Termination of Pregnancy (Abortion) for Fetal Anomaly
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**Introduction**

Making a decision to end your pregnancy when your baby has been diagnosed with a severe fetal anomaly, can be very difficult and complex. Every woman has the right to make her own choice about whether to terminate or continue with a pregnancy, as long as the requirements of the WA Health Act are met.

This booklet is designed to provide information to women and families facing this decision. If your pregnancy has not been diagnosed with a fetal anomaly please refer to the booklet titled ‘Termination of Pregnancy, Information to Consider’ which is available online at www.kemh.wa.gov.au/services/

Being informed about terminating a pregnancy and your other options will enable you to carefully consider your choices and the decisions that you need to make. This will help increase your confidence in making the right decision for you.

We encourage you to discuss your pregnancy, the diagnosed anomaly, your options, your concerns, the risks and the costs with your health carer as soon as possible. This booklet is not meant to replace their advice.

At the back of this booklet we have provided details of agencies and people you can speak with. We recommend you contact your preferred health carer; whoever you feel most comfortable with is often the best choice.

**What are my options?**

The decision you make about your pregnancy is very important and should not be rushed. You should allow yourself time to come to terms with the diagnosis and what it will mean for you and your baby. Finding out about the type and severity of problems your baby has been diagnosed with, and the impact they might have, may help you with making your decision.

It is important for you to understand, acknowledge, reflect and make your own choice about which option is right for you. Depending on your situation the following are options for you to consider:

- continue with the pregnancy, childbirth and motherhood,
- continue with the pregnancy, childbirth and place your baby for adoption,
- end the pregnancy - termination of pregnancy.

**Continue with the pregnancy, childbirth and motherhood**

If continuing with your pregnancy, childbirth and motherhood is an option you wish to consider, you should discuss how your antenatal care and birth will be managed with your health carer.

Being informed about your baby’s possible health complications may assist you in preparing for what the outcome may be. Being provided with information on raising a child with a disability may help you understand what to expect for the future. It may be helpful to meet with a health carer who cares for children with your baby’s condition.

Consideration should be given to whether you will be raising your baby on your own, with the help of the other parent or with help from extended family. You should seek advice about financial help, as you may be able to receive financial support with raising your baby. You may wish to speak with your health carer about support services, such as Disability Services Commission, that may be available to you.

**Continue with the pregnancy, childbirth and place your baby for adoption**

It is important to bear in mind that, depending on the nature of your baby’s disability, it may be difficult to find an adoptive family. If an adoptive family can not be found your baby may remain in long term foster care. You should discuss the severity of the diagnosis with your health carer or a specialist from King Edward Memorial Hospital (KEMH) Maternal Fetal Medicine and the Department for Child Protection (DCP), Fostering and Adoption Services.

If continuing with the pregnancy and placing your baby for adoption is an option for you, it is important for you to continue your antenatal care. During your antenatal care you should discuss your thoughts about placing your baby for adoption and make suitable birth plan arrangements.

After the birth, if you are still thinking about adoption but are not sure, your baby can be placed in pre-adoptive foster care while you make a decision. This is a temporary arrangement only and you do not have to continue with the adoption process if you do not want to.

If your baby is in pre-adoptive foster care, you will be encouraged to visit your baby, with family members if you wish, as often as possible. You will have time to think about what is the best decision for you and your baby as the
final decision is not made until several months after the birth. You remain your baby’s legal guardian until 28 days after you and the father, if possible, have signed a legal consent to adoption form.

Should you decide to place your baby for adoption, you will be transferring your legal rights and responsibilities to the adoptive parents. Adoption is a way of providing your baby with an alternate family and new legal parents. There are legal requirements to consider when arranging an adoption and it is important that you understand your rights.

You are able to help choose the adoptive family if you wish. An adoption plan is negotiated and sets out details agreed by you and the adoptive parents on the amount of contact you and your baby will have and the information you will share with each other.

