South Australian Abortion Reporting Committee

# Annual Report for the Year 2022

March 2023

Government of South Australia

Wellbeing SA

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# Background

## Legislation

Medical termination of pregnancy data in 2022 were collected under two legal frameworks. From 1 January to 6 July 2022 data were collected under the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011 which required the notification of medical terminations of pregnancy on prescribed forms to the Chief Executive of the Department for Health and Wellbeing, through the attached office of Wellbeing SA.

The *Termination of Pregnancy Act 2021* and the associated Termination of Pregnancy Regulations 2022 commenced on 7 July 2022. As such, data from 7 July to 31 December 2022 were collected under this legal framework. This new legislation provides a modernisation of termination of pregnancy law and practice aimed at improving the efficiency of health service provision and access, particularly in regional, rural and remote areas.

The key changes as a result of the *Termination of Pregnancy Act 2021* in South Australia were:

- Removal of termination of pregnancy procedures from the criminal legal system with abortion governed under specific legislation and associated regulations.
- No requirement to provide a reason for a termination of pregnancy if the person is not more than 22 weeks and 6 days pregnant.
- Terminations of pregnancy can be provided to a pregnant person, whose gestation period has not exceeded 22 weeks and 6 days, on the basis of informed consent by a single medical practitioner.
- Removal of in-person examination requirements, enabling early medical abortion prescription via telemedicine, for early medical abortions.
- A medical practitioner can lawfully perform a termination of pregnancy on a person who is more than 22 weeks and 6 days pregnant if the termination is necessary to save the life of the pregnant person or save another fetus; if continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or there is a case, or significant risk, of serious fetal anomalies; and a second medical practitioner is consulted and considers the pregnant person, concluding the same as the first medical practitioner and the termination is performed in a prescribed hospital.
- Conscientious objection is limited to provision; must be declared and obligations to refer met without delay.
- The Act also provides for registered health practitioners other than medical practitioners to prescribe early medical abortion, however this extension to other suitably qualified health practitioners has not yet commenced due to other legislative barriers.

Only termination of pregnancy service providers located within South Australia are required to comply with information provision under the *Termination of Pregnancy Act 2021* and the Termination of Pregnancy Regulations 2022 which will exclude termination of pregnancy conducted via telemedicine from a service provider outside of South Australia from these statistics.

Annual reporting requirements of the *Termination of Pregnancy Act 2021* and the associated Regulations state that the following must be reported in relation to terminations of pregnancy performed under The Act:

- Number of terminations
- Age of the pregnant person
- Gestational age of the fetus at the time of the termination
- Number of terminations that result in complications or adverse outcomes
- Different methods of termination used and the number of terminations performed using each method
- For a termination performed on a person who is more than 22 weeks and 6 days pregnant—the circumstances under section 6(1) of the Act relating to the performance of the termination
- Locations in the State where terminations were performed and where persons who had a termination ordinarily reside

Given the different legal frameworks under which data were collected in 2022, data are presented in this report collectively, or separately by legal framework, as appropriate.

## Abortion Reporting Committee

The SA Abortion Reporting Committee examines and reports on all medical terminations of pregnancy notified in South Australia. The Committee has nominees from the South Australian Branches of:

- The National Council of Women
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Psychiatrists, and
- The Australian Association of Social Workers

The terms of reference of the Committee are to ensure completeness and compliance with legislation for notifications of medical terminations of pregnancy in South Australia; to examine and report on the pattern of terminations, and to consider any measures that may need to be taken to improve health services and morbidity relating to terminations of pregnancy, so that appropriate advice may be given to the Chief Executive of the Department for Health and Wellbeing.

## Data collection and Reporting

Notifications are received from doctors who conduct terminations of pregnancy, via the data collection form included in Appendices 1 and 2 (under the Termination of Pregnancy Reguations 2022 and Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011, respectively). The notification forms are filled out soon after the termination is complete, and therefore only captures complications known at that point in time. To improve the ascertainment of complications that occur after the termination, a data linkage is later conducted with South Australian hospital morbidity data (Integrated South Australian Activity Collection). This linkage identifies any complications that ocurred after the termination was complete, that resulted in a

public hospital admission. Due to reporting obligations under the *Termination of Pregnancy Act 2021* for annual reports to be provided to the Minister for Health and Wellbeing by 30 April for services provided in the previous calendar year, the complications data in this report are considered preliminary, and final results for complicatons relating to terminations of pregnancy will be presented in the following year's annual report, after data-linkage.

