

- Facility: Walla Walla General Hospital
- System-wide Corporate Policy
- Standard Policy

Policy No: PC-002
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Department: Patient Care
Category/Section:
Manual:

POLICY/PROCEDURE: ABORTION

POLICY SUMMARY/INTENT:

To outline WWGH's philosophy and guiding principles on abortion, and the process that is followed when a request is received for intentional termination of pregnancy

DEFINITIONS:

1. **Age of Viability:** Viability means that stage of fetal development when the life of the unborn child may, with a reasonable degree of medical probability, be continued indefinitely outside the womb (20 weeks or greater gestation).
2. **Lethal congenital defect:** Those congenital defects that are incompatible with life; and have already, or, as evidenced by current U.S. medical experience, will most assuredly result in death *in utero*; or are of such severity that death is expected at the time of birth or shortly thereafter.
3. **Elective Abortion:** A legal abortion with or without medical justification.
4. **Incomplete Abortion:** Abortion in which some products of conception have been passed but a portion (usually the placenta) remains in the uterus.
5. **Induced Abortion:** Abortion brought on purposefully by drugs or mechanical means.
6. **Missed Abortion:** Abortion in which the fetus dies in utero but the product of conception is retained in utero for two months or longer.
7. **Spontaneous Abortion:** Abortion that has not been artificially induced.
8. **Threatened Abortion:** Cramplike pains and slight show of blood that may or may not be followed by the expulsion of the fetus during the first 20 weeks of pregnancy.

AFFECTED DEPARTMENTS/SERVICES:

Case Management, Emergency Center, Intensive Care, Medical Staff, Medical/Surgical, Nursing Supervisors, OB/Nursery, Spiritual Care, Surgical Services

POLICY: COMPLIANCE – KEY ELEMENTS:

A. *General Considerations*

1. The intentional interruption of pregnancy (induced abortion) involves complicated moral and ethical issues, which can have ongoing effects in those involved. Although no set of moral generalizations can substitute for individual conscience, as an institution we have established policies and procedures with the intent of protecting the sensitivities and conscience of our employees, other staff, and our community.
2. Abortion for social or economic reasons including convenience, gender selection, birth control or non-lethal congenital defects is institutionally prohibited.
3. If an abortion occurs after viability, the medical treatment, level of care and life support efforts for the infant is the same as provided any other infant.

4. Professional counseling regarding alternatives to abortion is offered.
 - a. A minimum period of twenty-four hours should elapse between counseling and the choice to proceed with an intentional termination of pregnancy.
 - b. Follow-up counseling/support options are offered to the woman, post procedure while still in the hospital, when applicable.
5. Gestational age is always confirmed by ultrasound (read by radiologist or perinatologist).

B. Medical Emergencies

1. When a medical emergency with significant imminent risk to the mother's life exists, an obstetrician may request an induced abortion.
 - a. Whenever possible, as time permits, a second opinion by another physician must be obtained.
 - b. The ethics committee and other appropriate committees review such incidents retrospectively.

C. Requests For Non-Emergent Induced Abortions

1. The Ethics Committee reviews all requests for compliance with the following criteria:
 - a. There is a non-emergent significant threat to the pregnant woman's life and/or health above and beyond those risks usually inherent in being pregnant.
 - b. The fetus has a confirmed lethal congenital defect.
2. Responsibilities of Requesting OB/GYN:
 - a. Provide documentation showing criteria has been met.
 - b. Provide another opinion.
 - (1) Second opinion is provided from one of the following:
 - (a) Diagnostic provider with special competence in the medical area in which the indications for the procedure reside.
 - (b) Geneticist.
 - (c) OB/GYN/Perinatologist
 - (2) A satisfactory opinion includes: review of the chart, a written report of findings and recommendations regarding medical necessity of termination of pregnancy and may include examination of the patient.
 - c. Submit written request, consultant report, and a copy of the office chart to the Vice President of Patient Care/designee for review by the Ethics Committee.
 - d. Offer counseling options to the woman considering termination of pregnancy.
 - e. Communicate committee's decision to the patient.
 - (1) When the request is approved by the Ethics Committee, and after 24 hours following counseling, an informed written consent is obtained from the patient per informed consent policy.
 - f. Contact the Director of Women's Services/designee to schedule the procedure. The informed consent document is provided.

