Medical termination with MS-2 Step

**Clinical assessment**
- Review history (medical, sexual, obstetric)
- Psychosocial history
  - Exclude contraindications
- Obtain consent
- Remove IUD
- Discuss contraception
- Routine antenatal bloods
  - If Rh D-ve, Rh D immunoglobulin required
- Offer opportunistic health care
  - Cervical screening test
  - STI screening
  - Smoking cessation advice

**MS-2 step**
- Provide instructions for self administration
- Advise on:
  - Pain management
  - Expected bleeding
  - Possible complications
  - Accessing emergency care
  - Seeking support if no onset of bleeding within 24 hours after Misoprostol
  - Fertility, contraception and resuming sexual activity
  - Need for follow-up including non-judgemental psychosocial support/counselling or specialist care

**Woman requests termination healthcare**
- Offer non-directive pregnancy related counselling
- Urinary pregnancy test
- Ultrasound scan (USS)
- Counsel about termination options

**Follow-up**
- Face to face or remote consult
- Confirm wellbeing
  - β-hCG (expect 80% drop)
  - Bleeding ceased
  - USS if indicated
  - Psychological wellbeing
  - Offer contraception (e.g. short or long acting options)
  - Can commence immediately

**β-hCG**: beta human chorionic gonadotrophin, **EPL**: early pregnancy loss, **IUD**: intrauterine device, **IUP**: intrauterine pregnancy, **MToP**: medical termination of pregnancy, **PUL**: pregnancy of unknown location, **QCG**: Queensland Clinical Guidelines, **Rh D**: Rhesus D immunoglobulin, **USS**: ultrasound scan, **≤**: less than or equal to

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