# Statistics for 2022

## Numbers and rates

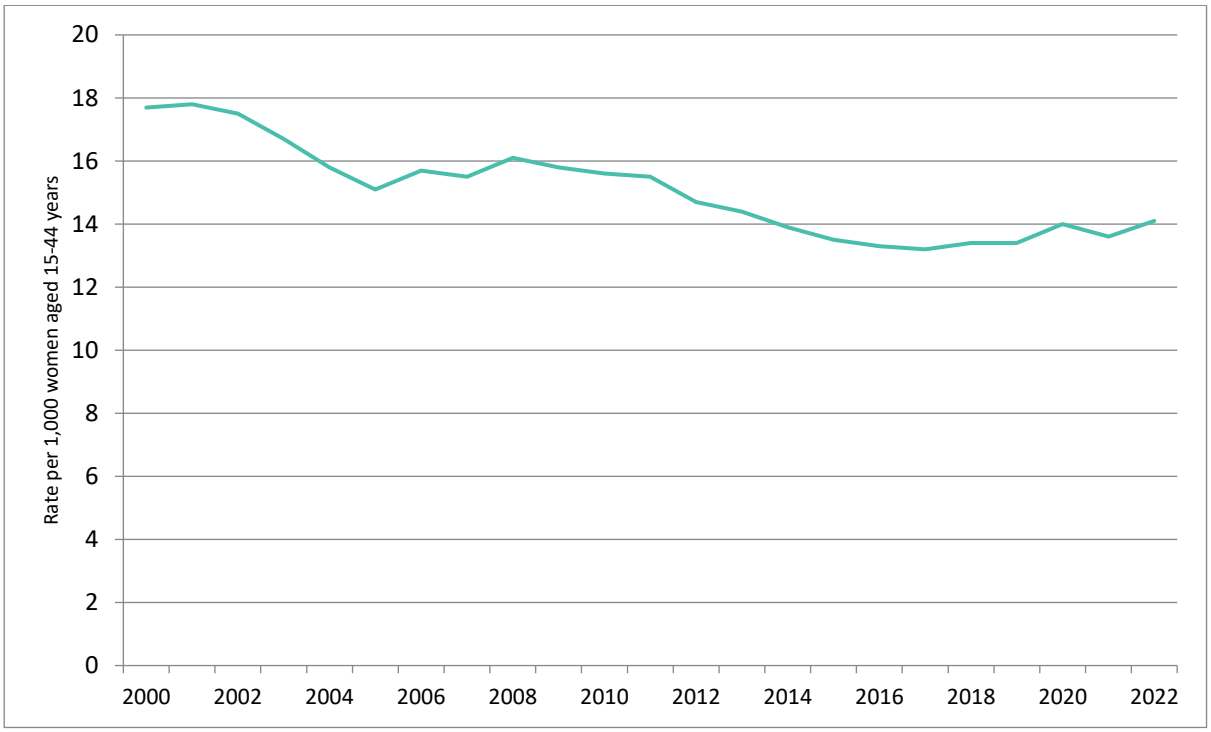
There were 4,777 terminations of pregnancy notified in South Australia in 2022, compared with 4,599 in 2021. The termination rate in South Australia has been declining over the past decade and has slightly increased in the most recent year from 13.6 terminations of pregnancy per 1,000 women aged 15-44 years in 2021 to 14.1 in 2022 (Table 1, Figure 1). Within the 2022 calendar year the termination of pregnancy rate remained consistent under the two legal frameworks, and was 7.1 terminations of pregnancy per 1,000 women aged 15-44 years from 1 January 2022 to 6 July 2022, and 7.0 terminations of pregnancy per 1,000 women aged 15-44 years from 7 July 2022 to 31 December 2022.

**Table 1: Number of pregnancy terminations, and rate per 1,000 women aged 15-44 years, South Australia, 2000-2022**

| Year | Number | Termination rate | Year | Number | Termination rate[1] |
|---|---|---|---|---|---|
| 2000 | 5,571 | 17.7 | 2012 | 4,765 | 14.7 |
| 2001 | 5,575 | 17.8 | 2013 | 4,683 | 14.4 |
| 2002 | 5,455 | 17.5 | 2014 | 4,650 | 13.9 |
| 2003 | 5,205 | 16.7 | 2015 | 4,441 | 13.5 |
| 2004 | 4,926 | 15.8 | 2016 | 4,348 | 13.3 |
| 2005 | 4,710 | 15.1 | 2017 | 4,349 | 13.2 |
| 2006 | 4,887 | 15.7 | 2018 | 4417 | 13.4 |
| 2007 | 4,883 | 15.5 | 2019 | 4,462 | 13.4 |
| 2008 | 5,099 | 16.1 | 2020 | 4,662 | 13.9 |
| 2009 | 5,049 | 15.8 | 2021 | 4,599 | 13.6 |
| 2010 | 5,049 | 15.6 | 2022 | 4,777 | 14.1 |
| 2011 | 5,009 | 15.5 | | | |

[1] Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2021. Canberra: ABS, 2021 (Catalogue No 3235.0)

**Figure 1: Pregnancy termination rate per 1,000 women aged 15-44 years, South Australia, 2000-2022**




## Age of women

The age distribution of women who had a termination of pregnancy in 2022 is shown in Table 2. Consistent with previous years, among the five-year age groups the highest pregnancy termination rate was among women aged 20-24 years (21.6 terminations per 1,000 women). Pregnancy termination rates were slightly higher for teenage women, from 7.8 per 1,000 women in 2021 to 8.3 per 1,000 women aged 15-19 years in 2022.

