

Ending a Pregnancy after Prenatal Diagnosis



Antenatal Results & Choices ●

This information is intended to help women and their partners who are considering a termination of pregnancy because an anomaly has been diagnosed. We hope it will also be helpful to all those caring for the parents, whether they are professional medical staff, family or friends.

We use the terms parents and baby throughout the Handbook because this is how most people who have come to ARC choose to describe their situation. We do realise that there are people who would prefer to be addressed as people rather than parents and have the baby referred to as a fetus.



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MAKING YOUR DECISION

As parents of a baby with an anomaly, you may feel very alone. You may think you are unusual and that no-one can possibly understand how you feel. You and everyone around you had assumed that your baby would develop as expected. When you are told your baby has an anomaly, you lose the healthy baby of your dreams and you may also lose your belief in yourself.

It is quite natural for you to wonder if it could have been avoided. You might try to blame yourselves or even each other; you might feel that you or the hospital staff could have done something to prevent it happening. In fact, almost always there is no connection between what you think you did or didn't do and your baby's anomaly.

When you first hear the news, it is likely that you will have a mixture of very confusing emotions. There will be sadness at the loss of the healthy baby you had hoped for, as well as sadness for the baby you are carrying. In order to make your decision about whether to end or continue with the pregnancy, do not be afraid to ask all the questions that are on your mind; it may help you to write them down. Many people want to know as much as possible about what has been found in their baby. Sometimes it may be a well-recognised condition with a lot of information available, while at other times very little will be known. You may have to ask to speak to a geneticist or paediatrician to get some of the answers you want or perhaps go directly to the specific disability organisation. Ask for time if you need it; it may be important to you in the future to know that when you made your decisions, you had all the information you could find.

EMOTIONAL IMPACT

At the time of any bereavement it is usual to feel great anger and guilt as well as sadness. Although you might expect to feel guilty, perhaps because of the anomaly, or because you are faced with the decision of whether to terminate the pregnancy, it can come as a surprise to feel angry.

There might also be the feeling of relief of knowing about the anomaly in time to make a decision. None of these feelings is unusual or wrong and if you can, allow yourself these emotions, but try not to direct them at each other. Whatever you feel at this time is your reaction to a very distressing situation; let yourself grieve the loss of your baby in whatever way seems right to you.

Choosing to end a pregnancy can be a very difficult and painful decision. It can be helpful if you take time to think and talk it over together, or with someone who can offer support. You may not be able to absorb all the information you have received. If you need to, talk again with your obstetrician or midwife.

If you would like to talk about how you are feeling and about any of the issues involved please contact ARC.

TERMINATION METHODS

There are different ways of ending the pregnancy in the case of fetal anomaly. You should be offered a choice of method but this might depend on how pregnant you are or your particular circumstances. Our experience of supporting parents at ARC and research suggests that whether you have a medical or surgical procedure will not make a difference to your emotional recovery, it is important that you think about which method you feel best able to cope with.

This is a brief summary with more detail on the procedures in later sections.

If you are more than 21 weeks pregnant you will be offered a procedure to make sure the baby dies before you go in for the termination process. This involves the baby being given an injection and is performed by a specialist doctor.

Surgical termination

Most NHS hospitals can offer a surgical procedure under general anaesthetic up until 13 weeks of pregnancy and a few can perform them at later gestations. When an NHS hospital cannot offer a surgical procedure, you should be able to access this free of charge in an independent provider clinic up until 24 weeks. One of the major providers, BPAS, have a specific booking line for women ending a pregnancy for fetal anomaly: **0345 437 0360**. You can find out more about their service here: <https://www.bpas.org/more-services-information/fetal-anomaly-care/>

Medical termination

This method involves a medical induction of labour. You will be given drugs to prepare the body and then to induce labour. The first set of drugs (Mifepristone) is given to you 48 hours before you are admitted to hospital for the induction of Labour.

