

THE OFFICIAL GAZETTE 14TH OCTOBER, 1995
LEGAL SUPPLEMENT - B

GUYANA

No. 4 1995

REGULATIONS

Made Under

THE MEDICAL TERMINATION OF PREGNANCY ACT, 1995
(Act No. 7 of 1995)

ARRANGEMENT OF REGULATIONS

REGULATIONS

1. Citation.
2. Counselling.
3. Authorisation of medical practitioner.
4. Approval of institution.
5. Maintenance of records of treatment.
6. Advisory board.

Schedule

IN EXERCISE OF THE POWERS CONFERRED UPON THE MINISTER
BY SECTION 16 OF THE MEDICAL TERMINATION OF
PREGNANCY ACT, I HEREBY MAKE THE FOLLOWING
REGULATIONS:-

1. These Regulations may be cited as the Medical Termination of Pregnancy Regulations 1994.
- 2.(1) A medical practitioner or authorised medical practitioner who carries out the treatment for the termination of a pregnancy shall acquaint himself with counselling functions with particular reference to family life education and child-birth.
- (2) Before carrying out the treatment for the termination of a pregnancy a medical practitioner shall -

- (a) counsel the woman requesting the termination of her pregnancy and, where appropriate, her partner; or
 - (b) ensure that the woman and, where appropriate, her partner have been counselled by a person authorised by the Minister;
 - (c) advise the woman and, where appropriate, her partner of the requirement in section 4 of the Act, of a forty-eight hour waiting period, after the woman has made a request for a medical termination of her pregnancy, so that the woman and, where appropriate her partner shall receive counselling to consider whether or not the woman should undertake the treatment for the medical termination of pregnancy.
- (3) A person who counsels a woman requesting a termination of her pregnancy, or her partner, shall -
- (a) advise either of them on courses of action that are available as alternatives to the termination of the pregnancy;
 - (b) inform either of them of the operative procedures and the possible immediate and long-term effects of the termination of the pregnancy;
 - (c) advise either of them of methods of contraception and the availability of family planning services;
 - (d) advise either of them about sexually transmitted diseases, including information about the transmission and avoidance of these diseases;
 - (e) give such advice as to enable either of them to deal with the social and psychological consequences of continuing the pregnancy or of terminating it;

- (f) in the case of a woman who decides to continue her pregnancy, advise her on the availability of adoption, fostering or other services; and
 - (g) in the case of a woman who decides to terminate her pregnancy, make reasonable arrangements for the continuation of counselling after the termination of pregnancy.
- (4) After carrying out the treatment for the termination of a pregnancy a medical practitioner or authorised medical practitioner shall -
- (a) counsel the patient and, where appropriate, her partner about responsible sexual behaviour;
 - (b) give such advice to the patient and, where appropriate, her partner as may be appropriate to enable either of them to deal with the social and psychological consequences of the termination of the pregnancy; or
 - (c) refer the patient to any individual or institution approved by the Minister to provide such counselling.
- (5) Where a termination involves a woman under eighteen years of age, a medical practitioner or authorised medical practitioner and any counsellor are required to give particular attention to -
- (a) directing her and, where appropriate, her partner on or to moral guidance;
 - (b) educating her and, where appropriate, her partner on the full responsibility of parenthood;
 - (c) making her and, where appropriate, her partner aware of modern family planning methods.
- (6) In determining whether it is appropriate to involve the partner in counselling, the medical practitioner or

counsellor shall refer to the wishes of the woman seeking the termination.

3.(1) The Medical Council of Guyana shall have the power to determine for the purpose of section 2(1)(b) of the Act the training and experience deemed appropriate for certifying a registered medical practitioner as an authorised medical practitioner.

