

## Standard Operating Procedure (SOP) Number:

### Surgical termination of pregnancy for fetal abnormalities

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<b>Authors Division:</b>	Women and Children		
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### SOP Statement

This SOP has been designed to support the multidisciplinary team to identify service users suitable for referral to facilitate surgical termination of pregnancies (STOP), where a confirmed fetal abnormality is considered to hold substantial risk to the child, if born, and would suffer physical or mental abnormalities that would result in serious handicap.

### Executive Summary

The SOP will assist the multi-disciplinary team to identify those suitable for STOP and support seamless referrals.

The initial process will include discussing pregnancy options and modes of termination offered, gaining consent for information sharing and referral to independent health care providers and managing expectations of procedures undertaken.

### Abbreviations:

- STOP- Surgical termination of pregnancy.
- D&E- Dilation and evacuation.
- TOP- Termination of pregnancy.
- BPAS- British pregnancy advisory service.
- ANNBS- Antenatal and newborn screening

### 1.0 Roles and Responsibilities:

#### Fetal medicine obstetrician:

- Deliver specialist ultrasound care, where a fetal abnormality is suspected.
- To undertake diagnostic testing as required.

- Discuss the fetal abnormality diagnosis, prognosis and pregnancy options in a clear, understandable way. Personal values and beliefs should not impose on the service user's decision making. Please refer to the conscientious objection guideline.
- Use an interpreter in cases with language barriers.
- Diagnosing fetal medicine obstetrician will discuss with the service user and the family if the fetal abnormality holds substantial risk to the child, if born, under clause E of the HSA1 certificate.
- Discuss both medical and surgical management of termination risk and benefits.

#### Fetal medicine midwife:

- Support the service user and the family throughout the process.
- Support the fetal medicine consultant in ensuring the service user has enough information.
- Personal values and beliefs should not impose on the service user's decision making. Please refer to the conscientious objection guideline.
- Discuss both medical and surgical management of termination risk and benefits.
- Gain consent to share information with the independent health care providers and complete a timely referral.
- Use of an interpreter in cases with a language barrier.

In the absence of the fetal medicine midwife, the role will be overseen by a member of the ANNBS team.

## **2.0 Implementation and dissemination of document**

This document will be published on the Trust Intranet.

## **3.0 Processes and procedures**

See appendix 1

### **3.1 Expected management in independent health care providers**

Appointments are made within 2 weeks of receiving a referral. STOP is legally available up to 23+6 gestational weeks. Location of independent health care providers vary, dependent on the service users registered GP practice and may require the service user to arrange self-funded travel and overnight accommodation. If there are financial barrier to accessing the care, please highlight this on the referral so individual circumstances can be considered. There is some funding support available on a case-by-case basis.

The process of STOP is dependent on gestational age, medical and obstetric history. The health care provider referred to will arrange for a specialist nurse to contact the service user directly and undertake a medical consultation.

Cervical preparation reduces the risk of incomplete abortion and makes dilation easier; pharmaceutical or osmotic methods are implemented, dependent on gestational age.

### Medical exclusion criteria

Service users with extensive medical or obstetric history may not be suitable to receive care with an independent provider and will be referred to an NHS provider who provides STOP. This may require further travel arrangements. In the rare case that their history excludes them from a STOP, they will be re-referred back to consider medical management.

### 4- 14 gestational weeks

Pharmaceutical cervical preparation is completed prior to vacuum aspiration, under anesthesia. Ultrasound guided vacuum aspiration involves evacuation of the contents of the uterus through a plastic or metal cannula, attached to a vacuum source. The procedure is anticipated to take 20 minutes; however the service user should be advised admission for half a day and in some cases an overnight stay is required.

### 14-18+6 gestational weeks

Dilation and evacuation (D&E) with anesthesia. Pharmaceutical or osmotic dilators are used to prep the cervix then the uterus is evacuated under ultrasound guidance, using tissue grippers and vacuum aspiration with cannulas. The procedure is anticipated to take 20 minutes; however, the service user should be advised admission for half a day and in some cases an overnight stay is required.

### After 19 gestational weeks

STOP is completed in 2 stages and may require an overnight stay. This is usually self-funded, extenuating circumstances may be supported financially. The first stage is overnight cervical preparation with an osmotic device, a 5–10-minute procedure.

Followed by an ultrasound guided D&E, anticipated to take 10-20 minutes.