There is a 1% chance you may begin labour earlier than expected. If there are any signs e.g. a show (A 'show' is the passing of the mucus plug which sits in the cervix during pregnancy. This mucus can look like a thick plug or be looser and stringy and may be streaked with a little blood) or pains, do go straight to the hospital. If, after taking the tablet, you have any concerns do contact your doctor or midwife.

PREPARING TO GO IN FOR THE PROCEDURE

It is worth considering certain practical things before you go in for your procedure, such as how long you will be there. You will be in hospital overnight and sometimes longer if you have an induced labour, so if you have other children it might be important to prepare them for this and for the length of time that someone will be looking after them. If your termination is under general anaesthetic, your stay in hospital or a clinic may be shorter but the after effects of the anaesthetic may last for some days.

You may want to start thinking about some of the choices that are ahead. These may include whether you might want to see and hold your baby, whether you will wish to have a burial or a cremation, and how you feel about a post mortem. You may wish to discuss these issues with your midwife prior to admission or please talk to ARC.

You will also need to gather the usual things for going to hospital, as well as a few nighties, sanitary towels, magazines and perhaps something to help you pass the time.

However you decide to have your pregnancy ended, it might be useful to take time to accept mentally what is going to happen physically. You have some choice in the timing of your admission for the procedure; talk to your health care professionals about this. If you feel you are being rushed, ask for an extra day or more; if you feel the wait is unbearably long, ask if you can be admitted sooner. For many people, having as much information as they need to make their own decisions is important in maintaining their dignity and sense of control in this situation.

It will be helpful to have your partner, a close friend or relative with you throughout your time in hospital or clinic. You should also be aware that the mother will be asked to sign a consent form prior to the termination of pregnancy.

THE TERMINATION PROCEDURE

Surgical terminations under general anaesthetic

Terminations under general anaesthetic will usually happen on a gynaecological ward, a day surgery unit or at a standalone clinic. You may not always have a private room and may be with women who are ending unwanted pregnancies or having various other surgical procedures. The termination procedure itself involves the softening and slight stretching of the neck of the womb and the removal of the contents with gentle suction and implements. There will usually be some physical pain or discomfort afterwards. But as you are losing your baby, there will be emotional pain, which cannot be anaesthetised.

There will be no intact baby to see afterwards. Some parents have chosen to see the remains of their baby. The suggestions in the sections on remembrance and funerals may be helpful. You may wish to ask for a scan photograph of your baby to be taken, in case you want to see it at some time in the future.

Having a surgical termination under general anaesthetic in the independent sector

If your hospital cannot provide it, you may decide to have a termination under general anaesthetic performed at an independent clinic. Although providers of abortion services in the UK are extremely competent and professional, it can feel difficult being in an environment where most terminations are happening because the pregnancy is unwanted. Independent providers will only provide terminations up to 24 weeks of pregnancy. ARC has worked with the provider bpas to put in place a pathway for women having terminations after a prenatal diagnosis. There is a separate booking line on **0345 437 0360**.

Medical terminations involving induced labour

Your termination may take place on a gynaecology ward or on a maternity ward. For different women there can be difficulty with either place. Being near to other mothers delivering live babies can be distressing; being with others on a gynaecology ward can compound the sense of isolation and of failing in motherhood. In whichever ward you are admitted, you should be given your own room.

The labour will be induced using either prostaglandin in tablet form, by pessary in your vagina or by a drip into your arm or a combination of these. The Mifepristone tablet you take before admission helps prepare the uterus and cervix for delivery. You may find that it takes some time, and a number of pessaries before contractions begin. If the labour does not begin after the first set of pessaries there may be a delay of 24 hours before you can be given anything further to induce the pregnancy.

It is not easy to know when exactly during the procedure the baby will die. Depending on the gestation, occasionally a baby may have a heartbeat or show some brief movement for a short time after delivery. Even before 24 weeks, if a baby is born showing definite signs of life it must be officially registered as a live birth and death.

