

## Current NHS Fetal Painkiller Use in Late Term Abortions

In January 2023 an FoI request was sent to every NHS Trust in England that provides maternity services (124 Trusts). The trusts were asked:

- 1) *Does your NHS Trust perform a feticide procedure?*
- 2) *If your NHS Trust does perform feticides:*
  - a) *Does your NHS Trust usually give or offer direct fetal “painkiller”/sedative as part of the feticide?*
  - b) *What substance is used for the feticide itself?*
  - c) *If the birthing person requests direct fetal painkiller/sedative, will direct fetal painkiller/sedative be considered and, if appropriate, administered?*

As of the beginning of April 2023, 116 Trusts had responded. Of the responding trusts who perform feticides (recommended method of late term abortion [from 21+6 gestational weeks](#)):

- 76% (28 NHS Trusts) administer or are willing to administer direct fetal painkiller or sedative
- 14% (5 NHS Trusts) do not give direct fetal painkiller or sedative and would not say if they would consider fetal painkiller if requested by the mother (see Appendix)
- Of the 28 (76%) NHS Trusts who administer direct fetal painkiller/sedative, 18 (49%) NHS Trusts offer this as part of the procedure and 10 (26%) NHS Trusts only consider fetal painkiller/sedative if specifically requested by the mother

Feticide Performing NHS Trust	Response summary	Apposite Quotes from Fol
King's College Hospital NHS Foundation Trust	Yes, prior fentanyl	"Fentanyl is administered directly to the fetus before all feticides."
Liverpool Women's NHS Foundation Trust	Yes.	
Mid and South Essex NHS Foundation Trust	Yes, lignocaine	
Northern Lincolnshire and Goole NHS Foundation Trust	Yes, morphine	"the Consultant Obstetrician would administer a large dose of intracardiac morphine to the baby before proceeding to KCl (potassium chloride)." "we are very very very careful with the KCl"
Royal Free London NHS Foundation Trust	Yes, lignocaine	
Sheffield Teaching Hospitals NHS Foundation Trust	Yes.	
University College London Hospitals NHS Foundation Trust	Yes, fentanyl	See original Fol.
University Hospitals Birmingham NHS Foundation Trust	Yes; lidocaine	
University Hospitals Of Leicester NHS Trust	Yes after 28 weeks	
Barts Health NHS Trust	Yes; lethal lidocaine	"This is thought to have a positive effect on fetal pain/awareness."
Homerton University Hospital NHS Foundation Trust	Yes, prior diazepam	"Injection of KCl into an incorrect site is an NHS Never Event and can cause serious tissue injury (necrosis)." "This practice [prior diazepam] would not be supported by the RCOG guidance on Fetal Awareness but this guideline recognises the limitations of that guidance and that a clear determination cannot be made regarding the necessity of fetal sedation prior to feticide."
Royal Devon and Exeter NHS Foundation Trust	Yes	See original Fol for injection procedure
The Royal Wolverhampton NHS Trust	Yes	
Medway NHS Foundation Trust	Yes, at later gestations	
Leeds Teaching Hospitals NHS Trust	Yes	"Yes and there would be no objections to this."
Nottingham University Hospitals NHS Trust	Yes, but sometimes KCl into cord for later gestations	
The Royal Wolverhampton NHS Trust	Yes	
University Hospital Southampton NHS Foundation Trust	Yes	
University Hospitals of North Midlands	Yes if requested	
University Hospitals Bristol and Weston NHS Foundation Tr	Yes if requested	
Royal Cornwall Hospitals NHS Trust	Yes, if requested	
Hull University Teaching Hospitals NHS Trust	Yes if requested	
Frimley Health NHS Foundation Trust	Yes if requested	
Imperial College Healthcare NHS Trust	Yes if requested	
Manchester University NHS Foundation Trust	Yes if requested	
University Hospitals Plymouth NHS Trust	Considered if request made	
Buckinghamshire Healthcare NHS Trust	Considered if request made	
East Kent Teaching Hospitals NHS Trust	Considered if request made	
<b>Yes</b>	<b>28</b>	<b>76%</b>
<b>Other</b>	<b>4</b>	<b>11%</b>
<b>No</b>	<b>5</b>	<b>14%</b>
N/A (feticide by tertiary unit)	79	
No response yet to Fol	8	
Total Known Feticide Performing Trusts	37	
Total Trusts Sent Fol	124	
% Responses	94%	

#### Apposite Quotes from Fol Responses:

"Fentanyl is administered directly to the fetus before all feticides."

