AGREEMENT

THIS AGREEMENT ("Agreement") is entered into by and between the Office of the California Attorney General ("Attorney General") and Hoag Memorial Hospital Presbyterian ("Hoag") as of March 18, 2014, with reference to the following facts:

A. On October 22, 2012, Hoag filed a notice with the Attorney General of its proposed affiliation with St. Joseph Health System (the "Affiliation") and requested that the Attorney General consent to said transaction pursuant to California Corporations Code section 5920, et seq. (the "Transaction Notice").

B. On February 8, 2013, in accordance with California Corporations Code section 5920, the Attorney General issued a conditional consent to the Affiliation (the "Consent"), which Consent was published on the Attorney General's website and made available to the public.

C. Subsequently, the Attorney General opened an investigation into the Affiliation in response to concerns raised by members of the public, physicians affiliated with Hoag, and others related to compliance with Condition VI of the Consent, the effects of the Affiliation on the continued provision of women's health services by Hoag, and representations made by Hoag with respect thereto.

D. As a result of the Attorney General's investigation, the Attorney General and Hoag have now agreed that the public interest would be best served by a clarification of certain terms in the Consent and by a voluntary and fully enforceable agreement on the part of Hoag to provide additional assurances and benefits to the community to address concerns regarding the Affiliation and Hoag's continuing provision of women's health services.

NOW THEREFORE, for good and adequate consideration and intending to be legally bound, Hoag and the Attorney General hereby enter into this Agreement, and each agrees to abide by the terms and conditions set forth below:

1. Agreement to Extend the Requirements of Condition VI of the Consent for an Additional 10 Years and Clarification of Certain Terms in Condition VI. Condition VI of the Consent provides as follows:

> *For ten years from the closing date of the Affiliation Agreement, Hoag Memorial Hospital Presbyterian shall continue to provide the same types and levels of Women's Health Services (except for direct abortions) [footnote 3] at the Women's Health Institute (also known as the Women's Health Services Program). The Hoag Women's Health Committee, as referenced in section 2.2.21 of the Affiliation Agreement, should oversee and approve the Women's Health Institute's budget independently of Covenant Health Network, Inc. In the event that the St.*

Joseph Health System's Statement of Common Values is subsequently adopted by Covenant Health Network, Inc., and made applicable to Hoag Memorial Hospital Presbyterian,[1] Hoag Memorial Hospital Presbyterian shall take steps to ensure that alternative providers are available and accessible to all women, especially low-income women, for direct abortions in the Hoag Memorial Hospital Presbyterian's service area (45 ZIP codes), as defined on page 45 of the Health Care Impact Report authored by Medical Development Specialists, LLC, dated December 28, 2012, and attached hereto as Exhibit 1, and adopt a Charter for the Hoag Women's Health Services Committee that shall include these requirements and the definition of direct abortion set forth in footnote 3 hereto.

Footnote 3 to Condition VI of the Consent provides the following definition:

The term "direct abortion" is defined by St. Joseph Health System as the directly intended termination of pregnancy before viability (24-26 weeks gestation). By way of example, miscarriages, ectopic pregnancies, and emergency services for women experiencing complications related to pregnancy termination at outside facilities, are not direct abortions.

(a) Agreement to Abide by Condition VI for a Period Longer than that Required by the Consent. Hoag will continue to provide the same types and levels of Women's Health Services (except for direct abortions, as described in Footnote 3 of the Consent and as further clarified in Section 1(b) below) at the Women's Health Institute (also known as the Women's Health Services Program) for twenty (20) years following the closing date of the Affiliation on March 1, 2013. During such twenty (20) year period, Hoag will:

(1) Maintain on its public website at www.Hoag.org, a link which contains information about the availability of pregnancy termination and related family planning services in Orange County, similar to the information which is attached as Exhibit A.

(2) Maintain a referral service for patients seeking physician and other nonhospital healthcare services in the community, with such referral service prepared and equipped to answer inquiries about pregnancy termination services available in Orange County.

(3) Maintain, on its Medical Staff intranet site, a physician resource guide containing information about the scope of pregnancy termination services which may be performed at Hoag and information about resources in the community which offer pregnancy termination services that are not available at Hoag, in substantially the same form as the Physician Resource Guide attached as Exhibit B.

(b) Clarification of the Term "Direct Abortion". In the interest of clarification, Hoag hereby provides assurances that with respect to footnote 3 to Condition VI, (i) the term "miscarriages" includes imminent, incomplete, inevitable, and/or septic miscarriages, and (ii)

[1] The SCV was previously adopted by Covenant Health Network, Inc., and made applicable to Hoag on May 1, 2013.

surgical or medical management of fetal demise, and molar pregnancy, are not within the definition of "direct abortion".

2. Physician Private Practices. Hoag acknowledges that the exclusion of "direct abortions" from the continued provision of Women's Health Services, as provided in Condition VI of the Consent and as clarified in Section 1 of this Agreement, shall not apply to procedures conducted in the private practice offices of physicians, including such private practice offices located in facilities owned by Hoag.

3. Non-Applicability of the Ethical and Religious Directives for Catholic Health Care Services (ERDs). Hoag affirms that the Affiliation Agreement, which provides that Hoag will not be bound by the ERDs, remains in full force and effect. Hoag further affirms that Hoag will not in the future agree to be bound by the ERDs.

4. Dedication of Community Benefit Services to Women's Health Care.
Hoag shall dedicate not less than seven and one-half percent (7.5%) of the annual $9.5 million ($9,500,000.00)Minimum Community Benefit Services Amount, as defined in Condition X of the Consent and as subject to annual increases for inflation as described in the third paragraph of Condition X, to programs for women's health care services in Hoag's service area (as such service area is defined in Condition VI of the Consent). Such women's health care services may include, without limitation, support for women's cancer programs and screenings, obstetric care and education programs, education, specialized training, and research relating to women's health issues (e.g., at academic medical centers and other educational institutions), programs and services addressing domestic violence against women, women's mental health issues, and diabetes and obesity in females, educational programs for the community and providers of healthcare services regarding women's health care needs, other general programs relating to women's health issues, and programs or services of other institutions providing similar services in the community. The dedication of this percentage of the Minimum Community Benefit Services Amount to such women's health care services shall begin with Hoag's fiscal year that began on October 1, 2013 and ends on June 30, 2014, and shall thereafter continue until the earlier of (a) the end of the last fiscal year during which Condition X is in effect, or (b) when Hoag has expended a total of Four Million Dollars ($4,000,000.00) for programs for women's health care services in Hoag's service area, but only if Hoag has expended that total amount of Four Million Dollars ($4,000,000.00) within the period beginning on October 1, 2013, and ending on June 30, 2018.

5. Hoag Hospital Procedure for Surgical Management of Fetal Demise or Pregnancy Complication. With respect to its Procedure entitled "Surgical Management of Fetal Demise or Pregnancy Complications," under the Category "Surgical Services," and the Owner "Perioperative Services," and any future iteration or adaptation of said Procedure or other policy or procedure regarding the surgical management of fetal demise or pregnancy complications, Hoag will make the following amendments:

(a) Section 3.0 shall be amended by adding the language italicized below:

Surgical Management of pregnancy for fetal conditions/anomalies at any EGA must have documentation in the chart of fetal demise/lack or cardiac activity ,*other relevant existing clinical conditions (e.* g., *imminent, incomplete, inevitable, and/or septic miscarriages, molar pregnancy), potential risks to the mother and fetus, management options, and patient preferences* prior to start of procedure.

(b) Section 4.0 shall be amended by adding the language italicized below:

Surgical Management of pregnancy termination for maternal conditions at any EGA must have documentation on the chart of the maternal medical condition or *comorbidity* posing a significant risk to the life or health of the mother. Documentation of a perinatal consult will be on the chart prior to start of the procedure.

6. Hoag Hospital Policies and Procedures. Hoag shall cooperate with the Medical Staff Department of Obstetrics/Gynecology to seek to ensure that the Hoag Policies and Procedures for patient care services and surgical procedures relating to termination of pregnancy are consistent with the Rules and Regulations of the Medical Staff Department of Obstetrics/Gynecology, recognizing that the Hoag Board has ultimate responsibility for the activities and affairs of the hospital (Corp. Code section 5210) and, in the specific context of medical staff operations, the Board is ultimately responsible for the quality of care and the health and safety of the patients it serves. *El Attar* v. *Hollywood Presbyterian Medical Center*, 56 Cal. 4th 976 (2013).

7. Hoag's Commitment to Additional Reporting. In addition to its reporting requirements under Condition VI of the Consent, Hoag shall track and provide the Attorney General with written reports concerning:

(a) actions taken during the reporting period to comply with Condition VI, including Hoag's duty under Condition VI to "insure that alternative providers are available and accessible to all women, especially low-income women, for direct abortions in the Hoag Memorial Hospital Presbyterian's service area";

(b) any women's health care services that Hoag has ceased providing during the reporting period for any reason;

(c) a summary of the types and levels of women's health services provided by the Women's Health Institute during the reporting period;

(d) the annual total revenue and expenses for the Women's Health Institute; and

(e) any changes to the Charter of the Women's Health Services Committee or the Charter of the Women's Reproductive Services Advisory Council (the "Council").

Further, concurrent with the reports provided for herein, Hoag shall provide the Attorney General with copies of all minutes, and reports of the Council. The reports provided for in this Section 7 shall be made quarterly for each of the three calendar quarters ending March 31, June 30, and September 30, 2014. Thereafter, Hoag shall provide all of the above information in its annual reports to the Attorney General required by Condition XII of the Consent, and annually thereafter upon expiration of Condition XII. The reporting requirement under this paragraph shall continue for ten (10) years, so that Hoag's final report under this paragraph will be for Hoag's fiscal year ending in 2024.

8. Review by Women's Reproductive Services Advisory Council. Hoag has previously established the Women's Reproductive Services Advisory Council (the "Council"), which is comprised of physician and administrative representatives of providers in the community and community representatives. For the purpose of ensuring compliance with Condition VI of the Consent, the Council shall be charged with reviewing Hoag's efforts and actions to comply with Condition VI and shall report its findings annually to Hoag management for the entire term of Condition VI. The Council shall be provided with a copy of the reports required under Section 6 of this Agreement and shall have the opportunity to provide input or comment upon such reports before they are submitted by Hoag to the Attorney General. Council Members who are not employed or retained by Hoag or who dissent from any information contained in any report described in Section 6 of this Agreement shall have the right to submit to Hoag a minority or dissenting report, which Hoag will include with any reports it files pursuant to Section 6 of this Agreement. At all times while Condition VI is in effect, the Council shall include not less than two physicians who are members of the Hoag Medical Staff of Department of Obstetrics/Gynecology, at least one of whom performs direct abortions in his or her practice, and one member of the general public unaffiliated with Hoag. The Council shall meet not less than quarterly following the first year following the date of this Agreement, and semi-annually thereafter while Condition VI remains in effect.

9. General Provisions.

(a) Choice of Law. This Agreement shall be interpreted according to the laws of the State of California, without regard to principles of conflicts of laws.

(b) Entire Agreement. This Agreement contains all of the terms and conditions agreed upon by the parties hereto regarding the subject matter of this Agreement. Without in any way limiting or altering the terms of the Attorney General's Consent, any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Agreement not expressly set forth in this Agreement are of no force or effect.

(c) Execution in Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, all of which together shall constitute one and the same instrument. Photographic, facsimile and electronic copies of such counterpart signatures may be used in lieu of the originals for any purpose.

(d) Amendment. Any amendment or modification of this Agreement must be in writing, and signed by all of the parties hereto.

(e) Construction of Ambiguous Terms. It is agreed and understood that the general rule that ambiguities are to be construed against the drafter shall not apply to this Agreement. In the event any language of this Agreement is found to be ambiguous, each party shall have an opportunity to present evidence as to the actual intent of the parties with respect to any such ambiguous language, consistent with the parole evidence rule.

(f) Attorneys' Fees and Costs. Each party shall bear its own attorneys' fees and costs.

(g) Date of Execution. The date of the last signature placed hereon shall hereinafter be known at the "date of execution" of this Agreement.

(h) Public Record. The parties agree that this Agreement is a matter of public record and shall be made available to the public upon reasonable request. Further, the Attorney General may publish this Agreement for the purpose of informing the public and all interested persons of its terms and conditions.

(i) Final Resolution of Issues. By this Agreement, the Attorney General and Hoag agree that any issues related to compliance with Condition VI of the Consent, up to the date of this Agreement, and any issues with respect to the effects of the Affiliation on the continued provision of women's health services by Hoag and representations made by Hoag with respect thereto, up to the date of this Agreement, are hereby fully and finally resolved between the Attorney General and Hoag, and that the Attorney General's inquiry in this regard is completed. Nothing herein shall preclude the Attorney General from inquiring about or investigating any matter relating to the Affiliation or Hoag's compliance with the Consent or with its obligations under this Agreement.

(j) Enforcement of Terms. The Attorney General and Hoag shall have the right to enforce each and every provision, term and condition contained in Sections 1 through 8, inclusive, of this Agreement. In the event of a breach by Hoag of any provision, term or condition contained in Sections 1 through 8, inclusive, of this Agreement, the Attorney General

shall be entitled to specific performance, injunctive relief, and any other relief, including equitable relief, consistent with this Agreement, as a court may deem appropriate to insure Hoag's compliance with its obligations under this Agreement.

IT IS SO AGREED:

DATE: March 28, 2014

CALIFORNIA ATTORNEY GENERAL

by: Mark R. Beckington

Printed Name: Mark R. Beckington
Title: Supervising Deputy Attorney General

DATE: March 19, 2014

HOAG MEMORIAL HOSPITAL PRESBYTERIAN

by: Robert T Braithwaite

Printed Name: Robert T. Braithwaite
Title: President & CEO

EXHIBIT A

Community Resources for Reproductive Services

Planned Parenthood

Clinic Hours

For clinic hours, please call 800-230-PLAN or go to www.plannedparenthood.org

- Anaheim
- Costa Mesa
- Mission Viejo
- *Orange
- Santa Ana
- Westminster

*Surgical abortion site

Services

Medical abortion, same day service for surgical termination up to 19 weeks and 2-day procedure for surgical termination >20 weeks

Contact

Appointments: 714-922-4100 • Questions: 800-230-PLAN
www.plannedparenthood.org

UC Irvine Health Women's Options

Center Hours

Call 714-456-7188 for an appointment

Services

Pregnancy options counseling, elective pregnancy termination (both medical and surgical), termination for pregnancies complicated by fetal abnormalities or by maternal high-risk medical problems.

