Barts and The London School of Medicine and Dentistry

NHS Homerton University Hospital NHS Foundation Trust

Choice of Method in Termination of pregnancy for fetal anomaly

A Quality Improvement Initiative

Authors

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01 Introduction

Patients undergoing a Termination of Pregnancy for fetal anomaly (TOPFA) can be managed either medically (MTOP) or surgically (STOP). In 2017, the Homerton University Hospital abortion service increased its gestational age limit for STOP from 16+6 weeks' to 24 weeks' gestation. In keeping with recommendations regarding the importance of offering choice of abortion methods (1), this limit was also extended to Fetal Medicine Unit (FMU) patients undergoing TOPFA.

02 Objective

To identify the impact of this gestational age limit increase on the counselling process and the choice of TOPFA methods offered to FMU patients from 20 to 24 weeks' gestation.
Subsequently to analyse the changes in the uptake of each method by FMU patients within this gestational age group presenting to our service.

03 Methodology

From March 2017, women requesting TOPFA were counselled by FMU midwives and were offered the choice of MTOP or STOP. Counselling discussions and outcomes are recorded routinely on the Viewpoint FMU database.
Information on the decision and method of TOPFA was collected and analysed for women between 20 and 24 weeks' gestation.

04 Results

There was a significant change in practice over time regarding the TOPFA method chosen by FMU patients >20 weeks, with an increasing percentage of patients preferring STOP over MTOP: from 0% in 2016, <20% (9/11) in 2017, 56% (5/9) in 2018, 62% (8/13) in 2019 to 89% (8/9) in 2020 and and 100% of 5 women in the first half of 2021 up to 3/09

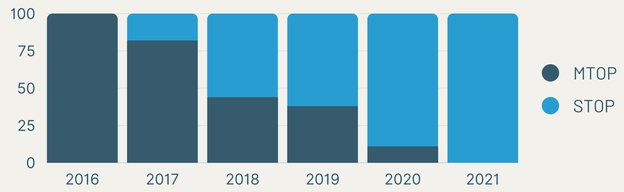

Figure 1: Depicts the trends in uptake of TOPFA methods from 2016 - 2021

05 Discussion

The results of this quality improvement initiative have significant implications for the provision of abortion services in the NHS and more widely. Rigorous research has been carried out regarding the importance of respecting autonomy in TOPFA method decision making to assist grief recovery (2). This may be due to the two methods reflecting a different grieving path depending on whether the patient desires contact with the fetus (7). Thus, offering a method that does not align with their grieving process may complicate their recovery. However, the unfortunate reality is that choice of method is not often provided in the NHS. A study involving 430 TOPFA patients determined that only 14% of patients were offered choice of method (3). Furthermore, of the patients that underwent MTOP, 88% stated they used the method because it was the only choice. There are numerous barriers to autonomous decision making regarding TOPFA methods that can arise within the healthcare system.

- System related barriers to patient choice include:
  - A severe training crisis, particularly in STOP services in the second trimester (4)
  - Fragmented care pathways due to outsourcing of abortion care to the independent sector (6)
  - Postcode lottery of provision (5).
- Clinician related barriers:
  - Perceived advantage of MTOP due to intact fetus for post-mortem (6): in reality, no benefit when karyotype abnormality confirmed by antenatal testing and in structural, there was some benefit in 16% of cases but it affected future pregnancy decision making in only 1% of these cases (6)
  - Clinician aversion to the concept of D+E provision and misconceptions regarding the safety of second trimester STOP (6)

Our results suggest that service adjustments in order to promote patient centred decisions through clinician education, impartial counselling and increasing service availability can drastically change the methods employed by patients. Such changes may have an impact on patient outcomes post TOPFA procedure.

06 Conclusion

- Prioritising patient choice "will lead to faster grief resolution" (7) . Given this risk of adverse psychological effects and that the safety profile and effectiveness of the two TOPFA methods are highly similar, patient choice must be central in the decision making process.
- Our research has shown that identifying and ameliorating barriers to patient led decision making within our healthcare microsystem can have a significant impact on methods employed.
- As a system, we must work towards structuring our healthcare pathway to advocate for patient autonomy in order to improve patient outcomes and reach gold standard care.

Bibliography

1. National Institute for Health and Care Excellence (NICE). Recommendations | Abortion care | Guidance | NICE [Internet]. 2019 [cited 2021 Sep 9]. Available from: https://www.nice.org.uk/guidance/ng140/chapter/Recommendations#choice-of-procedure-for-abortion
2. Kerns JL, Light A, Dalton V, McNamara B, Steinauer J, Kuppermann M. Decision satisfaction among women choosing a method of pregnancy termination in the setting of fetal anomalies and other pregnancy complications: A qualitative study. Patient Educ Couns. 2018 Oct 1;101(10):1859–64.
3. Fisher J, Robson S, Lohr P, Lafarge C. PF.50 Termination of Pregnancy For Fetal Anomaly – Are We Providing a Woman Centred Service? Arch Dis Child - Fetal Neonatal Ed [Internet]. 2013 Apr 1 [cited 2021 Sep 26];98(Suppl 1):A18–A18. Available from: https://fn.bmj.com/content/98/Suppl_1/A18.1
4. Cohen P, Mayhew J, Gishen F, Potts HWW, Lohr PA, Kavanagh J. What should medical students be taught about abortion? An evaluation of student attitudes towards their abortion teaching and their future involvement in abortion care. BMC Med Educ 2021 211 [Internet]. 2021 Jan 4 [cited 2021 Sep 26];21(1):1–7. Available from: https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02414-9
5. Howard S. After 50 years of legal abortion in Great Britain, calls grow for further liberalisation. BMJ [Internet]. 2017 Nov 23 [cited 2021 Sep 26];359:j5278. Available from: https://www.bmj.com/content/359/bmj.j5278
6. Lyus R. Abortion for Fetal Abnormality: What Can The Independent Sector Provide?
7. Kerns J, Vanjani R, Freedman L, Meckstroth K, Drey EA, Steinauer J. Women's decision making regarding choice of second trimester termination method for pregnancy complications. Int J Gynecol Obstet [Internet]. 2012 Mar 1 [cited 2021 Sep 6];116(3):244–8. Available from: https://obgyn.onlinelibrary.wiley.com/doi/full/10.1016/j.ijgo.2011.10.016