

Introduction

We understand that deciding to end a pregnancy due to fetal abnormality is not an easy decision and is a challenging time for you and your family. This leaflet hopes to offer some clarity and information regarding the process of medical termination at our hospital and answer a few questions on aftercare. We encourage you to spend some time thinking things through and staff members are available to help you through the process throughout your journey.

ARC (Antenatal Results and Choices www.arc-uk.org.) offers information and support to parents who are making decisions before, during and after antenatal screening and testing.

How is the medical termination of pregnancy done?

The process takes place in two stages.

Before the procedure, you will be informed about the associated risks, the steps involved, and what to expect. You will also be asked to give your written consent after the process has been clearly explained.

If you are seen in the Fetus Medicine Clinic, all paperwork including signing a consent form will take place during your consultation. The first part of the treatment will be provided either at the clinic or at The Grange Hospital, depending on bed availability for the second stage of the procedure and depending on your stage of pregnancy:

- If you are less than 20 weeks' gestation, you will be admitted to the Gynaecology ward/A3 at level 3.
- If you are more than 20 weeks' gestation, you will be admitted to the Obstetric ward/C3 at level 3.

You will then be given a time and date to be admitted for the second part. You will be given an en suite room, and your partner/ relative is welcome to stay with you throughout the process in the hospital.

You cannot have the medication if you have severe uncontrolled asthma, inherited porphyria, chronic adrenal failure due to contraindications in these cases. If you have bleeding disorders, are on long term steroids, taking anticoagulants, and/or anaemic, then further discussions and precautions will be taken after discussing with relevant Specialists regarding giving these medications. You will also need to inform

the Doctor if you ever had clots in your legs (DVT) or lungs (PE) and in case of any previous allergies to the medication

Necessary tests to be done prior to the procedure

To treat you safely, there are few mandatory blood tests including – Full blood count and Group and Save which includes your Rhesus status, i.e., whether you have positive or negative blood type. If you have negative blood type, you will need an Anti – D injection within 72 hours after the termination to prevent complications in subsequent pregnancies.

First Part

The process has two parts to it – the first tablet (Mifepristone), taken orally, is given to stop the pregnancy hormones (progesterone) in your body. The second tablet (Misoprostol), which is taken 36-48 hours later vaginally/sublingually (under the tongue), causes the contractions to deliver the baby and the placenta.

Mifepristone can sometimes make you sick, and we ask you to remain in the clinic or ward for 30 min after the tablet has been given to ensure you tolerate the tablet well, after which you can go home. Occasionally it can cause bleeding or fluid loss from the vagina and period like abdominal cramps, and we advise you to monitor the bleeding with pads.

In case of emergency such as heavy bleeding and pain after the first tablet, we ask you to contact the Emergency Gynaecological Assessment Unit (EGAU) at Grange hospital if you are less than 20 weeks and Obstetric triage if more than 20 weeks. In case of heavy bleeding where the pads are saturating in 30 min to 1 hour and passing large clots of blood, then you might need to go to A&E.

Second Part

The second tablet (Misoprostol) would be given in the Grange University Hospital after admission as it will cause contraction like abdominal pains and complete the process of giving birth (baby and placenta). The second tablet can be repeated up to a total of 5 doses 3 hours apart. The first tablet is given vaginally, and rest are given orally.

You should plan to be in the hospital for 1-2 nights.

The nurses/Doctor/midwife looking after you and/ or an anaesthetist will discuss the pain relief options available to you.

If the pregnancy has not passed completely after 5 doses of misoprostol, then, you would be given rest for 24 hours. Your named consultant or on-call consultant will then discuss further management with you. If you previously had a Caesarean section or any major uterine surgery, we might give a lower dose of this tablet to minimise the risk of problems with uterine scar depending upon how far along you are in pregnancy.

You would be offered pain relief; anti-sickness medications and you can ask for them when needed. You might be given a course of antibiotics depending upon the circumstances and clinical need.

You might be given blood thinners while you are in the hospital after the procedure and depending on your risk factors (history of blood clots in legs/lungs either in yourself or immediate family members), It may also be necessary to have these injections for a few days or weeks following the birth depending on your personal risk factors.