*King's College Hospital*

"...the Consultant Obstetrician would administer a large dose of intracardiac morphine to the baby before proceeding to KCl (potassium chloride)."

"we are very very very careful with the KCl"

*Northern Lincolnshire and Goole*

"This [lidocaine] is thought to have a positive effect on fetal pain/awareness."

*University Hospitals Birmingham*

"Injection of KCL into an incorrect site is an **NHS Never Event** and can cause serious tissue injury (necrosis)." [Bold mine]

"This practice [prior diazepam] would not be supported by the RCOG guidance on Fetal Awareness but this guideline recognises the limitations of that guidance and that a clear determination cannot be made regarding the necessity of fetal sedation prior to feticide."

*Homerton University Hospital*

"Yes and there would be no objections to this."

*Leeds Teaching Hospitals*

Of the five "No" responses, Oxford University Hospitals stated: "We use potassium chloride in our procedures for feticide. Our standard operating procedure is to inject the cord of the foetus and therefore so-called 'painkiller' is not required." The baby would not feel the needle as there are no nerves in the umbilical cord (although a suitable potential site for direct fetal painkiller), but this is deeply concerning and needs addressing as a matter of urgency because the baby (aged 22 weeks to full term) would experience extreme pain as the potassium chloride takes more time to act as it enters their belly via the umbilical cord and spreads until it reaches their heart.

[According to Human Rights Watch](#): "Potassium chloride is the drug that causes death in an execution under current lethal injection protocols. ...**it is excruciatingly painful if administered without proper anesthesia.**" (bold mine)

According to the [BBC Article: Life and Death Row: How the lethal injection kills](#)

"To stop the heart, potassium chloride is administered directly after the vecuronium bromide. **Without proper sedation, this stage would be extremely painful. The feeling has been likened to 'liquid fire' entering veins and snaking towards the heart.**

If the inmate is not fully paralysed, **their muscles will also spasm uncontrollably, causing them to buck on the gurney**, according to Dr Morley. This is because potassium sends signals to every muscle in the body to contract." (bold mine)

According to last year's [Abortion Statistics](#), there were 1,330 feticide procedures in England and Wales (~4 a day); of these babies, a little over half will have been given some form of fetal painkiller, but the remainder will not, either because it was not directly requested or because their NHS Trust does not consider this necessary.

In December 2022 the RCOG published their long awaited "[Fetal Awareness Evidence Review](#)", the update from [RCOG Fetal Awareness 2010](#).

- They report that there is now mixed practice for fetal painkiller administration prior to a feticide: "Some units in the UK use fentanyl in these procedures and some do not."  
*NB: feticides occur beyond gestational week 21+6, the vast majority at weeks 22 & 23.*
- They no longer assert that a fetus is in an unconscious state until birth (the 'sleep hypothesis').

- They no longer include a section on responding to common questions *eg the 2010 report states: "Will the baby suffer/feel pain? No, the fetus does not experience pain..."*
- They continue to assert that the cortex is required to feel pain, and now claim that fetal pain perception is not possible before 28 weeks gestation, yet fail to substantiate either of these conclusions.
- They again ignored key areas of research, such as recent studies showing evidence of consciousness in the 13th and 14th gestational week and 4D Ultrasound/facial expression pain scales
- Used the 'plumbline' of pain perception to be adult like, as a learnt experience, as opposed to a raw, more primal sensation.
- As established by [Written Parliamentary Questions](#), the RCOG continues to be able to publish without any known accountability or oversight.
- The working party included key representatives from BPAS and MSI Choices and did not "take wide-ranging evidence in open session so there is full transparency" -a concern raised in the [APPG fetal pain inquiry](#).
- The paper itself seems to be deliberately "jargon heavy" and most readers will be likely to only focus on the RCOG's particular conclusions.
- The review was notably low key in it's publication -uploaded on the RCOG website in the week before Christmas without announcement.

