LAC+USC MEDICAL CENTER POLICY

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				238		
PREGNANCY TERMINATION		Supersedes:		Effective Date:		
			4/12/16	5/	17/1	9
Departments Consulted:	Reviewed & Approve		Approved by:			
Obstetrics and Gynecology	Attending Staff Association		(Sigi	(Signature on File)		
Pediatrics, Newborn Division	Executive Committee		Chief	Chief Medical Officer		
Nursing Services	Senior Executive	Council				
Clinical Social Work			(Sigi	(Signature on File)		
Ethics Committees, FIC and Adult			Chief E	Executive C)ffice	r

PURPOSE

To provide criteria for the termination of pregnancy.

DEFINITIONS

Pregnancy: The human reproductive process, beginning with the implantation of an embryo.

Abortion: Any medical treatment intended to induce the termination of pregnancy except for the purpose of producing live birth

Right to abortion: The state may not deny or interfere with a woman's right to choose or obtain an abortion prior to viability of the fetus or after viability when the abortion is necessary to protect the life or health of the woman

Viability: Defined under California law as the point in a pregnancy when, in the good faith medical judgement of a physician, on the particular facts of the case before that physician, there is little reasonable likelihood of the fetus' sustained survival outside the uterus without the application of extraordinary medical measures.

Live Birth: The complete expulsion or extraction of a product of conception (irrespective of the duration of pregnancy) which breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definitive movement of voluntary muscles.

POLICY

- Pregnancy termination at the request of a patient with decision-making capacity, or the
 patient's surrogate decision-maker, will be performed at LAC+USC Medical Center in
 circumstances where in the good faith medical judgement of the responsible provider
 performing the procedure, consistent with the California Law, has determined either of the
 following: the fetus is nonviable or previable; OR the procedure is necessary to preserve the
 life and/or health of the mother at any gestational age
- The rights to medical treatment of an infant prematurely born alive in the course of a pregnancy termination shall be the same as the rights of an infant of similar medical status prematurely born spontaneously. Please refer to Threshold of Viability policy.

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- Prior to any pregnancy termination procedure, an informed consent will be obtained and documented.
- Women requesting pregnancy termination will be offered counseling services by Clinical Social Work, Spiritual Care Services, or the Department of Psychiatry, if requested, prior to initiating the procedure.
- All applicable provisions of law and regulation concerning conscientious objection of members
 of the staff will be followed. Each department and discipline involved in pregnancy termination
 has the responsibility to provide appropriate medical care to its patients when individuals do
 not participate in patient care for reasons of conscience.
- The Fetus, Infant and Child (FIC) Ethics Committee and the Ethics Resource Committee are available for consultation when conflicts arise surrounding the provision of pregnancy termination services to patients.
- Pregnancy terminations which take place after viability will be referred to the Department of Obstetrics and Gynecology Clinical Council for review of appropriateness and follow-up actions.

PROCEDURE

- All patients seeking pregnancy termination for fetal anomalies or genetic disorders must be evaluated by the Maternal Fetal Medicine Division.
- Gestational age will be determined by the first day of the last normal menstrual period and by ultrasonography. If there is a disagreement between estimated gestational age by these methods, then the results of the sonographic imaging will be determinative.
- During the process of obtaining informed consent, the physician will discuss the relative risks, benefits and alternatives relating to the specific pregnancy termination procedures being offered. The physician will discuss the possibility of a live birth when this possibility exists.
- The physician shall make a gross examination of the specimen and the specimen will be disposed of in accordance with hospital policy and state law.
- Specific pregnancy termination procedures and locations will be limited to those described in departmental protocols. Such protocols will be based on accepted medical standards as determined by periodic review of the relevant medical literature and in accordance with California Code of Regulations.

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RESPONSIBILITY

Attending Staff
Housestaff
Nursing Staff
Clinical Social Work
Spiritual Care Department

PROCEDURE DOCUMENTATION

Departmental policy and procedure manuals

<u>REFERENCES</u>

DHS Policy No. 333, Guidelines for Pregnancy Termination
DHS Expected Practices on Pregnancy Termination, February 1, 2015
California Health & Safety Code: Reproductive Privacy Act

REVISION DATES

September 13, 2011; April 12, 2016; May 17, 2019

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