(2) A registered medical practitioner shall satisfy the requirements of the Medical Council of Guyana to be recognised as an authorised medical practitioner if he has one or more of the following experience or training in gynaecology and obstetrics, namely -

- (a) if he has been in the practice of gynaecology and obstetrics for a period of not less than three years;
- (b) if he has completed six months of house surgery in gynaecology and obstetrics;
- (c) if he has had experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology;
- (d) if he has assisted a registered medical practitioner in the performance of twenty-five cases of medical terminations of pregnancies in a hospital approved by the Minister;
- (e) if he has completed the training provided by the Minister to be qualified as an authorised medical practitioner; or
- (f) if he holds a post-graduate degree or diploma in gynaecology and obstetrics, the experience or training gained during the course of such degree or diploma.

- (3) The Minister acting on such guidelines as may be provided by the Medical Council of Guyana, shall make provision for such training and supervision as is required in order for a medical practitioner to qualify as an authorised medical practitioner under paragraphs (a), (b), (c), (d) or (e).
 - (4) The Minister may from time to time determine what fee is appropriate for such training.
 - (5) Applications for training shall be directed to the Chief Medical Officer in Form A in the Schedule.
 - (6) On satisfactory completion of the training provided by the Chief Medical Officer the Secretary of the Medical Council shall so certify in Form B in the Schedule.
 - (7) A medical practitioner desirous of being registered as an authorised medical practitioner shall make application in Form C in the Schedule with supporting documentation.
4. (1) The Minister, acting on the advice of the Chief Medical Officer, may grant to the person owning or managing an institution approval in Form E in the Schedule of the institution as an approved institution to provide treatment for the medical terminations of pregnancies of more than eight weeks duration, having given due consideration to -
- (a) the training and experience of the medical staff, nurses and technical personnel employed by or working in the institution; and
 - (b) the equipment and facilities available in the institution.
- (2) Any change in the medical practitioners, nurses or medical technical personnel working in an approved institution, or any deterioration or non-functioning of the medical equipment or other arrangements available in an approved institution which may reduce the safety of providing treatment under the Act shall be intimated

to the Minister by the person owning or managing the institution as soon as may be possible and in any case before the expiry of fourteen days from the date on which the change, deterioration or non-functioning took place.

- (3) No place shall be approved -
- (a) unless the Minister is satisfied that termination of pregnancies may be done therein under safe and hygienic conditions; and
 - (b) unless the following facilities are provided therein, namely -
 - (i) an operation table, instruments and supplies for performing abdominal and gynaecological surgery;
 - (ii) anaesthetic equipment, resuscitation equipment and sterilisation equipment;
 - (iii) drugs and parenteral fluids for emergency use; and
 - (iv) adequate facilities for recovery from anaesthesia.
- (4) The Minister shall notify in the Gazette, and a newspaper having circulation in Guyana, the name and address of every approved institution and of the person owning or managing the institution.
- (5) Applications in Form D in the Schedule for approval of an institution as an approved institution must be submitted to the Minister by the person owning or managing that institution.
- (6) The Minister shall give a certificate in Form E in the Schedule to the person owning or managing an institution, where that institution fulfills the requisite conditions to qualify as an approved institution.

- (7) A certificate issued under paragraph (6) shall be displayed by an approved institution at a prominent place in the institution.
 - (8) The approval of an institution under these regulations shall be valid for two years or such other shorter period as may be stipulated in Form E in the Schedule and may be renewed by the Minister.
 - (9) The Minister may cancel the approval of an approved institution if -
 - (a) any person employed by the institution, or the person owning or managing the institution, refuses or fails to comply with, or contravenes, any provision of the Act or these regulations; or
 - (b) having regard to a change referred to in paragraph (2) it is not desirable that the institution should continue to be an approved institution.
 - (10) For the reasons referred to in paragraph (9)(b), the Minister may, instead of cancelling the approval of an institution for all the medical procedures regarding the termination of pregnancy, restrict the approval to some or one of such medical procedures as are deemed appropriate.
 - (11) The Minister shall not restrict the approval of an institution under paragraph (10) or cancel the approval under paragraph (9) without giving the institution a reasonable opportunity of being heard.
5. (1) A medical practitioner or authorised medical practitioner who carries out the treatment for the termination of a pregnancy shall -
- (a) keep records of the treatment in Form F in the Schedule; and
 - (b) forward the records to the Chief Medical Officer within thirty days of the treatment.

