

Clinical Directive: compliance is mandatory

Standards for the Management of Termination of Pregnancy in South Australia

Policy developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
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Summary clinical directive for the management of Termination of Pregnancy in South Australia

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All Health Networks
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Standards for the Management of Termination of Pregnancy in South Australia



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Standards for the Management of the Termination of Pregnancy in SA

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This document has been developed to assist health care staff employed in the public health service in their management of the woman requiring a termination of pregnancy.

These standards have been developed in accordance with SA Perinatal Practice Guidelines, recommendations made by the maternal, perinatal and Neonatal Mortality in South Australia reports, the South Australian Abortion Reporting Committee³⁶ and contemporary professional, quality and safety standards and establish the minimum standards for the woman requiring a termination of pregnancy in the public health services in South Australia.

The development of this criterion-based framework aligns with the principles of the SA Health's Standards for Maternity & Neonatal Services in SA³⁷ document.

In 2011, the SA Maternal & Neonatal Clinical Network established a work group to develop these standards in response to health service demands within South Australia, and the key initiatives identified in the 'SA Health Women's' Health Policy 2005' ³⁹.

The members of the group that participated in the development of these standards were:

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Glossary of Terms

Capable of being born alive

A child capable of being born alive for the purposes of S82A(7) of the Criminal Law Consolidated Act 1935, is a viable child. That is, a child capable of being born alive is a viable child in the sense that, while it may require medical assistance, it has the capacity to live independently of its mother. This is a matter of clinical judgement.

Counselling

"...advanced interpersonal skills which emphasise processes of facilitation. Such processes are based on an ethos of respect for clients, their values, their beliefs, their uniqueness and the right to self-determination."¹¹

High Risk

Women in this category usually have or are likely to develop serious complications. Care for 'high risk' women will always require management by a specialist multidisciplinary team usually at a Level 5 or 6 health service, where access to a broader range of specialist care can be readily sourced. 'High risk' women may at times be cared for at a lower level complexity of care services when this care is managed in consultation with the specialist at the Level 5 or 6 health services.

Lawful termination of pregnancy

The Criminal Law Consolidation Act 1935 (SA) makes procuring or assisting the termination of a pregnancy a criminal offence (s 81(2)). However, under s82A(1) it is not a criminal offence for legally qualified medical practitioner (LQMP) to terminate a pregnancy if either of the following criteria (i) or (ii) are met:

(i) The LQMP and another LQMP are of the opinion, formed in good faith and after both have personally medically examined the woman, that either:

(a) The continuance of the pregnancy would involve greater risk to the life of, or injury to the physical or mental health of the woman, than if the pregnancy were terminated; OR

(b) If the pregnancy were not terminated and the child was born, the child would suffer physical or mental abnormalities as to be seriously handicapped:

AND

The treatment for the termination of pregnancy is carried out in a hospital declared by regulation AND the woman had resided in South Australia for at least two months.

OR

(ii) The LQMP is of the opinion, formed in good faith, that the termination is immediately necessary to save the life, or to prevent grave injury to the physical or mental health, of the pregnant woman.

HOWEVER

If the child is capable of being born alive at the time of the proposed termination then it would be a criminal offence to conduct the termination UNLESS the termination is performed in good faith AND ONLY for the purpose of preserving the life of the mother. Any risk of physical or mental injury that may result if the pregnancy continues must be of a kind that risks the woman's life such that it can properly be said that termination is necessary to preserve the woman's life. (see Appendix).

Medical termination of pregnancy

A medical termination of pregnancy is a type of non-surgical termination of pregnancy in which abortifacient pharmaceutical drugs are used to induce termination of pregnancy.

Glossary of Terms (continued)

Mifepristone (administered in tablet form) blocks the action of progesterone, a hormone essential for a pregnancy. Mifepristone changes the lining of the uterus, causing the pregnancy to detach. It opens the cervix and increases the sensitivity of the uterus to Misoprostol.

Misoprostol (administered in tablet form) is widely used in surgical termination of pregnancies to increase the safety of the procedure and reduce the risk of bleeding. For medical abortion it is administered approximately 48 hours after the Mifepristone and causes the uterus to contract, assisting in the expulsion removal of pregnancy tissue.

Moderate Risk

Moderate risk implies the presence of certain medical conditions, medical, surgical or psychiatric, which may adversely impact on the outcome of the procedure. Registered General Nurses/midwives, registered general practitioners or Obstetricians can manage care for women in this category. Point of care may be solely at a level 4 service or higher so that the complexity of care offered assists in minimising the identified risk factor/s.

Normal Risk

This category implies the absence of risk factors that may lead to health complications which would require the services of a specialist. Women with 'normal risk' can receive care from appropriately qualified practitioners including Registered General Nurses/midwives, registered general practitioners or Obstetricians. In general, women in this category would anticipate a complication free procedure without the requirement of specialist care.

Surgical Termination of Pregnancy

The fetus is removed from the uterus by suction and with the aid of surgical instruments.

Termination Pregnancy

The removal or expulsion of a fetus from the uterus.

Termination of Pregnancy for Fetal Anomaly

The termination may be performed medically or surgically. They are sometimes referred to as 'genetic termination of pregnancy'.

Introduction

Termination of pregnancy is a common procedure, estimated to be the outcome of around one in four pregnancies in Australia. The large majority of terminations occur in the first trimester of pregnancy. It is further estimated that around one third of all Australian women have at least one termination of pregnancy in their lifetime.⁹

From a broad perspective, recognition and support of a woman's right to personal moral agency and self-determination in relation to their fertility, is a fundamental aspect of acknowledging a woman as fully human.³⁵ However, public debate about unplanned pregnancy and termination of pregnancy tends to be highly polarized.

Social, moral, ethical and cultural issues may impact upon the decision to continue or terminate a pregnancy. Supportive non-judgmental counselling should assist decision-making prior to the termination of pregnancy. A woman and her partner bring into a pregnancy pre-existing and varying views and belief systems concerning social attitude, what is moral behaviour, cultural inheritance and ethical decision-making processes¹⁹. Decisions are made (at least in part) about continuing or terminating a pregnancy using these pre-existing views and belief systems.

There is no national monitoring of pregnancy terminations in Australia, so accurate national data is not available.⁷ Incomplete, indirect data have been derived from Health Insurance Commission statistics and public hospital data and, by extrapolation, from South Australia where notification and monitoring has occurred since legislation required it from 1970.⁸ More recently, monitoring has been established in Western Australia, Victoria and the Australian Capital Territory.⁷ New Zealand's Abortion Supervisory Committee publishes an annual report including termination of pregnancy statistics.²⁶

The South Australian data confirms the need for the provision of publicly funded termination of pregnancy services.³⁸

Services for termination of pregnancy offered in publicly funded health services in South Australia are undertaken within a service delineation framework that determines the minimum standards of care and the level of service that should be provided to a woman given the complexity of care she requires. In consideration of the quality and safety of care required and the legislative requirements, the framework defines the relevant workforce, equipment, facilities, protocols and service arrangements that need to be formally in place to ensure the continuity of a particular level of service.

These standards rely upon the regionalisation of services, based upon population needs, and management within a coordinated, cooperative system inclusive of the health services and medical staff involved. Consequently publicly funded health services may restrict access to medical and/or surgical termination of pregnancy procedures as determined by the staff and resources available to them.

Although this document has primarily been produced for application within the public health sector, it is acknowledged that the standards of practice outlined in the document are also relevant to private health services and may subsequently be used as a reference in this sector.

Background

Termination of pregnancy, which may be referred to as abortion; is one of the most commonly provided procedures in Australia and the legal provision of this procedure is associated with a low incidence of serious complications²⁹. Abortion is safer than childbirth and concerns about causal associations with breast cancer, placenta praevia, ectopic pregnancy and negative mental health outcomes have been allayed by large and rigorous studies. Studies indicate an association of preterm birth with previous induced abortion although more recent studies are reassuring that this association may not apply to medical abortion. However, these standards recognise that the provision of termination of pregnancy services occur in a complex social, legislative and ethical context.

Psychological studies suggest there:

- is mainly improvement in psychological wellbeing in the short term after termination of pregnancy;
- are rarely immediate or lasting negative consequences;
- may be an association between termination of pregnancy and some adverse mental health markers: these may reflect pre-existing conditions.

Any woman has the right to unbiased, comprehensive and high quality professional counselling and information in relation to unplanned pregnancy¹⁹. In order to achieve this, appropriate training for counsellors would incorporate social justice principles and a social view of health. A social view of health acknowledges that a wide range of social, economic and environmental factors impact on health and well-being. It also recognizes that power is not distributed equally in society. Unequal power relations relate to class, gender, ethnicity, sexual preference, (dis)ability and other factors. Because of its focus on power, a social view of health recognizes the effect of stereotyping, discrimination and oppression that grow out of power differentials. These include sexism and gender discrimination, racism, homophobia and ageism among others. It consequently focuses attention and resources on the needs of marginalized groups¹⁹.

