Reply to Editor

Sir: – We are grateful for the opportunity to reply to Dr Rowlands. The purpose of our report was to highlight some of the difficulties posed by late abortion, and to illustrate the serious paediatric problems faced by one infant after failed late abortion. This child has significant ongoing medical problems.

Our information regarding the procedures and drugs used was derived from the documentation sent to us by the clinic. The infant’s mother was clear in her belief that her child was thought to have died; if she misunderstood the information given, this would indeed suggest a failure of crisis counselling.

Long-term survival after failed late mid-trimester abortion must be exceptional, yet there is an urgent need for data pertaining to even short-term survival. If this correspondence achieves an increased awareness of the real difficulties facing parents and professionals, and even occasionally infants, it will represent a starting point from which an improved system can be developed.

P. Clarke¹, J. Smith², T. Kelly³, & M. J. Robinson⁴

¹Neonatal Unit, Norfolk & Norwich University Hospital, Norwich, NR4 7UY, UK
²Division of Neonatology, Tygerberg Children’s Hospital, University of Stellenbosch, South Africa
³Department of Obstetrics & Gynaecology, and ⁴Neonatal Unit, Hope Hospital, Salford, UK