



## Guide for completing E-form version of Form 1, Notification by Medical Practitioner of Induced Abortion

- a) To complete and submit the E-form go to:
- Link available under “Related Links” at: [https://ww2.health.wa.gov.au/en/Articles/N\\_R/Notification-of-terminations-of-pregnancy-induced-abortion](https://ww2.health.wa.gov.au/en/Articles/N_R/Notification-of-terminations-of-pregnancy-induced-abortion), and
  - [https://ww2.health.wa.gov.au/Articles/A\\_E/Abortion-Notification-System](https://ww2.health.wa.gov.au/Articles/A_E/Abortion-Notification-System).
- b) Submit only one E-form for each pregnancy terminated. If a fetal reduction procedure is performed and pregnancy is ongoing, one form should be submitted regardless of number of fetuses terminated.
- c) Do not identify the patient by name or address.
- d) Do not include follow-up procedures performed for the management of complications.
- e) Ensure timely submission within 14 days of abortion.
- f) Ensure accurate completion of Form 1 by using guide below.

Details of medical practitioner	
Details of the medical practitioner that performed the abortion	
<b>Title</b>	Select from the list of titles.
<b>First name</b>	Enter first name. Do not abbreviate to initials.
<b>Last name</b>	Enter last name. Do not abbreviate to initials.
Pregnant patient details	
Details of the pregnant person that had the abortion	
<b>Age at last birthday</b>	Age in number of completed years at last birthday at time of abortion. Value must be between 10 and 60 years.
<b>Origin (Aboriginal status)</b>	Select a status from the list that the patient identified with.
<b>Australian or overseas residence</b>	Select one item from the list: <ul style="list-style-type: none"> <li>• Australian or</li> <li>• Overseas (International).</li> </ul> If Australian selected, a valid Australian post code will be required. If Overseas selected, no further data entry required.
<b>Post code of residence</b>	This field will only appear if “Australian” selected in previous field. Enter the post code for the Australian state or territory where the patient resides. No drop-down list selection will be displayed.
Abortion prescription/procedure details	
Details of the prescription/procedure applied for the abortion	
<b>Date abortion performed</b>	Select the date the abortion procedure was commenced by selecting from the calendar tool, using today’s date button or entering the date in day, month and year (DD-MM-YYYY) format.  If medical abortion, the date of prescribing the medications e.g. mifepristone may be reported.  Date cannot be more than four days in the future at time of entering form.  Notification must occur within 14 days of the abortion. A warning message will be displayed if the date entered is more than three months in the past. If warning message is displayed check to ensure the value entered is correct.

<b>Abortion prescription/procedure details (continued)</b>	
<b>Service where abortion was prescribed or performed</b>	Select from the list of services: <ul style="list-style-type: none"> <li>• Hospital</li> <li>• GP Practice</li> <li>• Telehealth</li> <li>• Aboriginal Medical Service</li> <li>• Marie Stopes Fremantle</li> </ul>
<b>Hospital name</b>	This field will only appear if “Hospital” was selected for the service field above. Select from the list of hospitals displayed, including Day Hospitals.
<b>Suburb of GP Practice</b>	This field will only appear if “GP Practice” was selected for the service field above. Enter the name of the suburb where the GP practice is located. No drop-down list selection will be displayed.
<b>Telehealth name</b>	This field will only appear if “Telehealth” was selected for the service field above. Select from the list of telehealth services displayed.
<b>Aboriginal Medical Service name</b>	This field will only appear if “Aboriginal Medical Service” was selected for the service field above. Select from the list of Aboriginal Medical Services displayed.
<b>Gestational age at date of abortion</b>	Estimated pregnancy gestation at time of abortion based on first day of last menstrual period or dating ultrasound scan. Enter weeks and days e.g. 10 weeks and 6 days is entered as 10.6. If days unknown enter completed weeks e.g. 10. Value entered must be between 3 and 49.6 weeks. A warning message is displayed if the value entered is more than 44 weeks. Check to ensure the value entered is correct. A warning message is displayed if the gestation and service combination is unexpected. Check to ensure the gestation or the service entered is correct. A warning message is displayed if this value is the same as the value entered for the patient age. Check to ensure the gestation and the patient age values entered are correct.
<b>Reason description for abortion at gestation of 20 weeks or more</b>	This field will only appear if a gestation of 20 weeks or more was entered in the previous field. Enter a description of the reason for the abortion.
<b>Method/s of termination</b>	Select one or more methods from the list displayed. Do not include methods used to manage complications.
<b>Other termination method</b>	This field will only appear if “Other” was selected for the previous field. Enter a description of the termination method used.

## Abortion prescription/procedure details (continued)

<b>Reason/s for termination of pregnancy</b>	<p>Select one or more reasons for the abortion from the list displayed. The only valid combination of multiple selections is:</p> <ul style="list-style-type: none"><li>• Actual fetal abnormality, and</li><li>• Selective reduction of multiple pregnancy</li></ul> <p><b>Suspected fetal anomaly</b> Only used if suspicion of fetal anomaly not confirmed prior to decision.</p> <p><b>Selective reduction of multiple pregnancy</b> Termination of one or more fetuses in a multiple pregnancy that must be done to preserve the life of the remaining fetus. It was planned that the pregnancy would continue with one or more live fetuses.</p>
<b>Describe fetal abnormality</b>	Enter a description of the fetal abnormality, if “actual fetal anomaly” selected.

To submit the E-form click on the Submit button at the bottom of the screen.

A message will be displayed confirming submission was successful and include a unique number allocated to the notification.

Quote this unique number in any further correspondence regarding this notification to Maternal Child Health, Department of Health.

An electronic copy of the E-form can be obtained by clicking on the download button. This can then be saved as a PDF document and printed (if required) for your own records.

If submission of another notification is required, click on the next notification link provided on the screen.

If no further action is required, click on the close survey button.

To seek more information go to [https://ww2.health.wa.gov.au/Articles/A\\_E/Abortion-Notification-System](https://ww2.health.wa.gov.au/Articles/A_E/Abortion-Notification-System) this website has contact details including email address or phone number of Maternal and Child Health team for assistance if required.