Contact

Appointments: 714-456-7188 • Questions: 714-456-8179
Care Coordinator Assistant: 714-456-7173
www.ucirvinehealth.org/medical-services/womens-options/

Family Planning Associates

Clinic Hours

For clinic hours, please call 877-88-FPAMG or go to www.fpamg.net/locations

Services

1st and 2nd trimester surgical abortion, abortion pill (5 – 9 weeks), female sterilization, emergency contraception

Contact

Appointments: 877-88-FPAMG
Questions: 657-859-5463
www.fpamg.net/

hoag
Women's Health Services

EXHIBIT A

Counseling Support & Financial Resources

Talk Lines

Backline
Support for pregnancy, parenting, abortion and adoption
888-493-0092

Exhale
Support after an abortion
866-4-EXHALE

Emotional Support

A Heartbreaking Choice
Online support for women who have terminated a pregnancy for medical reasons
www.aheartbreakingchoice.com

Abortion Conversation Project, Inc.
Healthy coping after an abortion
www.abortionconversation.com

Hotline

National Abortion Federation
Unbiased information about abortion and pregnancy options
800-772-9100

Financial Assistance

Fund Abortion Now
www.fundabortionnow.org

Family Planning Associates
On-site, same day enrollment for financial assistance through Family PACT and Pregnancy MediCal
877-88-FPAMG
www.fpamg.net
1901 N Tustin Avenue
Santa Ana, CA 92705
657-859-5463

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Women's Health Services

EXHIBIT B

hoag
Women's Health
Institute

Patient and Physician Resource Guide

EXHIBIT B

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Women's Health Institute

Women's Reproductive Services

Table of Contents

Directory of Contacts for Women's Reproductive Services

Name	Address	Phone	Website	Contact	
Community Partners				Medical Director	Chief Administrative Officer
Family Planning Associates	1901 N. Tustin Ave, Santa Ana	877-88-FPAMG	www.fpamg.net	Rachel Steward, MD	
Planned Parenthood	303 W. Lincoln, #105, Anaheim	800-230-PLAN	www.plannedparenthood.org		
Planned Parenthood	601 W. 19th Street, Costa Mesa	800-230-PLAN	www.plannedparenthood.org		
Planned Parenthood	26137 La Paz Road, #200, Mission Viejo	800-230-PLAN	www.plannedparenthood.org		
Planned Parenthood	700 S. Tustin Street, Orange *(surgical site)*	800-230-PLAN	www.plannedparenthood.org	Jennefer Russo, MD	Betha Schnelle
Planned Parenthood	1421 E. 17th Street, Santa Ana	800-230-PLAN	www.plannedparenthood.org		
Planned Parenthood	14372 Beach Blvd., Westminister	800-230-PLAN	www.plannedparenthood.org		
UC Irvine Women's Options	200 S. Manchester Ave, Ste 600, Orange	714-456-8179	www.ucirvinehealth.org/medical-services/womens-options/	Jacqueline Guerrero, MD Tabetha Ridgeway Harken MD	Krista Hollinger
Hoag Hospital					
LDR OR	One Hoag Drive, Newport Beach	949-764-4624	www.hoag.org		
Main OR	One Hoag Drive, Newport Beach	949-764-4624	www.hoag.org	Carole Metcaff	
Maternal Fetal Board	One Hoag Drive, Newport Beach	949-764-4624	www.hoag.org	Kristi Rietzel	
Antepartum Unit	One Hoag Drive, Newport Beach	949-764-8034	www.hoag.org		
Fetal Diagnostic Center	One Hoag Drive, Newport Beach	949-764-8034	www.hoag.org		
Pregnancy & Infant Loss Program	One Hoag Drive, Newport Beach	949-764-2229	www.hoag.org	Laura Navarro Pickens	
Pregnancy After a Loss Group	One Hoag Drive, Newport Beach	949-764-2229	www.hoag.org	Laura Navarro Pickens	
Inpatient Psychiatric Consults	1 Park Plaza #600, Irvine	949-852-7377	www.hoag.org	Valeh Karimkhani, DO	
Maternal Child Health Case Manager	One Hoag Drive, Newport Beach	949-764-8067	www.hoag.org	Adriana Orozco, LCSW	
Perinatal Consultation	361 Hospital Road #229, Newport Beach	949-515-7861	www.hoag.org	Marlin Mills, MD	
Ethicist	One Hoag Drive, Newport Beach	949-764-5505	www.hoag.org	Paul Selecky, MD	
Women's Health Executive Medical Director	One Hoag Drive, Newport Beach	949-422-0843	www.hoag.org	Allyson Brooks, MD	
OBGYN Department Chair	180 Newport Center Dr, #265, Newport Beach	949-706-0181	http://www.newportcenterwomenshealth.com/	Amy VanBlaricom	
Transfer Agreements					
Family Planning Associates	1901 N. Tustin Ave, Santa Ana	877-88-FPAMG	www.fpamg.net		
Fountain Valley Regional	17100 Eucild Street, Fountain Valley	714-966-7200	http://www.fountainvalleyhospital.com		
Long Beach Memorial Center / Miller Children's Hospital Long Beach	2801 Atlantic Ave, Long Beach	562-933-2000	www.millerchildrenshospitallb.org		
Newport Beach Surgery Center	361 Hospital Road, Newport Beach	949-631-5024	http://www.newportbeachsurgerycenter.com/		
Planned Parenthood	700 S. Tustin Street, Orange	800-230-PLAN	www.plannedparenthood.org		
Saddleback Memorial	24451 Health Center Drive, Laguna Hills	949-837-4500	http://www.memorialcare.com/saddleback/about.cfm		
UC Irvine Women's Options	200 S. Manchester Ave, Ste 600, Orange	714-456-8179	www.ucirvinehealth.org/medical-services/womens-options/		
St. Joseph Orange					
Ethicist	1100 W. Stewart Drive, Orange	714-335-0818	http://www.sjo.org/	Kevin Murphy	
Perinatal Comfort Care	1100 W. Stewart Drive, Orange	714-997-7140	http://www.sjo.org/Our-Services/Home-Health/Hospice-Care/Perinatal-Comfort-Care-Program.aspx	Peter Anzaldo, MD	

EXHIBIT B

EXHIBIT B

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Women's Health Institute

Women's Reproductive Services

Referral Process for Elective Pregnancy Termination

Unplanned Pregnancy

Pregnancy testing ◆ pre and post abortion counseling ◆ termination of pregnancy

Termination of Pregnancy Treatment Options

There are different choices of treatment at different gestations:

- up to 9 weeks of pregnancy – medical abortion pill
- up to 12 weeks of pregnancy – day care surgical abortion with non anesthetic
- up to 19 weeks of pregnancy – day care surgical abortion with conscious sedation or general anesthetic
- 19 – 24 weeks of pregnancy – day care surgical abortion with general anesthetic

How to Refer Your Patient for an Abortion

- Private Physician Providers
- Beryl Call Advisors – Physician Referral and warm transfer to community partners
- Hoag website – www.hoag.org/abortion-resources
- Community Resources for Reproductive Services panel and business card with QR code
- Planned Parenthood
- UC Irvine Health Women's Options Center
- Family Planning Associates

How to Make a Client Appointment

- Planned Parenthood: 714-922-4100
- UC Irvine Women's Options Center: 714-456-7188 or www.ucirvinehealth.org/medical-services/womens-options/
- Family Planning Associates: 877-88-FPAMG or www.fpamg.net

Other Useful Numbers

- Planned Parenthood: 800-230-PLAN
- UC Irvine Women's Options Center: 714-456-8179
- Family Planning Associates: 657-859-5463

EXHIBIT B

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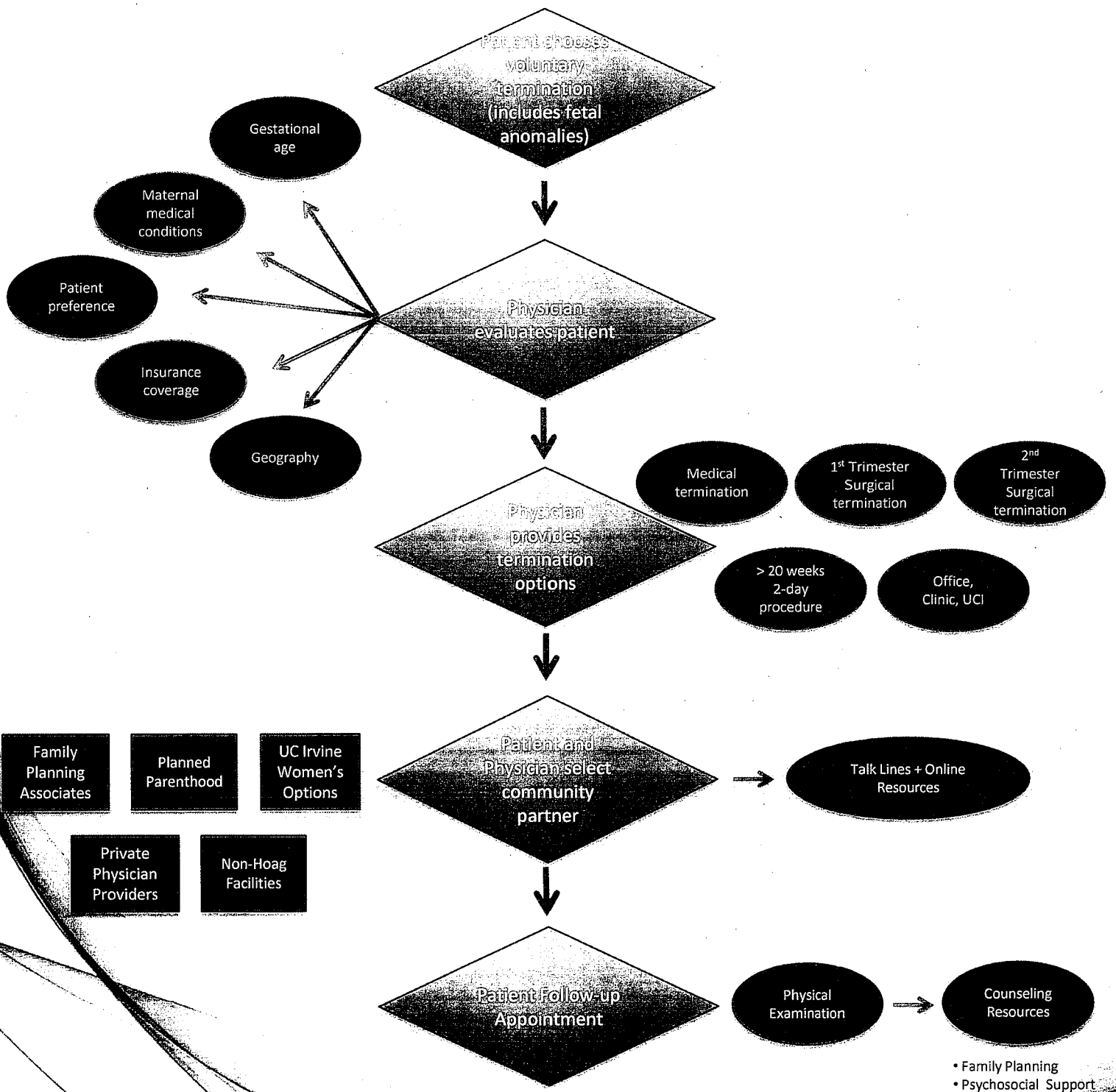
Women's Health Institute

Women's Reproductive Services

Referral Process: Overview for Elective Pregnancy Termination



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Women's Health Institute

Women's Reproductive Services

Referral Process: Patient Pathway for Elective Pregnancy Termination

1. Patient informs physician they want to have an elective termination.
2. Physician evaluates patient taking into consideration the following:
    - Estimated gestational age (EGA)
    - Maternal medical conditions
    - Patient preference
    - Insurance coverage
    - Geography
3. Physician provides termination options to patient and discusses community partner sites that perform those services:
    - Medical termination ≤9 weeks of pregnancy up to 12 weeks of pregnancy
    - 1st Trimester Surgical termination
    - 2nd Trimester Surgical termination
    - 2-day procedure for > 20 weeks with digoxin and cervical ripening
    - Office, Clinic or UC Irvine Women's Options Center
4. Patient and Physician select community partner to have procedure and discuss Talk Lines and Online Resources:
    - Family Planning Associates – www.fpamg.net/
    - Planned Parenthood – www.plannedparenthood.org
    - UC Irvine – www.ucirvinehealth.org/medical-services/womens-options/
    - Private Physician Providers
    - Non-Hoag facilities
    - Talk Lines and Online Resources
        - Backline
        - National Abortion Federation Hotline
        - www.abortionconversation.com
5. Physician follows up with patient post termination to determine if additional medical treatment or counseling resources are needed:
    - Physical examination
    - Counseling resources: Family Planning and Psychosocial Support
        - Exhale
        - A Heart Breaking Choice

EXHIBIT B

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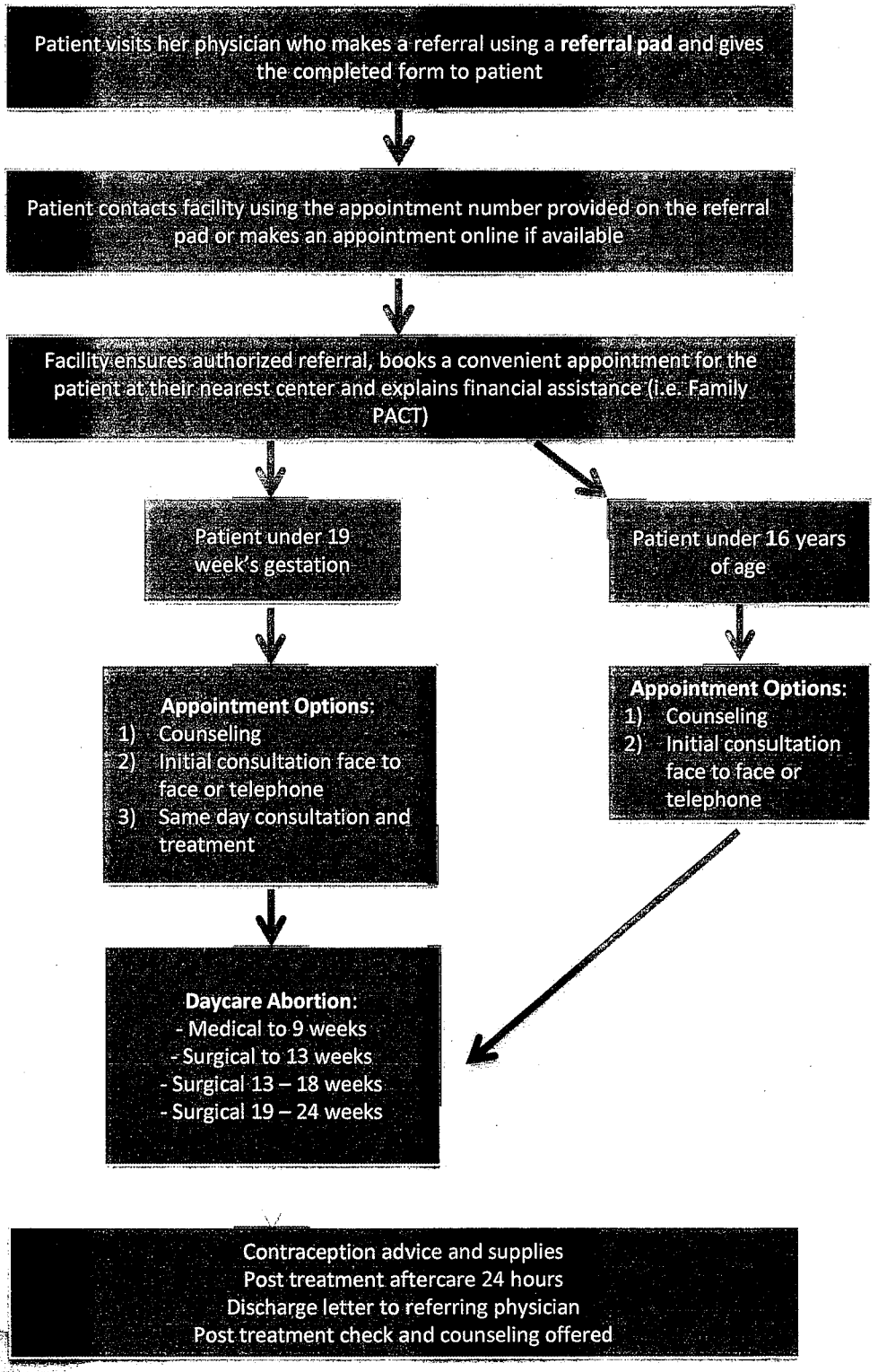
Women's Reproductive Services



