

Termination of Pregnancy for Fetal Abnormality Pathway <17 weeks

Addressograph	Consultant:	
	Date pathway commenced:	
	Diagnosis:	
	EDD:	Gestation:
Medical Management discussed by:		
GP:	Next of Kin:	
	Relationship:	
	Contact No:	
Inpatient Admission Details:	Post Mortem: Please circle as appropriate	
Date:	Accepted:	Yes No
Time:	Declined:	Yes No
Place:	Undecided:	Yes No
Patient aware of arrangement: Yes No	PM info leaflet issued:	Yes No
Pre-procedure Checklist: Please circle as appropriate		
Patient fully aware of fetal diagnosis:	Yes	No
Patient has made an informed decision:	Yes	No
HSA1 form completed:	Yes	No
HSA4 form commenced:	Yes	No
Medical Termination of Pregnancy consent form completed:	Yes	No
Patient given copy of signed consent form:	Yes	No
Mifepristone prescribed: <small>(refer to guidance on page 2 of Inpatient MTOP pathway)</small>	Yes	No
Misoprostol prescribed: <small>(refer to guidance on page 2 of Inpatient MTOP pathway)</small>	Yes	No

Information and Communication:	Please circle as appropriate
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Report / Letter sent to GP:	Yes	No
Report / Letter sent to Local Unit Lead Consultant / Lead ANC Midwife:	Yes	No
Follow-up appointment discussed with patient (if required):	Yes	No
Follow-up appointment details (if required):		
ARC information given:	Yes	No

Pre-admission Inpatient Checklist:	Please circle as appropriate
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MTOP procedure discussed with patient and leaflet given:	Yes	No
Ward contacted to arrange time and date of procedure (Ext 43857)	Yes	No
Outpatient appointment for the administration of mifepristone:		
Patient aware of outpatient appointment details:	Yes	No
Pre-admission FBC and G&S:	Yes	No
Green intrapartum form updated:	Yes	No
Outstanding antenatal appointments cancelled:	Yes	No
Place this form together with the Inpatient MTOP pathway in the notes and transfer to Ward C1		

Additional Information:
