

## Information for Patients

# Termination of pregnancy and compassionate induction

This information leaflet has been designed to help support you following a difficult and painful decision to terminate a pregnancy due to a diagnosed abnormality in your unborn baby.

You will have been given a lot of medical information to try to understand whilst you are coming to terms with the bad news. The time taken to reach the best decision for you and your family varies, some reach a decision quickly and for some the decision takes longer.

Your Fetal Medicine midwife is always available for support and guidance, or just to provide a listening ear.

We have listed some useful support groups and websites that you may find beneficial at the end of the leaflet.

You will have been counselled by your Fetal Medicine specialist doctor, with regards to your scan results and all the options available to you.

## What will happen next?

### Between 9 - 19 weeks Pregnant

If you are between 9 - 19 weeks pregnant, you will be referred to the gynaecology department at your local hospital. In some hospitals, you may be cared for on the maternity department after 16 weeks of pregnancy.

The doctors will give you a choice of a medical termination of pregnancy or a surgical termination of pregnancy. There are bereavement specialist nurses who will support you, and the risks and benefits of both methods will be explained to you. Most NHS hospitals do not provide surgical terminations over 13 weeks of pregnancy. This is because surgical termination after 13 weeks may be associated with more complications than the medical method.

There may be independent providers such as The British Pregnancy Advisory Service or Marie Stopes International that you could be referred to.

Some women find the idea of a medical termination, and delivery upsetting; there are independent providers that offer termination of pregnancy under general anaesthetic at up to 24 weeks of pregnancy. Some women however find it difficult to be in an environment where terminations are carried out because the pregnancy is unwanted.

Genetic testing on your baby is not possible if you are referred to or choose an independent provider.

If you have an existing medical condition the independent provider may not be appropriate for you.

## 20 - 21 weeks and 5 days pregnant

If you are more than 20 weeks but less than 21 weeks and 5 days pregnant, and have made this difficult decision, you will be seen by your Fetal Medicine specialist doctor and your Fetal Medicine midwife or screening midwife for the first stage of the compassionate induction of labour.

At this point you can meet a specialist bereavement midwife if you wish. Please let your Fetal Medicine midwives know and they can arrange this for you and your partner. Seeking support from the specialist bereavement midwife is something very personal and individual and can be done at any point during your care.

## First stage

The first stage will take place in the Fetal Medicine Unit or at your local hospital. You will talk through your decision and what will happen next, you will be asked to sign a consent form to let us know you are ready to take the next step.

The midwife may take a blood sample to check your iron level and blood group as a safety precaution, or this may be done when you are admitted to hospital.

You will then take a tablet called mifepristone that blocks the pregnancy maintaining hormone (progesterone) and makes you more receptive to the hormones prescribed for you in the next stage.

Although most women do not have any side effects from mifepristone you may feel nauseous, experience cramps or vaginal bleeding. The midwife will give you an information leaflet which will tell you what to do if this happens.

Your Fetal Medicine midwife or the doctor at your local hospital will make you an appointment to come into hospital to deliver baby, usually two days after the first stage appointment.

## Second stage

The morning of the day of your admission, a midwife from the delivery suite will telephone you with a time to come into hospital. When you are admitted, you will be introduced to the midwife who will be caring for you, she will provide support and care throughout your labour and delivery.

You should bring sanitary towels (not tampons), toiletries, a dressing gown, slippers and items for an overnight stay. Sometimes you may be advised to stay in hospital for more than one night.

You might want to bring items for your baby such as a blanket, clothing or a small teddy bear.

Once you have been admitted to hospital the midwife, or possibly a doctor, will perform some checks, you may need a cannula (a small, fine needle) inserted into the back of your hand. You will be prescribed a hormone to induce your labour (this is a tablet inserted into your vagina or sometimes taken by mouth) and you may need more than one tablet a few hours apart if you have not delivered your baby after some time.

There will be some physical pain which your midwife will talk to you about regarding pain relief options available to you; some may make you feel drowsy and sometimes nauseous.

There is a small possibility your baby may occasionally be born with signs of life. This means the baby may move or make some attempts to breathe. This does not mean your baby could survive as babies do not survive at less than 22 weeks. The midwife will make a clear plan with you so you are prepared if this happens and your baby will be cared for until death is confirmed. By law, if a baby shows signs of life the coroner has to be informed and the birth and death also have to be registered. This can sometimes delay the funeral arrangements. The Bereavement team will support and guide you through this process.