**Table 2: Number and rate of pregnancy terminations by age group, South Australia, 2022**

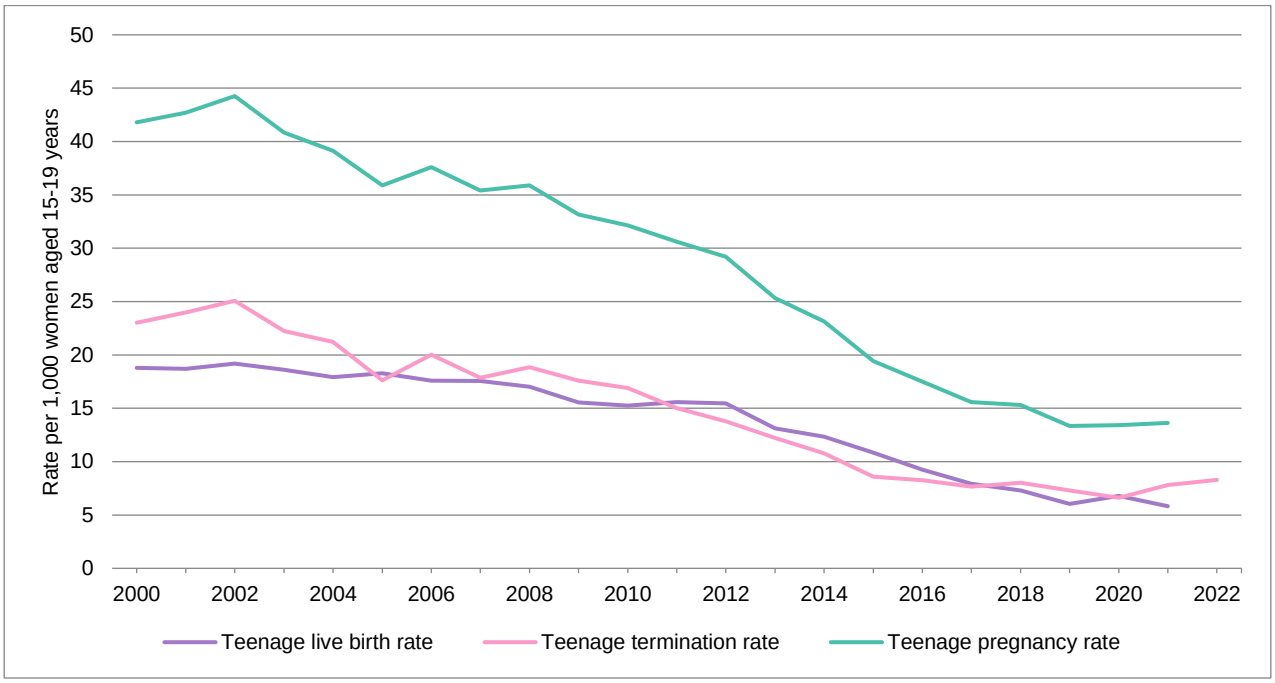
| Age group | Number | % | Estimated resident female population 2021[1] | Termination rate per 1,000 women |
|---|---|---|---|---|
| Under 15 | 6 | 0.1 | - | n/a |
| 15-19 | 400 | 8.4 | 48,963 | 8.3[2] |
| 20-24 | 1,172 | 24.6 | 54,193 | 21.6 |
| 25-29 | 1,210 | 25.4 | 59,254 | 20.4 |
| 30-34 | 1,054 | 22.0 | 60,791 | 17.3 |
| 35-39 | 700 | 14.7 | 60,908 | 11.5 |
| 40-44 | 220 | 4.6 | 54,953 | 4.3[3] |
| 45 and over | 15 | 0.3 | - | n/a |

[1] Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2021. Canberra: ABS, 2021 (Catalogue No 3235.0)
[2] includes terminations for women aged under 15
[3] includes terminations for women aged 45 and over

The teenage pregnancy rate (including live births and induced terminations) has been declining steadily since 2008, and has plateaued since 2019 (Figure 2). Teenage termination rates have

also been steadily decreasing over the past two decades, however the rate increased slightly in the five year period from 7.6 in 2017 to 8.3 per 1,000 women aged 15-19 years in 2022. Data for teenage pregnancies and live births are still being collated for 2022.

**Figure 2: Teenage pregnancy, termination and birth rates[1], SA, 2000-2022**




[1]Terminations and births to women aged less than 15 years are included in the numerators

## Residential region and health service location

Over the past five years a very high proportion (>95%) of pregnancy terminations in South Australia were conducted in the metropolitan Adelaide region. The provision of pregnancy terminations in a country facility for women residing in country South Australia has however been declining over that five year period, from 17.4% of women in 2018 to 9.9% of women in 2021.

In 2022, of the women residing in country South Australia, 9.8% accessed termination of pregnancy services in country areas to 6 July 2022 (Table 3). From 7 July to 31 December 2022 this proportion increased to 10.9% of country women accessing termination of pregnancy services in country areas with a further 0.8% of country women accessing services via telemedicine (Table 3a). Telemedicine provision of early medical abortion prescription commenced on 7 July 2022, and was utilised for 0.3% of terminations. Only telemedicine providers located within South Australia are required to report termination data.