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Women's Health Institute

Women's Reproductive Services

Map of Community Partners

Family Planning Associates
1901 N. Tustin Avenue
Santa Ana, CA 92705
657-859-5463

Planned Parenthood - Anaheim
303 W. Lincoln, #105
Anaheim, CA 92805
714-922-4100

Planned Parenthood – Costa Mesa
601 W. 19th Street
Costa Mesa, CA 92627
714-922-4100

Planned Parenthood – Mission Viejo
26137 La Paz Road, #200
Mission Viejo, CA 92691
714-922-4100

Planned Parenthood – Santa Ana
1421 E. 17th Street
Santa Ana, CA 92705
714-922-4100

Planned Parenthood – Orange*
700 S. Tustin Street
Orange, CA 92866
714-922-4100
*Surgical Abortion Site

Planned Parenthood – Westminster
14372 Beach Blvd.
Westminster, CA 92683
714-922-4100

UC Irvine Health Women's Healthcare Center & Center for Fetal Evaluation
200 S. Manchester Avenue
Suite 600
Orange, CA 92868
714-456-7173

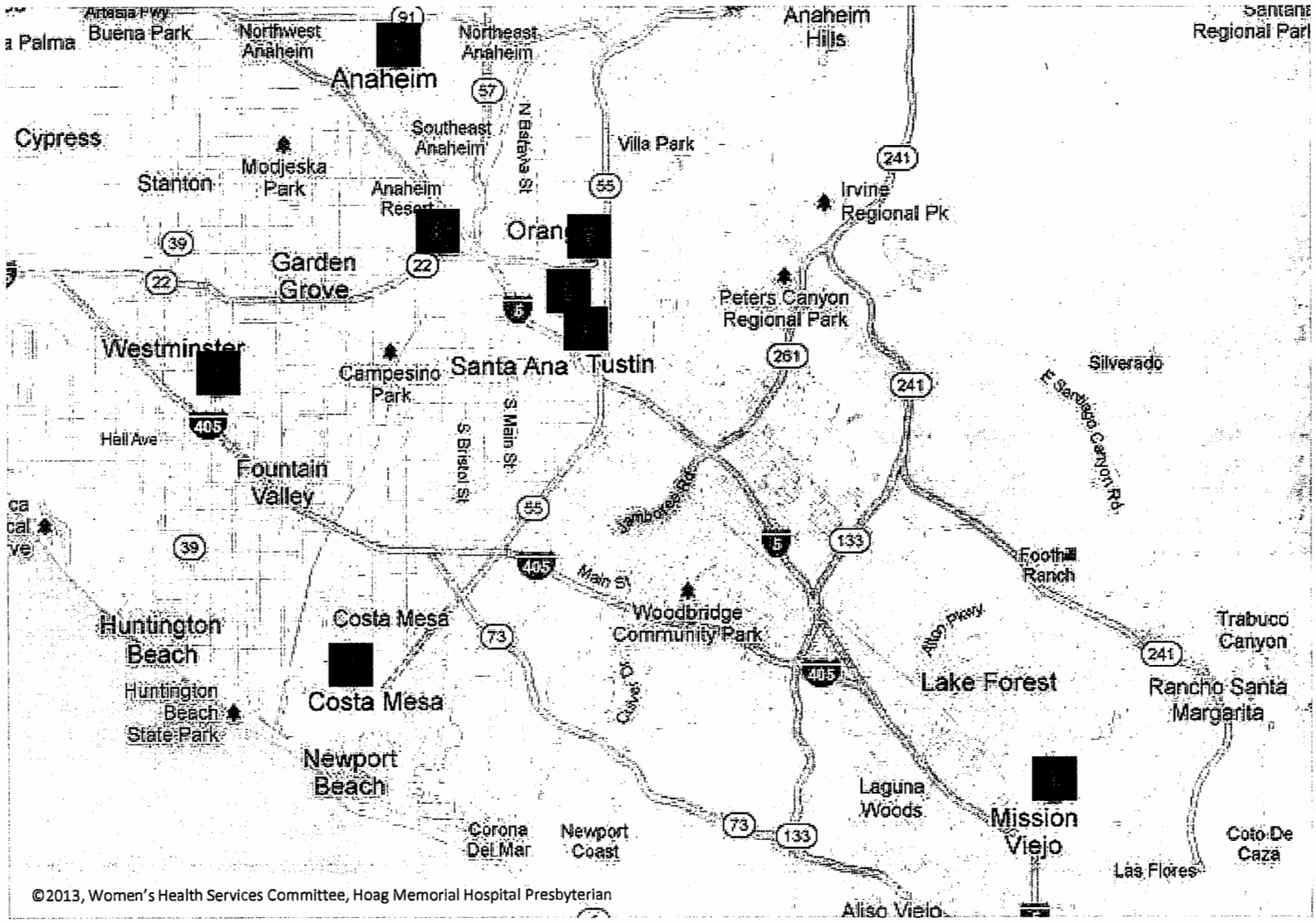

EXHIBIT B

Community Resources for Reproductive Services

Planned Parenthood

Clinic Hours

For clinic hours, please call 800-230-PLAN or go to www.plannedparenthood.org

- Anaheim
- Costa Mesa
- Mission Viejo
- *Orange
- Santa Ana
- Westminster

*Surgical abortion site

Services

Medical abortion, same day service for surgical termination up to 18 weeks and 2-day procedure for surgical termination >20 weeks

Contact

Appointments: 714-922-4100 • Questions: 800-230-PLAN
www.plannedparenthood.org

UC Irvine Health Women's Options

Center Hours

Call 714-456-7188 for an appointment

Services

Pregnancy options counseling, elective pregnancy termination (both medical and surgical), termination for pregnancies complicated by fetal abnormalities or by maternal high-risk medical problems.

Contact

Appointments: 714-456-7188 • Questions: 714-456-8178
Care Coordinator Assistant: 714-456-7173
www.ucirvinehealth.org/medical-services/womens-options/

Family Planning Associates

Clinic Hours

For clinic hours, please call 877-88-FPAMG or go to www.fpamg.net/locations

Services

1st and 2nd trimester surgical abortion, abortion pill (5 – 9 weeks), female sterilization, emergency contraception

Contact

Appointments: 877-88-FPAMG
Questions: 657-859-5463
www.fpamg.net/

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Women's Health Services

Counseling Support & Financial Resources

Talk Lines

Backline

Support for pregnancy, parenting, abortion and adoption
888-493-0092

Exhale

Support after an abortion
866-4-EXHALE

Emotional Support

A Heartbreaking Choice

Online support for women who have terminated a pregnancy for medical reasons
www.aheartbreakingchoice.com

Abortion Conversation Project, Inc.

Healthy coping after an abortion
www.abortionconversation.com

Hotline

National Abortion Federation

Unbiased information about abortion and pregnancy options
800-772-9100

Financial Assistance

Fund Abortion Now

www.fundabortionnow.org

Family Planning Associates

On-site, same day enrollment for financial assistance through Family PACT and Pregnancy MediCal
877-88-FPAMG
www.fpamg.net
1901 N Tustin Avenue
Santa Ana, CA 92705
657-859-5463

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Women's Health Services

Front

Back

EXHIBIT B

hoag
Women's Health Institute

Women's Reproductive Services

Hoag's Process for Surgical Management of Fetal Demise and/or Pregnancy Complications (D&C, D&E)

1. Patient presents with fetal demise or pregnancy complications at Hoag.
    - Pregnancy complications could include bleeding, infection, ruptured membranes, labor, etc
2. Physician evaluates patient or arranges a transfer as appropriate to UC Irvine taking into consideration the following:
    - Estimated gestational age (EGA)
    - Maternal medical conditions
    - Physician / Surgeon support
3. Physician schedules procedure in appropriate OR (i.e. Hoag Surgicare, Pavilion OR, Main OR or LDR). Note the following:
    - Ultrasound report providing documentation of EGA and lack of cardiac activity
    - Ultrasound on standby for procedure
4. Physician follows up with patient to determine if additional medical treatment or counseling resources are needed:
    - Physical examination
        - Contraception as desired by patient
    - Counseling resources: Family Planning, Psychosocial Support
        - Exhale
        - A Heart Breaking Choice

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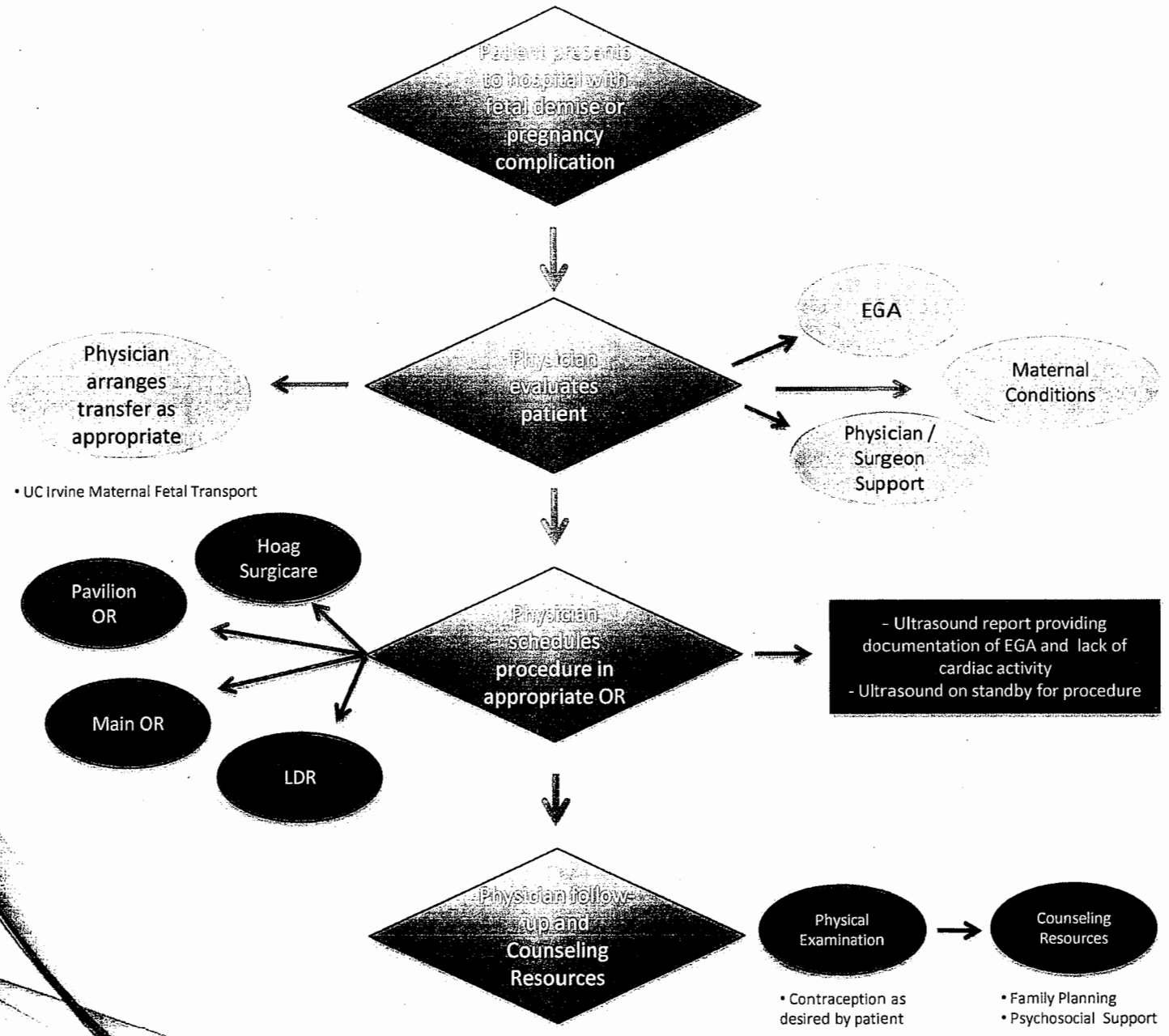
Women's Health Institute

Women's Reproductive Services

Hoag's Process for Surgical Management of Fetal Demise and/or Pregnancy Complications (D&C, D&E)



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Hoag's Process for Augmentation / Induction Management in Labor & Delivery Unit >20 weeks

1. Patient presents with fetal demise or pregnancy complication at Hoag's Labor & Delivery Unit
    - Complications could include demise, bleeding, PROM, labor, etc
    - Evaluation by physician
    - Documentation of Perinatal Consultation is required
2. Shared decision making between patient, physician and perinatologist to determine best method of care for patient:
    1. Augmentation / Induction on Labor & Delivery Unit
        - Contact mortuary if >20 weeks and follow Surgical Management of Fetal Demise and Pregnancy Complication procedure
    2. Transfer to UCI Women's Options if appropriate
    3. Perinatal Hospice if appropriate
    4. Physician schedules D&E in Main OR, Pavilion OR, LDR if appropriate
    5. Documentation in patient's chart of fully informed discussion and decision