Additional Procedure if Pregnancy is >21+6 weeks

There is an additional process if you are more than 21+6 weeks at the start of medical termination of pregnancy which involves giving an injection to stop baby's heartbeat. This procedure is performed if there is a substantial possibility that your baby will have 'signs of life' at birth. This procedure is carried out at the University Hospital of Wales (UHW) in Cardiff in the fetal medicine unit before you commence the medical termination of pregnancy at our hospital.

You will have a detailed discussion about this procedure when you attend for your appointment, so that you could make an informed decision. You will be given a local anaesthetic injection in your tummy so that you do not feel any pain and an ultrasound is used to guide a needle through your tummy into your womb to give injection to stop baby's heartbeat. A further ultrasound scan will be done during the appointment after the procedure has been done.

Risks/Complications of MTOP

Most women wouldn't experience any problems; however, there is a small risk of complications.

Major risks include severe bleeding and retained pregnancy tissues (including placenta) in about 5-8 in 100 cases.

Surgical intervention to remove the tissue can be required in about 13 in 100 cases.

The risk of severe bleeding is lower for early terminations (<20 weeks), occurring in less than 1 in 1000, rising to around 4 in 1000 at gestations beyond 20 weeks.

Other risks include cervical trauma and uterine perforation (in case of surgical intervention only), risk of infection in < 2 in 100 and a <1 in 1000 chance of uterine rupture.

Late complications might include retained pregnancy tissue causing infection in about 1 in 10.

There is also a small increase in the risk of subsequent preterm birth, which increases with the number of terminations.

Your risk of miscarriage, ectopic pregnancy or low-lying placenta doesn't increase after an uncomplicated termination of pregnancy.

Baby born with signs of life- In some cases a baby may be born showing sustained signs of life which are described as a heartbeat, breathing, pulsations of the umbilical cord or definite movements of voluntary muscles. In the rare circumstances that the baby is born with 'sustained signs of life' following a termination of pregnancy at any gestation period and subsequently dies, both the birth and death of the baby must be registered, and both certificates will be issued to the parents.

What happens after the termination?

Time with the baby - Thoughts about seeing or holding your baby can be very mixed, and it's completely normal to feel unsure. It can be a difficult and deeply personal decision, and it's important to know that you can take your time—and that you can always change your mind. If you choose to see your baby, this can be arranged in a gentle and supportive way. You will be given as much time as you need. Your baby will be carefully wrapped in a blanket and placed in a Moses basket—so you can spend this time together in a peaceful setting. You may decide to give your baby a name.

Memory box: We provide a memory box to support you during this difficult time. The box includes two teddy bears—one to keep, and one that can accompany your baby during funeral arrangements, if you wish.

Inside, you'll also find a selection of items to help honour and remember your baby: a small diary, a storybook, an organza pouch, medical photographs (if requested), a discharge pack with information about support services available to parents, Forget-me-not seeds to plant in remembrance, certificates of remembrance. You may also be offered Ibraheem's Gift (tailored to your faith where appropriate), sibling packs for older brothers and sisters, Welsh language memory boxes and Skye High Foundation boxes for families experiencing the loss of one twin or multiple. Where possible, depending on the stage of pregnancy, we may also be able to provide handprints and footprints as a lasting keepsake.

Funeral arrangements: After the procedure, you'll have a sensitive discussion with an experienced nurse, midwife or doctor about funeral options. There is no legal requirement to hold a funeral for a baby under 24 weeks gestation. You can choose from private cremation/burial, hospital-organised cremation (burial only in certain circumstances like religious belief) , or home burial—whatever feels right for you. You will be provided with leaflets containing further information. If you are uncertain, you have until 3 months after your procedure to decide.

Further testing: Genetic testing (genetics) might be recommended, which involves taking a small tissue sample from the placenta and a blood test from you. The whole placenta may also be sent for examination if this is considered clinically helpful. In some situations, further discussion with a pathologist may be necessary. However, they may decide that certain tests are not required.

To carry out any testing, you will be asked to complete consent forms and provide information about your previous pregnancy history. All results will be shared with you once they become available.

If clinically indicated, further tests may be offered, including a post-mortem examination. This decision is based on medical need and is often not indicated if you have been given a diagnosis prior to deciding to end the pregnancy, but you have the right to decline any investigations. You will have a detailed discussion with the medical team, and no testing will be carried out without your informed consent.

You will be provided with 'A guide to the hospital post-mortem examination of foetus, baby or child' to assist with your decision making.