The RCOG's own fetal pain expert, Dr Stuart Derbyshire, published '[Reconsidering Fetal Pain](#)' in 2020. He describes himself as 'pro-choice', consulted for the Pro-Choice Forum in the UK and Planned Parenthood, a leading American pro-abortion organisation, yet he now states that "*Fetal analgesia and anaesthesia should thus be standard for abortions in the second trimester, **especially after 18 weeks** when there is good evidence for a functional connection from the periphery and into the brain.*" and that "*Overall, the evidence, and a balanced reading of that evidence, points towards an immediate and unreflective pain experience mediated by the developing function of the nervous system **from as early as 12 weeks.***"

Women undergoing NHS Spina Bifida surgery for their unborn baby at 19 weeks gestation are advised that [direct fetal painkiller will be given](#) prior to the operation, but women undergoing an abortion for their unborn baby at 19 weeks to 21+6 weeks gestation, by D&E (a 'dismemberment abortion') do not receive painkiller.

[Medical Guidelines in France](#) ensure that direct fetal painkiller is given prior to any late term abortion; an English translation of these 2008 guidelines state: "Fetal analgesia [painkiller] is justified by pain stimulation in case of an intracardiac puncture, but also because the injection of KCl [potassium chloride] or death itself can be painful."

New studies have shown that babies, and premature babies in particular show 'hypersensitivity' -that is, [they respond four times as much to a painful stimulus](#) than an adult. In addition to this, our body's own pain suppressants develop later in the third trimester.

The International Association for the Study of Pain has published: "Sorting pain out of salience: assessment of pain facial expressions in the human fetus" (link below)

[https://journals.lww.com/painrpts/fulltext/2021/01000/sorting\\_pain\\_out\\_of\\_salience\\_\\_assessment\\_of\\_pain.16.aspx](https://journals.lww.com/painrpts/fulltext/2021/01000/sorting_pain_out_of_salience__assessment_of_pain.16.aspx)

The method used is adapted from those currently used to monitor pain in newborn babies and adult patients unable to speak -a scoring system based on facial expressions is used to indicate pain levels.

Using 4D Ultrasound, they monitored and scored the facial expressions in third trimester babies under these circumstances: at rest, a sudden loud noise and an injection into the thigh (an anaesthetic prior to in utero surgery). They found that these unborn babies respond in a similar way to painful stimuli as newborn babies.

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**The effect of potassium chloride injection (and why mis-injection is an [NHS Never Event](#))**

**Recent User Reviews for Intravenous Potassium Chloride: [1]**

*Note: Adults receive an intravenous potassium chloride typically **diluted 50 times or more** than that of the concentration injected into an unborn baby from 22 weeks to full term during a feticide.[2] All bold mine.*

"I felt **immediate intense burning and pain and begged her to stop**, saying something is wrong. She stopped it and checked the infusion pump. She said the Potassium was not mixing with the saline. She then re-started the IV. **Again, I felt immediate intense burning and pain. Again I begged her to stop**, as my arm was turning red and my whole body was contorting in pain. After a few moments she stopped the pump. **I told her do not dare turn it back on and to get out.** I attempted to ask for a nurse in charge, but a nurse from a different floor appeared while the nurse who mishandled the pump listened at the door. Realizing it was hopeless, I left the hospital AMA. I believe I saved my own life."

"I required 6 infusion's of this **liquid fire**. I still a month later have discolored skin at the IV site. The nurse ran it with saline and that brought it down a bit. I see now why people refuse it."

**"It felt like hell tunneling through my vein."**

"Potassium capsules fine, however, when injected thru my IV, **AGONIZING**"

"i thought i lost my arm for that times that i was in **agonising pain**. no more words needed - it's something i would NEVER want to have again"

"With a saline IV it was ok. Without **it felt like a swarm of fire ants eating my arm**. Ice packs helped a little."

