

# Termination of pregnancy

Clinical Guideline Presentation V7



45 minutes

Towards CPD Hours

## References:

Queensland Clinical Guideline: Termination of pregnancy is the primary reference for this package.

## Recommended citation:

Queensland Clinical Guidelines. Termination of pregnancy clinical guideline education presentation E24.21-1-V7-R29. Queensland Health. 2024.

## 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.

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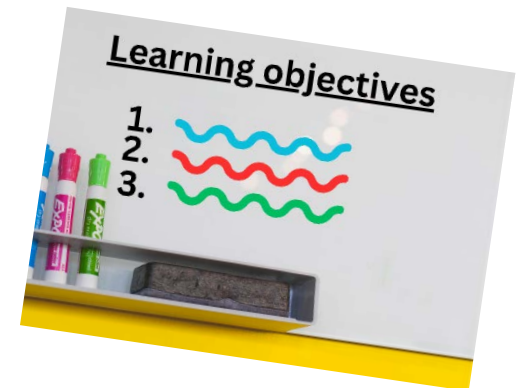


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# Objectives

- Identify requirements of informed consent
- Outline methods of termination of pregnancy (ToP)
- Describe post termination care requirements



# Queensland law



- The *Termination of Pregnancy Act 2018* (ToP Act) is the primary legislation in Queensland
- Purpose of the ToP Act:
  - Enable reasonable and safe access to termination
  - Regulate the conduct of registered and student health practitioners in relation to ToP

# At or less than 22+0 weeks gestation

A medical practitioner  
may perform a medical  
or a surgical  
termination upon  
request



# Medical termination at or less than 63 days (9 weeks) gestation

- An endorsed midwife, nurse practitioner, or medical practitioner may *prescribe, administer or give* a treatment dose of a termination drug
- A midwife or registered nurse practising under their relevant extended practice authority (EPA) may *administer or give* a treatment dose of a termination drug



# 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

# Practitioners who may assist

- Health practitioners who may assist with a termination include:
  - Another medical practitioner
  - Registered nurse, midwife, pharmacist
  - Aboriginal and Torres Strait Islander health practitioner
  - Others prescribed by law
  - Student health practitioners





# Conscientious objection



- Health care professionals and students may decline to provide ToP healthcare on the basis of conscientious objection
- Conscientious objectors are required 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

# Offences under ToP Act



- No penalty/offence specified for non-compliance with the ToP Act
  - Professional and legal consequences of non-compliance as for other healthcare
  - Existing laws for duty of care, reasonable skill and care
  - Civil or criminal responsibility for harm that results from a failure to act with reasonable skill and care

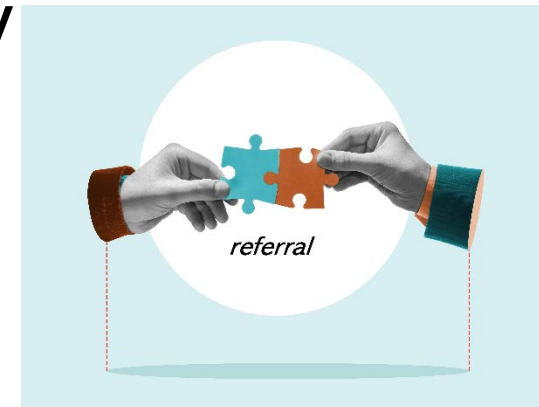
# Access to services

- Assessment by a registered health practitioner required
- Ideally offer an assessment appointment within 5 days of request
- Ideally provide the termination within 2 weeks of the decision to proceed



# Service level 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
- Obtain medical, obstetric and sexual health history
- Co-ordinate referrals as appropriate
- Consider opportunistic health screening or advice (e.g. cervical screening, rubella titre, smoking cessation)



# Clinical examination

- Conduct physical exam including vital signs
- Confirm pregnancy
- Determine gestational age
- Consider ectopic and evaluate if indicated
- Routine antenatal screening
  - Consider based on individual circumstances
- 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)





# Adults with impaired capacity



- Termination is considered “special health care” under the Qld Guardianship and Administration Act 2000
- A legal guardian or substitute decision maker cannot provide consent
- The QLD Civil and Administrative Tribunal addresses consent issues

# Young Person: *Gillick* Competent

- Young person: generally under 18 years
- A *Gillick* competent young person can:
  - Fully understand what treatment is being proposed
  - Consent the *same as* an autonomous adult
- The individual practitioner determines whether the young person is Gillick competent



# Young person: NOT *Gillick* Competent

- Parents/legal guardians are not able to consent for the young person
- ToP requires Supreme Court sanction
- Advise young person she may wish to involve parents/guardians
  - Respect confidentiality if declines

CONFIDENTIAL

# Young Person < 14 years

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

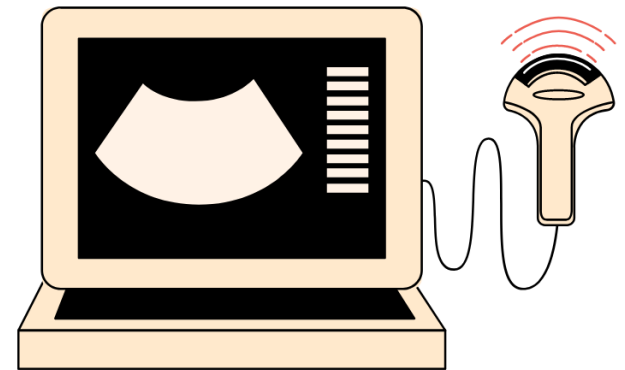


# Medical termination

- 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

# Surgical termination

- Recommend
  - Cervical priming
  - Prophylactic antibiotics
- For 2<sup>nd</sup> trimester procedures recommend
  - Oxytocic agents
  - Intra-procedural ultrasound



# Post termination care

- 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



# Rh D negative women

- If 10+0 or more weeks gestation
  - For non-sensitised Rh D negative women with no preformed anti-D antibodies, recommend Rh D immunoglobulin within 72 hours
- Dose
  - Between 10+0 and 12+6 weeks: 250 IU Rh D immunoglobulin IM injection
  - From 13+0 weeks: 625 IU Rh D immunoglobulin IM injection





# Birth registration

Gestation and Birth weight	Signs of life	Birth registration Death certificate Burial/cremation
< 20 weeks AND < 400 g	Not live born	Not required
< 20 weeks AND < 400 g	Live born	Required
>20 weeks OR > 400 g	Live born Not live born	Required

# Aftercare advice



Provide advice on:

- Vaginal bleeding – length and duration
- Pain relief
- Signs of infection
- Possibility of ectopic pregnancy
- Breast discomfort
- ‘Nothing in vagina for 7 days’
- Menstruation – may commence within 3 weeks
- Fertility can return immediately
- Contraception