Procedure

Effective from: May 2025
Review date: May 2028

Termination of Pregnancy 005751

NSQHS STANDARDS

5.Comprehensive Care | 2. Partnering with Consumers | 6. Communicating for safety | 1. Clinical Governance | 4. Medication Safety

Purpose and intent

This document outlines the access, referral and/or treatment pathway for the woman / pregnant person requesting a termination of pregnancy (ToP) in the Metro North Hospital and Health Service (Metro North Health).

Compliance with this procedure is mandatory for all staff.

From 3 December **2018**, the ***Termination of Pregnancy Act 2018*** (ToP Act) ensures **termination of pregnancy** is treated as a health issue rather than a criminal issue.

The ToP Act:

- Supports a woman / pregnant person's right to health, including reproductive health and autonomy and,
- Provides clarity and safety for health practitioners providing terminations of pregnancy.

The purpose of the ToP Act is to enable reasonable and safe access by women to termination of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations.

Termination of pregnancy performed by an approved health practitioner is no longer a criminal offence under the Criminal Code; nor is it a criminal offence for a woman / pregnant person to consent to, assist in or perform a termination on herself; nor to assist a woman / pregnant person to obtain a termination or supply her with the means to do so.

Scope and target audience

This procedure applies to:

- All Metro North Health clinical and non-clinical staff (permanent, temporary, and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).

Procedure

Overview

Who may perform and who may assist in performing a termination?

A registered Medical Practitioner, Nurse, Midwife, Pharmacist, or Aboriginal and Torres Strait Islander health practitioner may assist a Medical Practitioner to perform a termination. Refer to Definition of terms.

Student health practitioners (Refer to Definition of terms) are permitted to assist in the performance of a termination of pregnancy to the extent necessary to complete the student's program of study under supervision of: a Medical Practitioner performing the termination, a registered health practitioner lawfully assisting in the performance of a termination or the student's primary clinical supervisor.

The ToP Act does not affect the obligation of a Medical Practitioner to be suitably qualified and credentialed and to act within their scope of practice in relation to any healthcare (including a surgical or medical termination) which they may provide.

A single registered Medical Practitioner may perform lawful terminations on request up to the gestational limit of 22 +0 weeks.

Terminations up to and including 63 days

An approved medical / health practitioner (a Nurse Practitioner or Endorsed Midwife, or a Midwife or specified Registered Nurse approved by their employer to practice under their respective Extended Practice Authority (EPA) may prescribe, administer or give a treatment dose of a termination of pregnancy drug up to and including 63 days gestation.

Terminations up to and including 22 +0 weeks

A single registered Medical Practitioner may perform lawful terminations on request up to the gestational limit of 22+0 weeks.

Terminations at 22 +1 weeks and onwards

For a woman / pregnant person who is 22 +1 weeks gestation or greater, a termination may be performed by a Medical Practitioner if they consider that in all the circumstances (see considerations below), the termination should be performed, and they have consulted with another Medical Practitioner who also considers that, in all the circumstances, the termination should be performed. Please note the second medical practitioner is not required to examine the woman but may wish to do so.

Both medical practitioners must consider:

- All relevant medical circumstances, the termination should be performed; and
- The woman / pregnant person's current and future physical, psychological, and social circumstances; and
- The professional standards and guidelines that apply to the practitioner in relation to the performance of the termination.

Emergency Termination of pregnancy

In an emergency, a medical practitioner may perform a termination (irrespective of gestational age) if they consider it is necessary to save the woman / pregnant person's life or the life of (in multiple pregnancy) another fetus.

Conscientious objection does not limit any duty owed by a registered health practitioner to provide a service in an emergency at any gestation of pregnancy.

As for health emergencies, the medical practitioner is required to consider what assistance they can provide based on their own safety, skills and what other options are available.

Legal Considerations

Non-compliance with the ToP Act

Offences:

- Termination is considered a health matter.
- No penalty or offence is specified in the ToP Act for a registered or student health practitioner's failure to comply with the requirements of the ToP Act
    - Including the conscientious objection provision.

As for other healthcare, the following may apply:

- Professional and legal consequences for non-compliance with the ToP Act.
- Laws for duty of care, reasonable skill and care.
- Civil or criminal responsibility for harm that results from a failure to act with reasonable skill and care.

Consent

The ToP Act does not affect or change existing consent requirements. The usual requirements under general law about consent to medical treatment continue to operate and apply to a termination of pregnancy. Please see Metro North Health Policy 003436 Patient Consent and Informed Decision-making.

Young person

A young person less than 18 years should be assessed for Gillick Competence to determine if they are eligible to provide consent for termination of pregnancy Guide for health professionals. For a young person who does not have capacity to consent to medical treatment, only the Supreme Court may authorise the ToP. A parent/guardian CANNOT give consent. It is the responsibility of the treating Medical Practitioner to assess Gillick Competence. In cases where a young person is deemed not to be Gillick competent, Metro North Legal should be consulted to assist with the Supreme Court application.

Guide to Informed Decision-making in Healthcare; 2nd Edition

Consideration should be given to mandatory reporting obligations when assessing young people. Who are under the legal age of consent, in particular requirements under the Child protection Act 1999 and the Criminal Code Act 1899.

It is an offence under the Criminal Code Act 1899 section 229BC (1)(a) for an adult not to report sexual offending against a child by another adult to police, unless they have a reasonable excuse not to. A child is considered to be a person under 16 years of age or a person under 18 years of age with an "impairment of the mind."

If the Medical Practitioner is unsure about their mandatory reporting obligations, they can seek further information from the below link, or consult their relevant Child Protection Unit.

Failing to report sexual offences against children | Your rights, crime and the law | Queensland Government (www.qld.gov.au)

Adult who lacks capacity

Termination of Pregnancy is considered a “special healthcare” matter, meaning an attorney, legal guardian or substitute decision-maker cannot give consent for another person to undergo a termination. For an adult who does not have the capacity to consent to medical treatment, termination of pregnancy decisions must be consented to by the Queensland Civil and Administrative Tribunal (QCAT).

Special health care | Queensland Civil and Administrative Tribunal (qcat.qld.gov.au)

Domestic and Family Violence, including Coercive Control

The health system is often a first point of contact for people who have experienced domestic and family violence (DFV). DFV usually occurs as a pattern of behaviours aimed at exerting power and control over another person. This can occur in the context of intimate personal (partner or ex-partner), family, or informal care relationships.

Domestic and family violence can have serious impacts on victims / survivors, including physical, sexual, emotional, and psychological harm. DFV can also be fatal.

Coercive control is a pattern of manipulating and controlling behaviour within a relationship. Reproductive coercion and abuse (RCA) is a form of DFV. It refers to any deliberate attempt to dictate a person’s reproductive choices or interfere with their reproductive autonomy.

Sexual abuse or assault can result in unplanned and unwanted pregnancy requiring sensitive care involving the MDT.

DFV is known to escalate in pregnancy. A DFV risk assessment is a requirement in the termination of pregnancy pathway.

When DFV is identified, DFV resources and referral should be offered if safe to do so, including referral to Social Work. Where DFV has been identified and the woman / pregnant person is not consenting to Social Work input, clinicians should consider consulting Social Work / DFV Specialist. Children’s exposure to DFV can have long-lasting impacts of their well-being and development. In cases where children are exposed to DFV, clinicians should consider mandatory reporting obligations under the Child Protection Act 1999.

Conscientious objection

The law recognises that health practitioners have and may exercise the right to freedom of thought, conscience, and religion, and seeks to balance this against the rights of a woman / pregnant person – particularly the right to health including reproductive health and autonomy.

A health practitioner may refuse to perform, assist, or decide whether a termination should be performed, if it conflicts with their own personal beliefs, values or moral concerns. This constitutes a ‘conscientious objection’. If a person asks a health practitioner to perform, assist, decide or advise about a termination, the law requires a registered health practitioner to disclose their conscientious objection to the person.

Additionally, the health practitioner must refer the woman / pregnant person or transfer her care to another health practitioner (eg: another GP or Medical Officer) or health service provider (eg: private facility or public hospital) who, in the first practitioner’s belief, can provide the service and does not hold a conscientious objection.

The conscientious objection provision does not limit any duty owed by a registered health practitioner to provide a service in an emergency, nor does it extend to administrative, managerial or other tasks ancillary to the provision of termination healthcare; or to hospitals, institutions or services.

Safety & Privacy

Every person has the right of freedom of movement and peaceful assembly; however, this is to be balanced by the right of privacy and reputation.

The ToP Act establishes safe access zones around premises that provide terminations to protect the safety and wellbeing and respect the privacy and dignity of the woman / pregnant person, staff and others who need to access the premises.

A place is in the safe access zone if it is inside the premises or extending 150 metres from the campus perimeter. Refer to Appendix 3 – *Safe Access Zones* for a map of the safe access zone for all facilities providing ToP services within Metro North Health.

It is an offence to engage in prohibited conduct inside a safe access zone. Any person who engages in prohibited conduct relating to terminations within this zone can receive a maximum penalty of 20 penalty units or one-year imprisonment pursuant to the ToP Act.

Staff that identify a potential breach of the safe access zone provisions are to contact their local Protective Services in the first instance using their local emergency contact phone number.

