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.
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.
7. Severe fetal malformation that may be considered incompatible with life.
8. **Severe medical impairment, as judged by two medical experts.**
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. Preivable 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.
REQUEST FOR ETHICS COMMITTEE CONSULTATION FOR
TERMINATION OF PREGNANCY

Patient Medical Record # ______________________

SECTION I

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

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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.