In relation to unplanned pregnancy and termination of pregnancy, these principles highlight the cultural, psycho-social, environmental, economic and political factors that impact on the health and well-being of the woman.

Despite the unsupportive and obstructive social and political climate surrounding a woman's right to autonomous decision making regarding unplanned pregnancy,¹³ and the stress this situation can involve, 75% of women in Australia do not want or feel they need counselling when faced with an unplanned pregnancy²¹. However, for some women an unplanned pregnancy can pose significant risks to their well-being²⁷ and counselling should be available to:

- Access clear and detailed information regarding options.
- Access a confidential space free of judgment and pressure.
- Explore thoughts and feelings around the pregnancy and consider the personal implications of different outcomes/decisions.
- Reflect on the context of the pregnancy and weigh up the possible repercussions and the risks associated with different aspects of this context.
- Be supported to trust their own judgment.⁹

Background (continued)

From a broad perspective, recognition and support of a woman's right to personal moral agency and self-determination in relation to their fertility, is a fundamental aspect of acknowledging a woman as fully human¹⁴. However, public debate about unplanned pregnancy and termination of pregnancy tends to be highly polarized.

Termination of pregnancy and its impact on a woman's psychological wellbeing has been the subject of some controversy and at times access to services has been restricted. Literature reviews undertaken in this area emphasise the importance of basing conclusions on reputable scientific research that is methodologically rigorous, conceptually sound and free from ideological bias²¹.

Social, moral, ethical and cultural issues may impact upon the decision to continue or discontinue a pregnancy. Supportive non-judgmental counselling should assist decision-making prior to termination of pregnancy. A pregnancy woman and her partner have pre-existing and varying views and belief systems concerning social attitude, what is moral behaviour, cultural inheritance and ethical decision making processes. Decisions are made (at least in part) about continuing or terminating a pregnancy using these pre-existing views and belief systems²⁴.

Use of the standards

These standards are confined to determining the minimum requirements for the safe management of the woman requiring a termination of pregnancy, in consideration of current legislation, research and professional standards of clinical practice.

These standards have been prepared with reference to the evidence based clinical and service guidelines of the Royal College of Obstetricians and Gynaecologists, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Resource for Health Professionals, the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵, the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ and relevant professional codes of ethics and conduct.

This document aims to provide standards of care based on unbiased scientific research that reside outside the harmful/liberating dichotomy. The standards promote access to services, the individualization of care and counselling in order to support a woman's emotional well-being. They support a woman's access to accurate health information to optimise her self-determination and autonomous decision making.⁴⁴

These standards recognise the need for a publicly funded health service to define its responsibilities and the range of services for the clinical management of the woman terminating a pregnancy, including;

- formal referral practices enabling the timely transfer of care between different organisations as determined by the woman's care requirements; and
- established professional and technical infrastructure within their health services to appropriately support the woman.

It is envisaged that these standards will be used by health care providers with the aim of providing an objective, standardised system for describing the scope of health services available to the woman terminating a pregnancy. It is recognised that the facilities made available for the management of the termination of a pregnancy will be discreet and conducive to the care that meets her physiological needs.

Use of the standards (continued)

Health managers have the opportunity and obligation to determine their health services role in the management of the woman requiring a termination of pregnancy within this service delineation framework.

Further to this, it is strongly recommended that each health service unit has a comprehensive selection of specific clinical procedures/protocols relevant to the termination of pregnancy services offered at their site that have been developed in consideration of the local workforce and support services available.

Clinical practice guidelines aligned with these standards and supporting the management of the woman requiring a termination of pregnancy including the key elements of contemporary clinical practice for this scope of practice are included in the SA Perinatal Practice Guidelines available via iTunes APP store, called: *Practices Guideline Reader* and website. www.sahealth.sa.gov.au/perinatal

Principles of the standards

General

The levels of health care described in these standards are differentiated by the complexity of clinical care that a health service is required to provide to meet the needs of a woman requiring a termination of pregnancy.

This is determined by the workforce, facilities, equipment, support services, education and organisational quality and risk management systems available at each service. Whilst it is recognised that variations in the services provided may be warranted as unique patients, resources and limitations to services arise, it is recommended that these variations are documented and substantiated with an appropriate risk management policy and strategy.

In the context of these standards, hospitals providing termination of pregnancy services must be recognised as a SA Health 'prescribed hospital' as per section 82A(4)(d) of the Criminal Law Consolidation Act 1935, and be listed in Schedule 3 of the Criminal Law Consolidation, (Medical Termination of Pregnancy Regulations 2011).

Whilst it is acknowledged that termination of pregnancy procedures may be offered at alternate sites other than a publicly funded health service, these services are out of scope for these standards.

Quality, safety and risk management

The fundamental premise in caring for a woman requiring a termination of pregnancy is that the care should be provided in a setting that is appropriate for the recognised level of risk to the woman.

The care of the woman requiring a termination of pregnancy must be provided within the relevant professional codes of conduct, ensuring privacy and confidentiality for the woman.

It is essential for each health service providing termination of pregnancy services to identify and manage the level of risk acceptable to their own particular resources and to ensure strategies are in place to manage both expected and unexpected transition along the continuum of care. It should be acknowledged that a woman's condition may fluctuate as a consequence of varying risk factors. The subsequent health care provided should be modified accordingly.

Quality, safety and risk management (continued)

All South Australian health units should have available on site the SA Health patient information brochure: The Management of Termination of Pregnancy in SA and provide this to the woman considering a termination of pregnancy. Available iTunes APP Store, called: *Practices Guideline Reader* or www.sahealth.sa.gov.au/perinatal.

It is accepted that the level of health care and the type(s) of termination of pregnancy provided at any health service is dependent upon the:

- facilities available at the particular health service;
- experience of medical practitioners and midwifery/nursing staff available at the particular health service;
- relevant credentials and education and training of the medical practitioners providing the services; and the
- availability of other services and facilities to manage the care required, identified and potential complications.

Registered medical practitioners who have completed an online training module provided by the sponsor (Marie Stopes International Australia) will be able to prescribe the combination of Mifepristone and Misoprostol for medical termination of pregnancy. This training includes:

- information on the appropriate selection of women
- counselling of women
- the need for patient consent
- information on the risks and adverse events
- the need to follow up women who have been prescribed the medicine.³

Registered medical practitioners with a Fellowship of the Royal Australian New Zealand College Obstetricians Gynaecologists or a Diploma of the Royal Australian New Zealand College Obstetricians Gynaecologists will not have to complete the training but are required to register with Marie Stopes International Australia as part of the medical termination of pregnancy Risk Management Plan.

Community pharmacies are able to dispense Mifepristone and Misoprostol for medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.

All South Australian health units providing termination of pregnancy services are required to comply with the documentation and reporting requirements determined by the *Criminal Law Consolidation Act 1935* and *Criminal Law Consolidation Medical Termination of Pregnancy Regulations 2011*; medical termination of pregnancy, the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ and the *Health Care Act 2008*. Included in these requirements is the need to obtain informed consent for medical treatment under the *Consent to Medical Treatment and Palliative Care Act 1995*.

Health units providing termination of pregnancy services must provide a plan for the local management of the woman requiring care 'out of hours' other than the unit's operating hours, (i.e. units operating less than 24 hours/day 7 days/week). This must include 'post procedure' written information that should be provided to the woman and her support person prior to discharge; that can assist the woman to identify complications resultant from the termination of pregnancy procedure and that will direct her to the possible medical care assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy this information should include follow up care information in accordance with the Marie Stopes International Australia Risk Management Plan³.

Quality, safety and risk management (continued)

It is expected that all health units should ensure all clinical staff have unrestricted access at all times to the South Australian Perinatal Practice Guidelines. Available iTunes APP Store, called: *Practices Guideline Reader* or www.sahealth.sa.gov.au/perinatal

Facilities

Health care facilities providing termination of pregnancy services must ensure their service is provided and evaluated in accordance with the Australian Day Surgery Nurses Association Guidelines² and the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵ and the Marie Stopes International Australia Risk Management Plan as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.

The scope of these standards does not include the standard operating procedures relevant to contemporary health care practices.

Local health services managers and medical practitioners have a responsibility to inform the community of the limitations regarding access to termination of pregnancy services within the local health service and the process of referral to an appropriate health service able to provide such a service should the need arise.

Workforce implications

It is recommended that health services providing termination of pregnancy procedures ensure that staff, facilities and equipment at the level of service are appropriate to optimise the health outcomes for the woman involved. It is recognised that safe and appropriate care of the woman requiring a termination of pregnancy is respectful and non-judgemental and supported by the provision of additional counselling resources.

