TERMINATION OF PREGNANCY

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Introduction

- The deliberate ending of a pregnancy for a specific reason
- There is a law
- “CHOICE ON THE TERMINATION OF PREGNANCY ACT, 1996”

CHOICE ON TERMINATION OF PREGNANCY ACT, 1996.

PRESIDENT'S OFFICE

No. 1891. 22 November 1996

NO. 92 OF 1996: CHOICE ON TERMINATION OF PREGNANCY ACT, 1996.

It is hereby notified that the President has assented to the following Act which is hereby published for general information:-

ACT

To determine the circumstances in which and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith.

(Afrikaans text signed by the President.)

(Assented to 12 November 1996.)

Circumstances in which and conditions under which pregnancy may be terminated

2. (1) A pregnancy may be terminated-

(a) upon request of a woman during the first 12 weeks of the gestation period of her pregnancy;

(b) from the 13th up to and including the 20th week of the gestation period if a medical practitioner, after consultation with the pregnant woman, is of the opinion that-

(i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or

(ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or

(iii) the pregnancy resulted from rape or incest; or

(iv) the continued pregnancy would significantly affect the social or economic circumstances of the woman; or

(c) after the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife, is of the opinion that the continued pregnancy-

(i) would endanger the woman's life;

(ii) would result in a severe malformation of the fetus; or

(iii) would pose a risk of injury to the fetus.

(2) The termination of a pregnancy may only be carried out by a medical practitioner, except for a pregnancy referred to in subsection (])(a), which may also be carried out by a registered midwife who has completed the prescribed training course.

Place where surgical termination of pregnancy may take place

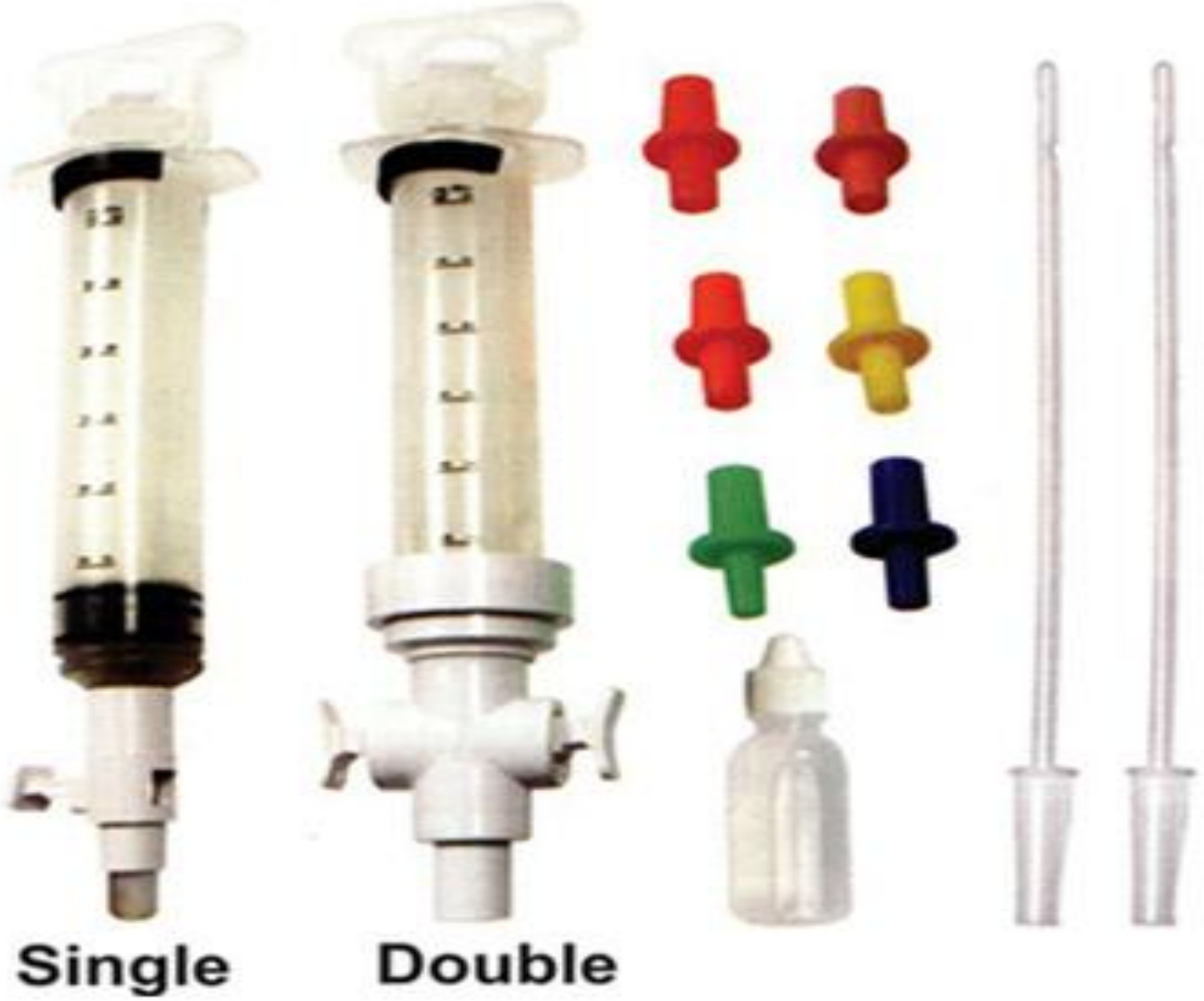
3. (1) The surgical termination of a pregnancy may take place only at a facility designated by the Minister by notice in the Gazette for that purpose under subsection (2).

