**Case Study**

**Maternal-Fetal Medicine**

Ms. C is a 20-year-old, unmarried woman who is pregnant with her first child. At her 20-week ultrasound, you diagnosed Ms. C with placenta previa, which is a condition in which the placenta completely covers the cervical opening. Diagnostic tests like ultrasound are not infallible but if a woman attempts vaginal delivery with this condition, her mortality risk is about 50% in the mortality risk of the baby is essentially 100% due to catastrophic bleeding. You explained to Ms. C at the time that it is possible for the condition to resolve spontaneously, but another ultrasound would be needed near the end of the pregnancy to determine whether or not this has happened.

During Ms. C’s prenatal visit at 34 weeks, you repeated the ultrasound and confirmed that a complete placenta previa was still present. You again reviewed the risks with Ms. C and informed her that a cesarean section would be required for delivery. You recommended that the surgery be scheduled for 37 weeks. Ms. C listened carefully but insisted that she did not want a cesarean section. She repeatedly said that she did not want anyone “experimenting” on her and that she “can’t do my job,” which includes heavy lifting, if she has stitches. She also said that she knows someone who had a complication during a cesarean section and regretted having it done. She said that she understands the risks of not having a cesarean section, but that she would rather accept those risks then have the surgery. You repeated your concerns but the prenatal visit ended without a clear resolution.

Ms. C is now 36 weeks into her pregnancy and arrives at the hospital in early labor with vaginal bleeding. You repeat the ultrasound examination and it confirms the diagnosis of complete placenta previa. You remind Ms. C of your earlier conversation and urgently recommend cesarean delivery, but she insists that she does not want a cesarean. Still, she makes no effort to remove the IV line that has been placed. It would be possible to administer a sedative through the IV line; anesthesia and cesarean delivery could then be performed.

There is no legal or ethical consensus regarding coerced cesarean delivery. Using the ethics work up, make an ethically justified argument for how you should respond to this patient’s refusal of cesarean delivery to manage complete placenta previa.

Background: This is an actual case from 2000 that occurred in a Houston-area hospital. Some facts have been changed or omitted to preserve anonymity. Source: Baylor College of Medicine

Outcome: The professor can tell you the outcome of this case after discussion.