Process

Referral Criteria & Pathways

The following minimum criteria needs to be met for a ToP referral to be accepted by Metro North Health:

- Woman / pregnant person is a permanent resident of the Metro North Health catchment area.
- Ultrasound report attached confirming a live intrauterine pregnancy - including fetal heart rate (FHR).
- Pathology – including blood group (mandatory, antenatal serology (preferrable), and sexually transmitted infection (STI) screen (preferrable).

Referrals received for the woman / pregnant person who resides outside the Metro North Health catchment area and requires tertiary care will be triaged by the NNav – ToP and escalated (if clinically required) to the RBWH Clinical Director of Obstetrics and Gynaecology for consideration. Decision for referral acceptance is based on the individual clinical circumstances.

Patients referred for ToP who reside outside of Metro North Health catchment should be discussed directly with the NNav – ToP prior to offering or accepting care.

For consideration of transfers from other Hospital & Health Services (HHS) the local treating team must contact the RBWH Clinical Director of Obstetrics & Gynaecology to discuss, prior to forwarding referral. Referrals for patients who reside outside the Metro North catchment area will not be considered at Caboolture and Redcliffe Hospitals.

Following triaging, the NNav – ToP will contact patients with accepted referrals within five workings days of receipt of referral for an initial assessment. Medical consultations will be arranged following this according to individual clinical scenario, medical/social complexity, and appointment availability.

See Flowcharts in Appendix 1 regarding referral pathways for the following:

- Referrals from GP's/other HHS
- Internal Referrals from Emergency departments or other wards
- Over 22-week gestation referrals

Nurse Navigator – Termination of Pregnancy (NNav – ToP)

A woman / pregnant person requesting ToP can be referred for co-ordination by the NNav – ToP. The NNav – ToP provides expert nursing/midwifery knowledge, skills, and leadership across the silos / specialities of care.

The NNav – ToP provides one point of contact for the patient within the health system throughout their journey of care.

Referrals are forwarded via:

- Smart referrals from GP's.
- Internal referrals (from wards or emergency departments or outpatient settings) via qhRefer.

Social Work – Termination of Pregnancy

Metro North Health has a permanently funded full-time HP5 Termination of Pregnancy Social Work position. This position is based at RBWH and provides specialised support to Social Workers across Metro North Health as required.

Patient Flow

Following ToP consultation, the woman / pregnant person will be admitted according to the flow charts outlined in Appendix 2.

Medicare Ineligible Referrals

All referrals for a woman / pregnant person seeking care who are Medicare ineligible will be assessed and managed as per the following:

Medicare ineligible | Revenue Processes | Revenue Services | Finance | Metro North HHS

If assessed as being required to pay in full for services prior to management, no service provision will occur until all invoices have been paid. Practitioners should be able to discuss options for seeking TOP privately, which may be more cost-effective for the woman / pregnant person seeking termination who is Medicare ineligible and who does not have private health insurance cover.

A new Health Service Directive has been enforced to ensure that Medicare – ineligible victims / survivors of DFV and / or sexual assault are provided access to public healthcare without any costs to the individual. This applies to Termination of Pregnancy care for victim / survivors who are experiencing RCA or conceived as a result of sexual assault.

All patients who require emergency treatment will be provided with clinical care regardless of their Medicare eligibility, insurance status or ability to pay at the time of presentation.

Emergency Department Presentation*

**If the woman / pregnant person presents to other locations within the facility, direct them to the emergency department for advice.*

For the woman / pregnant person presenting to Emergency Departments across Metro North Health seeking information about or requesting ToP, determine:

- If urgent care is required (symptoms such as pain, per vaginal (PV) bleeding, spotting) and manage as per usual processes.
- If urgent care is not required, then provide the woman / pregnant person with information regarding options for management in primary care as appropriate, including:
    1. Own General Practitioner (GP) or other private provider who can discuss options and refer for care.
    2. Referral to GP or other private provider who can provide ToP services privately.

3. Internal referral (via qhRefer) for management within Metro North to a facility that offers ToP services ensuring:
    - The woman / pregnant person resides in the Metro North catchment.
    - All investigations relevant to the management of ToP including ultrasound reports (mandatory) and pathology (preferrable).
    - In the event the Emergency Department does not have the capacity to perform an USS at time of admission the woman / pregnant person is advised to source an USS in the community through a GP.
    - Children by Choice website have a list of GP's who support women / pregnant people requesting ToP.
4. If the Emergency Department does not have capacity to provide an ultrasound scan (USS), the treating practitioner may provide the woman/pregnant person with a referral to assist them in accessing an ultrasound in the community.

- Consider referral to Social Work services in Emergency Department for pregnancy options counselling, assessment of support needs and linkage to relevant services.

Medical Terminations

Nurse Practitioners, Endorsed Midwives, Registered Nurses and Midwives

A nurse practitioner or endorsed midwife may perform a medical termination of pregnancy in accordance with the Qld Clinical Guidelines Guideline: Termination of pregnancy

A Midwife or Registered Nurse practising under an extended practice authority (EPA) may perform a medical termination of pregnancy using MS-2 Step as authorised under the *Medicines and Poisons Act 2019* and the Medicines and Poisons (Medicines) Regulation 2021 (from The Queensland Clinical Guidelines). Nurses and midwives must have completed an approved program of study, work under a Health Management Protocol (HMP), and be credentialed in accordance with the Metro North Health Credentialing and Defining Scope of Clinical Practice for Nurses, Midwives, Allied Health Practitioners, Medical Practitioners and Dental Practitioners Policy and the Metro North Health Credentialing and Defining Scope of Clinical Practice for Nurses and Midwives Procedure.

Refer to Section 8.4.1 of the Queensland Clinical Guideline: Termination of Pregnancy MS2Step and MToP follow up care.

Medical Officers

Medical termination of pregnancy (MToP) is an option for termination of pregnancy at any gestation depending on local HHS capabilities. Refer to Terminations 22+1 Weeks Gestation below for specific guidance for MToP after 22+1 weeks gestation.

Refer to Section 8.5.2 and 9.1 (page 34-35) of the *Queensland Clinical Guideline: Termination of Pregnancy* for medication regimes and equating gestational inclusions.

Refer to Section 8.4.1 of the *Queensland Clinical Guideline: Termination of Pregnancy MS2Step* and MToP follow up care.

All Practitioners

Inpatient MToP management is recommended for termination over 9 weeks gestation or under 9 weeks in the presence of co-morbidities.

Complete MN272 Termination of Pregnancy (TOP) Assessment MN272 - Termination of Pregnancy (TOP) Assessment - Metro North Health and Termination of Pregnancy Checklist (Non-Emergency) after 22+0

weeks gestation Termination of Pregnancy Checklist (Non-Emergency) | Queensland Health and SToP Direct Entry documentation into ieMR at electronically capable facilities.

Inpatient medical ToP patients should be allocated 1:1 midwifery care if the woman / pregnant person is 14+0 weeks gestation or above. A reduced care partnership would be recommended under 14 weeks gestation. 1:1 midwifery care of the patient should be maintained following birth until all relevant paperwork and memory creation of the pregnancy has been completed.

Surgical Terminations

Surgical termination of Pregnancy (SToP) is provided when it is the patient's preference and to the maximum gestation of the facilities' capabilities. The maximum gestation for SToP in Metro North Health is 18+0 weeks gestation.

The following medication regime is recommended prior to SToP:

- <18+0 weeks:
    - Mifepristone 200 milligrams orally 24-48 hours pre-procedure for all pregnant people above 14 weeks gestation. May be used prior at the discretion of the treating medical officer.
    - Misoprostol Priming (400 micrograms sublingually or vaginally approximately 2- 4hrs prior to procedure – may need to repeat doses 2 hours apart if greater than 14 weeks gestation).

Antibiotic management should be considered as per the QLD Clinical Guidelines for patients who do not have results returned from sexually transmitted infection (STI) screening. Please see attached Therapeutic Guidelines:

Guideline: Termination of pregnancy

If screening has not been attended pre-ToP – consider swabs at the time of procedure.

Complete MN272 Termination of Pregnancy (TOP) Assessment and Direct Entry into ieMR at electronically capable facilities.

Terminations 22+1 weeks gestation

The ToP Act requires two medical practitioners to be consulted when a woman / pregnant person requests a termination for gestations of 22+1 weeks and above.

When a woman / pregnant person requests termination at 22+1 weeks gestation and above, referrals may be forwarded to Maternal Fetal Medicine (MFM) at RBWH for consideration of feticide. Feticide is not available to women requesting ToP prior to 22+1 weeks gestation (see information below regarding the fetus born with signs of life).

It is preferential that two medical practitioners in the local HHS have agreed to support the woman / pregnant person's request prior to submission of MFM referral. An MFM specialist may act as the second support if local support is unavailable, provided a verbal agreement is made between the local HHS Senior Medical Officer and the MFM specialist. This must occur prior to submission of formal MFM referral. Note: The second medical practitioner is not required to examine the woman / pregnant person face to face and consultation may occur via telephone or telehealth.

Referrals for feticide at RBWH will only be considered for women who reside within Metro North Health catchment or in health services that do not have access to Maternal Fetal Medicine specialists within their own health service/locally. Private feticide options should also be explored by health services other than Metro North Health prior to submission of referral to MFM at RBWH.

