

	<u>Originally Issued</u>	<u>Current Revision</u>
	2011	2013
Subject:		
Reproductive Policy		

Purpose:

To optimize the delivery of appropriate care to Obstetrical patients faced with medical ethical decisions. This policy will be supported by the “Consultation Process for Ethical Concerns” Administrative policy.

It is the policy of the Valley Hospital that abortions are not preformed at this facility. In the event that an abortion is required due to the severity of a patients’ medical condition (maternal, newborn or fetal), then the Consultation Process for Ethical Concerns will be implemented.

Guidelines:

1. Notification of the Director of OB and Family Care Services.
2. Notification of the Administrative Supervisor.
3. The Administrative Supervisor will notify the Chairs of the OB/Peds IDT and the President of the professional Staff.
4. The Administrative Supervisor with the assistance of the OB Director will complete an Ethics consultation request and approve the procedure on the medical and therapeutic indications as follows.
 - a. A medical condition where the life of the mother is in danger (reasonable proof of such a condition rests with the attending physician and consultant).
 - b. Fetal condition incompatible with life (verified medically through genetics studies and similar medical evaluation).
 - c. Newborn condition incompatible with life (i.e. turn off life support).

OB Director Responsibility:

1. Communicate this request approximately to the Administrative Supervisor, Risk Management and the Chief Nursing Officer.
2. The OB Director will investigate the concern and discuss with the Chairs of the Ob/Peds IDT.

3. If the procedure is approved at the Ethics Committee, then the Director of OB will prepare the OB Department for the procedure requested. A date for procedure will be scheduled on the OB unit.
4. All OB staff on all shifts scheduled to work the procedure date, affected ancillary departments (pharmacy, lab) and the Hospital Supervisor, will be called to notify them of the procedure and discuss their rights to care or not care for the patient during this procedure to adequately care for the patient.
5. The appropriate policy will be followed to support the procedure (Such as Intravaginal Prostaglandin policy for Induction of Labor – OB D-5)
6. The Director of OB will round and review the staff and patient as appropriate during and after the procedure and address concerns as necessary.

OB Staff:

1. Follow appropriate policy for the patient procedure requested (i.e. OB Policy D-5 Intravaginal Induction policy for Induction of labor for fetal demise or Fetal Condition Incompatible with life.
2. Compassionate care for the patient and the patient's family will be supported by all staff on OB. Notify the Hospital Supervisor if the patient/patient family request a room off OB and arrange transfer of the patient (delivered patient) using SBAR.
3. Notify the Hospital Chaplain and Case Management to arrange Bereavement support.
4. Offer patient education, memory boxes, funeral home materials as outlined in the policy best suited to this procedure (i.e. Fetal Demise < or > 20 weeks).