Questions to ask the patient

1. Have you had a scan in this pregnancy?
   - Follow-up questions:
     - What was the date of the scan and how many weeks and days was the pregnancy then?
     - Where was the scan performed?
   - Clinician action: If scan available and from NHS provider, take the gestation date as accurate and skip to step 6

2. Do you know the date your last menstrual period began?
   - Follow-up questions:
     - What was the date?
     - If unsure, can you either estimate the date when your period started, or how many weeks ago it was?
     - Do you usually get periods (proper bleeding, not just spotting) more frequently than once every 6 weeks?
   - Clinical action: Book scan if:
     - unable to provide a date or estimate
     - periods less frequent than every 6 weeks
     - date of conception not certain

3. Was it a normal period, or was it especially light or heavy?
   - Follow-up questions:
     - If especially light or just spotting, when was the first day of your last normal period?
     - If especially heavy, have you done a pregnancy test in the last few days?
   - Clinician action:
     - If especially light or just spotting, take date of the last (normal) menstrual period as accurate
     - If particularly heavy, ensure they have repeated a pregnancy test and take the date of last menstrual period as accurate

4. In the last 3 months, have you been taking the contraceptive pill or other hormonal contraception, or been breastfeeding?
   - Follow-up questions:
     - Have you been having regular periods until the last missed period?
     - When did you start to get feelings of being pregnant?
   - Clinician action: If uncertain, book scan
Are any of the following statements true for you?

- You have experienced abdominal (‘tummy’) or pelvic pain which is worse on one side, and vaginal bleeding/spotting
- You had an intrauterine device (e.g. ‘contraceptive coil’, ‘Mirena’, ‘Jaydess’, ‘Kyleena’, ‘Levosert’) in place when you conceived
- You have experienced a previous ectopic pregnancy
- You have been informed, following an operation or scan, that your fallopian tubes (which connect the ovaries to the womb) are damaged
- You have had surgery on your fallopian tubes

If ‘yes’ to any, book scan

Gestation estimated to be <10 weeks and no indication for scan

Offer early medical abortion without ultrasound

Where early medical abortion without ultrasound is being offered, consider and discuss the following:

- Some pregnancies (less than one in a thousand) may be developing outside of the womb and are known as an ‘ectopic pregnancy’
- An early medical abortion remains safe, but will not treat the ectopic pregnancy; it is important that the ectopic pregnancy is identified
- You will be given advice about what to expect and what tests are needed to make sure the abortion care you receive is effective
- In the unlikely event you do develop worsening pain after your abortion care, especially if this is under your ribs or shoots up into your shoulder, then you should seek medical help immediately
- This advice is the same for anybody in early pregnancy who develops symptoms of an ectopic pregnancy, whether they choose to have abortion care or to continue pregnancy
- If you have to seek help, tell the doctor or nurse that you have had an early medical abortion without ultrasound