

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PREGNANCY TERMINATION

POLICY NO. 357

**PURPOSE:**

The Department of Obstetrics and Gynecology is dedicated to providing a full spectrum of health care services to women, and to the instruction of residents in all aspects of this care.

**POLICY:**

As providers of women's complete health care, The Department of Obstetrics and Gynecology offers pregnancy termination as a medical or surgical procedure.

The provision of pregnancy termination services is a collective responsibility of the department and all its members. It is expected that each member will contribute to patient care within the limits that conscience allows, and will appreciate the importance of colleague relationships and the fair distribution of workload. Patient safety and psychological well-being is of paramount importance in all of our actions and contacts with our patients. Matters of conscience should not prevent anyone from providing emergent or urgent medical care.

The medical center has the responsibility to provide appropriate medical care to its patients. There are certain portions of the facility in which patients seeking termination of pregnancy are likely to be treated. It is reasonable to anticipate that conflicts of conscience may arise in these areas. Administrative personnel may be expected to have a contingency plan so that patient care is not interrupted or delayed in the event of a staff member's refusal to participate. The plan must be clear and must be available to the physicians and nurses directly responsible for the patient.

So that department and hospital supervisors have a clear idea of the human resources available to them, personnel who are likely to be hired for, or assigned to, areas in which pregnancy terminations are performed, may be asked to indicate areas of care about which they hold reservations.

It is appreciated that even those whose beliefs preclude direct participation in a termination may be able in good conscience to provide indirect or supportive care.

**EFFECTIVE DATE:** 5/94  
**REVISED:** 2/05, 3/14, 10/17  
**REVIEWED:** 12/98, 2/02, 4/10, 3/14, 10/17  
**REVIEWED COMMITTEE:** N/A

**SUPERSEDES:**

**APPROVED BY:**

  
Kim McKenzie, RN, MSN, CPHQ  
Chief Executive Officer

  
Anish Mahajan, MD  
Chief Medical Officer

  
Patricia Soltero Sanchez, RN, BSN, MAOM  
Chief Nursing Officer

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**PATIENT OPTIONS:**

Patients must be counseled before a pregnancy termination is offered. Within our institution, counseling and lists of resources are available through the Clinical Social Work Department or OB/GYN Department. Patients referred from outside the institution will have some variation in the extent of their counseling, and the treating physician must inquire. The physician is ultimately the individual responsible to be sure that appropriate counseling has been offered and that the patient's informed consent has been obtained. For patients seeking terminations, appropriate counseling would include:

- The option to continue the pregnancy, and keep the baby.
- The option to continue the pregnancy, and terminate parental rights through adoption.
- The option to seek termination elsewhere.
- The most appropriate timing for the procedure.
- The most appropriate hospital location.

After counseling, a decision will be made by the physician responsible for the patient's care as to when and whether a termination can be arranged. If this is not satisfactory to the patient, then a referral will be offered.

**CONSENT:**

One reference on informed consent is the current Consent Manual published by the California Association of Hospitals and Health Services. This is available through the Medical Records Department.

In the case of patients who may be under the influence of alcohol or other drugs, one should wait as with any surgical procedure, until the physician feels certain that the patient has a good understanding of the procedure, including risks and alternatives, has had sufficient time for reflection, and is not intoxicated.

**PROCEDURE:**

Several procedures are available for pregnancy termination. The choice of procedure depends on physician availability and capability, gestational duration confirmed by exam and ultrasound, and patient's clinical condition.

**MEDICAL TREATMENT FOR THE FETUS PREMATURELY BORN ALIVE:**

A fetus prematurely born alive in the course of an abortion shall be treated the same as any fetus of similar medical status prematurely born spontaneously with comfort care measures only.

**HANDLING OF THE PRODUCTS OF CONCEPTION:**

The placenta and the stillborn or deceased fetus are to be collected and transported to the Department of Pathology in a dignified manner, using the patient's identifying information and observing appropriate precautions for handling of tissue and body fluids. If the patient wishes to touch or view the fetus for a period of time, or to retain some memento of the pregnancy, this is acceptable. The patient will be respected and supported in dealing with grief and loss.

Developed by: Department of Obstetrics and Gynecology

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VALUE STATEMENT:

This medical center is respectful of the beliefs of its employees, affiliated personnel, and patients. No employee nor staff member will be disciplined for refusing to participate in a pregnancy termination if a written statement with the hospital indicating a moral, ethical or religious basis for the refusal has been filed.

EMPLOYEE OR MEDICAL STAFF MEMBER STATEMENT RELATING TO PREGNANCY TERMINATION

I. I AM PREPARED TO HELP WITH:

	First trimester	Second trimester
Terminations for non-viable pregnancies	[ ]	[ ]
Terminations for fetal anomalies	[ ]	[ ]
Terminations for sexual assault/incest	[ ]	[ ]
Terminations for life/health of the patient	[ ]	[ ]
Terminations that are requested by the patient	[ ]	[ ]

II. SPECIFIC AREAS OF DISCOMFORT:

III. INDIRECT OR SUPPORTIVE CARE ONLY:

[ ] I, the undersigned, an employee or medical staff member, or prospective employee or prospective medical staff member, of Los Angeles County Harbor-UCLA Medical Center, request that during the course of my employment by the hospital or medical staff membership I not be assigned to duties involving direct participation in the initiation, induction or performance of an abortion on a patient in this hospital. This statement is made because of my moral, ethical, or religious beliefs relating to such procedures.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_