You should not need to suffer any excessive pain during the process. Pain relief should be offered but what is available may depend on which ward you are on. Pethidine and morphine derivatives are the most commonly used painkillers. They can be given anywhere but pethidine may be ineffective and cause sickness. It is worth remembering that some women find that the haze and loss of control caused by the drug is worse than the pain it was supposed to stop. Sometimes women who have been heavily drugged have felt detached from their labour and not properly able to see and hold their baby after delivery. Diarrhoea and vomiting can be side effects of the drugs. Some hospitals enable women to administer and control their pain relief. Epidurals and entonox (gas and air) are often only found on labour wards.

Ask the staff about what will be available to you, and make your wishes known. Breathing and relaxation exercises can be very helpful but it is often hard to put what seems like positive effort into a difficult experience. Some women have found that using a birthing ball is helpful. Going through labour is hard in any circumstance; in this situation, it can be even more difficult, both physically and emotionally. There is no need to be a martyr to pain, but some women prefer not to be heavily medicated.

If it is your first baby

You may be particularly worried about labour and delivery if this is your first baby. This is entirely natural and you might want to talk to your midwife about your concerns. As this is an induced labour, even though your baby may be significantly smaller than one born at term, the pain can be very intense and it is difficult to predict how long the labour will take.

The delivery

You may feel anxious about what will happen when your baby is delivered. Some questions parents have are: Will the baby feel pain? When will the baby die? How will we know when the baby will be born? How will the baby be delivered? What will the baby look like? Talk to staff about your concerns and you can contact us on the ARC helpline.

Your baby will be fully formed and it is important for many women that their baby is delivered with dignity. It can be distressing to be asked to deliver your baby into a bedpan, but it must be said that this sometimes happens because of uncertainty about when the baby will be born and confusion over quite what pushing urges the woman is feeling.

After the birth, the placenta will usually be expelled, but if it isn't you may need a surgical (D&C) procedure under general anaesthetic.

What about seeing and holding the baby?

This is a very personal decision and you may need time to think about it; you may find that you keep changing your mind or that you and your partner feel differently. Whatever you decide to do will be right for you in your circumstances. You do not have to make any definite decisions before the delivery and some parents find it helps if their midwife describes their baby to them first. Some parents have found that seeing or holding their baby has made him or her more real to them, and this has helped in coming to terms with their loss. Others knew that they did not want to see the baby but have memories from scan pictures instead.

For some seeing their baby helped them realise that the anomalies were not as frightening as they had imagined. However, you should be aware that the baby will usually be much darker in colour than a baby born at term.

Many hospitals will offer photographs and remembrance cards for all babies. You may wish to take your own photographs. Some parents may choose not to have a photograph of their baby; others choose a photograph even if they have decided not to see the baby. Hospitals will keep pictures on file so you can ask to see them later if you want to.

For parents carrying twins

Some parents expecting twins are told that one or both of them has an anomaly. If one is affected this leads to difficult decisions about terminating one of the twins, which is most commonly known as selective reduction or selective feticide. Expert care from a fetal medicine specialist unit is crucial in these circumstances. In most instances if you decide to terminate one twin, the affected baby will be given an injection to end its life. A specialist will tell you the safest time to perform the procedure, for you and for the healthy twin.

If you have the procedure later in pregnancy, it will mean you have to deliver the dead twin when you give birth to its healthy sibling. This can provoke complicated emotions and you might want to talk to your midwife about this and organise to have psychological support in place.

For further information and support, you might want to contact MBF (Multiple Births Foundation) who provide a leaflet on selective feticide or TAMBA-BSG (Twins and Multiple Birth Association - Bereavement Support Group). You can also contact the ARC helpline.

