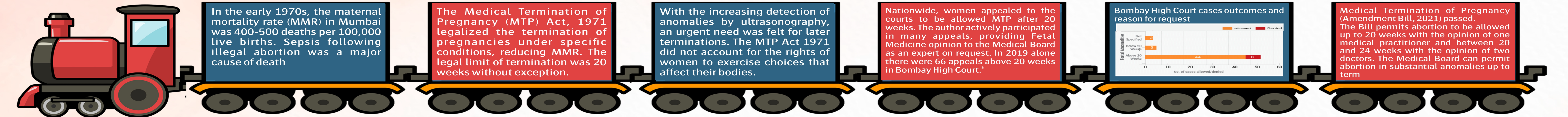


Late pregnancy termination and selective feticide: The Indian journey and current scenario

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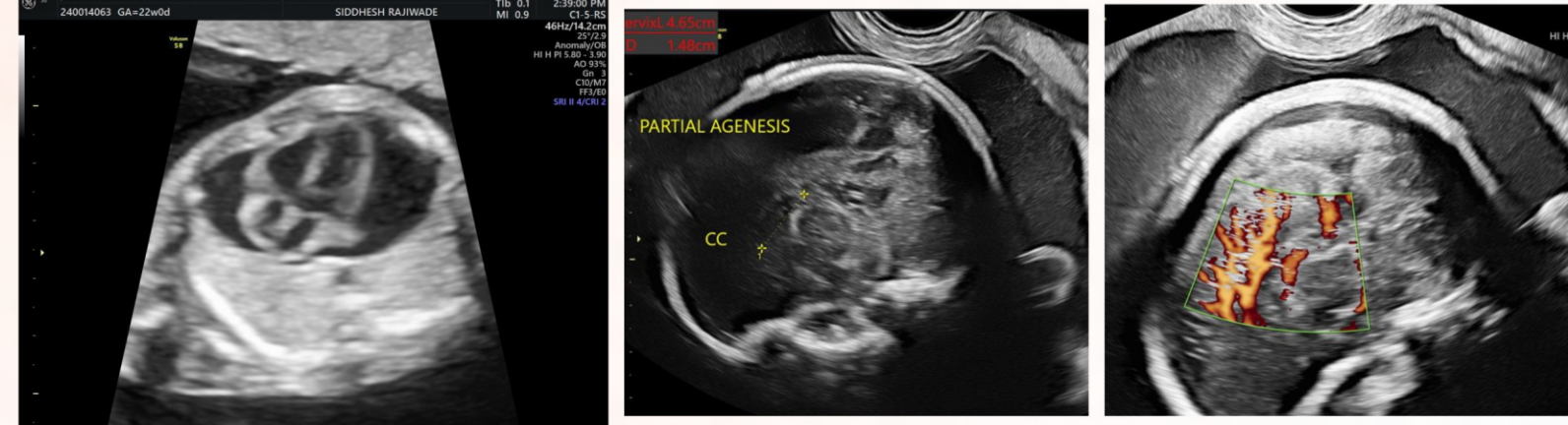
A few Interesting cases of late termination... in singletons Feticide done with ultrasound guided intracardiac KCl above weeks^b

CVS: Double outlet right ventricle with VSD
Medical induction 21 weeks

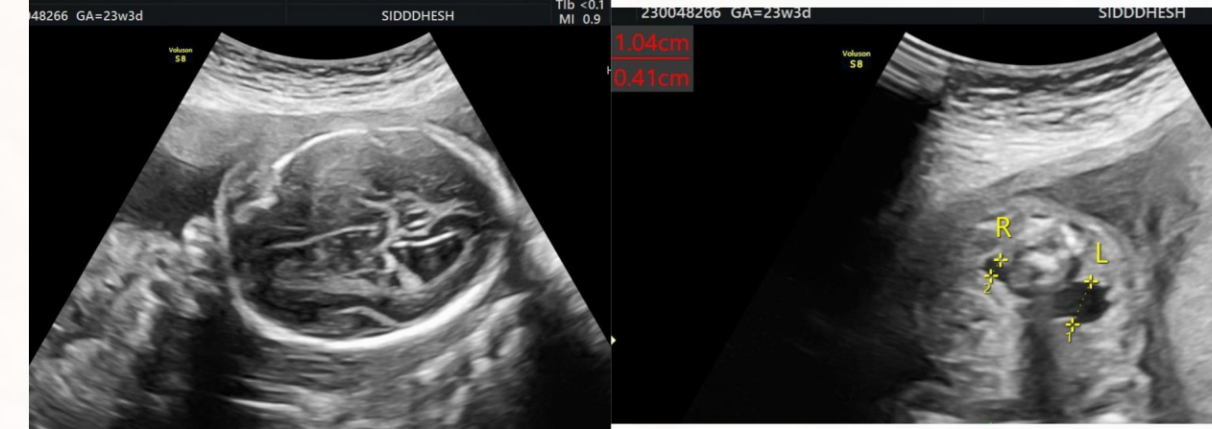
CVS: Absent Pulmonary valve with VSD 27 weeks feticide and medical induction



