The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Late termination of pregnancy

This statement has been developed and reviewed by the RANZCOG Board.

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Background: This statement was first developed by RANZCOG Board in May 2016 and will be reviewed in May 2019.

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The College recognises special circumstances where late termination of pregnancy may be regarded by the managing clinicians and the patient as the most suitable option in the particular circumstance. The following are some rare but important circumstances where this might be deemed necessary:

1. Multiple pregnancy discordant for severe fetal abnormality

Where one fetus of a multiple pregnancy has a serious abnormality and the other(s) do not, it is unreasonable to have legislation that compels the mother to make a decision for termination of pregnancy of the seriously abnormal fetus at a time when this procedure carries increased risks to the healthy fetus/es of extreme preterm birth. It is essential to have legislation that enables termination of the abnormal fetus to be deferred until a gestation at which- were preterm birth to ensue- birth of the healthy fetus/es would not result in consequences of extreme prematurity.

2. Prognosis is not known until later in pregnancy

It is unreasonable to compel a pregnant woman to make mid-pregnancy decisions around termination of pregnancy in the face of incomplete information and uncertainty. This applies to an increasing number of conditions (brain, heart, renal and skeletal in particular) that may be suspected or diagnosed in mid-pregnancy but where the prognosis for the affected fetus will not be apparent until later in pregnancy. One such example is cytomegalovirus (CMV) infection of the fetus where the likelihood of severe neurological sequelae is approximately 10%. Given the destructive brain lesions of severe CMV infection take time to evolve, the prognosis for the individual fetus in question is largely unknown without serial fetal imaging through the late second or third trimester. Without recourse to third trimester termination of pregnancy, women are compelled to make a decision for termination before the prognosis is known.

While the clinical course of fetal zika virus infection is currently unclear, it has parallels with cytomegalovirus, with microcephaly mostly diagnosed in late pregnancy. Early papers suggest severe neurological sequelae from early zika virus infection may be as high as 30%. Faced with such figures, many women- if required to commit to termination by mid pregnancy- will elect to do so before the natural history of the disease for their fetus- and all fetuses- is clear. Provision for late termination of pregnancy means women in such difficult situations do not have this tragedy compounded by regret and uncertainty, when a delay in the decision would have enabled much greater precision in counselling around long term prognosis.

3. Diagnosis is not known until later in pregnancy

Some very serious fetal abnormalities, particularly neurological abnormalities, may not be identifiable, diagnosed or fully evaluated at the time of any gestational "cut-off". This may be because the features are not present earlier in gestation, the diagnosis is missed or accurate diagnosis requires more detailed consultation and testing, such as specialised ultrasound, MRI or genetic testing. Gestation inevitably advances, sometimes beyond any arbitrarily applied 'cut-off'; for example, fetal MRI is rarely done before 24 weeks, and genetic tests commonly take 2 weeks to return. Moreover, some women have greater difficulty gaining timely access to such tertiary services, and are particularly vulnerable to 'missing the cut-off'. This includes women at socio-economic disadvantage, women who experience socio-cultural or language barriers when accessing health services, or women who reside in a remote location. Where a gestational cut-off is applied, access to termination of pregnancy becomes inequitable, disadvantaging the most vulnerable women more than those in more privileged positions.

In summary, RANZCOG strongly supports the availability of a legal late termination of pregnancy for those women in the rare circumstances where it is clinically unreasonable to compel decisions around termination of pregnancy at an earlier gestation.

Links to other College Statements

Termination of pregnancy (C-Gyn 17)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

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This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

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