



## GUIDELINE

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### Unplanned Pregnancy

<b>STATUS:</b>	APPROVED
<b>Approved by Council:</b>	May 1991
<b>Amended:</b>	February 2011
<b>Amended:</b>	January 2017
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An unplanned pregnancy is not necessarily an unwanted pregnancy.

Any physician who is unable to be involved in the further care and management of any patient when termination of the pregnancy might be contemplated should inform the patient and follow the requirements of the College's policy on Conscientious Objection.

In accepting responsibility for medically evaluating and counseling a patient in circumstances in which termination of the pregnancy might be contemplated, the responsible physician:

1. Will obtain a complete medical history, including inquiry as to the probability of sexual assault, and perform requisite examinations and investigations to:
  - a) Confirm the pregnancy.
  - b) Establish an accurate estimation of gestation based upon history, physical findings and when appropriate, ancillary investigations such as diagnostic ultrasound.
  - c) Identify abnormal findings related to the pregnancy or other concomitant pathology which might be relevant to the making of an informed decision to continue or to terminate the pregnancy.
  - d) Determine the Rh factor so that Rh Immunoglobulin may be given when appropriate.
  - e) Any other investigations as deemed necessary by the history.
2. Will advise the patient fully of all the findings derived from the history, physical exam and investigations and explain to the patient the medical significance of the findings. Such explanation ought to include sufficient information to assure that the patient has a reasonable understanding of

the stage of fetal development which is consistent with her current gestational age at which the pregnancy might be terminated.

3. Will provide or arrange for genetic counseling where medically indicated.
4. Will explore with the patient her response to the findings of 1), 2) and 3) above, and record this response in the patient's medical file.
5. Will fully apprise the patient of the options she may pursue and provide her with accurate information relating to community agencies and services that may be of assistance to her in pursuing each option.
  - a) With reference to the option of carrying the pregnancy to term, with plans to keep the child, the physician should apprise the patient of assistance that may be available through the Department of Social Services or other community-based support groups. If requested to do so, the physician should assist the patient in establishing contact with such groups.
  - b) With reference to the option of carrying the pregnancy to term, with plans to give up the child for adoption, the physician should arrange for early referral of the patient to the Department of Social Services and other government approved agencies to counsel and arrange for a variety of different types of adoption agencies.
  - c) With reference to the option of termination of the pregnancy, the physician should apprise the patient of the availability of abortion services in the province, or elsewhere, in accordance with any current law or regulation governing such services, and should ensure that the patient has the information needed to access such services or make the necessary referral. The patient should be provided the information regarding the nature of termination options, to the best of the physician's ability.
6. All physicians performing abortions are to take appropriate steps to ensure that the patient has been provided with information about all options, and ensure that the decision for termination of the pregnancy was made on the basis of informed consent. Informed consent requires that the patient be provided with reasonably detailed information regarding:
  - a) the precise nature of the intervention that is to be undertaken, and
  - b) the manner in which the intervention will be conducted, and,
  - c) the known immediate risks (i.e. uterine perforation, infection, hemorrhage) associated with the intervention and the known incidence of risks, and
  - d) the known long-term risks (impact on future fertility, incidence of future spontaneous abortions, ectopic pregnancy and premature birth) and the known incidence of such risks, and
  - e) the known psychological risks, and

- f) the follow-up care plan, to include possible complications, contraception options and clear directions as to follow up with a physician.
- 7. The physician who performs the abortion, should be skilled, not only in the initiation of the abortion, but also in the recognition of incomplete and failed procedures, as well as complications such as uterine perforation, hemorrhage, infection and cervical laceration, and refer the patient as deemed necessary.
- 8. All termination of pregnancies should be performed in accredited facilities.
- 9. Regardless of which option the patient elects, the physician has a professional obligation to explore the patient's understanding of contraception options and to provide her with appropriate information and counseling which might reduce the risk of future unplanned or unwanted pregnancies.
- 10. Should there be difficulties in determining the maturity or capacity of the patient, the physician should use any other available resources such as the CPSS, CMPA, etc. to help in that respect.

## Other Resources

College of Physicians and Surgeons of Saskatchewan – Policy – Conscientious Objection