Seventh-day Adventist Church

Principles of caring for health professionals and healthcare institutions working with pregnancy and its anomalies

INTRODUCTION:

During Annual Council of October 2019, the statement on the Biblical View of Unborn Life and Its Implication for Abortion was adopted and voted. During the same session, the General Conference Adventist Health Ministries Department was assigned the task of producing a document outlining the principles of caring for health professionals and healthcare institutions working with pregnancy and its anomalies. This document was drawn up in consultation with ethicists, biblical theologians, and specialized health professionals. It attempts to provide principles in approaching the difficult situations described in principle number 6 of the Statement, which reads in part: "In rare and extreme cases, human conception may produce pregnancies with fatal prospects and/or acute life-threatening birth anomalies that present individuals and couples with exceptional dilemmas." The document gives definitions of the various types of abortion but does not list each and every circumstance under which they may arise.

This does not provide a list of the "rare and extreme conditions" which may arise, but does address the principles of responsibly approaching these situations. It is further stressed that ***elective abortion*** *does* ***not*** *fall into the latter category of* ***rare and extreme*** *circumstances.*

Our prayer is that both the Statement and this document will be used to guide practice in the unfortunate situations which inevitably arise in our broken world.

Document:

Seventh-day Adventist Church

Principles of caring for health professionals and healthcare institutions working with pregnancy and its anomalies

This document discusses broad principles lending guidance to clinical practice to help in the management of the pain, trauma, and loss experienced during rare and extreme circumstances of pregnancy and its anomalies.

It is a core belief of the Seventh-day Adventist Church that life is a precious gift from the Creator and should be valued and treasured. This commitment is affirmed in the Statement on the Biblical View of Unborn Life and Its Implication for Abortion (the Statement; https://www.adventist.org/articles/statement-on-the-biblical-view-of-unborn-life-and-its-implications-for-abortion/). In addition, the Statement describes God's unfailing care for all, His unconditional love for His creation, and the responsibility of all humans to steward all He has entrusted to us.

Since the inception of the Seventh-day Adventist Church, Adventists have been committed to providing excellent whole person healthcare (body, mind, spirit, social and emotional health), thereby extending the healing ministry of Jesus. In the darkest circumstances of the human journey from birth to death, Adventist healthcare professionals and hospitals strive to reflect God's love, grace, and tender caring through healing. Their primary purposes are to save, protect, and preserve life.

Pregnancy is the awe-inspiring condition that nurtures and enables the birthing process of new life. It entails complex and intricate physiological changes which may occasionally become pathological and can result in severe health and medical consequences.

Human sin has resulted in brokenness which affects every aspect of our existence, including procreation and gestation. In rare and extreme cases, this brokenness may produce pregnancies with fatal prospects such as life-threatening anomalies that are incompatible with life outside of the womb. Advances in technology, diagnosis, and interventional techniques have refined the care of the pregnant woman, allowing some of these conditions to be identified long before the full term of pregnancy is completed. There are also rare conditions which may imperil the life of the mother should pregnancy be allowed to continue to full term. Each of these unwelcome situations requires difficult decisions to be made and interventions considered. These situations may occur naturally or be necessitated by medical intervention. These are all called abortion, with descriptors for each type. We recognize the painful reality of these dreadful circumstances. When faced with such extenuating circumstances, health professionals should act in harmony with the biblical principles concerning the sanctity of human life and according to the best medical science available. At the same time, we strongly oppose elective abortion for reasons of birth control, gender selection, or convenience.

In this document, the term abortion (with specific descriptor for clarity) should be understood as equivalent to, and may be used interchangeably with, the phrase termination of pregnancy.

Glossary of Terms:

Abortion/termination of pregnancy: Abortion is defined as the deliberate termination of an established pregnancy.

Elective abortion or termination of pregnancy when performed is unrelated to irremediable fetal abnormality or maternal life-threatening circumstances. Elective abortion is commonly used as a form of birth control, for convenience, or for gender selection, and does not fall into the category of rare and extreme circumstances addressed in the Church's Statement.

Spontaneous abortion or miscarriage: In early pregnancy, the terms *miscarriage*, *spontaneous abortion*, and *early pregnancy loss* are used interchangeably, and there is no consensus on terminology in the literature.[i] These terms are defined as a nonviable, intrauterine pregnancy with either an empty gestational sac or a gestational sac containing an embryo or fetus often without fetal heart activity and within the first thirteen weeks (of pregnancy),[1] or the spontaneous loss of a pregnancy before the twentieth week. About 10 to 20 percent of known pregnancies end in spontaneous abortion or miscarriage (the actual number is likely higher because many miscarriages occur so early in pregnancy that a woman doesn't realize she's pregnant). "Miscarriage" or spontaneous abortion is a familiar but loaded term — possibly suggesting that something or someone was amiss in the carrying of the pregnancy. This is rarely true. Most miscarriages or spontaneous abortions occur because the fetus is not developing normally. The understanding that this is a commonly occurring and unavoidable occurrence may be helpful in assisting those going through such a loss. With appropriate support, they may take a step toward emotional healing by knowing the factors that may cause a miscarriage, what increases the risk, and what future medical care might be needed.