Adoptions in Western Australia have been open since 1994. This means you and your baby will have the opportunity to know each other as they grow up. Adoptions in Western Australia are arranged through DCP, Fostering and Adoption Services. You can contact DCP for further information and assistance in making your decision. You can also contact the Adoption Research and Counselling Service, your GP, health carer or agency of your choice.

End the pregnancy - termination of pregnancy

A termination of pregnancy is a way of ending a pregnancy. The way in which a termination is managed will depend on your situation.

The earlier you have a termination the safer it is for you. A termination between 6 and 8 weeks gestation carries the lowest risk of a complication occurring. Complications that may occur with a termination increase the further along in the pregnancy you are.

Although serious complications in a termination are uncommon, all medical and surgical procedures have risks and the following are possible risks:

- damage to the cervix,
- damage to the uterus,
- excessive bleeding or haemorrhage,
- failure to empty the uterus of all pregnancy tissue,
- failure to terminate the pregnancy,
- if sedation required, headache, dizziness, nausea or fever,
- infection.

The risk of complication can be increased if you have a chronic illness, are diabetic, are obese, smoke or use illicit drugs.

How do I arrange a termination of pregnancy?

If your decision is to terminate the pregnancy, and your pregnancy is less than 20 weeks gestation you may choose to attend a women’s health clinic or a hospital. This should be discussed with your health carer who will refer you to an appropriate clinic with a referral letter.

If your health carer does not wish to take part in an appointment regarding a termination they should let you know. You are able to arrange an appointment with another health carer or clinic. If you feel you are not getting the advice or support you are seeking you are able to arrange an appointment with another health carer or clinic.

You do not need a referral to attend family planning, women’s health or youth health clinics. These services provide counselling and can refer you for a termination.

If you are being referred to KEMH your health carer should telephone or fax the Maternal Fetal Medicine Services, to arrange an appointment and refer you with the appropriate referral letter. It is not recommended that you attend the KEMH Emergency Centre directly.

If your pregnancy is 20 weeks gestation or more, there are legal requirements that need to be met before a termination can be considered (see page 8). Your health carer can discuss this with you.

What happens before a termination of pregnancy?

Before having a termination you will need to give your informed consent. This means that you understand all the information you have received and feel sure about your decision. The health carer at the clinic or hospital will need to find out about your health and examine you.
You may be required to have blood tests for your blood group or sexually transmitted infections and an ultrasound scan to confirm the pregnancy and gestation. You are able to view these scans if you wish. You may be given antibiotics to reduce the chance of an infection.

Information about termination options, the process, and, if required, anaesthetic sedation (putting you to sleep) will be explained to you. You will be given information on what to expect, what to do after the procedure, pain relief options, relevant contact details and referral information. You will also be given advice on contraceptive methods.

**How is a termination of pregnancy carried out?**

If you decide the best option for you is to end your pregnancy there are two types of terminations available, medical (where medicines are used) and surgical (where an operation is performed).

**Medical termination**

Medical termination is a way to end a pregnancy using drugs (medication) in the form of tablets. The tablets help to stop a hormone needed for pregnancy and to assist the cervix (neck of the womb) to relax and bring on labour and start the termination. You should discuss any possible outcomes and risks associated with this method with your health carer.

The first tablet, mifepristone, is usually taken while you are with your health carer, then you are able to go home. You may experience vaginal bleeding after 24 to 48 hours. A second tablet, prostaglandin, is taken 36 to 48 hours after taking the mifepristone and should be taken as advised by your health carer. The prostaglandin may be repeated. Depending on how far along your pregnancy is you may be at home, a clinic or hospital for this stage. You are likely to experience vaginal bleeding and within 4 to 24 hours the termination should occur and the pregnancy tissue released.

If your pregnancy is nine weeks gestation or more, a date and time for admission to a hospital or clinic will be arranged. You will be asked to return to the hospital or clinic for admission 24 to 48 hours after taking the first mifepristone tablet. At the time of admission you will be given the second tablet (prostaglandin) to commence induction of labour. You will stay at the hospital or clinic until the termination is complete. If, for any reason, the treatment does not work, you may be offered a surgical termination.