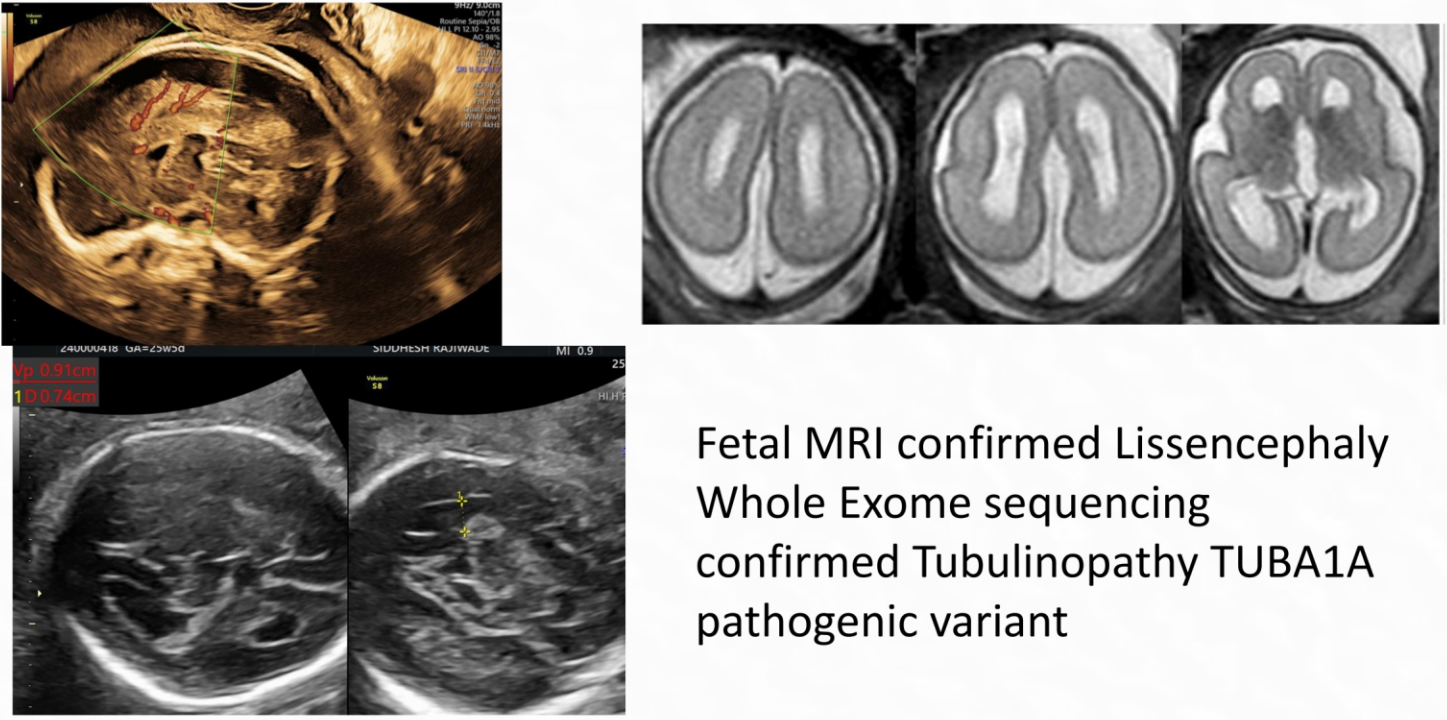
CVS: Massive persistent pericardial effusion, Partial ACC Chromosomal microarray normal
Medically induced 22 weeks



