

## Standard Operating Procedure (SOP) Number: MIDW/SOP/201

### Completing the Initial legal Process for women undergoing medical Termination of pregnancy (TOP) for clinical indications

Classification :	Standard Operating Procedure		
Authors Name:			
Authors Job Title:	Fetal Medicine lead		
Authors Division:	Women's & Children		
Departments/Group this Document applies to:	Maternity		
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Unique Identifier: MIDW/SOP/201	Status: Approved	Version No: 2.0	
Scope: This document is relevant to all women undergoing a medical termination of pregnancy. It applies to all health care professionals responsible for the care of women undergoing medical termination of pregnancy within the Milton Keynes University Hospitals NHS Foundation Trust.		Document for Public Display: Yes	
To be read in conjunction with the following documents:			
<ul style="list-style-type: none"> <li>Miscarriage , Termination of pregnancy and neonatal death over 18 weeks and under 24 weeks gestation</li> <li>Guidance and information for parents following a Late Miscarriage or Termination of pregnancy for medical reasons</li> </ul>			

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## Record of Changes

Version: 2.0			Date: 05/2020	
Section number	Amendment	Deletion	Addition	Reason
3.3	Changes to doctors willing to facilitate the TOP process	No	No	New information from staff
3.5	Changes to the process followed when TOP decided	No	No	New process agreed with fetal medicine leads
Version: 1.0			Date: 04/2020	
Section Number	Amendment	Deletion	Addition	Reason
Full document	N/A	N/A	New SOP	New SOP

## SOP Statement

This SOP has been designed to provide a seamless process which will facilitate initial legal process for management of confirmed fetal anomaly when a TOP has been agreed by the woman.

## Executive Summary

The SOP will assist Antenatal & Newborn Screening Midwives in prenatal screening to identify a doctor/doctors who will willingly agree to facilitate /participate in the initial process of termination of pregnancy (TOP), offered & agreed for clinical indications. The initial process will include completing legal forms, gaining consent from the woman and prescription of medication for termination of pregnancy. It is important to note that **EVERY EFFORT** must be made to obtain the second signature on HSA1 form on the **SAME DAY** after the first doctor signs the form. This will ensure that the process to offer TOP is expeditious and avoids unnecessary distress to the woman as a result of delay in completion of legal process.

**Abbreviations:**

TOP-termination of pregnancy

ANNB –Antenatal & newborn midwives

## 1.0 Roles and Responsibilities

### Antenatal & Newborn Screening Midwives (ANNB):

- Support the woman & her partner/family throughout the process
- Arrange an interpreter in case of language barrier
- Go through the flow chart to identify doctors who would be facilitating the initial process of TOP. This must be done on the SAME DAY after the first signature is complete on HSA1 form.
- Ensure checklist for TOP is complete (see appendix 3)

### Obstetricians:

- Obstetricians will provide support to the woman & her partner/family throughout the process of TOP.
- Gain consent from the woman
- Complete and provide two signatures for form HSA1 (Certificate A, Abortion Act 1967). This is a legal requirement and must be completed before any treatment can commence.
- Complete and sign yellow Abortion Notification form HSA4 form.
- Prescribe medications for TOP

## 2.0 Implementation and dissemination of document

This document will be published on the Trust Intranet and will be accessible to all healthcare professionals.

## 3.0 Processes and procedures

### 3.1 Pack contents:

TOP pack contains the following forms:

- Consent form
- HSA 1 (Certificate A Abortion Act 1967)
- HSA4 (Abortion notification)
- Drug chart
- TOP checklist

### 3.2 Admission for further management following administration of Mifepristone:

All women undergoing TOP should either be admitted to Ward 21 or Labour Ward, 36 hrs after administration of Mifepristone.

Gestational age  $\leq 16$  weeks – Admission & further management on Ward 21

Gestational age  $> 16$  weeks – Admission & further management on Labour Ward

### 3.3 TOP doctors name list:

This list contains names of consultants, Trust grade doctors and trainees who would be willing to facilitate the TOP process. This list will be updated regularly e.g. when junior doctors change over or new appointments of doctors are undertaken.

A list of the members of staff who are willing to participate in the legal process can be provided by the operations team.

### 3.4 Forms

HSA1 (Certificate A Abortion act 1967)-This form should be completed and signed by two doctors. This is a legal requirement and **MUST** be completed before any treatment can commence (**see appendix 1**).

HSA4 (Yellow Abortion notification form) This form must also be completed and signed – usually by the same **TWO** doctors completing the HSA1 form (**see appendix 2**).

The consent for feticide will be performed by OUH FMU Consultants.

Postmortem forms: This form is completed following the delivery of fetus. Please note, **ANY POSTMORTEM REQUESTS BEFORE 16 weeks** need to be discussed with pathologist in Oxford – contact 01865 221246.

If TOP is managed in the gynaecology ward, the postmortem form will need to be completed by doctors. In Labour Ward, either the attending midwife or doctor can complete the form.

