



Patient Advocacy: Considerations for Quality of Life and Ethics Regarding Reproductive Rights and Neonatal Palliative Care for Fetuses with Congenital Anomalies

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18 yo G1P0 at 21w 1d presented from outside state for MFM consult for fetal Congenital Diaphragmatic Hernia (CDH)

- Ultrasound: poor prognostic markers
- Counseling and patient preferences: decline fetal intervention, continue pregnancy to term
- Patient informed: efforts would be made to resuscitate the term infant
- Transfer of care: second opinion and possible termination
- Patient wishes not possible : neonatologists would not provide comfort care with full term delivery
- Outcome: coordinated funds for an induced abortion at 22 weeks gestation

Discussion

Factors

Current vs. changing laws

Ethics of fetal resuscitation

Fetal prognosis

Preservation of patient autonomy

Our Role

Unbiased counseling

Appropriate transfer of care

Navigation of healthcare system

Safe and supportive environment