## **OBJECTIVES TO ACHIEVE**

## Acquire knowledge about:

- Pregnancy loss, including ectopic pregnancies medical and surgical treatment and management
- Termination of pregnancy medical, surgical and under local anaesthetic
- Emergency admissions/common gynaecological problems
- Out-patient services and screening programmes
- Admission and discharge of day case patients
- Basic observations
- Pregnancy testing
- Taking blood sugar readings

## WOMEN'S HEALTH UNIT CLINICS

**Hysteroscopy** 

Colposcopy

**Novasure Endometrial Ablation** 

**Urodynamics** 

Cryocautery

**Fast Track** 

**Medical Termination of Pregnancy** 

**Smears** 

**Fertility** 

**Local Anaesthetic Termination of Pregnancy** 

Vulval

**Vulval Biopsy** 

**Early Pregnancy Assessment Unit (EPAU)** 

In these clinics you will be able to observe various procedures, for example:

- Loop excision of the cervix by diathermy
- Removal of endometrial polyps
- Assessment of gestation and fetal viability

## THE ABORTION ACT 1967 & THE HUMAN FERTILISATION AND EMBRYOLOGY ACT 2009

The Abortion Act 1967 came into effect on the 27th April 1968 and permits termination of pregnancy by a registered practitioner subject to certain conditions. Regulations under the Act mean that abortions must be performed by a registered medical practitioner in a National Health Service Hospital or in a Department of Health approved location.

An abortion may be approved for the following reasons:

- A. The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy was terminated.
- B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- C. The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- D. The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman.
- E. There is a substantial risk that if the child was born it would suffer from physical or mental abnormalities as to be seriously handicapped, or in an emergency, certified by the operating practitioners as immediately necessary.

Later, in 1990 amendments to the 1967 Abortion Act came into force through the Human Fertilisation and Embryology Act, making the time limit of abortion 24 weeks under statutory grounds C and D. Statutory grounds A, B, and E are now without time limit.