PURPOSE: To establish policy and procedures to be followed in processing termination of first and second trimester pregnancies.

POLICY STATEMENT: Termination of first and second trimester pregnancies will be performed at Sarasota Memorial Health Care System in accordance with the laws of Florida, specifically Florida Statute 390.001.

EXCEPTIONS: None

DEFINITIONS: As stated in the content of this document.

PROCEDURE:
1. Termination of pregnancy will only be performed by members of the Obstetrical and GYN staff, or other Medical Staff members with special certification by the Credentials Committee.

2. Consent will be obtained as follows:

Prior to terminating a first or second trimester pregnancy, the physician will obtain the voluntary and written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary informed written consent of her court-appointed guardian [390.0111 (3)]. The consent may be obtained prior to, or at the time of, admission.

3. Methods of termination of pregnancy: The following methods of termination of pregnancy may be used, but the ultimate decision will be at the discretion of the attending physician.

   a. Outpatient Abortions: (Intra-uterine gestation limited to eighteen (18) weeks from last menstrual period.)
      1) Suction Curettage
      2) Dilation and Curettage
3) Dilation and Evacuation
4) Prostaglandin Induction

b. Regular Admissions: (Intra-uterine gestation greater than fourteen (14) weeks from last menstrual period.)
   1) Dilation and Curettage
   2) Dilation and Evacuation
   3) Suction Curettage
   4) High Dose Pitocin
   5) Prostaglandin Induction
   6) Hysterotomy

4. Outpatient (ambulatory) termination of pregnancy:
   a. All patients scheduled for outpatient surgery termination will be booked with the surgery office.
   b. The attending physician will obtain the patient's written informed consent. The form, “Consent to Termination of Pregnancy,” will be executed by the patient and must be placed in the patient’s record prior to termination of the pregnancy.
   c. Laboratory studies, a CBC, Rh determination and urinalysis, will be required for admission. B-HCG or ultrasound shall document the present pregnancy.
   d. All tissues removed prior to twenty-(20) weeks' gestation will be automatically sent to the hospital pathologist for examination. If patient wishes to have the tissue cremated or buried, arrangements may be made to do so with a licensed funeral home or crematorium.

5. Inpatient admissions: Patients may be admitted if the gestational age is greater than fourteen (14) weeks from the last menstrual period. In addition to routine laboratory work, Rh type, B-HCG, and antibody screen.

   The attending physician will obtain the patient's written informed consent. The form, “Consent to Termination of Pregnancy,” will be executed by the patient and must be placed in the patient’s record prior to termination of the pregnancy.

6. Notwithstanding the provisions of this subsection, the woman’s life and health shall constitute an overriding and superior consideration to the concern for the life and health of the fetus when such concerns are in conflict [390.0111 (36)]. For the purpose of this policy, “health” is
defined as including both mental and physical health. If a termination of pregnancy is performed during viability, no person who performs or induces the termination of pregnancy will fail to use that degree of professional skill, care, and diligence to preserve the life and health of any fetus intended to be born and not aborted.

“Viability” means that stage of fetal development when the life of the unborn child may, with a reasonable degree of medical probability, be continued indefinitely outside the womb [390.0111 (4)]. For the purpose of this policy, extraordinary means are not required to be used.

7. No person will use any live fetus or live, premature infant for any type of scientific, research, laboratory, or other kind of experimentation either prior to, or subsequent to, any termination of pregnancy procedure except as necessary to protect or preserve the life and health of such fetus or premature infant [390.0111 (6)].

8. Reporting procedures and statistics:
   a. The Health Information Management Department will maintain a confidential log for termination of pregnancy in order to report all cases of termination of pregnancies performed at SMH to the Department of Health and Rehabilitative Services, State of Florida, in accordance with their regulations (390.0112).
   b. A death certificate will be filed with the Sarasota County Health Department in every instance in which there is a fetus of twenty (20) weeks’ or more gestation.

RESPONSIBILITY: It will be the responsibility of the Medical Staff and the department directors to ensure that all employees are aware of, and adhere to, this policy and procedure in accordance with (390.001).

Personnel will be provided by the Sarasota Memorial Health Care System to assist in such procedures. This will be done in accordance with state law [390.0111 (8)] stating that nothing in this section will require any hospital or any person to participate in the termination of a pregnancy, nor shall any hospital or any person be liable for such refusal.
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<td>AUTHOR(S):</td>
<td>Felice Baron, M.D., director, Maternal-Fetal Medicine Washington Hill, M.D., past director, Maternal-Fetal Medicine Nancy Donoho, RNC, MSN, CNS, L&amp;D/Antepartum Debbie Dietz, RNC, BSN, Interim Clinical Educator, L&amp;D/Antepartum</td>
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<td>ATTACHMENT(S):</td>
<td>Consent to Termination of Pregnancy in the First and Second Trimester (PS1109)-Available on the Intranet</td>
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### APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy.

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**Director/Responsible Owner:**

Felice Baron, M.D.  
11/25/15

**Vice President/Executive Director:**

Jan Mauck, CNO  
12/3/15

**Chief of Medical Operations:**

R. Stephen Taylor, M.D., CMO  
12/9/15

**Chief of Staff:**

(if clinical policy or appropriate)  
12/9/15

**Medical Executive Committee:**

*(if clinical and review requested by CMO and COS)*

**Chief Executive Officer:**

David Verinder, CEO  
12/11/15
CONSENT TO TERMINATION OF PREGNANCY IN THE FIRST AND SECOND TRIMESTER

Patient's Name: ____________________________________________

I, the undersigned, authorize and request ________________________, M.D., my physician, to perform upon ________________________________ the following ________________________________ and if any condition arises in the course of the operation/procedure, calling on his judgment for procedures in addition to or different from those contemplated, I further request and authorize him to do whatever he deems advisable. The nature and purpose of the operation/procedure and the risks involved have been fully explained to be by my physician. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I consent to the administration of anesthesia and the use of such anesthetic agents as may be deemed advisable.

Realizing that procedures by modern methods require the cooperation of numerous technicians, assistants, nurses and other personnel, I give further consent to ministrations and medical and/or surgical procedures by all such qualified personnel, working under the supervision of Sarasota Memorial Hospital Health Care System before, during, and after the procedure(s) to be performed. I further consent to the administration of pharmaceutical products, infusions, transfusions of blood or blood components, injections and intravenous medications and/or other therapeutic solutions deemed necessary or advisable in the judgment of the above-named physician(s).

I consent to the examination and disposal by Hospital authorities of any fetus, tissue, placenta, membranes of parts thereof, which may be removed in accordance with accustomed practice.

I hereby certify that my husband has been given notice of the proposed termination of pregnancy and has had the opportunity to consult with me concerning this procedure or, if no such notice has been given, that he is voluntarily living apart or estranged from me.

I hereby certify that I have read and fully understand the above consent.

I further certify that to the best of my knowledge and belief the first day of my last normal menstrual period was ________________ (insert month and date)

Patient's Signature: ________________________________________ (Patient)

Witness: ________________________________________ Date: ___________________________