The following is to be completed for a woman / pregnant person requesting ToP at 22+1 weeks and beyond if there is a consideration for referral to Maternal Fetal Medicine (MFM) at RBWH for feticide procedure:

- Initial consultation and assessment in local / home health service facility including:

  - Psychosocial assessment with Social Work Team, *and if required*
  - Psychological/Psychiatric assessment if noted mental health history or mental health concerns raised during medical consultation or psychosocial assessment with social worker.
- Completion of ToP consent form. Informed Consent - Obstetrics & Gynaecology | Queensland Health
- Completion of Termination of Pregnancy Checklist (Non-Emergency): Termination of Pregnancy Checklist (Non-Emergency) | Queensland Health (clinicalexcellence.qld.gov.au)
- Completion and submission of MFM referral including. MR C 6130 - Maternal Fetal Medicine Referral: Imaging - Royal Brisbane & Women's Hospital (health.qld.gov.au)
  - All completed assessments as above (medical/psychosocial/psychology/psychiatric)
  - All investigations already attended including Ultrasound reports and pathology.

Once referral is received in MFM, it will be triaged, and an appointment made for consultation and feticide if accepted.

It is the expectation that the woman / pregnant person referred to MFM for feticide procedure will have arrangements made for induction of labour and birth in their local / home health service facility.

The fetus born with signs of life

The following is a guide for the management of the fetus born with obvious visual signs of life*:

- It is essential to discuss with the woman / pregnant person before the procedure the potential for live birth, including desire to be notified at the time of signs of life and their preferences for care of fetus.
- Immediately inform and support people in the room on recognition of signs of life, if agreed upon prior to commencement of termination process.
- Provide individualised and holistic care to women according to circumstances.
- Offer counselling and support services to women, partners and healthcare professionals involved with the care of a live-born fetus.
- Handle the fetus gently and carefully eg: wrap and hold to provide warmth and comfort.
- Offer opportunities and support the family's wishes to engage in care provision (e.g, cuddling/holding).
- Do not perform Apgar score or provide life sustaining treatment (e.g, gastric tubes, IV lines, oxygen therapy).
- Provide sensitive emotional support and reassurance to woman / pregnant person throughout the process and beyond.
- In the absence of a Medical Officer, a Registered Nurse or Midwife can verify life extinct, then notify a Medical Officer and document the date and time end of life occurred. The Medical Officer who is notified will need to confirm end of life and complete Cause of Death Certificate (Form 9) and Cause of Death Certificate - Perinatal Supplement (Form 9A).

**Obvious signs of life include deliberate respiratory effort, regular cardiac pulsations and / or sustained muscle movement. Auscultation of the fetal heart should be performed prior to transfer to mortuary / pathology to ensure life extinct.*

Birth and death registration

Birth and death registration are required for ToP when:

- The pregnancy is greater than or equal to 20 weeks gestation, or

- If gestation is unknown and the weight of the fetus is greater than or equal to 400 grams, or
- There are obvious signs of life at birth regardless of gestational age.

The attending midwife is required to complete **Claim for Bereavement Payment (FA008) of Parental Leave Pay / Family assistance**, and record the birth in the Birth Registry Book.

The woman / legal guardian is legally required to complete Birth Registration through Registry of Births, Deaths and Marriages. Attending midwife is to provide woman / legal guardian with website details.

Fill in the register a birth and apply for a certificate application form | Your rights, crime and the law | Queensland Government

The social work team can provide guidance on legal requirements for birth registration and funeral arrangements. Referrals to the Social Work Service should follow standard referral procedures as required.

Memory Creation

In the provision of compassionate and trauma-informed care, memories of the pregnancy should be offered to all families. Social work teams can assist in providing memory keepsakes for earlier gestations.

It is the responsibility of the attending midwife to offer and complete if consented, mementos including hand and foot prints and photographs.

For further information please refer to the Termination of Pregnancy Qld Clinical Guidelines, section 5.3 *Information for women.*

Products of Conception

The disposal of products of conception (POC) should be managed as per local policies/procedures.

As a general guide the following can be offered to families:

Gestation	Available options for management of POC
• ≤ 14 weeks gestation	• Products of conception < 12/40 are generally not offered group cremation and are therefore disposed of with medical/clinical waste as per local hospital policy. Group cremation can be organised for POC <12 at woman / pregnant persons request. • The woman / pregnant person can arrange to take POC home either via private funeral director or to be released directly to the woman / pregnant person for private interment, depending on local HHS protocols and council regulations.
• 14-19+6 weeks gestation	• Option for Group Cremation with woman / pregnant persons consent, with ashes returned to local facility for placement in memorial garden. Write on pathology form: “For Hospital Cremation”. • Private burial or cremation via private funeral director. Write on pathology form: “For Private Cremation”. Patient to sign Authority to Release Deceased Body if requesting private burial or cremation. • A pregnant person undergoing a SToP can request POC be forwarded to private funeral director for cremation. Write on pathology form: “For Private Cremation”.

• ≥ 20 weeks gestation, or • Any fetus requiring Birth Registration	• Private arrangement of burial/cremation via private funeral director. • Patient to sign Authority to Release Deceased Body form.

Private cremation arrangements are the responsibility of the family and will have associated out-of-pocket costs. Ensure patients and their families are aware of options above, noting potential out-of-pocket costs.

Where there are concerns that arrangements will not be made by patients / families, endeavour to have those arrangements in place with private funeral directors prior to the patient discharging from hospital. Refer to Social Work for assistance.

Lactation and Ending a Pregnancy

The woman / pregnant person should be provided with information regarding lactation in the context of termination, including the following options:

- Lactation suppression – education targeted at conservative management.
- Option for use of medication to assist lactation suppression from 16 weeks. Caution the use of medication with patients with history of psychotic illness and current use of psychotropic medication.

  Topic | Therapeutic Guidelines (tg.org.au)
- Continuing to express their breast milk.
- Breastmilk donation.
- Memory making with their breast milk.

Some women / pregnant people may benefit from a referral to lactation services or peer support networks, such as the Australian Breastfeeding Association helpline for further advice and education.

Anti D Administration in ToP

Anti D administration is indicated in Rhesus Negative patients who are more than 10+0 weeks gestation within 72 hours of a medical or surgical termination.

Use of oxytocics in third stage during Medical ToP

Current evidence suggests intramuscular oxytocic administration after delivery of the fetus in second and third trimester medical termination of pregnancy significantly increases placental expulsion rates and decreases short-term postpartum blood loss.

Metro North Health recommends:

- Oxytocin 10units intramuscular (IM) following delivery of fetus.
- In the event of an emergency, administer of oxytocics under the guidance and order of medical officer.

Post Termination Follow Up:

The TOP service recommends that patients schedule a follow-up consultation with their GP 2 to 4 weeks after termination of pregnancy. When possible, the NNav – ToP service will offer follow-up via phone consultation. All women or pregnant person are provided with the NNav – ToP mobile number and are encouraged to contact with any questions or concerns. Follow-up consultations will be arranged only if clinically indicated, either in person or via telehealth.

- Social Work follow-up as required up to 6 weeks post ToP (via phone or face to face).

- Women / pregnant person are encouraged to seek counselling support through resources provided by the NNav – ToP service or through Mental Health plan established with GP.

Contraception

Discussion regarding contraception is initiated at first contact where appropriate. Discuss options based on the woman / pregnant person's preference, including short and long-acting methods of contraception. Provide information on benefits, side effects, and success rates of each method.

Contraception Clinical Guideline (C-Gyn 3)

If consent is obtained and appropriate facilities are available, provide a contraception script or perform insertion at the time of ToP.

If contraception is declined, offer information (as appropriate to the circumstances) about:

- Types of contraception available.
- Accessing local services for contraceptive advice or support.
- The importance of prevention of future unwanted pregnancies.
- Possibility of arranging return to OPD for contraception (e.g., Mirena insertion).

Written Correspondence

Written correspondence regarding termination of pregnancy should not be sent out to the patient's residential address due to potential breaches of confidentiality and risks to patient safety.

Letters to referring GP's can be forwarded with the consent of the patient.

Discharge summaries should be given directly to the patient prior to discharge if they choose to take a copy, however, should not be forwarded by mail following discharge.

Who to contact?

Nurse Navigator – ToP – 0408940183, Mon – Fri, 6.30am-3:30pm

Notify NNav – ToP if a woman / pregnant person who is already under navigation service presents to hospital. Additionally, new referrals from other wards/units or the Emergency Department should also be discussed directly with NNav – TOP.

Partnering with consumers

As defined in the Clinical Services Capability Framework (CSCF), health care facilities can provide Termination services that fit their service capability. In Metro North Health priority appointments for terminations will be given to the woman / pregnant person with complex health care needs where care in the private sector is contraindicated or unavailable.

The woman / pregnant person and their family members are to be encouraged and given the opportunity to ask questions, clarify information and identify goals of care during communication processes.

Staff are responsible for providing information that meets the woman / pregnant person's needs, in a manner that ensures the woman / pregnant person has a thorough understanding of all information given.

The woman / pregnant person will be connected with appropriate support services based on their individual needs and service availability.

Specific cultural needs will be respected, especially if the woman / pregnant person has strong cultural requirements.

