



Provider Guidelines for Termination of Pregnancy

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These guidelines are provided to assist in the care of patients who present to the University of Michigan Hospital and Health Centers for termination of their pregnancy prior to 24 weeks gestation.

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CLERICAL STAFF GUIDELINES FOR SCHEDULING PREGNANCY TERMINATIONS

- 1) Initial contact by patient or outside physician regarding termination of pregnancy.
Determine if the termination is:
 - a. Elective
 - b. For maternal indications
 - c. For fetal indications
- 2) Elective
 - a. UMMC (in general) does not do elective terminations without fetal or maternal indications.
 - b. Please provide information regarding location, address and phone
Numbers of organizations that provide termination of pregnancy services.
(See Appendix I)
- 3) Maternal Indications
 - a. When a patient requests or is referred for a termination of pregnancy due to maternal conditions;
 - i. Schedule the patient for a consult in the Family Planning Clinic on Monday afternoons.
 - ii. Request the medical records, including ultrasound reports (patient to bring with her or referring physician to fax)
 - iii. Explain to patient that this is a consultation and not the actual termination.
 - iv. Please call the Perinatal Assessment Center (PAC) at 763-4264 and ask for the Fellow or Attending physician if there is any question about where or when the patient should be seen.
- 4) Fetal Indications
 - a. When a patient requests or is referred for a termination of pregnancy because of a problem with the fetus, please refer (or transfer) the patient to the PAC at 763-4264 for;
 - i. Genetic counseling and ultrasound consultation
 - ii. Requests the medical records and ultrasound reports
 - iii. Explain to the patient that this is a consultation and not the actual termination

OFFICE VISIT - TERMINATION OF PREGNANCY GUIDELINES FOR CARE PROVIDERS

- 1) Elective Termination – if patient presents to discuss elective termination (without fetal or maternal medical conditions), please provide information regarding location, address, phone numbers of organizations that provide termination of pregnancy services. (See Appendix I)
- 2) Maternal Indications – if a patient presents to discuss termination of pregnancy due to maternal indications, the following steps are recommended;
 - a. Review maternal disease. Confirm need for termination to be performed at UMMC.
 - b. Review medical records.
 - c. Review ultrasound to confirm pregnancy dating
 - d. Counsel patient regarding modes of termination; medical and surgical.
 - e. Inform and counsel patient regarding KCL administration prior to the termination procedure for gestational age $\geq 17\ 0/7$ weeks.
 - f. Direct patient to Michigan State website <http://www.michigan.gov/mdch/>
Need to sign consent at least 24 hours before procedure may begin.
(See Appendix
 - g. Consider ultrasound in Perinatal Assessment Center for accurate dating
 - h. Schedule termination (See scheduling guidelines, page 3)
- 3) Fetal Indications – if a patient presents to discuss termination due to fetal reasons, The following steps are recommended;
 - a. Obtain history from patient.
 - b. Review medical records regarding diagnosis.
 - c. Review ultrasound report(s), including PAC findings.
 - d. Counsel patient regarding modes of termination; surgical or medical.
 - e. Inform and counsel patient regarding KCL administration prior to the termination procedure for gestational age $\geq 17\ 0/7$ weeks and <24 wk.
 - f. Direct patient to Michigan State website <http://www.michigan.gov/mdch/>
Patient must sign consent form 24 hours before procedure may begin.
 - g. Schedule termination (See scheduling guidelines, page 3)