D. Committee Review Process

1. A request for non-emergent termination of pregnancy is submitted for Ethics Committee review within one business day of the time the physician request and submission of required documentation.
2. The Ethics Committee chairperson is responsible for convening the committee and rendering the decision within two business days of the request.

3. The committee reviews the following:
 - a. Specifics of the physician's request.
 - b. Patient's chart from the physician's office, and the Medical Record, if the patient is hospitalized.
 - c. Consultant report.
4. Committee members may request any additional information they believe is necessary to reach a decision, including interview with the patient, and request for a perinatologist consultation. The Ethics Committee acts in accordance with the moral principles held by the Seventh-day Adventist Church and Adventist Health.
5. If a physician member of the Ethics Committee places the request, he/she is not allowed to convene with the Ethics Committee, as this is a conflict of interest. The committee chairperson may select an alternate physician who is expected to function as a regular voting member.
6. The chairperson is responsible for:
 - a. Verbally reporting the decision of the committee to the physician making the request.
 - b. Preparing a written report within 72 hours to be maintained in the committee files.
7. Retrospective review of abortion due to medical emergency is done at the next scheduled meeting of the Ethics Committee.

E. Scheduling of Pregnancy Termination

1. The Nursing Director of Women's Services/designee is responsible for communicating appropriate specifics to patient care staff that are assisting the physician. Patient care staff members have the right to request that they not participate in the procedure. Adequate time (no longer than 24 hours) is permitted to seek staff replacement.
 - a. No WWGH employee is required to directly participate in an intentional termination of pregnancy if the employee has filed a written statement with WWGH indicating a moral, ethical, or religious basis for refusal to participate in such a procedure. Such refusal does not jeopardize employment.
 - b. The above does not apply to medical emergency situations and spontaneous abortions. In an emergency situation, or spontaneous abortion, when the patient's life is endangered, the nurse is expected to assist.

F. Record Keeping and Chart Review

1. The hospital maintains a record of abortions in the OB and OR log. The record includes:
 - a. Date
 - b. Provider
 - c. Procedure performed
 - d. Reasons for procedure
 - e. Gestation at the time procedure was performed
 - f. Method of termination
2. An annual statistical report of requests for intentional termination of pregnancy (whether approved or denied) is made to the OB/Nursery Medical Staff Committee by the Director of Women's Services and presented to the Board of Directors by the Vice President of Patient Care.
3. Physician Record Requirements – Factual, objective, chronological record of events.

REFERENCES: "Interruption of Pregnancy", Hanford Community Medical Center
 "Interruption of Pregnancy", "Lethal Congenital Defect, Definition of", "Termination of Pregnancy – Review Subcommittee Deliberation/Report", "Termination of Pregnancy – Request to Perform Procedure", Review Subcommittee Composition", "Perinatologist Requirements – Relative to Termination of Pregnancy Requests", "Termination of Pregnancy Perinatologist Written Opinion Regarding Lethal Congenital Defects", Simi Valley Hospital and Health Care Services
 "Deliveries, Sterilizations, Abortions – Abortion Policy", Walla Walla General Medical Staff Rules & Regulations
 "Termination of Pregnancy", Adventist Medical Center
 "Interruption of Pregnancy", Ukiah Valley Medical Center
 "Abortion: Ethical Issues and Options", "Abortion Guidelines, Annual Council of SDA's 10/92", "Abortion Guidelines for Adventist Healthcare Facilities for Intentional Term of Pregnancy, 11/89 Draft", Edited by David R. Larson, Loma Linda University, Center for Christian Bioethics, Loma Linda, California
 "Care of Patients – Abortion", Florida Hospital
 WAC Codes RCW 9.02.170, RCW 70.58.150, RCW 78.160, (WAC 246.491)
 JCAHO Guidelines HR 6-6.2

AUTHOR: Women's Services Director

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 Bylaws/Credentials Committee – 02/03
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REVISION:

POLICY HISTORY:

ATTACHMENTS: None