

SOUTH AUSTRALIA

**CRIMINAL LAW CONSOLIDATION (MEDICAL TERMINATION OF
PREGNANCY) REGULATIONS 1996**

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REGULATIONS UNDER THE CRIMINAL LAW CONSOLIDATION ACT 1935

*Criminal Law Consolidation (Medical Termination of Pregnancy)
Regulations 1996*

being

No. 193 of 1996: *Gaz.* 29 August 1996, p. 835¹

¹ Came into operation 1 September 1996: reg. 2.

Citation

1. These regulations may be cited as the *Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 1996*.

Commencement

2. These regulations will come into operation on 1 September 1996.

Revocation

3. The *Abortion Regulations 1970* (see *Gazette* 8 January 1970 p. 4), as varied, are revoked.

Interpretation

4. In these regulations, unless the contrary intention appears—

"Act" means the *Criminal Law Consolidation Act 1935*;

"Director-General" means the Director-General of Medical Services;

"doctor" means a legally qualified medical practitioner.

Doctor's certificates and notice

5. (1) Before any treatment for the termination of a pregnancy in accordance with section 82A(1)(a) of the Act is commenced, the doctor who will be performing the termination and the other doctor referred to in that paragraph must complete a certificate in accordance with the instructions contained in Part A of Schedule 1 (including all other information required by Part A of that Schedule).

(2) As soon as practicable after a pregnancy is terminated in accordance with section 82A(1)(b) of the Act, the doctor who performed the termination must complete a certificate in accordance with the instructions contained in Part A of Schedule 1 (including all other information required by Part A of that Schedule).

(3) As soon as practicable after a pregnancy has been terminated under paragraph (a) or (b) of section 82A(1), the doctor who performed the termination must complete a notice in the form set out in Part B of Schedule 1 (including all other information required by Part B of that Schedule).

(4) The doctor who performed the termination must ensure that a certificate and notice completed under this regulation in relation to the termination is delivered or posted to the Director-General within 14 days of the termination.

(5) A copy of a certificate and notice completed under this section must be retained by the doctor who performed the termination for a period of three years commencing on the date of the termination.

Monthly notification

6. The chief executive officer of a hospital at which a pregnancy has been terminated during any calendar month must, within 20 days of the end of that month, deliver or post to the Director-General a duly completed notice in the form set out in Schedule 2.

Disclosure of information

7. (1) A person must not produce a certificate or notice given under these regulations, or disclose any information contained in such a certificate or notice, except—

- (a) for the purposes of performing official duties—to an officer or employee of the South Australian Health Commission; or
- (b) as required by law; or
- (c) for the purposes of investigating or prosecuting an alleged offence—to a member of a law enforcement or prosecution authority of the State; or
- (d) for the purposes of any legal proceedings—to the Court or other tribunal dealing with the proceedings; or
- (e) to the Medical Board of South Australia for the purpose of enabling the Board to discharge its functions according to law; or
- (f) to the doctor who terminated the pregnancy; or
- (g) to any other doctor with the consent, in writing, of the woman whose pregnancy was terminated.

(2) A person who has been requested to produce a certificate or notice in accordance with paragraphs (f) or (g) of subsection (1) may require the person making the request to complete a statutory declaration verifying the grounds on which the request is made.

(3) Nothing in this regulation prevents the disclosure by the Director-General of statistics, provided that such disclosure does not reveal the identity of any woman who has had a pregnancy terminated or any doctor who has performed a termination.

Prescribed hospitals

8. The hospitals listed in Schedule 3 are declared to be prescribed hospitals for the purposes of section 82A of the Act.

Offences

9. A person who—

- (a) contravenes or fails to comply with a provision of these regulations; or
- (b) knowingly makes a statement or provides information that is false or misleading in, or in connection with, a certificate or notice given under these regulations,

is guilty of an offence.

Maximum penalty: \$200.

SCHEDULE 1
Doctor's Certificates and Notice

A copy of this form must be retained by the doctor who performed the termination for a period of three years commencing on the date of the termination. The original form is to be delivered or posted in a sealed envelope *within 14 days of the termination of the pregnancy* to the Director-General of Medical Services, c/-Pregnancy Outcome Unit, South Australian Health Commission, P.O. Box 6, Rundle Mall, Adelaide, S.A., 5000. The envelope must be clearly marked with the words "STRICTLY CONFIDENTIAL".