STOP over 22 weeks gestation will require feticide, organised and completed by the independent health care providers, prior to cervical preparation.

### Anesthetic

General anesthetic has been associated with higher rates of complications and longer hospital admissions. Local anesthesia or conscious sedation are offered in most cases.

It is advised that service users attend the appointment with someone else, who can drive them home after the sedation.

Common side effects of anesthesia are nausea, vomiting and tiredness.

### Post procedure

Anti D will be given to women with a Rhesus Negative blood group post procedure.

The independent health care provider will advise the service user that they may experience intermittent cramping for up to two weeks. Ibuprofen and paracetamol will be advised, alongside topical aids such as hot water bottles to alleviate abdominal cramping.

Post procedure bleeding is anticipated. This may be slightly heavier than a normal period and may contain small clots. The service user will be given an aftercare 24-hour phone line to contact with any concerns.

Diagnostic testing has usually been completed in these circumstances. However, some service users may have been advised by their fetal medicine consultant to have further postnatal genetic testing. This is arranged on an individual basis and genetic forms should be obtained and sent alongside the referral.

If further genetic testing has been carried out, please inform the bereavement midwife to arrange a bereavement follow up.

### Funeral arrangements

Service users may choose to take the fetal remains away, at any gestation, and arrange their own private service of burial or cremation. If they do not wish to arrange a private service, the remains will be incinerated in a sensitive way by the independent health care providers.

The service user will receive contact details of a counselling service available through the independent provider.

Direct service users to alternative independent charities for emotional support following a loss.

## ARC

Monday- Friday 10am-5.30pm

Helpline- 02077137486

Text 07908683004

<https://www.arc-uk.org/>



Antenatal  
Results &  
Choices

## Petals

Helpline- 03006880068

Email-

[counselling@petalscharity.org](mailto:counselling@petalscharity.org)

<https://www.petalscharity.org/>



## 4.0 Statement of evidence/references

### Statement of evidence/References:

RCOG (2010) *Termination of pregnancy for Fetal abnormality in England, Wales and Scotland.*

<https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/termination-of-pregnancy-for-fetal-abnormality-in-england-scotland-and-wales/>  
(Accessed: January 4, 2024).

RCOG (2022) *Best practice in abortion care.* <https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf> (Accessed: January 4, 2024).

*Abortion care* (2019).

<https://www.nice.org.uk/guidance/ng140/chapter/Recommendations#abortion-before-definitive-ultrasound-evidence-of-an-intrauterine-pregnancy> (Accessed: January 4, 2024).

*Abortion Act 1967* (1991). <https://www.legislation.gov.uk/ukpga/1967/87/contents> (Accessed: January 4, 2024).

MSI Reproductive Choices UK (2023) *Surgical abortion* - MSI Reproductive Choices UK.

<https://www.msichoice.org.uk/abortion/surgical-abortion/>.

BPAS (no date) *Surgical abortion* | BPAS. [https://www.bpas.org/abortion-care/abortion-](https://www.bpas.org/abortion-care/abortion-treatments/surgical-abortion/)

[treatments/surgical-abortion/](https://www.bpas.org/abortion-care/abortion-treatments/surgical-abortion/).

