

Prenatal diagnosis

# Termination of pregnancy after the diagnosis of an abnormality (12 - 20 weeks gestation)



This booklet has been written by the Specialist Midwives in Prenatal Diagnosis to try and answer the questions you may have about termination of pregnancy.

The decision to end a pregnancy is extremely difficult and painful for most parents. You must try to absorb the medical information you have been given, while in a state of emotional shock and distress, and work out a way forward that you can best live with.

The time taken to reach a decision about the future of their pregnancy varies from couple to couple. Some reach a decision rapidly, whilst others need time.

It can be helpful to take time to think and talk it over, perhaps with family and friends.

Please feel free to ask any questions. We are here to support you during this difficult time.

## What are the risks?

- About 5 in 100 women need to have an operation called an ERPC (Evacuation of Retained Products of Conception) under a general anaesthetic to stop bleeding due to some pieces of tissue left in the womb.
- Infection can occur after the procedure (up to 1 in 10 women). You should contact your doctor if you have a profuse or offensive smelling vaginal discharge, lasting pain or temperature.
- Almost all women who have had this type of termination of pregnancy will be able to become pregnant again if they want to. It is very unlikely that your future fertility will be affected unless there have been complications.

## What does the procedure involve?

Termination of pregnancy after 12 weeks is a two-stage procedure which causes the womb to contract and bring about a miscarriage.

The procedure begins with an appointment in Prenatal Diagnosis. A doctor will assess your general health to ensure the procedure can be

carried out safely. You may also be seen by an anaesthetist. You will be asked for your written consent for the procedure to take place.

The procedure is carried out on Level 7 of the Women's Centre. Level 7 is a specialised ward comprised entirely of single ensuite rooms and staffed by Midwives and Maternity Care Assistants experienced in bereavement care.

## **Stage One**

The first stage of the procedure takes place on Level 7 of the Women's Centre.

A midwife will review your records and answer any further questions you may have about the procedure or aftercare. You will then be given a tablet called Mifepristone. This prepares your womb for the miscarriage. You will be able to go home after a short time (approximately 30 minutes) to return two days later. You will be given a contact number for Level 7 in case you need it.

You may spend the two days between your visits to hospital in the normal way – at home or at work.

During this time you may experience nausea, start to bleed vaginally or have period-like pains. There is a small chance that the miscarriage will occur (about 1%). If you have vaginal bleeding you should use sanitary pads not tampons and contact the midwives on Level 7 for further advice. You may be asked to come in sooner than planned.

Please note you may take paracetamol to ease any pain, but not other painkillers such as aspirin or ibuprofen as these can interfere with the treatment and should not be taken after the Mifepristone tablet. Please tell the hospital doctor about any medicines that you take.

You should not drink alcohol or smoke for at least 4 days after taking the Mifepristone tablet.

## **Stage Two**

The second stage involves admission to Level 7. You should bring sanitary pads (not tampons), toiletries, dressing gown, slippers and things for an overnight stay. You may be able to go home the same day, but for most women the procedure involves one night in hospital. A few women will need to spend two nights in hospital.

It is useful to bring things to help keep you occupied, such as books, music (with earphones), laptop, etc. It is a good idea to have someone to stay with you – your partner or a close friend or relative who can support you. They will be able to stay overnight with you if necessary.

Once you have been admitted to one of the rooms on Level 7 a midwife and possibly a doctor will carry out some checks before the procedure can commence. This will include inserting a cannula (a fine needle) into a vein in your arm or back of your hand.

A midwife will put the Misoprostol (prostaglandin) tablets into your vagina. After 3 hours this will be repeated. An oxytocin drip will be started after a further 3 hours if you have not miscarried. The oxytocin drip will be connected to the cannula in your arm or hand. This makes the uterus contract and causes a miscarriage.

The process may take up to 24 hours or more. There will be physical pain and pain relief can be given as you need it – this is usually given by injection into a muscle and may make you feel drowsy. As you are losing your baby there is emotional pain too. It is important to discuss your feelings and wishes with the midwife caring for you so she may guide and support you through the process.

