South Australian Abortion Reporting Committee

# Annual Report for the Year 2017

March 2019

## Table of Contents

# Background

## Legislation

Medical Terminations of pregnancy became legal in South Australia in 1970. The *Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011* require the notification of medical terminations of pregnancy on prescribed forms to the Chief Executive of the Department for Health and Wellbeing. It is from these notifications that the abortion statistics are collated each year.

## 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 of Health and Wellbeing.

## Data collection

Notifications are received from doctors who conduct terminations of pregnancy, via the data collection form included in Appendix 1. The notification form is 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 then conducted with South Australian hospital morbidity data (Integrated South Australian Activity Collection). This linkage identifies any complications that resulted after the termination was complete, that resulted in a public hospital admission.

# Statistics for 2017

## Numbers and rates

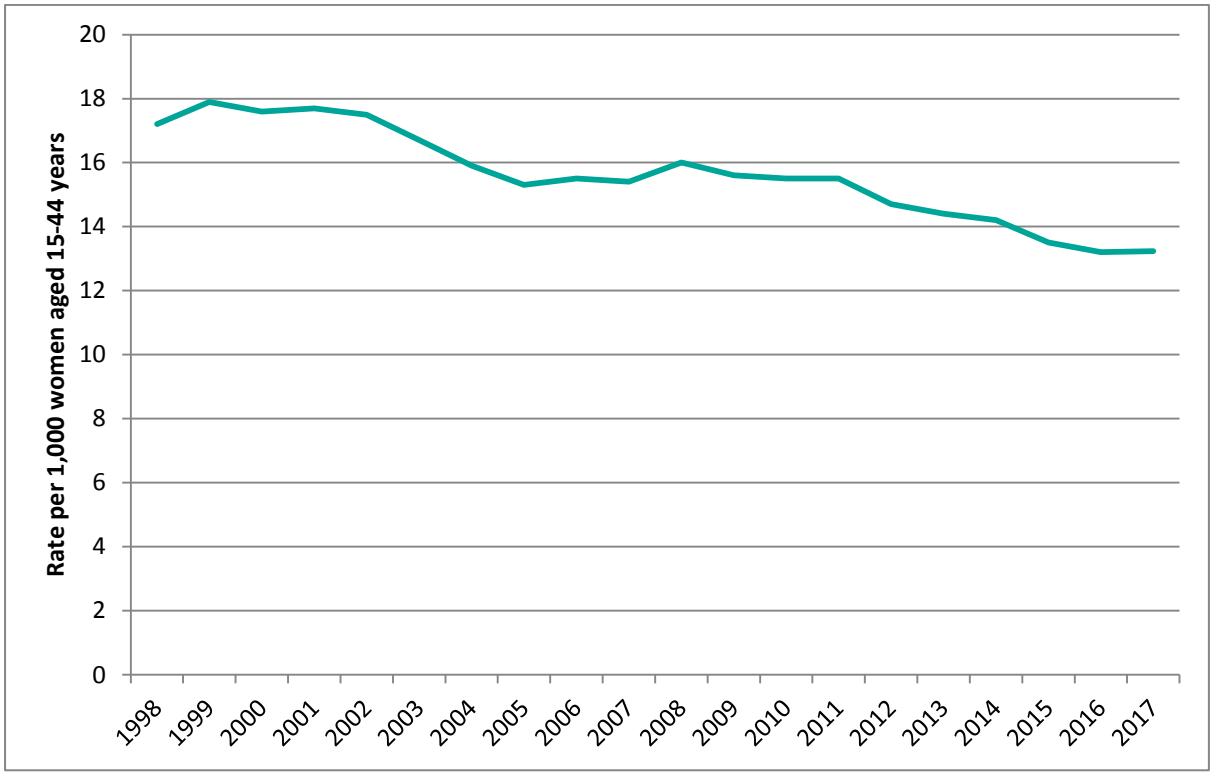
There were 4,349 terminations of pregnancy notified in South Australia in 2017, compared with 4,346 in 2016. This equates to no change with the termination rate remaining stable at 13.2 terminations of pregnancy per 1,000 women aged 15-44 years (Table 1).