**Table 3: Pregnancy termination by residential region and health service location, South Australia, 1 January - 6 July 2022**

| Residential Region | Health Service Location | | | | |
|---|---|---|---|---|---|
| | Metro | | Country | | Total |
| | Number | % of residential region | Number | % of residential region | Number |
| Metropolitan | 1,924 | 99.6 | 8 | 0.4 | 1,932 |
| Country | 433 | 90.2 | 47 | 9.8 | 480 |
| Unknown | 2 | 100.0 | 0 | 0.0 | 2 |
| **Total** | **2,359** | **97.7** | **55** | **2.3** | **2,414** |

**Table 3a: Pregnancy termination by residential region and health service location, South Australia, 7 July - 31 December 2022**

| Residential Region | Health Service Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | Metropolitan | | Country | | Telemedicine | | Total |
| | Number | % of residential region | Number | % of residential region | Number | % of residential region | Number |
| Metropolitan | 1,833 | 98.0 | 34 | 1.8 | 4 | 0.2 | 1,871 |
| Country | 423 | 88.3 | 52 | 10.9 | 4 | 0.8 | 479 |
| Unknown | 13 | 100.0 | 0 | 0.0 | 0 | 0.0 | 13 |
| **Total** | **2,269** | **96.0** | **86** | **3.6** | **8** | **0.3** | **2,363** |

Of the terminations conducted in South Australia in 2022, the majority were conducted by the Pregnancy Advisory Centre (71.3%). A full list of terminations by health service are presented below (Table 4).

**Table 4: Pregnancy terminations by health service, South Australia, 2022**

| Health facility | Number | % of terminations |
|---|---|---|
| Pregnancy Advisory Centre | 3,404 | 71.3 |
| Flinders Medical Centre | 417 | 8.7 |
| Noarlunga Health Service | 293 | 6.1 |
| Lyell McEwin Hospital | 274 | 5.7 |
| Women's and Children's Hospital | 127 | 2.7 |
| General Practice/Specialist Rooms | 175 | 3.7 |
| Other Public Hospitals | 61 | 1.3 |
| Private Hospitals | 18 | 0.4 |
| Telemedicine | 8 | 0.2 |
| **Total** | **4,777** | **100.0** |

## Clinicians conducting terminations

Medical practitioners in family advisory clinics conducted 45.6% of the terminations in South Australia in 2022, followed by General practitioners (36.0%, Table 5). The overall proportion of

terminations conducted by general/medical practitioners is higher than 2021 at 81.6% of all terminations (77.6% in 2021), with the remaining 18.4% of terminations in 2021 being conducted by obstetricians and gynaecologists, including those in training.

**Table 5: Pregnancy terminations by category of doctor, South Australia, 2022**

| Category of doctor conducting termination | Number | % of terminations |
|---|---|---|
| General practitioner | 1,721 | 36.0 |
| Obstetrician/gynaecologist | 783 | 16.4 |
| Medical practitioner in family advisory clinic | 2,178 | 45.6 |
| Trainee obstetrician/gynaecologist | 95 | 2.0 |
| **Total** | **4,777** | **100.0** |

## Reported reason for termination

In the period to 6 July 2022, 96.1% of terminations conducted were for the woman's mental health, 3.7% for suspected congenital anomalies and 0.1% for specified medical conditions (Table 6). Of the 89 terminations for congenital anomalies, 41 (46.1%) were for chromosomal anomalies, and the remaining 48 terminations (53.9%) were for other fetal anomalies detected or suspected prenatally.

**Table 6: Reported reason for termination of pregnancy, South Australia, 1 January - 6 July 2022**

| Reason | Number | % of terminations |
|---|---|---|
| Mental health of woman | 2,319 | 96.1 |
| Congenital anomalies | 89 | 3.7 |
| Specified medical condition of woman | 3 | 0.1 |
| Pre-existing psychiatric condition | 2 | 0.1 |
| Other | 1 | 0.0 |
| **Total** | **2,414** | **100.0** |

From 7 July 2022, a reason for the termination of a pregnancy was only required if the person was more than 22 weeks and 6 days pregnant (Table 6a).

**Table 6a: Reported reason for termination of pregnancy after 22 weeks and 6 days gestation, South Australia, 7 July - 31 December 2022**

| Reason | Number | % 22+6 week gestation | % of terminations |
|---|---|---|---|
| To save life of pregnant person or another fetus | 0 | 0.0 | 0.0 |
| Physical or mental health of the pregnant person | 8 | 80.0 | 0.3 |
| Fetal anomaly | 2 | 20.0 | 0.1 |
| **Total** | **10** | **100.0** | **0.4** |

## Terminations by gestational age

In 2022, the majority of pregnancy terminations were conducted in the first trimester (91.0%). The proportion conducted in the second trimester was 9.0% (Table 7), slightly higher than the average over the past five years (8.4%).

