

# Termination of pregnancy following fetal abnormality

## Surgical termination of pregnancy at seven to 14 weeks gestation for medical reasons

We appreciate that ending a pregnancy due to a fetal abnormality is a very difficult time. This leaflet aims to explain what will happen if you decide to end your pregnancy between seven and 14 weeks after conception.

Surgical termination of pregnancy (abortion for medical reasons) is a method of ending a pregnancy by the use of a suction device under a general anaesthetic. Surgical termination of pregnancy is the procedure recommended by the Royal College of Obstetricians and Gynaecologists for safe termination between seven and 14 weeks of pregnancy.

### What happens during a surgical termination of pregnancy?

The procedure is performed under a general anaesthetic (while you are asleep) as a day case. Separate information leaflets on **Having an anaesthetic** and **Your day surgery under general anaesthetic** are available – please ask us if you would like a copy.

After you are anaesthetised, we gently stretch and open the entrance of your womb (your cervix) to enable us to remove the contents with a suction tube. An electric suction device is used for this procedure. The extent to which the cervix is stretched and opened will depend on the size of your pregnancy. If it is your first pregnancy, a medicine may be inserted into your vagina beforehand to help soften your cervix to help us to stretch and open it more easily.

If you have had the procedure as the result of a third miscarriage we will send a sample to the cytogenetic laboratory for karyotype (genetic) testing.

### What are the risks?

There are risks associated with any type of surgical procedure. Your doctor will explain these risks to you before you sign the consent form. This form confirms that you agree to have the operation and understand what it involves. Please ask questions if you are uncertain.

**You should have received the leaflet, Helping you decide: our consent policy, which gives you more information. If you have not, please ask us for one or contact the Knowledge & Information Centre (KIC) – contact details are on the last page of this leaflet.**

Possible risks and complications from this surgery include the following:

- Injury to the womb can happen in up to four of every 1,000 terminations. If this happens it is usually repaired at the time of the procedure, if it is bleeding.

- Excessive bleeding can happen in one of every 1,000 termination procedures. This may require a blood transfusion and medication to stop the bleeding.
- Injury to the cervix, which will be repaired at the time of injury, can happen in ten of every 1,000 terminations.

Possible risks and complications that can happen after the procedure include:

- Procedure failure – this may result in continuation of the pregnancy. This would require a repeated surgical procedure to ensure the uterus is empty and possibly antibiotic therapy. This may take several weeks to be diagnosed.
- The repetition of the surgical procedure may slightly increase the risk of miscarriage or early birth in future pregnancy.
- Infection – this can happen in one in ten women following this procedure. For this reason, a course of antibiotics will be given to you. You may require 24 to 48 hours of intravenous antibiotics before the procedure to reduce chance of infection.
- Incomplete emptying of the contents of the womb (placenta, foetus and blood) – this may occur in one in every 100 terminations and may require a repeated surgical procedure, to ensure the uterus is empty, and antibiotic therapy. This may take several weeks to be diagnosed.
- The rare event of a serious untreated infection and/or an injury to your womb or cervix may affect future fertility.

## **Are there any alternatives?**

Medical termination of pregnancy, which involves the use of medicine, is recommended for women who are having a termination in later stages of pregnancy (after 14 weeks). This is because it is more dangerous to stretch the cervix after 14 weeks gestation.

The termination process can be performed under local anaesthesia – a procedure called Manual Vacuum Aspiration (MVA).

## **How can I prepare for a surgical termination of pregnancy?**

You will be seen by a pre-assessment nurse who will assess your general health. Following this assessment, your nurse will perform some investigations such as blood tests. These are required to ensure you are physically prepared to undergo the procedure under general anaesthesia.

## **Smoking**

It is important that you stop smoking for at least 24 hours before the procedure to reduce the risk of chest problems. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no smoking policy in our hospitals. For safety, we cannot allow you to leave the hospital to smoke whilst you are recovering from the procedure.

Your doctor or nurse may offer to refer you to specialist clinic where help can be given to help you stop smoking. You can also call the NHS smoking helpline on 0800 169 0 169.

## **Giving my consent (permission)**

The staff caring for you may need to ask your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please tell a member of staff.

## **Will I feel any pain?**

Some pain or discomfort is to be expected after a surgical termination of pregnancy. You will be given pain relief for this. It is important that you take your pain relief on a regular basis for the first few days. When taken regularly, the medicine is kept at a constant level in your body and will control your discomfort more effectively. After a few days, you can gradually reduce the dose and/or frequency of the painkiller until you do not need it any longer.

Please contact the Day Surgery Unit or your GP if you find the pain difficult to control.

