

Maternity

Termination of pregnancy for fetal anomalies

This information is for parents who are thinking about ending a pregnancy because a serious condition (anomaly) has been found in their baby.

Having a termination (also known as an abortion) for medical reasons is a very personal decision. Only you can decide what is right for you. There is no right or wrong decision.

Deciding to end a pregnancy can feel very hard and painful. We are very sorry. The staff at University Hospital Coventry and Warwickshire NHS, George Eliot Hospital and South Warwickshire Hospital NHS Trusts are committed to providing sensitive care and support to you and your family at this difficult time, in a way that is helpful to your individual needs

Methods of termination

There are 2 ways a termination can be done: medical or surgical.

- At UHCW NHS Trust, medical termination is available.
- If you want a surgical termination, we will refer you to BPAS (British Pregnancy Advisory Service). This is an independent service that works with the NHS.

You can find more information at:

www.bpas.org/more-services-information/pregnancy-miscarriage/termination-for-fetal-anomaly/



What is medical management of termination of pregnancy ?

Medical termination is done using 2 tablets: mifepristone and misoprostol.

- The first tablet, **mifepristone**, stops the pregnancy hormones progesterone and essentially “switches off” the pregnancy .
- The second tablet, **misoprostol**, is given 24 to 48 hours later. This makes your uterus (womb) contract.

A doctor will explain everything to you and go through a consent form for you to sign.

You will be advised where and when the procedure will take place before coming to hospital, either by the Fetal Medicine Department or your local hospital screening midwives team (at George Eliot or South Warwickshire).

Stage 1: Mifepristone

Mifepristone is taken by mouth while you are at the hospital. This is usually offered to you while you are at the fetal medicine unit or at your local hospital.

As with all medicines, there can be side effects:

Very common (may affect more than 1 in 10 people)

- Uterine contractions or cramping
- Diarrhoea
- Feeling sick (nausea)
- Being sick (vomiting)

Common (may affect up to 1 in 10 people)

- Heavy bleeding
- Mild or moderate stomach cramps
- Infection of the uterus (endometritis or pelvic infection)

Uncommon (may affect up to 1 in 100 people)

- Low blood pressure

Patient Information

Rare (may affect up to 1 in 1000 people)

- Fever
- Headache
- Feeling generally unwell or tired
- Hot flushes, dizziness, or chills

You will stay in the unit for around 30 minutes after taking mifepristone to make sure you are well. If you feel okay, you can go home.

If you have any side effects, contact your hospital on the numbers at the end of this leaflet.

Stage 2: Misoprostol

At the agreed time, you will attend Ward 23 or **delivery suite or your local hospital**. You will be shown to a private room with an en-suite. A partner, relative or friend can stay with you if you wish.

The length of time in hospital varies, but plan for at least one night. You can eat and drink as normal.

Once you are settled and feel ready to go ahead, we will give you misoprostol.

If you have had a previous caesarean section or major surgery on your uterus, we will give you a reduced dose of this medicine. This is to reduce the risk of your scar opening.

Side effects of misoprostol:

Common (may affect up to 1 in 10 people)

- Dizziness
- Headache
- Stomach pain
- Constipation, wind, indigestion
- Feeling or being sick

Uncommon (may affect up to 1 in 100 people)

- Fever
- Severe uterine pain

Patient Information

Side effects with unknown frequency

- Allergic reactions (swelling of hands, feet, face, lips, tongue, or throat, affecting breathing)
- Very heavy or painful bleeding
- Chills High temperature

What to bring with you

- Any medicines you take
- Toiletries
- Large sanitary towels
- Loose-fitting clothes or nightie
- Flip flops or slippers
- Phone charger
- Fresh clothes
- A blanket and/or toy/cuddly to go with baby (not required and on a personal basis)

Pain relief options

You can choose from:

- TENS machine
- Paracetamol and dihydrocodeine
- Entonox (gas and air)
- Morphine (oral or IV)
- Epidural

Your midwife or anaesthetist will discuss these options with you in more detail.

Possible complications during and after the procedure

During the process of ending your pregnancy, a few complications can happen:

- The placenta may become “stuck” inside your uterus. This may need a short procedure in the operating theatre to remove it. This happens in about **1 in 200 people (0.5%)**.
- Excessive bleeding is rare. It happens in less than **1 in 1,000 (0.1%)** of people before 20 weeks, and about **4 in 1,000 (0.4%)** after 20 weeks.
- Damage to the uterus is very rare (less than 1 in 1,000 people). If it happens, it is repaired in an operation under general anaesthetic.