**Table 7: Gestation at termination by trimester and age of women, South Australia, 2022**

| | First trimester | | Second trimester | | |
|---|---|---|---|---|---|
| **Age of women (years)** | **Number** | **% of age group** | **Number** | **% of age group** | **Total Number** |
| Under 15 | 6 | 100.0 | 0 | 0.0 | 6 |
| 15-19 | 363 | 90.8 | 37 | 9.3 | 400 |
| 0-24 | 1,090 | 93.0 | 82 | 7.0 | 1,172 |
| 25-29 | 1,115 | 92.1 | 95 | 7.9 | 1,210 |
| 30-34 | 946 | 89.8 | 108 | 10.2 | 1,054 |
| 35-39 | 618 | 88.3 | 82 | 11.7 | 700 |
| 40 and over | 208 | 88.5 | 27 | 11.5 | 235 |
| **Total** | **4,346** | **91.0** | **431** | **9.0** | **4,777** |

Between 1 January and 6 July 2022, the proportion of terminations conducted at 20 weeks gestation or later was 2.8% (Table 8), slightly higher than the proportion in 2021 (2.1%). Of the 68 pregnancy terminations conducted at 20 weeks gestation or later, 36 were for mental health of the woman (52.9%) and 32 were for congenital anomalies (47.1%). Terminations for congenital anomalies are often conducted after 20 weeks gestation as many fetal conditions are detected only in the second trimester.

**Table 8: Reported reason for termination of pregnancy by gestation, South Australia, 1 January 2022 - 6 July 2022**

| | Gestation (weeks) | | | | | | |
|---|---|---|---|---|---|---|---|
| | <14 | | 14-19 | | 20+ | | |
| **Reason for termination** | **Number** | **% of reason** | **Number** | **% of reason** | **Number** | **% of reason** | **Total Number** |
| Mental health of woman | 2,149 | 92.7 | 134 | 5.8 | 36 | 1.6 | 2,319 |
| Congenital anomalies | 21 | 23.6 | 36 | 40.4 | 32 | 36.0 | 89 |
| Specified medical condition of woman | 1 | 33.3 | 2 | 66.7 | 0 | 0.0 | 3 |
| Pre-existing psychiatric | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 | 2 |
| Other | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 1 |
| **Total** | **2,174** | **90.1** | **172** | **7.1** | **68** | **2.8** | **2,414** |

Data for reported reason for terminations of pregnancy from 7 July to 31 December 2022 are presented in Table 6a.

## Method of pregnancy termination

In 2022 the majority (59.8%) of pregnancy terminations were conducted using Mifepristone and Misoprostol (Table 9). While mifepristone and misoprostol may be used alone or in combination prior to vacuum aspiration or dilatation and evacuation, their use prior to a surgical procedure has

not been differentiated. Vacuum aspiration/dilatation and curettage was used in 29.6% of all terminations. The use of Mifepristone and Misoprostol is consistent with its use in 2021 (59.8%).

**Table 9: Method of pregnancy termination, South Australia, 2022**

| Method for termination | Number | % of terminations |
|---|---|---|
| Mifepristone +/- Misoprostol | 2,858 | 59.8 |
| Vacuum aspiration / Dilatation and curettage | 1,415 | 29.6 |
| Dilatation and evacuation | 481 | 10.1 |
| Vaginal prostaglandin | 13 | 0.3 |
| Other* | 10 | 0.2 |
| **Total** | **4,777** | **100.0** |

*Other includes hysterectomy and abdominal hysterotomy

For terminations of pregnancy conducted in the first trimester, Mifepristone and Misoprostol was utilised for the majority of cases (64.1%) followed by vacuum aspiration/dilatation and curettage (32.4%, Table 10). For terminations of pregnancy conducted in the second trimester, dilatation and evacuation was utilised for the majority of cases (76.1%).

**Table 10: Method of pregnancy termination by trimester, South Australia, 2022**

| | First trimester | | Second trimester | | |
|---|---|---|---|---|---|
| **Method of termination** | **Number** | **% first trimester** | **Number** | **% second trimester** | **Total Number** |
| Mifepristone +/- Misoprostol | 2,784 | 64.1 | 74 | 17.2 | 2,858 |
| Vacuum aspiration / Dilatation and curettage | 1,408 | 32.4 | 7 | 1.6 | 1,415 |
| Dilatation and evacuation | 153 | 3.5 | 328 | 76.1 | 481 |
| Vaginal prostaglandin | 0 | 0.0 | 13 | 3.0 | 13 |
| Other | 1 | 0.0 | 9 | 2.1 | 10 |
| **Total** | **4,346** | **100.0** | **431** | **100.0** | **4,777** |

## Complications

Complications from the termination of pregnancy are required to be notified on the data collection form, if known. To improve the ascertainment of complications resulting after the termination, a data linkage is later conducted annually with the South Australian hospital morbidity data (Integrated South Australian Activity Collection), which records hospital admissions. This linkage identifies any complications that ocurred after the termination was complete, that resulted in a public hospital admission. Due to reporting obligations under the *Termination of Pregnancy Act 2021*, the complications data in this report are the complications reported at the time of termination only, and as such are considered preliminary. Final data for complicatons relating to

terminations of pregnancy will be presented in the 2023 South Australian Abortion Reporting Committee Report, after data-linkage.