OVERVIEW – CARE PROVIDER GUIDELINES FOR PREGNANCY TERMINATION

1) Scheduling Guidelines

- a. Confirm surgeon who will perform procedure.
- b. All patients who will have either a D&E or medical induction are recommended to have laminaria inserted before the procedure (usually the day before) and if > 17 weeks, but <24 weeks, intracardiac KCL injection.
 - i. In WHBC Groupwise Schedule **BOTH** the laminaria and the procedure. Information needed in the Groupwise schedule are;
 1. Patients name, CPI, phone number
 2. Reason for termination
 3. Type of termination – medical or surgical
 4. If D&E – physician to perform procedure
 5. Weeks gestation
 6. Notes in Tracevue or Careweb
 7. Status of Michigan State Consent Form signed or if patient will bring with her. (not for IUFD)
- c. Pre-procedure recommendations include;
 - i. **Medical induction > 17 weeks, <24 wk**
 1. KCL injection in PAC
 2. **ONE SET** of laminaria with admission afterward
 - ii. **Surgical termination < 17 weeks**
 1. **ONE SET** of laminaria, generally night before procedure.
 2. Home after laminaria insertion. If patient does not live locally, advise patient to make reservations at local hotel. (If available, patient without resources may be given nesting room).
 - iii. **Surgical termination > 17 weeks, <24 wk**
 1. KCL injection in PAC
 2. **TWO SETS** of laminaria. Prefer that both sets inserted day before procedure – one in a.m., returning for second set in p.m. Will not be admitted between 1st and 2nd sets of laminaria. Admission to WHBC after second set of laminaria (or nesting)

2) Patient Education Needs

- a. Give patient handouts
 - i. Information for Patients Who Elect Termination of Pregnancy (Not for IUFD)
 - ii. Laminaria for Cervical Ripening
 - iii. Appropriate patient education form depending on type of termination and gestational age.

3) Procedural Guidelines

- a. Complete State Law and Surgical Consent Forms (scan into Careweb)
- b. Call Chief Resident (734-216-5561), inform of specific needs/concerns.
- c. Dictate note in Careweb

PROVIDER SCHEDULING AND PROCEDURAL GUIDELINES BY TYPE OF TERMINATION
Surgical Termination of Pregnancy < 17 Weeks (D&E)

Scheduling:

- Confirm surgeon who will perform procedure, date and surgeon available
- Schedule procedure in Groupwise WHBC schedule
- Schedule placement of **ONE SET** of laminaria in Groupwise WHBC schedule (preferably the day before the procedure)
- Call Chief Resident (216-5561) and inform of date, gestational age, indication and specific needs/concerns.
-

Procedural Guidelines:

- Complete State Law and Surgical consent forms, scan into Careweb
- Dictate note in Careweb (see Appendix III)
- Give patient handout:
 1. “Information for patients who elect termination of pregnancy.”
 2. “Instructions for patients undergoing *Surgical* termination of pregnancy”.
 3. “Laminaria for cervical preparation prior to termination of pregnancy.”

In Triage

- **ONE SET** of laminaria to be place in triage at least 8 hrs before procedure, preferably the night before. If necessary, laminaria can be placed in early a.m. with afternoon procedure.
- Start Doxycycline 100mg PO, BID (total should include 5 days post procedure)
- Patient to come to hospital at least 2 hrs prior to procedure to receive buccal Misoprostil 400 micrograms.

PROVIDER SCHEDULING AND PROCEDURAL GUIDELINES BY TYPE OF TERMINATION
Surgical Terminations of Pregnancy ≥ 17 Weeks (<24 wk), D&E

Scheduling:

- Confirm surgeon who will perform procedure, date and time surgeon available.
- Schedule procedure in Groupwise WHBC schedule
- Schedule placement of laminaria in Groupwise WHBC schedule
- Patient will need **TWO SETS** of laminaria, with at least 8 hours in between the first and second sets and at least 8 hrs between the second set and the surgery.
- KCL administration will occur in the operating room after anesthesia has been induced. (Anesthesia will be asked to use long acting agent for regional anesthesia)
- Call Chief Resident (216-5561) and inform of date, gestational age, indication and specific medical needs/concerns.

Procedural Guidelines:

- Complete State law and surgical consent forms, scan into Careweb
- Dictate note in Careweb
- Give patient handouts;
 - Information for Patients Who Elect Termination of Pregnancy
 - Information for Patients Electing Surgical Termination of Pregnancy
 - Laminaria for Cervical Preparation Prior to Termination of Pregnancy

In Triage:

- Patient will need **TWO SETS** laminaria;
 - Place first set at least 10mm day prior to procedure
 - Place second set of at least 20mm, at least 8 hrs after first set
 - Preferred placement is both sets the day before the procedure
 - If necessary, second set can be place early a.m. with afternoon procedure
- Start Doxycycline 100mg po, BID x 6 days
- Patient to come to hospital at least 2 hrs prior to procedure to receive buccal Misoprostil 400mcg
- Confirm with patient that an amniocentesis will be performed after she has received anesthesia, but prior to the D&E, that will result in demise of the fetus.
- Confirm with anesthesia to use long acting anesthetic agent.