**Table 1: Total number of pregnancy terminations, and rate per 1,000 women aged 15-44 years, South Australia, 1998-2017**

| Year | Number | Termination rate | Year | Number | Termination rate |
|---|---|---|---|---|---|
| 1998 | 5,488 | 17.2 | 2008 | 5,101 | 16.0 |
| 1999 | 5,679 | 17.9 | 2009 | 5,057 | 15.6 |
| 2000 | 5,580 | 17.6 | 2010 | 5,048 | 15.5 |
| 2001 | 5,579 | 17.7 | 2011 | 5,010 | 15.5 |
| 2002 | 5,467 | 17.5 | 2012 | 4,765 | 14.7 |
| 2003 | 5,216 | 16.7 | 2013 | 4,683 | 14.4 |
| 2004 | 4,931 | 15.9 | 2014 | 4,650 | 14.2 |
| 2005 | 4,715 | 15.3 | 2015 | 4,441 | 13.5 |
| 2006 | 4,889 | 15.5 | 2016 | 4,346 | 13.2 |
| 2007 | 4,885 | 15.4 | 2017 | 4,349 | 13.2 |

Since 1999, there has been a steady decline in the rate of pregnancy terminations in South Australia from 17.9 in 1999 to 13.2 per 1,000 women aged 15-44 years in 2017 (Figure 1).

**Figure 1: Pregnancy termination rate per 1,000 women aged 15-44 years, South Australia, 1998-2017**



## Age of women

The age distribution of women who had pregnancies terminated in 2017 is shown in Table 2. Among the five-year age groups, the highest pregnancy termination rate was among women aged 20-24 years (20.1 terminations per 1,000 women). Pregnancy termination rates continued to fall for teenage women, from 8.3 per 1,000 women in 2016 to 7.6 per 1,000 women aged 15-19 years in 2017.

**Table 2: Number of pregnancy terminations by age group, South Australia, 2017**

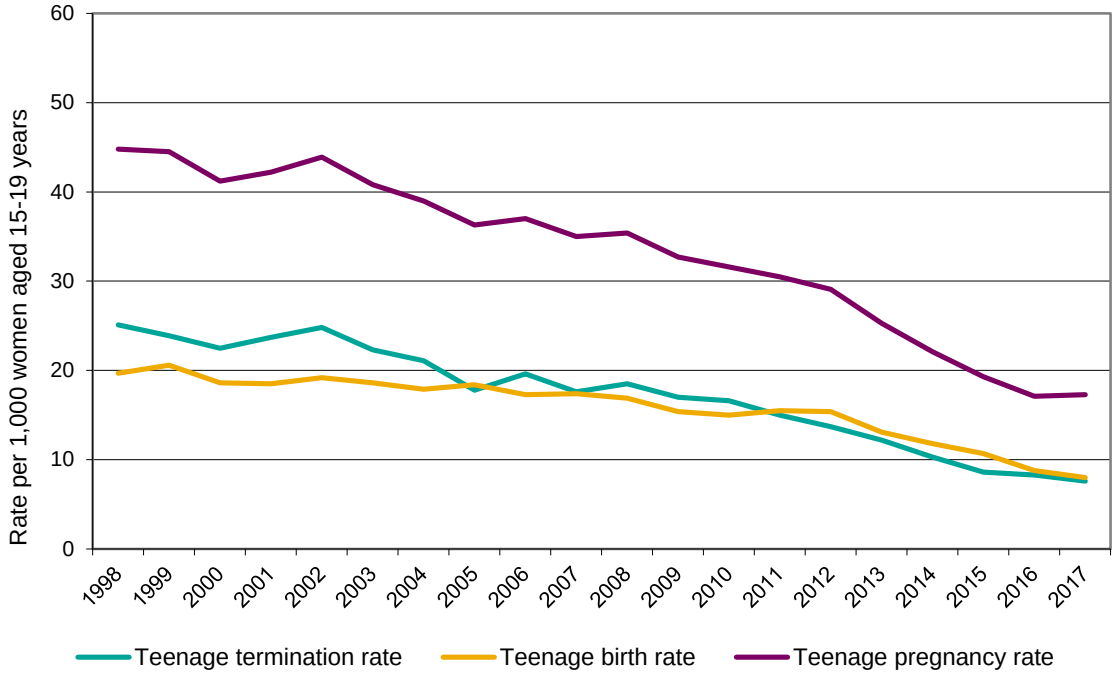
| Age group | Number | % | Estimated resident female population 30 June 2017 | Termination rate per 1,000 women |
|---|---|---|---|---|
| **Under 15** | 11 | 0.3 | - | N/A |
| **15-19** | 375 | 8.6 | 50,495 | 7.6* |
| **20–24** | 1,130 | 26.0 | 56,172 | 20.1 |
| **25–29** | 1,088 | 25.0 | 57,412 | 19.0 |
| **30–34** | 953 | 21.9 | 58,332 | 16.3 |
| **35–39** | 577 | 13.3 | 53,441 | 10.8 |
| **40–44** | 189 | 4.3 | 52,844 | 4.1^ |
| **45 and over** | 26 | 0.6 | - | N/A |

* includes terminations for women aged under 15

^ includes terminations for women aged 45 and over

The teenage pregnancy rate (including live births and induced terminations) has been declining steadily since 2002, and in the most recent period remained relatively stable increasing slightly from 17.1 in 2016 to 17.3 per 1,000 women aged 15-19 years in 2017 (Figure 2).