AFTER THE TERMINATION

Post Mortem

Your baby's anomaly may have been confirmed by prenatal genetic testing after CVS or amniocentesis. If not, it may be that this can be done by tissue sampling or a full post mortem (PM). What is offered will depend on your baby's anomaly. Your doctors will talk to you about whether a PM might give useful information. A full PM cannot be done after a surgical termination, but testing can still be done on the remains if required.

If you are going to bury your baby, do make sure that all the staff know this and ask them to inform anyone who will be involved with the post mortem. Ask when the results of the post mortem will be available and ask to be given an appointment soon afterwards. This will usually be with your consultant or it might be with a genetics specialist. It usually takes about six weeks to get all the results through, but it can sometimes take longer if specialist analysis is needed.

You may wish to discuss where this meeting takes place. You should not be expected to wait in a clinic with pregnant women. Depending on what has been found, you may be given a further appointment with a genetic counsellor to discuss the implications for future pregnancies. The majority of cases of fetal anomaly are considered as 'one-off' events and the risk of recurrence is minimal.

The Funeral

There are no legal requirements to bury or cremate a baby born dead before 24 weeks. Hospitals will usually arrange for such babies to be cremated following post mortem examination. You can attend and participate in this service, if you wish. You may wish to find out more about your particular hospital's procedures because sometimes there may be a delay of up to three months until the next hospital service.

There is no reason why your baby, whatever his or her age, should not have a private cremation or burial if that is what you wish. The hospital chaplain or bereavement midwife will be able to help you with arrangements if you wish to participate in the hospital service or make your own arrangements. If you are having a termination in an independent clinic you will need to let them know if you wish to have your baby's remains for burial or cremation.

If you choose to have a private service you may have to bear the costs yourselves. You will need a letter from the hospital authorising the release of your baby's body once the post mortem is completed. The chaplain or bereavement midwife will be able to put you in contact with a funeral director. Usually it takes several days to arrange. If you cannot cope with making the arrangements yourself you could ask hospital staff, a friend or relative to help you.

If you choose to have your baby cremated, you may want to ask the funeral director if there will be individual ashes for you to have.

For many parents, knowing where their baby is buried, or where the ashes are commemorated, and being able to visit the place has helped with their mourning. If you do not want a funeral there may be other ways within the hospital in which you can remember your baby. Some hospitals have a book of remembrance in the chapel where your baby's name can be written. Ask the chaplain about this; you can do it at any time, even years after the termination. There is more information in the section called Remembering Your Baby.

If your baby is 24 weeks or over, you will have to register the baby's death. If your baby was born showing signs of life at any gestation, you will need to register his/her birth and death. Your doctor or midwife will give you a medical certificate which you need to take to The Registrar of Births and Deaths within 42 days of the baby's delivery.

GOING HOME

Most women prefer to go home as soon as possible. However, for some women, hospital feels a very safe environment, while going home means facing the awful reality of no baby and of telling the world why.

Although you arrive home without a baby, you have been through an exhausting experience, both physically and emotionally. You may both feel tired, empty and sad and find it difficult to cope with the normal demands of life.

Many women do find the early days easier than they had imagined because of relief that the physical part is over, coupled with the end of a pregnancy in which you may have felt unwell.

There may be the opportunity to have a midwife visit you at home. Some parents have found these visits helpful. If no-one visits you and you want someone, you should contact your community midwife via your GP surgery. Unfortunately, some hospitals neglect to inform the GP of what has happened, so he or she might be unaware of your situation. Many women wish to talk about their feelings and, particularly if this was your first pregnancy, you may not know what sort of things to expect from your body.

Please feel able to call us at ARC to talk through your feelings.

Breast and physical care

Your body knows that it has had a baby and for many women the natural consequence of this is that their breasts produce milk. This is very upsetting when you have no baby to feed. Your breasts may become very enlarged, hard and very painful, and you might feel slightly feverish. You may be given drugs to prevent the milk forming but these can occasionally have side effects so do discuss this with your doctor before taking them. Even without drugs, your milk will dry up of its own accord in a few days. Expressing a small amount of milk can relieve some of the discomfort and will not prolong milk production. Rest, try applying cold flannels, take paracetamol or aspirin to relieve any pain and do not restrict your fluid intake. Wear a bra if it feels comfortable, if not leave it off for a few days. If you need treatment, especially if your temperature rises, call your GP.

