how i'd handle it!

In this new column, GPs tell us… 'How I'd handle it'

General practice

Dr Sarah Hoskins - part-time GP principal in Stevenage - dealt with the following situation recently…

Jenny is 15 and thinks she may be pregnant. After talking to and examining her you establish that she is around 20 weeks pregnant. She says that she does not want to have the baby. She is scared to tell her parents and asks if you would tell her mother if she got her along to see you under false pretences.

Dr Liz Walker - GP retainer in Farnborough and former CMF chairman.

This surgery is going to run late! I would get Jenny's BP and urine checked and then talk further at the end of my surgery. I'm praying for the words to reach this frightened girl.

I would remind Jenny that her parents love her; although shocked, they would probably want to help. I would then assess her for Gillick competence. If Jenny really couldn't tell her mum, I would offer an appointment the next day to see them together but not on false pretences. What about the baby's father? Does he know and what are his views? Is abuse or even rape a possibility?

Many pregnant women see abortion as their only way out. Talking about 'the baby' and having an ultrasound scan may help to begin a relationship between Jenny and her baby. I would explain about her baby's advanced development at this late gestation. Next I would explain how late abortions are performed and the regrets that many women feel afterwards. Jenny would need written information and some pregnancy counselling. LIFE or Care Centres Network are excellent where available. I would introduce adoption as a positive possibility. I would let her know that she was entitled to see another doctor in the practice if she still wanted to seek abortion, emphasising that I would be happy to carry on seeing her if she wanted. This consultation would stay with me as I prayed for Jenny, her baby and all who look after them in the future.

Dr J Huw Morgan - Consultant in International GP Education and former Bristol GP tutor.

Two things make Jenny's case more straightforward than it could have been. She is 20 weeks pregnant and so effectively beyond the abortion time frame. Also, though afraid, Jenny wants her mother to know. This gets around Gillick competence concerns.

I would explain that her pregnancy is too advanced for termination to be a realistic option: her baby is fully formed and growing rapidly. Abortion may involve an extremely distressing labour induction. I might mention that as a Christian I personally could not agree to abortion. Earlier in the pregnancy, Jenny could have seen one of my colleagues for abortion referral; at this late stage, most of my colleagues would be very reluctant to sanction termination. Jenny would need time to digest this information, ask questions and clarify concerns. This could be an appropriate time to mention the adoption option. If she decided to continue with the pregnancy, hospital booking would need to be arranged.

If I knew Jenny's mother fairly well I might agree to tell her with Jenny's agreement but not under false pretences. It would be better for Jenny to tell her mum herself prior to coming to see me again together. Failing that, the best compromise might be for me to tell her mum with Jenny present at the next consultation. As with Jenny, her mother would need time to ask questions and come to terms with the situation. If they still wanted to explore the possibility of abortion, I would explain that I could not as a Christian agree to that. Instead, I would give them contact numbers for the local NHS family planning and pregnancy counselling clinics, stressing that I was happy to remain involved in Jenny's care and to support them both through this situation.

Do you agree or disagree? Do you have a scenario to discuss? Would you like to join our panel of GP contributors? Email rachael.pickering@cmf.org.uk

Key Points

20-24 week abortions accounted for 1.4% of abortions in England & Wales in 2000. NHS consultants are much more willing to perform late abortions for fetal abnormality (644 out of 738 abortions) than for supposed threat to maternal mental health. Medical induction predominates in the NHS but surgical abortion is favoured by the independent sector. **Medical induction** after 17 weeks often involves intrauterine urea (as a feticide) and prostaglandin injections, plus prostaglandin pessaries. **Surgical abortion** after 19 weeks can involve two general anaesthetics. The first procedure allows for feticide and softening of cervix and uterine contents; dilatation and evacuation is performed the next day when the fetus is removed piece by piece.

Section 1(1)(a) of The Abortion Act (1967), amended in 1990, allows abortion of normal fetuses on very wide grounds up to 24 weeks gestation. The vast majority of abortions (98% in 2000) are carried out under this section.

Gillick competence: when a child achieves sufficient understanding and intelligence to enable him/her to understand fully what is proposed. Victoria Gillick failed in her House of Lords action against her health authority, which declined to deny her four daughters contraception or abortion services without her consent until they reached 16 (Gillick v West Norfolk and Wisbech Area Health Authority, 1985).

Charities offering Crisis Pregnancy Counselling

CARE Centres Network, 1 Winton Square, Basingstoke RG21 8EN. Tel 01256 477300. Counselling Helpline: 0800 028 2228. Email *cfl@care.org.uk*. Website *www.pregnancy.org.uk* (This site also lists the locations of 150 pregnancy crisis centres nationwide)

LIFE, LIFE House, 1a Newbold Terrace, Leamington Spa CV32 4EA. Tel 01926 421587. Website *www.lifeuk.org*