Interpreters will be provided as required, either in person or over the phone.

Metro North Health consumer information can be found on the QHEPS Consumer publications page:

- Pregnancy Options – Consumer information: Termination of pregnancy
- Termination of Pregnancy

Post termination of pregnancy consumer information can be found on the Qld Clinical Guidelines page:

- Patient information: Care after a termination of pregnancy (health.qld.gov.au)

Other patient resources include:

- Termination of pregnancy | Clinical Excellence Queensland | Queensland Health
- Abortion Decision Aid
- Decision Making - Children by Choice
- 13 HEALTH—Health advice over the phone | Health and wellbeing | Queensland Government
- Children by Choice: Support for all Pregnancy Options
- Home - Women's Health and Equality Queensland
- Safe Abortion Services in Australia | MSI Australia
- Welcome! | True
- Family planning and unplanned pregnancy | Health and wellbeing | Queensland Government

Aboriginal and Torres Strait Islander considerations

Aboriginal and Torres Strait Islander health practitioners have been included in the ToP Act to ensure culturally safe and appropriate advice and support for the woman / pregnant person, and to contribute to better health outcomes for Aboriginal and Torres Strait Islander people.

Where possible, and upon request, an Aboriginal and/or Torres Strait Islander support person / social worker / interpreter or other appropriate member of their community and/or health practitioner will provide distinct cultural support and advice during the process of termination.

Psychosocial Safety of Staff

Queensland Health and Hospital and Health Service (HHS) workplaces are required by law to apply a risk management process to mitigate psychosocial hazards at work.

Caring for patients undergoing ToP poses a psychosocial risk to all staff involved.

Control Measure include:

- Equitable rostering and staff allocation when caring for patient undergoing ToP.
- Early notification to staff caring for patient allowing for psychological preparedness.
- Regular debriefing.
- Utilising Peer support and/or Supervision model.
- Engagement of Staff psychologist or Employee Assistance programs (EAP).

Escalate concerns to your line manager if you feel you require further assistance or support.

Human Rights

When following this procedure, staff must comply with their human right obligations under section 58 of the *Human Rights Act 2019* (Qld) by:

(a) giving proper consideration to whether any actions or decisions may affect a person's human rights; and

(b) acting or make decision in a way that is compatible with human rights.

Metro North Legal Services

Legislation and other authority

Termination of Pregnancy Act 2018 (Qld)

Criminal Code Act 1899 (Qld)

Human Rights Act 2019 (Qld)

References

Queensland Health:

Guide to Informed Decision-making in Healthcare; 2nd Edition

Therapeutic Guidelines:

Antibiotic - Therapeutic Guidelines

Sexual and Reproductive Health - Therapeutic Guidelines

Related documents

Guideline: Termination of pregnancy

Short guide: Rh D negative women and pregnancy

Termination of Pregnancy Consent:

https://www.health.qld.gov.au/__data/assets/pdf_file/0018/1164024/SW9516.pdf

MS2Step Consent: https://www.health.qld.gov.au/__data/assets/pdf_file/0020/1164026/SW9493.pdf

Medicines and Poisons Act 2019

Metro North – Termination of Pregnancy Patient Information Brochure: Termination of Pregnancy

Metro North – Pregnancy Options Patient Information Brochure: 10261.pdf

Termination of Pregnancy Checklist (Non-Emergency): Termination of Pregnancy Checklist (Non-Emergency) | Queensland Health

MR C 6130 - Maternal Fetal Medicine Referral: Imaging - Royal Brisbane & Women's Hospital

Metro North Health Procedure 004804 Revenue: Medicare Ineligible

Guide to Informed Decision-making in Healthcare; 2nd Edition

All procedures are to be explained to the woman / pregnant person with consent obtained in accordance with: Patient Consent and Informed Decision-making 003436

Patient confidentiality and privacy is to be maintained at all times in accordance with 001120: Confidentiality, Patient Information

Privacy and Confidentiality of Patient and Organisational Information 003828

Details of assessment, consultation and outcomes are documented in accordance with Clinical Documentation, Patient Record, Health Practitioner 002758

Clinical handover including critical information is undertaken in accordance with Communicating for Safety: 002043 | Safety and Quality | Metro North HHS

Clinical Incidents are to be managed in accordance with Clinical Incident Management 002044 | Safety and Quality | Metro North HHS

Clinical Services Capability Framework (CSCF) V3.2 Service modules | Queensland Health

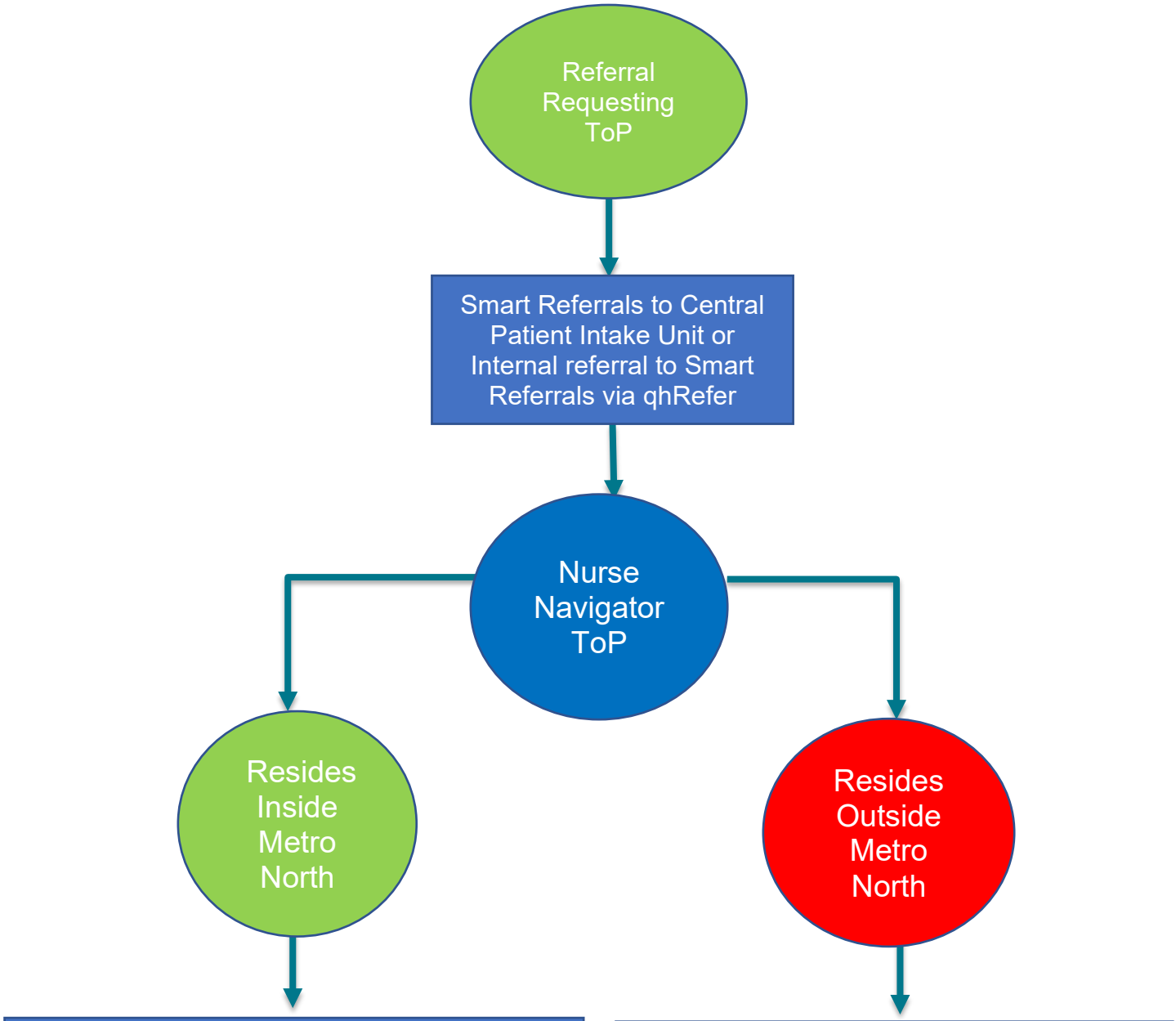
Domestic and Family Violence Protection Act 2012

Child Protection Act 1999 - Queensland Legislation - Queensland Government

RANZCOG Contraception Guideline Contraception Clinical Guideline (C-Gyn 3)

