

Medical Council (Termination of Pregnancy) Regulations 2012

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THE MEDICAL COUNCIL ACT

Regulations made by the Minister under section 38A of the Medical Council Act

1. These regulations may be cited as the Medical Council (Termination of Pregnancy) Regulations 2012.

2. In these regulations –

“Act” means the Medical Council Act.

3. (1) The owner or person in charge of an institution, hospital, clinic or other place which proposes to provide treatment to terminate pregnancy, shall make a written application to the Permanent Secretary in such form and manner as the Permanent Secretary shall determine.

(2) (a) Where the Minister is satisfied that the institution, hospital, clinic or other place –

- (i) has the appropriate infrastructure and amenities to provide treatment to terminate pregnancy;
- (ii) has on its staff a specialist in obstetrics and gynaecology who is registered as such under the Act; and
- (iii) has available the services of a psychologist or other trained and qualified person to provide counselling to a pregnant person before and after treatment,

he shall cause the institution, hospital, clinic or other place to be registered as a prescribed institution for an initial period of 12 months.

(b) The registration of a prescribed institution may, on written application to the Permanent Secretary not later than 3 months before its expiry, be renewed by the Minister for one or more periods of 12 months.

(c) The Minister may cancel, or suspend for such period as he considers appropriate, the registration of a prescribed institution where –

- (i) it no longer satisfies the requirements of subparagraph (a); or
- (ii) it or any person involved in providing treatment at the prescribed institution contravenes section 235A of the Criminal Code, the Act or these regulations.

(3) Every person in charge of a prescribed institution shall, before 31 December of every year, forward to the Permanent Secretary a record on the compliance of the prescribed institution with the requirements of paragraph (2)(a).

4. (1) Where a pregnant person to whom counselling has been provided wishes to proceed with the termination of her pregnancy, no person shall, unless 24 hours have elapsed, require her to give informed consent for the treatment to be given.

(2) Written informed consent for the termination of pregnancy shall be recorded in the form set out in the First Schedule.

5. Every specialist who provides treatment for the termination of a pregnancy shall submit a written report to the Permanent Secretary –

(a) within 15 days of counselling which is provided to a pregnant person before the termination of her pregnancy; and

(b) within 15 days of counselling which is provided to a pregnant person after the termination of her pregnancy.

6. (1) For the purposes of section 235A(2) of the Criminal Code, the 3 specialists shall, at least 24 hours before treatment to terminate pregnancy is provided, certify their opinion in the form set out in the Second Schedule.

(2) Every specialist who provides treatment to terminate a pregnancy shall –

(a) at least 24 hours before providing treatment, submit a copy of the certificate of opinion referred to in paragraph (1) to the person in charge of the prescribed institution and to the Permanent Secretary; and

(b) within 15 days of providing the treatment, give to the person in charge of the prescribed institution and to the Permanent Secretary notice of the treatment and the information relating to it listed in the Third Schedule.

7. (1) Every person in charge of a prescribed institution shall maintain a register of all treatments to terminate pregnancy carried out at the institution, which shall contain the following particulars –

(a) the name or number of the operation theatre where the treatment is carried out;

(b) the name of the specialist who carried out the treatment;

(c) the name of the pregnant person as indicated on her birth certificate or national identity card;

(d) the National Identity Card number of the pregnant person;

(e) the date of the termination of pregnancy;

(f) the method of termination of pregnancy; and

(g) the purpose of the termination of pregnancy.

(2) Every person in charge of a prescribed institution shall keep all records pertaining to a treatment for a period of not less than 10 years beginning with the date of the treatment.

(3) The person in charge of the prescribed institution may destroy any record which is no longer required to be kept under paragraph (2).

(4) For the purposes of section 38A(4)(a) of the Act, the following persons shall not be considered to be unauthorised persons –

- (a) the Permanent Secretary or person in charge of a prescribed institution, where he is carrying out his duties under the Act or these regulations;
- (b) a police officer not below the rank of Superintendent or such police officer as may be authorised by him, who is investigating whether an offence has been committed under the Act or these regulations;
- (c) any person who is acting pursuant to a Court order, for the purposes of proceedings which have begun before a Court or Tribunal;
- (d) the Registrar of the Medical Council or such member of staff as may be authorised by him, or the Medical Tribunal, for the purpose of investigating whether there has been any professional misconduct or negligence by a specialist who provided treatment to terminate a pregnancy or by a specialist who signed a certificate of opinion;
- (e) any other person to whom the pregnant person consents that the matter be disclosed.

Made by the Minister on 10 October 2012.

FIRST SCHEDULE
[Regulation 4(2)]

CONSENT FORM

Name of institution

Name and surname of pregnant person
.....

Address of pregnant person
.....

National Identity Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and surname of spouse/partner*
.....

Name and surname of father/mother/legal guardian*
.....