### 3.5 Process

As soon as fetal anomaly is confirmed and TOP agreed by woman, the ANNB will follow the process below:

- **Fetal anomaly confirmed at MKUH:** Both signatures will be provided by MKUH consultants. The first signature on HSA1 is usually provided by the fetal medicine consultant who confirms the fetal anomaly.
- **Fetal anomaly confirmed at tertiary centre:** In this case, the first signature will be provided by OUH FMU consultant. MKUH consultant will provide the second signature on HSA1 form.



- ANNB midwives will ring the operations team on the **extension number 86543/86322** .Op managers will inform ANNB midwives which doctors are available to complete legal paperwork on a given day.
- If no doctors are available on that day, operations managers will provide names of the doctors for the following day.
- The woman will be contacted by ANNB midwives to attend for consenting and completion of legal paperwork once a doctor has been identified and is available.



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| <ul style="list-style-type: none"> <li>• ANNB midwife will bleep the identified doctor/doctors who will provide the signatures on HSA1 form as well as complete consent form, complete HSA4 and prescribe medication.</li> <li>• If none of the doctors from list are available, the matter will be escalated to fetal medicine consultants for further advice.</li> <li>• If none of the fetal medicine consultants are available, the matter will be escalated to consultant on call. In this situation, the option would be to arrange for the process to be completed on the next available day when a doctor is available.</li> </ul> |
| ↓  |
| <ul style="list-style-type: none"> <li>• The identified doctor will provide signatures on HSA1 form as well as complete consent form, complete HSA4 form and prescribe medications.</li> <li>• ANNB midwives will complete the checklist (see appendix 3) to ensure that all paperwork is complete, medications are prescribed, communications &amp; arrangements for admission are made with labour ward (if &gt;16 weeks) &amp; emergency gynae ward (if ≤16 weeks).</li> </ul>  |

## 4.0

### Statement of evidence/references

**Statement of evidence:** None

**References:** None

**External weblinks:**

<https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales>

## 5.0 Governance

### 5.1 Document review history

Version number	Review date	Reviewed by	Changes made
2.0	11/05/2020		Amendments made following fetal medicine meeting on 1/5/2020
Version number	Review date	Reviewed by	Changes made
1.0	05/3/2020		Document created

### 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No

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	Fetal medicine	5/3/2020	9/3/2020	None	Yes
	Matron, Maternity Wards 9 & 10 and Outpatient Gynaecology	5/3/2020	7/3/2020	None	Yes
	O&G Consultants	5/3/2020	5/3/2020	Included within document	Yes

**Appendix 1: HSA1 Abortion Act 1967 certificate A**





Form HSA4 (Revised Sept 2006)

**IN CONFIDENCE**

## ABORTION NOTIFICATION

**ABORTION ACT 1967 – FORM OF NOTIFICATION FOR PREGNANCIES TERMINATED IN ENGLAND AND WALES**

This form is to be COMPLETED BY THE PRACTITIONER TERMINATING THE PREGNANCY and sent in a sealed envelope within FOURTEEN DAYS of the termination to:

The Chief Medical Officer  
Department of Health  
Richmond House  
79 Whitehall  
LONDON SW1A 2NS

OR

The Chief Medical Officer  
National Assembly for Wales  
Cathays Park  
CARDIFF CF10 3NQ  
for pregnancies terminated in Wales

**PLEASE USE BLOCK CAPITALS AND NUMERALS FOR DATES THROUGHOUT, KEEPING WITHIN THE BOXES  
DO NOT CROSS THROUGH ANY BOXES THAT DO NOT NEED TO BE COMPLETED**

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**1 PRACTITIONER TERMINATING THE PREGNANCY**

FULL NAME

PERMANENT ADDRESS

GMC registration number

I hereby give notice that I terminated the pregnancy of the woman identified overleaf, and to the best of my knowledge the particulars on this form are correct. I further certify that I joined/did not join\* in giving HSA1 having seen/not seen\* and examined/not examined\* her before doing so.

Signature  Date

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**2 CERTIFICATION** In all non-emergency cases state particulars of practitioners who joined in giving HSA1.

a. To be completed in all cases.      b. Do not complete if the operating practitioner joined in giving Certificate HSA1.


FULL NAME(S)

PERMANENT ADDRESS

Did the practitioner named at a. certify that s/he saw/and examined the pregnant woman before giving the certificate?       YES     NO

Did the practitioner named at b. certify that s/he saw/and examined the pregnant woman before giving the certificate?       YES     NO

\* delete as appropriate

  
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## Appendix 3: TOP Checklist

### TOP CHECKLIST

	YES/NO	Date & Signature
Anomaly confirmed: Locally Tertiary		
If gestation > 20 weeks, Feticide offered?		
Form HSA1 (Abortion Act Certificate A) completed & signed by two doctors?		
Form HSA4 (Abortion notification) completed & signed by two doctors?		
Drug chart completed according to regime & taken to pharmacy?		
Labour ward / Ward 21 informed of expected admission? (this should be 36hrs after Mifepristone administration)		
Mifepristone administered? Date..... Time.....		
All paperwork taken to Labour ward/Ward 21?		
Does the consultant want: Postmortem? Cytogenetics? Placental histology?		