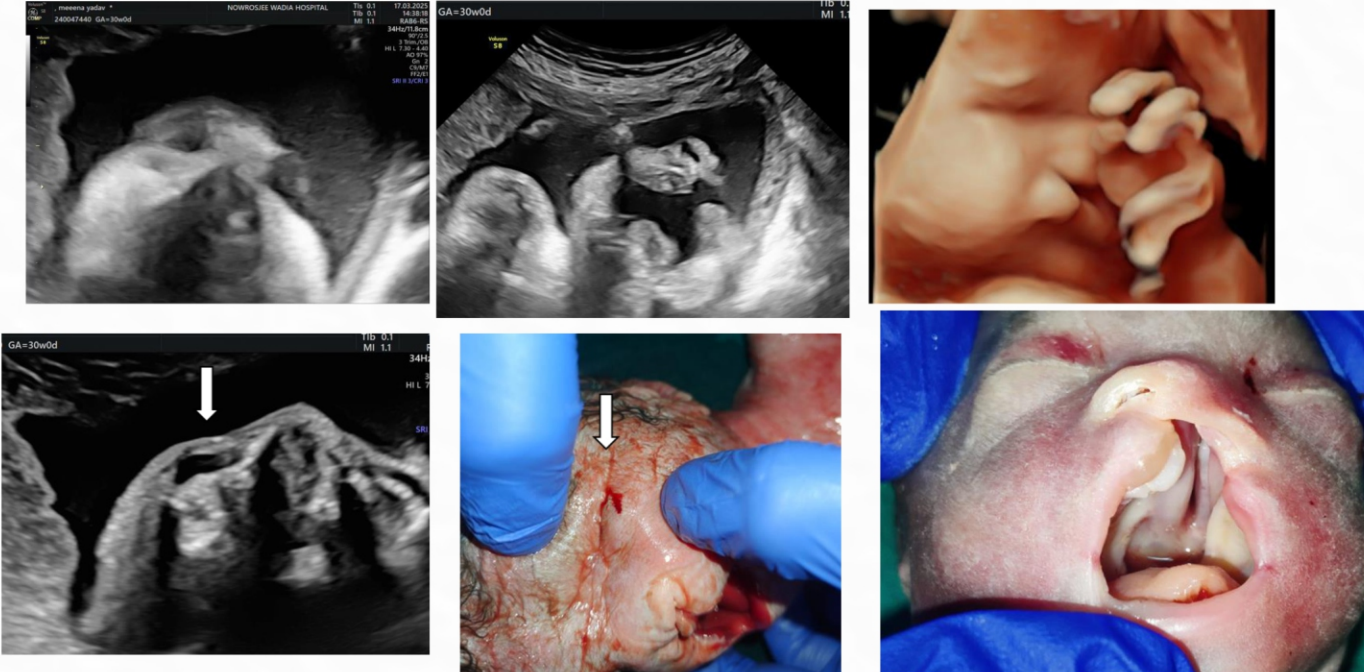
CNS: Ventriculomegaly with peliectasis previous affected child, feticide followed by medical induction 24 weeks



CNS: Lissencephaly previous affected child 28 weeks feticide and medical induction



Face: Misoprostol exposure Cleft lip and palate, Microphthalmia Feticide 30 weeks with medical induction

