

PROTOCOL #24 - Maternal Fetal Medicine, University of New Mexico

SECOND TRIMESTER PREGNANCY TERMINATIONS

I. Background

This protocol is for the management of an induced abortion to terminate a pregnancy beyond eighteen (18) weeks menstrual age or fundal height greater than 18 cm. According to the CDC, an induced abortion is a procedure intended to terminate an intrauterine pregnancy and to produce a non-viable fetus at any gestational age.

II. Admission considerations -

1. Prior to the procedure it is the physician's responsibility to:
 - a. provide the patient with a full explanation of the procedure,
 - b. obtain specific informed consent form for pregnancy terminations and have the patient sign it.
2. Ultrasound evaluation for gestational age will be performed on all pregnancies in order to assist in fetal age determination. Elective terminations will not be performed at ≥ 24 weeks.
3. If termination at ≥ 24 weeks is indicated for maternal or fetal reasons, at least 2 attendings must sign a letter of intent.
4. Charge nurse in L & D should be notified in advance to assure adequate nursing care.
5. The primary physician will be responsible either for attending the delivery or for having another faculty member who is agreeable, to attend the delivery.

III. Documentation

The medical record should reflect the diagnosis and reason for the pregnancy termination. In addition, a dated and timed procedure note will be described in detail and be placed on the progress notes of the medical record indicating all procedures performed, the time of the passage of the fetus, the time of the passage of the placenta, the estimated blood loss, and any complications.

IV. Method

The specific choice of a method by which to terminate a second trimester pregnancy is a judgment decision of the attending physician, taking into consideration gestational age, the status of the fetus, uterine size, and cervical assessment. The following is the method to be utilized by the Department of OB/GYN.

1. Following admission procedures, the physician will initiate the protocol with instillation of KCl (2-5 meq intracardiac, intrathoracic, or intravascular).
2. Once fetal cardiac activity is noted to be absent, Prostaglandin E₂ or misoprostol suppositories will be administered intravaginally every 3-4 hours until fetal products are expelled.
3. If by 24 hours the patient has not yet expelled the fetus, pitocin augmentation may be initiated at the discretion of the attending physician. If pitocin augmentation is instituted, this should be at least three hours after the last prostaglandin E₂ suppository. IV pitocin and prostaglandin suppositories should

PROTOCOL #24 - Maternal Fetal Medicine, University of New Mexico

not be used simultaneously.

4. At the discretion of the attending obstetrician, an aborted fetus that shows signs of life could receive an immediate evaluation by a neonatologist. Notification of the neonatologists may be made by the nurse, the resident, or the attending physician. In the event of a live birth, the office of Clinical Staff Affairs must be notified.

V. Administrative Procedures

1. An abortion is not a birth. If there is no evidence of life, a fetal death certificate should not be completed, and an entry should not be made in the delivery log. Terms such as "delivery" or "stillbirth" on an abortion record are inappropriate.
2. An induced abortion which results in a live-born infant must be considered from both the newborn and maternal perspectives. An infant showing any signs of life such as a heart beat or voluntary movement must be treated as any other live birth. A birth certificate should be completed, and in the space on the birth certificate describing the type of delivery, the word "induced" should be entered. A death certificate must be completed if/when the infant dies. On the maternal record, although a live birth resulted from the procedure, this is still an induced abortion. The diagnosis on the mother's chart should be "induced abortion" with secondary diagnosis giving the indication for the procedure. In addition, a diagnosis of "live-born infant" should be made as a secondary diagnosis. This reflects the unusual outcome of the live birth from an induced abortion. Do not make an entry in the delivery room log. Do not use such terms as "delivery" or "stillbirth" on an abortion record.
3. Parents have the right to burial of the fetus regardless of the gestational age and despite the fact that this was considered an induced abortion. Procedures for obtaining authorization for disposal, autopsy, death certificate, still-birth certificate, or birth certificate can be found in other guidelines in the birthroom area or nursing procedure manuals.
4. Grief Counseling should be offered.

CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital. 1-888-866-7257.