To ensure optimal health outcomes, it should be recognised that a woman requiring a termination of pregnancy involves specific care and have access to a range of allied health staff to help reduce potential risks and adverse outcomes associated with a termination of pregnancy.

More specifically, the provision of medical termination of pregnancy services is reliant upon the medical practitioners providing these services having secured recognition with Marie Stopes International Australia as part of the Risk Management Plan, as determined by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ and having access to a pharmacy prepared to stock and dispense Mifepristone and Misoprostol.

Health services that are unable to provide medical and/or surgical termination of pregnancy services must have defined clinical protocols to support staff in the prompt referral of the woman requiring these services.

Although the health services workforce relevant to termination of pregnancy services is determined in these standards, credentialing, admitting rights and clinical privileges for these staff remains the responsibility of the employing health service.

Description of service delineation for the management of termination of pregnancy

LEVEL 1 Health Services

Level 1 health service - Complexity of care for the management of termination of pregnancy

There is no capacity for the Level 1 health care facility to manage the care for the pregnant woman, including the woman requiring a termination of pregnancy.

Level 1 health services should have appropriate formal policy/protocols which guide staff:

- in performing a pregnancy test,
- ensuring any woman considering a termination of pregnancy are referred promptly, to a health care service with suitable staff and facilities to manage this care, and
- to ensure the SA Health patient information brochure: *The Management of Termination of Pregnancy in SA* is made available to the woman considering a termination of pregnancy. Available iTunes APP Store, called: *Practices Guideline Reader* or www.sahealth.sa.gov.au/perinatal,
- in the emergency management of the woman presenting with an imminent loss of the products of pregnancy.

Level 1 health service - facilities for the management of termination of pregnancy

Level 1 health services have:

- no designated women's health/pregnancy assessment facilities, and have no capacity to provide care for the woman requiring a termination of pregnancy, and
- emergency resuscitation equipment available 24 hours per day, seven days per week.



Level 1 health service - workforce implications relevant to the management of termination of pregnancy

Level 1 health services have:

- registered medical & midwifery/nursing staff available to provide emergency women's health assessment and immediate care, 24 hours per day, seven days per week,
- health staff able to manage unexpected emergency presentations related to the pregnancy, and
- have formal policy/protocol(s) outlining the local management of this type of emergency presentation, and includes the process for referral on to an appropriate facility able to manage the care required.



Level 1 health service - support services relevant to the management of termination of pregnancy

Level 1 health services have:

- formal communication links with specialist obstetrician and gynaecological services available for advice and referral,
- established telecommunication links with statewide retrieval services,
- formal protocols to guide staff wishing to transfer a woman and to contact the retrieval team,
- established referral pathways to appropriate allied health professionals.



Level 1 health service - pathology services relevant to the management of termination of pregnancy

Level 1 health services have access to pathology services, with no 'on call' arrangement for specimen analysis.



Level 1 health service - blood and blood product/or volume expanders services relevant to the management of termination of pregnancy

Level 1 health services have limited access to emergency transfusion supplies. These supplies are managed as an emergency response through the statewide retrieval services.



Level 1 health service - pharmacy services relevant to the management of termination of pregnancy

Level 1 health services have local pharmacy services with no local 'on call' capacity.



LEVEL 2 Health Services

Level 2 health Service - Complexity of care for the management of termination of pregnancy

Level 2 health care services have locally based registered medical & midwifery/nursing staff available who collectively provide 'normal risk' patient care. Level 2 health care services have no capacity to provide termination of pregnancy services.

Level 2 health services should have appropriate formal policy/protocols which guide staff:

- in performing a pregnancy test,
- ensuring any woman considering a termination of pregnancy are referred promptly, to a health care service with suitable staff and facilities to manage this care, and
- to ensure the SA Health patient information brochure: *The Management of Termination of Pregnancy in SA* is made available to the woman considering a termination of pregnancy. Available iTunes APP Store, called: *Practices Guideline Reader* or www.sahealth.sa.gov.au/perinatal,
- in the emergency management of the woman presenting with an imminent loss of the products of pregnancy.



Level 2 health service - facilities for the management of termination of pregnancy

Level 2 health services have:

- no designated women's health/pregnancy assessment facilities, and have no capacity to provide care for the woman requiring a termination of pregnancy, and
- emergency resuscitation equipment available 24 hours per day, seven days per week.



Level 2 health service - workforce implication relevant to the management of termination of pregnancy

Level 2 health services have:

- registered medical & midwifery/nursing staff available to provide emergency women's health assessment and immediate care, 24 hours per day, seven days per week, and
- health staff able to manage unexpected emergency presentations related to pregnancy, and
- have formal policy/protocol(s) outlining the local management of this type of emergency presentation, and includes the process for referral on to an appropriate facility able to manage the care required.



Level 2 health service - support services relevant to the management of termination of pregnancy

Level 2 health services have:

- formal communication links with specialist obstetrician and gynaecological services available for advice and referral,
- established telecommunication links with statewide retrieval services,
- formal protocols to guide staff wishing to transfer a woman and to contact the retrieval team,
- established referral pathways to appropriate allied health professionals.



Level 2 health service - pathology services relevant to the management of termination of pregnancy

Level 2 health services have access to pathology services, with no 'on call' arrangement for specimen analysis.



Level 2 health service - blood and blood product/or volume expanders services relevant to the management of termination of pregnancy

Level 2 health services have limited access to emergency transfusion supplies. These supplies are managed as an emergency response through the statewide retrieval services.



Level 2 health service - pharmacy services relevant to the management of termination of pregnancy

Level 2 health services have local pharmacy services with no local 'on call' capacity.



LEVEL 3 Health Services

Level 3 health service - complexity of care for the management of a termination of pregnancy

Level 3 health services have an appropriate local workforce and facilities to safely care for the 'normal risk' woman requiring a termination of pregnancy within the first 12 weeks of gestation.

Level 3 health services providing a medical termination of pregnancy service for the 'normal risk' woman have medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan and available to prescribe Mifepristone and/or Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.

Level 3 health services have a responsibility to:

- comply with contemporary clinical practice for the management of termination of pregnancy as indicated in the:
 - SA Perinatal Practice Guidelines; www.sahealth.sa.gov.au/perinatal,
 - Australian Day Surgery Nurses Association Guidelines¹²,
 - the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵

This should include assessment of:

- co-morbidities, particularly those associated with increased the risks of anaesthesia,
- the need for counselling and support services.

and when providing a medical termination of pregnancy service complies with the;

- Marie Stopes International Australia Risk Management Plan as per the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.
- have appropriate formal policy/protocols which guide staff:
 - of clear and concise determinants to assess and manage the 'normal risk' woman only, and
 - in the early referral of a woman
 - a) considering a medical termination of pregnancy (when the service is not recognised as a 'prescribed health service' and/or does not have medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan and available to administer Mifepristone and/or Misoprostol),
 - b) with clinical complexities – deemed 'at risk' and considering a termination of pregnancy,
 - c) requiring a termination of pregnancy >12 weeks gestation, and those
- in the local management of the woman requiring care 'out of hours' other than the unit's operating hours, (i.e. units operating less than 24 hours/day 7 days/week). This must include 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman to identify complications resultant from the termination of pregnancy procedure and that will direct her to the possible medical care assistance that is accessible outside the health services hours of service,

- have appropriate formal policy/protocols which guide staff (continued):
- in supporting the woman following a medical termination of pregnancy and ensures that follow up care information in accordance with the Marie Stopes International Australia Risk Management Plan is provided to the woman and her support person prior to discharge, and
- to evaluate their services to ensure the service is safe and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.



Level 3 health service - facilities for the management of termination of pregnancy

Level 3 health services have:

- a range of health care facilities and support services including on site operating room(s) and/or day surgery suite facilities, these rooms are maintained in accordance with relevant standards including;
- the Australian College of Operating Room Nurses Standards²,
- Australian Day Surgery Nurses Association Guidelines¹² and the
- Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵,
- limited facilities, appropriate to provide only minor surgical services, and may include those for the management of a medical termination of pregnancy but generally does not include those required for a termination of pregnancy >12 weeks gestation,
- appropriate areas for counselling that ensures the woman's privacy and confidentiality, and
- emergency resuscitation equipment available for the hours that the service is provided.



