

(31 January 1997 – to date)

CHOICE ON TERMINATION OF PREGNANCY ACT 92 OF 1996

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REGULATIONS UNDER THE CHOICE ON TERMINATION OF PREGNANCY ACT, 1996 (ACT No. 92 OF 1996)

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The Minister of Health has, in terms of section 9 of the Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), made the regulations in the Schedule.

SCHEDULE

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1. Definitions

In these regulations any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates -

"**annexure**" means an annexure to these regulations;

"**facility**" means a place designated by the Minister in terms of section 3 of the Act where the termination of a pregnancy may take place;

"**form**" means a form drawn up and made available by the Director-General with regard to the termination of a pregnancy;

"**form 1**" means the Departmental form set out in Annexure A which is used to notify the person in charge of a facility of the termination of a pregnancy in terms of section 2(1)(a) or (b) of the Act;

"**form 2**" means the Departmental form set out in Annexure B which is divided into the following two (2) parts:

- (a) Part I to be completed by a minor who requests the termination of her pregnancy;
- (b) Part II to be used to request the termination of the pregnancy of a woman who is severely mentally disabled or in a state of continuous unconsciousness;

"**standard consent form**" means a form provided by a facility for recording the consent to the administration of a local general anaesthetic and an accompanying *[sic]* surgical procedure;

"**the Act**" means the Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996).

2. Notification of termination of pregnancy

Form 1 shall be submitted in duplicate by the medical practitioner or registered midwife who is performing the termination of a pregnancy in terms of section 2(1)(a) or (b) of the Act to the person in charge of a facility or the person designated for such purpose.

3. Notification of termination of pregnancy by person in charge of facility

The person in charge of a facility or the person designated for such purpose shall –

- (a) collate all the information in the form 1 's of a particular month; and
- (b) submit such forms in a sealed envelope marked "confidential" to the Director-General by registered post through the provincial information system on a monthly basis.

4. Notification of termination of pregnancy of minor by medical practitioner or registered midwife

A minor requesting the termination of her pregnancy shall complete part I of form 2.

5. Consent to termination of pregnancy of woman who is severely mentally disabled or in a state of continuous unconsciousness

- (a) Where the termination of a pregnancy is requested in terms of section 5(4) of the Act, the natural guardian, spouse, legal guardian or curator personae, as the case may be, and two medical practitioners or a medical practitioner and a registered midwife who has completed the training course referred to in regulation 8, shall complete part II of form 2.
- (b) Where the natural guardian, spouse, legal guardian or curator personae referred to in paragraph (a) refuses to consent to the termination of a pregnancy referred to in section 5(5)(a) or (b) of the Act, the two medical practitioners or the medical practitioner and registered midwife who has completed the training course referred to in regulation 8, shall complete part II of form 2.

6. Consent by woman to terminate pregnancy

- (a) A woman requesting the termination of her pregnancy and the medical practitioner or registered midwife performing the termination of the pregnancy of that woman shall complete a standard consent form.
- (b) The consent of a woman to the procedure to terminate her pregnancy shall include consent to other surgical procedures which may be necessary as a result of complications associated with the termination of her pregnancy.

7. Counselling

- (a) Counselling [*sic*] in terms of section 4 of the Act shall at the least include sufficient information to assist a woman to make an informed choice regarding the termination of her pregnancy.
- (b) A woman requesting the termination of her pregnancy shall be informed during counselling with regard to –
 - (i) the available alternatives to the termination of her pregnancy;
 - (ii) the procedure and the associated risks of the termination of her pregnancy; and
 - (iii) contraceptive measures which can be taken in the future.
- (c) A woman requesting the termination of her pregnancy shall also be informed that counselling is private and confidential, unless she chooses to disclose the nature or content of such counselling.

8. Training course

- (1) The training course for a registered midwife regarding the termination of a pregnancy shall include the following –
 - (a) counselling and communication skills;
 - (b) clinical competence in assessment and technique;
 - (c) anaesthesia and analgesia;
 - (d) knowledge of contraception;
 - (e) post-abortion care; and
 - (f) management of reproductive system infections.
- (2) A registered midwife who has completed the training course and who terminates a pregnancy at a public facility shall follow the clinical guidelines that are provided by the Department of Health, as amended from time to time, for the termination of a pregnancy under the Act.

9. Information concerning the termination of a pregnancy

A woman requesting the termination of her pregnancy shall be informed –

- (a) that she is entitled to the termination of her pregnancy upon request during the first 12 weeks of the gestation period;
- (b) that, under the circumstances determined by section 2(1)(b) of the Act, her pregnancy may be terminated from the 13th up to and including the 20th week of the gestation period;
- (c) that only her consent is required for the termination of her pregnancy;
- (d) that counselling contemplated in section 4 of the Act shall be available; and
- (e) of the locality of facilities for the termination of pregnancies.