PROVIDER SCHEDULING AND PROCEDURAL GUIDELINES BY TYPE OF TERMINATION
Medical Terminations of Pregnancy < 17 Weeks

Scheduling:

- Inform the patient that in general we discourage medical terminations prior to 17 weeks, because they can take a very long time, and in >50% of cases, patients require a D&C for the placenta.
- Schedule induction in Groupwise WHBC schedule, please note in schedule that this is a termination of pregnancy.

Procedural Guideline:

- Complete and/or verify State Law consent in Careweb.
- Give patient instruction handouts;
 - “Instructions for patients undergoing *medical* termination of pregnancy”
 - “Laminaria for Cervical Preparation Prior to Termination of Pregnancy”
- Dictate note in Careweb.
- Admit patient to WHBC
 - Start Misoprostil (Cytotec) 400 mcg, intra-vaginal every 6 hrs.

PROVIDER SCHEDULING AND PROCEDURAL GUIDELINES BY TYPE OF TERMINATION
Medical Termination of Pregnancy \geq 17 Weeks and $<$ 24 Weeks

Scheduling:

- Complete State Law consent form, scan into Careweb
- Schedule induction in WHBC Groupwise schedule, please note in schedule that this is a termination of pregnancy.
- Schedule administration of KCL in PAC (734-763-4264)
- Schedule placement of **ONE SET** of laminaria in Groupwise WHBC schedule, following KCL administration
- Dictate note in Careweb

Procedural Guidelines:

- Complete and/or Verify State Law consent in Careweb
- Verify that “amniocentesis for KCL injection” has been completed

In Triage

- Place **ONE SET** of laminaria (ideally 20mm total)
- Start Doxycycline 100mg po BID

Admit patient to WHBC

- Start Misoprostil (Cytotec) 400 micrograms intravaginal or buccal, 6 hours after laminaria placement
- Remove laminaria after 12 hours
- Discontinue Doxycycline after laminaria removal
- Continue Misoprostil (Cytotec) 400 mcg every 6 hours.



PATIENT INFORMATION
Information for Patients Who Elect Termination of Pregnancy

Dear Patient;

You have requested that the University of Michigan and its' care providers terminate your pregnancy. We care for many women and their families who are faced with this decision and we are empathetic to how difficult this decision is. We are committed to provide you the best medical care and emotional support possible and have prepared this document to help you understand the process for termination of pregnancy and what to expect in the coming days.

Michigan State Law – The State of Michigan requires that you visit their web-site at www.michigan.gov, view the information about termination pregnancy and sign their form at least 24 hours before the termination can be started. Please print and bring this to your next appointment.

Types of Pregnancy Termination – Medical or Surgical – A medical termination means that we will give you medication to start labor and you will deliver the fetus and placenta vaginally. The other method of termination is surgical and is called a D&E (dilation and evacuation). This means that you will not labor, but go to the operating room, receive anesthesia, and the fetus and placenta will be removed surgically through the vagina.

We will discuss with you what we feel is the safest way to terminate your pregnancy. In general, we recommend surgical termination up to 17 weeks of pregnancy, surgical or medical from 17 to 20 weeks of pregnancy and then medical induction after 20 weeks of pregnancy. These recommendations may vary depending on the particulars of your case. For parents desiring autopsy, these are not available for surgical termination.

Supreme Court Ruling – For all pregnancy terminations at 17 weeks or beyond, based on an opinion by the Supreme Court of the United States, we must stop the fetus's heart from beating before the termination can take place. This is done by inserting a needle through your uterus and injecting a very small amount of a chemical called potassium chloride close to or into the fetal heart or into the umbilical cord. This causes the heart to stop immediately. This procedure is done in the Perinatal Assessment Center by one of our Maternal-Fetal Medicine High Risk physicians.

