

A Summary of “Fetal Survival in Second-Trimester Termination of Pregnancy Without Feticide” Published in The Swiss Medical Weekly

This study was conducted following an incidental observation during a Swiss National Science Foundation Project. It aimed to analyze the context of delivery room deaths after late termination of pregnancy (LTOP) in Switzerland over three years. The Abortion Survivors Network created the following summary of this research.

Method: Researchers examined delivery room deaths, including live births and stillbirths, after late termination of pregnancy (LTOP) in infants 22 to 28 weeks gestation at nine major Swiss hospitals between July 2012 and June 2015. They categorized the reasons for LTOP as either maternal emergencies, severe fetal anomalies causing “significant psychological distress” to the mother, or “Miscellaneous.” They also recorded specific diagnoses when possible and distinguished between spontaneous deaths and fetal deaths caused by specific abortion drugs.

Results: **42% of the 465 delivery room deaths were due to LTOP.** Severe fetal anomalies and maternal emergencies made up 70% of cases, with the remaining 30% categorized as “Miscellaneous.” **About 39% of LTOPs resulted in live births.** This is only just below the 40% of non-LTOP (spontaneous) delivery room deaths following live birth. Each of these infants born after a late termination died in the delivery room without resuscitation attempts. **The use of palliative care drugs was only recorded for one patient, and therefore either rare or poorly documented.**

Conclusion: Late terminations in Swiss hospitals significantly contribute to mortality rates among extremely premature infants and should be included in perinatal records. Standardized reporting of late terminations is necessary. **A large percentage of delivery room deaths are a result of late pregnancy termination attempts. Infants born alive after late termination of pregnancy should receive comprehensive palliative care.**