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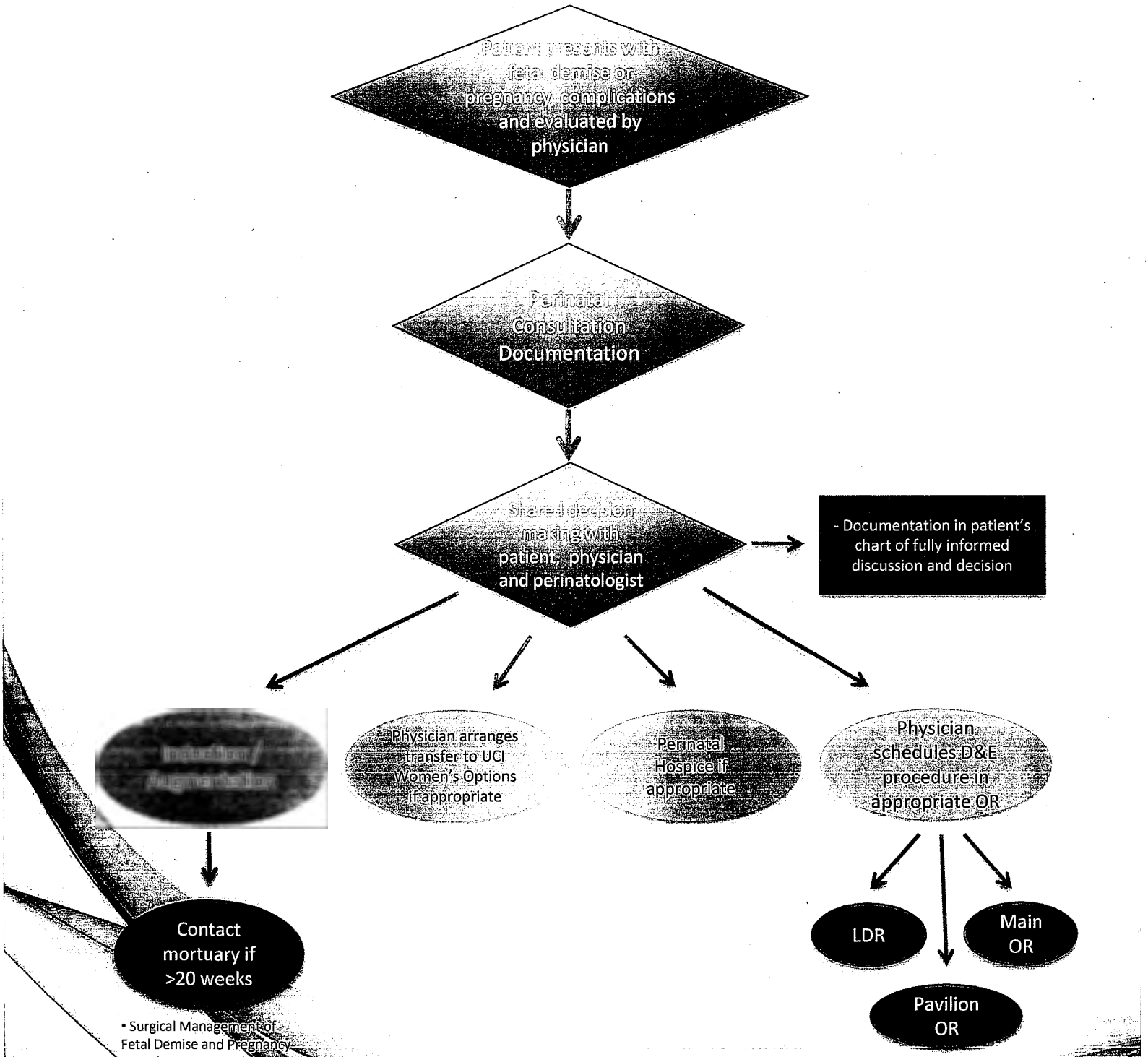
Hoag's Process for Augmentation / Induction Management in Labor & Delivery Unit >20 weeks



• Surgical Management of Fetal Demise and Pregnancy Complication Procedure

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Hoag Women's Reproductive Advisory Committee (WRAC)

The Women's Reproductive Advisory Committee will meet quarterly to assist in the evaluation of Women's Reproductive Care and to assess community needs and trends.

The subcommittee will be comprised of:

1. Hoag WHI Administration – Allyson Brooks, MD
2. Hoag WHI Administration – Kim Mikes
3. Hoag OB/GYN Department Chair – Dr. Van Blaricom
4. Planned Parenthood – Dr. Russo
5. UC Irvine Women's Options – Dr. Porto
6. *Community Advocate

If you are interested in learning more about the subcommittee, please email hoagcommunityrelations@hoag.org.

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Hoag Active Transfer Agreements

Hoag Hospital has active transfer agreements with the following facilities in the event a patient needs to be transferred:

- Family Planning Associates, Santa Ana: 657-859-5463
- Fountain Valley Regional Hospital: 714-966-7200
- Long Beach Memorial Center / Miller Children's Hospital of Long Beach: 562-933-2000
- Newport Beach Surgery Center: 949-631-5024
- Planned Parenthood, Costa Mesa: 714-922-4100
- Saddleback Memorial Medical Center: 949-837-4500
- UC Irvine (UCI): 949-824-7997

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Hoag Maternal Fetal Board

In response to an increasingly diverse population of patients including AMA, ART, multiple gestation and increasingly complex medical conditions, Hoag's Women's Health Institute created a multidisciplinary care planning board for complex maternal, fetal and neonatal cases: The Maternal Fetal Board.

This Board of maternal child health care specialists will assist in coordinating care and offering links to services for pregnancies complicated by high risk or complex maternal or fetal conditions. The case discussions will be used as a guide to the health care providers regarding diagnostic studies, consultation input, pregnancy management, and maternal and neonatal care planning. This board does not replace the individual consultations from the various specialties or subspecialties that may be included. Essential follow-up information will also be provided as deliveries occur and maternal and neonatal outcomes become available.

Since the primary purpose of this board is to help families plan for their delivery and neonatal care, the team has already met with several families. Maternal and fetal conditions where this type of planning has benefited families include, but are not limited to, maternal patients with history of congenital heart defects, cardiomyopathy, fetal cleft lip and palate, fetal hydrothorax, diaphragmatic hernia and skeletal dysplasia.

The board offers CME credits and attendees include Primary Care Providers, Nursing, Obstetrics, Neonatology, Anesthesiology, Perinatology, Mental Health Providers, Ethics representative, Genetics, and Pediatrics. The Maternal Fetal Board is led by Hoag's Chief of Service Perinatology, Marlin Mills, MD and Chief of Service Neonatology, Robert Hillyard, MD, in collaboration with HIRE (Hoag Institute for Research and Education).

OB/GYNs with staff privileges at Hoag are encouraged to submit complex cases for review. Case forms can be obtained from the LDR or Antepartum nurse's stations. The meetings are held the second Wednesday of every month from 7 – 8am in the Hoag Newport Beach Conference Center Room CC4. For more information, or to submit a case form, please contact Kristi Rietzel at 949/764-4624 extension 54233 or kristi.rietzel@hoag.org.

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Hoag Maternal Fetal Board: Discussion Request Form

Date:

Requesting OB/Perinatologist:

Contact Number:

Patient Name:

Maternal/Fetal diagnosis:

Maternal Medications, diagnostic studies, consultants considered:

Expected Delivery date:

Patient is at ___ weeks gestation.

Please Fax Request to 949-764-5802 or Call (949) 764-8344

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Hoag Maternal Fetal Board: Case Conference Summary

Date:

Dear Dr. ,

As we discussed earlier, your patient, identified below, was discussed anonymously and in general terms regarding her diagnosis:

• The following information is a summary of that discussion. Identifying details included in the information noted below were not provided at the conference, but will be combined with the hospital copy of the prenatal record, for your consideration.

Patient Name/DOB:
EDC:

Primary Ob:

MFM:
Pediatrician/Neonatologist:
Other Specialists:

Diagnosis:

Background/History:

Maternal Medical Plan:

Antepartum:

Delivery Timing and Method:

Anesthesia:

Intrapartum:

Postpartum:

Fetal/Neonatal Care Plan:

Antepartum:

Neonatal

Additional Consultations:
- Plans outlined below apply generally to patients with the clinical conditions identified with your patient. Such plans should be considered as guidelines and not specific recommendations.

- The MFMCC is not a forum for peer review nor a consultative service and does not replace appropriate specialty and sub-specialty consultation.

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Women's Reproductive Services

Perinatal Consultation

Perinatal consultations are available as needed with Marlin Mills, MD of Magella Medical Group.

To schedule an appointment, please call 602-770-8407.

Location

One Hoag Drive
Newport Beach, CA 92658
Cell: 602-770-8407
Email: marlin.mills@hoag.org

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Hoag Antepartum Unit

The new specialty antepartum unit on the fourth floor is a 14-bed haven for high-risk obstetric patients who require inpatient services. These special patients, previously mixed in with laboring and delivering moms on the 5th floor, are now cared for on a dedicated unit with new equipment and specially trained nurses. The specialized approach to care in the antepartum unit includes daily rounds by a clinical pharmacist, a gestational diabetes educator and a perinatologist in addition to the patient's private obstetrician. This unit has immediate access to operating rooms in the event of an emergency.

Hoag Fetal Diagnostic Center

The new Fetal Diagnostic Center has eight (8) monitoring rooms and two (2) ultrasound bays providing outpatient fetal heart monitoring for high-risk patients such as pregnant women with diabetes or hypertension.

Registration

Prior to your patient's first appointment, she will need to register. She can pre-register online by visiting hoag.org/pregnancy and clicking "Have your baby at Hoag." If she mailed in her form, please call 949/764-8424 to verify it has been entered in our system. We are located in Women's Pavilion on the 6th Floor.

Test Preparation

Patient's should wear comfortable clothing and eat before coming. The baby is usually more active after a meal. Diabetic patients should bring their meter and a snack.

Contact

Your patient should notify the Fetal Diagnostic Center (949-764-8034) 24 hours in advance if you they are unable to keep their appointment.

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Women's Reproductive Services

Hoag Pregnancy & Infant Loss Program and Support Services

As part of the *Kendall Lauren Honig Pregnancy & Infant Loss Program*, Hoag offers a weekly support group for parents and families who have experience an early pregnancy loss, stillbirth or newborn death. The group provides a compassionate environment to allow parents and families the opportunity to heal and work through the grieving process. In addition, it provides support and sensitivity to families who have suffered a previous loss, while they consider a new pregnancy, or as they manage the feelings of being pregnant after a loss.

Hoag's Pregnancy and Infant Loss Support Group is facilitated by Laura Navarro Pickens, a licensed clinical social worker (LCSW), who has many years of experience in working with families who have experienced a loss. The group is open to anyone who has suffered a loss, including those whose loss did not occur at Hoag. Extended family members are welcome to attend with you. Parents who have experienced a loss after a difficult decision are also welcome.

Meetings are held weekly on Tuesdays at 6pm at Hoag Conference Center (Bldg 44) in Newport Beach.

For one-on-one consultations with Laura Navarro Pickens, please call 562-882-7901.

Pregnancy After a Loss – NEW Support Group

If you lost a baby during pregnancy or infancy AND are pregnant now, there is a NEW support group. Facilitated by Laura Navarro Pickens (LCSW), this group meets every 1st and 3rd Tuesday from 7pm - 8pm in the Hoag Conference Center (Bldg 44), Suite CC3. Group is free. Any questions call the Babyline at 949-764-2229.

Inpatient Psychiatric consultations

Private consultations are also available and offered by Valeh Karimkhani, DO from Hoag Neurosciences Institute. For appointments, please call 949-852-7377.

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St. Joseph's Perinatal Comfort Care

The Perinatal Comfort Care team at St. Joseph Hospital supports pregnant women and their families who receive a prenatal diagnosis that indicates their baby may die before or soon after birth. St. Joseph Hospital is dedicated to embracing parents who have made the decision to continue their pregnancy and wish to spend every precious moment with their baby.

Perinatal Comfort Care Team

The **Program Coordinator** admits the parents to the Perinatal Comfort Care (PCC) program, facilitates communication with the hospital staff, attends the Perinatal conference at the hospital and coordinates the PCC team.

The **Clinical Social Worker** completes the initial assessment, provides psychosocial support and counseling to the family. The social worker assists parents in developing a holistic birthing plan and offers referrals to community resources. The social worker also provides opportunities for the parents and family to participate in memory making.

The **Chaplain** provides a spiritual assessment and collaborates with the parents to establish a care plan to meet the spiritual needs of all family members. The chaplain will help families find purpose and meaning in the lifetime of their baby. The chaplain is also available to facilitate blessings, baptism and other rituals.

The **Music Therapist** provides an assessment and care plan to meet the psychosocial needs of the family. Through music, the therapist is available to assist family members in bonding with their baby and exploring their feelings regarding the birth and possible death of their baby.

A **Nurse** is available to provide education and support to parents and family members to better understand their baby's diagnosis and what to expect at the time of birth and aftercare.

Volunteers are available to assist the family by providing emotional support and respite.

Contact: Peter Anzaldo, MD. 714-997-7140

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Hoag Comfort Care, Transitional Nursery and NICU Involvement

Hoag Social Worker Liaison – liaise between Maternal Fetal Board and St. Joseph

Contact

Teresa Lau

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Women's Reproductive Services

Resources for Complex Decision Making

1) Chief of Maternal Child Services
Marlin Mills, MD
949-764-8344

2) Perinatal Consultants (Magella Medical Group)
Marlin Mills, MD
949-515-7861

Menashe Kfir, MD
949-515-7861

Vineet Shrivastava,M.D.
949-515-7861

3) Maternal Fetal Board
Marlin Mills, MD
949-764-8344

4) Hoag Ethicist
Paul Selecky, MD
949-764-5505

5) St. Joseph Orange Ethicist
Kevin Murphy
714-335-0818

6) Perinatal Hospice Director
Peter Anzaldo, MD
714-997-7140

7) Independent Secular Ethicist
Thomas (Tom) Easterling, MD
University of Washington
206-616-8406

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Women's Health Institute

Women's Reproductive Services

Women's Health Services Committee

Governance and Structure

Charter

Membership

- Ginny Ueberroth, Chair
- Cindy Stokke
- Dr. Ray Ricci
- Karen Linden

Contacts

- Karma Bass – karma.bass@hoag.org
- Erica Osborne – erica.osborne@hoag.org

EXHIBIT B

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
One Hoag Drive, PO Box 6100
Newport Beach, CA 92658-6100

May 1, 2013

Dear Colleagues,

We appreciate your feedback regarding the discontinuation of direct abortions[1] in our Hoag facilities. This letter is intended to provide clarity to this issue.

As a result of the affiliation between Hoag and St. Joseph Health, the Hoag Board of Directors adopted amended and restated bylaws. As a result, direct abortions will no longer occur at Hoag.

To ensure that all other services provided by the Women's Health Institute will continue in the community, the Hoag Board of Directors took steps to create a separate structure and set up a special committee of the Board with separate governance, management and financial oversight for the Women's Health Institute.