You may have some pain (mild to severe) and bleeding or clotting (like a heavy period). The bleeding may last for up to 12 to 16 days. Pain relief medication as ordered by your health carer should help with any discomfort.

**Surgical termination**

A surgical termination usually involves a vacuum aspiration and will be done at a clinic or hospital. During a vacuum aspiration a small tube (curette) is inserted through the vagina into the uterus and suction is used to remove the pregnancy tissue. Usually the procedure is performed under sedation (general anaesthetic) and you will not be aware of the operation.

Occasionally women do not have sedation and a local anaesthetic may be used to numb the cervix (neck of the womb). A dilator (surgical instrument) and/or medication is used to open the cervix.

Some cramping or mild abdominal pain after the procedure is normal and pain relief medication (ordered by your health carer) or a hot pack should help with any discomfort. A small amount of bleeding (like a light period) may last for 10 to 14 days and may become heavier with increased activity.

A surgical termination usually takes less than 20 minutes, depending on how far along your pregnancy is. However, you should expect to spend several hours for the overall process if your care is in a clinic. If your care is in a hospital you may need to stay for several hours or overnight on a ward.

**Summary of gestation and termination**

<table>
<thead>
<tr>
<th>Gestation</th>
<th>Medical Termination Option</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 9 weeks</td>
<td>medical - mifepristone and prostaglandin</td>
<td>clinic or doctor’s room then home</td>
</tr>
<tr>
<td>under 13 weeks</td>
<td>medical - mifepristone and prostaglandin</td>
<td>hospital</td>
</tr>
<tr>
<td></td>
<td>surgical - suction and curette</td>
<td>clinic or hospital</td>
</tr>
<tr>
<td>13 – 19 weeks</td>
<td>medical - mifepristone and prostaglandin</td>
<td>hospital</td>
</tr>
<tr>
<td></td>
<td>surgical - dilation and evacuation</td>
<td>clinic or hospital</td>
</tr>
<tr>
<td>from 20 weeks</td>
<td>approval must be given</td>
<td>KEMH</td>
</tr>
</tbody>
</table>
What if I am under 16 years old?

If you are under 16 years of age and being supported by your parent(s) or a legal guardian, your parent(s) or guardian must be advised that a termination is being considered and given the chance to be involved in a counselling process and discussions with your health carer about the termination.

You may apply to the Children’s Court for an order stating that this does not need to happen. The Court will then make a decision on whether it will agree to the order. You should speak with your health carer about this in further detail.

What if I am 20 weeks gestation or more?

In Western Australia, a termination of pregnancy of 20 weeks gestation or more must be approved by a panel of at least six medical practitioners appointed by the Minister for Health, in accordance with the WA Health Act. Two of the medical practitioners on the panel must agree that you, or the unborn baby, has a severe medical condition that in their clinical opinion justifies the procedure. Terminations of 20 weeks gestation or more are only performed at KEMH.

Your health carer can request advice from KEMH to assist with making an application to the panel on your behalf.

Do I have to pay for a termination of pregnancy?

There are usually costs involved in having a termination which will vary depending on your gestation, the type of termination you have and where you have the termination.

If you find yourself in a difficult financial position you may be able to receive assistance. It is recommended that you speak with your health carer if you want to have a termination but do not have enough money.

Following a termination of pregnancy

Rhesus negative

If your blood type is Rhesus negative you will be offered an anti-D injection after a termination to prevent risk in future pregnancies.

Follow-up care

Your health care is important so you will need to arrange a follow-up appointment with your GP 14 to 21 days after a termination to make sure there are no problems. You may need to make an appointment earlier if you experience any problems.

Specialist follow-up appointments for results will be arranged by the clinic or hospital staff. This may be with KEMH’s Genetic Services, Maternal Fetal Medicine Service, Perinatal Loss Service, your obstetrician or GP.

