

Termination of pregnancy for foetal abnormalities

Petter Ward
Tel: 01271 322722

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

This leaflet is for women whose unborn baby has been diagnosed with foetal abnormalities and who require a termination of pregnancy.

What causes foetal abnormalities?

Foetal abnormalities include chromosome problems such as Down syndrome, genetic problems such as cystic fibrosis, or structural problems such as congenital heart defects.

How are they diagnosed?

Foetal abnormalities may be suspected with ultrasound scan and/or blood tests and can be diagnosed by amniocentesis and CVS.

What happens next?

You will be offered counselling by a member of the obstetric team who will discuss your options with you before any decisions being made. It is essential to have an agreed plan prior to the termination.

Once the decision has been made for a termination of pregnancy you will be given times and dates to be admitted to the ward for 2 further appointments. You will be given a private room. We do not have a separate room for relatives/families to stay. However, the ward will endeavour to make husbands/partners as comfortable as possible throughout the stay.

It is necessary for you to sign a consent form before any treatment can commence or any medication is given. If you have any questions before signing the consent form, please do not hesitate to ask them.

What happens at my first appointment?

You will be given oral medication called Mifepristone by the nurse or doctor. The pregnancy is 'maintained' by a hormone called progesterone. Mifepristone interferes with the action of progesterone, preparing the uterus for the termination. This drug also softens and dilates the cervix, and increases the sensitivity to the subsequent drug used known as Misoprostol.

If you have any questions, please ask. Once you have been given these tablets you are committed to continue with the termination. Should you change your mind after taking the tablets the pregnancy may end in miscarriage. You will be asked to remain on the ward to be observed for 20-30 minutes after the medication has been taken so that pulse and blood pressure can be recorded.

The nursing staff will need to complete necessary paperwork and ensure that you are aware of and understand what procedures are planned. You will then be allowed home for 48 hours. You will be given open access to the ward and should go back if you experience any moderate/heavy vaginal bleeding or significant abdominal pains.

What happens at my second appointment?

1. After your stay at home, you should come to the ward at the specified time you have been given, usually 48 hours after your first appointment. If you have any questions please ask the nurse or the doctor who will check that you understand what is going to happen and ensure that all the necessary paperwork is completed correctly. We use a drug known as Misoprostol. Misoprostol is a prostaglandin drug that softens and dilates the cervix and makes the muscular wall of the uterus contract, causing abdominal pain and cramping. Tablets can be given either vaginally or sublingually (under the tongue), or using a combination of both. If Misoprostol is going to be given vaginally it will be administered by a doctor and placed high in the vagina as close to the cervix as possible. We will ask you to lie down for about half an hour after the tablets are inserted so they are not dislodged. The administration of Misoprostol is repeated at regular intervals for a maximum of five doses, normally 3 hours apart.

The number of doses of Misoprostol will vary from person to person. It may be that within the 24-hour period there has been inadequate progress and further doses of Misoprostol are required.

A drug called syntocinon may also be used in the form of an intravenous infusion. This drug stimulates contractions and the progression.

Possible side-effects of treatment

Misoprostol can cause loose bowels. However, it will be necessary to pass any urine or stool into a bedpan so that nothing is accidentally passed into the toilet.

You will feel pain and stomach-cramping as this procedure progresses. Most women require some form of pain-relief throughout the termination process. There is little research evidence to guide to the choice of analgesic regimes. However, women should be offered pain-relief according to their needs. Often different positions are suggested so that the labour process is aided.

If you feel sick, an anti-emetic (anti-sickness) drug will be available.

What is the expected outcome of treatment?

During and after the procedure, your blood-loss and observations will be monitored at regular intervals. Should you have heavy blood-loss, you may require intravenous fluids. Sometimes women require a blood transfusion. You may require a plastic cannula direct into a vein, which is usually placed in the hand or arm.

