therefore miscarry itself
3. You have started to miscarry - this would be associated with vaginal bleeding and abdominal cramping
4. The pregnancy is not inside the uterus, but in the fallopian tube. This is called an **ectopic pregnancy** and while uncommon is potentially a very serious gynaecological condition.

Are you at risk of an ectopic pregnancy?

If you have the following risk factors for ectopic pregnancy you will need further testing before you can proceed with a medical termination:

- previous ectopic pregnancy
- intrauterine contraceptive device in place
- history of pelvic inflammatory disease or tubal surgery
- signs or symptoms of ectopic pregnancy (severe abdominal pain, unilateral pelvic or shoulder tip pain, onset of weakness, heavy bleeding)
- gestation estimated by dates is incompatible with the quantitative serum human chorionic gonadotrophin (hCG) measurement and the first ultrasound

What to do from here?

Your doctor has determined that you are not at a very high risk of ectopic pregnancy.

The medical termination tablets will not treat an ectopic pregnancy.

An ectopic pregnancy needs urgent treatment at a hospital, with alternative management.

Delayed treatment of an ectopic pregnancy can be life-threatening.

You have two options for what to do next:

1. **Wait** and have **further testing** to ensure this is not an ectopic pregnancy.
 - a. This will involve further blood tests and/or scans.
 - b. This may mean waiting a week or more before starting the medical termination.
 - c. If there is an ectopic pregnancy, urgent treatment for this can be arranged with your local hospital.
 - d. If you have pain or bleeding while waiting, we will know that you need to be checked at hospital
2. **Go ahead** with the medical termination **now**. This is the VEMA (Very Early Medical Abortion) PROTOCOL.
 - a. This means no more waiting or scans before starting the termination.
 - a. **More blood tests** are needed during the termination process so an ectopic pregnancy can be picked up.
 - i. The first blood test is on the day you take the first tablets (Day 1)
 - ii. The second blood test is a few days after this (Day 5 or 7)
 - b. These blood tests might be able to find an ectopic pregnancy sooner compared to waiting and scanning again.
 - c. If there is an ectopic pregnancy, urgent treatment for this can be arranged with your local hospital.
 - d. These tablets aren't dangerous if there is an ectopic pregnancy, but might make it harder to tell if you need to go to hospital. Pain and bleeding can be caused by the tablets, but also by an ectopic pregnancy.
 - e. Starting the medical termination earlier can mean less intense bleeding and pain, and less chance of needing further treatment for an incomplete termination

Important Message

Because one of these four options, an ectopic pregnancy, is potentially life-threatening, it is essential that you undertake the blood tests we have recommended. In the meantime, if you should experience severe constant abdominal pain, especially if one-sided, heavy vaginal bleeding or feel faint or weak, you must present to your local hospital Emergency Department immediately.

I, <Client's name>

confirm that I have read and understood the above information relating to my Pregnancy of Unknown Location, and have received satisfactory answers to my questions.

Signature _____ 22/02/2023

Witnessed by <Clinician's name> Signature _____ 22/02/2023



true | relationships & reproductive health - Rockhampton Clinic

True

U10-11 301-307 Farm St

Norman Gardens 4701

P 0749273999 F 0749276003 W www.true.org.au

ABN 609 860 164 Family Planning Queensland

22/02/2023

RE:

DOB:

Address:

To the Emergency Department

Dear Doctor,

<Client name> has been provided with a medical termination of pregnancy (MToP) at <number of week> weeks' gestation using the MS-2 Step regimen of Mifepristone 200 mg po and Misoprostol 800 mcg buccal medication.

In the event of excessive bleeding or pain in the 48 hours following the MToP, she has been advised to present to an Emergency Department for assessment and medical stabilisation if necessary.

Anti-D has not been given in accordance with the updated National Blood Authority guidelines for the Prophylactic Use of Rh Immunoglobulin in Pregnancy Care 2021, and Therapeutic Guidelines (eTG).

Sexually-transmitted infection screen - completed on <date>

Contraception: <type/date to commenced on>

Yours Sincerely,

<Clinician's name>



True | relationships & reproductive health - Rockhampton Clinic

True

U10-11 301-307 Farm St

Norman Gardens 4701

P 0749273999 F 0749276003 W www.true.org.au

ABN 009 860 164 Family Planning Queensland

22/02/2023

RE:
DOB:

Dear <General Practitioner>,

Your patient, <client name> , has been seen, counselled, advised on the process, and prescribed medication for a medical termination of pregnancy (MToP).

<Client name> was dispensed MS-2 Step, and planned to take mifepristone 200 mg orally and follow this in 24-48 hours with misoprostol 800 mcg buccally. She has also been provided with analgesia (paracetamol/codeine) to take prior to the misoprostol.

Anti-D has not been given in accordance with the updated National Blood Authority guidelines for the Prophylactic Use of Rh Immunoglobulin in Pregnancy Care 2021, and Therapeutic Guidelines (eTG).

Results from any other relevant investigations performed will be forwarded to you (e.g. STI screen).

Contraceptive needs have been discussed. - <details>

Please do not hesitate to contact me during business hours at the clinic number listed below, if you have any queries or concerns regarding your patient.

Yours Sincerely,

<Clinician's name>

Clinical notes template for Medical Terminations of Pregnancy

MToP Consultation with doctor

G^ P^ M^ T^

Ultrasound:

date performed: ^

gestation by USS: ^

Gestation today calculated from USS: ^

Contraception used: ^

Confirmed intrauterine location: ^

If no - pregnancy of unknown location (PUL) protocol: ^

PUL consent signed: ^

CST result: ^

STI screen result: ^

Pregnancy symptoms present: ^

Contraindications to MToP: ^

MToP procedure explained: ^

Confirmed client understands risks: ^

MToP consent signed: ^

Informed financial consent signed: ^

Location of nearest ED discussed: ^

ED letter given: ^

Letter to usual GP: ^

eTG Advice after a Medical Abortion given: ^

Contraception plan: ^

MToP Medication

Prescription for MS-2Step written: ^

Planned time to take Mifepristone: ^

Planned time to take misoprostol: ^

Prescription for paracetamol / codeine written: ^

CMI printed for paracetamol / codeine: ^

CMI printed for ondansetron: ^

Drugs Dispensed:

MS-2 step pack: ^

MS-2 step batch and expiry: ^

Paracetamol / codeine 4 x 30/500mg oral: ^

Codeine book signed: ^

Ondansetron 4mg wafer x 2: ^

MToP Followup Process ^

1. Create an ACTION for clinic nurse as high priority to send wellbeing SMS to client on Day 3-5: ^

2. If VEMA protocol:
 - a. Collect day 1 bloods at MTOP appointment, or give form to client for blood collection the same day as mifepristone dose: ^
 - b. Provide form to client for blood collection on day 5-7 post MTOP: ^
 - c. Check if client consents to SMS msg for HCG result: ^
3. Confirm appt for MTOP3 in 1 week. Date: ^
4. Confirm/arrange appt for MTOP4 in 4 weeks. Date: ^
 - a. emphasise importance of face-to-face or phone appointment in 4 weeks: ^
 - b. if remote/phone protocol provide client with UHCG test with written instructions to do at home in 4 weeks: ^
5. Create an ACTION for self/clinic nurse to check that client has attended MTOP3 and/or MTOP4: ^

NOTE: In line with current national and international guidelines, Anti-D is not recommended for this client.