Risk of Surgical or Medical Termination – For every medical and surgical procedure there are risks involved. There can also be complications associated with the anesthesia and these will be explained to you prior to the procedure by the anesthesiologist. The risk of the medical and surgical terminations include excessive bleeding requiring a blood transfusion, infection of the uterus requiring antibiotics, or in the case of a D&E, a hole may accidentally be made in the uterus which on extremely rare occasion requires that we remove your uterus (hysterectomy). We will discuss all these potential complications before you sign the consent form.

Next Steps- The next handout will outline what to expect next (according to the type of procedure you will be undergoing)



PATIENT INFORMATION
**Laminaria for Cervical Preparation Prior to
Termination of Pregnancy**

Introduction

The insertion of laminaria into your cervix (the opening of your uterus) is one of the first steps in preparing your cervix for labor or surgery. We recommend laminaria because it makes the procedure you are about to undergo safer and easier to perform. The purpose of this handout is to answer common questions regarding this procedure.

What are laminaria?

- Laminaria look like thin sticks that are approximately 2-3 inches long and are made of either a sea-grown plant or a chemical product.
- They are placed through the cervix. They work by absorbing fluid from the surrounding area, expanding up to 3-4 times their size, slowly opening the cervix up to a couple of centimeters.
- They are generally kept in your cervix for 6 to 24 hours after they are placed.
- You will receive either one or two sets of laminaria, depending on whether you are having a medical or surgical termination of pregnancy.

What are the benefits of having laminaria inserted?

- Laminaria dilate the cervix slowly over a period of time decreasing the need to use other instruments that could damage the cervix.
- Studies have shown that labor induction time is shorter if laminaria are used.

What are the risks?

- Sometimes the laminaria do not work and more need to be inserted. This may delay your procedure for another day.
- Infection – to prevent this, you will be given a prescription for an antibiotic to begin taking after your laminaria are inserted.

Where do I go to have laminaria placed?

- The procedure is done in an exam room in Triage, which is located on the 4th floor of Women's Hospital.
- You will be told a specific time to go to triage for this procedure, but we ask that you call triage (734-764-8134) before you leave home to make sure we can accommodate you at the time specified. Unfortunately because of unexpected patient care needs, we may need to have you come in later than expected.

Who inserts the laminaria?

Laminaria are placed by a trained clinician, either a physician or a certified nurse-midwife, with assistance from a nurse.

Does it hurt?

Everyone is different, but in general, most patients state that they have a mild to moderate cramping when the laminaria are inserted. **To make the procedure more tolerable, please take 600mg of Ibuprofen (also known as Motrin, Advil) 30 minutes before you arrive.**

This helps with the cramping women experience when the laminaria are inserted. If you do not have this medication at home, we can give it to you in the hospital.

- We will give you a “paracervical block” which are 3 small injections of Lidocaine into your cervix. Lidocaine is the same medicine your dentist uses to “freeze” your tooth before he drills. The injections are mildly uncomfortable but are very good at easing the discomfort of the procedure.
- The procedure takes approximately 10 to 15 minutes.

How is the procedure done?

- The clinician will verify you have signed the appropriate termination papers.
- You will be asked if you have any allergies. Please let us know if you are allergic to latex, betadine, lidocaine, Ibuprofen (Motrin, Advil) or any antibiotics.
- If you haven’t already done so, we will give you 600mg of Motrin and discuss if you need other medication for pain or anxiety.
- A speculum will be inserted (metal instrument used for a pap smear)
- Your cervix will be washed off with a swab soaked in betadine
- The injections will be given into your cervix.
- The laminaria will be inserted. The more laminaria we insert the better – this can range from 1 to 10.
- Then we insert 2 dampened gauze sponges into your vagina for extra moisture for the laminaria to soak up so that they expand better.
- The speculum is removed, you are assisted off the examination table and allowed to get dressed. We will give you a pad to put in your underwear.

What should I expect after the laminaria are inserted?