In 2022, complications were reported for 163 (3.4%) of women related to the termination of pregnancy, which was lower than the proportion in 2021 (5.6%).

The most common complication was retained products of conception (134 women), which represented 81.7% of all complications and occurred in 2.8% of all terminations (Table 11). Other complications were the second most common complication (11 women), which represented 7.3% of all complications and occurred in 0.2% of all terminations, followed by uterine infection (9 women) which represented 5.5% of all complications in 2022.

**Table 11: Preliminary complications resulting from termination of pregnancy, South Australia, 2022**

| Main complication | Number of women with complication | % of all women with complications | % of all women with termination procedures |
|---|---|---|---|
| Retained products of conception | 134 | 81.7 | 2.8 |
| Uterine infection | 9 | 5.5 | 0.2 |
| Bleeding | 5 | 3.0 | 0.1 |
| Damage to cervix | 1 | 0.6 | 0.1 |
| Haemorrhage post-operative | 1 | 0.6 | 0.0 |
| Haemorrhage intra-operative | 1 | 0.6 | 0.0 |
| Anaesthetic complications | 1 | 0.6 | 0.0 |
| Other complications | 11 | 7.3 | 0.2 |
| **Total** | **163** | **100.0** | **3.4** |

The two most common termination methods in 2022 were Mifepristone and Misoprostol and vacuum aspiration/dilatation and curettage. Terminations using these methods resulted in complication rates of 5.4% and 0.3% respectively (Table 12).

**Table 12: Method of termination resulting in a preliminary complication, South Australia, 2022**

| Method of termination | Number of terminations | Number of complications | % of termination method with complication |
|---|---|---|---|
| Mifepristone +/- Misoprostol | 2,858 | 154 | 5.4 |
| Vacuum aspiration / Dilatation and curettage | 1,415 | 5 | 0.3 |
| Dilatation and evacuation | 481 | 4 | 0.8 |
| Vaginal prostaglandin | 13 | 0 | 0.0 |
| Other | 10 | 1 | 10.0 |
| **Total** | **4,777** | **163** | **3.4** |

Of the 154 women with complications reported following a termination of pregnancy with Mifepristone and Misoprostol, 130 (93.9%) were due to retained products of conception.

**Table 13: Preliminary complication type and method of termination procedure, South Australia, 2022**

| Method of termination | Number of complications | Retained products conception | Uterine infection | Bleeding | Damage to Cervix | Anaesthetic complication | Haemorrhage intra-operative | Haemorrhage post operative | Other |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Mifepristone + Misoprostol | 154 | 130 | 9 | 5 | 0 | 0 | 1 | 1 | 8 |
| Vacuum aspiration / Dilatation and curettage | 5 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Dilatation and Evacuation | 4 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Vaginal Prostaglandins | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **163** | **134** | **9** | **5** | **1** | **1** | **1** | **1** | **11** |

## Total Abortion Rate

The total abortion rate (TAR) is the sum of pregnancy termination rates for each of the five-year age groups multiplied by five. This can be calculated using the rates in Table 2 and in 2022 was 417 per 1,000 women aged 15-44. This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups for 2022.

# Methods and Terminology

## Termination of pregnancy

The intentional expulsion of a product of conception from the uterus either by medication or instrumentation, with the intention being the death of the embryo or fetus. This includes induction of labour without expectation of fetal survival, for example in the case of severe pre-eclampsia at pre-viable gestations or prolonged rupture of membranes with severe infection

## Pregnancy termination rate

All rates of populations were calculated using the reproductive age range 15 to 44 years. Terminations occurred in women that were younger or older than this age group although in small numbers. These events were added to the numerator for the 15 to 19 years group or the 40 to 44 years group respectively.

## Total abortion rate (TAR)

The sum of the five-year age-specific termination of pregnancy rates, multiplied by five. This represents the number of terminations of pregnancy that 1,000 women would have during their reproductive lifetime if they experienced the rates of the year shown.

# Appendix 1 Termination of Pregnancy Regulations 2022 Data Collection Form

Government of South Australia | Wellbeing SA

## Termination of Pregnancy Notification Form

This form must be forwarded to the **SOUTH AUSTRALIAN PREGNANCY OUTCOME UNIT**
via secure file transfer or posted to:
PO BOX 388, Rundle Mall, ADELAIDE SA, 5001
Tel: (08) 7117 9200

**PLEASE DO NOT EMAIL THIS FORM**

Termination of pregnancy service providers located within South Australia are required to comply with information provision under the *Termination of Pregnancy Act 2021* regardless of the usual place of residence of the person having the termination of pregnancy.