The Misoprostol may cause a temperature or you may start shivering. It can also give you frequent bowel movements. You may notice some clots of blood coming from the vagina during the procedure and it's possible that you may feel your waters break.

The midwife looking after you will be close at hand to guide and support you. She will take regular observations and encourage you to be as mobile as possible.

When the baby is passed you may also notice some blood loss at the same time.

You may be given an injection of Ergometrine to help deliver the placenta once the baby is passed.

If the placenta does not come away completely you may need a general anaesthetic in theatre to have it removed.

## Afterwards

Many couples find it helps them to come to terms with what has happened if they see and hold their baby afterwards. The midwife will offer mementoes of hand and foot prints and photographs, after discussing this with you. The hospital Chaplain offers a blessing at this time if you wish.

Some couples decide not to see their baby, but have the photographs taken and stored with the hospital so they can choose to see them in the future if they wish. You will find what is best for you at that time.

The decision as to whether to have a post-mortem examination of the baby is entirely yours. In some cases a post-mortem examination by the pathologist will give you the best chance of finding out what problem the baby had and allows for the most accurate information to be given to you for the next pregnancy. This will be discussed with you and a detailed consent process followed.

All babies may have a hospital burial attended by the Chaplain, which you may or may not wish to attend. Alternatively you may wish to make your own private funeral arrangements. The hospital Chaplain will be able to help you with this and also offer a blessing if you wish.

## Going home

You may go home once the bleeding has settled and you feel well enough. You may bleed for up to two weeks and some women will have a slight blood loss until their next period starts. You should use sanitary pads (not tampons) until your next period starts, which should happen during the next six weeks.

Do not have sexual intercourse until the bleeding has stopped and remember to use an effective form of contraception. We recommend that you have one normal period before trying for another baby.

A few women have problems in the first few days afterwards with painful breasts. This can be helped by wearing a firm supporting bra and taking paracetamol, but if the pain increases or continues, see your doctor.

You should see your GP a few weeks afterwards to check that everything is back to normal.

## Signs to look out for

If you have a lot of bleeding you must see a doctor as soon as possible as it may be that some pieces of tissue have been left in the womb and you will need an operation (ERPC) to remove these. If you have a discoloured or offensive smelling vaginal discharge, lasting pain or temperature you will need to see your doctor as you may have developed an infection.

## Emotional recovery

Once at home you may face the reality of what has happened in a number of ways.

Some people want to talk about their experience all the time whilst others may withdraw. Couples may find that each grieves in a different way. If you can talk and share your feelings it will help you both but you may not be able to give each other all the support you need. Asking others for help – friends, family or professionals, can make it easier to cope. Please let us know if you wish to see our Midwife Counsellor.

## Follow up appointments

You should see your GP for a follow up appointment a few weeks after your hospital admission.

We will arrange a follow up appointment in Prenatal Diagnosis to discuss what has happened, go over any results (including post-mortem examination) and discuss the chances of a similar problem in a future pregnancy. We will also discuss a plan for future pregnancies and write to you and your GP afterwards.

## How to contact us

Specialist Midwives Prenatal Diagnosis  
(Helen Gregory, Jackie Lovstrom, Kay Randall) **01865 221716**

Level 7, Women's Centre  
John Radcliffe Hospital **01865 221663**

## Your appointments

Attend Level 7 at ..... a.m. on .....

Admission to Level 7 at ..... a.m. on .....

## Further Information

Antenatal Results and Choices (ARC)  
Tel 0207 631 0285

### **[www.arc-uk.org](http://www.arc-uk.org)**

This is a charity which provides impartial information and individual support to parents going through antenatal screening or whose unborn baby has been diagnosed with an abnormality that may lead to the decision to end the pregnancy.

### **[www.healthtalkonline.org](http://www.healthtalkonline.org)**

This website has real people's experience of diagnosis of fetal abnormality and termination of pregnancy.

### **[www.mpsonline.org.uk/bmpsr/](http://www.mpsonline.org.uk/bmpsr/)**

Baby MPS (mailing preference service) online.

Free site where parents can register online to stop or at least reduce baby-related mailings of samples, offers advertisements etc.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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