

# Termination of pregnancy due to fetal abnormality

## Medical termination of pregnancy over 18 weeks' gestation

**We appreciate that ending a pregnancy due to a fetal abnormality is a very difficult decision. This leaflet aims to explain what will happen if you decide to end your pregnancy more than 18 weeks after conception.**

Following the decision to end your pregnancy, the termination process takes place in two stages. We will discuss the procedure with you, and ask you to sign a consent form.

### Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

### Stage one

The first stage involves taking a medicine called mifepristone, which is given orally (by mouth) as a tablet. Mifepristone works by blocking the action of progesterone (a hormone needed to maintain a pregnancy). In other words, it switches off the pregnancy hormones.

This tablet will be given to you in the Fetal Medicine Unit at St Thomas' Hospital by a midwife or doctor. You will need to stay in the unit for approximately half an hour after taking the tablet to ensure you do not vomit the tablet up.

Mifepristone can be safely taken by most women, but may not be suitable for everyone. Your doctor/midwife will have checked your medical history and any other medicines you are taking, to check that this treatment is suitable for you.

Most women do not experience side effects from mifepristone. However, as with all medicines, these can occur. These can vary from person to person but may include:

- vaginal bleeding
- cramps/period type pains
- nausea (feeling sick) and vomiting (being sick)
- headaches
- skin rashes.

Very occasionally, after taking the mifepristone you may get worsening period- or contraction-type pains, increasing bleeding, or lose fluid from your vagina before your next visit to hospital. These could be signs that the miscarriage or labour process is starting.

If you do experience any adverse symptoms please speak to a member of staff for advice. Telephone numbers are at the end of this leaflet.

### **Additional procedure (if 22 weeks' gestation or later)**

If you are 22 weeks' gestation or later, we recommend a procedure called feticide, in line with national guidance. This is an injection to stop the fetal heartbeat, so that when the baby is delivered they are not alive. The fetal medicine team will discuss this with you.

The procedure will be carried out in the Fetal Medicine Unit on the 8<sup>th</sup> floor of North Wing, St Thomas' Hospital, before we give you the mifepristone tablet. Under ultrasound guidance, we would give you a local anaesthetic injection and then put a needle through your tummy into your womb to carry out the procedure. The risks include pain, infection, and a prolonged or difficult procedure which may mean that you need a break and a second procedure (on the same day).

### **Stage two**

After 48 hours, at an agreed date and time, you will be admitted to the SANDS Suite on the 7<sup>th</sup> floor of the North Wing, St Thomas' Hospital. The SANDS suite is a single room with en-suite bathroom facilities that is more homely, quieter and less clinical than other rooms on the 7<sup>th</sup> floor. Your partner, a relative or a friend will be able to stay with you if you wish. You may eat and drink normally before you come to hospital – you do not need to be starved.

A tablet called misoprostol will be inserted into your vagina. This medication causes contractions which helps your body deliver the baby and placenta. You may need up to five doses, given every three hours (the later doses may be given by mouth but this increases the chance of vomiting). If you have had a previous Caesarean section or major surgery on your womb then we will give you a reduced dose of medication. This is to reduce the risk of problems with your scar during the process.

The length of the process differs for each woman. You should plan to be in the hospital for at least one night. Pain relief will be available to you at any stage if required. The midwife looking after you and/or an anaesthetist (doctor specialising in anaesthetics) can discuss the pain relief options with you. You will also be given the opportunity to meet with a specialist bereavement midwife who will be able to offer support and advice, and provide contact details for counselling and support organisations.

As with all medicines, people can experience side effects with misoprostol. These can vary from person to person but may include:

- abdominal pain
- nausea and vomiting
- diarrhoea.

Please let us know if you experience any side effects or if you have any questions or concerns.

## What to bring to hospital with you

- Medication you are currently taking
- Glasses/contact lenses and case
- Toiletries
- Towel
- Disposable pants
- Sanitary towels
- Slippers/flip-flops
- T-shirt/nightdress for the delivery
- Light refreshments (water, snacks)
- Phone charger
- Books/magazines

## Possible problems or complications

Possible problems at the time of the termination include:

- the placenta being retained in the womb after the baby is delivered. This happens in one in every 20 (5%) terminations, particularly below 28 weeks' gestation. Medication may help your body deliver the placenta, but if this is not successful then you will need a short operation. This is done through the vagina. You would have a spinal anaesthetic (an injection in your back to remove pain) or sometimes a general anaesthetic.
- excessive bleeding. This happens in one in every 1,000 (0.1%) terminations. You may require medication to stop the bleeding, and sometimes a blood transfusion.
- damage to the womb, such as rupture. This happens in fewer than one in every 1,000 women with a previously unscarred womb having a termination. This would be repaired at an operation under general anaesthetic.

Possible problems that can happen after the termination (but may not be evident until days or weeks later) include:

- infection. This happens to one in 10 (10%) of women after a termination. You will be given antibiotics to treat an infection if it occurs.
- incomplete emptying of the womb (retained placental tissue or membranes). This happens in up to two in 100 (2%) of women after a termination. You may need intravenous (via a drip) antibiotics and a surgical procedure, to ensure the uterus is empty, with a course of antibiotic tablets after the surgery. This would be under general anaesthetic.

## Seeing and/or spending time with your baby (optional)

After the delivery, the baby will be wrapped in a small blanket. You are welcome to bring your own blanket (or clothes, depending on the stage of pregnancy) if you wish. Some women, and/or their partners, may wish to see the baby at some point after the delivery, others may not. We will respect your wishes and support you with either choice.