Level 3 health service - workforce implication relevant to the management of termination of pregnancy

Level 3 health services have:

- registered medical practitioner(s) readily available for the hours the service is provided,
- registered general nurses/midwives with appropriate competencies relevant to providing termination of pregnancy services,
- appropriately qualified operating room, day surgery and recovery room staff available for the hours of the service is provided,
- an appointed/nominated registered medical practitioner credentialed as head of the services that include termination of pregnancy,
- an appointed/nominated registered nurse with appropriate post registration qualifications (ie ≥ Level 3 registered midwife/nurse in public sector as per the SA Public Sector EB) as the Manager of the services that include termination of pregnancy services,
- when providing medical termination of pregnancy services; have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan and available to prescribe Mifepristone and/or Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ –
- registered medical practitioners accredited in anaesthetics readily available for the hours the service is provided,
- registered nurses/midwives and medical practitioners competent in adult basic life support resuscitation available for the hours the service is provided,
- registered medical & nursing staff available to provide emergency women's health assessment and immediate care for the hours the service is provided,

Level 3 health services have (continued):

- the capability to manage unexpected emergency presentations related to the termination of pregnancy, including a formal policy/protocol outlining the local management which includes the process of the referral of the woman requiring a level of care not available at the health unit, and
- health professional trainees providing services whilst under the supervision of their accredited practitioner.



Level 3 health service - support services relevant to the management of termination of pregnancy

Level 3 health services have:

- formal communication links with specialist obstetrician and gynaecological services available, advice and referral, including 'out of hours' follow up care,
- established telecommunication links and formal protocols for contacting the statewide retrieval services,
- formal protocols to guide staff wishing to transfer the woman requiring a level of care not available at the health unit,
- formal protocols to guide staff in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman to identify complications resultant from the termination of pregnancy procedure and that will direct her to the possible medical care assistance that is accessible outside the health services hours of service,
- established referral pathways for the woman to easily access counselling services, and
- established referral pathways for the woman to access appropriate other allied health professionals.



Level 3 health service - pathology services relevant to the management of termination of pregnancy

Level 3 health services have access to local pathology services available for the hours the service is provided with no 'on call' arrangement for specimen analysis.



Level 3 health service - blood and blood product/or volume expanders services relevant to the management of termination of pregnancy

Level 3 health services have only limited emergency transfusion supplies available on site, with no 'on call' capacity. These supplies are managed as an emergency response through the statewide retrieval services.



Level 3 health service - pharmacy services relevant to the management of termination of pregnancy

Level 3 health services have access to local pharmacy services available for the hours the service is provided with no 'on call' capacity. Those Level 3 health units providing medical termination of pregnancy services have access to a pharmacy prepared to stock and dispense Mifepristone and Misoprostol for the medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.



Level 3 health service - diagnostic medical imaging services relevant to the management of termination of pregnancy

Level 3 health services have limited local diagnostic medical imaging services available for the hours the service is provided with no 'on call' arrangements for examinations. Access to portable ultrasound examination is available.



Level 3 health service - nuclear medicine services relevant to the management of termination of pregnancy

Level 3 health services have no local nuclear medicine services available.



Level 3 health service - intensive care services relevant to the management of termination of pregnancy

Level 3 health services have no local intensive care services available. A woman requiring this level of care should be transferred to a Level 6 facility utilising the statewide retrieval services.



Level 3 health service - operating rooms relevant to the management of termination of pregnancy

Level 3 health services have access to operating room, day surgery and recovery room facilities available for the hours the service is provided, but does not have 'on call' operating room or day surgery staffing arrangements.



Level 3 health service - anaesthetic services relevant to the management of termination of pregnancy services

Level 3 health services have anaesthetic services available for the hours the service is provided. No 'on call' anaesthetic services staffing arrangements.



Level 3 health service - education services relevant to the management of termination of pregnancy services

Level 3 health services have the capacity to support education and ongoing professional development programs ensuring the competency of the nurses/midwives as per the Australian Nursing & Midwifery Council (ANMC) *Competency Standards*⁶.

Registered nursing, and medical practitioners will have access to emergency care and resuscitation education programs including adult resuscitation.

LEVEL 4 Health Services

Level 4 health Service - complexity of care for the management of a termination of pregnancy

Level 4 health services have an appropriate local workforce and facilities enabling the provision of health care of the 'normal – moderate risk' woman requiring a termination of pregnancy. With access to a range of specialist health care personnel, Level 4 health care services are able to provide both medical and surgical termination of pregnancy procedures, which may or may not include services for a termination of pregnancy in the second trimester.

Level 4 health services providing a medical termination of pregnancy service for the 'normal – moderate risk' woman have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan and are available to prescribe Mifepristone and Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.

Level 4 health services have a responsibility to:

- comply with contemporary clinical practice for the management of termination of pregnancy as indicated in the:
 - SA Perinatal Practice Guidelines; available via iTunes APP store, called *Practices Guideline Reader* or www.sahealth.sa.gov.au/perinatal,
 - Australian Day Surgery Nurses Association Guidelines¹²,
 - the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵ and

This should include assessment of:

- co-morbidities, particularly those associated with increased the risks of anaesthesia,
- the need for counselling and support services.

and when providing a medical termination of pregnancy service complies with the;

- Marie Stopes International Australia Risk Management Plan as per the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.
- have appropriate formal policy/protocols which guide staff:
 - in the clear and concise determinants to assess and manage the 'normal – moderate risk' woman requiring a termination of pregnancy,
 - in the early referral of the woman
 - a) requiring a termination of pregnancy for a fetal anomaly,
 - b) considering a medical termination of pregnancy (when the service does not have medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan and available to administer Mifepristone and/or Misoprostol), or
 - c) with clinical complexities – deemed 'at risk' and considering a termination of pregnancy
- to evaluate their services to ensure the service is safe and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements.

- have appropriate formal policy/protocols which guide staff (continued):
- in the local management of the woman requiring care 'out of hours' other than the unit's operating hours, (i.e. units operating less than 24 hours/day 7 days/week). This must include 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman to identify complications resultant from the termination of pregnancy procedure and that will direct her to the possible medical care assistance that is accessible outside the health services hours of service, and
- in supporting the woman following a medical termination of pregnancy and ensures that follow up care information in accordance with the Marie Stopes International Australia Risk Management Plan is provided to the woman and her support person prior to discharge.



Level 4 health service - facilities for the management of termination of pregnancy

Level 4 services have:

- a range of health care facilities and support services including on site operating room(s) and/or day surgery suite facilities, these rooms are maintained in accordance with relevant standards including;
- the Australian College of Operating Room Nurses Standards²,
- Australian Day Surgery Nurses Association Guidelines¹² and the
- Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵,
- facilities, appropriate to provide surgical services, including those for the management of a medical and surgical termination of pregnancy for the woman deemed 'normal – moderate risk',
- appropriate areas for counselling that ensures the woman's privacy and confidentiality, and
- emergency resuscitation equipment available during the hours the health service is operational.



Level 4 health service - workforce implication relevant to the management of termination of pregnancy

Level 4 health services have:

- registered medical practitioner(s) readily available for the hours the service is provided,
- registered general nurses/midwives with appropriate competencies relevant to providing termination of pregnancy services,
- appropriately qualified operating room, day surgery and recovery room staff available for the hours of the service is provided,
- an appointed/nominated registered medical specialist as Head of the services that include the termination of pregnancy services,
- an appointed/nominated registered nurse with appropriate post registration qualifications (ie ≥ Level 3 registered midwife/nurse in public sector as per the SA Public Sector EB) as Manager of the services that include the termination of pregnancy services,
- have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan and available to prescribe Mifepristone and/or Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for the provision of the medical termination of pregnancy services;

Level 4 health services have (continued):

- registered medical practitioners accredited in anaesthetics readily available for the hours the service is provided,
- registered nurses/midwives and medical practitioners competent in adult basic life support resuscitation available for the hours the service is provided,
- registered medical & nursing staff available to provide emergency women's health assessment and immediate care for the hours the service is provided,
- the capability to manage unexpected emergency presentations related to the termination of pregnancy, including a formal policy/protocol outlining the local management which includes the process of the referral of the woman requiring a level of care not available at the health unit, and
- health professional trainees providing services whilst under the supervision of their accredited practitioner
- a range of allied health staff on site to compliment the required support services for a woman undergoing a termination of pregnancy,



Level 4 health service - support services relevant to the management of termination of pregnancy

Level 4 health services have:

- formal communication links with specialist obstetric and gynaecological services available for advice and referral, including 'out of hours' follow up care,
- established telecommunication links and formal protocols for contacting the statewide retrieval services,
- formal protocols to guide staff wishing to transfer a woman requiring a level of care not available at the health unit,
- formal protocols to guide staff in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman identify complications resultant from the termination of pregnancy procedure and that will direct her to medical assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy the follow up care information provided to the patient should also include that determined by the Marie Stopes International Australia Risk Management Plan.
- established referral pathways to appropriate allied health professionals.



