**Introduction**

When faced with a lethal fetal abnormality, the majority of patients opt to terminate the pregnancy. Some choose to continue and a suitable palliative care plan with a multidisciplinary approach is required in these cases.

**Cases**

- **The first case** was a case of Trisomy 18 where a palliative care plan was made. She attended in preterm labour at 35+6 weeks gestation and had an abnormal CTG. The couple opted to have a Caesarean Section. Although he passed away in the first week of life, the couple were satisfied that this was the best possible outcome for them.
- **The second case** was also a case of Trisomy 18. The couple attended for delivery planning where they expressed a desire to have an elective caesarean section due to a previous traumatic birth experience as well as to prevent intrapartum fetal distress. Shortly after this appointment there was an intrauterine fetal demise at 31 weeks gestation.
- **The third case** was a case of hypoplastic left heart syndrome for which the couple were aware that only palliative surgery could be offered. As they were committed to the pregnancy, they were referred to a tertiary unit for consideration of a Norwood procedure.
- **The fourth case** was a DCDA twin pregnancy with anencephaly in twin2. Termination of the pregnancy and selective reduction were discussed. The couple were committed to carrying on and considered organ donation of twin 2. An amniocentesis was done antenatally and she had an elective caesarean section at 37 weeks. Twin 2 passed away shortly after birth.

**Method**

Between January 2017-2018 we managed four pregnancies with a lethal abnormality where the parents opted not to have a termination of pregnancy.

**Conclusion**

In patients who are committed to pregnancies with lethal abnormalities, careful counselling of the couple is required regarding the management of potential complications and the ethical considerations involved.