TheMKWay

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

Patient Information

Termination of pregnancy options following a fetal diagnosis

This leaflet contains sensitive information about the option of termination of pregnancy because of what has been detected in your baby. We appreciate that this information may be difficult to read and suggest you do so when you feel ready and supported by someone you trust.

It is very normal to experience a range of emotions, for most parents it is an emotionally difficult and a painful decision to face. You may also have worries about what you will have to go through. Nothing can make this experience easy, but we aim to provide clear information and individualised support to help you to prepare and to think through your options.

It Is important that you do not feel alone during this time and know the fetal medicine team are here to support you and will discuss any questions or concerns you have.

Legalities

A fetal medicine doctor has offered you the option of termination because they have identified genetic or scan findings that show a significant issue with your baby's development. The abortion law says that you can have a termination at any gestation under clause E, this means there is 'substantial risk' that if the baby was born, he or she would not survive or would have 'significant handicap' (the wording is not very sensitive as the law was written in the 1960s).

If the fetal medicine doctor has not offered you a termination of pregnancy, you still have the right to request a termination of pregnancy before 24 weeks under another clause in the abortion law. This clause can only be used until 24 weeks of pregnancy. After 24 weeks the doctors must be confident that what has been diagnosed in a baby falls under 'clause E' of the law. Terminations outside of 'clause E' are not facilitated at the hospital but we will support you with directing you to an independent healthcare provider to discuss management.

Methods of termination

We appreciate how difficult it is to read about these processes, please do so slowly and with support. It is important you have clear information to help you with your decisions and we are here for any questions you may have. There are two methods of termination, medical or surgical. This information leaflet will discuss both methods and expectations of the care pathways so you can make the right decision for you and your family.

Medical termination of pregnancy

Medical termination of pregnancy involves two stages of giving medication. This medication is given to end the pregnancy and bring on labour and vaginal delivery of the baby and placenta.

Medical termination is generally very safe, and most women will not experience complications. However, there is a small risk of possible complications, including:

- Heavy bleeding
- Infection
- Some women may need a surgical procedure to remove retained pregnancy tissue from the womb to reduce bleeding and infection risks
- In the majority of cases a vaginal delivery is achieved. However, a small percentage of deliveries may require transfer to theatre for further management.

Stage one

You will be asked to come into the hospital to discuss the process and your medical history with a doctor, to ensure you are medically fit and well for the process and to answer any outstanding questions you may have. Please eat and drink as normal prior to this appointment.

They will discuss the small possibility of the listed associated complications and ask for written consent to proceed with the medical termination.

It is important that you tell us if you would not accept blood products, prior to starting the termination so we can consider alternative care planning.

With your consent the midwife will take some blood samples from you. This is to check your baseline levels are within normal range prior to the second stage. Your midwife will also ask to take a nose swab from you, to check for MRSA, a bacterial infection that all patients are screened for prior to hospital admission.

The midwife will then give you a tablet to take orally (by mouth) called Mifepristone. This tablet is designed to block your progesterone pregnancy hormone in preparation for stage two. It can make you feel a little bit dizzy or nauseous, so the midwife will take your blood pressure, pulse and temperature before and after taking it.

30 minutes after taking the tablet, if you feel physically well, you can return home. We will give you a date and time to come back into the hospital 48 hours later for admission.

Mifepristone is not designed to bring on labour and birth immediately. However, it is normal to feel some period like pains, pelvic ache or nausea. You can take paracetamol, use a hot water bottle or warm bath to help relieve the discomfort.

If during your time at home you are concerned that the pain is increasing, experience heavy vaginal bleeding or experience flu like symptoms please contact us for advice:
Before 18 weeks call ward 21b **01908 996446** or attend **A and E.**
After 18 weeks call labour ward on **01908 996478.**

Stage two

You will be admitted to the hospital approximately 48 hours after stage one. The ward will depend on how many weeks pregnant you are and your medical history. We do our utmost to keep you in a situation-sensitive place within the hospital whilst ensuring you are cared for safely. You can have your birth partner or next of kin stay with you throughout this stage and delivery.

You will be admitted until the delivery, and we are confident you are physically well to return home. You are advised to pack an over night bag. Including things such as nightwear, loose comfortable clothing, toiletries, books, phone charger and snacks.

The on-call doctor will come and introduce themselves to you and re discuss the medical management, giving another opportunity for questions. They will prescribe a medication called Misoprostol. This medication is designed to bring on labour pains (contractions) and delivery.