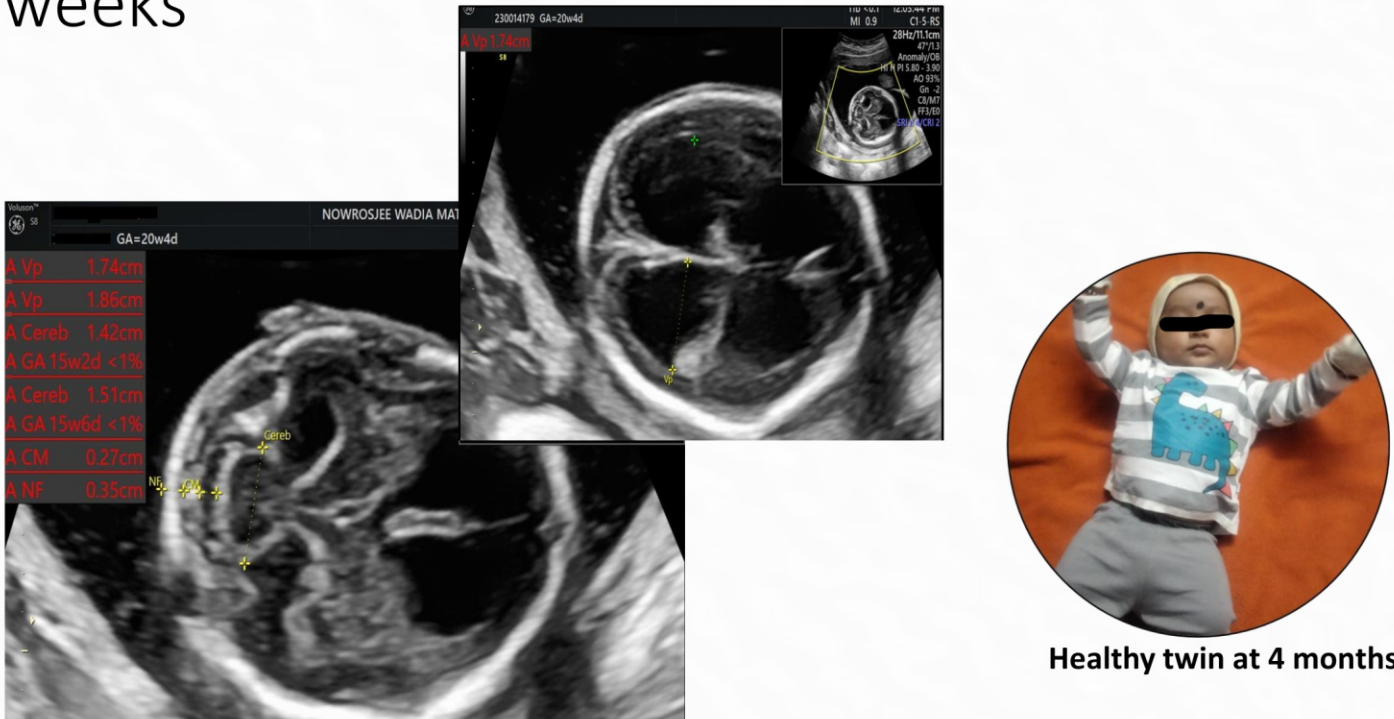


Late Selective Feticide in DCDA Twins Detected in discordant anomaly after weeks:
When the diagnosis is made in the second trimester, women may opt. for selective feticide in the 2nd trimester if the law permits^c