- (2) Any information given to the Chief Medical Officer in pursuance of these regulations shall not be disclosed except -
- (a) by the Chief Medical Officer in the performance of his functions under the Act and these regulations;
 - (b) to a member of the Police Force for the purpose of instituting criminal proceedings under the Act;
 - (c) for the purpose of carrying out scientific research; and
 - (d) to a medical practitioner, authorised medical practitioner or other person, with the consent in writing of the woman whose pregnancy was terminated.
6. (1) The Minister shall appoint an Advisory Board to monitor conduct under the Act and these regulations and to advise the Minister on securing the effective operation thereof.
- (2) The Advisory Board shall be broad based and balanced, consisting of not more than nine members chosen from non-governmental organisations, such as religious, legal and medical organisations.
- (3) The Advisory Board shall assess the operation of the Act and these regulations and from time to time make such recommendations to the Minister as it deems appropriate to achieve the purposes thereof, namely -
- (a) to reduce the incidence of medical terminations of pregnancies;
 - (b) to reduce the incidence of septic abortions; and
 - (c) to improve the standard of maternal health.

- (5) The Advisory Board may request such data and encourage such research as it deems appropriate for assessing the impact of the Act and these regulations.

FORM A

APPLICATION FOR TRAINING AND CERTIFICATION
OF MEDICAL PRACTITIONERS DESIROUS OF PROVIDING
TREATMENT FOR THE MEDICAL TERMINATION OF PREGNANCY
OF MORE THAN EIGHT WEEKS DURATION

I

.....

being a registered medical practitioner, No

.....

wish to be trained and certified as an authorised medical
practitioner by the CHIEF MEDICAL OFFICER to provide treatment
for the medical termination of pregnancy of more than eight weeks
duration.

.....

PLEASE PRINT YOUR FULL NAME

.....

SIGNATURE

.....

DATE

11

FROM B

reg. 3(6)

CERTIFICATION

I certify that

.....

medical practitioner No. has successfully completed the training required for certification as an authorised medical practitioner.

.....

.....
CHIEF MEDICAL OFFICER

DATE

APPLICATION TO BE REGISTERED AS AN
AUTHORISED MEDICAL PRACTITIONER

I

.....
being a registered medical practitioner No.

.....
having -

- (a) the experience and training referred to in regulation 3(2), (a), (b), (c) or (d);
- (b) a post-graduate degree/diploma in gynaecology and obstetrics;
- (c) completed the training required to qualify as an authorised medical practitioner,

do accordingly apply to the MEDICAL COUNCIL OF GUYANA to be registered as an authorised medical practitioner.

I am familiar with the Medical Termination of Pregnancy Act of 1994 and the regulations made thereunder, and in good faith undertake to honour my duties and responsibilities as an authorised medical practitioner in accordance with the provisions thereof.

.....

PLEASE PRINT (OR TYPE) YOUR FULL NAME

.....

SIGNATURE

DATE

Attachment: Certification from the Chief Medical Officer; or certification or documentation of relevant advanced training or evidence of the experience and training referred to in regulation 3(2), (a), (b), (c), (d) or (f).

FORM OF APPLICATION FOR APPROVAL OF
INSTITUTION UNDER REGULATION 4

1.(a)Name of person owning or managing the institution:

.....

(b)Address:

2.(a)Name of the Institution:

.....

(b)Address:

3. The names of the authorised medical practitioners are as follows:

- 1.
- 2.
- 3.

4. Details of other staff:

- Anaesthetists
- Nurses
- Pharmacists
- Radiographers

5. Details of items -

- (i) Number of beds?
- (ii) Is there an operation table?
- (iii) Are there instruments and supplies for performing abdominal or gynaecological surgery?
- (iv) Are there drugs and parenteral fluids in sufficient supply for emergency cases?
- (v) Is there anaesthetic equipment?

