

When a Fetal Heartbeat Is More Important, Sometimes Women Die

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Laiga: "Can the heartbeat of a fetus destined to die still be considered more important than the mother's life that led him into her lap? When women are exposed to this risk every day, sometimes they actually die."

By Silvana Agathon and Lisa Canitano

The death of Valentina Milluzzo, the 32-year old woman, five months pregnant, who died at the hospital Cannizzaro Catania, forces more than a reflection. Without going into the specifics of the case, which inspectors from the ministry are investigating, this tragedy draws dramatic public attention to what in Italy is too often established practice, with on average 70% of hospital gynecologists as conscientious objectors, with peaks in some regions bordering on 93%.

"Circumstances similar to those that led to the death of the mother in fact repeat every day before our eyes, and thousands of women risk their lives unnecessarily," explains Lisa Canitano, a gynecologist and member of the Scientific Committee of Laiga (Free Association of Italian Gynecologists for the Application of Law 194/78). "In the case of a ruptured amniotic sac, we're talking about fetuses at a stage of pregnancy, i.e., before 21 weeks of gestation, that have no chance to survive. On what grounds then do you invoke conscientious objection? The heartbeat of a doomed-to-death fetus is considered more important than the mother's life that led him into her lap?"

The Clinical Context

The case of Valentina Milluzzo is similar to that of many women who seek and want to become pregnant. For pediatricians, resuscitation in the 21st week of gestation does not revive anything, in the sense that there is no possibility that a fetus can survive outside the mother's body once the amniotic sac has ruptured. But at the same time, not to interrupt the pregnancy exposes a woman to serious risk of death, and of course, if the mother dies the child is bound to perish.

Specifically, we do not know if Valentina's membranes ruptured, but her medical records show that it happened because her cervix was dilated prematurely and therefore there was a miscarriage threat. Generally, however, high fever in a pregnant woman is a symptom of something wrong for a long time, not just a few hours. This condition can cost you your life because it's as if you have an open wound that can easily become infected. We speak of sepsis, an infection that can be fatal in a few hours and it also compromises other organs. If a woman has a ruptured amniotic sac and is near the end of pregnancy, induced delivery within 48 hours is the standard of care as stipulated in the guidelines, although in many hospitals the practice is to intervene within 24 hours.

Risking Life Unnecessarily

"When it is impossible for the fetus to survive, we have to explain to the woman that pregnancy cannot go on, and tell her that it's risking her life," continues Canitano, "The proper attitude is to make them aware that they could die, then we empty the uterus because the fetus cannot be saved. It is not uncommon for doctors who are conscientious objectors to refuse to intervene except when the woman is dying, because they believe that the presence of a fetal heartbeat makes it impossible for them to act, even if the mother has the very real risk of death."

We recall the case of Savita Halappanavar, the Irish woman who in 2012 was left to perish in the hospital from sepsis in the 17th week of pregnancy, as doctors had refused surgery because the fetal heart was still beating.

"Unfortunately, these things happen every day in Italy, although women do not die every day", explains Dr. Canitano. "But if the objectors and their colleagues continuously expose the pregnant woman to unnecessary risk, and mind you, not because their action helps preserve the child's life – because these are fetuses that cannot still be saved – it is clear that sometimes women will die. That's why we have to demand loudly that obstetric emergencies involving a threat to an embryo or a fetus do not shift the threat mainly to the woman's life."

"Four years ago in Rome we had a case. A pregnant woman at 16 weeks had a ruptured sac and was hospitalized in a religious hospital. The doctors knew there was nothing they could do to help the fetus, but they still refused to intervene. Public hospitals would not accept the patient because they maintained that jurisdiction of the case belonged to the hospital of origin. To save her life, this woman eventually had to travel to Athens, costing her 4000E."

Solutions: Allow the Objection but Protect Women's Health:

For Silvana Agathon, president of Laiga, simple and effective solutions exist, but it all depends on the will to change things.

"For example, you could establish by public competition a share of 50 percent of seats reserved for medical non-objectors; create operational units in hospitals dedicated to these functions so as to better organize the activity; evaluate requests for voluntary interruption of pregnancy (IVG) to verify if there are enough non-objectors to meet demand; provide at least one hospital for the province where IVG is performed is within 90 days, as well as after this term; appoint as head of prenatal diagnostic centers a non-objecting gynecologist so that, when they see a fetus has abnormalities, the patient is followed in all subsequent stages, even if she decides not to continue the pregnancy."

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