Introduction

Section 17 of the *Termination of Pregnancy Law Reform Act* requires medical practitioners who perform or direct the performance of a termination of pregnancy to provide to the Chief Health Officer with prescribed information within the timeframe prescribed by regulation.

Part 4 of the *Termination of Pregnancy Law Reform Regulations* (the regulations) sets out the prescribed information which suitably qualified medical practitioners must provide to the Chief Health Officer when they perform terminations of pregnancy. The regulations also set the prescribed timeframes for providing this information.

Prescribed information

The prescribed information to be provided is:
- the date of birth of the woman
- gestational age
- the date the termination was performed
- the method of termination
- region of woman’s usual residence (based on local government areas)
- full name and provider number of the suitably qualified medical practitioner performing the termination
- full name and provider number of the second suitably qualified medical practitioner consulted for post 14 week termination of pregnancy
- Aboriginal and Torres Strait Islander status of the woman
- the location where the termination was initiated (for early medical terminations) or performed (for surgical terminations including terminations post 14-weeks)
- the name of the facility (where relevant)
- that a check-up appointment was made.

For ease of reporting, the Chief Health Officer has prepared and approved a form (the Prescribed information reporting form) for use by medical practitioners. Details about the form are set out in this factsheet.
Prescribed information reporting requirements

Reporting timeframes

For **surgical terminations** reporting must be completed within 28 days of performance of the termination.

For **early medical terminations** reporting must be completed within 28 days of the medical practitioner's last consultation with the woman. This may be the consultation at which the medical practitioner prescribed the drugs, or at a later consultation, for example a follow-up appointment after the termination was performed.

If the woman does not return for a follow up appointment and cannot be contacted, the medical practitioner is to use the last consultation with the woman as the date from when the 28 days is counted. It will therefore be necessary to carefully monitor the time for reporting to the Chief Health Officer.

For any other termination (for example a combination of medical and surgical) – within 28 days after performance of termination.

What is the purpose of collecting prescribed information?

The purpose of collecting prescribed information is to ensure women’s safety, determine the effectiveness of the legislative changes and to assist with planning future sexual and reproduction health initiatives for women in the Northern Territory. Confidentiality remains a priority even though the woman’s identity does not form part of the prescribed information.

What happens to the prescribed information?

The information will be gathered and entered into a database that is managed with the same strict confidentiality requirements as apply to all other health information collected for health related purposes (for example information collected, stored and used for the Northern Territory perinatal register and cancer registers). The Chief Health Officer will provide reports to the NT Health Chief Executive relating to terminations of pregnancy and related services across the Northern Territory.

Prescribed information reporting form (an Approved Form)

The Chief Health Officer has approved a prescribed information reporting form. This form can be downloaded from the Department of Health website.

All completed forms to be emailed or posted to:
E: WomensHealth.DoH@nt.gov.au
P: Women’s Health Strategy Unit
PO Box 40596 Casuarina NT 0811

Penalties

There is an offence of non-compliance with these provisions, which carries a maximum penalty of 20 penalty units. However where there is a reasonable excuse for non-compliance action may be avoided.

Chief Health Officer, June 2017