Incomplete abortion: This is a pregnancy associated with vaginal bleeding, dilation of the cervical canal, and passage of products of conception. It is usually associated with heavy bleeding and pain. Ultrasound may show some products of conception still present in the uterus.[ii]

Therapeutic abortion: Abortion induced when pregnancy constitutes a direct and documentable threat to the physical or mental health of the mother[iii], or in the case of a fetus with documented life-threatening anomalies that are incompatible with life outside of the womb. [The terms *documentable/documented* are used to describe these rare and unusual diagnoses provable on the basis of best peer-reviewed scientific and diagnostic evidence].

Ectopic pregnancy: This is also called an extrauterine pregnancy when a fertilized ovum implants and grows outside of the womb. In more than 90 percent of these cases, the fertilized egg implants in the fallopian tube and is called a tubal pregnancy. It can cause life-threatening bleeding, and requires immediate treatment, usually therapeutic surgical removal. This is life-saving for the mother.

Communication with the Patient and Family

The Statement affirms that the "the decisions made in such cases [the rare and extreme cases] may be left to the conscience of the individuals involved and their families," reflecting Christian responsibility and freedom. The Church does not serve as the conscience of individuals, even as it offers moral guidance. It recognizes that such decisions are extremely difficult; in such situations, gracious and non-judgmental support should be extended to the parent(s). It is additionally vital that the doctor-patient relationship be respected, and that full and accurate information regarding the patient's condition and situation be fully explained in the language and terms the patient best understands. Each case requires careful review by the institutional ethics committee/abortion review board.

Further Recommendations:

In the rare and unfortunate situations where a therapeutic termination of pregnancy may be indicated, the following should be in place:

- An institutional ethics committee/abortion review committee to consider these extreme cases;
- Interdisciplinary liaisons between relevant disciplines. Such may include obstetrical, pediatric, psychiatric, psychological, chaplaincy, and social work expertise and personnel;
- Meticulous record-keeping;
- A regular review process by the institution's senior executive leadership;
- A channel for releasing annualized figures, including incidence numbers to governing boards, as well as the specific indications (fetal/maternal);
- Chaplaincy services: The chaplain's role is a supportive and non-judgmental one — to patients, to the clinical team, and to the administration;
- Competent language translation facilities to allow communication with the patient and family;
- Clearly communicate the institution's stance on the sanctity of life in all settings.

The Institutional Ethics Committee/Abortion Review Board:

A multidisciplinary institutional Ethics Committee/Abortion Review Board should be established and operational, suggested membership to include:

- Senior executive leadership
- 1-2 active obstetrical physicians
- Advanced practice nurse practitioner or midwife
- Chaplain
- A mental health professional
- Social worker.

The Committee should set policy and review all cases of therapeutic abortion performed within the confines of the institution's facilities and arrange for consultation as indicated. This committee must be timely in its assessment of cases. Acute decisions should be delegated to clinicians directly involved in the case in immediate consultation with parent(s)and trusted colleagues, and in keeping with institutional policy.

The Committee's review and recommendation is required for each and any therapeutic abortion. It does not involve itself in incomplete abortions, spontaneous abortions, or ectopic pregnancy termination emergencies, which are naturally occurring conditions.

Healthcare institutions must anticipate the multivalent needs of the mother and family systems in these painful situations, and should have mechanisms and facilities in place to:

- Provide grace-filled pastoral care and loving support to families facing difficult decisions;
- Provide a safe, supportive environment for conversations about the moral questions associated with abortion.

Summary:

The aim and goal of Adventist Health institutions is to offer grace-filled healthcare to all, and in all situations. In so doing, we are to uphold and cherish the sanctity of life as we extend the healing ministry of Jesus in this broken world. In the management of pregnancy and the unborn, termination of pregnancy should be considered only in the rare and extreme circumstances jeopardizing the safety of the mother and/or survival of the unborn. It bears reiterating that elective termination of pregnancy for reasons of birth control, gender selection, or convenience do not fall into these latter categories.

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[i] National Institute for Health and Clinical Excellence. Ectopic pregnancy and miscarriage: diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage. NICE Clinical Guideline 154. Manchester (UK): NICE; 2012. Available at: http://www.nice.org.uk/guidance/cg154/resources/guidance-ectopic-pregnancy-and-miscarriage-pdf.

[ii] https://reference.medscape.com/article/266317-overview#a6

[iii] "Therapeutic abortion." Merriam-Webster.com Medical Dictionary, Merriam-Webster, https://www.merriam-webster.com/medical/therapeutic%20abortion. Accessed 19 Apr. 2020.