**Figure 2: Teenage pregnancy, termination of pregnancy and birth rates*, South Australia, 1998-2017**




*Terminations and births to women aged less than 15 years are included in the numerators

## Residential region and health service category

The proportion of women residing in the Metropolitan Adelaide region who had their termination in a metropolitan hospital (either private or public) was very high at 99.3%. However, only 16.3% of women residing in Country South Australia had their termination in a country hospital, with most women travelling to metropolitan areas (Table 3).

Most terminations were conducted in metropolitan public hospitals (95.7%), followed by country hospitals (3.3%) and metropolitan private hospitals (1.0%). The distribution of terminations by health service category has been stable over the past 5 years.

**Table 3: Pregnancy terminations by residential region and health service category, South Australia, 2017**

| | Health Service Category | | | | | | |
|---|---|---|---|---|---|---|---|
| | Metro Public | | Metro Private | | Country | | Total |
| **Residential Region** | **Number** | **% of residential region** | **Number** | **% of residential region** | **Number** | **% of residential region** | **Number** |
| Metropolitan | 3,536 | 98.4 | 38 | 1.1 | 20 | 0.6 | 3,594 |
| Country | 618 | 83.1 | 5 | 0.7 | 121 | 16.3 | 744 |
| Unknown | 10 | 90.9 | 0 | 0.0 | 1 | 9.1 | 11 |
| **Total** | **4,164** | **95.7** | **43** | **1.0** | **142** | **3.3** | **4,349** |

Of the terminations conducted in a metropolitan public hospital, 61.3% (2,552) were conducted by the Pregnancy Advisory Centre. A full list of terminations by metropolitan public hospitals is presented below (Table 4).

**Table 4: Pregnancy terminations in metropolitan public hospitals, South Australia, 2017**

| Metropolitan public hospital | Number | % terminations in metropolitan public hospitals | % all terminations |
|---|---|---|---|
| Pregnancy Advisory Centre | 2,552 | 61.3 | 58.7 |
| Flinders Medical Centre | 519 | 12.5 | 11.9 |
| Women's and Children's Hospital | 518 | 12.4 | 11.9 |
| Lyell McEwin Hospital | 288 | 6.9 | 6.6 |
| Noarlunga Health Services | 287 | 6.9 | 6.6 |
| **Total** | **4,164** | **100** | **95.7** |

## Clinicians conducting terminations

Medical practitioners in family advisory clinics conducted 69.4% of the terminations in South Australia in 2017. Obstetrician/gynaecologists conducted 19.0% of all terminations, followed by trainee obstetricians (6.0%) and general practitioners (5.5%, Table 5).

**Table 5: Pregnancy terminations by category of doctor, South Australia, 2017**

| Category of doctor conducting termination | Number | % |
|---|---|---|
| Medical practitioner in family advisory clinic | 3,020 | 69.4 |
| Obstetrician/gynaecologist | 828 | 19.0 |
| Trainee obstetrician/gynaecologist | 262 | 6.0 |
| General practitioner | 239 | 5.5 |
| **Total** | **4,349** | **100.0** |

## Reported reason for termination

In 2017, 95.3% of terminations conducted were for the woman's mental health, 4.1% for congenital anomalies and 0.5% for specified medical conditions (Table 6). Of the 177 terminations for congenital anomalies, 90 (51.7%) were for other fetal abnormalities and 81 terminations (46.6%) were for chromosomal abnormalities detected or suspected prenatally (Table 7).