Any medicine given to you will be explained before you leave the hospital. If you are at all uncertain, please contact the Day Surgery Unit or your GP for advice.

It is important you do not exceed the recommended daily dose of any medicine you are given. Please make sure you read the label.

## **What happens after surgical termination of pregnancy?**

Please see the leaflet, **Your day surgery under general anaesthesia** for more information.

Usually, a sample will be sent to the cytogenetic laboratory in order to assess the karyotype (genetic make-up) of the products of conception to confirm the diagnosis of the fetal abnormality.

## **What do I need to do after I go home?**

- You might bleed from your vagina for seven to 10 days following a surgical termination of pregnancy. This bleeding might be heavier than a normal period and can stop and start – these variations are normal.
- Please avoid using tampons for this bleeding and your next period as they may become a source of infection.
- General anaesthetic can make you feel dizzy and tired when you get home after the procedure. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic. The anaesthetic will take 24 to 48 hours to wear off, however you do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.
- Because every patient reacts differently to general anaesthetic, there is no definite rule as to when you can resume your daily normal activities and work. It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly. Please do not return to work until you feel you are ready to do so. Your GP can give you a medical certificate (Med3). If your GP does not receive your discharge letter in the post, please show him or her your photocopy of the letter, which will be given to you when you are discharged from the hospital.
- Please do not have sexual intercourse until after your next period. This will help to prevent infection in the womb or vagina

## What should I do if I have a problem?

- Please contact us if you experience heavy bleeding (soaking a pad every one or two hours) or pass any clots larger than the size of a ten pence piece. Contact details can be found at the end of this information leaflet.
- It is normal to have vaginal discharge for up to two weeks after the procedure. Please contact your GP if this discharge becomes offensive smelling as it might be a sign of infection.

## Will I have a follow-up appointment?

After a surgical termination for medical reasons, we will organise a follow up with your link consultant, six to eight weeks after the procedure. This will allow a discussion around what had happened (karyotype (genetic make-up) result) and counselling for future pregnancies. On some occasions, the genetic team will be involved.

For all other terminations, it is not routine to give a follow-up appointment following a termination of pregnancy. Your doctor will inform you if a follow-up appointment is required. If a follow-up appointment is required, the consultant obstetrician's secretary will be in contact to arrange a mutually convenient time.

## Further information

You can contact the Day Surgery Unit on 020 7188 3222, Monday to Friday, 8.30 to 6.30pm.

Contact EPAGU on 020 7188 0864, Monday to Friday, 8.30am to 7.00pm, weekends 9.30am to 3.15pm, if you need advice or have:

- heavy, vaginal bleeding
- severe, lower abdominal pain
- a high temperature (38 degree C/100.4 degree F or above), or
- an offensive, smelling vaginal discharge.

If you think it is an emergency, please go straight to your nearest accident & emergency (A&E) department.

## The following organisations offer support and information:

**Antenatal Results & Choices (ARC)** is a registered charity who offer continued support and advice to parents who face difficult decisions regarding fetal abnormalities. They have unrivalled experience in assisting parents at this time and aim to offer both support and advice in meeting your unique needs.

73 Charlotte Street  
London W1T 4PN

**w:** [www.arc-uk.org](http://www.arc-uk.org)

**e:** [info@arc-uk.org](mailto:info@arc-uk.org) **t:** 020 7631 0285

### **CareConfidential**

Clarendon House  
9-11 Church Street  
Basingstoke  
RG21 7QG

**t:** 0800 028 2228 **w:** [www.careconfidential.com](http://www.careconfidential.com)

**FPA (Family Planning Association)**

2-12 Pentonville Road

London N1 9FP

t: 0845 310 1334 w: [www.fpa.org.uk](http://www.fpa.org.uk)

**Pharmacy medicines helpline**

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

**Fetal Medicine Unit**

8<sup>th</sup> floor, North wing

St Thomas' Hospital

**Specialist midwife phone:** 020 7188 2321 (office hours)

**Bereavement midwife phone:** 020 7188 6871 (office hours)

**Pre assessment clinic**

Ground floor, Gassiot House

St Thomas' Hospital

t: 020 7188 0835

**Day surgery**

Ground Floor, Lambeth wing

St Thomas' Hospital

t: 020 7188 3222

**Patient Advice and Liaison Service (PALS)** – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' t: 020 7188 8803 at Guy's e: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**Knowledge & Information Centre (KIC)** – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

**Language support services** – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 fax: 020 7188 5953

**NHS Direct** – Offers health information and advice from specially trained nurses over the phone 24 hours a day.

t: 0845 4647 w: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**NHS Choices** – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: [www.nhs.uk](http://www.nhs.uk)

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