NHS
Isle of Wight
NHS Trust

Standard Operational Procedure for the Management of Termination for Fetal Abnormalities

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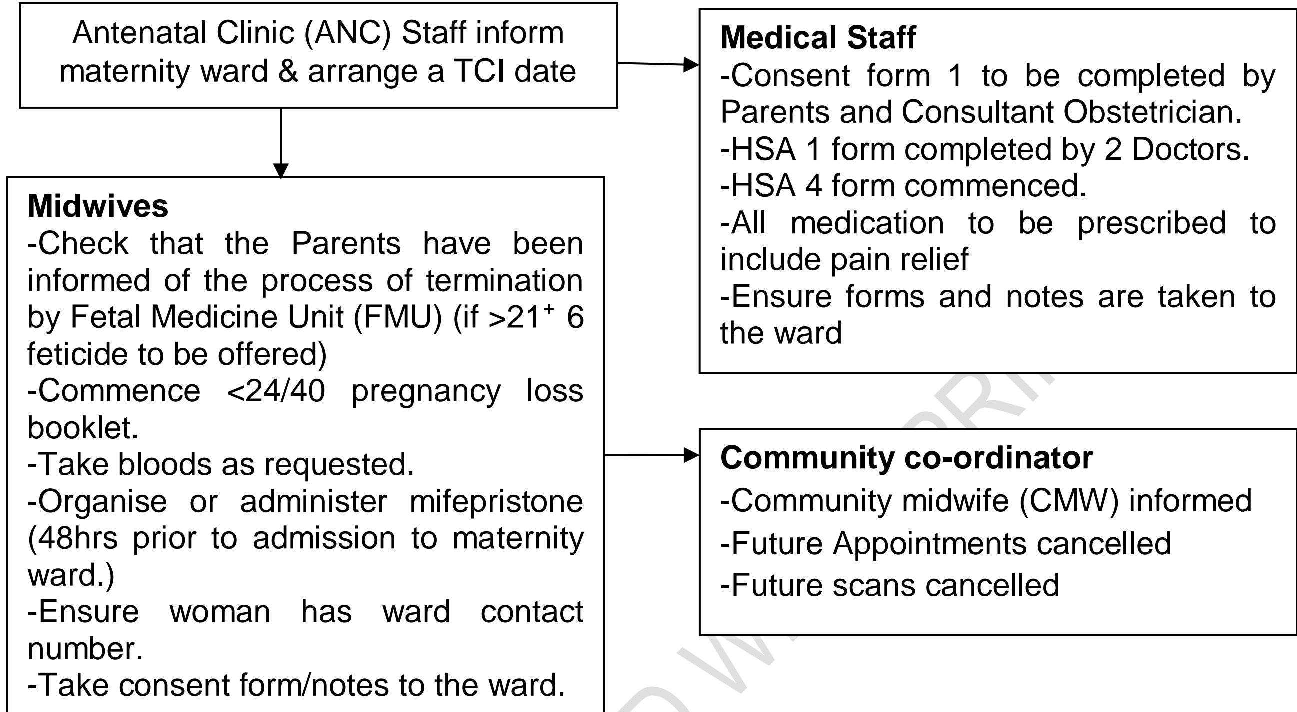
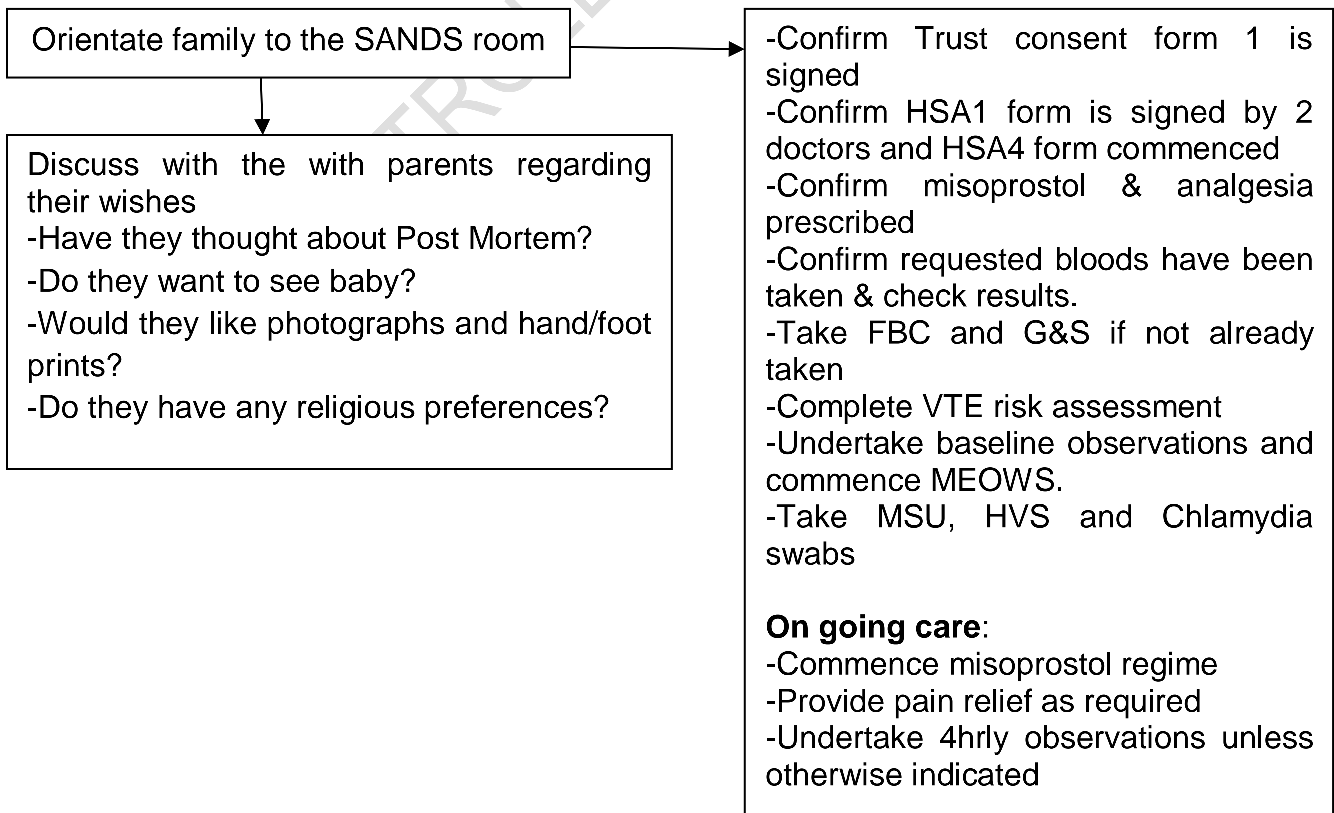
Version:	1
Status:	Ratified
Effective from:	July 2019
Review:	July 2022