**Table 6: Reported reason for termination of pregnancy, South Australia, 2017**

| Reason | Number | % |
|---|---|---|
| Mental health of woman | 4,146 | 95.3 |
| Congenital anomaly | 177 | 4.1 |
| Specified medical condition | 23 | 0.5 |
| Pre-existing psychiatric | 3 | 0.1 |
| **Total** | **4,349** | **100.0** |

**Table 7: Reported reason for termination for congenital anomalies, South Australia, 2017**

| Reason for termination | Number | % |
|---|---|---|
| Other fetal abnormality | 91 | 51.4 |
| Chromosomal abnormality | 82 | 46.3 |
| Exposure during pregnancy to drugs | 1 | 0.6 |
| Other known or suspected damage | 3 | 1.7 |
| **Total** | **177** | **100.0** |

## Terminations by gestational age

In 2017, the majority of pregnancy terminations were conducted in the first trimester (91.2%). The proportion conducted in the second trimester was 8.8% (Table 8), similar to the average over the past five years (8.7%).

**Table 8: Gestation at termination by trimester and age, South Australia, 2017**

| | First trimester | | Second trimester | | |
|---|---|---|---|---|---|
| **Age (years)** | **Number** | **% of age group** | **Number** | **% of age group** | **Total Number** |
| Under 15 | 8 | 72.7 | 3 | 27.3 | 11 |
| 15–19 | 346 | 92.3 | 29 | 7.7 | 375 |
| 20–24 | 1,034 | 91.5 | 96 | 8.5 | 1,130 |
| 25–29 | 1,008 | 92.6 | 80 | 7.4 | 1,088 |
| 30–34 | 858 | 90.0 | 95 | 10.0 | 953 |
| 35–39 | 518 | 89.8 | 59 | 10.2 | 577 |
| 40 and over | 194 | 90.2 | 21 | 9.8 | 215 |
| **Total** | **3,966** | **91.2** | **383** | **8.8** | **4,349** |

The proportion of terminations conducted at 20 weeks gestation or later was 2.6% (Table 9), slightly lower than the proportion in 2016 (2.8%). Of the 111 pregnancy terminations conducted at 20 weeks gestation or later, 53 were for congenital anomalies (47.7 %), 55 were for the mental health of the woman (49.5%) and 3 for specified medical conditions of the woman (2.7%). Terminations for congenital anomalies are often conducted after 20 weeks gestation as many fetal conditions are detected only in the second trimester.

**Table 9: Reported reason for termination of pregnancy by gestation, South Australia, 2017**

| **Reason for termination** | **Gestation in weeks** | | | | | | |
|---|---|---|---|---|---|---|---|
| | **<14** | | **14–19** | | **20+** | | **Total** |
| | **Number** | **% of reason** | **Number** | **% of reason** | **Number** | **% of reason** | **Number** |
| Mental health of woman | 3,895 | 93.9 | 196 | 4.7 | 55 | 1.3 | 4,146 |
| Congenital anomalies | 57 | 32.2 | 67 | 37.8 | 53 | 29.9 | 177 |
| Specified medical condition of woman | 11 | 47.8 | 9 | 39.1 | 3 | 13.0 | 23 |
| Pre-existing psychiatric | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 3 |
| **Total** | **3,966** | **91.2** | **272** | **6.3** | **111** | **2.6** | **4,349** |

## Method of pregnancy termination

In 2017 the majority (55.8%) of pregnancy terminations were conducted by vacuum aspiration/dilatation and curettage (Table 10). Procedures with mifepristone as a cervical primer prior to vacuum aspiration or dilatation and curettage were not specifically differentiated. Pharmaceutical termination of pregnancy using Mifepristone and Misoprostol was used in 35.0% of all terminations, increasing in use over the past 5 years (26.6% of all terminations in 2013).

**Table 10: Method of pregnancy termination, South Australia, 2017**

| Method of termination | Number | % of all terminations |
|---|---|---|
| Vacuum aspiration / Dilatation and curettage | 2,425 | 55.8 |
| Mifepristone +/- Misoprostol | 1,522 | 35.0 |
| Dilatation and evacuation | 369 | 8.5 |
| Misoprostol | 12 | 0.3 |
| Vaginal prostaglandin | 12 | 0.3 |
| Other | 4 | 0.1 |
| Laminaria tent only | 5 | 0.1 |
| **Total** | **4,349** | **100.0** |

For terminations of pregnancy conducted in the first trimester, vacuum aspiration/dilation and curettage was utilised for the majority of cases (60.3%) followed by Mifepristone and Misoprostol (36.8%, Table 11). For terminations of pregnancy conducted in the second trimester, dilatation and evacuation was utilised for the majority of cases (68.4%) followed by Mifepristone and Misoprostol (16.2%).