Discontinuation of direct abortions at Hoag does not affect or change existing protocols for the following:

- Management of ectopic pregnancy
- Management of blighted ovum, threatened and inevitable miscarriage
- Management of non-viable pregnancy (lack of fetal cardiac activity)
- Emergency services for women experiencing complications related to pregnancy termination at other facilities
- Dispensation of emergency contraception following rape or sexual assault

The special committee will ensure that women continue to have access to all other reproductive and family planning services at Hoag including:

- Permanent sterilization including postpartum tubal ligation, ligation at time of cesarean delivery, laparoscopic tubal ligation/coagulation/transection, hysteroscopic tubal occlusion
- As independent physicians, contraception including counseling, prescribing, placement of LARC (long-acting reversible contraception i.e. IUD) and dispensation of emergency contraception will not change.

Physician referral patterns, consultative services and access to trusted, high quality providers will also not change. The physician-patient relationship and shared decision making are not limited by the discontinuation of this procedure at Hoag. Employee health benefits for reproductive services will not change as a result of the affiliation.

The potential implications for women in our community regarding access to trusted, high quality, affordable reproductive services and providers was of utmost importance to the Board of Directors. The Board approached this affiliation in a thoughtful, deliberate, systematic, community-centric, and faith-based manner. An outside consulting firm, experienced in similar opportunities, conducted extensive interviews with members of community, physicians, nursing staff, administration and Board members, providing a thorough community impact assessment report to the Attorney General[2].

Members of the administration, Board of Directors, medical staff and community attended the public meeting of the Attorney General to make statements regarding the proposed affiliation and took this

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HOAG MEMORIAL HOSPITAL PRESBYTERIAN
One Hoag Drive, PO Box 6100
Newport Beach, CA 92658-6100

responsibility very seriously. In addition, the organization conducted phone interviews with community partners in women's reproductive health, including quality oversight team members and medical directors, performed site visits, and made inquiries about recent and current referral patterns within and outside of Hoag. Throughout the process, we diligently obtained, analyzed and shared data with many Hoag representatives, continually asking for and receiving input.

We found the vast majority of direct abortion procedures are performed at sites other than Hoag facilities – such as physician's offices, independent surgery centers, UCI, Planned Parenthood, and Family Planning Associates. In fact, in each of the past two years fewer than 100 of these procedures have been performed at Hoag facilities.

While we understand the change in venue for this procedure is difficult for some, the formation of Covenant Health Network is predicated on transforming the delivery of care and developing new community partnerships. The decision to discontinue inpatient pediatric services ultimately resulted in the formal affiliation with CHOC. This affiliation transformed the delivery of pediatric care with such elements as the introduction of telemedicine, timely specialty consultations and transport to the highest level of care for patients with emergency conditions, the establishment of a CHOC sub specialty clinic at Hoag, comprehensive perinatal services at the Mary & Dick Allen Diabetes Center, best practice sharing and cross training for our physicians, nurses, pharmacists, and respiratory therapists, and a new state-of-the-art CHOC facility now serving the community.

The Women's Health Institute has provided unparalleled health care since its inception and our commitment continues. We appreciate your ongoing feedback, dedication and service to Hoag and the patients we care for on a daily basis.

Please feel free to contact Dr. Brooks at allyson.brooks@hoag.org or (949) 422-0843 or Robert Braithwaite at robert.braithwaite@hoag.org or (949) 517-3141 with any questions.

Sincerely,

Allyson Brooks, M.D.
Executive Medical Director
Women's Health Institute

Robert T. Braithwaite
President and CEO
Hoag Memorial Hospital Presbyterian

cc: Dr. Richard Afable
Hoag Medical Executive Committee
Hoag Women's Institute Oversight Committee
Hoag Board of Directors

Footnotes

[1] Direct abortions are defined by the Attorney General as the directly intended termination of pregnancy before viability (24-26 weeks gestation).

[2] Attorney General Conditions to Approval of Affiliation Agreement can be found at: http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/pdf/posted_decision.pdf

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HOAG MEMORIAL HOSPITAL PRESBYTERIAN
One Hoag Drive, PO Box 6100
Newport Beach, CA 92658-6100

May 3, 2013

Dear Hoag Employees,

I wanted to take this opportunity to provide you with some important information regarding women's services, as we continue to advocate and promote a culture of transparency at Hoag.

In order to provide our patients the highest level of quality and care at all times, and as a result of the affiliation, direct abortions (scheduled, non-emergent, patient preference terminations of pregnancy) will no longer occur at Hoag. We are choosing to refer these procedures to alternative sites that we know to be consistent with Hoag quality and values, with dedicated, specialty-trained providers of family planning services.

In any business, change is necessary for the advancement of the organization – and Hoag is no different. We found that in our community, the vast majority of these procedures are already performed at sites other than Hoag facilities – such as physician's offices, independent surgery centers, UCI, Planned Parenthood, and Family Planning Associates. In fact, in each of the past two years fewer than 100 of these procedures have been performed at Hoag facilities. Given the volumes are no longer sufficient to maintain the level of quality and safety to which Hoag strives, this is an appropriate change.

Discontinuation of direct abortions at Hoag does not affect or change existing protocols for the following:

- Management of ectopic pregnancy
- Management of blighted ovum, threatened and inevitable miscarriage
- Management of non-viable pregnancy (lack of fetal cardiac activity)
- Emergency services for women experiencing complications related to pregnancy termination at other facilities
- Dispensation of emergency contraception following rape or sexual assault

The Women's Health Institute provides critical services in our community and will continue to do so. As such, the Hoag Board of Directors took steps to create a separate structure and set up a special committee of the Board with separate governance, management and financial oversight for the Women's Health Institute. The special committee will ensure that women continue to have access to all other reproductive and family planning services at Hoag including:

- Permanent sterilization including postpartum tubal ligation, ligation at time of cesarean delivery, laparoscopic tubal ligation/coagulation/transection, hysteroscopic tubal occlusion
- As independent physicians, contraception including counseling, prescribing, placement of LARC (long-acting reversible contraception i.e. IUD) and dispensation of emergency contraception will not change.

Employee health benefits for reproductive services will not change as a result of the affiliation. Physician referral patterns, consultative services and access to trusted, high quality providers will also not change. The physician-patient relationship and shared decision making are not limited by the discontinuation of this procedure at Hoag.

EXHIBIT B

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
One Hoag Drive, PO Box 6100
Newport Beach, CA 92658-6100

While we understand the change in venue for this procedure might be difficult for some, the formation of Covenant Health Network is predicated on transforming the delivery of care and developing new community partnerships. As an example, the decision to discontinue inpatient pediatric services over five years ago ultimately resulted in the formal affiliation with CHOC. This affiliation transformed the delivery of pediatric care with such elements as the introduction of telemedicine, timely specialty consultations and transport to the highest level of care for patients with emergency conditions, the establishment of a CHOC sub specialty clinic at Hoag, comprehensive perinatal services at the Mary & Dick Allen Diabetes Center, best practice sharing and cross training for our physicians, nurses, pharmacists, and respiratory therapists, and a new state-of-the-art CHOC facility now serving the community.

The Women's Health Institute has provided unparalleled health care since its inception and our commitment continues. We appreciate your ongoing feedback, dedication and service to Hoag and the patients we care for on a daily basis.

If you have additional questions, please take a moment to review the updated affiliation FAQ's located on the home page of the WAVE. You may also submit new questions to faq@hoag.org and we will answer your questions, as appropriate, and add them to the FAQ's on the WAVE for all employees to view.

Sincerely,

Robert T. Braithwaite

Robert T. Braithwaite
President and CEO
Hoag Memorial Hospital Presbyterian

DAILY PILOT

Friday, June 14, 2013
11:17 a.m. PDT

Commentary: Hoag is committed to women's health

By Robert T. Braithwaite and Gary McKitterick
May 24, 2013 | 11:21 a.m.

The recently completed affiliation between Hoag Hospital and St. Joseph Health (SJH) was the result of a thoughtful process by both organizations and their boards of directors.

Our combined purpose was to create a collaborative network of care — known as Covenant Health Network — to enhance service capabilities to our Orange County community as we look ahead to the vast array of health care needs that will be required. Certainly, there were, and are, complexities in maintaining respect for the heritage of two faith-based organizations, one Catholic, one Presbyterian.

Women's health is an extremely important issue to the Hoag Board of Directors and administration. We took a proactive approach to the preservation and continuation of health services for women. In fact, the affiliation agreement recognizes the creation of a new governance structure for the Women's Health Institute that operates separately from the governance of Covenant Health Network.

TOPICS

- **Family**
- **Women's Health**
- **Medical Procedures and Tests**

See more topics »

It may, therefore, seem incongruous to some that Hoag recently announced our decision to discontinue elective abortions at Hoag.

So why would Hoag, after working diligently to preserve health services for women, discontinue elective abortions?

And why now?

As one might expect with such a highly-charged issue, some people in the community have expressed concern. Unfortunately, some important facts are being clouded by misinformation, and we believe it is important to clarify how the decision was made.

As we pursued the affiliation, we recognized the sensitivity of this issue and others, and undertook a comprehensive, clinically led, evaluation of our women's health services.

EXHIBIT B

Although consideration of the affiliation prompted the timing of our assessment, it should be made clear that St. Joseph Health did not pressure Hoag to take any specific action.

Our analysis revealed that approximately 100 elective abortions have been performed at Hoag facilities by fewer than 10 physicians in each of the past two years. The requirement for clinical excellence goes beyond the medical procedure itself and requires a full complement of services.

These include a comprehensive range of education and support, such as pre-and post-procedure support services, counseling and a full array of reproductive family planning services. We believe collaborating with organizations that offer more comprehensive and integrated services, such as Planned Parenthood, UC Irvine's Women's Options program and other providers, best serve women in our community.

These programs are led and staffed by physicians, many of whom are fellowship-trained in family planning services. Many Hoag physicians have referred their patients to these programs consistently over many years. In fact, several local providers have assured Hoag that they have the capacity and offer the expertise and optimal environment for women needing the service.

A few other facts: Statewide data show that less than 5% of elective abortions are performed in hospitals. At Hoag, 95% of the patients who had elective abortions were privately insured, 3% were covered by the Medi-Cal program and only 2% were eligible for and received charity care.

It is important to note that this clinical service change on elective abortions does not impact any other current women's service. In approving the affiliation, the attorney general said Hoag must continue to provide all other women's health services for at least 10 years, and the Hoag board will maintain decision making authority of clinical services. Those services include permanent sterilization, contraception, management of pregnancy complications and complications related to pregnancy termination at other facilities.

What will never change at Hoag is our unyielding commitment to provide our communities with the finest and most advanced health care possible. When the decision was made to eliminate in-patient pediatric care in 2008 and work with Children's Hospital of Orange County, there was a similar concern expressed in our community. Five years later, that clinically-determined decision has resulted in our community being better served, and we are confident that the same holds true with this decision.

The leadership of Hoag's Women's Health Institute and the Hoag Board of Directors is committed to providing patients seeking an elective abortion, an accessible path to comprehensive, high-quality resources in our community that will best support their needs.

ROBERT T. BRAITHWAITE is president and chief executive officer, Hoag Memorial Presbyterian. **GARY MCKITTERICK**, is chairman of the Hoag Board of Directors.

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Commentary: God's grace extends to Wicca and beyond

Commentary: Common Core math program needs far more study

TCN South news staff

List of Times Community News South editorial staff

John Canalis
24 apprehended when boat washes ashore in Crystal Cove latimes.com/local/lanow/la... via @latimes

Kelly Parker
There's a day for everything now RT @latimesfood: 4 'berry' nice ways to celebrate National Strawberry Shortcake Day: lat.ms/11FpmkU

Jill Cowan
CdM drama teacher says accusations were made by a 'dissatisfied student,' reports @jeremiahdobruck: dailypilot.com/news/tn-dpt-me...

Jeremiah Dobruck
.@UCIrvinePD says there was a stabbing on campus at 3 a.m. today. Suspect is still at large: local.nixle.com/alert/5017859/...

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OBSTETRICS/GYNECOLOGY

ATTENDANCE:	Provisional/Active=50%; Affiliate=0%
CHAIR:	Candidates for the Department Chair position should have completed a term of membership on the OB/GYN Core Committee.
MEETINGS:	Department - Quarterly. Core - At least quarterly; usually 11 meetings per year.
COVERAGE (ED):	Reference Medical Staff Rules and Regulations. The assigned on-call OB physician will care for unattached/unassigned patients presenting to either the Hoag Newport Beach or Hoag Irvine campus. All pregnant patients with gestational age >16 weeks presenting to the Hoag Irvine campus will be evaluated by the on-call OB physician and/or transported via ambulance to Hoag Newport Beach Care if hospital admission is indicated. The assigned on-call OB physician may engage the laborist in the care of the unattached/unassigned patient, unless the laborist is otherwise unavailable. The laborist is available to assist in the management of the patient but the assigned on-call OB physician is still the responsible party until discharge of the patient. Historical exemptions=20 years or have reached the age of 60
CORE:	The Department Chair shall appoint at least seven (7) members of the Department to serve a two-year term on the OB/GYN Core Committee, to perform the functions of privileging and performance improvement
PRENATAL RECORD:	All physicians practicing obstetrics at Hoag Memorial Hospital must complete the prenatal record to include office visits up to the 28th week and submit the original to Medical Records. Records must be sent over again at 36 weeks (LDR staff to replace 28 week record with 36 week record or staple the two together). The prenatal record will serve as the history and physical. Effective 10/1/04, the ACOG Prenatal Record form is to be used for all prenatal records. 10/12/04.
VBAC:	When a VBAC patient is in labor, the obstetrician must be immediately available, either in-house or in an office across the street from the hospital. 10/12/04
TRANSFER OF CARE:	When a physician transfers the care of patients from a weekend call to 7:00 a.m. Monday call, it is her/his responsibility to notify the new physician on duty.
PREGNANCY TERMINATION:	Ectopic pregnancies will continue to be managed medically or surgically in the manner deemed most appropriate by the attending physician. Surgical or medical management of fetal demise, hydatidiform mole, partial mole, incomplete or inevitable abortion, septic abortion and complications from medical or surgical pregnancy termination at outside facilities may be performed at Hoag by a privileged and credentialed Ob/Gyn. Surgical or medical management of fetal demise and pregnancy complications beyond 13 weeks and up to the legal limits of viability in gestational age will be performed in an inpatient setting in the Operating Room or LDR unit and may only be performed by Ob/Gyn providers who are trained, skilled and credentialed in these more complicated procedures. Patients who have maternal medical conditions or comorbidities (such as, but not limited to, hypertensive disorders, malignancies, seizure disorders, diabetes, renal failure) which are deemed by their attending physician, in consultation with a perinatologist, to be a significant risk to the mother's life or health may be managed at Hoag by providers who are trained, skilled and credentialed in the complex care and decision-making necessary for optimal patient outcomes. The fully informed discussion regarding all management options must be

documented in the patient record. In all cases, ultrasound documentation of EGA and presence or absence of cardiac activity must be available at the time of scheduling the procedure and provided on the medical chart prior to performance of the procedure. Ultrasound documentation may be provided by the physician's office, outside imaging facility or Hoag radiology.