We offer the option of creating mementoes of your pregnancy. These can include photographs, handprints and footprints, wristbands, and a memory box. We will ask your wishes about this – again, it is your choice. If you are uncertain, we can take the photographs, handprints and footprints, and store them with your notes so they are available if you decide later that you wish to have them.

## Further examination (post mortem) of your baby (optional)

A post mortem examination of your baby may give us information that will help to explain the possible causes of your baby's abnormality and the chances of whether it may happen again in a future pregnancy. However, sometimes the cause cannot be found. A midwife or doctor will discuss this with you while you are in hospital, and explain what a post mortem involves. The decision of whether or not to carry out a post mortem is yours. We will not do one without your consent.

## Advice after you have returned home

### Lower abdominal pain

You may have some pain/discomfort after the termination. You can take paracetamol and/or ibuprofen tablets as required. It is important you do not exceed the recommended daily dose: please read the label. If the pain does not settle with these painkillers, then please contact your GP. If the pain is severe, go to your nearest Emergency Department (A&E).

### Bleeding

It is normal to bleed from your vagina for up to two weeks after the termination. This might be heavier than a normal period at first, but should reduce with time and become brown in colour. Use pads (avoid tampons as they can increase the risk of infection). If the bleeding is heavy or smelly, or if you pass large clots, please contact your GP urgently or go to your nearest Emergency Department.

### Reducing the risk of blood clots in your legs or lungs

During and after pregnancy there is a small risk of blood clots forming in the veins of your leg or pelvis. These clots can travel to your lungs, which can be serious. You can reduce the risk of these by walking, and by moving your legs and feet while sitting or lying. You may also be given stockings to wear and/or injections. If your leg is red, painful, swollen, or hot, or if you have shortness of breath, chest pain, or cough up blood, please contact your GP urgently, or go to your nearest Emergency Department.

### Sexual intercourse

You should not have sex again until you have stopped bleeding, due to the risk of infection. You may wish to talk with your GP or family planning clinic about contraceptive options.

### Menstrual periods

Your next period may not come until four to six weeks after the termination.

### Breast milk

We will offer you a tablet called cabergoline to take, while you are still in hospital, which will reduce the chance of you producing breast milk.

### Emotions and feelings

Every woman/couple will begin to recover from this difficult process at a different rate. Varying emotions, reactions, tears, and feelings of grief and loss are all normal. We will discuss options to help provide ongoing support. Family members and friends can also be very helpful. If you or your partner are struggling, please do seek help – talk to your GP.

### Time off work

We will sign a fit note for you before you leave hospital. We usually suggest at least four weeks off work to help with physical and emotional recovery. You should give the note to your employer. We advise seeing your GP for support after a termination for fetal abnormality. If you need additional time off work they can arrange a further fit note.

## When to seek medical advice

Seek medical help immediately if you have any of the following symptoms:

- Severe or persistent abdominal pain
- Heavy bleeding (soaking a pad every one or two hours);
- Passing blood clots (larger than the size of a 10 pence coin)
- Offensive-smelling vaginal discharge
- Feeling feverish or unwell (including temperature above 38°C / 100.4°F)
- Painful, red, swollen, or hot leg
- Shortness of breath, chest pain, or coughing up blood.

## Follow-up appointment

After a medical termination for fetal abnormality, we will organise a follow-up appointment for you with your obstetric or fetal medicine consultant at St Thomas' or at your local hospital. A genetics consultant is sometimes also present.

This appointment will usually be six to eight weeks after the procedure. The consultant will discuss the events related to your pregnancy, the results of any tests (for example, post mortem and/or any genetic tests), and whether there are any implications for future pregnancies.

## Useful sources of information

### Antenatal Results & Choices (ARC)

A registered charity who offer continued support and advice to parents facing difficult decisions about fetal abnormalities.

**t:** 020 7713 7356   **w:** [www.arc-uk.org](http://www.arc-uk.org)   **e:** [info@arc-uk.org](mailto:info@arc-uk.org)

### Pregnancy Choices Directory

Free and confidential counselling (independently run centres)

**w:** [www.pregnancychoicesdirectory.com](http://www.pregnancychoicesdirectory.com)

### FPA (Family Planning Association)

Sexual health and contraception advice

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

## Contact us

**Hospital birth centre (including SANDS Suite)**, 7<sup>th</sup> floor, North wing, St Thomas' Hospital

**t:** 020 7188 2975, or 020 7188 6867, or 020 7188 0746 (24 hours)

**Fetal Medicine Unit**, 8<sup>th</sup> floor, North wing, St Thomas' Hospital.

Call during office hours, or leave a message:

Fetal Medicine Unit midwives, **t:** 020 7188 2321, Monday to Friday, 9am to 5pm.

Bereavement midwives, **t:** 020 7188 6871, Monday to Friday, 9am to 5pm.

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

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

### **Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

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

### **Your comments and concerns**

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### **Language and accessible support services**

If you need an interpreter or information about your care in a different language or format, please get in touch.

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### **NHS 111**

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

### **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)

### **Get involved and have your say: become a member of the Trust**

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

**Leaflet number: 3792/VER2**

Date published: January 2018

Review date: January 2021

© 2018 Guy's and St Thomas' NHS Foundation Trust

A list of sources is available on request