Ibis Reproductive Health

Assessing hospital policies & practices regarding ectopic pregnancy & miscarriage management

Results of a national qualitative study

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Background

In the United States, it is estimated that 2% of all pregnancies are ectopic, over 97% of which are located in the fallopian tube. This relatively common condition has historically been associated with significant maternal morbidity and mortality. Management options for tubal ectopic pregnancy include use of methotrexate (medical therapy), removal of the embryo from the fallopian tube (salpingostomy), removal of the section of the fallopian tube containing the embryo (salpingectomy), and "expectant management." A variety of factors may influence the management option employed by physicians including physicians' and hospitals' legal, religious, or moral objections to interfering with a tubal pregnancy.

The Ethical and Religious Directives for Catholic Health Care Services (the *Directives*) issued by the United States Conference of Catholic Bishops, govern the provision of care in Catholic-affiliated hospitals. The *Directives* prohibit abortion and prohibit health service providers from taking "direct" action against the embryo. Although salpingectomy and expectant management do not act directly against the embryo and are therefore permitted under the *Directives*, the use of these management techniques may subject women with ectopic pregnancies to unnecessary risks and serious long-term consequences, including infertility, unnecessary surgery, and tubal rupture. Anecdotal evidence also suggests that patients with ectopic pregnancies are sometimes transferred (without treatment) from Catholic hospitals to non-Catholic hospitals.

In addition, anecdotal reports also suggest that some patients presenting with incomplete/inevitable abortions at Catholic hospital emergency departments have been transferred to non-Catholic facilities without treatment or stabilization. Although the *Directives* prohibit abortion and direct interference with an embryo, termination of a pregnancy is permitted if the action is undertaken for the direct purpose of curing "a proportionately serious pathological condition." However, what constitutes a "proportionately serious pathological condition" has been variably interpreted. Some evidence suggests that management decisions are being strongly influenced by the interpretation of the *Directives*, as evacuation of the uterus may be viewed as a violation of the *Directives* when fetal cardiac activity or fetal heart tones are detected.

Study objectives

- Investigate the degree to which hospital policies regarding ectopic pregnancy and miscarriage management are developed and communicated, informally and through formal institutional mechanisms;
- Evaluate the impact of these policies and the interpretation of these policies on management decisions; and
- Assess physician perceptions as to the impact of these policies on standards of care.

Study team

A team of researchers from Ibis Reproductive Health conducted the study. Ibis is a nonprofit based in Cambridge, MA, that aims to improve women's reproductive autonomy, choices, and health worldwide. Ibis works closely with advocates to conceptualize research questions and to help ensure the results of our research lead to positive change in women's lives. This study was supported by the National Women's Law Center.

Participant & hospital characteristics

We conducted 25 interviews with physicians (18 Ob/Gyns and six emergency medicine physicians) and administrators at 16 hospitals. We completed eight interviews with clinicians and administrators at six longstanding Catholic hospitals, seven interviews with physicians and administrators from three non-Catholic hospitals, and ten interviews with physicians and administrators from seven recently merged facilities. Eight of the 16 hospitals in our sample operate under the *Directives*. Of the seven recently merged facilities in our sample, four were Catholic to non-Catholic mergers, two were non-Catholic to Catholic mergers, and one was a compromise merger.

Findings

Our participants described a number of different ways that policies and guidelines are created. However, few reported that there were specific hospital policies regarding the treatment of ectopic pregnancies and miscarriages. Although few hospitals have "formal" policies that address ectopic pregnancy and miscarriage management, the results of our study suggest that institutional norms and the interpretation of the *Directives* do influence clinical decision making.

Physicians from all institution types described methotrexate as their preferred treatment for ectopic pregnancies. However, physicians from three different Catholic facilities explained that methotrexate was not offered within the hospital because of the *Directives*. One physician reported that she has seen "some" ruptures because of delays in treatment. With respect to the management of miscarriages, a number of our study participants reported having to order additional tests and/or perform diagnostic surgery in order to definitively ascertain that a pregnancy was not viable. Several physicians reported that the presence of fetal cardiac activity/heart tones/heart beat complicated management decisions at Catholic institutions and expressed confusion as to what was required regarding assessment of viability within the Catholic hospital setting. Many clinicians in these settings appear to be practicing conservatively in order to avoid censure or reprimand and some physicians suspected that their behaviors were being carefully watched by other members of the health team and by administrators.

A number of physicians in our sample discussed at length the degree to which the *Directives* impact their ability to provide comprehensive reproductive health services, specifically tubal ligation and abortion services. These limitations were more concerning to physicians than the limitations imposed by the *Directives* on ectopic pregnancy and miscarriage management. However, several physicians discussed ways in which they navigate the *Directives* to provide patients with a more comprehensive range of reproductive health services while still adhering to official institutional policies (or their interpretation of those policies).

The degree to which adherence to the *Directives* influences standards of care and ultimately patient outcomes is difficult to assess. Most physicians in our study who expressed frustration with not being able to use methotrexate, having to perform unnecessary tests to determine viability, or transferring (on occasion) a patient to an outside facility to receive care not offered within the Catholic hospital, went on to state that patient outcomes were not affected. Physicians also discussed a number of non-policy and non-clinical factors that influence decision making, such as their religious and personal beliefs. A number of physicians (at all hospital types) discussed how perceptions of patient reliability influenced both their recommended course of treatment and the ways in which options were presented to patients. Finally, recently trained physicians referenced their residency experiences as an influential factor in their current practice decisions.

Recommendations

Our findings highlight several priorities for additional research and advocacy. Our recommendations are to:

- Further investigate ways in which institutional norms are created and the ways in which religious beliefs and personal biases influence clinical practices with respect to ectopic pregnancy and miscarriage management;
- Work with and support efforts by professional societies, medical associations, and state-level stakeholders to develop policies and guidelines that specify standards of care for the management of ectopic pregnancies and miscarriages;
- Incorporate discussion of the impact of the *Directives* on ectopic pregnancy and miscarriage management into advocacy efforts surrounding hospital mergers;
- Assess the ways in which ectopic pregnancy and miscarriage management are incorporated into residency education and training; and
- Further explore the ways institutional policies and physician biases impact ectopic pregnancy and miscarriage management from the perspective of women themselves.

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