

DEACONESS HOSPITAL – SPOKANE, WA					
Policy/Procedure Title	Pregnancy Termination Policy	Manual Location	Administrative Policy Manual P & P Intranet - Administration		
Policy #	3.0205	<i>Original</i>	5/2012	Pages	Page 1 of 3
		<i>Current</i>	10/2013		
Department Generating Policy	OB-GYN Committee Physicians and Ethics Committee				
Affected Departments	All Nursing Care Units				
Author (if applicable)	Ann Seaburg, RN	<i>Dept/Title</i>	W & C Services Director 5/12		
Dept / Committee Review	OB GYN Committee	<i>Date/Title</i>			
Dept / Committee Revision	OB GYN Committee	<i>Date/Title</i>	5/2012		
Executive Approval	Carol Evans, Director/VP CS Patti Bennett	<i>Date/Title</i>	5/2012 Interim CNO 11/2013 CNO		
Medical Staff Approval	Ethics Committee Dr. Espinoza Medical Executive Committee Board of Trustees	<i>Date/Title</i>	5/2012, 10/2013 Ethics Comm Chair		

POLICY:

Elective abortion of normal pregnancy is NOT allowed in Deaconess Hospital.

The conditions below have been approved for termination without further consultation, **with the exception of those conditions marked with (**), which require further Ethics Committee consultation/approval.**

Lethal Fetal Conditions:

1. Anencephalus and other CNS abnormalities incompatible with life from early stage in newborn period.
2. Complex congenital heart abnormality incompatible with life, despite non-experimental therapeutic medical-surgical procedures currently available in the medical field.
3. Bilateral renal agenesis.
4. Severe Oligohydramnios due to:
 - a. Bladder outlet obstruction, non-candidate for intrauterine intervention (shunt/cystoscopic decompression).
 - b. Bilateral Polycystic Renal disease.
 - c. Bilateral Multicystic Kidney disease.
5. Constellation of fetal structural abnormalities that will end in very early neonatal death, i.e.:
 - a. Body Stalk anomaly
 - b. Limb Body Wall Complex.
6. Lethal aneuploidy.
7. Severe fetal malformation that may be considered incompatible with life.
8. ****Severe medical impairment, as judged by two medical experts.**

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Maternal Conditions that may lead to maternal death should pregnancy be continued:

1. Severe Pulmonary Hypertension
2. Cyanotic Cardiac conditions with right to left shunt.
3. Uncorrected Marfan syndrome with Aortic root dilation > 4 cm.
4. Any other medical/surgical condition where the life of the mother is in imminent danger.
5. ****Any other medical / surgical condition with the potential for imminent danger, as judged by two medical experts.**

Obstetrical Conditions that may lead to maternal death should pregnancy be continued:

1. Previabile PPROM < 24 weeks Gestational Age (G.A.).
2. Severe preeclampsia < 25 weeks G.A.
3. Hourglass membranes < 24 weeks G.A. / Bulging bag of water < 24 weeks G.A.

See Termination of Pregnancy Request for Consultation by Ethics Committee on next page.

Orig. 5/2012 Key Search Words: termination, pregnancy termination, termination of pregnancy
Dept/Date **1st** **2nd** **3rd** **4th** **5th** **6th** **7th**
Reviewed 11/2013
Ethics
Comm
Chair
Revised

**REQUEST FOR ETHICS COMMITTEE CONSULTATION FOR
TERMINATION OF PREGNANCY**

Patient Medical Record # _____

SECTION I

Requesting Physician: Specific reason for request of termination of pregnancy:

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SECTION II

CONSULTANT: Conclusion / Recommendation:

Approved **Not Approved**

Comments: (Use back of form if necessary):

Signature: _____

Date: _____

Print Name: _____

PROCEDURE GUIDELINES: (When Ethics Committee Consultation is required):

1. Request for Termination of Pregnancy Form – may be obtained from the Medical Staff Office, Ethics Committee chairperson, or the director of Labor & Delivery.
2. Requesting Physician completes Section I; “Reason for Request for Termination of Pregnancy”.
3. Once initiated, and prior to actual consultation, requesting physician will provide copy of form (with Section I completed) to participating Ethics Committee Consultant(s). If sending by fax, use “confidential” cover sheet and all necessary precautions to protect confidentiality.
4. Schedule meeting or conference call between requesting physician and participating Ethics Committee consultant(s).
5. Following consultation, Ethics Committee consultant(s) complete Section II, “Conclusions / Recommendations and Comments” and submit to Medical Staff Office.
6. Documentation will be kept with the OB-GYN IDT minutes.