OBSTETRICAL CHECKS: Medical Screening Examinations, Obstetrical Patients: Labor, Delivery, Recovery nurses, who have successfully completed the fetal monitoring competency and labor assessment orientation are considered qualified medical personnel to determine whether a patient is in labor. A physician (obstetrician or perinatologist) must certify a diagnosis of false labor in accordance with Perinatal Department Policy 0-1.3, Obstetrical Assessment (OB Check), Outpatient - Standardized Procedure. 11/08/05

EXHIBIT B

hoag

PROCEDURE

CATEGORY: PATIENT CARE SERVICES	Effective Date:
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE PROCEDURE	

PURPOSE:

- To provide a policy for the disposition of the infant post fetal demise in accordance with the California Health and Safety Code.
- To provide supportive care for the parents experiencing an infant loss.

SCOPE: Labor and Delivery Unit (LDR)

AUTHORIZED PERSONNEL: LDR RNs who have completed the Perinatal Loss competency

	Description	Responsible Person
1.0	**Upon diagnosis of fetal demise:** 1.1 Explain procedure and what to expect to parents. 1.2 Discuss post delivery options (holding infant, pictures, baptism, burial options, autopsy, and genetic studies). 1.3 Notify Admitting to assign the patient to another unit if the patient requests to be transferred. 1.4 Notify Social Services, if ordered by physician, of mother's admission. 1.5 Sign consent for autopsy if indicated. 1.6 Select mortuary if indicated. 1.7 Place the perinatal loss card on the door of the room to alert the healthcare team.	Nursing Staff
2.0	**After birth of infant and when appropriate, the nurse should attempt to provide the following:** 2.1 Provide privacy per patient's request. 2.2 Remind visitors to check at nurses' station before entering the patient's room. 2.3 Provide an opportunity to view the infant. Encourage parents to hold infant as long as they would like. Encourage them to look at all parts of the infant (hands, toes, etc.) and remind them that they can see the baby again at a later time if they so desire. 2.4 Encourage other family members to see the infant. 2.5 Take photographs of the infant. Offer parents the option of providing their own camera equipment. Offer to take family photos as well. 2.6 Wrap infant in appropriately colored blanket and hat prior to taking photos. Take photos with the bear as well. Give hat, blanket and bear to parents in the Memory Box. 2.7 Obtain infant's length and weight. 2.8 Complete 2 ID bands. Attach one to the infant's ankle or around waist and place the other in the Memory Box. 2.9 Collect a lock of hair if possible and place the hair in a small envelope. 2.10 Refer to Ryan's Rules (located in Perinatal Loss closet) and obtain phone number for hand and foot prints, or make prints from ink or clay and put in Memory Box. 2.11 Provide clergy per patient's request. 2.12 Have secretary make a "Bear Birth Certificate" (pink for girl, blue for boy). 2.13 When infant is taken from parents, give mother the bear from the pictures to hold. 2.14 Give parents the completed Memory Box.	Nursing Staff

CATEGORY: PATIENT CARE SERVICES	**Effective Date:**
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE PROCEDURE	

	Description	Responsible Person
	2.15 Call *Now I Lay Me Down to Sleep* for infant > 20 weeks for professional photographs (see Perinatal Loss binder for telephone numbers).	
3.0	**Disposition of infant: (see exemptions for coroner's case, genetic studies, autopsy)** 3.1 Specimen **(<20 weeks and <400 grams and <28 cm from crown to heel)** 3.1.1 Place fetus and placenta in specimen container filled with formalin. Write what the specimen is on the label. 3.1.2 Send to Pathology Department with a completed pathology form. Write gestational age on this form. 3.1.3 State law requires that the fetus remains in the lab for 18 months. The fetus is then cremated by an outside agency. 3.1.4 If burial or cremation is desired: 3.1.4.1 Obtain mortuary of choice from parents or have them call staffing office with the information. 3.1.4.2 Have parents sign the Mortuary Release portion of the patient expiration form. 3.1.5 The infant will be sent to the morgue (per the non-specimen criteria) and the placenta in formalin to the lab with completed pathology form. 3.2 Non-Specimen **(≥ 20 weeks, or ≥ 400 grams, or ≥ 28 cm from crown to heel)** 3.2.1 Obtain 2 labels with mother's information. 3.2.2 Wrap infant in a blanket and attach a label. 3.2.3 Place infant in a box, label box with the other label. Transport infant to the morgue with the original and yellow copies of the patient expiration form (after faxing it to staffing office). The pink copy is to remain on the patient's chart. 3.2.4 Notify Security to open the morgue and transport infant to morgue. 3.2.5 Placenta: Complete pathology slip, place placenta in formalin and send to pathology with completed pathology slip. 3.2.6 Write placenta on the label attached to the container, along with date, time and signature.	Nursing Staff
4.0	**Exemptions:** 4.1 **Coroner's Case:** 4.1.1 If the infant meets the coroner's criteria: 4.1.1.1 The nurse or physician must call the coroner's office (949-647-7000) to determine if the coroner wishes to take the case. 4.1.1.2 A case number will be issued if the coroner takes the case. Record the case number and the name of the deputy coroner on the Patient Expiration Form and on the Perinatal Loss checklist. 4.1.1.3 If the case is accepted, request specific instructions for the disposition of the infant (i.e. in a blanket, saline, formalin). 4.1.1.4 The placenta must accompany the fetus to the morgue. Request specific instructions from coroner, regarding disposition of the placenta (i.e. saline or formalin). 4.1.1.5 The coroner may request a copy of the mother's chart. 4.1.1.6 Assess the family's need for extended time with the infant before the	Nursing Staff

CATEGORY: PATIENT CARE SERVICES	**Effective Date:**
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE PROCEDURE	

	Description	Responsible Person
	coroner arrives and request a delay from the coroner if needed. 4.1.1.7 In coroner's cases, an autopsy is not optional and is performed by the coroner unless deemed unnecessary. Parental consent is not required. If parents' beliefs are compromised by an autopsy, notify the coroner. An autopsy may be waived at the coroner's discretion. 4.1.1.8 If the coroner declines the case, record coroner's name and release number (if issued) on the Patient Expiration form and Perinatal Loss checklist. 4.2 **Genetic Studies:** 4.2.1 Place specimen in room temperature normal saline and transport to pathology with completed pathology form. 4.2.2 Notify Pathology of genetic study request. 4.3 **Autopsy:** 4.3.1 If the parents/physician request an autopsy: 4.3.1.1 Complete an Authority for Autopsy form and obtain a signature from one parent or guardian. The parents have up to 72 hours for the decision. Notify parents that autopsy may be done at another facility. 4.3.1.2 Immediate signature is preferred. 4.3.1.3 A faxed consent will be accepted. Send the fax to the nurse staffing office. Place a copy on the chart. 4.3.1.4 A telephone consent is not valid, per State regulations. 4.3.1.5 Send completed *Authorization for Autopsy Form* for an infant that is considered **non-specimen** or *Surgical Pathology Requisition Form* for an infant that meets criteria as a **specimen** to the nurse staffing office. 4.3.1.6 A separate pathology form goes with the placenta to Pathology. 4.3.1.7 If an autopsy is requested: 4.3.1.7.1 Contact Pathology, Monday through Friday 7am-6pm and Saturday 7am-1pm, extension 45610 to notify of autopsy. 4.3.1.7.2 Fax copies of *Authorization for Autopsy, Patient Expiration Information Forms* and *Physician Order for Autopsy* to Pathology 949-764-8083.	
5.0	**Documentation:** 5.1 Live birth or non-specimen fetus 5.1.1 Document sex, apgars, infant's measurements, and disposition of fetus and the placenta on the delivery record. Complete entire delivery record. 5.1.2 Complete Perinatal Loss Checklist 5.1.3 Complete Patient Expiration form 5.1.4 Document in Fetal Demise Book 5.1.5 Document in Delivery Log if live birth or ≥24 weeks gestation 5.2 Specimen 5.2.1 Document sex, measurements and disposition of fetus and placenta on labor flow sheet	Nursing Staff

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PROCEDURE

CATEGORY: PATIENT CARE SERVICES	**Effective Date:**
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE PROCEDURE	

Description	Responsible Person
5.2.2 Complete Perinatal Loss Checklist 5.2.3 Document in Fetal Demise Book	

Reference:

1. California Health and Safety Code: 4054.3, 10175; 7111 and 7054.1
2. Orange County Chief Deputy Coroner
3. AWHONN Perinatal Nursing, 3RD Ed., Lippincott: Philadelphia, 2008

Multidisciplinary Review:

Review and/or input for this policy was given by the following:

LDR UPC: March 2010

Location of Controlled Copies:

Women's Health Institute Administration

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POLICY

CATEGORY: Patient Care Services	Effective Date:
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE POLICY	

PURPOSE:

- To provide a policy for the disposition of the infant post fetal demise in accordance with the California Health and Safety Code.
- To provide supportive care for the parents experiencing an infant loss.

SCOPE: Labor and Delivery Unit (LDR)

AUTHORIZED PERSONNEL: LDR RNs who have completed the Perinatal Loss competency

	Description	Responsible Person
1.0	**The patient and family will be supported in their grief process in accordance with Ryan's Rules.**	Nursing Staff
2.0	**All cases of fetal demise will have a patient expiration form faxed to the Nurse Staffing Office.**	Nursing Staff
3.0	**All cases of fetal demise will have the mother admitted on her OB account (not a medical admit).**	Nursing Staff
4.0	**All cases of fetal demise will be called to ONE LEGACY 1-800-338-6112 for tissue donation.**	Nursing Staff
5.0	**All cases of fetal demise will be logged in the fetal demise log. If the gestation is ≥ 24 weeks, it will be logged in the delivery book also.**	Nursing Staff
6.0	**Per Government Code, State of California, section 27491, the following fetal deaths are reportable to the coroner:** 6.1 The infant is ≥ 20 weeks gestation 6.2 The infant weighs ≥ 400 grams (5.8 oz) 6.3 The infant measures ≥ 28 cm (10 inches) from crown to heel 6.4 Maternal trauma or abuse, irrespective of gestational age 6.5 Maternal drug use which may be significant to the fetal death, irrespective of gestational age 6.6 Maternal incarceration or other police custody, irrespective of gestational age 6.7 Any death known or suspected to be due to a contagious disease and constituting a public hazard, irrespective of gestational age.	Nursing Staff
7.0	**Any infant who does not have a heart rate or respiratory effort upon birth (stillborn):** 7.1 Is considered a **specimen** if the fetus is less than 20 weeks gestation, and less than 400 grams and less than 28 cm from crown to heel **(all 3 criteria MUST be met)**: 7.1.1 May be handled as a specimen unless the family desires a burial or cremation. 7.1.2 Does not require a death certificate. 7.2 Is considered a **non-specimen** if the fetus is ≥20 weeks gestation, or ≥400 grams, or ≥28 cm from crown to heel **(only 1 criteria must be met)**: 7.2.1 Must be registered with the local registrar within 8 days and have a fetal death certificate. The mortuary will complete this. 7.2.2 Have a disposition by burial or cremation.	Nursing Staff

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POLICY

CATEGORY: Patient Care Services	**Effective Date:**
Owner: Manager, Labor and Delivery Unit	
TITLE: FETAL DEMISE POLICY	

	Description	Responsible Person
	7.3 If the gestational age cannot be confirmed, evaluate using the following criteria: 7.3.1 ≥ 400 grams, or ≥28 cms should be considered to be 20 weeks gestation. 7.3.2 < 400 grams and <28 cms should be considered to be less than 20 weeks gestation.	
8.0	**Any infant, regardless of age, weight or length who, upon delivery, had a heart rate, respiratory effort and/or definite movement of voluntary muscles, must be treated as a live birth and not a specimen.** 8.1 Infant must be admitted and discharged as expired. 8.2 A physician must pronounce the time of death. 8.3 The infant must have a live Birth Certificate. 8.4 The infant must have a death certificate. 8.5 A disposition by burial or cremation.	Nursing Staff
9.0	**If the fetus is judged viable, or questionably viable, neonatal consultation will be requested, and the fetus will be transferred to the appropriate level of care in the newborn nursery.** 9.1 Transfer to level II nursery requires separate admission and chart.	Nursing Staff
10.0	**Fetuses judged nonviable, but showing signs of life for a prolonged period of time, will be transferred to level II nursery for comfort care and maintained in a thermally neutral environment, and will be observed. Baby may be kept with parents.**	Nursing Staff

Reference:

1. California Health and Safety Code: 4054.3, 10175; 7111 and 7054.1
2. Orange County Chief Deputy Coroner
3. AWHONN Perinatal Nursing, 3RD Ed., Lippincott: Philadelphia, 2008

Multidisciplinary Review:

Review and/or input for this policy was given by the following:

LDR UPC: 3/2010

Location of Controlled Copies:

Women's Health Institute Administration

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PROCEDURE

CATEGORY: SURGICAL SERVICES	Effective Date:
Owner: Perioperative Services	
TITLE: SURGICAL MANAGEMENT OF FETAL DEMISE OR PREGNANCY COMPLICATIONS	

PURPOSE: To identify processes related to surgical management of fetal demise and complications of pregnancy

SCOPE: Newport Beach / Irvine, Main Operating Room, Newport Surgicare, Labor & Delivery, Anesthesiology, HHI Operating Room

AUTHORIZED PERSONNEL: Registered Nurse, Surgeon, Operating Room Assistant

	Description	Responsible Person
1.0	**To determine appropriate location of procedure and disposition of fetus** 1.1 Surgical management of fetal demise or complications of pregnancy must have documented verification on the chart of estimated gestational age (EGA) by ultrasound dating prior to procedure. 1.1.1 Surgical management of pregnancies complicated by fetal demise, blighted ovum, incomplete or inevitable abortion, septic abortion (less than 13 weeks EGA), molar or partial molar pregnancy may be performed in an outpatient setting, i.e. Newport Surgicare. 1.1.2 Surgical management of fetal demise or complications of pregnancy in gestations greater than 13 weeks and up to limits of viability must be performed in an inpatient setting i.e. Main Operating Room / Pavilion Operating Room / HHI Operating Room/LDR. 1.1.3 Complications from medical or surgical pregnancy termination performed at outside facilities will be managed in an inpatient setting i.e. Main Operating Room/Pavilion Operating Room/HHI Operating Room/LDR	**RN, Surgeon**
2.0	**Dilatation and curettage / dilatation and evacuation, due to fetal demise must have:** 2.1 Ultrasound Documentation of EGA and absence of fetal cardiac activity on the chart prior to performing the procedure 2.2 Ultrasound documentation may be provided by outpatient imaging center, office ultrasound or Hoag radiology	**RN, Surgeon**
3.0	**Surgical Management of pregnancy for fetal conditions/anomalies at any EGA must have documentation in the chart of fetal demise/lack of cardiac activity prior to start of procedure**	**RN, Surgeon**
4.0	**Surgical Management of pregnancy termination for maternal conditions at any EGA must have documentation on the chart of the maternal medical condition posing a significant risk to the life or health of the mother. Documentation of a perinatal consult will be on the chart prior to start of procedure.**	**RN, Surgeon**
5.0	**Laboratory orders as soon as possible: complete blood count without differential and ABO/Rh type and screen.** 5.1 If Rh negative, Rh immune globulin is indicated after the products of conception are passed (see Administration of Rh Immune Globulin procedure).	**RN, Surgeon**
6.0	**If the fetus is less than 20 weeks gestation,** 6.1 Place the Products of Conception (POC) in a specimen container filled with formalin 6.1.1 If genetic studies are ordered, do not place in formalin. Contact Pathology Lab for preparation of the tissue.	**RN, Surgeon**