You will bleed for some time afterwards. Some women find this continues for weeks. If at any stage you are concerned about the quantity of blood or the length of time contact your doctor or midwife. It may be necessary to have a D&C. If there are any problems such as pain or a heavy and smelly discharge, see your GP urgently as you may have an infection.

Many women get a short bout of misery a few days after a normal delivery, usually referred to as the 'five day blues'. You are as likely to get such feelings as well as sadness and grief.

You may not feel like it but, if you have been through labour, it might help to do some postnatal exercises. Your pelvic floor has been stretched and needs tightening up, for your own sake, regardless of other pregnancies. Whatever method of termination you had, your body will need time to recover. You should be given a check-up six weeks after your termination with either your GP or obstetrician. If you are offered a check-up in a place you will find upsetting, for example, a postnatal clinic or your GP's antenatal clinic, do feel able to ask for this to be changed.

Grief

Grief is very individual and the emotions it triggers vary from person to person. After the initial shock and confusion, and after the practicalities have been taken care of, you will face the reality of your loss in any of a number of ways. You may want to talk about your tragedy all the time or you may withdraw because you feel isolated or alone or because no one can understand the grief you feel.

It is not unusual to feel a failure because you have produced a baby with an anomaly. Many couples feel guilty that they made the decision to end the pregnancy, even though they know it was the right decision for them.

You might feel angry that fate or your body has failed you. You might not really believe what has happened to you. It is normal to try and find a reason for what has happened; inability to do this can easily be expressed as anger and blame towards your partner and family.

Sometimes, the hardest person to talk to about it all will be your partner. At a time when you need comfort from each other, you can sometimes feel a distance between you. You will both be grieving but may show this in different ways. If you are the baby's father, you may feel that you have to be strong and able to cope and you may find the experience difficult to talk about. You may feel that your grief is being ignored as your friends and family offer support to your partner. Or you may overlook your own needs.

If you can talk and share your feelings it will help you both but it is possible that you will not be able to give each other all the support that you both might need. It has been said that 'you can't lean on someone who is already bent double'. Asking others for help, be they friends or professional people is not a sign of weakness. Sharing grief can make it easier to cope.

Allowing yourself to cry is more helpful than trying to control your emotions and bottling up your feelings. Do not expect to 'get over' your loss in a few days or weeks or months, even if many well-meaning people expect it of you. Life has to continue, but you do not have to try to behave as though it is your normal life. To begin with, the baby may occupy your thoughts all of the time, but slowly the acute pain will fade.

There will come a time when your memory of the whole experience is less intense than before, but still the tiniest thing can bring it all back again. You will remember important dates and anniversaries and they might make you feel sad once more. Be prepared to find the run up to the date when your baby should have been born a particularly upsetting time. If it had been a living member of your family, everyone would allow you to feel grief at such times; your baby was that important to you, but many others will just not realise it.

You need not be alone in your grief. Talk to your family and friends about what you have been through. You may have to prepare yourself for the clichés like 'It's God's will' and 'Don't worry, you'll soon have another', but most people will want to help.

Even if you are not normally a religious person, you may feel a need to talk to a faith leader. This might be a hospital chaplain or a member of your faith group. They are often trained in counselling and will always have some experience of bereavement and grief and may be able to offer comfort. Most hospitals will have a bereavement midwife who may be able to offer continued support.

If you feel you need more help than family and friends can offer, you might want to consider seeing a therapist or counsellor. Your GP will be able to refer you for counselling or for psychiatric help. Please also contact us at ARC as we can talk to you about the kinds of counselling/therapy available and help you find someone local to you.