Level 4 health service - pathology services relevant to the management of termination of pregnancy

Level 4 health services have access to local pathology services available with some 'on call' arrangements specimen analysis, which are provided during the health services hours of service.



Level 4 health service - blood and blood / or volume expanders product services relevant to the management of termination of pregnancy

Level 4 health services have limited blood and blood product services with 'on call' arrangements for urgent requests during the health services hours of service.



Level 4 health service - pharmacy services relevant to the management of termination of pregnancy

Level 4 health services have access to local pharmacy services with some 'on call' capacity, for urgent requests during the health services hours of service. Those Level 4 medical termination of pregnancy services; have access to pharmacy services to dispense Mifepristone and Misoprostol for medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.



Level 4 health service - diagnostic medical imaging services relevant to the management of termination of pregnancy

Level 4 health services have limited local 'on call' arrangements for diagnostic medical imaging services during health services hours of service. Access to portable ultrasound examination is available.



Level 4 health service - nuclear medicine services relevant to the management of termination of pregnancy

Level 4 health services have no local nuclear medicine services available.



Level 4 health service - intensive care services relevant to the management of termination of pregnancy

Level 4 health services have no local intensive care services available. A woman requiring this level of care should be transferred to a Level 6 facility, utilising the statewide retrieval services.



Level 4 health service - operating rooms relevant to the management of termination of pregnancy

Level 4 health services have local on site operating room / day procedure facilities and services available including 'on call' arrangements, during health services hours of service.



Level 4 health service - anaesthetic services relevant to the management of termination of pregnancy services

Level 4 health services have local on site anaesthetic services available including 'on call' arrangements, during health services hours of service.



Level 4 health service - education services relevant to the management of termination of pregnancy services

Level 4 health services have the capacity to support education and ongoing professional development programs ensuring the competency of the nurses/midwives as per the Australian Nursing & Midwifery Council (ANMC) *Competency Standards*⁶.

Midwifery/nursing and medical practitioners will have access to emergency care and resuscitation education programs including adult resuscitation.



LEVEL 5 Health Services

Level 5 health service - complexity of care for the management of termination of pregnancy

Level 5 services have an appropriate local workforce and facilities enabling the provision of comprehensive care of the 'normal – high risk' woman, (excluding those requiring intensive care), requiring medical and surgical termination of pregnancy procedures, including termination of pregnancy for fetal anomaly.

Level 5 health services have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan to prescribe Mifepristone and Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for medical termination of pregnancy services.

Level 5 health services have a responsibility to:

- comply with contemporary clinical practice for the management of termination of pregnancy as indicated in the:
- SA Perinatal Practice Guidelines; available via iTunes APP store called, *Practices Guidelines Reader* or www.sahealth.sa.gov.au/perinatal,
- Australian Day Surgery Nurses Association Guidelines¹²,
- the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵, and

This should include assessment of:

- co-morbidities, particularly those associated with increased the risks of anaesthesia, and
- the need for counselling and support services.

and specific to medical termination of pregnancy services, complies with the;

- Marie Stopes International Australia Risk Management Plan as per the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.
- have appropriate formal policy/protocols which guide staff:
- when accepting the woman requiring a termination of pregnancy who has complex care needs,
- in the early referral of the woman requiring intensive care to a level 6 health service equipped to manage this level of care,
- in the early referral criteria for the woman requiring maternal fetal medicine services,
- to provide mental health assessment and facilitate appropriate mental health management for the woman requiring a termination of pregnancy,
- to evaluate their services to ensure the service is safe and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements, and
- in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman identify complications resultant from the termination of pregnancy procedure and that will direct her to medical assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy the follow up care information provided to the patient should also include that determined by the Marie Stopes International Australia Risk Management Plan.



Level 5 health service - facilities for the management of termination of pregnancy

Level 5 services have:

- a range of health care facilities and support services including on site operating room(s) and/or day surgery suite facilities, these rooms are maintained in accordance with relevant standards including;
 - the Australian College of Operating Room Nurses Standards²,
 - Australian Day Surgery Nurses Association Guidelines¹², and the
 - Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵,
- facilities available 24 hours per day, seven days per week, appropriate to provide for the management of a medical and surgical termination of pregnancy, including 2nd trimester termination of pregnancy for fetal anomaly,
- access to specialist facilities providing maternal-fetal medicine services,
- access to onsite pharmacy services that includes dispensing Mifepristone and Misoprostol in accordance with the Marie Stopes International Australia Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for medical termination of pregnancy, and
- emergency resuscitation equipment available 24 hours per day, seven days per week.



Level 5 health service - workforce implication relevant to the management of termination of pregnancy

Level 5 health services have:

- an appointed/nominated specialist consultant as head of the services that includes the termination of pregnancy services,
- a designated specialist gynaecologist available for consultation 24 hours a day, seven days a week,
- a designated maternal-fetal medicine specialist available for consultation 24 hours a day, seven days a week,
- an appointed/nominated Registered General Nurse/midwife with appropriate post registration qualifications (ie \geq Level 3 registered nurse/midwife in public sector as per the SA Public Sector EB), as manager of the services that includes the termination of pregnancy services,
- registered medical & nursing/midwifery staff available to provide emergency women's health assessment and immediate care, 24 hours per day, seven days per week,
- have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan and available to prescribe Mifepristone and/or Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for the provision of medical termination of pregnancy services ,
- appropriately qualified operating room staff, available 24 hours per day, seven days per week,
- registered medical practitioners accredited in anaesthetics readily available 24 hours per day, seven days per week,
- a range of allied health staff on site to compliment the required support services required for a woman requiring a termination of pregnancy,
- health professional trainees providing services whilst under the supervision of their accredited practitioner, and

Level 5 health services have (continued):

- registered nurses/midwives and medical practitioners competent in adult basic life support resuscitation.



Level 5 health service - support services relevant to the management of termination of pregnancy

Level 5 health services have:

- formal communication links with specialist obstetric and gynaecological services at Level 6 health services for advice and referral,
- established telecommunication links and formal protocols for contacting the statewide retrieval services,
- formal protocols to guide staff wishing to transfer a woman requiring a level of care other than that available at the health unit,
- access to appropriate mental health staff,
- established referral pathways to appropriate allied health professionals,
- emergency resuscitation equipment available 24 hours per day, seven days per week, and
- formal protocols to guide staff in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman identify complications resultant from the termination of pregnancy procedure and that will direct her to medical assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy the follow up care information provided to the patient should also include that determined by the Marie Stopes International Australia Risk Management Plan.



Level 5 health service - pathology services relevant to the management of termination of pregnancy

Level 5 health services have a comprehensive range of local pathology services, including 'on call' arrangements, 24 hours per day, seven days a week for specimen analysis.



Level 5 health service - blood and blood product services relevant to the management of termination of pregnancy

Level 5 health services have comprehensive blood and blood product services with 'on call' arrangements 24 hours per day, seven days per week.



Level 5 health service - pharmacy services relevant to the management of termination of pregnancy

Level 5 health services have comprehensive local pharmacy services including 'on call' capacity, 24 hours per day, seven days a week and including the dispensing Mifepristone and Misoprostol for medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.



Level 5 health service - diagnostic medical imaging services relevant to the management of termination of pregnancy

Level 5 health services have local 'on call' arrangements, 24 hours per day, seven days a week, for diagnostic medical imaging services. Access to portable ultrasound examination is available.



Level 5 health service - nuclear medicine services relevant to the management of termination of pregnancy

Level 5 health services have local nuclear medicine services available with limited 'on call' capacity, 24 hours per day, seven days per week.



Level 5 health service - intensive care services relevant to the management of termination of pregnancy

Level 5 health services have adult high dependency services and have access to, or may have onsite, adult intensive care services.



Level 5 health service - operating rooms relevant to the management of termination of pregnancy

Level 5 health services have local on site operating room / day procedure facilities and services available including 'on call' arrangements, 24 hours per day, seven days a week.



Level 5 health service - anaesthetic services relevant to the management of termination of pregnancy services

Level 5 health services have local on site anaesthetic services available including 'on call' arrangements, 24 hours per day, seven days a week.



Level 5 health service - education services relevant to the management of termination of pregnancy services

Level 5 health services have the capacity to support education and on-going professional development programs ensuring the competency of the nurses/midwives as per the Australian Nursing & Midwifery Council (ANMC) *Competency Standards*⁶.

Registered nursing and medical practitioners will have access to emergency care and resuscitation education programs including adult resuscitation.



LEVEL 6 Health Services

Level 6 health service - complexity of care for the management of termination of pregnancy

Level 6 services have an appropriate local workforce and facilities enabling the provision of comprehensive care of the 'normal – high risk' woman, including intensive care, requiring medical and surgical termination of pregnancy procedures, including termination of pregnancy for fetal anomaly.