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PROCEDURE

CATEGORY: SURGICAL SERVICES	**Effective Date:**
Owner: Perioperative Services	
TITLE: SURGICAL MANAGEMENT OF FETAL DEMISE OR PREGNANCY COMPLICATIONS	

	Description	Responsible Person
	6.2 Transport the POC to the pathology department with a completed pathology form. 6.2.1 Document the gestational age on form 6.2.2 If the parents wish to see the fetus/POC, notify pathology to arrange 6.2.3 If the family wishes to have fetus and POC released for burial, complete the " instructions and Authorization Removed Surgical Item(s)" form from pathology 6.2.3.1 Send the completed form with fetus/ POC to pathology 6.2.3.2 Fax copy of form to staffing office (X45992)	ORA
7.0	**If the fetus is 20 or greater weeks gestation, the fetus/POC must be taken to the Morgue (CA Health and Safety Code Section 102950). Each fetal death 20 weeks or greater shall be registered with the local registrar of birth and deaths.** 7.1 Complete Patient Expiration Information Form #2941 7.1.1 Fax copy of form to Staffing office (x45992) 7.1.2 Send the original and yellow copies to the morgue with the fetus/POC. The pink copy remains in the mother's chart. (Contact Social Services for assistance with form completion as needed) 7.2 Send 2 patient identification labels with fetus/POC 7.3 Transport fetus/POC, with identification labels, original and yellow copies of the expiration form to the morgue. 7.4 Complete pathology slip 7.4.1 Write gestational age on pathology slip and any other pertinent Information 7.5 Notify nursing supervisor for tissue donation	**RN, Surgeon** ORA
8.0	**An autopsy is not required, however, if the parents or the physician request an autopsy:** 8.1 Notify pathology of request for autopsy. 8.2 Complete an Authority (Consent) for Autopsy Form and obtain signature from one parent or guardian. 8.3 Send completed autopsy and pathology forms with fetus/POC to the Morgue. 8.4 Fax copy of form to staffing Office (X45992)	**RN, Surgeon**
9.0	**Notify Social Services for family support if necessary.**	**RN, Surgeon**
10.0	**Disposition of the fetus (Pathology or Morgue)** 10.1 Pathology Requisition Form 10.2 Patient Expiration Information # 2941 for 20 weeks or greater 10.3 Instructions and Authorization Removed Surgical Item(s) if fetus/POC released to morgue 10.4 Authority (consent) for autopsy if required 10.5 Documentation of fetal demise on chart prior to surgical procedure for patients with gestational age greater than 20 weeks 10.6 Ultrasound documentation of gestational age	**RN, Surgeon**

Reference: AORN Standards
Multidisciplinary Review: Perioperative Management Team, Women's Health Advisory Council
Review and/or input for this policy was given by the following: Women's Health Advisory Council
Location of Controlled Copies: Perioperative Administration Office

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PROCEDURE

CATEGORY: PATIENT CARE SERVICES	Effective Date: See footer
Owner: Director, Labor and Delivery Unit	
TITLE: MEDICAL/SURGICAL MANAGEMENT OF FETAL DEMISE OR PREGNANCY COMPLICATIONS LESS THAN 24 WEEKS GESTATION	

PURPOSE: To provide guidelines for RNs caring for patients needing medical or surgical management of fetal demise or pregnancy complications for gestations less than 24 weeks, and attending to the patient during the delivery of the fetus. No employee or medical staff member will be disciplined for refusing to participate in a pre-viable preterm delivery, if the person has filed a written statement with the hospital indicating a moral, ethical or religious basis for refusal.

SCOPE: Labor and Delivery Unit (LDR)

AUTHORIZED PERSONNEL: LDR RNs who have completed the perinatal loss competency

Description	Responsible Person
1.0 CONSIDERATIONS:	Nursing Staff
1.1 All candidates for this procedure should be <24 weeks gestation or have experienced an intrauterine fetal demise.	
1.2 A perinatal consultation, that documents the existing clinical conditions, potential risks to the mother and fetus, management options, and patient preferences, is required for all candidates.	
1.3 The physician must inform the patient regarding the procedure and possible outcomes. A consent should be signed for the induction of labor or surgical procedure with possible dilatation and curettage.	
1.4 Required documentation necessary before this procedure is started:	
1.4.1 Verification of gestational age by ultrasound and presence or absence of cardiac activity	
1.4.2 Shared decision making between attending physician, patient, and perinatologist	
1.4.3 Informed consent signed for the procedure and possible dilatation and curettage.	
1.5 The patient and family will be supported in their grief process in accordance with the "Fetal Demise Procedure."	
2.0 PROCEDURE:	Nursing Staff
2.1 Admit the patient to the LDR unit on an obstetrical service (OBS) account.	
2.2 Complete the OB Patient Profile and Medical/Surgical History including outpatient medication, or recent use of aspirin, history of asthma, and history of uterine surgery, e.g. cesarean delivery..	
2.3 Assess the patient's knowledge of the procedure and expectations of labor.	
2.4 Determine the patient's religious preferences and note any religious rituals requested for the fetus such as baptism, blessing by a minister and the disposal of the remains.	
2.5 Notify Social Services for necessary psychological support.	
2.6 Follow the physician's admission orders.	
2.7 Laboratory orders as soon as possible: complete blood count without differential and ABO/Rh type and screen.	
2.7.1 If Rh negative, Rh immune globulin is indicated after the products of	

Description	Responsible Person
conception are passed (see Administration of Rh Immune Globulin Procedure).	
2.8 Nursing Care as follows:	Nursing Staff
2.8.1 Insert 18 gauge intravenous catheter to start the IV site	
2.8.1.1 Infuse D5LR IV solution continuously at 125 ml/hr if patient is not a diagnosed diabetic	
2.8.1.2 Infuse LR IV solution continuously at 125 ml/hr if patient is diagnosed a diabetic	
2.8.2 Strict input and output monitoring	
2.8.3 In and out catheter as needed for distended bladder and inability to void	
2.8.4 Pain medication per physician order	
2.9 The patient is to remain on bedrest with bathroom privileges as tolerated	
2.10 The patient may have clear liquids during labor, but is restricted to 250 ml/hr. The clear liquids may be in the form of popsicles, water, sports drinks, soup broth, etc.	
2.11 Obtain ordered medication from PYXIS	
2.11.1 Misoprostol (Cytotec) to be inserted by physician	
2.11.1.1 Have patient void immediately prior to insertion of medication	
2.11.1.2 Only saline or water to be used as lubricant. Do not use lubricating gel.	
2.11.2 Oxytocin (Pitocin) dosing and titration per physicians order	
2.12 Routine vital signs every 4 hours or PRN nurse judgment	
2.13 Diet per physician order.	
2.14 Refer to "Fetal Demise Procedure" for disposition of fetus and handling of products of conception.	
2.15 Report patient's condition to the physician, i.e. time fetus delivered, amount of vaginal bleeding and vital signs.	
2.16 If the placenta does not deliver within 30 minutes of fetus, notify the physician.	
2.16.1 Do not pull on the cord in an attempt to facilitate the delivery of the placenta.	
2.16.2 If excessive bleeding occurs prior to placental delivery, institute measures to prevent hemorrhagic shock and notify the physician.	
2.16.2.1 Place the patient flat and raise her feet	
2.16.2.2 Administer O_2 at 8-10 L via mask	
2.16.2.3 Increase IV rate to maintain systolic BP>90	
3.0 DOCUMENTATION:	Nursing Staff
3.1 Document labor or surgical procedure in the labor flowsheet.	
3.1.1 If less than 20 weeks and no signs of life, no delivery summary is needed	
3.2 Document delivery summary if fetus is over 20 weeks gestation or any signs of life noted after delivery.	
3.2.1 Document the fetal demise in the Fetal Demise Log	
3.3 Complete perinatal loss check list.	
3.4 Complete the Fetus Neonate Information form and distribute as indicated	

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PROCEDURE

CATEGORY: PATIENT CARE SERVICES	Effective Date: See footer
Owner: Director, Labor and Delivery Unit	
TITLE: MEDICAL/SURGICAL MANAGEMENT OF FETAL DEMISE OR PREGNANCY COMPLICATIONS LESS THAN 24 WEEKS GESTATION	

Description	Responsible Person
Reference: California Health & Safety Code: 4054.3, 10175, 7111, 7054.1, Orange County Chief Deputy Coroner **Multidisciplinary Review:** **Review and/or input for this procedure was given by the following:** WHI Advisory Council 7/2013 WHI Nursing Leadership 7/2013 **Location of Controlled Copies:** Women's Health Institute Administration	

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UnitedHealthcare®
Oxford

CLINICAL POLICY

ABORTIONS (THERAPEUTIC AND ELECTIVE)

Policy Number: MATERNITY 020.16 T1
Effective Date: January 1, 2013

Table of Contents

Related Policies:
None

The services described in Oxford policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage enrollees. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the Member's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership **Note**: Certain groups may exclude these services from coverage if such coverage would be contrary to the Group's bona fide religious tenets. • Please refer to the Member's certificate of coverage/health benefits plan and Coverage Rationale below for specific benefit coverage guidelines. • Healthy NY Plans do not have an elective abortion benefit
Benefit Type	General benefits package
Referral Required *(Does not apply to non-gatekeeper products)*	Yes - Office No - Outpatient, Inpatient
Authorization Required *(Precertification always required for inpatient admission)*	Yes - Outpatient, Inpatient No - Office
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service *(If site of service is not listed, Medical Director review is required)*	Inpatient, Outpatient, Office

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COVERAGE RATIONALE

Recommended Guidelines

Therapeutic Abortions

Coverage of therapeutic abortions is subject to benefit availability and any specific limitations/maximums as outlined in the Member's certificate of coverage/health benefits plan.

Oxford covers therapeutic abortions that may include the following indications:

- Medical conditions which cause pregnancy to pose substantial risk to maternal health such as cardiac or cardiovascular anomalies, cardiovascular disease, renal disease, malignancy, and severe diabetes mellitus
- The certain diagnosis of :
    - Chromosomal abnormalities inconsistent with normal life in the fetus
    - Major structural defects such as severe neural tube defects, severe cardiac abnormalities, severe ventral wall defects, or other severe structural defects
    - Major metabolic abnormalities such as sickle cell disease, Tay Sachs disease, cystic fibrosis, or major biochemical abnormalities
- Pregnancy which is the result of rape or incest
- Exposure to known teratogenic agents, which pose significant risk of fetal developmental abnormalities

Elective Abortions

Coverage of elective abortions is subject to benefit availability and any specific limitations/maximums as outlined in the Member's certificate of coverage/health benefits plan.

Note:

- Treatment of complications of elective and therapeutic abortions is considered medically necessary and therefore not subject to annual and dollar limits.
- If an abortion CPT code is billed, it is reimbursed according to the elective abortion benefit, unless the diagnosis code is listed as a "Therapeutic ICD-9 Diagnosis Code" in Payment Guidelines below.

BENEFIT CONSIDERATIONS

- This policy applies to Oxford Commercial plan membership
- Certain groups may exclude these services from coverage if such coverage would be contrary to the Group's bona fide religious tenets.
- Please refer to the Member's certificate of coverage/health benefits plan and Coverage Rationale above for specific benefit coverage guidelines.
- Healthy NY Plans do not have an elective abortion benefit.

BACKGROUND

Elective abortion is the voluntary termination of pregnancy. Elective abortions may be performed surgically (e.g., by dilation and curettage (D&C)) or medically [e.g., by administration of medications such as mifepristone (also known as RU486 or mifeprex) and misoprostol)].

Therapeutic abortion is a termination of pregnancy, performed when the pregnancy endangers the mother's health or when the fetus has a condition incompatible with normal life.

APPLICABLE CODES

The codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered

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health service. Coverage is determined by the Member's plan of benefits or Certificate of Coverage. This list of codes may not be all inclusive.

Applicable CPT Codes

CPT® Code	Description
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines
59856	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	Multifetal pregnancy reduction(s) (MPR)
59870	Uterine evacuation & curettage for hydatidiform mole

Note: If an above abortion CPT code is billed, it is paid according to the elective abortion benefit unless the diagnosis code is listed below.

Applicable HCPCS Codes

HCPCS Code	Description
S0190	Mifepristone, oral, 200 mg (Mifeprex)
S0191	Misoprostol, oral, 200 mcg
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs

Non-Reimbursable HCPCS Codes

The following codes are non-reimbursable because more specific CPT and HCPCS codes are available for reporting.