- Depending on your particular needs, you will either go home or be admitted directly to the hospital. If you go home, you will be advised when you should return to the hospital.
- Most women experience mild cramping. You may take Ibuprofen 600mg every 4-6hrs which generally takes most of the cramping away.
- We do not recommend Aspirin because this can increase bleeding.
- If you desire, we can give you a prescription for something to help you sleep.
- You will be given a prescription for an antibiotic to start immediately.

Problems to call Triage at 734-764-8134 include:

- Temperature over 100.4 degrees
- Severe pain or cramps not relieve by Ibuprofen
- Vaginal bleeding where you soak a maxi pad in one hour
- A large gush of fluid from vagina (you will have wetness due to gauze sponges)
- Any symptoms that concern you.

Other Instructions:

- Do not douche, use tampons or have sexual relations before or after the procedure.
- On rare occasions a sponge or laminaria may fall out. Please place these in a plastic bag and bring them to the hospital when you return.
- We recommend that someone drives you to the hospital and stays with you for support during the procedure.



PATIENT INFORMATION

Surgical Termination of Pregnancy before 17 Weeks

It has been determined that you will have a surgical termination of pregnancy. You can expect the following to occur:

In the Perinatal Assessment Area

- Meet with genetic counselors and physicians to discuss the reason for the termination and /or have an ultrasound or other testing as needed.
- You should receive patient education information regarding the procedure and laminaria insertion.
- You have been given a date for your surgery.
Date: _____ Time: _____
- You have been given a date and time to go to Triage for laminaria insertion. The preferred time to insert the laminaria is the evening before your procedure. Scheduling issues may require that we insert the laminaria the morning of the procedure, with surgery the afternoon of that day.
Date: _____ Time: _____
(note: please call Triage at 734-764-8134 before you leave home to verify time)

In the Women's Hospital Triage Area

- We will verify that you have reviewed the Michigan State website and have signed the required paperwork at least 24hrs previously.
- You will have your laminaria inserted.
- You will receive a prescription for an antibiotic called Doxycycline that you should take twice a day for 5 days to prevent infection. You will receive your first dose in triage.
- Please let us know if you would like a prescription for a medication to help you sleep.

Day of Surgery

- You may eat up to 6 hours before your scheduled procedure.
- You may have water to drink up to 2 hours before your scheduled procedure.
- You will need someone to drive you to the hospital and take you home. They will not be allowed to be with you in the operating room.
- Please arrive 2 hours before your scheduled surgery.
- When you arrive, you will be given a pill to melt in the cheek area of your mouth. This causes your uterus to contract and open your cervix more.
- You will meet with the Anesthesiologist who will recommend what anesthesia to use during the procedure. An IV will be started by a nurse.
- The procedure takes about an hour. You will then go to the recovery room for about 2 hours. Most women are generally able to go home afterwards.
- You will be advised about when to follow up with your physician or midwife.



PATIENT INFORMATION

Surgical Termination of Pregnancy after 17 Weeks

It has been determined that you will have a surgical termination of pregnancy. You can expect the following to occur.

In the Perinatal Assessment Center (PAC)

- Meet with genetic counselors and physicians to discuss the reason for the termination and /or have an ultrasound or other testing as indicated.
- You should receive patient education information about the procedure and laminaria insertions.
- You will be given a date for your surgery.
 - Date: _____ Time: _____
- You will require TWO SETS of laminaria to be inserted into your cervix at times that are 6-12 hours apart. This is done in the Triage area. **(Before you leave home, please call Triage at 734-764-8134, to verify time for laminaria insertion)**
 - 1st set Date: _____ Time: _____
 - 2nd set Date: _____ Time: _____

In Women's Hospital Triage Area

- We will verify that you have reviewed the Michigan State Website and have signed the required paperwork at least 24hrs previously.
- You will have your first set of laminaria inserted and then told when to return for second set. (Remember to call Triage beforehand)
- You will receive a prescription for an antibiotic called Doxycycline to be taken twice a day for 5 days. Your first does will be given in Triage.
- Please let us know if you would like a prescription for a sleep medication.

