



TITLE

TERMINATION OF PREGNANCY

SCOPE

Provincial

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Vice President, Quality & Chief Medical Officer

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide a policy for the safe performance of **surgical** and **medical termination of pregnancy** and to provide direction concerning respectful care of **patients** (women) who seek pregnancy termination.

PRINCIPLES

Consistent with its mission, vision and values, Alberta Health Services (AHS), as a publicly-funded provider of maternal-child health services, has a responsibility and commitment to provide the best possible health care to patients and families. This responsibility extends to providing reliable timely access to termination of pregnancy counseling and services, to patients within the province who request them, in circumstances that meet the specific criteria stipulated in this policy.

AHS respectfully acknowledges that the decision to terminate a pregnancy may be difficult for a patient and her family, but also acknowledges that the decision to terminate is the patient's and the degree of involvement of her family is for her alone to decide. During this difficult time, **health care professionals** will strive to provide care that is reflective of compassion and dignity and acknowledges the diversity of opinions concerning pregnancy termination.

Support for patients making a decision about ending a pregnancy will be based upon assessment of the wishes and needs of the patient. Due recognition should be given to personal, cultural, racial, ethnic and religious differences and sensitivities regarding this decision, but this recognition must not extend to voiding any of the provisions of this policy, nor to any action in contravention of Canadian Law.

Diagnosis of pregnancy and appropriate management should be determined early because the risks of complications of termination of pregnancy are lowest in early pregnancy. There should be timely access to the provision of termination of pregnancy services.

The safety and effectiveness of surgical and medical termination of pregnancy procedures are affected by the fetal gestational age. Termination of pregnancy should, in general, occur prior to 21 weeks and zero (0) days gestational age. Only in exceptional circumstances should termination of pregnancy occur at greater than 21 weeks and zero (0) days gestational age and additional consideration and action are required as outlined in this policy.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in Women's Health.

Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process.

ELEMENTS

1. Counselling

- 1.1 Comprehensive, non-directive counselling before pregnancy termination must be offered to the patient (and partner/family, if she chooses). If accepted, the **most responsible health practitioner** will endeavour to facilitate the availability of counsellors of the patient's choice.
- 1.2 In termination for fetal anomaly, reproductive counselling must be available to all patients before and after the termination procedure regarding the precise diagnosis and the prognosis for recurrence in subsequent pregnancies.

2. Consent

- 2.1 The most responsible health practitioner is responsible to obtain consent as described in the AHS *Consent to Treatment/Procedure(s)* Policy, before any **treatment/procedure(s)** occurs.
- 2.2 Throughout this process, the most responsible health practitioner must provide the patient with such medical information as she reasonably needs or requests, and this information must be given in terms which she will understand.
 - a) The scope of information should encompass all available options for the pregnancy including, but not limited to, termination, and should specifically include information about neonatal palliative care, where applicable.

- b) Should the patient request additional, non-medical, information, every effort should be made by the most responsible health practitioner to ensure that the request is met.

2.3 Termination of pregnancy is a decision of the patient and is made with support from the most responsible health practitioner. It is the responsibility of the health practitioner to provide the patient with all the available options.

3. Privileges

3.1 For hospitals and accredited non-hospital surgical facilities under the jurisdiction of Alberta Health Services, only physicians who have appropriate privileges shall perform termination of pregnancy.

4. Codes of Conduct

4.1 Health care professionals have an obligation through professional standards of conduct and through the AHS *Code of Conduct* and the AHS *Consent to Treatment/Procedures* Policy to ensure that persons in their care have the information they need to make informed decisions.

4.2 All those who provide care or services or who act on behalf of Alberta Health Services should treat the patient with respect, compassion, dignity and fairness. Physicians providing care for patients choosing termination of pregnancy, their personal moral and religious beliefs notwithstanding, shall at all times act in the best interest of their patient.

4.3 No health professional who provides direct patient care shall be compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.

5. Gestational Age Prior to 21 Weeks and Zero (0) Days

5.1 Termination of pregnancy should be limited to gestational age of prior to 21 weeks and zero (0) days and will occur in facilities with appropriate resources and supports to address potential complications.