HCPCS Code	Description
S2260	Induced abortion, 17-24 weeks
S2265	Induced abortion, 25 to 28 weeks
S2266	Induced abortion, 29-31 weeks
S2267	Induced abortion, 32 weeks or greater

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Therapeutic ICD-9 Diagnosis Codes

ICD-9 Code	Description
630	Hydatidiform mole
631.0	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
631.8	Other abnormal products of conception
632	Missed abortion
633.00	Abdominal pregnancy without intrauterine pregnancy
633.01	Abdominal pregnancy with intrauterine pregnancy
633.10	Tubal pregnancy without intrauterine pregnancy
633.11	Tubal pregnancy with intrauterine pregnancy
633.20	Ovarian pregnancy without intrauterine pregnancy
633.21	Ovarian pregnancy with intrauterine pregnancy
633.80	Other ectopic pregnancy without intrauterine pregnancy
633.81	Other ectopic pregnancy with intrauterine pregnancy
633.90	Unspecified ectopic pregnancy without intrauterine pregnancy
633.91	Unspecified ectopic pregnancy with intrauterine pregnancy
634.xx	Spontaneous abortion
651.33	Twin pregnancy with fetal loss and retention of one fetus, antepartum
651.43	Triplet pregnancy with fetal loss and retention of one or more, antepartum
651.53	Quadruplet pregnancy with fetal loss and retention of one or more, antepartum
651.63	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), antepartum
651.73	Multiple gestation following (elective) fetal reduction, antepartum condition or complication
655.0x	Central nervous system malformation in fetus
655.1x	Chromosomal abnormality in fetus
655.3x	Suspected damage to fetus from viral disease in the mother
655.4x	Suspected damage to fetus from other disease in the mother
655.5x	Suspected damage to fetus from drugs
655.6x	Suspected damage to fetus from radiation
656.4x	Intrauterine death
658.40	Infection of amniotic cavity, unspecified as to episode of care
658.41	Infection of amniotic cavity, delivered
658.43	Infection of amniotic cavity, antepartum
758.0	Down's syndrome
758.1	Patau's syndrome
758.2	Edwards' syndrome
758.31	Cri-du-chat syndrome
758.32	Velo-cardio-facial syndrome
758.33	Other microdeletions
758.39	Other autosomal deletions
758.4	Balanced autosomal translocation in normal individual
758.5	Other conditions due to autosomal anomalies
758.6	Gonadal dysgenesis
758.7	Klinefelter's syndrome
758.81	Other conditions due to sex chromosome anomalies
758.89	Other conditions due to chromosome anomalies
758.9	Conditions due to anomaly of unspecified chromosome
759.0	Anomalies of spleen
759.1	Anomalies of adrenal gland
759.2	Anomalies of other endocrine glands
759.3	Situs inversus
759.4	Conjoined twins
759.5	Tuberous sclerosis

EXHIBIT B

ICD-9 Code	Description
759.6	Other hamartoses, not elsewhere classified
759.7	Multiple congenital anomalies, so described
759.81	Prader-Willi syndrome
759.82	Marfan syndrome
759.83	Fragile X syndrome
759.89	Other specified multiple congenital anomalies, so described
759.9	Congenital anomaly, unspecified

ICD-10 Codes (Preview Draft)
In preparation for the transition from ICD-9 to ICD-10 medical coding on **October 1, 2014***, a sample listing of the ICD-10 CM and/or ICD-10 PCS codes associated with this policy has been provided below for your reference. This list of codes may not be all inclusive and will be updated to reflect any applicable revisions to the ICD-10 code set and/or clinical guidelines outlined in this policy. **The effective date for ICD-10 code set implementation is subject to change.*

ICD-10 Diagnosis Code (Effective 10/01/14)	Description
E78.71	Barth syndrome
E78.72	Smith-Lemli-Opitz syndrome
O00.0	Abdominal pregnancy
O00.1	Tubal pregnancy
O00.2	Ovarian pregnancy
O00.8	Other ectopic pregnancy
O00.9	Ectopic pregnancy, unspecified
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O03.2	Embolism following incomplete spontaneous abortion
O03.30	Unspecified complication following incomplete spontaneous abortion
O03.31	Shock following incomplete spontaneous abortion
O03.32	Renal failure following incomplete spontaneous abortion
O03.33	Metabolic disorder following incomplete spontaneous abortion
O03.34	Damage to pelvic organs following incomplete spontaneous abortion
O03.35	Other venous complications following incomplete spontaneous abortion
O03.36	Cardiac arrest following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.38	Urinary tract infection following incomplete spontaneous abortion
O03.39	Incomplete spontaneous abortion with other complications
O03.4	Incomplete spontaneous abortion without complication
O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O03.7	Embolism following complete or unspecified spontaneous abortion

EXHIBIT B

ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O03.80	Unspecified complication following complete or unspecified spontaneous abortion
O03.81	Shock following complete or unspecified spontaneous abortion
O03.82	Renal failure following complete or unspecified spontaneous abortion
O03.83	Metabolic disorder following complete or unspecified spontaneous abortion
O03.84	Damage to pelvic organs following complete or unspecified spontaneous abortion
O03.85	Other venous complications following complete or unspecified spontaneous abortion
O03.86	Cardiac arrest following complete or unspecified spontaneous abortion
O03.87	Sepsis following complete or unspecified spontaneous abortion
O03.88	Urinary tract infection following complete or unspecified spontaneous abortion
O03.89	Complete or unspecified spontaneous abortion with other complications
O03.9	Complete or unspecified spontaneous abortion without complication
O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O31.11X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O31.11X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O31.11X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O31.12X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4
O31.12X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O31.12X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O31.13X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
O31.13X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
O31.13X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
O31.21X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O31.21X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O31.21X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O31.21X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O31.21X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
O31.21X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
O31.21X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
O31.22X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
O31.22X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
O31.22X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
O31.23X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
O31.23X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4
O31.23X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O31.23X9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus
O31.31X0	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, not applicable or unspecified
O31.31X1	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 1
O31.31X2	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 2
O31.31X3	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 3
O31.31X4	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 4
O31.31X5	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 5
O31.31X9	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus
O31.32X0	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified
O31.32X1	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 1
O31.32X2	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 2
O31.32X3	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 3
O31.32X4	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 4
O31.32X5	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 5
O31.32X9	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, other fetus
O31.33X0	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified
O31.33X1	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 1
O31.33X2	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 2
O31.33X3	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 3
O31.33X4	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 4
O31.33X5	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 5
O31.33X9	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, other fetus
O35.0XX0	Maternal care for (suspected) central nervous system malformation in fetus, not applicable or unspecified
O35.0XX1	Maternal care for (suspected) central nervous system malformation in fetus, fetus 1

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O35.0XX2	Maternal care for (suspected) central nervous system malformation in fetus, fetus 2
O35.0XX3	Maternal care for (suspected) central nervous system malformation in fetus, fetus 3
O35.0XX4	Maternal care for (suspected) central nervous system malformation in fetus, fetus 4
O35.0XX5	Maternal care for (suspected) central nervous system malformation in fetus, fetus 5
O35.0XX9	Maternal care for (suspected) central nervous system malformation in fetus, other fetus
O35.1XX0	Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified
O35.1XX1	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1
O35.1XX2	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 2
O35.1XX3	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 3
O35.1XX4	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 4
O35.1XX5	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 5
O35.1XX9	Maternal care for (suspected) chromosomal abnormality in fetus, other fetus
O35.3XX0	Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O35.3XX1	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O35.3XX2	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O35.3XX3	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O35.3XX4	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O35.3XX5	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O35.3XX9	Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
O35.4XX0	Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified
O35.4XX1	Maternal care for (suspected) damage to fetus from alcohol, fetus 1
O35.4XX2	Maternal care for (suspected) damage to fetus from alcohol, fetus 2
O35.4XX3	Maternal care for (suspected) damage to fetus from alcohol, fetus 3
O35.4XX4	Maternal care for (suspected) damage to fetus from alcohol, fetus 4
O35.4XX5	Maternal care for (suspected) damage to fetus from alcohol, fetus 5
O35.4XX9	Maternal care for (suspected) damage to fetus from alcohol, other fetus
O35.5XX0	Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O35.5XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O35.5XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O35.5XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O35.5XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O35.5XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O35.5XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O35.6XX0	Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
O35.6XX1	Maternal care for (suspected) damage to fetus by radiation, fetus 1
O35.6XX2	Maternal care for (suspected) damage to fetus by radiation, fetus 2

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O35.6XX3	Maternal care for (suspected) damage to fetus by radiation, fetus 3
O35.6XX4	Maternal care for (suspected) damage to fetus by radiation, fetus 4
O35.6XX5	Maternal care for (suspected) damage to fetus by radiation, fetus 5
O35.6XX9	Maternal care for (suspected) damage to fetus by radiation, other fetus
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O36.4XX1	Maternal care for intrauterine death, fetus 1
O36.4XX2	Maternal care for intrauterine death, fetus 2
O36.4XX3	Maternal care for intrauterine death, fetus 3
O36.4XX4	Maternal care for intrauterine death, fetus 4
O36.4XX5	Maternal care for intrauterine death, fetus 5
O36.4XX9	Maternal care for intrauterine death, other fetus
O41.1090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
O41.1290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
O41.1490	Placentitis, unspecified trimester, not applicable or unspecified
O41.1091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
O41.1092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
O41.1093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
O41.1094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
O41.1095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
O41.1099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
O41.1291	Chorioamnionitis, unspecified trimester, fetus 1
O41.1292	Chorioamnionitis, unspecified trimester, fetus 2
O41.1293	Chorioamnionitis, unspecified trimester, fetus 3
O41.1294	Chorioamnionitis, unspecified trimester, fetus 4
O41.1295	Chorioamnionitis, unspecified trimester, fetus 5
O41.1299	Chorioamnionitis, unspecified trimester, other fetus
O41.1491	Placentitis, unspecified trimester, fetus 1
O41.1492	Placentitis, unspecified trimester, fetus 2
O41.1493	Placentitis, unspecified trimester, fetus 3
O41.1494	Placentitis, unspecified trimester, fetus 4
O41.1495	Placentitis, unspecified trimester, fetus 5
O41.1499	Placentitis, unspecified trimester, other fetus
O41.1010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O41.1020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O41.1030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
O41.1210	Chorioamnionitis, first trimester, not applicable or unspecified
O41.1220	Chorioamnionitis, second trimester, not applicable or unspecified

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O41.1230	Chorioamnionitis, third trimester, not applicable or unspecified
O41.1410	Placentitis, first trimester, not applicable or unspecified
O41.1420	Placentitis, second trimester, not applicable or unspecified
O41.1430	Placentitis, third trimester, not applicable or unspecified
O41.1011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O41.1012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O41.1013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O41.1014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O41.1015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O41.1019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O41.1021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
O41.1022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O41.1023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
O41.1024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
O41.1025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
O41.1029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
O41.1031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
O41.1032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
O41.1033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
O41.1034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
O41.1035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
O41.1039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
O41.1211	Chorioamnionitis, first trimester, fetus 1
O41.1212	Chorioamnionitis, first trimester, fetus 2
O41.1213	Chorioamnionitis, first trimester, fetus 3
O41.1214	Chorioamnionitis, first trimester, fetus 4
O41.1215	Chorioamnionitis, first trimester, fetus 5
O41.1219	Chorioamnionitis, first trimester, other fetus
O41.1221	Chorioamnionitis, second trimester, fetus 1
O41.1222	Chorioamnionitis, second trimester, fetus 2
O41.1223	Chorioamnionitis, second trimester, fetus 3
O41.1224	Chorioamnionitis, second trimester, fetus 4
O41.1225	Chorioamnionitis, second trimester, fetus 5
O41.1229	Chorioamnionitis, second trimester, other fetus
O41.1231	Chorioamnionitis, third trimester, fetus 1
O41.1232	Chorioamnionitis, third trimester, fetus 2
O41.1233	Chorioamnionitis, third trimester, fetus 3
O41.1234	Chorioamnionitis, third trimester, fetus 4

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
O41.1235	Chorioamnionitis, third trimester, fetus 5
O41.1239	Chorioamnionitis, third trimester, other fetus
O41.1411	Placentitis, first trimester, fetus 1
O41.1412	Placentitis, first trimester, fetus 2
O41.1413	Placentitis, first trimester, fetus 3
O41.1414	Placentitis, first trimester, fetus 4
O41.1415	Placentitis, first trimester, fetus 5
O41.1419	Placentitis, first trimester, other fetus
O41.1421	Placentitis, second trimester, fetus 1
O41.1422	Placentitis, second trimester, fetus 2
O41.1423	Placentitis, second trimester, fetus 3
O41.1424	Placentitis, second trimester, fetus 4
O41.1425	Placentitis, second trimester, fetus 5
O41.1429	Placentitis, second trimester, other fetus
O41.1431	Placentitis, third trimester, fetus 1
O41.1432	Placentitis, third trimester, fetus 2
O41.1433	Placentitis, third trimester, fetus 3
O41.1434	Placentitis, third trimester, fetus 4
O41.1435	Placentitis, third trimester, fetus 5
O41.1439	Placentitis, third trimester, other fetus
Q55.4	Other congenital malformations of vas deferens, epididymis, seminal vesicles and prostate
Q85.1	Tuberous sclerosis
Q85.8	Other phakomatoses, not elsewhere classified
Q85.9	Phakomatosis, unspecified
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.40	Marfan's syndrome, unspecified
Q87.410	Marfan's syndrome with aortic dilation
Q87.418	Marfan's syndrome with other cardiovascular manifestations
Q87.42	Marfan's syndrome with ocular manifestations
Q87.43	Marfan's syndrome with skeletal manifestation
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.81	Alport syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.01	Asplenia (congenital)
Q89.09	Congenital malformations of spleen
Q89.1	Congenital malformations of adrenal gland
Q89.2	Congenital malformations of other endocrine glands
Q89.3	Situs inversus
Q89.4	Conjoined twins
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations

EXHIBIT B

ICD-10 Diagnosis Code (Effective 10/01/14)	Description
Q89.9	Congenital malformation, unspecified
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.5	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.0	Balanced translocation and insertion in normal individual
Q95.1	Chromosome inversion in normal individual
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q95.5	Individual with autosomal fragile site
Q95.8	Other balanced rearrangements and structural markers
Q95.9	Balanced rearrangement and structural marker, unspecified
Q96.0	Karyotype 45, X
Q96.1	Karyotype 46, X iso (Xq)
Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q96.3	Mosaicism, 45, X/46, XX or XY
Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q96.8	Other variants of Turner's syndrome
Q96.9	Turner's syndrome, unspecified
Q97.0	Karyotype 47, XXX
Q97.1	Female with more than three X chromosomes

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ICD-10 Diagnosis Code (Effective 10/01/14)	Description
Q97.2	Mosaicism, lines with various numbers of X chromosomes
Q97.3	Female with 46, XY karyotype
Q97.8	Other specified sex chromosome abnormalities, female phenotype
Q97.9	Sex chromosome abnormality, female phenotype, unspecified
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.3	Other male with 46, XX karyotype
Q98.4	Klinefelter syndrome, unspecified
Q98.5	Karyotype 47, XYY
Q98.6	Male with structurally abnormal sex chromosome
Q98.7	Male with sex chromosome mosaicism
Q98.8	Other specified sex chromosome abnormalities, male phenotype
Q98.9	Sex chromosome abnormality, male phenotype, unspecified
Q99.0	Chimera 46, XX/46, XY
Q99.1	46, XX true hermaphrodite
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified

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1. ECRI Institute. Health Technology Assessment Information Service (HTAIS): Mifepristone (RU 486) for Medical Abortion. June 2002.

2. The American Congress of Obstetricians and Gynecologists (ACOG). Special Procedures: Induced Abortion. November 2008. Available at http://www.acog.org/.

3. Schechtman KB, et al. Decision-making for termination of pregnancies with fetal anomalies: analysis of 53,000 pregnancies. Obstet Gynecol. 2002 Feb;99(2):216-22.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2013	• Updated list of applicable HCPCS codes; added S1099 • Archived previous policy version MATERNITY 020.15 T1