Level 6 health services have a responsibility to:

- comply with contemporary clinical practice for the management of termination of pregnancy as indicated in the:
- SA Perinatal Practice Guidelines; available via iTunes APP store called, *Practices Guidelines Reader* or www.sahealth.sa.gov.au/perinatal,
- Australian Day Surgery Nurses Association Guidelines¹²,
- the Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵ and

This should include assessment of:

- co-morbidities, particularly those associated with increased the risks of anaesthesia, and
- the need for counselling and support services.

and specific to medical termination of pregnancy services, complies with the;

- Marie Stopes International Australia Risk Management Plan as per the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³.
- have appropriate formal policy/protocols which guide staff:
 - when accepting the woman requiring a termination of pregnancy who has very complex care needs,
 - in the early referral criteria for the woman requiring maternal fetal medicine services,
 - to provide mental health assessment and facilitate appropriate mental health management for the woman requiring a termination of pregnancy,
 - to evaluate their services to ensure the service is safe and complies with the organisation's accreditation and SA Health's Health Service Agreement requirements, and
 - in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman identify complications resultant from the termination of pregnancy procedure and that will direct her to medical assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy the follow up care information provided to the patient should also include that determined by the Marie Stopes International Australia Risk Management Plan.



Level 6 health service - facilities for the management of termination of pregnancy

Level 6 services have:

- a range of health care facilities and support services including on site operating room(s) and/or day surgery suite facilities, these rooms are maintained in accordance with relevant standards including;
- the Australian College of Operating Room Nurses Standards²,
- Australian Day Surgery Nurses Association Guidelines¹² and the
- Australian & New Zealand College of Anaesthetists Recommendations for Perioperative Care of Patients Selected for Day Care Surgery⁵
- facilities available 24 hours per day, seven days per week, appropriate to provide for the management of a medical and surgical termination of pregnancy, including 2nd trimester termination of pregnancy for fetal anomaly,
- onsite specialist facilities providing maternal-fetal medicine services,

Level 6 services have (continued):

- access to onsite pharmacy services that includes dispensing Mifepristone and Misoprostol in accordance with the Marie Stopes International Australia Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for medical termination of pregnancy,
- on site adult intensive care services, and
- equipment for emergency resuscitation available 24 hours per day, seven days per week.



Level 6 health service - workforce implication relevant to the management of termination of pregnancy

Level 6 health services have:

- an appointed/nominated specialist gynaecologist as head of the services that include the termination of pregnancy services,
- a designated specialist gynaecologist available for consultation 24 hours a day, seven days a week,
- a designated maternal-fetal medicine specialist available for consultation 24 hours a day, seven days a week,
- an appointed/nominated Registered Nurse/Midwife with appropriate post registration qualifications (ie ≥ Level 3 registered midwife in public sector as per the SA Public Sector EB), as Manager of the services that include the termination of pregnancy services,
- registered medical & nursing/midwifery staff available to provide emergency women's health assessment and immediate care, 24 hours per day, seven days per week,
- have Medical Officer(s) registered with Marie Stopes International Australia as part of the Risk Management Plan and available to prescribe Mifepristone and/or Misoprostol as outlined in the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for provision of the medical termination of pregnancy services,
- appropriately qualified operating room staff, 24 hours per day, seven days per week,
- registered Medical practitioners accredited in anaesthetics readily available 24 hours per day, seven days per week,
- a range of allied health staff on site to compliment the required support services required for the woman requiring a termination of pregnancy,
- health professional trainees providing services whilst under the supervision of their accredited practitioner, and

Level 6 health services have (continued):

- registered nurses/midwives and medical practitioners competent in adult basic life support resuscitation.



Level 6 health service - support services relevant to the management of termination of pregnancy

Level 6 health services have:

- formal communication links with all specialist services for advice and referral,
- established telecommunication links and formal protocols for contacting the statewide retrieval services,
- formal protocols to guide staff wishing to transfer a woman requiring a level of care other than that available at the health unit,
- access to appropriate mental health staff,
- established referral pathways to appropriate allied health professionals,
- emergency resuscitation equipment available 24 hours per day, seven days per week, and
- formal protocols to guide staff in the 'post procedure' written information that should be provided to the woman and her support person prior to discharge that can assist the woman identify complications resultant from the termination of pregnancy procedure and that will direct her to medical assistance that is accessible outside the health services hours of service. When the woman has undergone a medical termination of pregnancy the follow up care information provided to the patient should also include that determined by the Marie Stopes International Australia Risk Management Plan.



Level 6 health service - pathology services relevant to the management of termination of pregnancy

Level 6 health services have a comprehensive range of local pathology services available, including 'on call' arrangements, 24 hours per day, seven days a week for specimen analysis.



Level 6 health service - blood and blood product services relevant to the management of termination of pregnancy

Level 6 health services have comprehensive blood and blood product services with 'on call' arrangements 24 hours per day, seven days per week.



Level 6 health service - pharmacy services relevant to the management of termination of pregnancy

Level 6 health services have comprehensive local pharmacy services including 'on call' capacity, 24 hours per day, seven days a week including the dispensing of Mifepristone and Misoprostol for medical practitioners registered with Marie Stopes International Australia as part of the Risk Management Plan as per by the Australian Government Department of Health and Ageing Therapeutic Goods Administration – *Registration of Mifepristone and Misoprostol*³ for the provision of medical termination of pregnancy services.



Level 6 health service - diagnostic medical imaging services relevant to the management of termination of pregnancy

Level 6 health services have local 'on call' arrangements, 24 hours per day, seven days a week, for diagnostic medical imaging services, including access to ultrasound examination.



Level 6 health service - nuclear medicine services relevant to the management of termination of pregnancy

Level 6 health services have local nuclear medicine services available with limited 'on call' capacity, 24 hours per day, seven days per week.



Level 6 health service - intensive care services relevant to the management of termination of pregnancy

Level 6 health services have on-site adult intensive care services.



Level 6 health service - operating rooms relevant to the management of termination of pregnancy

Level 6 health services have local on site operating room / day procedure facilities and services available including 'on call' arrangements, 24 hours per day, seven days a week.



Level 6 health service - anaesthetic services relevant to the management of termination of pregnancy services

Level 6 health services have local on site anaesthetic services available including 'on call' arrangements, 24 hours per day, seven days a week.



Level 6 health service - education services relevant to the management of termination of pregnancy services

Level 6 health services have the capacity to support education and ongoing professional development programs ensuring the competency of the nurses/midwives as per the Australian Nursing & Midwifery Council (ANMC) *Competency Standards*⁶.

Registered Midwives /Nurses, and medical practitioners will have access to emergency care and resuscitation education programs including adult resuscitation.



Table Outlining the Health Services Role Delineation

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
<p>LEVEL 1</p> <p>Ability to manage emergency presentations related to pregnancy only.</p> <p>No capacity to manage termination of pregnancy services</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> Emergency resuscitation equipment available 24 hours per day, 7 days a week. <p>Protocols guiding staff in:</p> <ul style="list-style-type: none"> emergency management of the woman presenting with an imminent loss of the products of pregnancy referral to appropriate health service 	<ul style="list-style-type: none"> Generalist hospital staff Nurses/midwives and medical officers competent in adult basic life support resuscitation 	<ul style="list-style-type: none"> May be local general practitioners Established telecommunication link with higher level perinatal and statewide retrieval services 	Limited local service with no 'on call'	Limited local service with no 'on call'	Access to limited service with no 'on call'	No local service	No local service	No local service	No local service	Limited access to emergency transfusion supplies. These are managed by state retrieval service.	Access to emergency care and resuscitation education	Not expected to participate. May wish to facilitate research conducted by others.	Facilitate retrieval team only. No statewide role.
<p>LEVEL 2</p> <p>Ability to care for most 'normal risk' patient.</p> <p>No capacity to manage termination of pregnancy services.</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> Emergency resuscitation equipment available 24 hours per day, 7 days a week. <p>Protocols guiding staff in:</p> <ul style="list-style-type: none"> emergency management of the woman presenting with an imminent loss of the products of pregnancy referral to appropriate health service 	<ul style="list-style-type: none"> Generalist hospital staff Nurses/midwives and medical officers competent in adult basic life support resuscitation 	<ul style="list-style-type: none"> Local general practitioners proceduralist with access to specialist obstetrician for advice Established telecommunication link with allied and community services, higher level obstetric service and retrieval service 	Limited local service with no 'on call'	Limited local service with no 'on call'	Limited local service with no 'on call'	No local service	No local service	No local service	No local service	Limited access to emergency transfusion supplies. These are managed by state retrieval service.	Access to ANMC midwifery education. Access to emergency care and resuscitation education.	Not expected to participate. May wish to facilitate research conducted by others.	Facilitate retrieval team only. No statewide role.