Day of Surgery

- You may eat up to 6 hours before your scheduled procedure.
- You may have water to drink up to 2 hours before your scheduled procedure.
- You will need someone to drive you to the hospital and take you home. They will not be allowed to be with you in the operating room.
- The injection to stop the fetus's heart will be given in the operating room after you are sedated.
- You are asked to arrive 2 hours before the procedure is scheduled so that:
 - An anesthesiologist can meet with you and discuss anesthesia options.
 - An IV will be started by a nurse.
 - We will give you a pill that you will place in the cheek area of your mouth and allow to dissolve. This medication (Cytotec) causes your uterus to contract and open your cervix more.
- The procedure takes about an hour. You will then go to the recovery room for about 2 hours. Most women are generally able to go home afterward



PATIENT INFORMATION

Medical Termination of Pregnancy after 17 Weeks

It has been determined that you will have a medical termination of pregnancy. You can expect the following to occur;

In the Perinatal Assessment Center (PAC)

- Meet with genetic counselors and physicians to discuss the reason for your termination and/or have an ultrasound or other testing as necessary.
- You have been scheduled for the potassium chloride injection (if applicable).
- We will verify that you have reviewed the Michigan State website and have signed the required paperwork at least 24 hrs before any procedures are performed.
- You have been given a time and date to go to Triage for laminaria insertion.
- You will receive a patient education handout regarding laminaria insertion.
- You should be told the date your induction will begin.

In the Women's Hospital Triage Area

- Please call triage (734-764-8134) before you leave home to verify time of arrival for your laminaria insertion.
- You will have your laminaria inserted.
- You will receive your first dose of antibiotic. The next dose is in 12 hours.
- After the laminaria insertion, you will;
 go home be admitted to the hospital (pending bed availability)

After You Are Admitted to the Hospital

- An IV will be started
- Approximately 6 -12hrs after the laminaria were inserted, we will begin the induction with a medication called Cytotec. These are small tablets inserted into your vagina every 6 hours until you deliver.
- The laminaria are generally removed 12 hours after insertion.
- The length of time it takes to deliver varies widely from person to person but in general, the average time is 24-48 hours after we give the Cytotec.

**State of Michigan
Termination of Pregnancy Instructions**

Michigan's Informed Consent for Abortion Law
(Public Act 345 of 2000)

- ❖ For documents available on the Department of Community Health website:
<http://www.michigan.gov/mdch/>
Click on the 'Physical Health and Prevention' tab on the left
Click on the 'Informed Consent for Abortion' tab on the left
Click on 'Michigan's Informed Consent for Abortion Law'

DOCUMENTS INCLUDE INFORMATION ON PRENATAL CARE, PARENTING, TERMINATION PROCEDURES AND FETAL DEVELOPMENT.

- ❖ The documents must be reviewed and signed at least 24 hours prior to initiation of a termination procedure.
- ❖ After reviewing this information, please print the "Informed Consent Confirmation Form". This is dated and time-stamped on the website. This form needs to be printed, signed and brought to the hospital or your care provider before any procedure (laminaria, KCL injections) can be done.
- ❖ This form is valid for 14 days after it is printed.

PREGNANCY TERMINATION CANNOT BE PERFORMED WITHOUT THE INFORMED CONSENT FORM AND DOCUMENTATION OF THE CONSENT FORM HAVING BEEN SIGNED.

Appendix I
Name, Address and Contact Numbers of Organizations that Provide
Termination of Pregnancy Services

Websites:

www.abortion.com

Organizations:

Planned Parenthood
Ann Arbor Health Center
3100 Professional Dr.
Ann Arbor, Mi 48106
(734) 973-0710
www.plannedparenthood.com

Western Women's Center
6765 Orchard Lake Road
West Bloomfield, Michigan 48322
(800) 758-0673 (248) 932-1777
www.AbortionOnline.com

Summit Medical Center of Michigan
15801 W. McNichols
Detroit, Michigan 48235
(313) 272-8450
www.SummitCenters.com

North-Land Family Planning
20755 Greenfield Suite 1104
Detroit, Michigan 48075
www.NorthlandFamilyPlanning.com