The doctor will discuss with you how frequently you will receive this medication, dependant on how many weeks pregnant you are and your medical history. They will discuss with you your preferences to have it vaginally or orally (by mouth). Vaginal route is preferable due to lower incidence of side effects.

For most women, Misoprostol is enough to establish contractions. However, in some cases an oxytocin hormone drip is needed to aid contractions. This will be discussed with you at the time if this is needed.

In most cases, the contractions start mildly and increase in strength as you get closer to delivery. The level of discomfort is different for everyone, but most will describe it as a stronger ‘period like’ pain that comes in waves. Our aim is to keep you as physically comfortable as possible and a wide range of pain relief is available to you, these range from tablet form to injections to intravenous medications (through a small plastic cannula in your hand or arm). You will have an experienced nurse/midwife to support you through this process with compassion and understanding.

Delivery

Delivery is very personal for parents and families. Your nurse/midwife will support you with what choices are right for you. There is no right or wrong answer. We ask you to think about what you would prefer at the point of delivery:

- To see the baby or not see the baby
- To hold the baby or not hold the baby
- Have you named your baby or have a nickname you would prefer them to be called
- Would you like mementos of the pregnancy, including hand or footprints and photos (this may depend on how big baby is)
- Keep a personal item with baby that you have bought from home, such as a teddy or blanket
- The nurse/midwife to dress baby or not
- Have a religious or non-religious blessing performed by a member of the chaplaincy team

You may have been told the sex of your baby during a scan or through genetic testing. If the sex is unknown, the nurse/midwife may not be able to determine the sex at birth.
If have opted for ongoing postnatal genetic testing and are not already aware of the sex, we encourage you to choose a gender-neutral name.

There is a small chance that there may be signs of life at birth. Dependant on your wishes, either you and your family or your nurse/midwife will support baby in being comfortable until they pass.

After 20 weeks of pregnancy, you may be advised to have an additional procedure called fetocide. This is an additional step that is carried out at Oxford Hospital, a fine needle is passed through your abdomen into your womb and medication given directly to the baby to stop their heart.

After the baby is born, you will also need to deliver the placenta (afterbirth). We recommend you have an injection to help this come away. It reduces the chance of heavy bleeding and retained pregnancy tissue. If the placenta stays in the womb, you may be transferred to theatre for a surgical procedure to remove the placenta. The doctor will explain this at the time and inform the anaesthetic team so they can give you general anaesthetic (a sleeping state) for the procedure.

Once you are physically well, you can be discharged from the hospital back home. Things to expect after birth:

- Vaginal bleeding for 2-6 weeks. Bleeding will gradually reduce over this time. It may temporarily increase if you increase activity, stress or lack of sleep. If you are concerned that the bleeding has significantly increased, contains blood clots larger than a ‘50p’ or has a foul odour please attend A and E or contact the ward you were discharged from. Your period is expected to return 4-8 weeks after.

- Abdominal pain can last for a couple of days, as your uterus returns to a pre-pregnancy state. You can aim to ease it with rest, paracetamol, a hot water bottle or bath.
- This is likely to be an emotionally difficult time. If you are struggling with different aspects of everyday life, having little or no interest in doing things, poor appetite or harmful thoughts, we encourage you to contact your GP to discuss ongoing emotional support and counselling services.

Funeral arrangements following a medical termination

We have a chaplaincy service at Milton Keynes Hospital who are here to support you and your family. They are expert listeners who can sit with you and help you process the deep questions which can arise out of an experience like this.

They support all faiths, non-religious and worldviews. Our chaplains can support you and your family to come to terms with your loss and to think about what you would like to do next, including supporting you regarding what kind of funeral you might like for your baby. This may be a communal service or private service, burial or cremation.

Funerals for pregnancy losses up to 24 weeks are covered by the hospital and at no cost to you or your family and from 24 weeks onwards are covered by a government grant. Our chaplains will support your individual beliefs and preferences, working alongside you to ensure you are involved as much or as little as you wish to be. You can speak to a chaplain at the time of termination or at a later date to discuss your wishes or for additional emotional support.

Surgical termination of pregnancy

Surgical termination of pregnancy refers to operatively removing the pregnancy vaginally whilst under a level of anaesthetic.

Milton Keynes hospital does not have the facilities to offer surgical management over 12 weeks of pregnancy. Surgical termination is legally available up to 23+6 weeks of pregnancy. We will refer you to an independent health provider, such as BPAS or MSI reproductive choices to offer surgical management.

Surgical termination is generally very safe, and most women will not experience complications. However, there is a small risk of possible complications, including:

- Heavy bleeding
- Infection
- Scarring to the uterus

We will refer you to the relevant health care provider and aim to get you seen as soon as sensitively possible. The clinics locations vary but are generally London based.