10. Application by a private health facility for designation as a facility

A private health facility shall apply to the Minister, in writing, for designation as a facility in terms of section 3 of the Act.

ANNEXURE A

CHOICE ON TERMINATION OF PREGNANCY ACT, 1996 (ACT No. 92 OF 1996)

**NOTIFICATION OF TERMINATION OF PREGNANCY IN TERMS OF SECTION 7 OF THE ACT
FORM TO BE COMPLETED BY A MEDICAL PRACTITIONER OR A REGISTERED MIDWIFE**

(To be completed in duplicate)

- 1. Name of facility
- 2. Age of woman requesting termination
- 3. Where appropriate (encircle appropriate number):
 - 3.1 Termination in terms of section 2 (1) (a) or (b) of the Act.
 - 3.2 Severe mental disability [section 5 (4) (a) of the Act].
 - 3.3 Continuous unconsciousness [section 5 (4) (b) of the Act].
- 4. Race (mark with a cross):

African	Coloured	Asian	White	Other
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If other, specify

- 5. Marital status (mark with a cross):

Single	Living together	Married	Divorced	Widowed
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- 6. Date of last menstrual period (LMP)
- 7. How many weeks into pregnancy?
- 8. Number of previous pregnancies:

No. of live births	No. of stillbirths	No. of terminations	No. of miscarriages
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- 9. Date of admission
- Date of procedure
- Date of discharge

- 10. Termination of pregnancy (mark with a cross):

(a) first 12 weeks	(b) 13–20 weeks
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- 11. Indication for termination of pregnancy (applicable only to terminations performed from 13th up to and including 20th week of gestation period) (circle appropriate number):
 - 11.1 Woman's physical or mental health [section 2 (1) (b) (i) of the Act].
 - 11.2 Foetal physical or mental abnormality [section 2 (1) (b) (ii) of the Act].
 - 11.3 Rape or incest [section 2 (1) (b) (iii) of the Act].
 - 11.4 Social or economic circumstances [section 2 (1) (b) (iv) of the Act].

Name of medical practitioner or registered midwife

Signed

Date

Qualifications

Registration number

ANNEXURE B

CHOICE ON TERMINATION OF PREGNANCY ACT, 1996 (ACT No. 92 OF 1996)

I. STATEMENT BY MINOR WHO REQUESTS THE TERMINATION FOR HER PREGNANCY

I, the undersigned (surname and first names of minor).....
....., hereby state that I have been advised by (surname and first names of medical practitioner/
registered midwife*)
in terms of section 5 of the Act to consult with my parents, guardian, family members or friends before the termination of my
pregnancy.

Signature..... Date.....

* Delete what is not applicable

II. CONSENT TO THE TERMINATION OF THE PREGNANCY OF A WOMAN WHO IS SEVERELY MENTALLY DISABLED OR IN A STATE OF CONTINUOUS UNCONSCIOUSNESS

Name of facility.....

1. Intended termination of the pregnancy of (surname and first names of minor/major woman)
....., born on and having the identity number (where available)
..... and the facility/hospital/clinic number
2. I (surname and first names) the under-
signed, acting as the natural guardian/legal guardian/*curator personae*/spouse* of the above-mentioned woman,
hereby, in terms of section 5 (4) (i) or (ii) of the Act request and consent to the termination of the pregnancy of
(surname and first names of the above-mentioned minor/major woman)
....., who is—
 - (a) so severely mentally disabled that she is completely incapable of understanding and appreciating the nature
or consequences of the termination of her pregnancy; or
 - (b) in a state of continuous unconsciousness and has no reasonable prospect of regaining consciousness in
time to request and to consent to the termination of her pregnancy in terms of section 2 of the Act.

Signature..... Date.....

Natural guardian/legal guardian/*curator personae*/spouse* refuses to consent.

CONSENT OF TWO MEDICAL PRACTITIONERS OR A MEDICAL PRACTITIONER AND A REGISTERED MIDWIFE

3. I, the undersigned, being a medical
practitioner, and I, the undersigned, being a medical practitioner/
registered midwife who has completed the training course*, certify that we examined (surname and first names of
above-mentioned minor/major woman) on
..... (date).
4. In our opinion her pregnancy is within the first 20 weeks of the gestation period and*—
 - (a) the continued pregnancy would pose a risk of injury to the woman's physical or mental health [section
2 (1) (b) (i) of the Act];
 - (b) there is a substantial risk that the foetus would suffer from a severe physical or mental abnormality
[section 2 (1) (b) (ii) of the Act];
 - (c) the pregnancy resulted from rape or incest [section 2 (1) (b) (iii) of the Act]; or
 - (d) the continued pregnancy would significantly affect the social or economic circumstances of the woman
[section 2 (1) (b) (iv) of the Act].

5. We consent to the termination of her pregnancy.

(a) Signed Date.....
Qualifications Registration number.....

(b) Signed Date.....
Qualifications Registration number.....

* Circle what is applicable.