Appendix II

Administration of KCL in WHBC Operation Rooms Prior to Pregnancy Termination

- I. Anesthesia
 - a. Inform anesthesia service that KCL administration will occur (for all pregnancy terminations ≥ 17 weeks).
 - b. Request longer acting anesthetic agent for regional anesthesia.
 - c. Place spinal anesthesia

- II. In Operating Room
 - a. Place patient in supine position
 - b. Place privacy drape

- III. Needed for Procedure
 - a. Ultrasound machine
 - b. Ultrasound gel
 - c. Mayo Stand
 - d. Vial of KCL, 20ml of 2mEq/ml strength – physician to obtain from pharmacy.
 - e. 20 Gauge 3.5 inch spinal needle (yellow cap)
 - f. 20 Gauge 7 inch spinal needle (yellow cap)
 - g. Pack of 4 sterile towels
 - h. Iodine swabs (3)
 - i. Sterile gloves
 - j. 1 to 2 sets of 4x4 gauze
 - k. 5ml syringes

- IV. Once the procedure is completed, the patient will be placed in dorsal lithotomy position and prepped and draped appropriate for D&E.

Appendix III Careweb Dictation for Pregnancy Termination

1. Information to include in the dictation;
 - a. Name
 - b. Medical Record Number
 - c. Age, Gravidity and Parity
 - d. LMP, EDD and gestation age determined by...
 - e. Indication for Termination
 - f. Mode of Termination (Surgical or Medical)
 - g. Date Patient Scheduled for Induction/Surgery

2. Other Information
 - a. Patient received prenatal care at U of M or outside hospital
 - b. If referral – by whom?
 - c. State of Michigan and surgical consent forms completed and scanned into Careweb.

3. Patient Information Discussed
 - a. KCL administration discussed (for pregnancies \geq 17weeks)
 - b. Laminaria placement discussed – Date placement scheduled
 - c. Patient information/instructions provided.

**Appendix IV
Women's Hospital Birth Center
Guidelines for the use of Prostaglandins**

Induction of labor:

PGE1, misoprostol, trade name Cytotec^(R)

25 micro-grams, intravaginal, every 4 hours for maximum of 6 doses

PGE2, dinoprostone, trade name Cervidil^(R)

10 milli-grams, intravaginal, every 12 hours for maximum of 2 doses

PGE2, dinoprostone, trade name Prepidil^(R)

0.5 milli-grams, intracervical, every 6 hours for maximum of 4 doses

Mainly used in the Perinatal Assessment center for outpatient cervical ripening

Induction of Labor in case of IUFD after 24 weeks:

For patients with the diagnosis of Intra Uterine Fetal Demise (IUFD), the dosing of misoprostol may be adjusted:

PGE1, misoprostol, trade name Cytotec^(R)

50 micro-grams, intra-vaginal, every 4 hours

After 2 doses, may increase to misoprostol, 100 micro-grams, intra-vaginal every 4 hours

Post partum Hemorrhage:

Preferred: PGE1, misoprostol, 800 micro-grams rectally x 1

Alternative: 15-methyl-PF2alpha, trade name Hemabate^(R)

250 micro-grams, intra-muscular, every 20 minutes for maximum of 4 doses

Medical termination of pregnancy at gestational $\geq 17 \frac{0}{7}$ weeks and <24 weeks:

Place set of laminaria, ideally for a total of 20mm

If ≤ 10 mm place second set of laminaria after 8 hours

At time of Laminaria placement, start patient on oral Doxycycline 100mg po Q 12 hours

Remove laminaria after 12 hours and discontinue doxycycline

After 6 hours of laminaria placement, start:

Preferred: PGE1, misoprostol, 400 micro-grams, intra-vaginal every 6 hours.

Alternative 1: PGE2, dinoprostone, 20 milligram suppositories, intravaginal every 6 hours.

Alternative 2: 15-methyl-PF2alpha, Hemabate^(R), 250 micro-grams intra-muscular every 2 hours.

Medical termination of pregnancy at gestational age < 17 weeks:

Preferred: PGE1, misoprostol, 400 micro-grams intra-vaginal every 6 hours.