When to seek advice

If you have a temperature or fever, have cramping, your bleeding becomes very heavy or you are worried you should call the clinic or hospital where you had the termination or your heath carer straight away.

Reducing the risk of infection

To reduce the risk of infection you should not use tampons until your next period. Do not have sexual intercourse or put anything into your vagina as advised by your health carer. You should also avoid swimming and have showers instead of baths.

Lactation

You may have experienced breast changes caused by hormones that stimulate milk production. If your breasts are sensitive to touch or uncomfortable you can apply cold compresses, take cooling and soothing (not hot) showers and wear a firm bra. Your health carer can provide you with further information on reducing lactation and suggest other comfort measures or medicines for you to use.

How will my baby look?

It is important for you to understand that the appearance of your baby may be different to how you imagined, in size, skin condition or features.
How far along your pregnancy was and any fetal anomalies will also determine how your baby will look. If you would like to discuss the appearance of your baby you can do so with your health carer. If you would like to know the sex of your baby, KEMH Perinatal Pathology are able to assist.

**What happens to the baby’s remains after the termination of pregnancy?**

If your termination is undertaken at a clinic or a hospital your baby’s remains may be taken away under the Environmental Protection Act 1986 or sent to KEMH. You may request that your baby be sent to KEMH and, if your pregnancy is less than 28 weeks gestation, be cremated and the ashes placed in the hospital’s memorial garden (interment of ashes service) or returned to you.

If your pregnancy is more than 28 weeks gestation, or your baby was considered live-born, a funeral needs to be arranged with a registered funeral director. Funerals outside of KEMH will involve a financial cost to you.

**Post mortem examination**

Your health carer may discuss the benefits of a post-mortem and placental examination. This examination will only occur with your consent. A perinatal pathologist (doctor) will examine your baby to identify or confirm any abnormalities. This examination may provide valuable information for you for this pregnancy and future pregnancy planning. Results from the post-mortem are usually sent to your GP and hospital doctor within four to six weeks.

**Rituals and ceremonies at KEMH**

Regardless of your religious views, staff from Pastoral Care Services can provide information and advice on ceremony options available to you. Where required they will complete the consent for cremation form documenting all appropriate options which may include:

- **ritual of remembrance;** a monthly gathering for those experiencing an early pregnancy loss where there are no physical remainders,
- **service of naming or blessing;** an acknowledgement of the life of your baby,
- **interment of ashes service;** a monthly gathering at the KEMH memorial garden to inter ashes of babies who have died under 28 weeks gestation,
- **memorial service;** a special service for your baby involving your family and friends in the hospital chapel,
- **funeral arrangements;** assistance with planning what is right for you.

**Registration of a baby at KEMH**

If the gestational age of the baby is over 20 weeks it is a legal requirement to register the baby with the Registry of Births, Deaths and Marriages. The required forms will be provided to you before leaving hospital.

**The law on termination of pregnancy (abortion) in Western Australia**

The law in Western Australia allows for a termination to be undertaken as long as the requirements of the WA Health Act are met.

Before having a termination you must give informed consent. Informed consent is when you freely agree to a termination after a doctor (not the doctor performing or assisting with the termination), has provided you with the following:

- Proper, appropriate and adequate counselling about the medical risks of a termination and of continuing the pregnancy.
- An offer of referral to appropriate and adequate counselling about matters relating to a termination and of continuing the pregnancy.
- Information advising that appropriate and adequate counselling will be available, if wanted, after a termination or after continuing the pregnancy.

If your pregnancy is 20 weeks gestation or more you must be given approval to have a termination (please see page 8).

If you are under 16 years of age, please see page 8 for more information.

Further information

Infection
If you think you might have an infection after a termination, you should contact your health carer straight away. If an infection is left untreated it could become a more serious infection such as pelvic inflammatory disease (PID).