6. Gestational Age Greater Than 21 Weeks and Zero (0) Days

6.1 Pregnancies greater than 21 weeks and zero (0) days of gestation require additional consideration and action. Extra care should be taken to review all measures of gestational age to ensure accuracy. Termination of pregnancy at a gestational age greater than 21 weeks and zero (0) days will be offered and provided in circumstances where at least one of the criteria below are met; and, the requirements around consultation, location, palliative care, and the choice of post-mortem exam as described in 6.2, 6.3, 6.4, and 6.5 are met.

a) Maternal Interests Criterion –

Where continued pregnancy may pose a serious threat to the health of the patient, including her psychological health.

b) Fetal Anomaly Criterion –

At gestational ages of less than 24 weeks, where there is reliable evidence of a **serious congenital or genetic disorder** that is expected to interfere in a substantive way with the quality of life of the born individual, or there is a significant risk of having a serious disorder for which precise prenatal diagnosis is not available.

c) Profound Fetal Abnormality Criterion –

Where there is reliable evidence of a fetal anomaly or abnormalities, or there is a maternal condition or pregnancy complication such as severe pre-term intrauterine growth restriction, or pre-term premature rupture of membranes at pre-viable gestation, that severely impacts the fetus such that the fetus has a low probability of intact fetal survival, or is expected to progress to fetal or infant death; and/or long-term major pain and suffering; and/or severe permanent cognitive and/or physical disability.

d) Fetal Reduction Criterion –

Where multiple pregnancies have been diagnosed and it has been determined that fetal reduction will significantly decrease the likelihood of maternal perinatal mortality/morbidity or in circumstances of multiple pregnancy, where one or more of criteria listed above are met for one or more but not all the fetuses.

6.2 Consultation –

The documented opinion is required of a second physician to confirm that at least one of the criteria in section 6.1 is present. The second physician must be from a site designated by Alberta Health Services to provide termination of pregnancy services at greater than 21 weeks and zero (0) days gestation. If feasible, the consultation should be with a maternal fetal medicine specialist, neonatologist, or other specialist with expertise relevant to the health risk in question. The specialist could be a general obstetrician with expertise managing the type of pregnancy complications at issue.

6.3 Location –

The termination of pregnancy procedure must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy. Termination of pregnancy planned after **potential viability** will occur only in a tertiary care hospital.

Note: Patients who undergo medical initiation for termination of pregnancy may go home until contractions begin.

6.4 Palliative Care –

For terminations after 21 weeks and zero (0) days there must be careful consideration and documentation concerning a “do not resuscitate” order in anticipation of a possible live birth. Comfort measures and palliative care should be provided. In some circumstances, in order to reduce suffering where intervention is necessary to terminate the pregnancy after 21 weeks and zero (0) days, patient and the most responsible health practitioner may consider the option of induced fetal cardiac arrest prior to initiating the termination procedures.

6.5 Consider Post-mortem Examination –

Strong consideration must be given to obtaining consent for a post-mortem examination (including examination of the placenta) in all cases of termination of pregnancy after 21 weeks and zero (0) days involving fetal anomaly or genetic disorder, in order to advance understanding of the disorder and to corroborate appropriate decision-making. Nevertheless, there must be careful recognition of important personal, cultural, and religious differences and sensitivities about this issue.

7. Follow up

- 7.1 Provision must be made for effective medical follow up, including after-hours care, of patients following termination of pregnancy.
- 7.2 Bereavement support and follow up must be offered to the patient and her partner/family.
- 7.3 Follow up must incorporate outcome-based quality assurance review.

8. Request Declined

- 8.1 For a patient whose request for termination of pregnancy has, for whatever reason, been declined, there is a requirement for full disclosure of the options available outside of Alberta.

DEFINITIONS

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Medical termination of pregnancy means termination of pregnancy is achieved through the use of oral, vaginal, or intravenous medications to initiate uterine activity/labour and vaginal delivery, under the guidance or direction of a physician.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Potential viability means, for the purposes of this policy only, a fetus of gestational age greater than or equal to 22 weeks and zero (0) days and which is likely to proceed to a live birth.

Serious congenital or genetic disorder means genetic (inherited or at the time of conception) or structural birth defects (malformations, deformations, disruptions) in certain organ systems (i.e., central nervous system, cardiac, respiratory, renal, gastrointestinal, musculoskeletal) that result in significant morbidity (with major quality-of life-limitations) or mortality, during the newborn period or childhood.

Surgical termination of pregnancy means termination is achieved through operative procedures with cervical dilatation and then surgical techniques to empty the uterine cavity through the cervix and vagina. In rare circumstances, hysterotomy may be required.

Termination of pregnancy means medical termination of pregnancy and/or surgical termination of pregnancy.

Treatment/procedure(s) means a specific treatment, investigative procedure(s), or series of treatments/procedures planned to manage a clinical condition.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Code of Conduct*
 - *Consent to Treatment/Procedure(s) Policy (#PRR-01)*
- Non-Alberta Health Services Documents:
 - *Induced Abortion Policy* (Canadian Medical Association)
 - *Clinical Practice Guideline: Induced Abortion Guidelines* (Society of Obstetricians and Gynecologists of Canada)

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Alberta Health Services gratefully acknowledges the IWK Health Centre, Halifax for sharing information related to policy, principles and values for termination of pregnancy.

VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item