It is worth remembering that some women suffer some degree of postnatal depression after the birth of a healthy baby; you have been through the same hormonal changes. Added to this is the stress of your decision making and the subsequent loss of your baby. Do not feel you have to cope with all of these painful and confusing feelings alone.

You may feel less alone if you can make contact with other parents who have lost a baby in a similar way. You can get in touch with them through ARC. ARC is always there whenever you need to talk. Many parents find this helpful, especially after support from family and friends has lessened. Others who have been in the same situation are unlikely to be judgmental, and are more likely to have felt similar complicated emotions such as a sense of failure, anger, guilt and jealousy.

“ARC were very supportive and helpful when I needed it. I was too shy to call a volunteer but I used the online forum a lot and found it really helpful.”

“I could not have got through terminating after a diagnosis, without this website, helpline and specifically the forum. It was so good to know others were in the same situation and had coped.”

“Just knowing that I am not alone and being able to support others has really helped me deal with what happened and allowed me to look to the future with hope.”

Children

If you have other children it will help them and you if you are open with them. Children always sense a secret and can be very frightened if they feel that something is too horrible to be spoken about. How much detail they are told will depend on their age, maturity and perhaps how much they know about pregnancy and birth. They do not need to know all the details.

Children are likely to believe that anything awful that has happened is their fault. It is very important to reassure them that they are not to blame.

Later you might be blamed for your failure to deliver them the required brother or sister. To a young child, their expectation that you will come up with your offer of a sibling is no different to your saying that you will cook dinner when they are hungry. But it can be hard to take their disappointment and to understand the mind of your child when you are in need of so much sympathy and understanding.

It might help them and you if they have the opportunity to talk to another adult they know and trust. If your child attends school or playgroup it is important that the teacher knows something of what has happened.

This will possibly be your child's first loss through death, and for them, there is no reality to the loss. It may be helpful to them and to you if you have a tangible memory of the baby for example, a name, a memory box of the letters and cards that you receive from friends and relatives, a special bush or tree in the garden.

There is a limit to what children can take. You will be able to sense when they want to talk about the baby and when they do not. It is unfair to try to make them talk when they don't want to, and it is likely that they will have accepted the episode far sooner than you.

You may feel a mixture of emotions towards your children, being both overprotective but sometimes resenting their health, having less patience with them and feeling cross and indifferent towards them. This is confusing to them and to you, as are many of the things they are seeing and feeling, but time, honesty and the security of your loving them will enable all of you to cope. ARC has a booklet about Talking to Children.

Grandparents

Your own parents may find it particularly difficult to come to terms with your loss. They are seeing their own child suffer as well as losing a potential grandchild. They may find it difficult to talk openly with you or worry about what to say.

It may be that there is some disapproval of your actions, either because they had no such choices, or because of deeply held religious convictions; this may be difficult for your future relationship. It can be equally difficult if grandparents over-simplify the death of the baby by suggesting that it was 'all for the best'.

ARC also provides support to grandparents, you might want to encourage them to contact us. Maybe they would benefit from reading this information. It may help them understand what you are going through. ARC has a booklet specifically written for Grandparents.

Family and friends

Who you tell and what you tell them is for you to decide. What has happened is your own private business. Some parents choose to tell only those closest to them exactly what has happened. Some prefer to simply say to others that the baby died.

Many women and couples fear judgement from others. In reality this is rare and most people will be understanding and kind. Often, however, family and friends do not know what to do or say. There will be those who avoid you because they don't know what to say. Or, they may talk to you but not mention your loss, believing they may upset you. This can add to feelings of isolation.

You may find that you will become the listening ear for other people's grief. Although their sadness will be for different reasons they will think that you will be sympathetic. Many women feel that in this way their loss and grief has enabled them to help someone else.