Twin 1 MMC with polyhydramnios selective feticide at 22 weeks



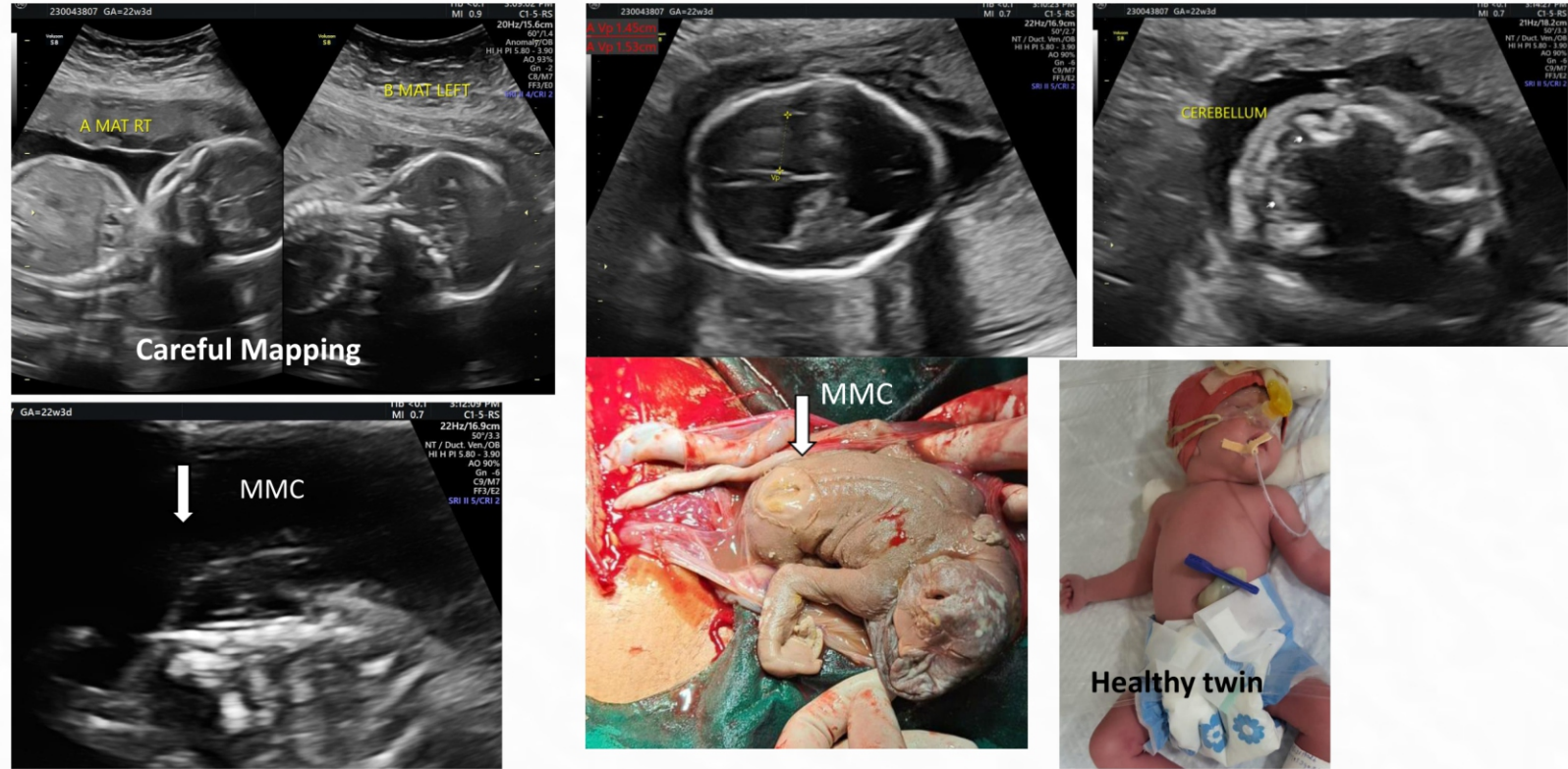
DCDA Twin with 1 twin rhombencephalosynapsis with ventriculomegaly. Selective feticide at 21 weeks



DCDA Twin, one rhizomelic skeletal dysplasia
Selective feticide done at 22 weeks.



DCDA Twin I Open NTD with AC II, no polyhydramnios
late feticide 32 weeks (ISUOG Guidelines 2016)



DCDA twin with one Di George structurally normal, Late selective feticide at 32 weeks with court permission
DOUBLE AMNIOCENTESIS WITH FISH to confirm Di George 24 hours prior



Twin selective feticides

Early (22 weeks) 2
Late (22-34 weeks) 4
All 6 pregnancies delivered after 34 weeks

Fetal autopsy: Congenital Diaphragmatic hernia



Skeletal Dysplasia



Hypoplastic right heart due to tricuspid atresia



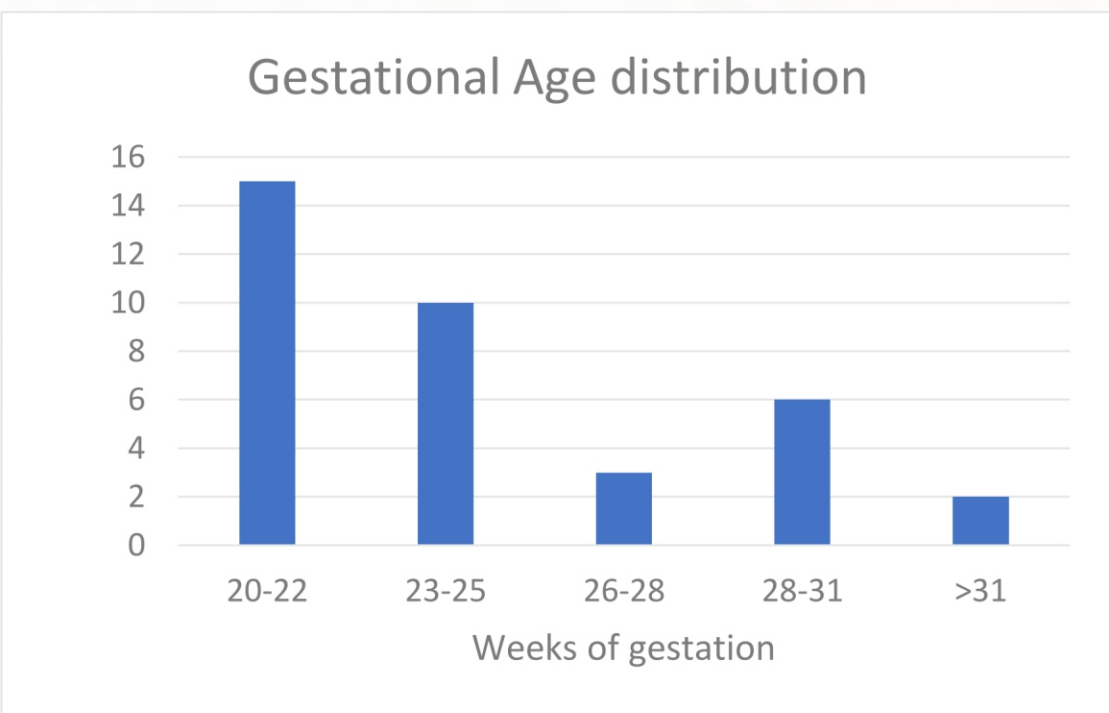
Unexpected communicating type of tracheoesophageal fistula at autopsy