Medical Termination-

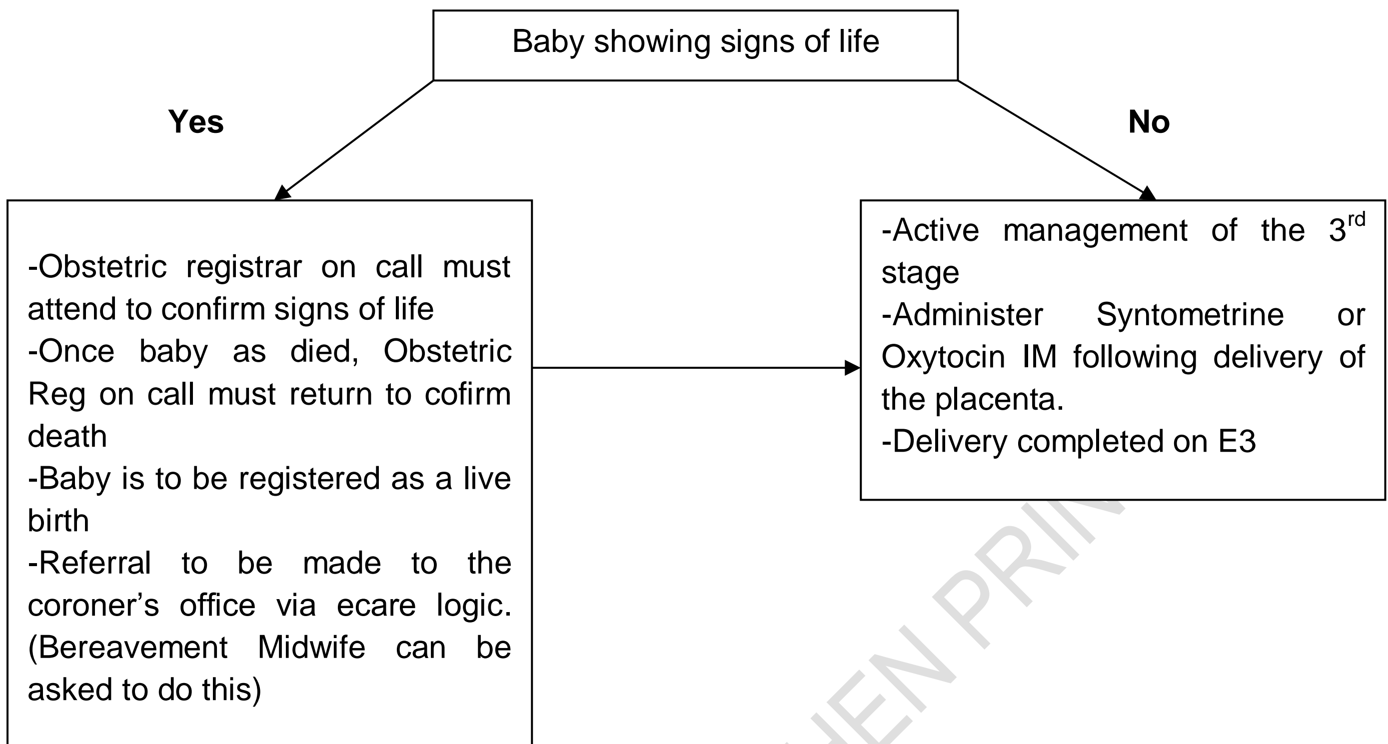
Following identification of fetal abnormality and parental decision for termination.