## 5.0 Governance

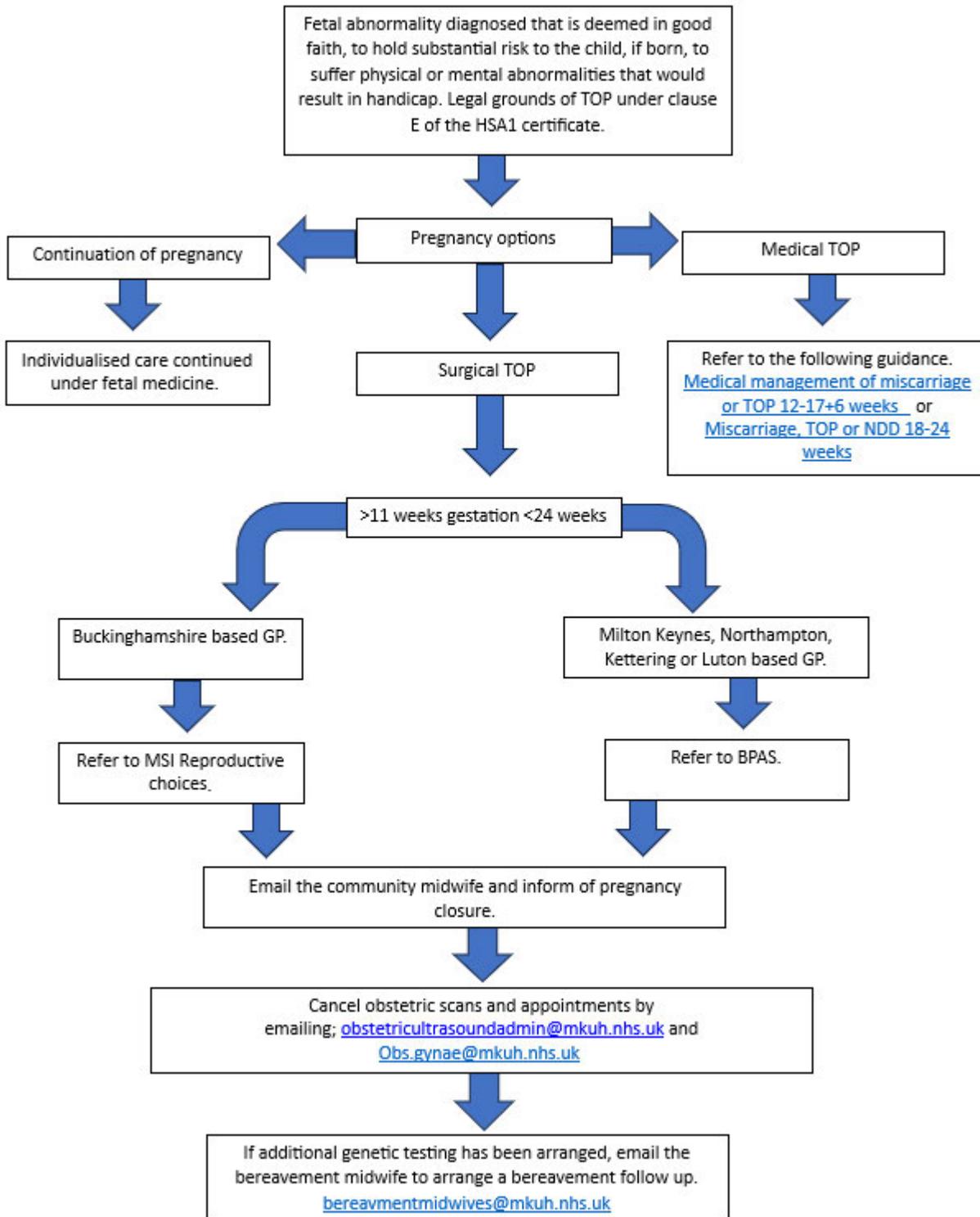
### 5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1.0	Sept 2024		New document

**5.2 Consultation History**

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Community and ANNB Matron	12/01/2024	12/01/2024	Refer to service user. Re-wording regarding MDT.	Yes
	O&G Consultant	17/01/2024	17/01/2024	Expected management of STOP procedures.	Yes
	Women's Health	02/10/24	-	Document approved	Yes
	Children's Health	03/07/2024	-	Document approved	Yes

## Appendix 1:



Provide service users the choice to attend the SuMAC clinic at the Whittington Hospital, if they are high risk or prefer to be in a hospital setting. This is available up to 23+6 weeks gestation.

To refer, contact them on 02072885588 and then complete the online referral form; [whittington.nhs.uk/mini-apps/default.asp?page=Womens/SuMAC.aspx](http://whittington.nhs.uk/mini-apps/default.asp?page=Womens/SuMAC.aspx)

Email additional documents (e.g. scan report/results) or any other related communication to the team to [whh-tr.sumacservice@nhs.net](mailto:whh-tr.sumacservice@nhs.net) please use the patient's NHS number as the subject heading. In the email leave a contact email and telephone number for the referring clinician.