Genetic Causes detected

Down syndrome 1
Fragile X 1
Single gene defects 4

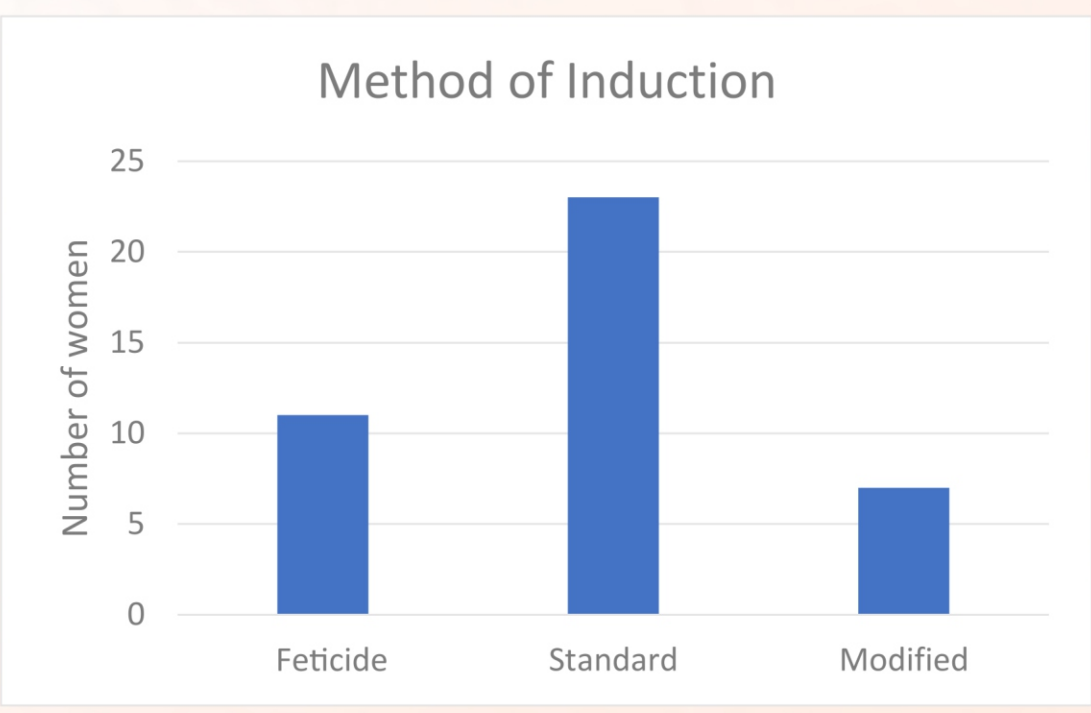
Table 1



Personal Series of 36 Patients (Prmi 14, Multi 22) between 2018 & 2025
Patients were counselled in a dedicated Perinatology OPD

Anomaly Type (Total 36)			
CNS	11	Face	2
CVS	10	Renal	1
Skeletal	3	Misc	3
Genetic	6		

