1) ACCOUNTABILITY:

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<td>Title</td>
<td>Termination of pregnancy for medical reasons</td>
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<td>Process Owner</td>
<td>Chief of Medical Services (COMS)</td>
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<td>Signatory Authority</td>
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<td>Location</td>
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<td>Applicable Functions</td>
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2) KEYWORDS: Termination of Pregnancy.

3) STATEMENT OF PURPOSE: To familiarize Obstetric Gynecology physicians with the process of termination of pregnancy for medical reasons.

4) SCOPE: All registered Obstetrics & Gynecology physicians is to provide the most effective and efficient operation of the policy.

5) RELATED REFERENCES:
- **Legislative Decree No (7) for 1989 On the Practice of Human Medicine and Dentistry Article (19):** Any doctor may not prescribe a medicine with the intention of aborting a pregnant woman, or performing abortion operation unless, the continuation of the pregnancy is threatening the life of the pregnant woman. Provided that, this shall be decided by three consultant doctors authorized to practice in Bahrain. In this case, the abortion operation must be performed, or a medicine shall be prescribed with the intention of abortion in a government or an authorized private hospital by a
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Gynecologist and after the approval of the person in charge of the pregnant women.

6) DEFINITIONS:
   • **Termination of pregnancy for medical reason**: To end the pregnancy by inducing abortion as continuation of the pregnancy is perceived to be threatening to mother's life.

7) POLICY: All registered Obstetric Gynecology Physicians should implement the policy of termination of pregnancy for medical reason.

8) RESPONSIBILITIES:
   i. Signatory Authority: To sign and authorize the DPP.
   ii. Process Owner: To maintain the DPP, to direct staff and to set the policy.
   iii. Obstetric Gynecology Chairman and Consultants: To ensure the implementation of the DPP.
   iv. Obstetric Gynecology physicians: To implement the DPP.

9) PROCEDURE FOR IMPLEMENTATION:
   9.1. The primary consultant or his/her designee to coordinate with the academic activity responsible group to arrange for the earliest morning meeting activity for discussion of the case.
   9.2. At least three OBGYN consultants should be present in the meeting.
   9.3. The primary consultant or his/her designee invites other disciplines involved in the patient's care (e.g. medical, hematologist, oncologist, etc…) to attend the meeting.
   9.4. The primary consultant's team prepares and presents the case along with the literature review regarding the outcome in such cases.
   9.5. Confidentiality of the patient has to be maintained at all times.
9.6. Discussion and final consensus has to be documented in the patient's notes.
9.7. If the final decision is to perform termination of pregnancy to save the patient's life, the primary consultant and two OBGYN consultants should sign the consent form.
9.8. The patient and her spouse are counseled about the procedure and complications. A written informed consent is obtained from both before the procedure.
9.9. For medical termination of pregnancy refer to the FIGO Clinical Guidelines for medical termination of pregnancy.
9.10. Be aware that failure to adhere to this policy will result in legal consequences.

10) TRAINING: All Registered Obstetric Gynecology Physicians must be trained to the level stated in their Job Description provided by the Civil Services Bureau as per their designated position provided with the associated Organizational Chart. Staff will undergo additional training as changes in services or technology dictate. Specific training requirements will be documented in the specific work area policy.

11) ACCESSIBILITY, DISSEMINATION, REVIEW, and REVISION & AUTHORIZATION: Please refer to sections 11, 12, 13 & 14 in MAP/MADM/03/0002: Ministry Administrative Policies (MAPs).