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
<p>LEVEL 3</p> <p>Ability to manage care of the 'normal risk' woman requiring a termination of pregnancy within the first 12 weeks of gestation.</p> <p>This may or may not include those services appropriate for a medical termination of pregnancy.</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> A limited range of pregnancy care with access to operating rooms and/or day surgery suite. Emergency resuscitation equipment available 24 hours per day, 7 days a week. <p>Protocols guiding staff in:</p> <ul style="list-style-type: none"> local management of the woman requiring: <ul style="list-style-type: none"> termination of pregnancy >12 weeks gestation, termination of pregnancy who is deemed 'high risk' care 'out of hours' follow up care and management of the post termination of pregnancy procedure referral to appropriate health service for the woman requiring more complex care 	<ul style="list-style-type: none"> Range of health care staff Registered General Nurses/midwives and Medical Practitioners with appropriate competencies relevant to termination of pregnancy services available for to manage the unexpected presentations related to termination of pregnancy and provide immediate care for the hours the service if provided Appropriately registered and qualified operating staff Medical officers accredited in anaesthetic and available for the hours the service if provided Nursesg/midwives and medical officers competent in adult basic life support resuscitation May have health professional trainees providing services whilst under supervision of their accredited practitioner 	<ul style="list-style-type: none"> Established telecommunication link for consultation and advice with higher level obstetric and gynaecological services, including a range of surgical and medical specialties, communities services and the statewide retrieval service Referral arrangements with allied and community health services, including dietitians, physiotherapists and social workers 	Limited local service with no 'on call'	Limited local service with no 'on call'. When offering medical termination of pregnancy services have access to pharmacy services dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International as part of the Risk Management Plan	Limited local service available for the hours the service is provided with no 'on call'. Access to portable ultrasound examination is available.	No local service	No local service	Access to OR with 'on call' staff available 24 hours per day, 7 days a week	Access to Anaes Service with 'on call' staff available 24 hours per day, 7 days a week	Limited access to emergency transfusion supplies. These are managed by state retrieval service.	<p>Access to ANMC midwifery education.</p> <p>Access to emergency and resuscitation care education for the adult.</p>	<p>Not expected to participate.</p> <p>May wish to facilitate research conducted by others.</p>	<p>Facilitate retrieval team only.</p> <p>No statewide role</p>

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
<p>LEVEL 4</p> <p>Ability to manage care of the 'normal –moderate risk' woman requiring a termination of pregnancy including those services appropriate for a medical and surgical termination of pregnancy procedure, which may or may not include those relevant to second trimester termination of pregnancy</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> A range of services and care relevant to medical and surgical termination of pregnancy procedures, including induction of labour, access to operating rooms and/or day surgery suite and emergency resuscitation equipment available for the hours that the termination of pregnancy service is operational Access to local pharmacy services to dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International Australia as per TGA Mifepristone & Misoprostol related to the provision of medical termination of pregnancy. <p>Protocols guiding staff in:</p> <ul style="list-style-type: none"> local management of the woman requiring: <ul style="list-style-type: none"> termination of pregnancy who is deemed 'high risk' care 'out of hours' follow up care and management of the post termination of pregnancy procedure unexpected presentation related to termination of pregnancy referral to appropriate health service for more complex care 	<ul style="list-style-type: none"> Range of health care staff An appointed/nominated registered medical specialist as Head of the services that include termination of pregnancy services. Appropriately credentialed and privileged registered Medical Officer(s) who are registered as per the Australian Therapeutic Goods Act to administer abortifacient pharmaceutical drugs. An appointed/nominated registered nurse/midwife with appropriate post registration qualifications, for example ≥ Level 3 RN/M in public sector as per the SA Public Sector EB, designated to manage service including the termination of pregnancy service Registered General Nurses/midwives with appropriate competencies relevant to termination of pregnancy services available for the hours the service is provided 	<ul style="list-style-type: none"> Established telecommunication link for consultation and advice with higher level obstetric and gynaecological services, including a range of surgical and medical specialties, communities services and the statewide retrieval service Referral arrangements with allied and community health services, including dieticians, physiotherapists and social workers 	Local service with some 'on call' services 24 hours per day, 7 days a week for specimen analysis	Local service with some 'on call' capacity. When offering medical termination of pregnancy services have access to pharmacy services dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International as part of the Risk Management Plan	Local service with limited 'on call' services available 24 hours per day, 7 days a week for medical imaging services. Access to portable ultrasound	No local service	No local service	Local service available 24 hours per day, 7 days a week	Local service available 24 hours per day, 7 days a week	Limited blood and blood products services with 'on call' avail 24 hours per day, 7 days a week	<p>Access to ANMC mid education.</p> <p>Access to emergency and resuscitation education for the adult.</p>	<p>Not expected to participate.</p> <p>May wish to facilitate research conducted by others.</p>	<p>Facilitate retrieval team only.</p> <p>No statewide role.</p>

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
LEVEL 4 (Continued)		<ul style="list-style-type: none"> ▪ Appropriately registered and qualified operating staff available 24 hours per day, seven days per week ▪ Medical officers accredited in anaesthetic and available for the hours the service is provided ▪ Nursesg/midwives and medical officers competent in medical and surgical termination of pregnancy, ▪ Nursing/midwifery and medical officers competent in adult basic life support resuscitation ▪ A range of allied health staff on site to compliment the required support services for the woman undergoing a termination of pregnancy ▪ May have health professional trainees providing services whilst under supervision of their accredited practitioner 												

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
<p>LEVEL 5</p> <p>Ability to manage care of the 'normal – high risk' woman requiring medical and surgical termination of pregnancy procedure, including termination of pregnancy for fetal anomaly but excluding those requiring intensive care</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> a range of services and care relevant to medical and surgical termination of pregnancy procedures, including 2nd trimester termination of pregnancy for fetal anomaly access to maternal fetal medicine services access to operating rooms and/or day surgery suite available 24 hours per day, seven days per week Access to local pharmacy services to dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International Australia as per TGA Mifepristone & Misoprostol related to the provision of medical termination of pregnancy. equipment for emergency resuscitation equipment available 24 hours per day, seven days per week 	<ul style="list-style-type: none"> Range of health care staff An appointed / nominated specialist consultant as head of the services that include termination of pregnancy services A designated specialist gynaecologist available for consultation 24 hours per day, seven days per week A designated maternal-fetal medicine specialist available for consultation 24 hours per day, seven days per week Medical Officer(s) registered with Marie Stopes International Australia as per TGA Mifepristone & Misoprostol related to the provision of medical termination of pregnancy. 	<ul style="list-style-type: none"> Established telecommunication link for consultation and advice with Level 6 obstetric and gynaecological services, including a range of surgical and medical specialties, communities services and the statewide retrieval service Referral arrangements with allied and community health services, including dietitians, physiotherapists and social workers 	Full range services with 'on call' 24 hours per day, 7 days a week	Full range services with 'on call' Able to dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International as part of the Risk Management Plan	Full range services with 'on call'	Full range services with 'on call'	adult high dependency unit and access to an adult intensive care unit	Avail 24 hours per day, 7 days a week.	Available 24 hours per day, 7 days a week	Full range of blood and blood product services 24 hours per day, 7 days a week	<p>Access to ANMC mid education.</p> <p>Access to emergency resuscitation education</p>	Will be involved in a full range of research pertinent to women services	Facilitates and participates in the statewide retrieval service

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services							Education	Research	Statewide Implications	
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
LEVEL 5 (Continued)	<p>Protocols guiding staff in:</p> <ul style="list-style-type: none"> ▪ local management of the woman requiring <ul style="list-style-type: none"> · termination of pregnancy intensive care services · care 'out of hours' · follow up care and management of the post termination of pregnancy procedure ▪ referral to appropriate health service for the woman requiring intensive care 	<ul style="list-style-type: none"> ▪ An appointed/nominated registered nurse/midwife with appropriate post registration qualifications, for example ≥ Level 3 RN/M in public sector as per the SA Public Sector EB, as Manager of the services that include the termination of pregnancy services. ▪ Registered General Nurses/midwives with appropriate competencies relevant to termination of pregnancy services available 24 hours per day, seven days per week ▪ Appropriately registered and qualified operating staff available 24 hours per day, seven days per week ▪ Medical officers accredited in anaesthetic and available 24 hours per day, seven days per week 												

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services							Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes			
LEVEL 5 (Continued)		<ul style="list-style-type: none"> ▪ A designated maternal-fetal medicine specialist available for consultation 24 hours a day, seven days per week ▪ Nurses/midwives and medical officers competent in adult basic life support resuscitation ▪ A range of allied health staff on site to compliment the required support services for the woman undergoing a termination of pregnancy ▪ Health professional trainees providing services whilst under supervision of their accredited practitioner 											