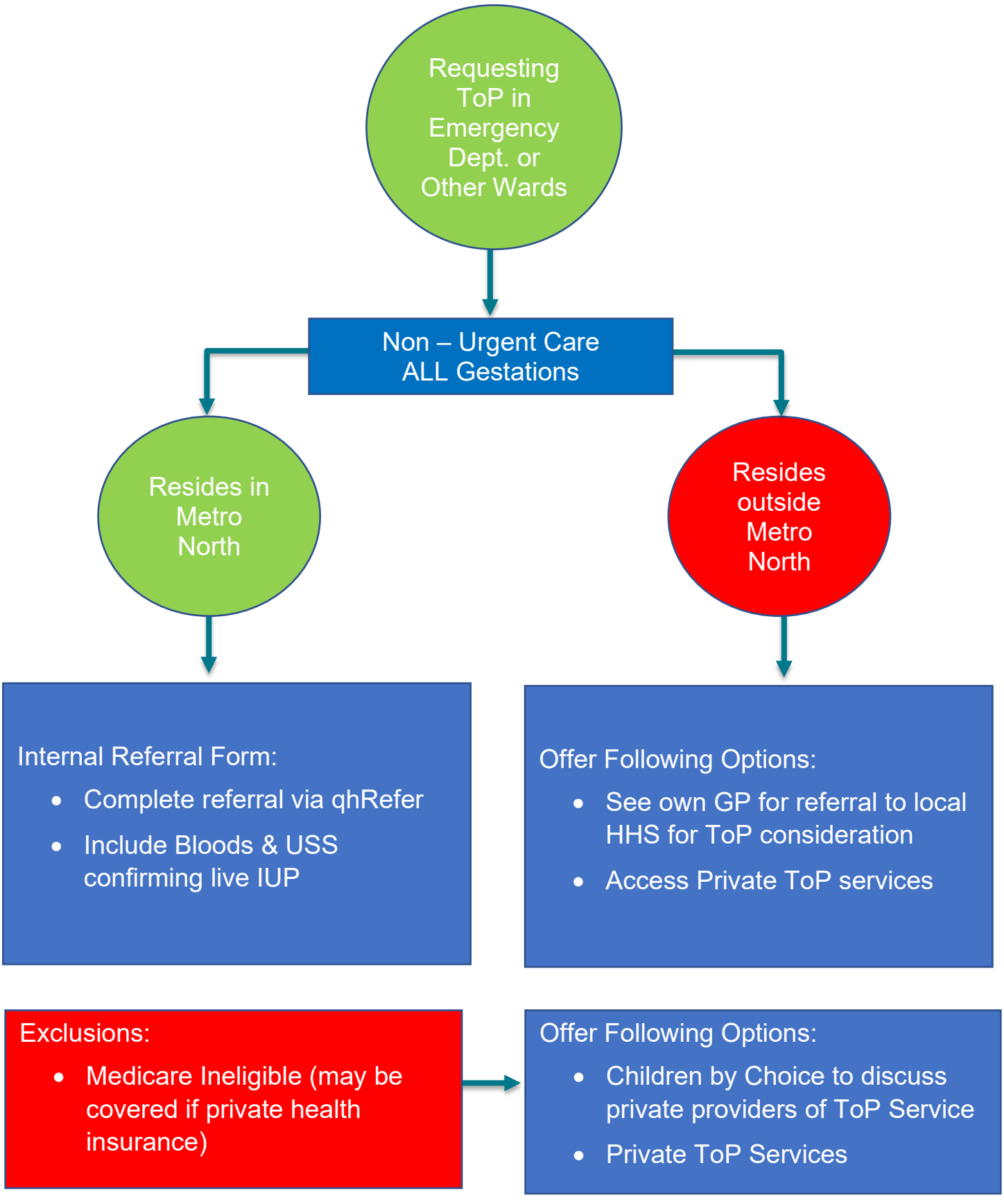
Appendix 1 – Referral Pathways

Referrals From GP's / Other Hospital & Health Services



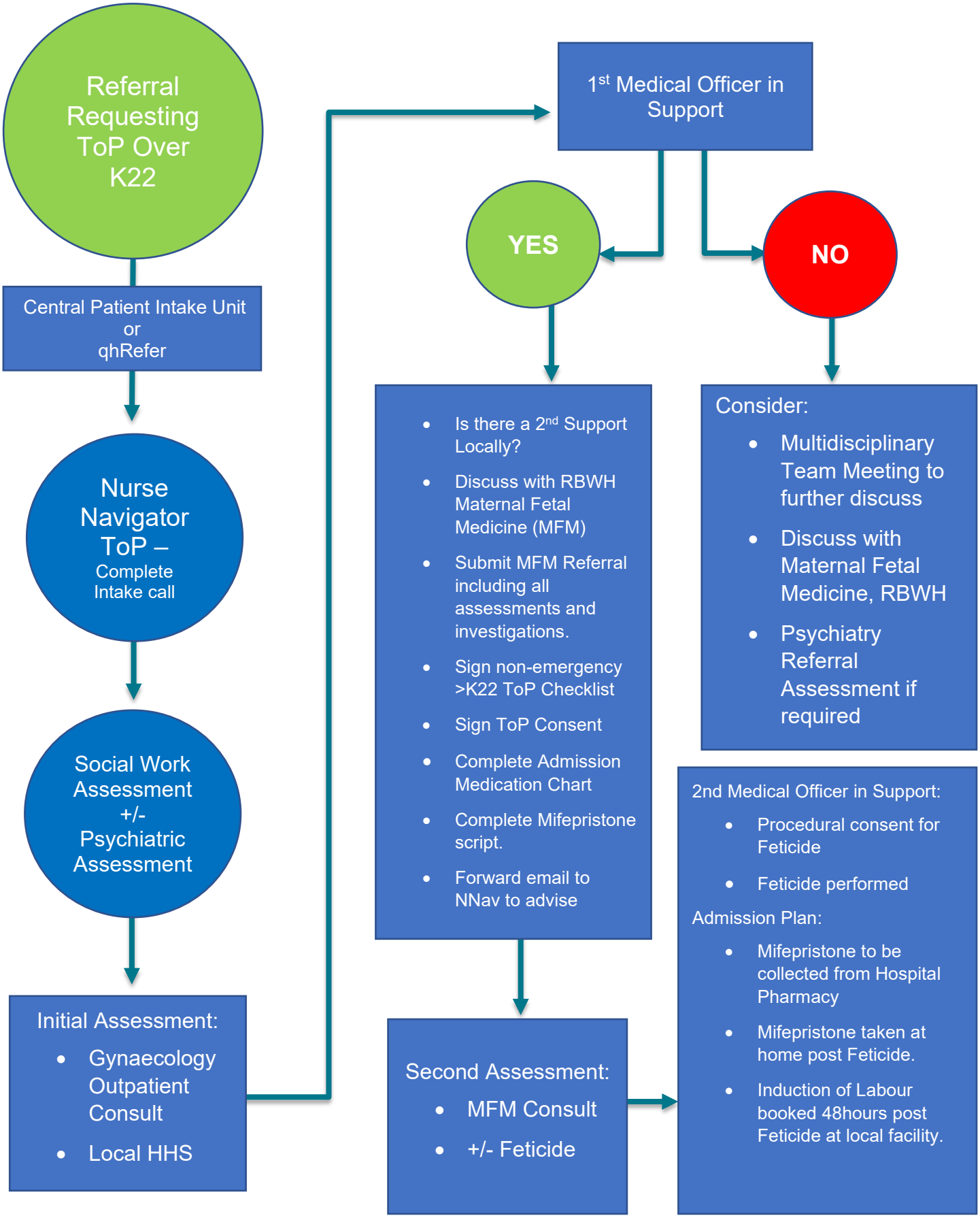
If unsure – Contact Nurse Navigator ToP. Ph: 0408 940 183, Mon-Fri 0630am-3.30pm

Referrals From Emergency Departments / Other Wards



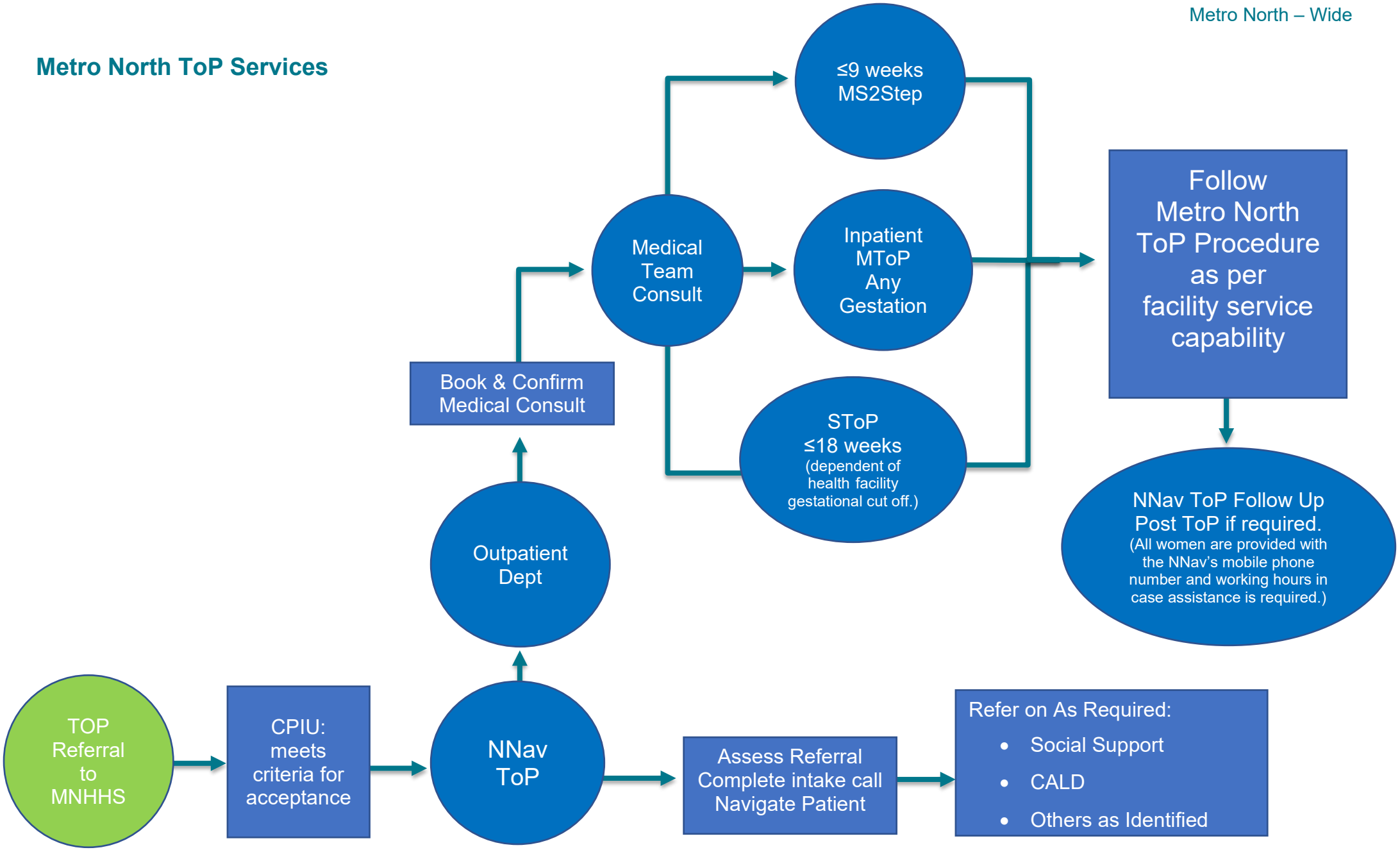
If unsure – Contact Nurse Navigator ToP. Ph: 0408 940 183, Mon-Fri 0630am-3.30pm