What to expect

Prior to 19 weeks of pregnancy, the surgical termination can be completed on one day. You will arrive at the clinic for admission early morning and a detailed medical history taken by the nurse.

You will meet with the anaesthetist who will ensure you are comfortable throughout the procedure by administering local anaesthetic (numbing the area), sedation (relaxed and sleepy) or general anaesthetic (a sleeping state).

The doctor may prescribe you a tablet to take to prepare your cervix before the procedure. Alternatively, they may use a vaginal device once you have anaesthetic on board to prepare your cervix. The doctor will discuss which method is best for you on the day. Preparing your cervix reduces the risk of retained tissue, infection and bleeding.

Up to 15 weeks of pregnancy, gentle suction is used to remove the pregnancy through the vagina with local anaesthetic or sedation.

After 15 weeks of pregnancy, general anaesthetic is preferred. The pregnancy is removed using small forceps passed through the vagina and gentle suction.

After 19 weeks of pregnancy, it is a two stage procedure which may require an overnight stay or travelling back to the clinic the following day. On the first day a small device will be placed into your cervix to help prepare it. On the second day the pregnancy is removed using small forceps passed through the vagina and gentle suction.

After 22 weeks of pregnancy, you may be advised to have an additional procedure called fetocide. This is an additional step where a fine needle is passed through your abdomen into your womb and medication given directly to the baby to stop their heart.

We advise that someone comes with you who can support you emotionally through this difficult situation. It is also advised that you do not drive for 24 hours after sedation or general anaesthetic.

Once you are physically well, you can be discharged back home. Things to expect post procedure:

- Vaginal bleeding for 2-6 weeks. Bleeding will gradually reduce over this time. It may temporarily increase if you increase activity, stress or lack of sleep. If you are concerned that the bleeding has significantly increased, contains blood clots larger than a ‘50p’ or has a foul odour please attend A and E. Your period is expected to return 4-8 weeks after.
- Abdominal pain can last for a couple of days, as your uterus returns to a pre-pregnancy state. You can aim to ease it with rest, paracetamol, a hot water bottle or bath.

- This is likely to be an emotionally difficult time. If you are struggling with different aspects of everyday life, having little or no interest in doing things, poor appetite or harmful thoughts, we encourage you to contact your GP to discuss ongoing emotional support and counselling services.

Funeral arrangements following a surgical termination

You may wish to take the remains home with you and make your own arrangements. This may include a private service, burial or cremation. We advise you contact your local funeral directors to clarify what services they can offer. Some funeral directors do not charge for pregnancy losses.

You may choose to bury the remains on private land, such as your garden. However, you may need to explore the deeds of the private land and make necessary amendments to the deed. Or you may wish to bury the remains in with a plant that can be moved if you move home in the future.

You may choose for the independent health care provider to cremate the remains. They offer a communal cremation, and the ashes will not be available afterwards because of the nature of the process. If you feel it is important to you to scatter or keep ashes, you should discuss with your local funeral director and make arrangements prior to the termination.

We have a chaplaincy service at Milton Keynes Hospital who are here to support you and your family. They are expert listeners who can sit with you and help you process the deep questions which can arise out of an experience like this. They support all faiths, non-religious and worldviews. Whilst our chaplaincy services are not involved in your funeral arrangements, you can speak to them at the time of termination or at a later date for additional emotional support.

Registration of birth

Babys born over 24 weeks are legally required to be registered with the local council. You will need to register the birth and death of your baby. This can be an emotionally distressing time, and we encourage you to have someone support you through this time.

Additional contacts and support

Milton Keynes Chaplaincy
01908 996061 or via the hospital switchboard 01908 660033 or by email chaplaincy@mkuh.nhs.uk

Milton Keynes Bereavement midwife team
Monday – Friday 08.00 – 16.00 : 01908 660033 and request the bereavement midwife

Milton Keynes Fetal medicine Midwife
Monday – Friday 08.00 – 16.00: 01908 997579

Milton Keynes Labour ward
Open 24 hours a day: 01908 996478 or 01908 996480

Milton Keynes ward 21b
Phone lines available 24 hours a day: 01908 996446

BPAS: https://www.bpas.org
MSI reproductive choices: https://www.msichoices.org.uk

Remember my baby: https://remembermybaby.org.uk/

SANDS: https://www.sands.org.uk/about-sands/our-work/supporting-parents

ARC: https://www.arc-uk.org

Petals: https://petalscharity.org/

NHS mental health charities: https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/