# TERMINATION OF PREGNANCY REFERRAL FORM

<b>Referrer's Name</b> Title: Forename: Surname: Telephone: Email:	<b>Surgery/Practice Address</b> Surgery Name: Address Line 1: Address Line 2: Town/City: Postcode:
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My patient has requested information and referral for abortion care. *Please give this completed form to your patient and ensure they bring it to their MSI Reproductive Choices appointment*

Private - My patient is paying for this treatment

NHS Treatment - I am referring this patient under the NHS. The CCG has an agreement to pay for the treatment

If NHS referral

CCG Name:

*(Please check with your CCG if you are unsure about agreements)*

I attach a signed HSA1 (optional)  Letter attached (optional)

## Patient Details

Full Name:

NHS Number:

Date of Birth:

Notes:

BMI:

Weight:

Height:

Date Pregnancy Test Taken:

Home  GP  FPC  Chemist

LMP:

Gestation:

## GP Confirmation

GP Print Name:

GP Surgery stamp here

GP Signature:

Date:

## How to arrange an appointment

GP	Patient
1. Please complete this form and clearly state who is funding the procedure. Incomplete forms will result in delays	<ol style="list-style-type: none"><li>1. Telephone our national advice and booking line.</li><li>2. Our advisors will arrange your appointment and give you all the details you need. Please ask us any questions you may have.</li><li>3. Bring this form to your appointment and any other information your doctor has given you.</li></ol>

**Call our Advice & Booking Line: 0345 300 8090 (open 24 hours a day, 7 days a week)**

**You can also email us at [msi.onecallsds@nhs.net](mailto:msi.onecallsds@nhs.net)**

### What will happen next?

When you call the MSI Reproductive Choices advice and booking line we can explain your options and give you more information. You will be offered:

**Counselling:** If you feel you need to talk to someone and are not quite sure what to do, we can arrange an appointment for you to see one of our counsellors. We can offer the choice of face to face or telephone counselling.

**Consultation and medical assessment:** We are able to offer either telephone or face to face consultation. All clients will see a doctor or nurse to assess their pregnancy, establish grounds for their abortion under the 1967 Abortion Act and explain the treatment options. All MSI Reproductive Choices centres and clinics provide day care services in a comfortable, supportive environment.

### Abortion treatment choices: (depending on centre or clinic)

#### Medical abortion

One day or two day visits for treatment

#### Treatment choice available:

Up to 9 weeks and 6 days gestation

Telemedicine (subject to assessment) or clinical visit for treatment.

#### Surgical abortion

This will be carried out after a consultation

#### Treatment choice available:

Up to 14 weeks and 6 days gestation with either no anaesthetic, sedation, or general anaesthetic (local anaesthetic may be offered in some cases)

15 - 18 weeks and 6 days gestation with general anaesthetic

19 - 23 weeks and 6 days gestation with overnight cervical preparation and general anaesthetic

**Aftercare:** You can call our 24 hours a day, 7 days a week aftercare line if you would like to speak to a nurse following treatment.

For more information visit the MSI Reproductive Choices website

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

# Referral for Termination of Pregnancy due to Fetal Anomaly (TOPFA)

Email to: [bpas.referral@nhs.net](mailto:bpas.referral@nhs.net)

CONFIDENTIAL

**BPAS**   
British Pregnancy Advisory Service

Referral date.....	Patient's name .....
Referring clinician .....	Address .....
Address .....	.....
.....	Contact number.....
.....	NHS No.....
.....	DOB.....
Contact number.....	Signed HSA1 attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Height.....	Weight .....	BMI.....	Gestational age by ultrasound.....wks .....days
Rhesus <input type="checkbox"/> Positive <input type="checkbox"/> Negative			Copy of scan attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Hb..... g/dL.....	Date .....		Genetic reports attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Indication for termination.....	
Obstetric history.....	
.....	
Medical and surgical histories .....	
.....	
Allergies or reactions to anaesthetic <input type="checkbox"/> Yes <input type="checkbox"/> No	Details.....
Medications.....	
Pathology required <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, where and how material should be sent)	Genetic testing required <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, where and how material should be sent)
.....	.....
.....	.....

Disposition of pregnancy tissue	<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Clinical disposal
	<input type="checkbox"/> Undecided	<input type="checkbox"/> Not discussed	<input type="checkbox"/> Other

Discharge letter (tick all that apply)	<input type="checkbox"/> Referrer	<input type="checkbox"/> GP	<input type="checkbox"/> Other.....
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Signed.....	Date.....
Name (PRINT).....	Job title.....

To find further information on how we process personal data please visit <https://www.bpas.org/privacynotice/>

IF FOUND, PLEASE RETURN IMMEDIATELY TO: BPAS, ORION HOUSE, 2 ATHENA DRIVE, TACHBROOK PARK, LEAMINGTON SPA CV34 6RQ

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