Referrals requesting ToP Over 22 weeks gestation

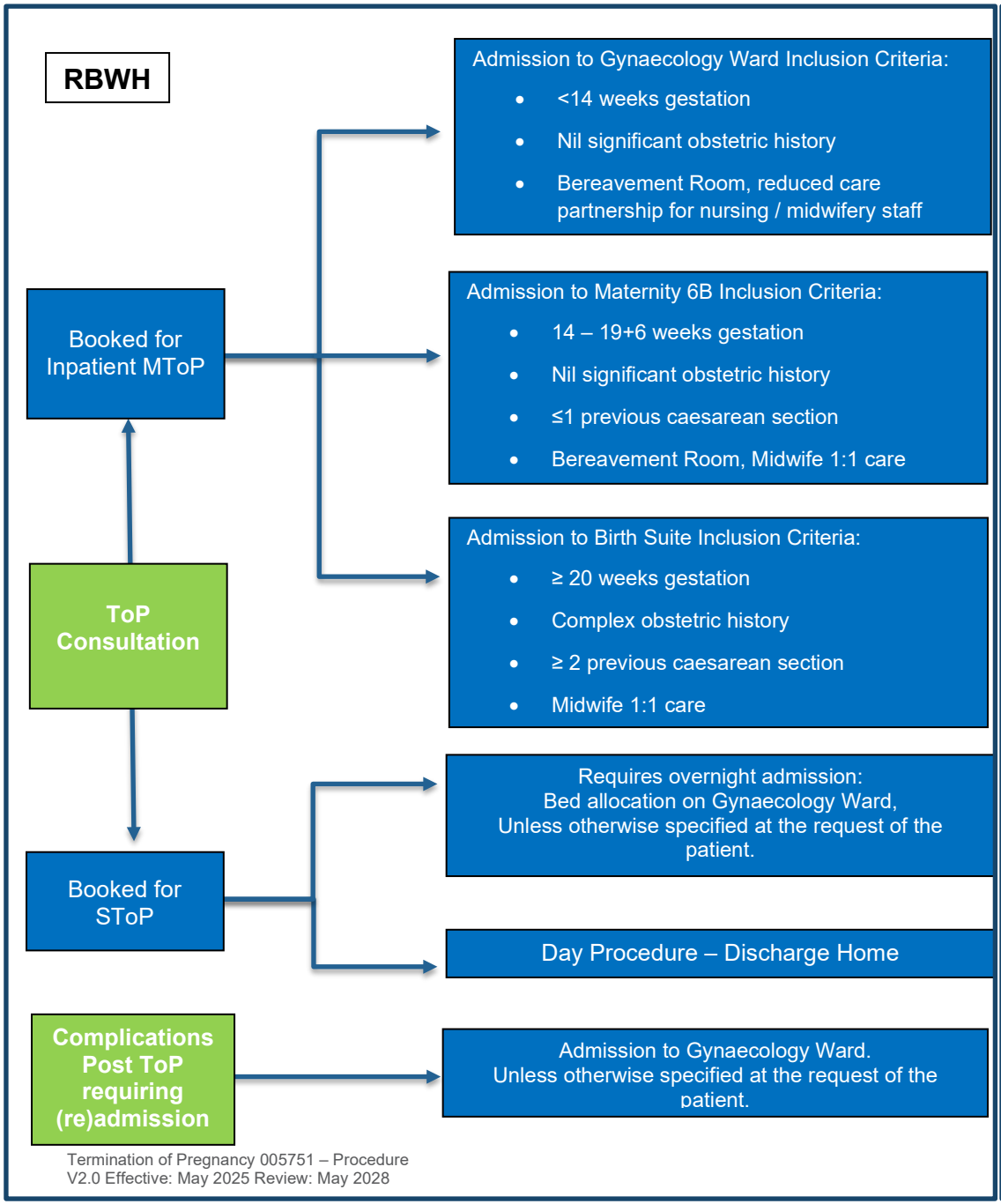


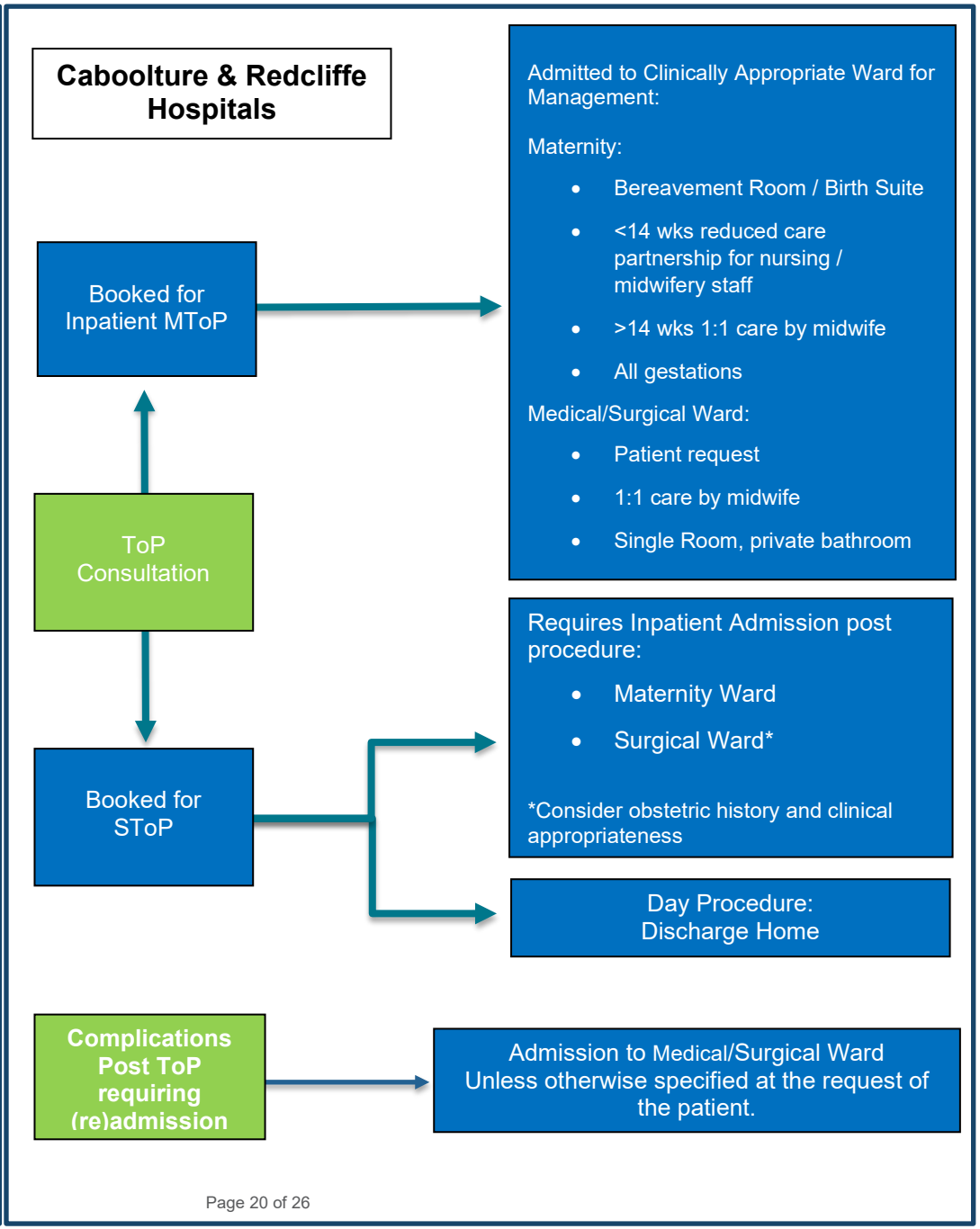
Nurse Navigator will assist in facilitating this process. Ph: 0408 940 183, Mon-Fri 06.30am-3.30pm