- (vi) Is there resuscitation equipment?
- (vii) Is there sterilisation equipment?
- (viii) Is there a blood transfusion service?
- (ix) Are there adequate facilities for recovery from anaesthesia?
- (x) Is there an alternate supply of electricity independent of the service of the Guyana Electricity Corporation?

Dated this day of 199
...

.....
SIGNATURE OF APPLICANT

.....
DESIGNATION OF APPLICANT

CERTIFICATE OF APPROVAL
OF AN INSTITUTION AS AN
APPROVED INSTITUTION

The institution mentioned hereunder is hereby approved for the duration mentioned herein, for the purpose of the Medical Termination of Pregnancy Act 1994 and the regulations made thereunder as an approved institution (where the treatment for the termination of pregnancy of more than eight weeks duration may be undertaken).

.....
NAME OF INSTITUTION

.....
ADDRESS OF INSTITUTION

.....
NAME OF THE OWNER OR MANAGER

VALID UNTIL

Dated this day of, 199
.....

Minister of Health.

REPORT TO THE CHIEF MEDICAL OFFICER ON
TREATMENT TO TERMINATE PREGNANCY

(1) Treatment only to commence
termination of pregnancy
(hereinafter referred to as TOP)

Treatment only to complete TOP

Treatment to commence and complete TOP

Treatment of complications of TOP

(2) Date of termination

(3) Age of woman _____ years

(4) Citizenship: Guyanese
Caribbean
Other Specify _____

(5) Marital status: Married

Single

Widowed

Divorced

Separated

Common law union

(6) Duration of pregnancy weeks

(7) Number of previous pregnancies

Number of living children

Number of previous terminations

(8) Date of last TOP under the Act

(9) Grounds for TOP:

Medical condition of woman Specify _____

Suspected medical condition of foetus Specify _____

Rape

Incest

Failed contraceptive Specify _____

HIV infection

Socioeconomic

Other Specify _____

(10) Method of termination

Menstrual regulation

Suction curettage

Intra-amniotic prostaglandin

Hysterotomy

Other Specify _____

(11) Any further method required

Dilatation and curettage

Other Specify _____

(12) Complications

None

Sepsis

Haemorrhage

Retained products of
conception

Uterine perforation

Other Specify _____

(13) Additional treatment given

None

Antibiotics

Blood transfusion

Further operation

ICU care

Other Specify _____

(14) Place TOP performed

Approved hospital Specify _____

Approved institution Specify _____

Other Specify _____

(15) Patient had to be referred for further treatment

No

Yes Place referred to _____

Place referred from _____

Reason _____

(16) Pre-TOP counselling given by

Doctor Nurse Volunteer

Social worker Religious leader

Other Specify _____

(17) Number of hours of pre-TOP counselling

0-2

3-4

5-6

>6

(18) Post-TOP counselling given by

Doctor Nurse Volunteer

Social worker Religious leader

Other Specify _____

(19) Number of hours of post-TOP counselling

0-2 3-4 5-6 >6

(20) Methods of counselling used

Audiotapes Specify _____

Videotapes Specify _____

**One-to-one
counselling**

Group sessions

(21) Areas covered in counselling

Alternatives to TOP

Method of TOP and risks

**Discussion of involvement
of father of foetus**

Responsible sexual behaviour

Psychosocial aspects

Post TOP contraception

**Spiritual/religious
guidance**

Other Specify _____

(22) Type of contraceptive accepted

Oral contraceptive pill

Intrauterine contraceptive device

Depot injection

Condoms

Spermicide

Sterilisation of woman

Sterilisation of man

Other Specify _____

Refused contraceptive

Patient defaulted from follow up

(23) Length of stay

Day case	1-3 days	4-7 days
8-14 days	15-21 days	
>21 days	Specify _____ days	

(24) Additional comments _____

(25) Name of practitioner _____

(26) Qualifications _____

(27) Address of practitioner _____

(28) If TOP commenced elsewhere:

Name (of person commencing TOP) _____

Address _____

(29) Signature _____

(30) Date _____

Made this 10th day of October, 1995

Minister of Health