

Ending a Wanted Pregnancy

Termination for medical reasons (TFMR)

You have made the heart breaking decision to end a wanted pregnancy. Whether you terminated your pregnancy for your own health or because your baby received a life-limiting or fatal diagnosis, we know that this is a completely devastating decision to make. We are so sorry and want you to know that *you are not alone*.

You may be experiencing a range of emotions. **Your feelings are valid**, and there are many ways to navigate this process.

There Are Many Ways to Give Birth

- **Medication**—Vaginal or oral medication can be taken at home or outpatient, causing your uterus to contract. You will experience what is worse than a heavy period, with severe cramping to labor pains.
- **Dilation and Curettage (D&C)**—An outpatient procedure in the first trimester, usually done under anesthesia, to dilate the cervical opening and gently remove the tissue within the uterus.
- **Dilation and Evacuation (D&E)**—An outpatient procedure, usually a 2–3 day process, done in the second trimester, most often under anesthesia, to dilate the cervical opening and gently remove the tissue within the uterus. While you cannot see the baby, in some cases you may ask to receive hand and footprints after the procedure. Please note: arrangements may need to be made for cremation or burial.
- **Labor and Delivery**—Medication is inserted into your vagina or through an IV to cause uterine contractions, and you will have a vaginal delivery.

Your Birthing Options Will Vary

These will be based on a variety of factors depending on what resources are available from your provider, the local hospital, the community, and your insurance. Working with a bereavement doula can be supportive once you receive the diagnosis and help you through the birthing process.

- Given that not all OB/GYNs offer termination of a pregnancy, you may be referred to an abortion clinic in your community, such as Planned Parenthood.
- Only a small percentage of OB/GYNs provide D&E services up until 24 weeks, so if you receive a diagnosis later in gestation, you will likely be referred to a facility that requires travel.
- Some parents will need to travel to a different state to legally have this procedure. This is a lot of pressure put on the parents to find services, when they are already under tremendous stress. Whether or not TFMR parents have to travel, legal barriers can contribute to parents ending a wanted pregnancy to experience the effects of trauma and isolation.

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Normal Responses after Loss

- Depressed mood, irritability, anger, or anxiety
- Feelings of insecurity, guilt, shame, and low self-worth
- Flashbacks to loss
- Inability to remember moments around the loss experience
- Inability to concentrate, recurring thoughts, being in a mental fog, or feeling disconnected from reality
- Feeling lethargic, unable to move, moving slowly, or feeling “keyed up” or jumpy
- Panic and anxiety related to health care visits
- Avoiding people or places that might remind you of your loss

Common Physical Symptoms

- Racing heart/rapid breathing
- Breast milk production (lactation)
- Tender breasts
- Uterine cramping and bleeding
- Nausea and vomiting
- Postpartum sweats
- Tiredness
- Difficulty sleeping
- Gaining or losing a lot of weight
- Loss of appetite

What Can Be Helpful

In the next few days and weeks . . .

- name your baby and say their name.
- ask for foot/handprints (if available).
- keep mementos of the pregnancy (e.g. ultrasound scans, baby clothes, toys).
- engage in a ritual or special practice to honor your pregnancy or baby.
- plan a memorial, cremation, or burial/ scatter ashes.
- meet your basic physical needs: eat, drink, sleep, move.
- ask relatives or friends for help with other needs—food delivery, chores, childcare.

In the following months . . .

- share the loss with family members and close friends.
- create an online or physical memorial, journal, or blog to share your story.
- join a virtual or in-person TFMR-specific pregnancy loss support group.
- seek perinatal bereavement support from a professional.
- limit time on social media.
- prioritize your self care.
- protect your physical health—move your body, sleep and rest, eat well.
- find ways to hold a relationship with your baby.
- create a special space in the baby’s honor in your home (may include pictures, mementos, urn, candles, etc.).
- make a plan as your due date approaches.
- make a donation in the baby’s name.



For more information, resources, and support, scan or visit [Janesroom.org](https://janesroom.org).

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