Fetal Medicine Unit

Ending of a pregnancy due to fetal abnormality

Medical ending of pregnancy

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, using medical management.

Medical termination of pregnancy is a method of ending a pregnancy by using tablets. It is one of the options recommended by the Royal College of Obstetricians and Gynaecologists for safe interruption at this stage of pregnancy. If you wish to explore the option of surgical management, we can give you contact information for providers of this service.

We will discuss the termination procedure with you and ask you to sign a consent form. The termination process takes place in two stages.

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 the 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 the Rosie Maternity Unit by a midwife or doctor. You will need to stay in the unit for approximately half an hour after taking the tablet in case you are sick. If there are no adverse effects you will be allowed home.

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 confirm that this medicine is suitable for you.

Most women do not experience side effects from mifepristone. However, as with all medicines, these can occur.
They 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
- chest pains

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

If you do experience any adverse symptoms, please speak to a member of staff for advice. (Contact details are at the end of this leaflet).

**Stage two**

After 48 hours, at an agreed date and time, you will be admitted to the delivery suite (bereavement rooms) on the third floor of the Rosie Maternity Unit. You will be in a private room with en-suite bathroom facilities. 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 three doses, given every three hours, but these will be given orally. If you have had a previous caesarean section or major surgery on your womb, we will give you a reduced dose of the 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 hospital at least one night. Pain relief will be available for you at any stage if required. You will also be given the opportunity to meet with a specialist bereavement midwife who will be able to offer support and advice, particularly in relation to making memories and funeral arrangements.

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

- abdominal pain
- nausea (feeling sick) and vomiting (being sick)
- diarrhoea

You will be supported if you experience any of these side effects.
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)
- Mobile Phone and charger
- Books/magazines
- Change of clothes

Possible problems or complications

Possible problems at the time of interruption of the pregnancy include:

- The placenta being retained within the uterus after the baby is delivered – this can happen in 1 in every 20 (5%) termination procedures. Medication may help your body deliver the placenta, but if not, then you will need a short operation. This is done through the vagina with a regional or general anaesthetic.
- Excessive bleeding – this can happen in 1 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 less than 1 in every 1,000 women with a previously unscarred womb having a termination. This would be repaired in an operation under general anaesthetic.

Possible problems that can happen after ending the pregnancy (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 tissue or membranes). This can happen in up to two in 100 (2%) women after a termination. You may need intravenous antibiotics and a surgical procedure, to ensure that the uterus is empty, with a course of antibiotics after the surgery. This procedure would be performed under general anaesthetic.

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

After the delivery, your baby will be wrapped in a small blanket. You are welcome to bring your own blanket if you wish. Some women, and/or their partner, 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 memories of your pregnancy. These can include memory boxes, wristbands, certificates and where possible (depending on the gestation of the pregnancy) photographs, handprints and footprints.
Further examination (post mortem) of your baby (optional)

A post mortem examination of your baby may be possible, depending on the gestation of the pregnancy. If so, it may give us information that will help to explain the possible causes of your baby’s abnormality and assess the chances of it happening again in a future pregnancy.

However, sometimes the cause cannot be found. A midwife or doctor will discuss this with you whilst you are in hospital and explain what a post mortem involves. The decision as to whether to carry out a post mortem is yours. This will not take place without your consent.

Advice after you have returned home

Lower abdominal pain
You may have some pain/discomfort after interrupting the pregnancy. You can take paracetamol and/or ibuprofen tablets as required (assuming you do not have allergies to any of these). It is important you do not exceed the recommended daily dose: please read the label. If the pain does not settle with these painkillers, please contact your GP. If the pain is severe, go to your nearest emergency department.

Bleeding
It is normal to bleed from your vagina for about two weeks after the procedure. 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 be delayed for about five to eight 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, 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 need further support, please do seek help – talk to your GP.
Time off work
We usually suggest at least two to four weeks off work to help with physical and emotional recovery, dependent upon the length of your pregnancy. You may wish to discuss the details of your recovery with your GP.

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 with your consultant, usually eight weeks after the procedure.

At this appointment the consultant will discuss the events of your pregnancy, the results of any tests (for example, post mortem and/or any genetic tests), 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. Telephone: 020 7713 7356.
Website: [www.arc-uk.org](http://www.arc-uk.org)
Email: [info@arc-uk.org](mailto:info@arc-uk.org)

**Pregnancy choices directory**
Free and confidential counselling (independently run centres)
[www.pregnancychoicesdirectory.com](http://www.pregnancychoicesdirectory.com)

**FPA (Family Planning Association)** Sexual health and contraception advice
Website: [www.fpa.org.uk](http://www.fpa.org.uk)

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.
Telephone: 01223 216756

Interpreting services and written translations
If you need an interpreter or information about your care in a different language or format, please get in touch. Telephone: 01223 256998
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. Telephone: 111

Maternity assessment Telephone: 01223 217217

Contact us
Fetal medicine unit, 2nd floor, Clinic 22, the Rosie Maternity Unit.
Call during office hours, or leave a message: fetal medicine unit midwives, Telephone: 01223 216185, Monday to Friday, 08:00 to 18:00.
Bereavement midwives, Telephone: 01223 217619, Monday to Friday, 08:00 to 18:00.
If you think it is an emergency, please go straight to your nearest emergency department.
Surgical termination of pregnancy
(For discussion)
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history

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