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services								Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes	Transfusion Services			
<p>LEVEL 6 Ability to manage care of the 'normal – high risk' woman requiring medical and surgical termination of pregnancy procedure, including termination of pregnancy for fetal anomaly, and those requiring intensive care</p>	<p>Facilities to provide:</p> <ul style="list-style-type: none"> ▪ a comprehensive range of services and care for all termination of pregnancy procedures, including 2nd trimester termination of pregnancy for fetal anomaly ▪ access to operating rooms and/or day surgery suite available 24 hours per day, seven days per week ▪ equipment for emergency resuscitation equipment available 24 hours per day, seven days per week 	<ul style="list-style-type: none"> ▪ Range of health care staff ▪ An appointed / nominated specialist consultant as head of the services that includes termination of pregnancy services ▪ A designated specialist gynaecologist available for consultation 24 hours per day, seven days per week ▪ A designated maternal-fetal medicine specialist available for consultation 24 hours per day, seven days per week ▪ Medical Officer(s) registered with Marie Stopes International Australia as per TGA Mifepristone & Misoprostol related to the provision of medical termination of pregnancy. 	<ul style="list-style-type: none"> ▪ Established telecommunication link for consultation and advice with Level 6 obstetric and gynaecological services, including a range of surgical and medical specialties, communities services and the statewide retrieval service ▪ Referral arrangements with allied and community health services, including dietitians, physiotherapists and social workers 	<p>Full range services, with 'on call' 24 hours per day, 7 days</p>	<p>Full range services with 'on call' 24 hours per day, 7 days Able to dispense Mifepristone & Misoprostol for medical practitioners registered with Marie Stopes International as part of the Risk Management Plan</p>	<p>Full range services, incl. MRI, CAT, with 'on call' 24 hours per day, 7 days</p>	<p>Full range services with 'on call' 24 hours per day, 7 days</p>	<p>Neonatal intensive care unit and an adult high dependency unit and access to an adult intensive care unit</p>	<p>Available 24 hours per day, 7 days a week with additional 'on call'</p>	<p>Available 24 hours per day, 7 days a week with additional 'on call'</p>	<p>Full range of products available 24 hours per day, 7 days a week</p>	<p>Supports entire multi disciplinary team.</p> <p>Access to ANMC mid education.</p> <p>Access to emergency and resuscitation education</p>	<p>Will be involved in a full range of research pertinent to women services</p>	<p>Facilitates and participates in the statewide retrieval service</p>

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services							Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes			
LEVEL 6 (continued)	<p>Protocols guiding staff in: follow up care and management of the post termination of pregnancy procedure</p>	<ul style="list-style-type: none"> ▪ An appointed/nominated registered nurse/midwife with appropriate post registration qualifications, for example ≥ Level 3 RN/M in public sector as per the SA Public Sector EB, as Manager of the services that include the termination of pregnancy services. ▪ Registered General Nurses/midwives with appropriate competencies relevant to termination of pregnancy services available 24 hours per day, seven days per week ▪ Appropriately registered and qualified operating staff available 24 hours per day, seven days per week ▪ Medical officers accredited in anaesthetic and available 24 hours per day, seven days per week 											

Health Service & Complexity of Care	Facilities	Workforce	Service links	Support Services							Education	Research	Statewide Implications
				Path	Phar	Diag imag	Nuc Med	ICU	OR	Anaes			
LEVEL 6 (continued)		<ul style="list-style-type: none"> ▪ A designated maternal-fetal medicine specialist available for consultation 24 hours a day, seven days per week ▪ Nurses/midwives and medical officers competent in adult basic life support resuscitation ▪ A range of allied health staff on site to compliment the required support services for the woman undergoing a termination of pregnancy Health professional trainees providing services whilst under supervision of their accredited practitioner 											

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For more information

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Telephone: 81619459
www.sahealth.sa.gov.au

If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.

APPENDIX 1 SA Criminal Law Consolidation Act 1935

Version: 9.12.2011

[15.12.2011] This version is not published under the *Legislation Revision and Publication Act 2002* 1

South Australia

Criminal Law Consolidation Act 1935

An Act to consolidate certain Acts relating to the criminal law; and for other purposes.

Division 17—Abortion

81—Attempts to procure abortion

(1) Any woman who, being with child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or unlawfully uses any instrument or other means whatsoever with the like intent, shall be guilty of an offence and liable to be imprisoned for life.

(2) Any person who, with intent to procure the miscarriage of any woman, whether she is or is not with child, unlawfully administers to her, or causes to be taken by her, any poison or other noxious thing, or unlawfully uses any instrument or other means whatsoever with the like intent, shall be guilty of an offence and liable to be imprisoned for life.

17.11.2011—Criminal Law Consolidation Act 1935

Offences against the person—Part 3

Abortion—Division 17

[15.12.2011] This version is not published under the *Legislation Revision and Publication Act 2002*
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82—Procuring drugs etc to cause abortion

Any person who unlawfully supplies or procures any poison or other noxious thing, or any instrument or thing whatsoever, knowing that it is intended to be unlawfully used or employed with intent to procure the miscarriage of any woman, whether she is or is not with child, shall be guilty of an offence and liable to be imprisoned for a term not exceeding three years.

82A—Medical termination of pregnancy

(1) Notwithstanding anything contained in section 81 or 82, but subject to this section, a person shall not be guilty of an offence under either of those sections—

(a) if the pregnancy of a woman is terminated by a legally qualified medical practitioner in a case where he and one other legally qualified medical practitioner are of the opinion, formed in good faith after both have personally examined the woman—

(i) that the continuance of the pregnancy would involve greater risk to the life of the pregnant woman, or greater risk of injury to the physical or mental health of the pregnant woman, than if the pregnancy were terminated; or

(ii) that there is a substantial risk that, if the pregnancy were not terminated and the child were born to the pregnant woman, the child would suffer from such physical or mental abnormalities as to be seriously handicapped, and where the treatment for the termination of the pregnancy is carried out in a hospital, or a hospital of a class, declared by regulation to be a prescribed hospital, or a hospital of a prescribed class, for the purposes of this section; or

(b) if the pregnancy of a woman is terminated by a legally qualified medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is immediately necessary to save the life, or to prevent grave injury to the physical or mental health, of the pregnant woman.

(2) Subsection (1)(a) does not refer or apply to any woman who has not resided in South Australia for a period of at least two months before the termination of her pregnancy.

(3) In determining whether the continuance of a pregnancy would involve such risk of injury to the physical or mental health of a pregnant woman as is mentioned in subsection (1)(a)(i), account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(4) The Governor may make regulations—

(a) for requiring any such opinion as is referred to in subsection (1) to be certified by the legally qualified medical practitioners or practitioner concerned in such form and at or within such time as may be prescribed and for requiring the preservation and disposal of any such certificate made for the purposes of this Act; and

Criminal Law Consolidation Act 1935—17.11.2011

Part 3—Offences against the person

Division 17—Abortion

44 This version is not published under the *Legislation Revision and Publication Act 2002* [15.12.2011]

(b) for requiring any legally qualified medical practitioner who terminates a pregnancy, and the superintendent or manager of the hospital in which the termination is carried out, to give notice of the termination and such other information relating to the termination as may be prescribed to the Director-General of Medical Services; and (c) for prohibiting the disclosure, except to such persons or for such purposes as may be prescribed, of notices or information given pursuant to the regulations; and

(d) declaring a particular hospital or a class of hospitals to be a prescribed hospital or a prescribed class of hospitals for the purposes of this section; and

(e) for providing for, and prescribing, any penalty, not exceeding two hundred dollars, for any contravention of, or failure to comply with, any regulations.

(5) Subject to subsection (6), no person is under a duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this section to which he has a conscientious objection, but in any legal proceedings the burden of proof of conscientious objection rests on the person claiming to rely on it.

(6) Nothing in subsection (5) affects any duty to participate in treatment which is necessary to save the life, or to prevent grave injury to the physical or mental health, of a pregnant woman.

(7) The provisions of subsection (1) do not apply to, or in relation to, a person who, with intent to destroy the life of a child capable of being born alive, by any wilful act causes such a child to die before it has an existence independent of its mother where it is proved that the act which caused the death of the child was not done in good faith for the purpose only of preserving the life of the mother.

(8) For the purposes of subsection (7), evidence that a woman had at any material time been pregnant for a period of twenty-eight weeks or more shall be *prima facie* proof that she was at that time pregnant of a child capable of being born alive.

(9) For the purposes of sections 81 and 82, anything done with intent to procure the miscarriage of a woman is unlawfully done unless authorised by this section.

(10) In this section and in sections 81 and 82—

woman means any female person of any age.