**Table 11: Method of pregnancy termination by trimester, South Australia, 2017**

| | First trimester | | Second trimester | | |
|---|---|---|---|---|---|
| **Method of termination** | **Number** | **% first trimester** | **Number** | **% second trimester** | **Total Number** |
| Vacuum aspiration / Dilatation and curettage | 2,393 | 60.3 | 32 | 8.4 | 2,425 |
| Mifepristone +/- Misoprostol | 1,460 | 36.8 | 62 | 16.2 | 1,521 |
| Dilatation and evacuation | 107 | 2.7 | 262 | 68.4 | 367 |
| Misoprostol | 0 | 0.0 | 12 | 3.1 | 12 |
| Vaginal prostaglandin | 1 | 0.0 | 11 | 2.9 | 12 |
| Other | 0 | 0.0 | 4 | 1.0 | 4 |
| Laminaria tent only | 5 | 0.1 | 0 | 0.0 | 5 |
| **Total** | **3,966** | **100.0** | **383** | **100.0** | **4,349** |

## Complications

There were 125 (2.9%) women who experienced complications related to the termination of pregnancy, which was a decreased proportion from 2016 (4.0%). Eighty five (68.0%) of these complications were notified on the data collection form soon after the termination. To improve the ascertainment of complications resulting after the termination, a data linkage was conducted with South Australian hospital morbidity data (Integrated South Australian Activity Collection), which records hospital admissions. A further 40 women with complications (32.0%) were identified through this process.

The most common complication was retained products of conception (99 women), which represented 79.2% of all complications and occurred in 2.3% of all terminations (Table 12). Post-operative haemorrhage was the second most common complication (16 women), which represented 12.8% of all complications and occurred in 0.4% of all terminations.

**Table 12: Complications resulting from termination of pregnancy, South Australia, 2017**

| Main complication | Number of women with complication | % of all women with complications | % of all women with termination procedures |
|---|---|---|---|
| Retained products of conception | 99 | 79.2 | 2.3 |
| Post-operative haemorrhage | 16 | 12.8 | 0.4 |
| Bleeding | 3 | 2.4 | 0.1 |
| Failed procedure | 2 | 1.6 | 0.0 |
| Haemorrhage intra-operative | 2 | 1.6 | 0.0 |
| Perforation/ trauma to uterus | 2 | 1.6 | 0.0 |
| Uterine infection | 1 | 0.8 | 0.0 |
| **Total** | **125** | **100.0** | **2.9** |

The two most common termination methods in 2017 were vacuum aspiration, and Mifepristone and Misoprostol. Terminations using these methods resulted in complication rates of 0.9% and 6.0% respectively (Table 13).

Overall, 96 (76.8%) women with complications following an initial procedure progressed to a surgical procedure, including 76 women who had a termination of pregnancy with Mifepristone and Misoprostol as the initial procedure.

**Table 13: Method of termination resulting in complication, South Australia, 2017**

| Method of termination | Number of terminations | Number of complications | Number subsequent surgical D&C | % of termination method with complication | % of complication method with subsequent D&C |
|---|---|---|---|---|---|
| Mifepristone +/- Misoprostol | 1,522 | 92 | 76 | 6.0 | 82.6 |
| Vacuum aspiration / Dilatation and curettage | 2,425 | 21 | 13 | 0.9 | 61.9 |
| Vaginal prostaglandin | 12 | 2 | 2 | 16.7 | 100.0 |
| Dilatation and evacuation | 369 | 7 | 4 | 1.9 | 57.1 |
| Misoprostol | 12 | 2 | 1 | 16.7 | 50.0 |
| Laminaria tent only | 5 | 0 | 0 | 0.0 | 0.0 |
| Other | 4 | 1 | 0 | 25.0 | 0.0 |
| **Total** | **4,349** | **125** | **96** | **2.9** | **76.8** |

Two women had a failed initial termination procedure with Mifepristone and Misoprostol (Table 14). Both of the failed procedures progressed to a full surgical procedure to complete the termination. Of the 92 women with complications reported following induced abortion with Mifepristone and Misoprostol, 79 (85.9%) were due to retained products of conception.

**Table 14: Complication type and method of termination procedure, South Australia, 2017**

| Method of termination | Number of complications | Failed Procedure | Perforated Uterus | Haemorrhage intra-operative | Haemorrhage post-operative | Uterine infection | Retained products conception | Bleeding |
|---|---|---|---|---|---|---|---|---|
| Mifepristone +/-Misoprostol | 92 | 2 | 0 | 0 | 9 | 0 | 79 | 3 |
| Vacuum aspiration/ Dilatation and curettage | 21 | 0 | 1 | 1 | 4 | 1 | 14 | 0 |
| Vaginal prostaglandin | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Dilatation and evacuation | 7 | 0 | 1 | 1 | 1 | 0 | 4 | 0 |
| Misoprostol | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **Total** | **125** | **2** | **2** | **2** | **16** | **1** | **99** | **3** |

## Previous pregnancy terminations

Of the 4,349 women who had pregnancy terminations in 2017, 1,581 (36.4%) had undergone a previous termination (Table 15). The proportion of women who had a previous termination generally increased with age. Table 16 (below) shows the number of previous terminations by age group.

