Termination of pregnancy

Clinical Guideline Presentation

45 minutes
Towards CPD Hours
References:
Queensland Clinical Guideline: Termination of pregnancy is the primary reference for this package.

Recommended citation:

Disclaimer:
This presentation is an implementation tool and should be used in conjunction with the published guideline. This information does not supersede or replace the guideline. Consult the guideline for further information and references.

Feedback and contact details:
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Objectives

• Understand key aspects of the 2018 Queensland Termination of Pregnancy Act
• Identify requirements of informed consent
• Identify methods of termination of pregnancy (ToP)
• Identify post termination care requirements
Queensland law

• On 3 December, 2018:
  • Termination removed from the Criminal Code Act 1899
  • The Termination of Pregnancy Act 2018 (ToP Act) became law

• Purpose of the ToP Act:
  • Enable reasonable and safe access by women to termination
  • Regulate the conduct of registered health practitioners in relation to termination
ToP Act 2018

• The ToP Act:
  - Only a registered medical practitioner can perform a termination
  - Specified registered health practitioners can assist a medical practitioner
  - It is a criminal offence if the person performing the termination is not a registered health practitioner (as specified in the ToP Act)
  - A woman does not commit an offence for termination on herself
Health practitioners assisting

- Registered health practitioners who may assist a medical practitioner with a termination include:
  - Another medical practitioner
  - Nurse, midwife, pharmacist
  - Aboriginal and Torres Strait Islander health practitioner
  - Others prescribed by law
- Student health practitioners are not permitted under the ToP Act (2018) to assist with a termination
Activities Susan **can** assist with:

- Clinical care before the performance of the termination (pre-operative preparation, referral or non-directive counselling)
- Intrapartum or postpartum care after feticide or administration of a termination drug

Activities Susan **cannot** assist with:

- Dispensing, supplying or administering the drug(s) to terminate pregnancy
- Direct assistance with surgical procedure for termination of pregnancy or feticide
Offences under ToP Act

• No specific penalty/offence specified for non-compliance with the ToP Act
  • Same professional and legal consequences of non-compliance as for other healthcare
  • Unaltered: existing laws for duty of care, reasonable skill and care
  • Unaltered: civil or criminal responsibility for harm that results from a failure to act with reasonable skill and care
Less than 22+0 weeks gestation

• A medical practitioner may perform a termination upon request
At or after 22+1 weeks gestation

- **Two** medical practitioners must consider all the circumstances and both agree that a ToP should be performed
- Circumstances that must be considered:
  - Woman’s relevant medical, current and future physical, psychological and social circumstances
  - Professional standards and guidelines relevant to termination
Conscientious objection

- Health care professionals may decline to provide ToP healthcare on the basis of conscientious objection.
- Conscientious objectors are required under the *ToP Act 2018* to:
  - Disclose their conscientious objection to the woman and/or other practitioners who request assistance.
  - Refer care to another practitioner who is not a conscientious objector or to another service.
Roger is a school practice nurse. A student comes to him stating she is pregnant and wants to have a termination. Roger is a conscientious objector.

**What should Roger do in this circumstance?**

- Disclose his objection to the student
- Refer the student, without delay, to another registered health practitioner whom he believes can provide the termination and does not have an objection
- Provide support to the student including counselling (if appropriate), health check and discuss potential options for termination
Access to services

- Assessment by a medical officer is required
- Ideally offer an assessment appointment within 5 days
- Provide dedicated clinic time separate from antenatal clinics where feasible
- Ideally provide termination of pregnancy within 2 weeks of the decision to proceed
Referral pathways

• Establish and document referral pathways with other services
• Inform health care professionals in contact with women requesting termination about the referral pathways
• Where the service is not locally available, support women to access elsewhere
Clinical assessment

- Obtain a full picture of the individual circumstances
- Coordinate referrals as appropriate
- Obtain medical, obstetric and sexual health history
- Consider opportunistic health screening or advice (e.g. Pap smear, rubella titre, smoking cessation)
Clinical examination

• Conduct physical exam including vital signs
• Confirm pregnancy
• Determine gestational age
• Consider ectopic and evaluate further if indicated
• Provide routine antenatal screening
• Consider cervico-vaginal swabs and treat bacterial infections
Provide information