Metro North ToP Services

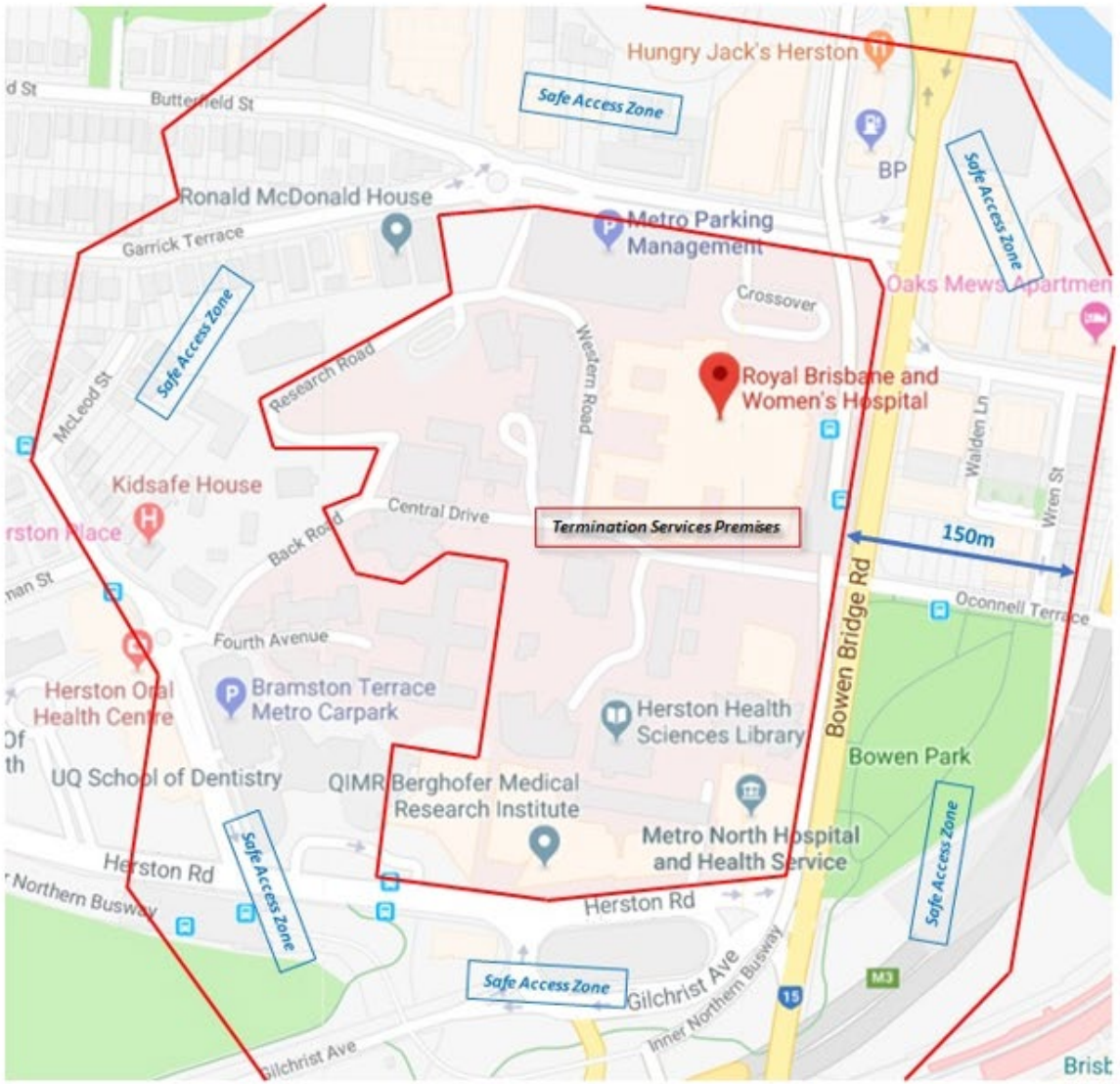


Appendix 2 – Patient Flow: Flowcharts





Appendix 3 – Safe Access Zones



RBWH – Safe Access Zone

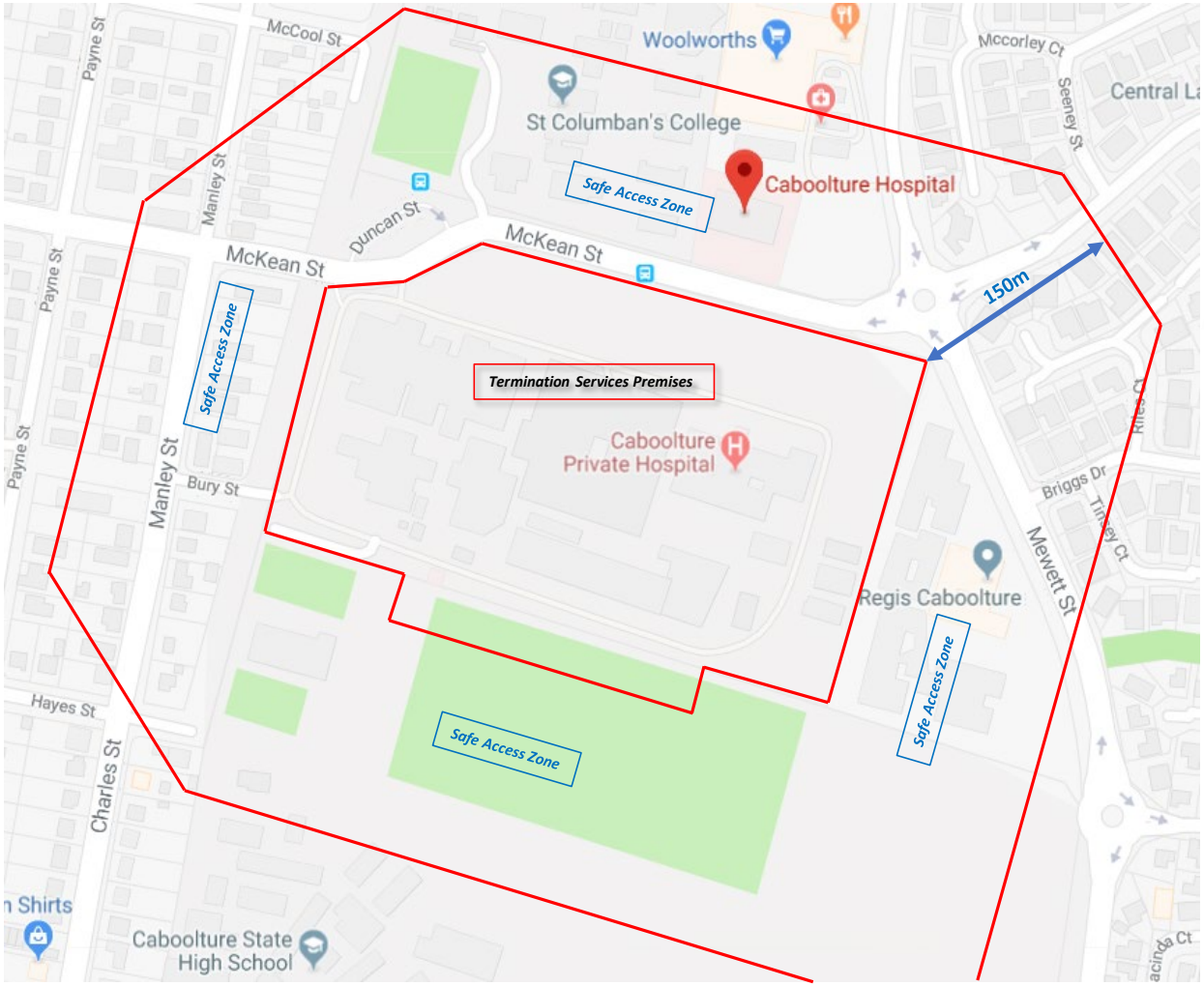
Termination of Pregnancy Bill 2018

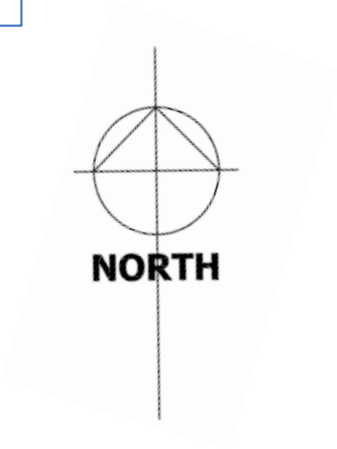
Notes:

1. Generally, the campus boundary forms the perimeter of the **Termination Services Premises.**
2. Area extending 150m from campus perimeter boundary is considered the **Safe Access Zone.**
3. Distances depicted on the map are approximate only.
4. Protective Services is to be contacted in the first instance concerning any suspected offences occurring in or near a **Termination Services Premises** or within a **Safe Access Zone.**
5. The Queensland Police Service (QPS) will be engaged to take carriage of any actions or investigation concerning a suspected offence.