**Table 15: Women with previous pregnancy terminations by age, South Australia, 2017**

| Age (years) | Number | % of age group | % of all terminations |
|---|---|---|---|
| < 20 | 39 | 10.1 | 0.9 |
| 20 - 24 | 299 | 26.5 | 6.9 |
| 25 - 29 | 430 | 39.5 | 9.9 |
| 30 - 34 | 448 | 47.0 | 10.3 |
| 35 - 39 | 273 | 47.3 | 6.3 |
| 40+ | 92 | 42.8 | 2.1 |
| **Total** | **1,581** | **36.4** | **36.4** |

**Table 16: Number of previous pregnancy terminations by age of women, South Australia, 2017**

| | Age group | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Number of previous terminations** | **< 15** | **15–19** | **20–24** | **25–29** | **30–34** | **35–39** | **40+** | **Number** | **%** |
| 0 | 11 | 336 | 831 | 658 | 505 | 304 | 123 | 2,768 | 63.6 |
| 1 | 0 | 29 | 218 | 283 | 273 | 145 | 53 | 1,001 | 23.0 |
| 2 | 0 | 9 | 59 | 102 | 98 | 79 | 19 | 366 | 8.4 |
| 3 | 0 | 1 | 17 | 25 | 50 | 34 | 9 | 136 | 3.1 |
| 4+ | 0 | 0 | 5 | 20 | 27 | 15 | 11 | 78 | 1.8 |
| **Total** | **11** | **375** | **1,130** | **1,088** | **953** | **577** | **215** | **4,349** | **100.0** |

## Total Induced Abortion Rates

The total first abortion rate (TFAR) is a method used to estimate the proportion of women who will experience a termination of pregnancy in their reproductive lifetime (see Methods and Terminology). The TFAR for 2017 was 249.0 per 1,000 women aged 15-44 years. This suggests that 24.9% of women would have at least one termination of pregnancy in their reproductive lifetime if they experienced the termination of pregnancy rates of the different age groups for 2017.

The total induced 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 2017 was 389.6 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 2017.

**Table 17: Calculation of total first induced abortion rate (TFAR) for 2017 for South Australia**

| Age (years) | Number of women who had terminations (A) | Number of women who had previous terminations (B) | Number of women who had first termination (A) – (B) | Estimated female resident population 30 June 2017[1] | First termination of pregnancy rate per 1,000 women[‡] |
|---|---|---|---|---|---|
| 15-19 | 386 | 39 | 347 | 50,495 | 6.9* |
| 20-24 | 1,130 | 299 | 831 | 56,172 | 14.8 |
| 25-29 | 1,088 | 430 | 658 | 57,412 | 11.5 |
| 30-34 | 953 | 448 | 505 | 58,332 | 8.7 |
| 35-39 | 577 | 273 | 304 | 53,441 | 5.7 |
| 40-44 | 215 | 92 | 123 | 52,844 | 2.3^ |
| **Total** | **4,349** | **1,581** | **2,768** | **328,696** | |

* includes terminations for women aged under 15

^ includes terminations for women aged 45 and over

## Methods and Terminology

**Termination of pregnancy**

The removal or expulsion of a pregnancy from the uterus via surgical or medical intervention, and excludes spontaneous abortions or miscarriages

**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

**Total first abortion rate (TFAR)**

The sum of the five-year age-specific termination of pregnancy rates of women experiencing their first termination, multiplied by five. The total first abortion rate (TFAR) is a method used to estimate the proportion of women who will experience a termination of pregnancy in their reproductive lifetime

## References

1. Australian Bureau of Statistics. Population Estimates by Age and Sex, South Australia 30 June 2017. Canberra: ABS, 2018 (Catalogue No 3235.0).

# Appendix 1 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 Outcomes Unit**
**Prevention and Population Health Branch, SA Health**
**PO Box 6 Rundle Mall**
**Adelaide SA 5000**
**Telephone: 82266382**
**www.sahealth.sa.gov.au/pregnancyoutcomes**



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