Termination of pregnancy

Clinical Guideline Presentation v2.0

30 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 Queensland law
• 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
  • Criminal offence if the person performing the termination is not a specified registered health practitioner
  • 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
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 or equal to 22+0 weeks

- 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 termination 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 termination 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
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
- 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
  - Provided 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

• Obtain informed written consent if proceeding to termination

• Assess woman’s capacity
  • Understands the nature and effect of decisions
  • Freely and voluntarily makes decisions
  • Communicates decisions

• Discuss available methods of termination

• Discuss risks and complications
Adults lacking capacity

• 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
- Gillick competent young person can consent as would an autonomous adult
- Considered Gillick competent if she can fully understand what is 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
- Termination requires Supreme Court sanction
- Advise involvement of parents/guardians
  - Respect confidentiality if refuses
Young Person < 14 years

- Involve social worker support
- Provide pre termination counselling
- Report reasonable suspicion of child abuse and neglect
- Involve paediatric and mental health 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 capabilities of the facility
Medical Termination

• Is where drugs are used to induce the termination
• Combined Mifepristone followed by Misoprostol regimens are preferred
• Refer to the clinical guideline for administration and dosages
Outpatient medical termination

- Consider if local capabilities/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 gestations up to 14 weeks
• Perioperative antibiotics recommended
• With or without oral or IV sedation
  • Generally analgesics, local anaesthesia and/or mild sedation sufficient
Cervical priming

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

- Recommend Rh D immunoglobulin to all non-sensitised RhD neg women within 72 hours
- Offer medication 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>
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<tbody>
<tr>
<td>&lt; 20 week AND &lt; 400 g</td>
<td>Not live born</td>
<td>Not required</td>
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<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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<td>Required</td>
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</tbody>
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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