

Termination of Pregnancy

Termination of pregnancy or abortion is when a woman chooses to end a pregnancy for various reasons. In South Africa, between 2015 - 2019, a total of 1 960 000 pregnancies were reported annually. Of these pregnancies, 1 270 000 were unintended, and close to 500 000 ended in abortion.

Conditions for abortion or TOP

Abortion in South Africa is legal on request. The Choice on Termination of Pregnancy Act No. 92 of 1996 (The Act) gives all women the right to have a safe abortion.

Abortion should be provided to women on request with no conditions during the first 12 weeks of pregnancy. The procedure can be performed by a medical doctor, nurse or registered midwife.

The Act also allows for the abortion to be performed between 13 to 20 weeks of pregnancy by a doctor if, after consultation with the pregnant woman, the healthcare practitioner believes that:

- Pregnancy poses a risk to the woman's physical or mental health.
- The risk of severe physical or mental abnormality in the unborn baby is substantial.
- Pregnancy resulted from rape or incest.
- The continued pregnancy would significantly affect the social or economic circumstances of the pregnant woman.

After 20 weeks of pregnancy, abortion can be performed by a medical doctor if the pregnancy endangers the woman's life or the unborn baby's health.

Abortion methods

A woman considering abortion should speak to a healthcare practitioner (medical doctor, nurse or registered midwife) about the safest methods available to perform an abortion.

Medical Abortions

In case of a medical abortion, two medications, Mifepristone and Misoprostol, are given. One tablet of Mifepristone is given first at the clinic or hospital. Four Misoprostol tab-



lets are issued to be taken 1 to 2 days later at home or in a comfortable and safe space. Within 4 to 6 hours of taking Misoprostol tablets, the process of abortion, which is characterised by pain and bleeding, and then loss of pregnancy, will follow. In case of an unsuccessful abortion, the woman should seek medical attention.

Medical abortions can be administered by a registered nurse or midwife in women who are 4 to 9 weeks pregnant. However, a medical doctor should administer the process in women who are 10 to 13 weeks pregnant.

Surgical Abortions

Women who choose this method are given Misoprostol tablets to first soften the cervix (mouth of the womb) to make it easier to perform the procedure. There are two surgical abortion methods:

- Vacuum aspiration - an electric or hand-held machine to suck out the contents of the uterus/womb through a thin tube is used.
- Dilation and Evacuation (D&E) procedure is done after 15 weeks in case of an incomplete abortion or in a very late pregnancy.
- A nurse or registered midwife can perform surgical abortions up to 12 weeks of pregnancy. Medical doctors do surgical abortions from 12 to 20 weeks.

Where can safe abortions be performed?

Abortions can be performed safely in government or public clinics and hospitals by private doctors and gynaecologists. Before abortion is performed, history will be taken, pregnancy confirmed, counselling provided, and an appointment made. If the procedure should be performed at another healthcare facility, a referral letter will be given.

Women should never be denied access to abortion services because of their age. Minors should be accompanied by a trusted adult for support, however, there are provisions made for girls who are not accompanied by an adult. Women are encouraged to go for safe and legal abortions provided by healthcare practitioners as “backstreet” abortions are a health risk.

What is covered as PMB level of care?

“Voluntary termination of pregnancy” is a PMB condition under Diagnosis and Treatment Pair (DTP) code 296M. The treatment component specified for this DTP is “Induced abortion; medical and surgical management”.

The medical schemes must pay for the consultations, tests, medicines, medical or surgical abortion, and follow-up consultations and treatment in full if the services were obtained from a designated service provider (DSP). The healthcare practitioner must assist the member in completing the forms to register for PMB benefits which must be funded by the medical scheme from risk benefits. Funding of PMB claims from the Medical Savings Account (MSA) contravenes the Medical Schemes Act.

In cases of members who do not have access to PMBs based on underwriting requirements, a request for a free abortion can be made at a local government clinic.

References:

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