Caboolture Hospital – Safe Access Zone

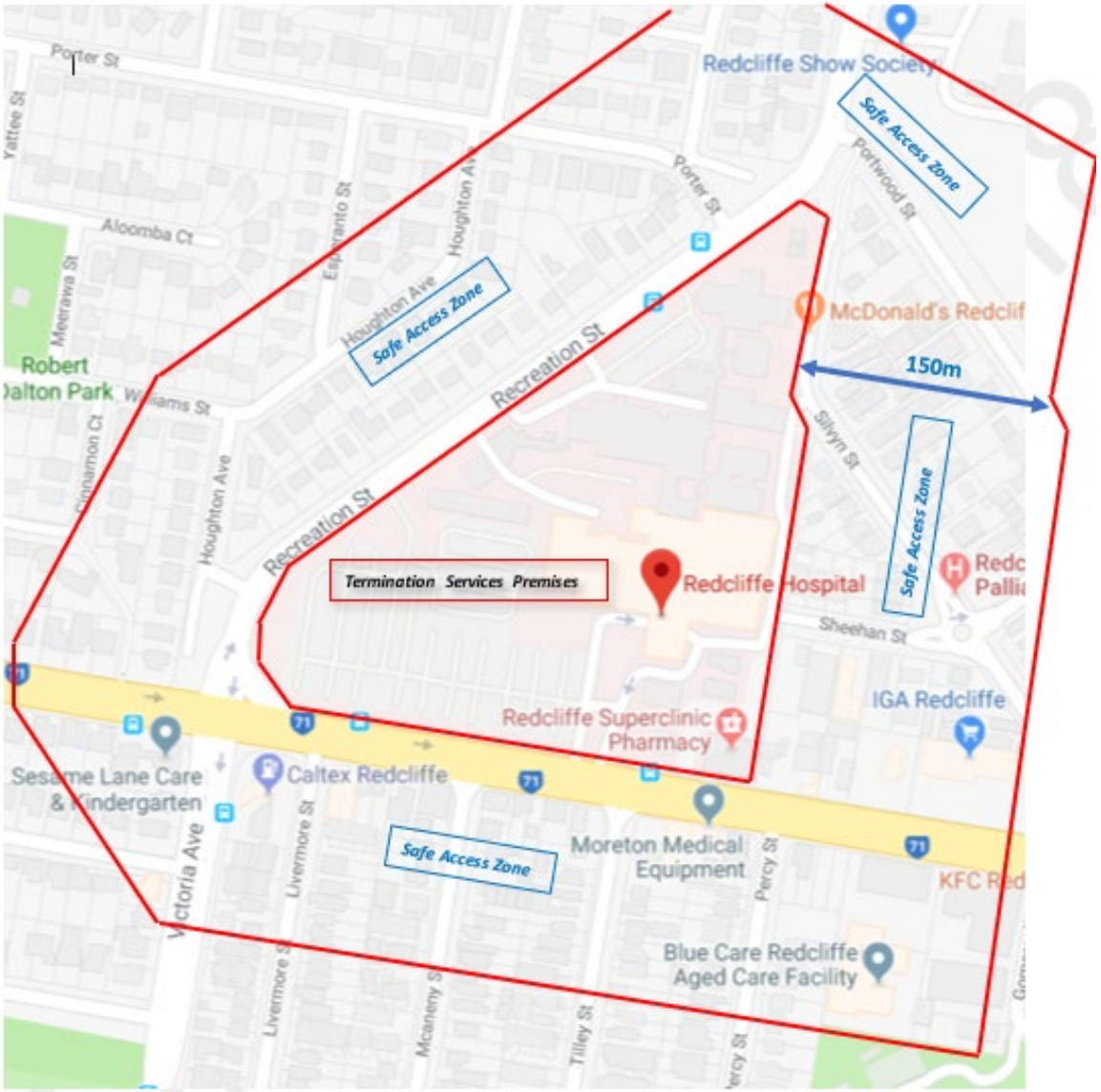
Termination of Pregnancy Bill 2018





Notes:

1. Generally, the campus boundary forms the perimeter of the **Termination Services Premises**
2. Area extending 150m from campus perimeter boundary is considered the **Safe Access Zone**
3. Distances depicted on map are approximate only
4. Security to be contacted in the first instance concerning any suspected offences occurring in or near a **Termination Services Premises** or within a **Safe Access Zone**
5. The Queensland Police Service will be engaged to take carriage of any actions or investigation concerning a suspected offence



Redcliffe Hospital – Safe Access Zone

Termination of Pregnancy Bill 2018

Notes:

1. Generally, the campus boundary forms the perimeter of the **Termination Services Premises**
2. Area extending 150m from campus perimeter boundary is considered the **Safe Access Zone**
3. Distances depicted on map are approximate only
4. Security to be contacted in the first instance concerning any suspected offences occurring in or near a **Termination Services Premises** or within a **Safe Access Zone**
5. The Queensland Police Service will be engaged to take carriage of any actions or investigation concerning a suspected offence

Appendix 4 – Definition of terms

Term	Definition
Aboriginal and Torres Strait Islander health practitioner	A person registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession, other than as a student.
Student Health Practitioner	In this document, refers to a person enrolled in an approved program of study, undertaking clinical training and who is registered as a student with their respective Health Practitioner National Board
Gillick Competence	Gillick competence is a term used in medical law to decide whether a child is able to consent to their own medical treatment, without the need for parental permission or knowledge.
Prohibited conduct in safe access zones	A person's conduct in the safe access zone for termination services premises is prohibited conduct if the conduct— (a) relates to terminations or could reasonably be perceived as relating to terminations; and (b) would be visible or audible to another person in, or entering or leaving, the premises; and (c) would be reasonably likely to deter a person mentioned in paragraph (b) from - (i) entering or leaving the premises (ii) requesting or undergoing a termination (iii) performing, or assisting in the performance of, a termination. A person's conduct may be prohibited conduct whether or not another person sees or hears the conduct or is deterred from taking an action mentioned.
Registered health practitioners who may assist pursuant to the ToP Act	A medical practitioner, nurse, midwife, pharmacist, Aboriginal and Torres Strait Islander health practitioner or other registered health practitioner prescribed by regulation, may in the practice of his or her health profession, assist in the performance of a ToP on a woman / pregnant person by a medical practitioner. In certain circumstances, those who wish to disclose a conscientious objection
Apgar score	Clinical indicators of a baby's condition shortly after birth. The score is based on 5 characteristics of the baby: skin colour, pulse, breathing, muscle tone and reflex irritability. Each characteristic is given between 0 and 2 points, with a total score between 0 and 10 points.

Document history

Author	Nurse Navigator – Termination of Pregnancy Metro North Hospital and Health Service
Custodian	Executive Director, Women's, Children's and Families Clinical Stream Metro North Hospital and Health Service
Consequence Level and Risk Rating	**Likelihood –** Possible **Consequence –** Minor **Risk Rating –** Medium (9)
Compliance evaluation and audit	Auditing of documentation will be attended by the Nurse Navigator and reported monthly to the Metro North Health ToP stakeholders as well as the Gynaecology Directors of the Royal Brisbane and Women's Hospital, Caboolture Hospital & Redcliffe Hospital. Identified issues will be reported via Clinical Incident Management System (Riskman) and managed locally with escalation to Metro North Health Termination of Pregnancy Reference Group as required.
Replaces Document/s	Procedure *005751 Termination of Pregnancy* V1.1 08/2022
Changes to practice from previous version	Scheduled review – Major • Legislation Update • Changes in local practices
Education and training to support implementation	Communication of this procedure at ward meetings is advised. Education and support will be provided ongoing by the Nurse Navigator – ToP
Consultation	**Key stakeholders** Metro North Termination of Pregnancy Reference Group **Broad Consultation facilitated by through the following:** Metro North Aboriginal and Torres Strait Islander Leadership Team Metro North Clinical Governance Digital Metro North Metro North Medical Services Metro North Nursing and Midwifery Services Metro North Allied Health Metro North Communication Metro North Finance Metro North Norfolk Island Support Program Metro North People and Culture Metro North Workplace Health and Safety

	Metro North Legal Unit Metro North Ethical Standards Unit Metro North Risk and Compliance Officer Metro North Clinical Streams Metro North Engage Health Excellence Innovation Unit Clinical Directorate Safety and Quality Units Clinical Skills Development Centre
Marketing Strategy	A Metro North Policy, Procedure and Protocol Staff Update will be published online each month to update staff of all new and updated policies, procedures and protocols. This update will be emailed to all Safety and Quality Units in each clinical directorate and a broadcast email sent to all Metro North Health staff with a link to the published update.
Key words	Termination, pregnancy, TOP, abortion, safe access zone, maternity, 004782

Custodian Signature Date

Executive Director, Women's, Children's and Families Clinical Stream, Metro North Hospital and Health Service

AUTHORISATION

Authorising Officer Signature Date

Executive Director Clinical Services, Metro North Hospital and Health Service

The signed version is kept in file at Clinical Governance, Metro North Health