After the procedure, some problems may appear days or weeks later:

- **Infection** can happen in up to 1 in 10 (10%) of people. If this happens, antibiotics will be given.
- **Incomplete emptying of the uterus** (small bits of placenta or membranes may remain). This happens in about 2 in 100 (2%) people. Treatment may include antibiotics, another dose of misoprostol, or, in rare cases, a surgical procedure.

Will my baby be born alive if I don't have a feticide?

It is hard to predict if your baby will be born alive if you don't have the feticide procedure, factors such as how many weeks pregnant you are and the reason for the termination will play a part. The team looking after you will discuss this on an individual basis.

Although this is uncommon, babies can be born showing signs of life as early as 16 weeks.

The length of time a baby will show these signs of life may only be for a few seconds but occasionally it can last for a few minutes or in rare cases, hours. Some babies show “brief reflex activity” such as twitching, occasional gasping or brief pulsation of the chest wall.

You may be offered a procedure called Feticide before starting the termination process. Feticide is when the baby's heart is stopped using chemicals with an injection and ultrasound scanning.

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This means that your baby will not be born alive. If you decide to have a feticide it will be performed in the Fetal Medicine department at UHCW hospital.

If you are more than 21 weeks and 6 days pregnant, it is a legal requirement to have the feticide procedure before starting a termination.

Birth and death registration

When a baby is born alive, both the birth and the baby's death must be registered. Doctors have a legal duty to complete a medical certificate of cause of death to allow the death to be registered.

If the coroner agrees with the proposed cause of death, no further action is needed and the case is closed. If the coroner does not agree or needs more information, they may open an investigation.

If a coroner's investigation is needed, the team will discuss with you.

Spending time with your baby (optional)

Some families may want to spend time with their baby, and some may prefer not to. Our staff will support you with whatever you decide. You may bring clothes, a blanket, or a soft toy for your baby. If you cannot, we have blankets available.

We also offer ways to create memories of your pregnancy and your baby. These may include memory boxes, wristbands, certificates, photographs, handprints, or footprints. It is completely your choice which, if any, of these you would like. You will be supported in whatever you decide. You do not need to decide anything before your baby is born.

You may wish to see the bereavement lead and/ or the hospital chaplain (of all or no faiths), they can support you with the practical advice regarding the next steps such as registration, if required and funeral arrangements and can provide on-going care and emotional care for you and your family once you leave the hospital.

Postmortem examination of your baby

If you were more than 12 weeks pregnant, a postmortem (examination after birth) may be possible. This can help explain why your baby had an anomaly and may give information about the chances of it happening in a future pregnancy.

Patient Information

There are some restrictions for postmortem when a pregnancy is ended because of a fetal anomaly. If a diagnosis has already been made, the pathologist may decide not to perform a postmortem. This will be discussed with you in more detail.

What happens next?

A follow up appointment or letter from your consultant will be offered to you once all results of investigations are received (this will take some months and depends on the test undertaken). They will be able to support you should you wish to discuss planning for a future pregnancy.

If you have any questions, please call:

UHCW NHS Trust

- **Fetal Medicine:** 024 7696 6572 (Monday, Tuesday, Thursday, Friday 8am - 6pm and Wednesday 9am -1pm). Please leave a voicemail if we cannot answer, and we will call you back.
- **Specialist Bereavement Team:**
 - Ward 23: 024 7696 7000 (if the pregnancy is less than 20 weeks)
 - Labour Ward: 024 7696 733

George Elliot NHS Trust:

Labour Ward: on 024 7686 5353

South Warwickshire:

EPAGU: 01926 495321 ext. 8687 or 4396 if you are less than 20 weeks pregnant

Labour Ward: 01926 495321 ext. 8408 if you are over 20 weeks pregnant

Useful sources of information

- **Antenatal Results and Choices (ARC):** www.arc-uk.org
A registered charity offering support and advice to parents facing difficult decisions about fetal anomalies.
- **BPAS- Supporting Pregnancy Choices:** www.bpas.org/
- **The Lullaby Trust:** www.lullabytrust.org.uk
- Local bereavement support groups
- **SANDS**
<https://www.sands.org.uk/>
- **Sophia Pregnancy Loss Support Charity (local)**
<https://www.sophiapregnancylosssupport.com/>

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact 024 7696 6572 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

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www.uhcnhs.uk/feedback



Document History

Department:	Maternity
Contact:	024 7696 6572
Updated:	March 2026
Review:	March 2029
Version:	1
Reference:	HIC/LFT/3117/26