REMEMBERING YOUR BABY

You will never forget your baby or the experience of loss, at whatever stage in the pregnancy. For some parents the memory is everything they need and you do not have to justify why you have not named or buried your baby - whatever you choose to do will be right for you. Others choose to have a burial or cremation for their baby and the grave or garden of remembrance becomes the focus for their memories.

There are other ways of having a lasting reminder of the baby, and some are particularly appropriate to help children understand something of the loss. Some hospitals give cards in memory of the baby which contain a footprint, handprint and the baby's name and date of birth.

Some of the ways we have found helpful have been to name their baby, to put their baby's name in the hospital book of remembrance, to have a service of memorial or blessing, to plant a tree or bush in memory and to keep a memory box of all the letters and cards they received from friends and family at the time.

If you do not have a picture of your baby and would like one it is worth asking if the hospital has kept one on file. If your pregnancy was terminated surgically, the absence of a body can make the reality of the loss and the grief even more difficult. As part of remembrance you could ask whether a picture of your baby's scan is available and just as with later terminations of pregnancy you too can have all the same rites and rituals such as a funeral, cremation, blessing or memorial service.

Some people might think you are being morbid and might suggest you are dwelling unnecessarily on your loss. They are wrong; they do not understand what you have been through and how you feel. Do what feels right for you. Whatever way you choose to remember your baby can give you comfort now and in the future.

If you contact the ARC helpline, we can give you a more comprehensive list of ways parents have chosen to remember their babies.

LOOKING AHEAD

Other parents, other babies

Some parents find it difficult to be near other pregnant women or tiny babies after having their own pregnancy ended. It can be hard to see pregnancy announcements on social media. You may feel jealous and resentful, which are disturbing feelings, particularly if it is a close relative for example, a sister-in-law or perhaps a work colleague. Such feelings are often worse at the time your own baby should have been born and at other times such as the anniversary of the termination.

Other women may be scared of hurting you by telling you of their pregnancy or bringing round their new baby. This can lead to you feeling rejected by those who have had live, healthy babies. Perhaps they don't understand that although you will be sad for yourself you can be happy for them.

The father/partner returning to work

While it is hard for women to express grief openly it can be harder for men. Although you have not undergone the physical termination of pregnancy, as the father or partner, you have also lost your baby. You will probably have been supporting your partner and dealing with practical events in your day-to-day life.

You may be able to share your grief with your partner or you may feel that you have to remain strong and not show the emotions you feel. Some men do not talk about their feelings even to their closest friends, so returning to face workplace colleagues is unlikely to give you the opportunity to talk about your loss and sadness. At work you may find it difficult to concentrate and your motivation may be impaired for a while. You need time to adjust. Seek out support and someone to talk to if you possibly can.

It is important for your future health that your feelings are not hidden and ignored. Counselling is offered in an increasing number of workplaces to help workers deal with stress. Do not be afraid to ask for support. ARC has a booklet especially written for fathers, has an online forum for men and can also put you in contact with another man to talk to if you wish.

Same sex partners can also neglect their own emotional needs because they feel carrying the baby and physically going through the termination procedure is worse.

Relationships and sex

Everything that has happened will have placed strains on your relationship. You may come through the experience feeling much closer, or sadly, rifts within the relationship may have deepened. A trained couples counsellor or therapist may be able to help in these circumstances.

Try to find time to do something that you each enjoy. Try to treat yourselves in special ways and when it seems as though everyone except you has forgotten about your loss, remember that you have been through a traumatic experience. Be kind to yourselves.

Sexual intercourse can sometimes be associated with the horror of the termination and one or both partners may feel unable to make love for a while. Some find comfort in making love and others are frightened by their desperate need for sex. If something to do with the sexual side of your relationship is placing a strain on your life together your GP or family planning clinic may be able to help or can refer you for counselling if necessary.

Feelings of failure and inadequacy can sometimes make you want to start trying for another baby straight away. Although you will need to give your body some time to recover, there are no rights and wrongs about when to start trying to conceive.