PLEASE USE BLOCK LETTERS

PART A—CERTIFICATES

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

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

FULL NAME AND ADDRESS OF PREGNANT WOMAN:

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

REASONS FOR UNDERTAKING TERMINATION OF PREGNANCY:
.....
.....

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

CERTIFICATE TO BE COMPLETED BEFORE AN ORDINARY TERMINATION

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

- *1. The continuance of the pregnancy would involve greater risk to the life of the pregnant woman than if the pregnancy were terminated.
- *2. The continuance of the pregnancy would involve greater risk of injury to the physical or mental health of the pregnant woman than if the pregnancy were terminated.
- *3. There is a substantial risk that, if the pregnancy were not terminated and the child were born, the child would suffer from such physical or mental abnormalities as to be seriously handicapped.

(*Circle the appropriate number)

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

CERTIFICATE TO BE COMPLETED FOLLOWING AN EMERGENCY TERMINATION

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

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

(*Circle the appropriate number)

SIGNED DATE.....

PART B—NOTICE TO BE COMPLETED FOLLOWING TERMINATION OF A PREGNANCY

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

.....
 (Name of hospital)

.....
 (Address of hospital)

on
 (Date of termination)

Signed Date.....
 (Doctor who terminated the pregnancy)

**INFORMATION RELATING TO THE
 TERMINATION**

[To be completed by the doctor who performed the termination.]

1. Date of birth of woman: (day, month, year)
2. Marital Status: (Circle one)

(a) Never married	(d) Widowed
(b) Married	(e) Divorced or separated
(c) <i>De facto</i>	(f) Not known
3. Date of last menstrual period: (Day, Month, Year)
 (If unknown, or uncertain, give clinical estimates in weeks of gestation when pregnancy terminated)
4. Total number of **previous** pregnancies:

RESULT OF PREGNANCY	NUMBER
Live births	
Still births	
Spontaneous miscarriages	
Ectopic pregnancies	
Terminations	
5. Number of previous terminations in South Australia (1970 or after)
 Year of last termination in South Australia
6. Date of admission to place of termination of pregnancy: (Day, Month, Year)
7. Date of termination of pregnancy: (Day, Month, Year)
8. Date of discharge from place of termination of pregnancy: (Day, Month, Year)
9. Grounds for termination of pregnancy:
 - (a) Medical condition of woman (specify)

Obstetric Disease	
Non-obstetric disease	
 - (b) Suspected medical condition of foetus (specify)

Genetic disorder	
Non-genetic disorder	

If account has been taken of the woman's actual or reasonably foreseeable environment, indicate reasons:
10. Method of termination: (Circle one)

1. Dilatation and curettage	6. Intra-uterine injection
2. Hysterotomy—abdominal	7. Intravenous infusion
3. Hysterotomy—vaginal	8. Cervical prostaglandin instillation
4. Hysterectomy	9. Dilatation and evacuation
5. Vacuum aspiration	10. Other (specify)
11. Was sterilisation of the woman undertaken: (Circle one)

1. Yes	2. No.
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12. Post-operative complications or death prior to date of this notice: (Circle)
- | | |
|--------------------------------|---|
| 1. None | 5. Perforation of or trauma to body of uterus |
| 2. Sepsis | 6. Anaesthetic complication |
| 3. Haemorrhage—intra-operative | 7. Other (specify). |
| 4. Haemorrhage—post-operative | 8. Maternal death (specify cause) |

13. If readmitted or transferred:
- Place of transfer
- Date of readmission/transfer: (Day, Month, Year)
- Date of second discharge: (Day, Month, Year)
- Reason for readmission/transfer

OFFICIAL USE ONLY

Residency in South Australia:	1. less than specified time	2. more than specified time
Hospital where termination performed:		Date of receipt of notification:
Doctor performing termination:		LGA
Doctor supporting termination:		Postcode:
Section of Act:		

SCHEDULE 2
Monthly Notification by Hospital

1. Name of hospital
2. Month to which this notice relates: (month and year)
3. Total number of pregnancies terminated during the month
4. Number of pregnancies terminated by individual doctors during the month:

Name of Medical Practitioner	Number of Pregnancies Terminated
.....
.....
.....
.....
.....
.....
.....