Name and surname of referring doctor
.....

Work place of referring doctor

PRIVACY STATEMENT – The staff of the institution will collect information regarding my health and relevant social circumstances in order to provide a service to me. Once collected, this information and relevant test results may be sent to my referring doctor or another doctor of my choice. The staff may also collect additional personal details in strict confidentiality. My personal information will not be disclosed to any other person without my consent.

I have read and understood the privacy statement.

.....
Signature/Mark

.....
Date

MEDICAL HISTORY FOR MEDICAL TERMINATION OF PREGNANCY

1. Name
2. Age
3. Is this your first pregnancy? Yes (if yes, go to 8) /No*
4. (a) Do you have any children? Yes/No* (if No, go to 5)
(b) How old are your children? ____, ____, ____, ____, ____, ____, ____, ____
(c) Are you breastfeeding? Yes/No*
(d) How were the children born? Vaginary/Caesarean/both*
(e) Were there any complications? Yes/No* (if yes, please give details)
.....
.....
.....
5. (a) Have you had any miscarriage? Yes/No* (if No, go to 6)
(b) How many miscarriages have you had?
- (c) Did any miscarriage require an operation in hospital? Yes/No*
(d) When was the last miscarriage?
- (e) Were there any complication? Yes/No* (if yes, give details)
.....
.....
.....
6. (a) Have you ever had a termination of pregnancy? Yes/No* (if No, go to 7)
(b) When and where was the last termination?
.....
.....
.....
- (c) How was the termination performed? Medical/ Surgical*
(d) Were there any complications? Yes/No* (if yes, give details)
.....
.....
.....
7. Have you ever had an ectopic pregnancy (in the Fallopian tube)? Yes/No*
If yes, what happened?
.....
.....
8. (a) When was the first day of your last menstrual period?
.....

- (b) Was this a normal period? Yes/No*
 - (c) How often do you get your period?
28 days/more than 28 days/less than 28 days/irregular*
 - (d) How many days do you bleed?
Less than 5/between 5 to 10 / more than 10*
 - (e) How would you describe the amount of bleeding?
Mild/Moderate/Heavy*
 - (f) How would you rate pain with period?
None/Mild/Moderate/Severe*
- 9.** (a) Was any form of contraception used when you fell pregnant?
Yes/No*
- (b) If yes, which contraception was used and why do you think it failed?
.....
.....
.....
- (c) Is there any contraception that interests you? If so, which one(s)?
.....
.....
- 10.** (a) Have you undergone any prior surgery requiring an anaesthetic? Yes/No*
- (b) What operation(s) have you had?
.....
.....
.....
- (c) Were there any problems with anaesthetics or does any of your relatives have any problem? Yes/No* (if yes, give details)
.....
.....
- 11.** Did you or have you had any of these medical problems? Yes/No* (if yes, please circle)
- Anaemia Asthma Cohn's disease Diabetes
- Epilepsy High blood pressure Heart problems
- Heart murmurs Hormonal disease Bleeding problems
- Blood disorders Hepatitis B Hepatitis C Liver disorder.....
- Severe diarrhea Sexually transmitted infection Other (Please give details below)
-
-
-
- 12.** (a) Do you take any medication? Yes/No*
- (b) If yes, which medication do you take?
.....

.....
.....

- 13.** (a) Do you have any allergy? Yes/No*
(b) If yes, which allergy do you have and what happens?
.....
.....
.....

14. What is your blood group, if known?

- 15.** (a) Have you ever had a pap smear? Yes/No*
(b) If yes, when was your last pap smear?
(c) What was the result?
.....
.....
.....

- 16.** (a) Do you smoke cigarettes? Yes/No*
(b) If yes, how many cigarettes do you smoke per day?

- 17.** (a) Do you drink alcohol? Yes/No*
(b) If yes, how often do you drink? Everyday/occasionally/rarely*

- 18.** (a) Do you take any other recreational drugs? Yes/No*
(b) If yes, how often? Everyday/occasionally/rarely*

FOR PATIENTS DUE FOR SURGICAL TERMINATION OF PREGNANCY

Fill in the following (on date of surgery) –

- 19. When was the last time you ate or drank anything?
.....
- 20. Contact phone number
- 21. Are there any questions that you would like to ask the doctor?
(Please set them out)
.....
.....
.....
.....

I confirm that I have followed counselling from
..... (name of counsellor) at this institution on
..... (date).

I have been explained the reasons why, in the opinion of 3 specialists, my pregnancy should be terminated as well as the risks, benefits and alternatives. I am consenting to receiving treatment for the termination of my pregnancy freely and without threat or improper inducement.

.....
Signature Date

* Thumbprint affixed in presence of after the latter has read out the above statement to the pregnant person.

