Termination of pregnancy due to fetal abnormality

Surgical termination of pregnancy up to 13 weeks and six days gestation

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 up to 13 weeks and six days after conception, using surgical management.

Surgical termination of pregnancy is a method of ending a pregnancy by the use of a suction device under a general anaesthetic. It is one of the options recommended by the Royal College of Obstetricians and Gynaecologists for safe termination at this stage of pregnancy.

We will discuss the termination process 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.

The procedure

The termination is performed under a general anaesthetic (you are asleep) as a day case. The procedure is done through your vagina. Once you are asleep, we gently stretch open your cervix (neck of womb) to enable us to remove the pregnancy tissue with a suction tube.

As you are having the procedure because of fetal abnormality, we will send a sample to the cytogenetic laboratory for chromosomal (genetic) testing.

Additional hospital information leaflets

These are available at St Thomas’ via the Early Pregnancy and Acute Gynaecology Unit (EPAGU), Fetal Medicine Unit (FMU), and the Knowledge and Information Centre (KIC):

- Having an anaesthetic
- Surgical admissions lounges (SAL) and Day Surgery Units (DSU)
- Histopathological examination and sensitive disposal of the remains of your pregnancy
Preparation

You will be seen by a pre-assessment nurse who will ask some routine questions about your general health, and take some blood tests. These are to assess your fitness for the procedure and for general anaesthesia.

You will be told the time and day to come to the hospital, and will need to be fasted (see the Having an anaesthetic leaflet for more details).

One hour before the procedure a tablet called misoprostol will be inserted into your vagina to soften your cervix. This makes the procedure safer and reduces the risk of damage during surgery.

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 healing and recovery 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 while you are recovering from the procedure.

Your doctor or nurse may offer to refer you to specialist clinic to help you to stop smoking. You can also call the free NHS Smokefree National Helpline, t: 0300 123 1044.

What to bring to hospital with you

- Medication you are currently taking
- Glasses/contact lenses and case
- Sanitary towels
- Slippers/flip-flops
- Dressing gown
- Books/magazines

Alternatives

Medical termination of pregnancy, where you are given tablets in hospital to induce a miscarriage, is an alternative at this stage of pregnancy. This is also the option we offer to women who are having a termination at 14 weeks or later.

If you wish to explore the option of surgical management at 14 weeks or later, we can give you contact information for providers of this service.

Early miscarriages are sometimes managed under local anaesthesia – a procedure called Manual Vacuum Aspiration (MVA) – but this is only possible up to nine weeks of pregnancy.

Possible problems or complications

Possible problems at the time of the termination include:

- excessive bleeding. This can happen in one in every 1,000 (0.1%) terminations. You may require medication to stop the bleeding, and sometimes a blood transfusion.
- injury to the cervix. This can happen in 10 in every 1,000 (1%) terminations. If this occurs, it will be repaired at the time of injury.
- Damage to the womb (perforation). This can happen in one to four of every 1,000 (0.1% to 0.4%) terminations. If this happens it is usually repaired at the time, if there is bleeding. Rarely, there may also be damage to structures beyond the womb such as your bladder, bowel, or blood vessels. You may need keyhole surgery (small cuts on your tummy) or open surgery (a larger cut) to assess and repair any damage.
Possible problems that can happen after the termination (but may not be evident until days or weeks later) include:

- **infection.** This can happen in up to one in 10 (10%) women after a termination. You will be given antibiotics to treat an infection if it occurs.
- **incomplete emptying of the womb (retained placental or fetal tissue, and/or blood clots).** This can happen in up to two in every 100 women (2%) after a termination. You may need intravenous (through a drip) antibiotics and a repeat surgical procedure, to ensure the uterus is empty, with a course of antibiotic tablets after the surgery.
- **procedure failure.** This can happen in up to 2 in every 1,000 (0.2%) women after a termination and may result in continuation of the pregnancy. This would require a repeat surgical procedure to ensure the uterus is empty and possibly antibiotic therapy.

If you need a repeat surgical procedure, this may slightly increase the risk of miscarriage or early birth in future pregnancy.

The rare event of a serious untreated infection and/or a major injury to your womb or cervix, may affect future fertility.

**Advice after you have returned home**

**Recovering from a general anaesthetic**

Someone will need to accompany you home after the procedure, and stay with you for 24 hours. You may feel dizzy or tired. Please rest for the remainder of the day and the following day to help you recover. The anaesthetic will take 24 to 48 hours to wear off. You do not need to stay in bed. We recommend gently moving around your home.

**Lower abdominal pain**

Some pain/discomfort is to be expected after this procedure. This can be similar to strong period pains or cramps at first. You can take paracetamol and/or ibuprofen tablets. We recommend that you take pain relief regularly for the first few days as this will control your discomfort more effectively. You can then gradually reduce the dose and/or frequency of the painkillers until you do not need them. 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 or EPAGU for advice. 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 bleeding might be heavier than a normal period at first, but should reduce with time and become brown in colour. Use pads (avoid using 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, contact EPAGU, 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 until you have stopped bleeding, due to 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.

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 usually suggest at least one to two weeks off work to help with physical and emotional recovery. You can self-certify for up to a week, or we can sign a fit note for you before you leave hospital. 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 surgical termination for fetal abnormality, we will organise a follow-up appointment for you with an obstetric or fetal medicine consultant at St Thomas' or at your local hospital. A genetics consultant is sometimes also present.

The 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, 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.
<phone>020 7713 7356</phone>   <url>www.arc-uk.org</url>   <email>info@arc-uk.org</email>

Pregnancy Choices Directory
Free and confidential counselling (independently run centres)
<url>www.pregnancychoicesdirectory.com</url>

FPA (Family Planning Association).
Sexual health and contraception advice.
<url>www.fpa.org.uk</url>
Contact us

Day Surgery Unit, Ground floor, Lambeth Wing, St Thomas’ Hospital
  t: 020 7188 3222, Monday to Friday, 7.30am to 8pm.

Pre-operative assessment clinic, Ground floor, Gassiott House, St Thomas’ Hospital
  t: 020 7188 7188 ext 53164, Monday to Friday, 9am to 5.00pm.

EPAGU, 8th floor, North Wing, St Thomas’ Hospital,
  t: 020 7188 0864, Monday to Friday, 8.30am to 6.30pm,
  Saturday and Sunday, 9.30am to 3.15pm

Fetal Medicine Unit, 8th 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

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
  t: 020 7188 3514 (complaints)  e: 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

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

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