### DEMOGRAPHICS

**Surname** _____
**Given Names** _____
**Date of Birth** ___/___/___
**Patient Suburb** _____
**Patient Postcode** _____

**Hospital/Clinic Name** _____
**Hospital/Clinic Suburb** _____
**Hospital/Clinic Postcode** _____
**Medical Record Number (MRN)** _____
(MRN - Hospitals Only)

### TERMINATION INFORMATION

**Termination of Pregnancy Date**
___/___/___
(Or Date EMA Administered)

**Gestation at Time of Termination**
_____ weeks +
_____ days

**Counselling Information Provided to Patient?**
- ☐ Yes
- ☐ No
- ☐ N/A Emergency Termination

**Was the Termination Administered via Telemedicine?**
- ☐ Yes
- ☐ No

**Registered Medical Practitioner Category (select one)**
- ☐ General Practitioner
- ☐ Medical Practitioner Family Advisory Clinic
- ☐ Trainee Obstetrician/Gynaecologist
- ☐ Obstetrician/Gynaecologist
- ☐ Other (specify)

_____

**Date of Admission to Place of Termination**
___/___/___

**Date of Discharge from Place of Termination**
___/___/___

**Method of Termination (select all that apply)**
- ☐ Dilation & Curettage
- ☐ Hysterotomy – Abdominal
- ☐ Hysterotomy – Vaginal
- ☐ Hysterectomy
- ☐ Vacuum Aspiration
- ☐ Intra-Uterine Injection
- ☐ Intravenous Infusion
- ☐ Dilation & Evacuation
- ☐ Mifepristone
- ☐ Misoprostol
- ☐ Vaginal or Cervical Prostaglandins

**Complication(s), if known, at Time of Termination**
- ☐ None
- ☐ Retained Products of Conception
- ☐ Uterine Perforation
- ☐ Anaesthesia Complications
- ☐ Haemorrhage
- ☐ Damage to Cervix
- ☐ Uterine Infection
- ☐ Death
- ☐ Other (specify) _____

**Genetic Testing Performed?**
- ☐ Yes
- ☐ No

**Genetic Testing Positive for Congenital Anomaly?**
- ☐ Yes
- ☐ No

**Structural Anomaly Identified via U/S?**
- ☐ Yes
- ☐ No
- ☐ Unknown

**Congenital Anomaly (please specify)**
_____
_____
_____

**Early Medical Abortion Successful**
- ☐ Yes
- ☐ No
- ☐ N/A

### TERMINATION OF PREGNANCY AFTER 22 WEEKS + 6 DAYS GESTATION

This Section is mandatory only for termination of pregnancy after 22 weeks + 6 days gestation

**Reason for Termination of Pregnancy after 22 Weeks Plus 6 days Gestation**
- ☐ Termination is necessary to save the life of the pregnant person or save another foetus
- ☐ Continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person
- ☐ There is a case, or significant risk, of serious foetal anomalies associated with the pregnancy

**Was the Termination Performed in a Prescribed Facility?**
- ☐ Yes
- ☐ No, Emergency Termination of Pregnancy

**If no, name the emergency facility**
_____

### READMISSION TO THE TERMINATION HOSPITAL/CLINIC

This Section is for reporting readmissions and complications that occurred post-termination at the Hospital/Clinic performing the termination of pregnancy only

**Readmission Required?**
- ☐ Yes
- ☐ No

**Readmission Date**
___/___/___

**Readmission Discharge Date**
___/___/___

**Complication(s) Requiring Readmission**
- ☐ Retained Products of Conception
- ☐ Haemorrhage
- ☐ Perforation or Trauma to Uterus
- ☐ Uterine Infection
- ☐ Septicaemia
- ☐ Anaesthesia Complications
- ☐ Failed Procedure
- ☐ Death
- ☐ Other (specify)

_____

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# Appendix 2 Criminal Law Consolidation Regulations (Medical Termination of Pregnancy) 2011
# Data Collection Form

CRIMINAL LAW CONSOLIDATION (MEDICAL TERMINATION OF PREGNANCY) REGULATIONS 1996

**CERTIFICATE TO BE COMPLETED WHEN AN ABORTION IS PERFORMED UNDER SECTION 82A OF THE CRIMINAL LAW CONSOLIDATION ACT 1935**

**SCHEDULE 1- Doctor's certificates and notice**

A copy of this form must be retained by the doctor who performed the termination for a period of three years commencing on the date of the termination. The original form is to be delivered or posted in a sealed envelope *within 28 days of the termination of the pregnancy* to the Chief Executive, Department of Health (Pregnancy Outcome Unit), P.O. Box 6 Rundle Mall, Adelaide, SA 5000.

The envelope must be clearly marked with the words "STRICTLY CONFIDENTIAL".

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**PLEASE USE BLOCK LETTERS**

**PART A-CERTIFICATES**

NAME, ADDRESS AND QUALIFICATIONS OF DOCTOR WHO PROPOSES TO TERMINATE PREGNANCY OR, IN THE CASE OF AN EMERGENCY TERMINATION, WHO HAS TERMINATED PREGNANCY

.....

.....

NAME, ADDRESS AND QUALIFICATIONS OF OTHER DOCTOR JOINING IN CERTIFICATE FOR ORDINARY TERMINATION OF PREGNANCY

.....

.....

FULL NAME AND ADDRESS OF PREGNANT WOMAN

.....

