

Continuation or termination? Maternal outcomes in severe fetal anomalies

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Objective

To compare maternal and obstetric outcomes in pregnancies complicated by severe structural fetal anomalies according to pregnancy management—continuation vs. termination after the threshold of viability.

Methods

This retrospective cohort study included singleton pregnancies with prenatally diagnosed severe structural fetal anomalies managed at a tertiary center (2010–2025). Women were categorized by management: continuation or termination at ≥ 23 weeks following committee approval. The primary outcome was a composite adverse maternal outcome (cesarean delivery (CD), postpartum hemorrhage, placental abruption, blood transfusion, uterine rupture or scar dehiscence, or prolonged hospitalization). Multivariable logistic regression identified factors independently associated with adverse maternal outcome

Results

A total of 186 women were included, of whom 139 continued the pregnancy and 47 underwent termination. Continuation was associated with a higher rate of composite adverse maternal outcome compared with termination (55.4% vs 19.1%, $p < 0.001$), as well as increased CD (51.1% vs 10.6%, $p < 0.001$) and longer hospitalization. On multivariable analysis, continuation remained independently associated with adverse maternal outcome (adjusted OR 4.81, 95% CI 1.83–12.65). Polyhydramnios (adjusted OR 5.07, 95% CI 2.03–12.64) and previous CD (aOR 5.37, 95% CI 1.78–16.40) were also independently associated with increased risk. In the continuation group, intrauterine fetal demise occurred in 34/139 pregnancies (23.1%) and neonatal death in 24/139 (16.3%). In subsequent pregnancies, women in the continuation group had a higher CD rate compared with those in the termination group (40.5% vs 15.0%, $p = 0.034$)

Conclusion

Among pregnancies complicated by severe structural fetal anomalies, continuation of pregnancy was associated with higher maternal morbidity compared with late termination, and an increased likelihood of CD in subsequent pregnancies. These findings highlight the importance of incorporating maternal risks, in addition to fetal prognosis, into counseling and shared decision-making.

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