The mother going back to work

For a pregnancy terminated before 24 weeks the woman will not be entitled to statutory maternity leave. However, you can take sick leave so try to take as much time off as you need, and as your financial situation will allow. You may have arranged your maternity leave and this date on your calendar will be a painful reminder.

Some people want to get back into a normal routine as soon as possible; others need to steel themselves to go back to work. Things will not be the same. It will be the first time you will have seen some people. Breaking the news to work colleagues, those you come into contact through your work, or other parents at the school or playgroup gate can be a difficult experience.

You might want someone else who you know well to tell other people what has happened. If you do this make sure they know if you want to talk about it. It can be particularly difficult if you have work colleagues who are pregnant.

Try not to expect to be able to cope with your workload as efficiently as you did as soon as you go back. Concentration can be difficult so explain this to your colleagues or line manager. Counselling is offered in an increasing number of workplaces to help workers deal with painful life events and stress. Do not be afraid to ask for support.

ANOTHER BABY?

Not all parents decide to have another baby. Most of those who do decide to try again are very anxious about the next pregnancy. Previous miscarriages, fertility problems and advancing age can add to these anxieties.

How long to wait before trying to conceive again will be different for each couple. There is no right amount of time. What is important is to have thought through the advantages and disadvantages of becoming pregnant at a particular time. However, time might be important if the mother is getting older or there is an increased genetic risk which will affect each pregnancy. ARC has a leaflet, Another Pregnancy, which talks about the practical and emotional preparation for pregnancy.

Fears of it happening again

Most conditions prenatally diagnosed will be 'one off' occurrences. However, some parents will have to deal with the chance of it happening again because they are found to be carriers of the condition. In this case you should be referred to a genetic counsellor.

Genetic counselling cannot give you a guarantee of a healthy baby in another pregnancy but can tell you about the possibility of a recurrence and talk about what testing options are available. You will also be able to ask about any risks that your other children might have.

Getting pregnant

You may wish to have another baby but you may not get pregnant as quickly as you would wish. On average it takes between six months and a year to conceive. If conception is delayed couples can associate this with guilt because of the termination. Some parents may see themselves as being punished for their actions.

Stress and anxiety can affect conception but anxiety is totally understandable. For some women their age means they may have passed into a less fertile phase. Women's patterns of fertility can vary with a number of factors. Try not to become too anxious immediately. Perhaps your mind and body need a longer period of adjustment but if you are worried see your doctor.

The next pregnancy

If you do become pregnant do not be surprised when you become frightened and worried that it will all happen again. You may think a lot about the loss of your last baby. It may help to talk over these fears with your health care team. You will also find support and understanding in the ARC online forum.

You will have to decide what tests to have and where to have the next baby. You may find it too distressing to go back to the same hospital in which case you are entitled to go elsewhere. Your obstetric history should, however, be better known at the same hospital and this might be better for obtaining the best antenatal care in this pregnancy.

The tests that you will be offered will depend on the anomaly diagnosed in your baby, how it was diagnosed and what tests are available in your local hospital. You will need to talk to your midwife about your local hospital policies and also what tests are available elsewhere.

Even when the tests show that this baby is not affected in the same way as before most parents remain anxious until after their baby is born. The strains of a subsequent pregnancy can be great and talking about your fears to someone who will listen may be helpful.

Many parents have experienced conflicting emotions at the birth of the next baby. Whilst they are joyous about this baby they can be overwhelmed with feelings of sadness for the baby who died. This is normal but confusing. It may be helpful to talk this through with your partner, health visitor or the ARC helpline team.

SUPPORT FROM ARC

If this information has raised any questions or concerns, please contact a member of the ARC helpline team on **020 7713 7486** or **info@arc-uk.org**

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This booklet was produced by Antenatal Results and Choices (ARC).

ARC is the only UK-wide charity offering non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

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