(2) The Minister may designate any facility for the purpose contemplated in subsection (1), subject to such conditions and requirements as he or she may consider necessary or expedient for achieving the objects of this Act,

(3) The Minister may withdraw any designation under this section after giving 14 days' prior notice of such withdrawal in the Gazette.

The Methods

- First trimester
  - Surgical
    - MVA
    - Evacuation under local or general anaesthesia


Single
Double

The Methods

- First trimester
  - Medical
    - Prostaglandins
    - Misoprostil
    - Mifeprostone
    - Oxytocinon
  - Combinations

First Trimester TOP

- Complete history, physical and gynaecological examination prior to any procedure
- Accurate dating
- Local or general anaesthesia
- Cervical ripening with misoprostil

Surgical TOP first trimester

- Pain relief
  - Conscious sedation with fentanyl and short acting bensodiasepine
  - Cervical block combined with NSAID
- Antibiotic prophylaxis
  - Doxycycline 100 mg bd on the day

Surgical TOP first trimester

- Complications (rare)
  - Infection
  - Incomplete procedure
  - Bleeding
  - Perforation
- Safe procedure when done properly

First trimester medical TOP

- Misoprostil
  - Not registered
  - Informed consent for off label use of drugs
- Mifepristone
  - Use with misoprostil
  - Avoid use < 9 weeks

First trimester medical TOP

- Dosages
  - Mifepristone: single oral dose of 600 mg
  - Misoprostil: 800 µg vaginally 12 hourly (max x3) (FIGO 2009 guidelines)

    Cervical ripening prior to instrumentation of the cervix: 400 µg vaginally 3 hours prior to the procedure (FIGO 2009 guidelines)

The Methods

- Second trimester
  - Medical followed by evacuation after expulsion of the foetus
  - Surgical – dilation and evacuation of products
  - Hysterotomy

Second trimester TOP

- The available data suggests that dilatation and evacuation of the uterus is safer and more effective than medical termination of pregnancy in the second trimester
- When performed by experienced operator

Second trimester surgical TOP

- Dilatation and extraction:
  - Less bleeding and blood transfusion
  - Less cervical trauma, fever and incomplete abortion
  - Less post-operative pain, anger and depression compared to women undergoing medical TOP

Second trimester surgical TOP

- Dilatation and extraction
  - GA
  - Experienced operator
  - Cervical preparation with misoprostil prior to procedure
  - Complications as in 1st trimester – more frequent

Second trimester medical TOP

- Mifepristone
- Misoprostil
- Combination better
- Analgesia
  - Parenteral and oral analgesics

Second trimester medical TOP

- Dosages
- Misoprostil (2009 FIGO guidelines)
  - TOP: 400 µg vaginally 3 hourly (max x 5)
  - Intra-uterine fetal death 13 to 17 weeks: 200 µg vaginally 6 hourly (max x 4)
  - Intra-uterine fetal death 18 to 26 weeks: 100 µg vaginally 6 hourly (max x 4)

Health care provider responsibility

- Don’t be judgemental
- Treat patient with respect and empathy
- Refer to safe institution
- Provide support

Conclusion

- TOP is an integral and essential part of women's health care
- TOP in both first and second trimester is safe when performed by skilled health care providers in the appropriate setting
- Medical and surgical options are available

Thank you