PID is a serious infection of the womb and/or fallopian tubes that can result in a woman becoming unwell and lead to future pregnancy or fertility complications. PID is treated with antibiotics, however treatment does not repair damage that has already happened.

Mental health
Although some women may experience mental health problems after a termination, the majority of women do not experience any serious or lasting problems as a result of informed and supported decision making about a termination or continuing a pregnancy.

Women who experience mental health problems are most likely to be, but not limited to, those with poor support, pre-existing and ongoing mental health issues and social issues. Women who felt pressured by others into having a termination or continuing the pregnancy may also experience difficulties in dealing with their emotions.

Women with pre-existing mental illness (such as bipolar affective disorder or schizophrenia) might consider a termination for fears about how their mental health medication might affect their baby or how pregnancy and motherhood might impact on their illness. Specific counselling and information regarding these issues is available.

Many things can affect a woman’s mental health following a termination or continuing a pregnancy and can make a difference to the way in which she deals with her decision, such as:

- the extent to which the pregnancy is wanted,
- the health of the mother and fetus,
- family support,
- partner involvement,
- provision of informed and unbiased information,
- support of decision,
- financial and practical support to undergo a termination or to continue the pregnancy, and
- the level of respect and care a woman experiences when seeking to find out about or obtain a termination.

There is no conclusive evidence that a termination itself causes mental health issues. However, a termination remains part of a woman’s reproductive history and memory and may be considered a significant event in her life.

Future fertility and pre-term birth
If no complications, including infection, are experienced with a termination there should not be an increased risk of future fertility problems. However, pre-term birth in future pregnancies, particularly for women who have had multiple terminations is a possible risk.

Breast cancer
Factors that appear to be associated with breast cancer are a woman’s age, family history of breast disease, previous diagnosis, early age of first menstrual period, late age of menopause, late age of first full-term baby, not having children, not breastfeeding, hormone replacement therapy, certain breast conditions and obesity.

There is no conclusive evidence that termination of pregnancy itself increases the risk of breast cancer.
Contacts

Please find below contact details for agencies you may find useful. Other agencies are available so you should speak with your health carer about your specific needs and they can direct you to an appropriate service for care.

Termination clinics

Marie Stopes International
8 Sayer Street
Midland WA 6056
Phone: 1300 517 584
www.mariestopes.com.au

Information on pregnancy or termination

Centrecare
456 Hay Street
Perth WA 6000
Phone: (08) 9325 6644
www.centrecare.com.au

Family Planning WA
Sexual Health Services
70 Roe Street
Northbridge WA 6003
Phone: (08) 9227 6177
Free-call: 1800 198 205
www.fpwa.org.au

Goldfields
Women’s Health Centre
15 Dugan Street
Kalgoorlie WA 6430
Phone: (08) 9021 8266
Fax: (08) 9091 1916
www.gwhcc.org.au

Relationships Australia
Phone: 1300 364 277
www.relationships.org.au

South West Women’s Health and Information Centre
19 Fielder Street
Bunbury WA 6230
Phone: (08) 9791 3350
Fax: (08) 9791 1810
Free-call: 1800 673 350
www.swwhic.com.au

Women’s Health Resource Centre
28 Sandford Street
Geraldton WA 6530
Phone: (08) 9964 2742
Fax: (08) 9964 2811
Free-call: 1800 196 888
www.whrc.org.au

Information on health services

Anglicare WA
23 Adelaide Terrace
East Perth WA 6004
Phone: (08) 9325 7033
www.anglicarewa.org.au

Derbarl Yerrigan Health Service
156 Wittenoom Street
East Perth WA 6004
Phone: (08) 9421 3888
Fax: (08) 9421 3884
www.derbarlyerrigan.com.au

Fremantle Women’s Health Centre
114 South Street (Cnr of Edmund St)
Fremantle WA 6160
Phone: (08) 9431 0500
Fax: (08) 9430 7862
www.fwhc.org.au

