

Fetal maternal conflict in pregnancy

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Introduction



Introduction

- The era of fetal surgery introduce a time where there is maternal fetal conflict.
- The mother would consider to do “everything” to the baby.
- The procedure include some risk to her.
- The same would apply to management of an abnormal fetus where the patient want to be expectant
- The management of a case of severe prematurity

Ethical framework

- Beneficence
- Respect for autonomy
- Justice
- The fetus as a patient

Ethical framework

- Beneficence: The physician seek on the balance to do greater amount of clinical good than harm.
- Beneficence-based clinical judgement should be based on the best available evidence.

Ethical framework

- Respect for autonomy:
 - The physician must empower the patient's autonomy by providing enough information that the patient give informed consent.
 - The physician should respect the patient's values and beliefs.
 - After this process the competent patient's decision should be implemented unless there is a compelling beneficence-based objection.

Informed consent

- 17th Century: British surgeons
 - They provided information on surgery and its outcome.
 - Ask patients to agree to a contract to surgery.
- 18th century: Physicians argued against telling patients bad news
 - It should be disclosed.
 - Either a family member or a junior doctor

Informed consent

- 19th century: Alexander Skene
 - Gave diagnostic information.
 - Information on medical and surgical interventions.
 - When refused he negotiated and then accepted informed refusal.

Informed consent

- Adult patients can make their own decisions.
- Reasonable person standard:
 - Provide the patient information that all patients with that patient's clinical condition needs to know to make an informed decision.

Informed consent

- The reasonable person standard put into legal terms:
 - The physician should provide clinical important information about the patient's condition, medical reasonable alternatives for managing the condition and clinical benefits and risks of each alternative.

Informed consent

- Patient's role:
 - Understanding and evaluating the information.
 - Making a voluntary decision.
 - Voluntary means: Free of coercion or controlling influences.

Ethical framework

- Justice: This requires fairness in the distribution of limited resources.
 - Procedural justice: Everyone affected should be taken into account.
 - Substantive justice: This justice prevents exploitation.

Ethical framework

- Exploitation can be due to:
 - A small percentage of the population experience clinical benefit compared to a large percentage of the population experiences the clinical harm of mortality or serious morbidity.
- Justice involves a distribution of clinical benefit and clinical harm among the entire population receiving a specific intervention.

Ethical framework

- When does a human being becomes a patient?
 - The person is presented to a physician.
 - There is a clinical intervention that is reliably expected to benefit that human being.

Ethical framework

- The fetus as a patient:
- The question is if and when does the fetus becomes a patient.
 - The viable fetus becomes a patient when the mother present for obstetrical care.
- What is viability?
 - A fetus that can survive into the neonatal period with the availability of technology and clinical support.

Ethical framework

- The fetus as a patient:
- What about the pre - and peri-viable fetus?
 - The pre-viable fetus becomes a patient as a function of the mother's decision to confer this status to the fetus.
 - This is the result of the mothers autonomy-based obligation to her fetus.

Perinatal Ethics

- This deals with the most intimate relationship known to man:
 - The relationship between the mother and her fetus.
- How does this affect perinatal decision making then?

Perinatal Ethics

- Both should be considered in the decision making:
 - The perinatologist have a beneficence-based obligation to the mother, the fetus and the neonatal patient.
 - He/she has an autonomy based obligation to the pregnant patient. An important part of this is to provide the patient with information regarding the clinical risk and benefits of the different interventions. This include the respect for the mother's decision to withdraw treatment.

Perinatal Ethics

- Both should be considered in the decision making:
 - The pregnant patient has a beneficence-based obligation to her fetus.
 - The beneficence and autonomy-based obligations are to provide medically reasonable alternatives for the management of the patient.

Perinatal Ethics

- Medically reasonable: The best available evidence supports a clinical judgement that an intervention will result in an acceptable outcome.
- If an evidence-based approach to judgement is followed it eliminates bias, which could be the result for example of training, religion and other experiences.
- Beneficence-based obligation to the fetus does not require the mother to take unnecessary risks for her own life.

HIV positive mother

- Autonomy of the patient
- The fetus as a patient
- Beneficence-Based criteria for Research studies
 - Fetal intervention life-saving or preventing serious harm
 - Low or manageable risk to fetus
 - Risk to mother is low
- Principle of Justice

Fetal intervention and risk on Morbidity and Mortality

Condition	Fetal intervention	Without intervention	With intervention
TTTS	Laser	Fetal survival is variable 1 Twin survival between 15 – 70%	50- 70% survival
CDH	Endoluminal tracheal occlusion	30% post natal mortality	Increased survival 24.1 – 49.1% in left sided and 0 to 35% in right sided
LUTO	Shunt placement	Survival in severe cases is low	12 month survival close to 50%
Myelomeningocele	Fetal surgery	82% need post natal shunt Patient limited by mental impairment, bowel and bladder dysfunction, orthopaedic disabilities and lifelong paralysis	40% will need postnatal shunt. Improvement in composite score for mental development and motor function at 30 months. Neurological improvement

Conclusion

- There is an important balance between beneficence-based obligation to the fetus compared to the beneficence-based and autonomy-based obligation to the pregnant patient.
- Importantly the unique psychosocial aspects of each case should also be considered.
- Remember the accuracy of prognosis is weak so how the decision-making process is conducted is critically important.

Conclusion

- These are general principles and should be adapted to each individual situation.
- The wishes of the parents are also important and should be included in all discussions about the management.
- It is all about counselling.
- The balance that help to decide on the initial management depends on the available resources.

Reference

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