Alternative: PGE2, dinoprostone, 20 milligram suppositories, intravaginal every 6 hours.
15-methyl-PF2alpha, Hemabate^(R), 250 micro-grams intra-muscular every 2 hours.

Appendix V Laminaria Guidelines on One-page for Use in Triage

1. For all patients, verify State Law Consent signed \geq 24 hrs.
(<http://www.michigan.gov/mdch/>). Click on “Physical Health and Prevention” tab on left, then click on “Informed Consent for Abortion” tab on left, then click on “Michigan informed consent for abortion law”
2. Before laminaria are inserted, establish patient’s plan of care afterward. Admit? Home? Nesting Room? Those with KCL injections will most likely be admitted.

MEDICAL INDUCTION \geq 17 weeks and <24 weeks ONE SET of Laminaria Recommended

(< 17weeks – Medical induction discouraged)

- KCL Injection will have occurred in PAC prior to laminaria insertion
- When patient arrives, assess medication needs. Motrin 600mg 20-30” before procedure most common. May also give Ativan 1mg or start Hep Lock, give Morphine Sulfate.
- Place laminaria – minimum 10mm (20mm better)
- Write for 1st dose Doxycycline 100mg po to be given in triage. Pt. will receive 2nd dose in 12hrs. Antibiotic d/c’d when laminaria removed. (pt. generally receives 2 doses)
- If going home, assess need for sleep aid such as Ambien

DILATION AND EXTRACTION (D&E) <17 WEEKS- ONE SET OF Laminaria

- Place laminaria, minimum 10mm, at least 6hrs before procedure
- Preferred placement is night before procedure
- Most patients will go home, assess need for sleep aid
- If necessary, laminaria can be placed early in a.m. with afternoon procedure
- Give first dose Doxycycline 100mg and give prescription for BID x 5 days
- Advise pt. to arrive at hospital 2 hrs before procedure to receive buccal cytotec 400mcg
- NPO after MN or 6 hrs before procedure

DILATION AND EXTRACTION >17 WEEKS- TWO SETS of Laminaria

- KCL injection will have occurred in PAC prior to laminaria insertion
- Prefer that both sets are placed the day prior to procedure – first set in a.m., second set in the afternoon/evening (at least 6 hrs after first set)
- Insert minimum of 10mm first set. Attempt 20 mm second set.
- Give 1st dose of Doxycycline 100mg and then give prescription for BID x 5 d
- If necessary, first set of lams can be placed the night before the procedure with the second set the morning of the procedure (D&E in p.m., at least 6 hrs after lams)
- Patient to return to hospital at least 2 hrs before to receive Cytotec 400 mcg.
- NPO after MN or 6 hrs before procedure

Appendix VI

State of Michigan Termination of Pregnancy Instructions

Michigan's Informed Consent for Abortion Law (Public Act 345 of 2000)

- ❖ For documents available on the Department of Community Health website:
<http://www.michigan.gov/mdch/>
Click on the 'Physical Health and Prevention' tab on the left
Click on the 'Informed Consent for Abortion' tab on the left
Click on 'Michigan's Informed Consent for Abortion Law'

DOCUMENTS INCLUDE INFORMATION ON PRENATAL CARE, PARENTING, TERMINATION PROCEDURES AND FETAL DEVELOPMENT.

- ❖ The documents must be reviewed and signed at least 24 hours prior to initiation of a termination procedure.
- ❖ After reviewing this information, please print the "Informed Consent Confirmation Form". This is dated and time-stamped on the website. This form needs to be printed, signed and brought to the hospital or your care provider before any procedure (laminaria, KCL injections) can be done.
- ❖ This form is valid for 14 days after it is printed.

PREGNANCY TERMINATION CANNOT BE PERFORMED WITHOUT THE INFORMED CONSENT FORM AND DOCUMENTATION OF THE CONSENT FORM HAVING BEEN SIGNED.

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Approval:

Perinatal Joint Practice Committee

Original: April 28, 2008

1st review: February 22, 2010

Next Review:

February 2013