Table 2

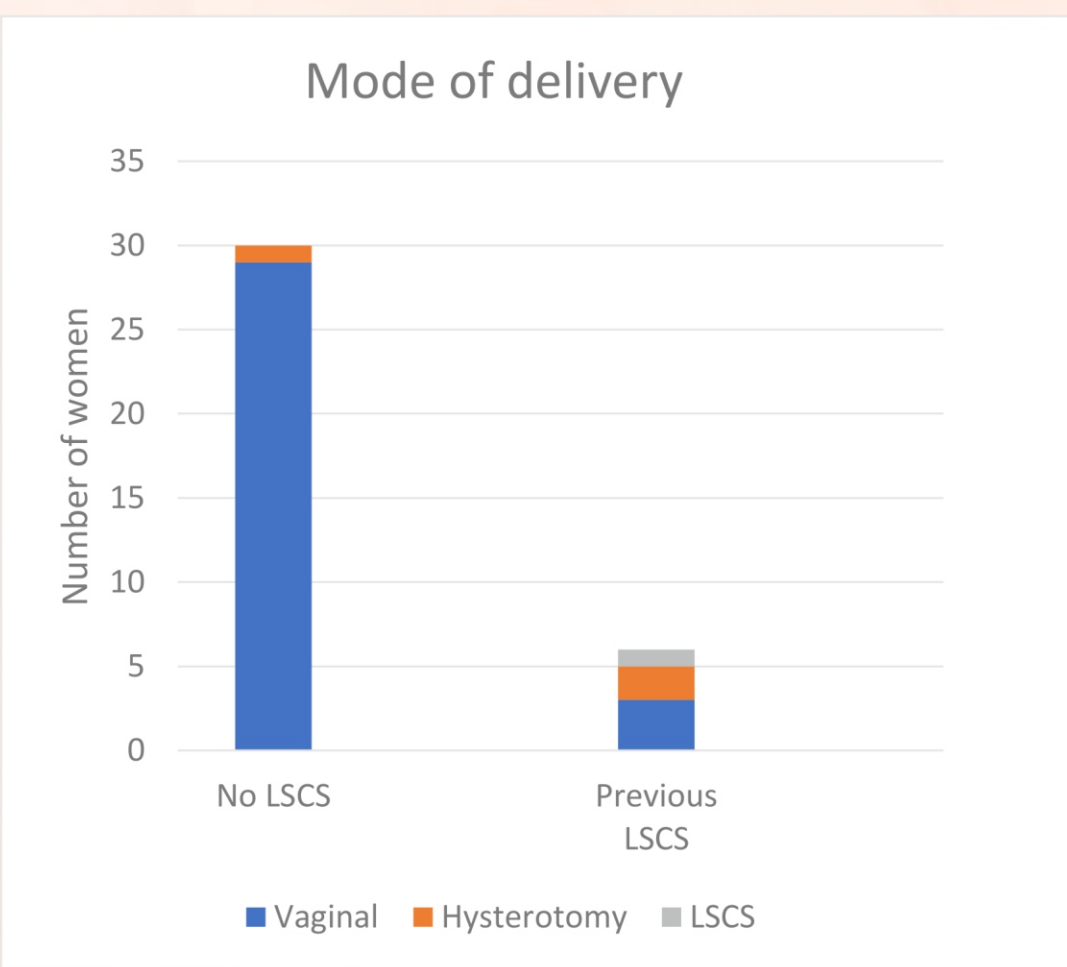


11 patients underwent Feticide with SOS
Amnioreduction All women received 200 mg Mifepristone.

Standard Protocol 400 misoprostol

Modified: Previous LSCS, Overdistended uterus
25-50 mcg Misoprostol starting dose. Giving a rest day, Foley's and oxytocin improved success in nonprogress.

Table 3



Hysterotomy done for Placenta praevia, accreta and suspected dehiscence

Conclusions

- Late termination can be offered for evolving and missed fetal congenital anomalies.
- Feticide is advocated above 22 weeks.
- Adjusting doses of drugs used for induction and ancillary techniques like intracervical Foley's improve safety and success rates.
- Autopsy and genetic testing are beneficial to counsel for future pregnancies.

References:

- Assessing the Judiciary's Role in Access to Safe Abortion An Analysis of Supreme Court and High Court Judgements in India from June 2016-April 2019 A Pratigya Campaign for Gender Equality and Safe Abortion Report
- Feticide in Termination of Pregnancy for Fetal Abnormality in England, Scotland and Wales Report of a working party. p 29 May 2010 RCOG press
- ISUOG Practice Guidelines: role of ultrasound in twin pregnancy. Ultrasound Obstet Gynecol 2016; 47: 247–263 Published online in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/uog.15821