If a post-mortem is carried out, your baby will remain at the University Hospital of Wales for approximately 3–4 weeks and the results will take a minimum 12–14 weeks. Once they are available, a follow-up appointment will be arranged with your foetal medicine consultant.

After care and discharge: The doctor/nurse/midwife will check that you are well and not bleeding heavily. Vaginal bleeding is expected for approximately two to three weeks which could be heavier than a normal period in the beginning but reduces with time. It is recommended to use sanitary pads and avoid tampons as they increase the risk of infection. Due to risk of infection, it is advised that you should not resume sex until you have stopped bleeding.

You are likely to experience lower abdominal pain and discomfort; pain relief can be taken as required.

If you have a Rhesus negative blood group; you will be given an anti-D injection. If the bleeding is settling down and there is no other cause for concerns, you can go home the same day.

There is no specific time advised for resting or returning to work, but we would suggest you take some additional time for your physical and emotional recovery, you can ask for a 'sick note' from hospital. Your GP can also offer support after a termination of pregnancy.

In some women, there can be milk production (especially after 16 weeks) in which case we recommend natural suppression as first choice, but if you wish to have tablets to suppress it, we can provide that as well (cabergoline). Before giving the tablet, we will have a discussion regarding your medical history to ensure it is safe for you, the expected adverse effects of the table and how long to take it for.

Bereavement support: We understand that this will be an incredibly difficult time, and we want you to know that you are not alone. We are here to support you whenever you need. A bereavement midwife will contact you if you are over 20 weeks and if you are less than 20 weeks, a nurse from gynaecology will get in touch with you to offer support and help address any questions or concerns you may have. If you would like further support, you can self-refer to Beresford centre, which

is a counselling service specifically for the loss of a baby there will be a leaflet in your discharge pack. We also recognise the impact of loss on partners and offer support for their needs.

Community Midwife Follow-up: Once you are discharged home, your community midwife will get in touch if you have a miscarriage after 20 weeks, to arrange a visit. The frequency of these visits can be discussed and agreed together.

Support Groups and Resources: There are many local and national support groups available. We will provide you with a leaflet containing contact details and further information about these services.

Post-termination advice:

- Take a urine pregnancy test 3 weeks after if the pregnancy was under 20 weeks.
- Seek urgent help if you experience: severe tummy pain, heavy bleeding (soaking 1-2 pads an hour), passing large blood clots (larger than 50p), offensive discharge or fever, feeling unwell, signs of deep vein thrombosis, shortness of breath.

Contraception After Delivery: It's important to consider contraception after birth. Your body needs time to recover, and emotionally, you may feel you need more time before considering another pregnancy. We offer the mini pill in the hospital before discharge, if you prefer any other methods of contraception, you can discuss with GP or sexual health clinic.

Important Contact Numbers and Support Groups

EGAU (Emergency Gynaecological Assessment Unit):

The Grange University Hospital, Level 3 01633493557/01633493556

Maternity Triage:

The Grange University Hospital, Level 3 01633493530

Beresford Centre:

Offers free information and counselling for those experiencing any stage of pregnancy loss

01633212320

www.beresfordcentre.org.uk

Aneurin Bevan Baby Loss Support Group:

On 2nd Monday of every month between 7-9 pm

Carro lounge (upstairs), Gwent Square, Cwmbran, NP44 1PL

abb.bereavemntmidwives@wales.nh.uk

ARC (Antenatal Results Choices):

This charity supports you if you received a scan result which showed that your baby is not developing as expected

02077137486 (helpline) & 07908683004 (text) or www.arc-uk.org

Aching Arms:

This charity helps and supports you when you've experienced the heartbreak of losing your baby, during pregnancy, at birth or soon after. 07464 508994 and support@achingarms.co.uk

Miscarriage association:

If you've been affected by miscarriage, molar pregnancy or ectopic pregnancy, then this website will provide the information and support that you're looking for. 01924 200799 and info@miscarriageassociation.org.uk

The Twin Trust:

It offers support to all parents and carers of twins, triplets or more, who have died, whether it was during or after the pregnancy You can contact them at Twintrust.org

Coping with loss: NHS Wales

Information available in many languages

<https://abbhealthiertogether.cymru.nhs.uk> > coping-loss

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Mae'r ddogfen hon ar gael yn Gymraeg**