Signed

(Chief Executive Officer of hospital)

Date

Name

Address

.....

Notes

The original notice is to be completed by the chief executive officer of the hospital and delivered or posted in a sealed envelope, within 20 days of the end of the month to which the notice relates, to the Director-General of Medical Services, c/-Pregnancy Outcome Unit, South Australian Health Commission, P.O. Box 6, Rundle Mall, Adelaide, S.A., 5000. The envelope must be clearly marked with the words "STRICTLY CONFIDENTIAL".

SCHEDULE 3
Prescribed Hospitals

Ashford Community Hospital Incorporated
 Balaklava and Riverton Districts Health Service Incorporated
 Barossa Area Health Services Incorporated
 Blackwood and District Community Hospital Incorporated
 Booleroo Centre District Hospital and Health Services Incorporated
 Bordertown Memorial Hospital Incorporated
 Burnside War Memorial Hospital Incorporated
 Burra Clare Snowtown Health Service Incorporated
 Central Districts Private Hospital Incorporated
 Central Eyre Peninsula Hospital Incorporated
 Central Yorke Peninsula Hospital Incorporated
 Cleve District Hospital Incorporated
 Cowell District Hospital Incorporated
 Crystal Brook District Hospital Incorporated
 Cummins and District Memorial Hospital Incorporated
 Elliston Hospital Incorporated
 Eudunda Hospital Incorporated
 Flinders Medical Centre
 Gawler Health Service Incorporated
 Glenelg Community Hospital Incorporated
 Great Northern War Memorial Hospital Incorporated
 Gumeracha District Soldiers' Memorial Hospital Incorporated
 Harwin Private Hospital
 Hindmarsh Hospital Incorporated
 Hutt Street Private Hospital
 The Jamestown Hospital and Health Service Incorporated
 Kangaroo Island General Hospital Incorporated
 Kapunda Hospital Incorporated
 Karoonda and District Soldiers' Memorial Hospital Incorporated
 Keith and District Hospital Incorporated
 Kiandra Private Hospital
 Kimba District Hospital Incorporated
 Kingston Soldiers' Memorial Hospital Incorporated
 Lameroo District Hospital Incorporated
 Loxton Hospital Complex Incorporated
 Mannum District Hospital Incorporated
 Memorial Hospital Incorporated
 Meningie and Districts Memorial Hospital Incorporated
 Millicent and District Hospital and Health Service Incorporated
 Modbury Hospital
 Mount Barker District Soldiers' Memorial Hospital Incorporated
 Mount Gambier and Districts Health Service Incorporated
 Mount Pleasant District Hospital Incorporated
 The Murray Bridge Soldiers' Memorial Hospital Incorporated
 Naracoorte Health Service Incorporated
 Noarlunga Health Services Incorporated
 North Eastern Community Hospital Incorporated
 Northern Community Hospital Incorporated
 Northern Yorke Peninsula Regional Health Service Incorporated
 North Western Adelaide Health Service
 Onkaparinga District Hospital Incorporated
 Orroroo and District Health Service Incorporated
 Penola War Memorial Hospital Incorporated
 Peterborough Soldiers' Memorial Hospital and Health Service Incorporated
 Pinnaroo Soldiers' Memorial Hospital Incorporated
 Port Augusta Hospital and Regional Health Services Incorporated
 Port Lincoln Health and Hospital Services Incorporated
 Port Pirie Regional Health Service Incorporated

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Quorn and District Memorial Hospital Incorporated
Renmark and Paringa District Hospital Incorporated
Repatriation General Hospital Incorporated
Riverland Regional Health Service Incorporated
Royal Adelaide Hospital
South Coast District Hospital Incorporated
Southern Districts War Memorial Hospital Incorporated
Southern Yorke Peninsula Health Service Incorporated
St. Andrews Hospital Incorporated
Stirling and Districts Hospital Incorporated
Strathalbyn and District Soldiers' Memorial Hospital and Health Services
Streaky Bay Hospital Incorporated
Tumby Bay Hospital and Health Services Incorporated
The Vales Private Hospital
Waikerie Hospital and Health Services Incorporated
Wakefield Hospital Incorporated
Western Community Hospital Incorporated
The Whyalla Hospital and Health Services Incorporated
Women's and Children's Hospital