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A TRADITION OF INDEPENDENT THINKING

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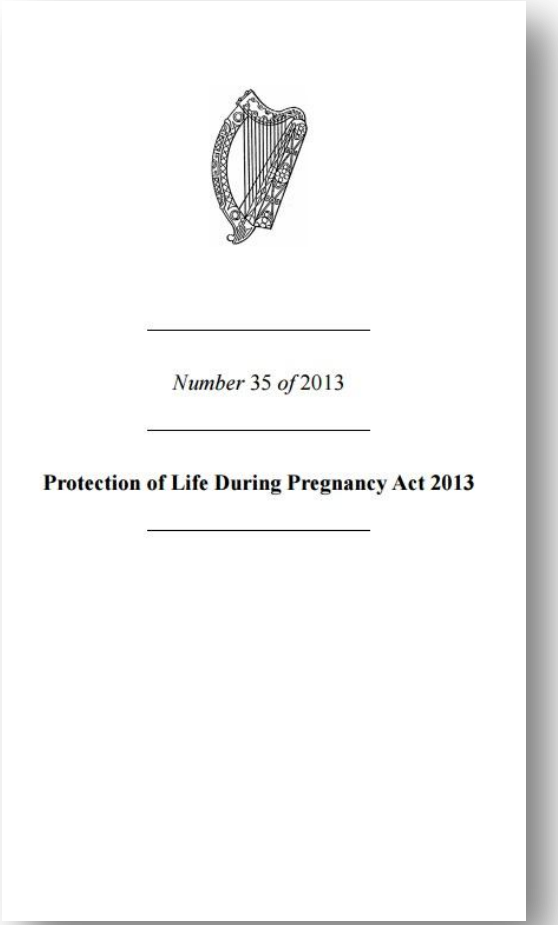
Protection of Life During Pregnancy Act (2013)

- The Act has governed obstetrics practice in Ireland for 2014 and 2015 and most of 2016.
- Two reports (section 15) have been laid before the Oireachtas, both of which record an identical set of statistics for 2014 and 2015, namely: that 26 medical procedures were carried out under the Act, 14 arising from a risk of physical illness, 3 arising from a risk from suicide and 9 from emergencies arising from physical illness. The figures for 2016 are not yet to hand.



Number 35 *of* 2013

Protection of Life During Pregnancy Act 2013

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Obstetrics Practice

- Arrangements governing termination of pregnancy under section 7 (physical illness) and section 8 (physical illness in emergency) appear to be working.

- Obstetricians understand their scope of action and are prepared to give effect to these sections where there is a real and immediate danger to the life of the mother. By and large while the Act has provided a legal framework/protocol, the clinical decision making has been following long established practices.

- The operation of section 9 (risk of suicide) of the Act is more complex.

Clinical Histories

- The first two cases fall within section 7.
- The third case falls within section 9 of the Act.

Cases described are fictional but the clinical scenarios are representative of real-life patients

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Clinical History 1

- A 33 year old mother of two, has booked at her local maternity hospital on her third pregnancy. Her first two pregnancies were uncomplicated.
- At 18 weeks gestation she presents herself at the emergency room of the maternity hospital.
- She is admitted to the hospital and is frequently monitored for any change in her temperature and her pulse. She has blood tests taken regularly to test for any markers of infection.

Clinical History 1 *cont.*

- Two weeks later, at 20 +1 weeks gestation, she wakes in her hospital bed feeling very unwell.
- A diagnosis of chorioamnionitis and septic shock.
- A decision is made that because of a substantial risk to both mother and fetus she needs to be delivered.
- She delivers a stillborn baby three hours later.

Clinical History 1 – Questions and Answers

- **Question 1:** What are the main causes for concern when Mary presented to the emergency room?
- **Question 2:** What is the treatment if infection takes hold in the womb and in particular if the patient becomes septic?
- **Question 3:** At 20 +1 weeks gestation, is there any hope that if the baby is born alive it could survive?
- **Question 4:** What is the main cause of concern if chorioamnionitis occurs?
- **Question 5:** What are the main procedures and processes that happen once the decision has been made that a delivery is needed because of significant risk to the mother?

Clinical History 2

- A first time mother at 42 years of age, has booked at her local maternity hospital.
- Her family history is significant. Her mother's first pregnancy was complicated by very early on-set "severe toxaemia".
- At 19 +5 weeks gestation, Mary attends her GP feeling unwell. She has very high blood pressure and protein in her urine.
- The GP sends her immediately to the emergency room of the maternity hospital.
- At the maternity hospital, she is admitted to the High Dependency Unit.

Clinical History 2 *cont.*

- She is very closely monitored and assessed immediately by her obstetric team including a specialist in high risk pregnancy.
- She is suffering from severe early onset preeclampsia.
- By the third day in HDU a decision is made by the team that she needs to be delivered.
- She delivered a baby that showed signs of life for a few minutes before passing away in her arms.

Clinical History 2 – Questions and Answers

- **Question 1:** Is this type of preeclampsia occurring at 19 +5 weeks unusual?
- **Question 2:** What would be the main cause of concern for Mary's wellbeing?
- **Question 3:** Are there not medications one could use to treat this condition, rather than inducing labour?
- **Question 4:** What are the main procedures and processes that happen once the decision has been made that a delivery is needed because of significant risk to the mother?

Clinical History 3

- A 28 year-old woman who is pregnant for the first time. This is an unplanned pregnancy.
- She has a long history of depression since her late teens. She has had several admissions to her local psychiatric hospital with depression. She attends her GP, thinking she is about eight weeks pregnant and her GP performs a pregnancy test which is positive.
- Her GP is concerned when talking to Mary that she seems very "low". Her GP is concerned enough to contact her psychiatrist (who has been looking after her for the past twelve years).
- Mary is seen by her psychiatrist two days later. Mary tells the psychiatrist that the pregnancy is "the worst thing that could have happened".
- Her psychiatrist contacts the local maternity hospital and speaks to the consultant obstetrician on call and she attends the maternity unit for an ultrasound scan.

Clinical History 3 *cont.*

- Shortly after this scan, she is seen by a psychiatrist who is attached to the maternity hospital. He has a long consultation with her and concludes that she is very depressed with suicidal ideation and that the pregnancy is a significant focus of her concerns.
- He believes that this places her life at significant risk and contacts her consultant psychiatrist to discuss his concerns.
- He then contacts the consultant obstetrician on call, who in turn asks another obstetric colleague to see Mary.
- The second obstetrician comes and meets Mary and after assessing her and discussing the case with the maternity hospital psychiatrist, a decision is made that Mary's life is at substantial risk and a medical termination of pregnancy is performed.
- After this procedure, the mother is admitted to her local psychiatric hospital.

Clinical History 3 – Questions and Answers

- **Question 1:** Is it common for pregnant women to have a history of depression?
- **Question 2:** Why did the obstetrician on call in the maternity hospital refer the case on to a second obstetrician?
- **Question 3:** What process and procedure takes place?