

CORRESPONDENCE

SIR: – I am writing in response to the Case Report by Clarke et al. (2005).

The case reported was a most unfortunate and unusual case of the medical induction method failing to cause fetal demise. There are sporadic reports of this happening (Cunanan et al. 1977). Clearly paediatricians come at this from a different perspective to gynaecologists and that is understandable. However, there are some factual inaccuracies in their report and some conclusions drawn which are contentious.

BPAS is the sole provider of medical induction in the independent sector. We carried out 489 of these procedures at 20 weeks' gestation and over in 2002; this was 47% of all medical abortions at this upper gestation band in England & Wales for that year (Government Statistical Service 2004). Urea has been used as a form of feticide for late medical abortion for many years (Craft 1973, Bowen-Simpkins 1973, King et al. 1974, Burkman et al. 1976, Wellman & Jacobson 1976, Binkin et al. 1983). The report does not mention that the woman was also given prostaglandin E₂ 5 mg intra-amniotically.

The report is incorrect about the scan result on the Sunday. Both doctor and client were aware that there was continuing fetal cardiac activity. A detailed plan was in place for the woman's further management.

The authors admit that the woman changed her mind about abortion after feeling fetal movements. Those of us who provide late abortions commonly see women who change their mind and fail to attend for treatment or who repeatedly cancel appointments and then rebook. Support and information is provided all along the way; in the end the woman makes the decision herself. We specialize in this area and all our staff are involved with supporting women. We find it impossible to reconcile the above with the authors' statement that there was "a failure of crisis pregnancy counselling".

Currently, 74% of the 2,872 cases at 20 weeks' gestation and over (medical and surgical) are done in the independent sector and of these 81% are under contract to the National Health Service (Government Statistical Service 2004). If all late medical abortions were to be performed in

the NHS, as the authors imply would be best, NHS gynaecologists and nursing staff would be unable to treat all these extra women. Also, there is a lot to be gained from concentrating scarce expertise in a small number of specialist independent sector units.

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