When labour is complete a drug called syntometrine is often used to make the uterus contract strongly to encourage the placenta (afterbirth) to be delivered. If the placenta is not delivered then it may be necessary for you to go to theatre for surgical removal.

When you feel ready you may wish to see your baby. You will be given time to consider this and you should be allowed to make this decision when you feel ready.

Footprints and handprints and a photograph can be taken. If you feel unable to take them with you when you go home they will be stored in your notes in the event that you want to have them at a later date.

Finding a reason for the abnormalities

A post mortem examination can provide valuable information about your baby and your pregnancy. It can also provide information which may help your doctor to care for you in a future pregnancy.

To help you decide you will be given as much information as possible and given the chance to talk about it and to ask any questions. You do not have to feel rushed about making a decision – you may need time. If you decide not to have a post mortem examination, you will be asked to give consent for the placenta to be examined by a specialist Pathologist in Bristol, as this may provide information that may be helpful when making decisions about a future pregnancy.

Parents will be asked to give written consent if you choose to have a full post mortem. Your baby will need to be transferred to St Michael's Hospital in Bristol but will be back in our care within 2-3 weeks. The results will not be available for 3 months, you will be contacted to come and discuss these with your consultant.

Funeral arrangements

If your baby was born after 24 weeks, your baby's still birth must be registered.

When you feel able to think about funeral arrangements these are the choices you have:

- You can arrange the funeral yourself
- You can ask a funeral director to do this for you.
- The Bereavement Support staff can make arrangements through a local funeral director for you. Please contact them on 01271 322404 or ask the nurse to contact them for you.

What to expect after treatment

Tiredness – If you require surgical removal of the placenta, then in the first 24 hours after the anaesthetic you will feel tired. You should not drive, drink alcohol or operate any machinery.

Bleeding – any bleeding should gradually darken and then stop after about seven days. If the loss increases, or becomes heavier than a normal period or starts to smell offensive you should contact your GP.

Hygiene – whilst bleeding continues, it is best to use sanitary towels instead of tampons as this will reduce the risk of infection. Baths or showers can be taken as required.

Breasts – your breasts may feel tender for several days and you may even leak milk. If this is the case wearing a good fitting bra day and night may help to provide adequate support until your breasts are comfortable. This may be necessary for a couple of weeks but will settle down on its own.

Periods – Ovulation may be a little unpredictable for a few months.

Sex – When the bleeding has stopped, it is usually safe to start having sexual intercourse again. You may need a few weeks for your body to recover and then it depends on how you and your partner feel. You may not feel like having sexual intercourse for a while and your sex drive might decrease.

Contraception – Future contraception will need to be considered. This can be discussed with your GP or at Family Planning Clinic.

Feelings – You may feel sad, angry or guilty. You may feel a whole mix of feelings or you may not feel much at all. There is no right or wrong way to feel. It is really important to be kind to yourself and to give yourself time for whatever emotional responses you have. No matter how you feel, as well as talking to family and friends it may be helpful to talk to a counsellor. This service is available for women or their partners no matter how long ago they had the termination.

Follow-up

You should visit your GP about 10 days after discharge from hospital.

Support and available help

Your GP may be of support and help for you. After you leave hospital it is advisable to visit your GP after about 10 days.

Your midwife may be of support to you if you feel you want further contact.

A trainee counsellor is available if you wish to talk to someone. Please ask a member of staff.

Further information

Choices Pregnancy Centre is an Exeter based charity and offers you a safe place to talk about how you are feeling.

Web: choicespregnancycentre.co.uk

Email: choicespregnancyexeter@gmail.com

Tel: 07826 715377

ARC – Antenatal Results and Choices, 73-75 Charlotte Street, London, W1T 4PN.

Helpline: 0207 6311285. Email: info@arc-uk.org

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

© Northern Devon Healthcare NHS Trust
This leaflet was designed by the Communications Department.
Tel: 01271 313970 / email: ndht.communications@nhs.net