.....

PREGNANT WOMAN'S STATED PERIOD OF RESIDENCY IN SOUTH AUSTRALIA BEFORE THE DATE OF THIS CERTIFICATE.....

REASONS FOR UNDERTAKING TERMINATION OF PREGNANCY

.....

.....

DIAGNOSIS (Primary condition *must* be specified).....

.....

**CERTIFICATE TO BE COMPLETED BEFORE AN ORDINARY TERMINATION**

We certify that in the case of the woman named above (whom we have each personally examined) termination of pregnancy is justified under section 82A(1) *(a)* of the *Criminal Law Consolidation Act 1935* on the following grounds

*1. The continuance of the pregnancy would involve greater risk to the life of the pregnant woman than if the pregnancy were terminated.

*2. The continuance of the pregnancy would involve greater risk of injury to the physical or mental health of the pregnant woman than if the pregnancy were terminated.

*3. There is a substantial risk that, if the pregnancy were not terminated and the child were born, the child would suffer from such physical or mental abnormalities as to be seriously handicapped.

*(*Circle the appropriate number)*

SIGNED.....DATE.....

SIGNED.....DATE.....

**CERTIFICATE TO BE COMPLETED FOLLOWING AN EMERGENCY TERMINATION**

I certify that in the case of the woman named above (whom I have personally examined) termination of pregnancy was justified under section 82A(1) *(b)* of the *Criminal Law Consolidation Act 1935* on the following grounds:

*4. Termination of the pregnancy was immediately necessary to save the life of the pregnant woman.

*5. Termination of the pregnancy was immediately necessary to prevent grave injury to the physical or mental health of the pregnant woman.

*(*Circle the appropriate number)*

SIGNED.....DATE.....

**PART B-NOTICE TO BE COMPLETED FOLLOWING TERMINATION OF A PREGNANCY**

The pregnancy to which the above certificate relates was terminated at-

.....

(Name of hospital)

..... on.....

*(Address of hospital)* *(date of termination)*

SIGNED.....DATE.....

*(Doctor who terminated the pregnancy)*

## INFORMATION RELATING TO THE TERMINATION

*(To be completed by the doctor who performed the termination)*

1. Date of birth of woman: *(Day, Month, Year)*.....

2. Date of last menstrual period: *(Day, Month, Year)*.....

*If unknown, or uncertain, give clinical estimate in completed weeks of gestation when pregnancy terminated*

.....

3. Total number of **previous** pregnancies.....
   - Livebirths .....
   - Stillbirths .....
   - Spontaneous miscarriages .....
   - Ectopic pregnancies .....
   - Terminations.....

4. Number of previous terminations in South Australia *(1970 or after)* .....
   Year of last termination in South Australia:.....

5. Date of admission to place of termination of pregnancy: *(Day, Month, Year)*.....

6. Date of termination of pregnancy: *(Day, Month, Year)* .....

7. Date of discharge from place of termination of pregnancy: *(Day, Month, Year)* .....

8. Grounds for termination of pregnancy:
   *(a)* Medical condition of woman *(specify)*.....
   - Obstetric disease .....
   - Non-obstetric disease.....

   *(b)* Suspected medical condition of fetus *(specify)*
   - Genetic disorder .....
   - Non-genetic disorder .....

If account has been taken of the woman's actual or reasonably foreseeable environment, indicate reasons:

.....

.....

9. Method of termination: *(circle one)*
   1. Dilatation and curettage
   2. Hysterotomy – abdominal
   3. Hysterotomy – vaginal
   4. Hysterectomy
   5. Vacuum aspiration
   6. Intra-uterine injection
   7. Intravenous infusion
   8. Vaginal or cervical prostaglandin
   9. Dilatation and evacuation
   10. Medical *(specify)*.....
   11. Other *(specify)*.....

10. Was sterilisation of the woman undertaken *(circle one)*
    1. Yes
    2. No

11. Post-operative complications or death prior to the date of this notice: *(circle)*
    1. None
    2. Sepsis
    3. Haemorrhage-intra-operative
    4. Haemorrhage- post-operative
    5. Perforation of or trauma to body of uterus
    6. Anaesthetic complication
    7. Other *(specify)*.....
    8. Maternal death *(specify cause)*.....

.....

12. If readmitted/transferred

Place of transfer .....

Date of readmission/transfer : *(Day, Month, Year)*.....

Date of second discharge: *(Day, Month, Year)* .....

Reason for readmission/transfer .....

## OFFICIAL USE ONLY

Residency in South Australia 1. less than specified time.....2. more than specified time.....

Hospital where termination performed | | | |

Doctor performing termination | | | | | | |

Doctor supporting termination | | | | | | |

Date of receipt of notification | | | | | | |

LGA | | | |

Postcode | | | |

Section of Act | |

**For more information**
Pregnancy Outcome Unit
PO Box 388, Rundle Mall. Adelaide SA 5000
Call (08) 7117 9200 or Email WellbeingSAPregnancyStats@sa.gov.au
**www.wellbeingsa.sa.gov.au**