You will have opportunity to see or spend time with your baby following the birth. Your midwife will discuss this with you.

There will also be an opportunity for memory making such as hand and foot prints, photographs of your baby, blessings, spiritual support, memory boxes and various other mementoes that the midwives will discuss with you.

The Bereavement specialist midwives and Fetal Medicine midwives are available for ongoing support in the immediate period following the birth of your baby and in future pregnancies if needed.

## Additional procedure after 22 weeks of pregnancy

After 22 weeks of pregnancy, for certain conditions in the unborn baby, it is recommended a procedure called feticide is performed which stops the baby being born alive. The Fetal Medicine doctor and Midwife will discuss this with you.

The feticide procedure is carried out in the Fetal Medicine Unit at Saint Marys Hospital, usually the day after or just before you have the first stage (mifepristone) of the termination of pregnancy.

The procedure is carried out by the Fetal Medicine doctor assisted by your Fetal Medicine midwife, under ultrasound scan guidance. You will be given a local anaesthetic. An injection of Potassium Chloride is administered through your abdomen and womb in to the baby to stop the baby's heartbeat.

The procedure may be uncomfortable and is sometimes prolonged and difficult. You will be supported by your midwife and you may have your partner or a family member or friend with

you during this time. Due to the nature of the procedure only one person should come in with you.

Following the procedure, you will be taken to a private room to rest. You will be offered refreshments and any pain relief you may need.

Before you leave, the Fetal Medicine doctor will scan your baby to ensure the heartbeat has stopped (as it is possible for activity to re-start). You will then be admitted to your arranged delivery unit.

## Following your procedure

After you have given birth you will be given as much time as needed with your baby, and opportunity is given for memory making, such as photographs and hand and foot prints.

Some women decide not to see their baby. You can have photographs taken and stored for you to have in the future if you wish.

The doctors may discuss a post mortem with you and it is entirely your decision whether you opt for one. Sometimes an examination by the pathologist or the geneticist is the best chance of finding out whether your baby had any problems or complications and gives the most accurate information particularly about risks for a future pregnancy.

Most families organise a hospital burial or cremation attended by the chaplain or minister of a designated faith. Although you may wish to organise private funeral arrangements.

The Bereavement Specialist Midwives are an invaluable source of support and advice if needed.

The Fetal Medicine Midwives are available to talk to you at any time after the delivery of your baby or in future pregnancies.

Your Fetal Medicine Doctor or local consultant will make an appointment to see you, usually two or three months after you have had your baby.

The hospital can issue a statement of fitness for work to give to your employer (sick note) if required.

## Emotional Support

Every woman and family will recover from this very difficult process at different rates. Each of us have different reactions to grief and loss.

There are different options for help and support.

There is a maternity counsellor at Saint Mary Hospital, the Bereavement Midwives and Fetal Medicine Unit team can refer you if appropriate.

If you or a family member needs extra help or support, please make arrangements to see your G.P.

## Saint Mary's Hospital contact numbers:

### Fetal Medicine Unit at Oxford Road Campus

(0161) 276 6385

Monday – Friday, 9.00 am – 5.00 pm

### Fetal Medicine Unit at Wythenshawe

(0161) 291 4858

Monday – Friday, 9.00 am – 5.00 pm

### Bereavement Midwives at Oxford Road Campus

(0161) 701 5022

### Bereavement Midwives at Wythenshawe

(0161) 219 2930

## Useful resources

### Antenatal Results and Choices

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

A charitable organisation supporting women and families when an abnormality is diagnosed in their unborn baby.

### SANDS

[www.sands.org.uk](http://www.sands.org.uk)

Stillbirth and Neonatal Death Society, supporting anyone affected by the death of a baby.

### Child Bereavement UK

[www.childbereavementuk.org](http://www.childbereavementuk.org)

Supporting families and educating professionals when a baby or child of any age dies or is dying.

### Healthtalk.Org

[www.healthtalk.org](http://www.healthtalk.org)

Information and support by seeing and hearing people's real life experiences.

### The Gaddum Centre

[www.gaddumcentre.co.uk](http://www.gaddumcentre.co.uk)

Adult counselling service.

### Samaritans

[www.samaritans.org](http://www.samaritans.org)

Confidential emotional support in times of despair.

### Listening Ear

[listening-ear.co.uk](http://listening-ear.co.uk)

Free self-referral counselling to help deal with anxiety, bereavement and depression.