On Admission to Maternity Ward



Following delivery



Investigations post delivery

In all cases

Swabs – All to be sent with a blue form
Fetal umbilicus – Blue top swab
Fetal ear – Blue top swab
Placenta (maternal side) – Blue top and green top swab

Where appropriate

Karyotype – Tissue samples of karyotype should be offered in the following circumstances:
-Any fetal loss <24 weeks gestation **when this is the 3rd subsequent miscarriage**
-Any fetal loss <24 weeks gestation with an **obvious phenotypic abnormality**

Admission to mortuary and accepting/declining post mortem

-2 x ID labels applied to baby (x1 round abdomen for small gestations)
-Place baby in a size appropriate body bag and then placed in the clear transportation box provided by the mortuary. DO NOT transport baby in moses basket
-Non viability certificate completed and 1 copy to go with baby to mortuary, the other to stay in notes.
-'Mortuary Form' completed and sent to mortuary with baby (can be found in the yellow booklet)

↓

Parents requesting a post mortem

Yes

-Post Mortem Consent information leaflet given to parents
-Post Mortem Consent form completed by the registrar or a member of staff who has attended the appropriate training

↓

Photocopy:
-the fully completed post mortem consent form
-woman's handheld notes
Complete;
'Relevant information for post mortem' form (Can be found in yellow booklet)
-Ensure all go to the mortuary with the baby

↓

-Placenta placed in a dry pot.
-Label with MOTHERS details
-Send to the mortuary with the baby

↓

-Yellow post mortem sticker completed stating 'Consent for Post Mortem'
-Place in clear transportation box

→ (to "Place baby in the red transportation bag")

No

-Placenta and cord to be sent to histopathology in formalin
- Labels with MOTHERS details

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-Yellow post mortem sticker completed stating decline/ or undecided
-Place in clear transportation box

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Place baby in the red transportation bag
Call porter to collect baby

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1. Purpose/Background:

The purpose of this SOP is to provide guidance in providing optimal care including bereavement support for families with a fetal abnormality following screening.

2. Scope:

This Standard Operating Procedure (SOP) provides a pathway for obstetric and midwifery staff to follow when caring for families who have made the decision to have a Termination for Fetal Abnormalities (TFA).

It applies to:

- Registered Midwives
- Obstetric Staff
- Labour Ward technicians
- Maternity Support Workers

Working within the:

- Antenatal clinic
- Maternity Ward
- Labour ward
- Community

3. Responsibilities

It is the responsibility of all Midwifery Nursing and medical staff to:

- Access read understand and apply this guidance
- Attend any mandatory training pertaining to the guidance

It is the responsibility of the department to:

- Ensure the guideline is reviewed as required in line with trust and national recommendations

Ensure the guideline is accessible to all relevant staff

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4. Procedure:

4.1 Confirmation of Fetal Abnormality

Please see SOP Referral to Fetal Medicine Unit

4.2 Drug management for the medical management of termination for fetal abnormalities below 24 weeks gestation (unscarred uterus)

36 - 48 hours prior to admission

- Mifepristone 200mg PO

Admission to maternity ward

- Misoprostol 800mcg PV
- 3 hours following initial dose of misoprostol, administer 400mcg Misoprostol PV or PO 3hrly up to 4 doses
- If delivery has not occurred after 5 doses of Misoprostol (1x 800mcg dose and 4 x 400mcg dose) Administer Mifepristone 200mg PO and recommence Misoprostol regime 12hrs later.