Hedland
Well Women’s Centre
3A Leake Street
South Hedland WA 6722
Phone: (08) 9140 1124
Fax: (08) 9172 1536
www.wellwomens.com.au

Ishar Multicultural
Women’s Health Centre
21 Sudbury Road
Mirrabooka WA 6061
Phone: (08) 9345 5335
Fax: (08) 9349 9113
www.ishar.org.au

Midland
Women’s Health Care Place
4 The Avenue
Midland WA 6056
Phone: (08) 9250 2221
Fax: (08) 9250 2268
www.mwhcp.org.au

National Pregnancy Support Helpline
Free-call: 1800 422 213

South Coastal
Women’s Health Service
LifeLinks Community Centre
Rockingham WA 6168
Phone: (08) 9550 0900
Fax: (08) 9592 5635
www.southcoastal.org.au

Women’s Healthworks
Suite 6, Joondalup Lotteries House
70 Davidson Terrace
Joondalup WA 6027
Phone: (08) 9300 1566
Fax: (08) 9300 1699
www.womenshealthworks.org.au

Women’s Health and Family Services
227 Newcastle St
Northbridge WA 6003
Phone: (08) 6330 5400
Free-call: 1800 998 399 (Outside Perth Metro Area)
Fax: (08) 6330 5499
www.whfs.org.au

Women’s Health and Wellbeing Service
Gosnells Lotteries House
Level 1, 2232 Albany Highway
Gosnells WA 6110
Phone: (08) 9490 2258
Fax: (08) 9490 1365
www.whws.org.au

Yorgum
Aboriginal Family Counselling Service
176 Wittenoom Street
East Perth WA 6004
Phone: (08) 9218 9477, (08) 9221 2733
Fax: (08) 9221 0487
www.yorgum.com.au
Assistance for people with disabilities

Activ Foundation Inc
327 Cambridge Street
Wembley WA 6014
PO Box 446
Wembley WA 6913
Phone: (08) 9387 0555
Fax: (08) 9387 0599
www.activ.asn.au

Disability Services Commission (DSC)
Phone: (08) 9426 9200
TTY: (08) 9426 9315
Phone: 1800 998 214 - country callers
www.disability.wa.gov.au – (view DSC’s full listing of service providers)

Therapy Focus Inc
5/1140 Albany Highway
Bentley WA 6102
Phone: (08) 9478 9500
Fax: (08) 9451 5480
www.therapyfocus.org.au

Adoption and foster care

Adoption Research and Counselling Service
301 Railway Parade
Maylands WA 6051
Phone: 9370 4914
Fax: 9370 4917
arcs@adoptionwa.org.au

Fostering and Adoption Services
Department for Child Protection
L2/161 Great Eastern Highway
Belmont WA 6104
Free-call: 1800 182 178
Fax: (08) 9259 3438
www.dcp.wa.gov.au

Financial assistance

Centrelink
Phone: 132 468
www.centrelink.gov.au

Department of Human Services
Families
Phone: 136 150
www.humanservices.gov.au

Legal advice

Legal Aid
55 St Georges Terrace
Perth WA 6000
Phone: (08) 9261 6222
Phone: 1300 650 579
Fax: (08) 9325 5430
www.legalaid.wa.gov.au

Women and Newborn Health Service

King Edward Memorial Hospital
374 Bagot Road
Subiaco WA 6008
Phone: (08) 9340 2222
www.kemh.health.wa.gov.au

Family Services Coordinator
This service has been established to provide advice and care for those who are contemplating a termination of pregnancy.
Phone: (08) 9340 2222 (weekdays)

Social Work Department
Social workers provide support and short-term counselling. They also provide information on grieving, community supports and practical assistance.
Phone: (08) 9340 2777 (weekdays)

Psychological Medicine Department
This department includes clinical psychologists, psychiatrists, medical officers and mental health nurses. They provide counselling and psychiatric services for mental health issues. The Childbirth and Mental Illness Clinic (CAMI) provides specific counselling and information for women with pre-existing severe mental illness and the effects of pregnancy. Ask your health carers to arrange a referral to Psychological Medicine or contact the department yourself.
Phone: (08) 9340 1521 (weekdays)

