

Case discussion - request for late TOP

Fiona is a 25 year old woman who has no history of mental illness. You are asked to assess her urgently by a consultant obstetrician as she is requesting termination at 26 weeks gestation. She has presented in a distressed state and has made a plan to end her life by jumping from the top of her 20 storey block of flats if she is not able to terminate the pregnancy.

She has never been pregnant in the past and was told when she was 17 years old that she was unlikely to be able to conceive naturally due to Polycystic Ovarian Syndrome and Endometriosis. She had been seeing her GP for investigations for several weeks due nausea, fatigue, abdominal pain and bloating. The GP had initially asked her whether there was any possibility she may be pregnant and she said no, but then eventually the GP did a pregnancy test which was positive and when Fiona booked an appointment for TOP she was found to be 25 weeks pregnant.

She was very shocked by this news as she has no recollection of having sex recently. She has only had one sexual partner, who she separated from after their two year relationship ended amicably 18 months ago. However, she recalls an evening when she went out with a female friend from work and she drank slightly more than she usually does. She ended up going back to this friend's house with a group of people and woke up there the next morning. Several people had stayed the night and she could not fully recall the events. Fiona now realises this must have been when she conceived and she wonders whether her drink was spiked that night. She said that if she had known she had had unprotected sex she would have done a pregnancy test and if she knew she was pregnant she would have had an early TOP.

She told the GP about her plan to end her life the day after the positive pregnancy test. She has since seen two obstetricians who are both very concerned about her suicide plan, which has not changed. They are considering offering termination but wanted her to have time to reflect on the decision, whilst being mindful of the need to make a decision relatively quickly. Fiona was offered the option of seeing the crisis team but did not want to until she knew whether she would be able to have a termination or not. She is staying with her parents and has said she would not harm herself while the possibility of termination is being considered. She would prefer not to die and realises she has a lot to live for.

When you see her, it is 5 days since she first found out about the pregnancy. She is very tearful and distressed and says that she cannot bring this baby into the world knowing how it has been conceived. She also would not contemplate adoption as she could not live knowing that the child is somewhere in the world. Her thoughts about ending her life if she not able to have a TOP have not changed at all since she first found out about the pregnancy.

Fiona had no significant difficulties during her childhood and there is no history of previous trauma. She has a good relationship with her parents, but they have always had high expectations of her. They are Catholic and do not agree with termination. However, they have said they will support Fiona whatever she chooses. She has a few close friends but has not been able to tell any of them about the pregnancy. She is an accountant, enjoys her work and has a successful career. She has not been able to go to work since finding out about the pregnancy.

She is very genuine and you are convinced by her account of events. She has capacity to make decisions about her care and treatment.

The obstetrician has asked whether you would sign the form to authorise termination of pregnancy under Clause B of the Abortion Act i.e. to say that “the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman”

What are the issues you need to consider in this case?

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