- Provide accurate, impartial and easy to understand information including:
  - Options to continue the pregnancy
  - Methods of termination
  - Post termination considerations
  - Counselling support options
  - Birth registration requirements
Counselling

• Offer confidential, non-judgemental support and counselling
  • By appropriately qualified and experienced person (e.g. social worker)
• Consider the requirement for formal mental health referral, especially if there is a history of mental illness
Consent

- To assess the woman’s capacity to ensure she
  - Understands the nature and effect of her decisions
  - Freely and voluntarily makes her decisions
  - Can communicate her decisions
- Discuss available methods of termination
- Discuss risks and complications
- Obtain written informed consent if proceeding to termination
Termination of a pregnancy is considered “special health care” under the Qld Guardianship and Administration Act 2000.

A legal guardian or substitute decision maker cannot provide consent.

The Queensland Civil and Administrative Tribunal addresses consent issues.
Young Person: *Gillick* Competent

- Young person: generally under 18 years
- A *Gillick* competent young person can:
  - Consent *the same as* an autonomous adult
  - Fully understand what treatment is being proposed
- The individual practitioner determines whether the young person is Gillick competent
Young person: NOT *Gillick* Competent

- Young person: Generally under 18 years
- Parents/legal guardians are not able to consent on her behalf
- ToP requires Supreme Court sanction
- Advise young person she may wish to involve parents/guardians
  - Respect her confidentiality if she refuses
Young Person < 14 years

- Involve social worker support
- Provide pre-termination counselling
- Report reasonable suspicion of child abuse and neglect
- Involve adequately trained health care services for assessment
Care setting

• A multidisciplinary approach is required
• Most appropriate setting is dependent on
  • Method of termination
  • Gestation of pregnancy
  • Preferences of the woman and care provider
  • Service capability of the facility
Medical Termination

• Drugs are used to induce the termination
• Regimes that combine mifepristone followed by misoprostol doses are preferred
• Refer to the clinical guideline for administration and dosages
Outpatient medical termination

- Consider if local capabilities and individual circumstances are appropriate
- Women should:
  - Be < 9 weeks gestation
  - Be accompanied by a support person
  - Have access to transport and telephone
  - Be able to understand and follow instructions
  - Be able to access a healthcare facility
  - Have follow-up arrangements in place
Surgical termination

• Generally suitable for pregnancies up to 12 weeks gestation
• Perioperative antibiotics recommended
• With or without oral or IV sedation
  • Generally local anaesthesia and/or mild sedation sufficient
Cervical priming

• Routine cervical priming prior to surgical termination is recommended:
  • Refer to clinical guideline for administration and dosages
  • If Women less than 18 years
  • For Nulliparous women
  • After 12–14 weeks (but may be considered at any gestational age)
Post-termination care

- Recommend Rh D immunoglobulin to all non-sensitised Rh D negative women within 72 hours
- Offer analgesia for pain management
- Routine post-procedural care (vital signs, consciousness, vaginal loss)
- Consider routine discharge criteria
- Provide written advice on possible symptoms and emergency care
## Birth registration

<table>
<thead>
<tr>
<th>Gestation and Birth weight</th>
<th>Signs of life</th>
<th>Birth registration Death certificate Burial/cremation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 week AND &lt; 400 g</td>
<td>Not live born</td>
<td>Not required</td>
</tr>
<tr>
<td>&lt; 20 week AND &lt; 400 g</td>
<td>Live born</td>
<td>Required</td>
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<td>&gt; 20 week OR &gt; 400 g</td>
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</tr>
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<td>Not live born</td>
<td></td>
</tr>
</tbody>
</table>
Aftercare advice

Provide advice on:

• Vaginal bleeding – length and duration
• Pain – analgesics or hot packs
• Signs of infection – fever, lethargy, offensive discharge, excessive pain
• Possibility of ectopic pregnancy
• Breast discomfort – physiological management
• Sexual intercourse – avoid while bleeding
• Menstruation – may commence within 3 weeks
• Fertility – can return immediately
• Contraception