"When a say **a hot poker off the fire touched my arm**. I am not making this up. They had to put a board to keep my arm from bending. Two hours of this **torture** felt like all night. 5 years later; I still have pain in that spot of drip."

"The very second the first drip entered my vein **I was in extreme pain. The burning was excruciating** and I was trying to put press on my vein to stop it. I have a very high pain tolerance and I could not take it and jerked the IV out. I would rather give birth to a Cadillac than go through that again."

"I'm warning you, don't let anyone talk you into this **excruciatingly painful IV drip!**"

"This stuff **BURNS**. It starts with a little stinging sensation but gradually elevates to full on burning sensation."

"IV Potassium **burns** like nothing else."

"Be warned: to me it **burned** and ached fiercely, and irritated my vein enough that they had to move the IV. Yeee-OUCH!"

"Most painful 2+ hours of my life"

"Don't let them do this to you; it's **absolutely crazy pain!** I'm not a wimp, but I'm willing to wager that not many could take this type of pain. There has to be some other option, either orally or sedate the person first. Just frickin' ridiculous"

"Oh my Lord. Potassium by IV was awful. Felt like **my hand was on fire**. They were giving it along with saline however, the saline bag ran out and the nurse decided to let the "last little bit" of the bag of Potassium run through the IV line. I was kind of out of it from my surgery and Oh.My.Word. **I literally started screaming. It just burned.** The IV infiltrated and the nurse was like, "whatever. " When she went off shift and the other nurse came in, she couldn't believe it. My hand was still red and swollen."

"The pain i can best describe was **hot fire running through my veins**. I could not take the pain."

"**Omg this was SO painful !** For 4 hours I was writhing in pain."

"**It was excruciating and it felt like my entire bone was splitting.** I can honestly say it was the **worst pain I had ever been in**. Keep in mind I practice martial arts and play paintball weekly. At the time, I was not

made aware that it would be painful and I panicked and pressed the help/call button crying in hysterics. They said they would be on the way and it felt like hours for them to show up. The nurse took her time getting there and instead of ending the iv she apparently decreased the amount with didn't help at all. **I had to beg them to stop it** meanwhile they acted like my pain meant nothing. Nurses should be required to take the potassium for atleast a minute to know what their patients are going through if they want to act like it isn't a painful procedure. After finally getting them to stop the IV the nurse says we'd "try again" later. **I ended up talking to my mom over the phone crying about what I had just been through...**

"Iv administration of potassium was the one of the **WORST pains I have ever felt**. The nurse actually told me that sometimes it can hurt, but they had a simultaneous saline IV injection happening that should counteract it. I had no pain until I was getting an ultrasound about 10-15 mins later, and the saline ran out but the potassium IV was still going. The pain started mild then got so bad in just a minute, I couldn't even function. **I wasn't even myself anymore, I couldn't handle the pain and I was writhing around and crying. Literally crying like huge tears which isn't even like me, but I couldn't help it it was involuntary. I felt embarassed but it was out of my control, the pain was just so bad.**"

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[1] <https://www.webmd.com/drugs/drugreview-6224-potassium-chloride-intravenous?drugid=6224>

[2] <http://www.medicines.org.uk/emc/product/6272/smpc>

"Potassium Chloride Concentrate 15% **must be diluted by adding to a large volume intravenous fluid before use**. For example, 10mls diluted with not less than 500mls 0.9% Sodium Chloride Intravenous Infusion BP, or other suitable diluent, and mixed well." [bold mine]

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#### Appendix:

**List of NHS Trusts who do not give direct fetal painkiller or sedative and did not say if they would consider fetal painkiller if requested by the mother:**

Whittington Health  
East Lancashire  
Oxford University  
Royal Berkshire  
Shrewsbury & Telford