Perinatal Loss Service (PLS)
This service has been established to provide care for families who have experienced perinatal death and pregnancy loss at KEMH. This includes clinical care and counselling support. The PLS provides a state-wide consultancy service to support health-care professionals who provide clinical care to women experiencing perinatal and pregnancy loss.
Phone: (08) 9340 2222

Maternal Fetal Medicine Services (MFMS)
The MFMS provides tertiary level ultrasound assessment and diagnosis of pregnancy complications and ongoing pregnancy management by a multidisciplinary team. The service provides maternal fetal medicine diagnosis and treatment, in particular for conditions such as congenital abnormalities, rhesus disease, intrauterine growth restriction and twin to twin transfusion syndrome.
The specialists and midwives at KEMH can provide counselling and/or management for women who have an increased risk of fetal abnormality on their screening test. They also monitor and manage women who have a high-risk pregnancy.

Phone: (08) 9340 2705 or fax (08) 9340 1060

**Genetic Services of WA**

This service provides information, counselling and support for individuals, couples and families following the diagnosis of a genetic condition in a family member or when an abnormality is found in an unborn baby. A genetic counsellor/geneticist is available to discuss the possible causes of recurring miscarriages where one partner is known to carry a chromosomal rearrangement.

Phone: (08) 9340 1525 (weekdays)

**Perinatal Pathology Department**

Perinatal Pathology staff will care for your baby after you go home. They are responsible for the creation of mementos (photos, hand and foot prints) and where applicable, the post mortem examination and/or cremation of your baby. They can be contacted to arrange the collection of any mementos or request to have a report sent to your doctor.

Phone: (08) 9340 2730 or (08) 9340 2222 (weekdays)

**Post-Mortem Coordinator**

A post-mortem coordinator is available to discuss with you any aspects of the post-mortem examination.

Phone: (08) 9340 2730 or (08) 9340 2222 (weekdays)

**Pastoral Care Services**

A representative from Pastoral Care Services can offer support to parents and their family and advise on the Interment of Ashes Service and other options including spiritual care or counselling.

Phone: (08) 9340 1036 or (08) 9340 2222 and ask for pager 3125

**WA Register of Developmental Anomalies (WARDA)**

WARDA maintains a record of babies and children who have been diagnosed with developmental anomalies before six years of age. Records of termination of pregnancy for fetal anomaly are included on the register. Records of developmental anomalies have been collected in WA for over 30 years. In 2011, reporting of developmental anomalies was made mandatory by the State Government.


Phone: (08) 9340 2735

**Women and Newborn Drug and Alcohol Service (WANDAS)**

WANDAS provides support and care during your pregnancy, information about the effects of drugs and alcohol on you and your baby during pregnancy, information about drug and alcohol treatment options, counselling, close medical monitoring during pregnancy and regular ultrasounds. Attending the WANDAS clinic for regular care can help to ensure you have a safe pregnancy. Staff will help you and your baby to become and stay as healthy as possible.

Phone: (08) 9340 1582 or (08) 9340 2222

**Women and Newborn Health Library**

A women’s health information service is located in the main corridor of KEMH (ground floor). It has books, videos and other useful information about pregnancy and pregnancy loss.

Phone: (08) 9340 1100 or 1800 651 100 rural free-call
# Medical terms as used in this booklet

