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20
CHAPTER 20
Abortion for fetal abnormalities or maternal conditions

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LEARNING POINTS

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A small but important minority of abortions is performed because of serious fetal abnormalities or serious maternal medical conditions.

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The wide use of prenatal diagnosis with abortion as a backup has been associated with important declines in perinatal and infant mortality in industrialized nations.

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An array of screening and diagnostic tests is used to detect fetal abnormalities, including biochemical tests, ultrasonography, chorionic villus sampling, and amniocentesis.

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Women aborting a wanted pregnancy require not only excellent medical care but also extra emotional support because of the painful ambivalence that can surround their abortion decision.

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In the USA, most women who decide to end a pregnancy affected by fetal abnormalities choose surgical abortion. Women who prefer to deliver an intact fetus for grieving purposes may elect induction abortion or, when available and possible, intact dilation and evacuation.

Introduction

Serious health problems in the pregnant woman or the fetus account for a small but important proportion of induced abortions. Because of the ambivalence that can surround the decision to end a desired pregnancy, women, partners, and families requesting abortion in this setting have unique medical and emotional needs. The emotional response entails grieving for the lost pregnancy, and the recovery can take time.

Most women who learn that they are carrying fetuses with autosomal trisomies or severe structural abnormalities (e.g., anencephaly, Potter's sequence) choose to abort their pregnancies. Abortion is less common for sex chromosome polysomies such as Klinefelter syndrome (49 XXY) that are neither lethal nor severely impairing [1–3]. Wider use of prenatal diagnosis with abortion as a backup has dramatically improved the health of families; reductions in both perinatal and infant mortality rates have been documented in industrialized countries [4,5].

The decision about which screening or testing regimen to use will depend on patient preference, the underlying risk for an abnormality and adverse outcome, availability of resources, stage of gestation, and number of fetuses. In this chapter, we present an overview of prenatal screening and describe abortion options for fetal or maternal indications. Because of the many laws and regulations that govern abortion in the USA, including the Partial-Birth Abortion Ban Act of 2003 [6] and related state laws, providers embarking on second-trimester abortion practice are advised to review Chapters 4, 11, and 12 and consult with legal counsel as appropriate.

Screening for fetal abnormalities

Historically, age greater than 35 years was the most common indication for prenatal diagnosis. The American College of Obstetricians and Gynecologists (ACOG) now recommends that clinicians offer screening for fetal chromosome abnormalities to all pregnant women, not only those aged 35 and older [7]. More recently, abnormal serum screening results or ultrasound abnormalities have led women to consider invasive testing. Alternatively, the diagnostic precision of ultrasonography for some fetal anomalies, such as anencephaly, obviates the need for confirmation.

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