4.3 Drug management for the medical management of termination for fetal abnormalities below 24 weeks gestation (scarred uterus)

36 - 48 hours prior to admission

- Mifepristone 200mg PO

Admission to maternity ward

There is no literature available to advise on misoprostol regimen for women who have had previous lower segment caesarean sections. This decision is taken by the individual obstetric consultant.

4.4 Analgesia

- Ibuprofen 400mg TDS
- Paracetamol 1g QDS
- Oramorph as prescribed

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- PCA: If a woman is requiring a PCA the anaesthetist should be called to assess and prescribe
- Epidural: Regional anaesthesia should be offered if the above regime fails to control the woman's pain. In this instance the woman will have to be transferred to the labour ward

Sedation

- Temazepam 10-20mgs PRN

Antiemetic

- Ondasetron 4-8mgs IV/PO

4.5 Investigations post delivery

See flow charts for guidance on swabs and histology

Karotyping

All karyotype samples should be placed in separate, dry universal containers and a yellow histology form and solid tissue form should be completed and sent to lab in Salisbury, inform labour ward technician that a requisition number needs to be raised for samples prior to sending to Salisbury. Samples are to be stored at 4°C if any delay in transportation. The following samples are required:

- A placental tissue sample approximately 1 cm square should be taken from near the insertion of the cord
- Amnion sample approximately 2 cm close to origin of cord
- Cord sample at least 2cm
- Skin sample 5mm from thigh or buttock **(only necessary if above samples not taken)**

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4.6 Care following delivery

- Routine postnatal care and observations should be followed and care should continue in the bereavement room where possible
- If PCA is in process, this should be discontinued following delivery
- A memory box should be offered and commenced
- Parents should be given the opportunity to hold their baby and offered time alone

- The use of the cold cot and cuddle cot should be offered if parents wish to spend a long period of time with their baby following delivery
- With the parents' consent, hand, footprints and photographs should be taken of the baby and offered to parents. Please offer to take a picture of the family together.
- Administer Anti – D if RH negative

4.6 Discharge procedure

- Routine postnatal discharge should be completed on EIT/E3
- Health visitor to be informed of the fetal loss
- Yellow discharge sheet to be left in discharge box for CMW and bereavement midwife
- Email bereavement midwife to inform of loss
- Notify antenatal clinic and ultrasound department so they can cancel all pre-arranged appointments
- Notes to be placed in the bereavement draw
- Offer bereavement literature (SANDS leaflets available in the bereavement box) SANDS Stillbirth and Neonatal death Society Website: www.uk-sands.orgSANDS national helpline: 020 7436 5881
- Community midwife to offer postnatal visits as per routine postnatal care
- Health visitor to be informed and requested contacted to be made with the women
- Bereavement midwife will follow up on next working shift and provide ongoing support and arrange ongoing appointments

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5. Implementation/training/awareness

- This is a review of a current document and it formalises current practice.

- Once ratified it will be available in all clinical areas within the Maternity Unit and on the intranet.

- All new, reviewed and ratified documents are notified to staff via the monthly maternity newsletter

6. Auditable Standards

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will coordinate findings	Which group or report will receive findings
Consent Forms completed prior to the procedure	Maternal Notes	Yearly	10 sets notes	Audit Midwife	LW Forum

7. Related Documents:

Guidelines:
SOP –Referral to FMU

8. References:

Royal College of Obstetricians and Gynaecologists . (2010, May). *Termination of pregancy for fetal abnormalities in England, Scotland and Wales.* Retrieved March 14th, 2019, from https://www.rcog.org.uk/globalassets/documents/guidelines/terminationpregnancyreport18may2010.pdf

Royal College of Obstetricians and Gynaecologists. (2010, October). *Late intrauterine death and stillbirth, Green-top guideline no55.* Retrieved March 14, 2019, from https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_55.pdf

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Stillbirth and Neonatal Death charity (SANDS). (2018, October). *Termination of pregnancy due to fetal abnormality (TOPFA), Bereavement care pathway.* Retrieved March 14, 2019, from http://www.nbcpathway.org.uk/file/aw_5844_nbcp_topfa_pathway.pdf

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9 DISCLAIMER

It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

DOCUMENT HISTORY					
Date of Issue	**Version No.**	**Next Review Date**	**Date Approved**	**Director Responsible for Change**	**Nature of Change**
Aug 2019	1	July 2022	25th July 2019	MCEG	New Document

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