

A Summary of “Termination of Pregnancy for Fetal Anomaly: A Population-Based Study 1995 to 2004” by The West Midlands Perinatal Institute

In 1990, TOPFA, or termination of pregnancy for fetal anomaly, was made legal in the UK at any gestational age if the prenatal diagnosis indicates a risk of substantial abnormalities. This was done through an amendment to the Abortion Act. National abortion data, such as that gathered by the Office for National Statistics in England and Wales through Form HSA4, lacks sufficient reporting of TOPFA data. Therefore, this study used records from the West Midlands Congenital Anomaly Register (WMCAR), which records information from various sources including antenatal ultrasounds and hospital records.

Method: This study analyzed records from 1995 to 2004 (10 years) in the West Midlands, showing 3,189 cases of TOPFA among West Midland residents. Here, TOPFAs were primarily done using oral medication to induce labor. All anomalies are coded using the International Classification of Disease version 10 and all pregnancy outcomes are recorded.

Results: TOPFAs were performed for every 1 in 203 registerable births and 1 in 253 conceptions. Conception numbers do not include miscarriage before 20 weeks or illegal abortions. Gestations of TOPFAs ranged from 8 to 40 weeks. TOPFAs increased significantly from 4.40 to 5.26 per 10,000 registerable births during these 10 years.

Out of the 3,189 cases of TOPFA, there were 102 (3.2%) live births with subsequent neonatal deaths. Live-born TOPFAs occurred in 18 of the 20 maternity units in the West Midlands. Of the 102 live births, the gestation ranged from 17 to 33 with a median of 21 weeks. The survival duration for liveborn TOPFAs was a median of 80 minutes. Thirty-seven cases survived for 1 hour or less and six cases survived 6 hours or more. The highest proportion of live births occurred between 20 and 24 weeks (65.7%).

Conclusion: It is not uncommon for infants to be born alive following abortions performed for fetal anomalies. Survivors must be provided with more care for a chance at a longer life, and better national records are needed.