**List of category "other":**

Birmingham Women's & Children's: Consultant's discretion

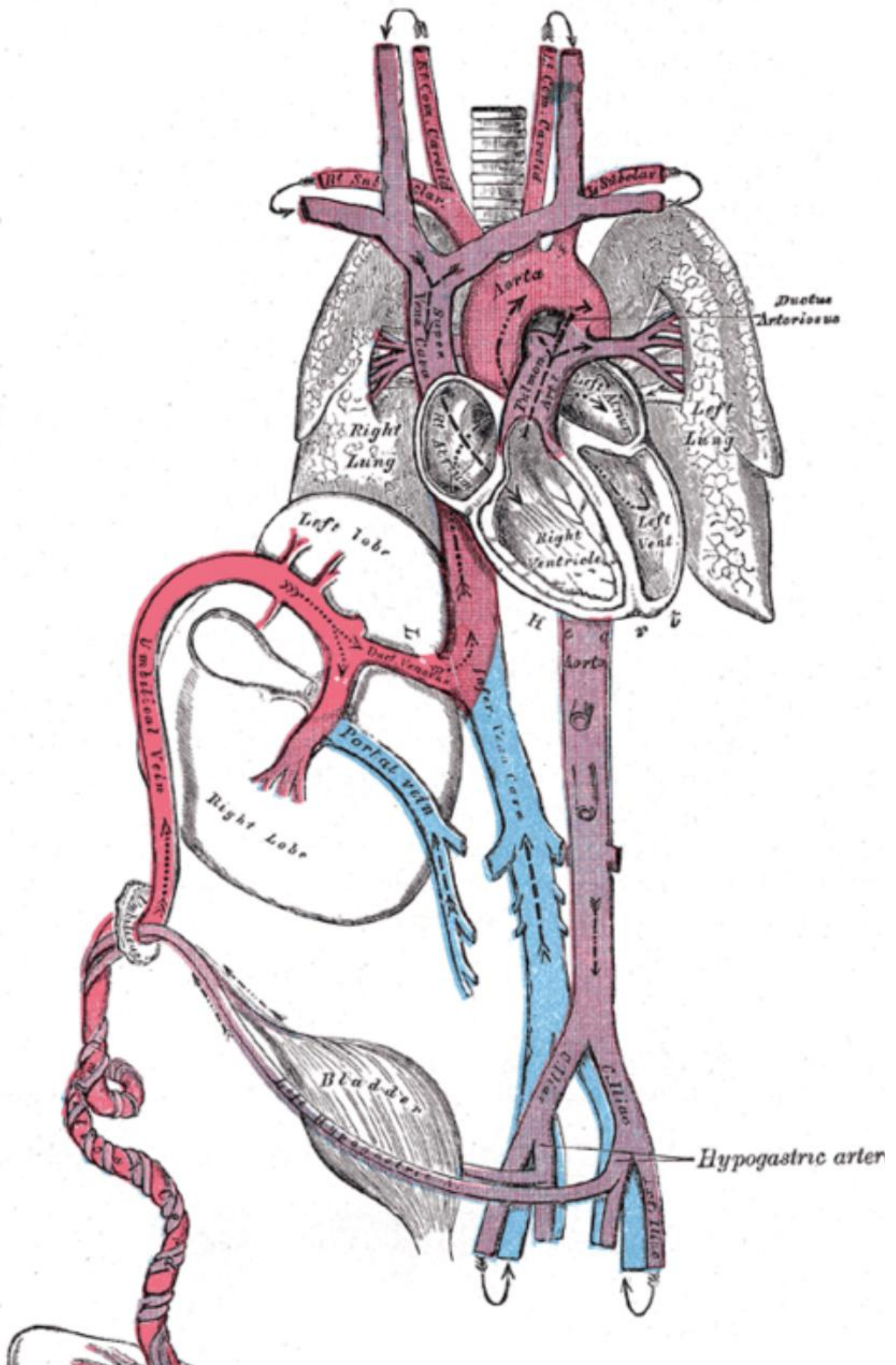
Newcastle upon Tyne: unable to answer as individual basis

University Hospital Derby & Burton: policy under review

Lewisham & Greenwich: "would refer to Kings"

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Feticides England & Wales 2021 by Gestation Week