OR (where pregnant person is under 18)

I, being the father/mother/legal guardian* of (name of pregnant person), who is aged, consent to her receiving treatment for the termination of her pregnancy. She has followed counselling from (name of counsellor) at this institution on (date).

I have been explained the reasons why, in the opinion of 3 specialists, the pregnancy should be terminated as well as the risks, benefits and alternatives. I am consenting to treatment for the termination of pregnancy freely and without threat or improper inducement.

.....
Signature Date

OR (where pregnant person is severely mentally disabled or in a state of continuous unconsciousness)

I,, being the spouse/partner/father/mother/legal guardian* of (*name of pregnant person*) who is severely mentally disabled/continuously unconscious* hereby consent to her receiving treatment for the termination of her pregnancy. I have received counselling from (*name of counsellor*) at this institution on (*date*).

I have been explained the reasons why, in the opinion of 3 specialists, the pregnancy should be terminated as well as the risks, benefits and alternatives. I am consenting to treatment for the termination of pregnancy freely and without threat or improper inducement.

.....
Signature

.....
Date

* Delete as appropriate

SECOND SCHEDULE

[Regulation 6(1)]

CERTIFICATE OF OPINION FOR TERMINATION OF PREGNANCY

(To be completed before treatment to terminate a pregnancy is provided)

I,
.....
(name, qualifications and Medical Council registration number of specialist in obstetrics and gynaecologist who will provide the treatment to terminate the pregnancy), of
.....
(full address), have/have not* seen/examined* the pregnant person to whom this certificate relates, at *(full address of place at which pregnant person was seen or examined)* on *(date)*,

AND

I,
.....
(name, qualifications and Medical Council registration number of second specialist in obstetrics and gynaecologist), of
(full address), have/have not* seen/examined* the pregnant person to whom this certificate relates, at *(full address of place at which pregnant person was seen or examined)* on *(date)*,

AND

I,
.....
(name, qualifications and Medical Council registration number of third specialist in relevant field), of*(full address)*, have/have not* seen/examined* the pregnant person to whom this certificate relates at *(full address of place at which pregnant person was seen or examined)* on *(date)*,

We, all 3 specialists, hereby certify that we are of the opinion, formed in good faith, that in the case of
.....
(full name of pregnant person) of
.....
(usual place of residence of pregnant person) –

[Please ring as appropriate]

A the continued pregnancy will endanger the pregnant person's life;

- B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant person;
- C there is a substantial risk that the continued pregnancy will result in a severe malformation, or severe physical or mental abnormality, of the foetus which will affect its viability and compatibility with life;
- D the pregnancy has not exceeded its fourteenth week and results from a case of rape, sexual intercourse with a female under the age of 16 or sexual intercourse with a specified person which has been reported to the police.

We also certify that the pregnant person is not related to us.

Specialist in obstetrics and gynaecology who will provide treatment to terminate pregnancy

Name

Signature

Date

Second specialist in obstetrics and gynaecology

Name

Signature

Date

Third specialist in relevant field

Name

Signature

Date

* Delete as appropriate

THIRD SCHEDULE
[Regulation 6(2)(b)]

Information to be submitted when giving notice of treatment

1. Full name and address of the specialist who provided treatment to terminate the pregnancy and the Medical Council registration number of the specialist.
2. Copy of the certificate of opinion filled in by the 3 specialists pursuant to section 235A(2) of the Criminal Code.
3. Copy of the pregnant person's consent form.
4. Name and address of place of termination.
5. Date and method of termination.
6. In a case where the termination is by surgery –
 - (a) the date of termination;
 - (b) the method of termination used; and
 - (c) in cases where the dates are different, the date of admission to the place of termination and the date of discharge from the place of termination.
7. In a case where the termination is by medical (i.e. non-surgical) means –
 - (a) the date and method of treatment;
 - (b) the date on which the termination is confirmed; and
 - (c) the date of discharge from the place of treatment.
8. Number of completed weeks of gestation.
9. In the case of treatment provided –
 - (a) to save the life of the pregnant person or to prevent grave permanent injury to the physical or mental health of the pregnant person, the pregnant person's main medical conditions;
 - (b) because of the substantial risk that the continued pregnancy would have resulted in a severe malformation, or severe physical or mental abnormality, of the foetus which would have affected its viability and compatibility with life, any foetal abnormalities diagnosed, together with method of diagnosis used, and any other reasons for termination;
 - (c) where the pregnancy had not exceeded its fourteenth week and resulted from a case of rape, sexual intercourse with a female under the age of 16 or sexual intercourse with a specified person which had been reported to the police, the date when the matter was reported to the police, the name of the police medical officer who examined the girl or woman and a report from the police medical officer.

10. Particulars of any complications experienced by the pregnant person up to the date of discharge.
 11. In the case of the death of the pregnant person, the date and cause of death.
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