# ARTICLE X

# ABORTION

Elective abortions will not be performed in this Hospital.

10.1 Termination of Pregnancy - Obstetrical Consult Committee

Abortions (or inductions of labor without intent to resuscitate if necessary), shall be considered obstetrical and gynecological procedures which shall be supervised by the Department of Surgery, Obstetrics and Gynecology Section, which will establish criteria for approval by the Medical Staff Executive Committee.

No abortions (or inductions of labor without intent to resuscitate if necessary) shall be performed except for cases involving fetal anomaly or to preserve the life or health of the mother, and as allowed by law.

10.1.-2 Criteria for Termination of Pregnancy

Terminations of pregnancy may be performed in the event the attending physician determines the existence of an emergency in which there is an imminent danger to the life of the mother. In such cases, a second medical opinion confirming the existence of the emergency is desirable, but is not required if the nature of the emergency makes it impractical to obtain. In non-emergent cases, a termination of pregnancy may be performed for the following: Confirmed cases of a fetal anomaly incompatible with life: anencephaly, trisomy 13, trisomy 18, pre-term rupture of membranes at twenty (20) weeks or less with signs and symptoms of infection, renal agenesis, or infantile polycystic kidneys (subject to change as recommended by the Obstetrical Consult Committee and as approved by the OB/GYN Section from time to time.) A semi-annual review will be completed by the OB/GYN Section Head and the Obstetrical Consult Committee. This information will be presented to the Values & Ethics Committee annually

In any other case involving risk to maternal health or life, or a fetal anomaly, any physician desiring to perform an abortion (or induction of labor without intent to resuscitate if necessary) shall first refer the case to the Obstetrical Consult Committee for review and approval.

10.1.-3 Obstetrical Consult Committee

(a) The Obstetrical Consult Committee shall consist of members as follows:

1. A pediatrician in good standing on the Active Medical Staff, appointed by the Medical Staff President;

2. The OB/GYN Section Head or designee from the section; and, the following persons appointed by the President of the Hospital:
3. A representative from Legal Services/Risk Management;
4. An obstetrical nursing representative;
5. An administrative representative
6. A Pastoral Care representative;
7. A Medical Ethicist (if available and deemed by the committee to be necessary or desirable) on a non-voting, consultative basis;
8. Chair of the Values & Ethics Committee or designee

(b) Every member of the Obstetrical Consult Committee shall name a designee or alternate to serve in the event of their unavailability.

(c) The OB/GYN Section Head shall serve as Committee Chair. At least five (5) members of the committee are necessary to conduct the meeting.

(d) The Obstetrical Consult Committee shall function under the general authority of the Department of Surgery, OB/GYN Section, and its decision shall be reviewed by the Quality Improvement Council, and be reported to the Values & Ethics Committee.

(e) The physician desiring to terminate a pregnancy under Section 10.1.-2 shall request a meeting by the Obstetrical Consult Committee through either the Section Head of OB/GYN, the Chair of the Values & Ethics Committee or the Executive Vice President or designee, who shall notify the members of the committee and schedule a meeting within 72 hours of receipt of the request for a meeting. However, if it appears that the case involves a clear risk to the life of the mother, or a fetal anomaly clearly incompatible with life, a meeting by conference call of a quorum of committee members may be held, at which the members may, by a majority vote, authorize the termination of pregnancy without conducting a formal meeting.

(f) At the meeting (if one is held) the attending physician shall be present and shall submit such information as the committee deems necessary, including any relevant medical consults, to adequately explain the circumstances of the case. If appropriate, the patient and, if applicable, her partner and/or close family member, may attend the meeting to provide additional information. Upon the conclusion of the meeting, the committee shall consider the information presented, and render a decision based on such information and the following relevant considerations:

(1) Gestational age of the fetus and the anomaly or maternal health issue involved;
(2) Economic circumstances;

(3) Religious and cultural preferences of parents;
(4) Quality of life (of all parties involved);
(5) Alternative resources and/or options available in the community;
(6) Accepted or appropriate medical standards; and legal, contractual and institutional policy issues.

(g) The committee shall render its decision within twenty-four (24) hours of the meeting and shall communicate its decision verbally and in writing to the attending physician. A simply majority vote of the committee members at a meeting at which a quorum is present is sufficient to reach a decision.

If the decision is to authorize the termination of pregnancy, the attending physician may schedule the procedure immediately upon receipt of verbal notice of the decision. If the decision is not to authorize the termination, the attending physician will be immediately advised by telephone by the Chair of the committee and, if desired, a representative from the committee will meet with the attending physician and, if appropriate, the patient to discuss the reasons for denying the procedure. It shall be stressed to the patient that the decision of the committee is not reflective of the patient's wishes or preference, but simply a reflection of institutional policy.

10.1.-4 Physicians Performing Terminations

All physicians performing terminations of pregnancy must have appropriate privileges granted by the Department of Surgery, Obstetrics and Gynecology Section and is qualified to identify and manage the complications that may arise from the procedure.

Physicians performing terminations should refer to and comply with Ohio law concerning parental notification for minors and the provision of educational materials concerning abortion alternatives.

Any physician who knowingly violates any provision of Article 10.1 through Article 10.3 shall be subject to corrective action as set forth in the Medical Staff Bylaws.

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