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion (termination)</td>
<td>A way of ending a pregnancy using either medicines known as medical, or an operation known as surgical. Also referred to as termination of pregnancy.</td>
</tr>
<tr>
<td>Anaesthetic</td>
<td>Medication used to stop a person feeling any pain during an operation.</td>
</tr>
<tr>
<td>Antenatal or antepartum</td>
<td>Refers to the care and treatment of a pregnant woman prior to birth.</td>
</tr>
<tr>
<td>Antibodies</td>
<td>A protein created by the immune system to fight off unfamiliar matter.</td>
</tr>
<tr>
<td>Anti D injection</td>
<td>A medicine used to prevent rhesus disease.</td>
</tr>
<tr>
<td>Cervix</td>
<td>A mood change or lowering of the spirits felt as sadness or melancholy, continuing over a period of time.</td>
</tr>
<tr>
<td>Depression</td>
<td>A mood change or lowering of the spirits felt as sadness or melancholy, continuing over a period of time.</td>
</tr>
<tr>
<td>Fetal Anomaly</td>
<td>A variation from normal fetal development.</td>
</tr>
<tr>
<td>Fetus</td>
<td>Describes a baby from nine weeks gestation to birth.</td>
</tr>
<tr>
<td>Gestation</td>
<td>The length of time from the last menstrual period. The normal gestation of pregnancy is 37 to 41 weeks.</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>Your local doctor (GP).</td>
</tr>
<tr>
<td>Health Carer</td>
<td>A person who is qualified to provide health care to a patient such as a GP, specialist, medical practitioner, nurse or counsellor.</td>
</tr>
<tr>
<td>Induction of Labour for Termination</td>
<td>When medicines are used to bring on labour that will result in the delivery of the fetus.</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>After being provided with all relevant information the patient gives permission to proceed with the procedure.</td>
</tr>
<tr>
<td>Lactation</td>
<td>The making of milk in the breast.</td>
</tr>
<tr>
<td>Live-born</td>
<td>After birth, signs of life such as breathing, heartbeat, umbilical cord pulse, movement of voluntary muscles or respiration are evident. A live birth is not always a viable birth.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Practitioner</td>
<td>A doctor.</td>
</tr>
<tr>
<td>Mifepristone</td>
<td>A medicine that helps to stop the hormone progesterone, which is needed to continue a pregnancy.</td>
</tr>
<tr>
<td>Pre-term birth</td>
<td>When a baby is born before 37 weeks gestation.</td>
</tr>
<tr>
<td>Products of conception</td>
<td>Includes membranes of the pregnancy, embryo or fetus and placenta.</td>
</tr>
<tr>
<td>Prostaglandin</td>
<td>Medication used to induce labour.</td>
</tr>
<tr>
<td>Rhesus Negative blood type</td>
<td>When a mother’s blood does not contain the Rh factor, a protein found on the surface of red blood cells. Her blood is considered Rhesus negative eg – A-, B-, AB-, O-</td>
</tr>
<tr>
<td>Sedation</td>
<td>When medication is used to stop a person feeling any pain during an operation.</td>
</tr>
<tr>
<td>Termination of Pregnancy (abortion)</td>
<td>A way of ending a pregnancy using either medicines known as medical, or an operation known as surgical. Also referred to as an abortion.</td>
</tr>
<tr>
<td>Uterus (Womb)</td>
<td>The organ that contains and nurtures the development of the baby.</td>
</tr>
</tbody>
</table>

**Female Reproductive System Seen from the Front**

- Fallopian tubes
- Ovary
- Uterus
- Endometrium
- Cervix
- Vagina
Disclaimer: The advice and information contained herein is provided in good faith as a public service. However the accuracy of any statements made is not guaranteed and it is the responsibility of readers to make their own enquiries as to the accuracy, currency and appropriateness of any information or advice provided. Liability for any act or omission occurring in reliance on this document or for any loss, damage or injury occurring as a consequence of such act or omission is expressly disclaimed.

Produced by: Women’s Health Policy and Projects Unit

Email: ogccu@health.wa.gov.au
Website: http://www.kemh.health.wa.gov.au

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Whilst every effort has been made to provide current, evidence based information in this booklet at the time of review, it is recommended that you consult your doctor or health carer for support and advice.

This information is available in alternative formats upon request

WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

374 Bagot Road  Subiaco  WA  6008
Telephone: (08) 9340 2222

Government of Western Australia
Department of Health