

Protection of Conscience Project
College of Physicians and Surgeons of Saskatchewan
1991 / 2010 Guideline compared (2011-03-21)

1991 GUIDELINE	2010 GUIDELINE
	An unplanned pregnancy is not necessarily an unwanted pregnancy.
	Any physician who is unable to be involved in the further care and management of any patient when termination of the pregnancy might be contemplated should inform the patient and make an expeditious referral to another available physician.
The responsible physician, in the course of medically evaluating and counselling a patient in circumstances in which termination of pregnancy might be contemplated:	In accepting responsibility for medically evaluating and counseling a patient in circumstances in which termination of the pregnancy might be contemplated, the responsible physician:
1) Will obtain a complete medical history, and perform requisite examinations and investigations to:	1) Will obtain a complete medical history, including inquiry as to the probability of sexual assault, and perform requisite examinations and investigations to:
<ul style="list-style-type: none"> • Confirm the pregnancy. 	a) Confirm the pregnancy.
<ul style="list-style-type: none"> • Establish an accurate estimate of gestation based upon history, physical findings and when appropriate, ancillary investigations such as diagnostic ultrasound. 	b) Establish an accurate estimation of gestation based upon history, physical findings and when appropriate, ancillary investigations such as diagnostic ultrasound.
<ul style="list-style-type: none"> • Identify abnormal findings related directly to the pregnancy or other concomitant pathology which might be relevant to the making of an informed decision to continue or terminate the pregnancy. 	c) Identify abnormal findings related to the pregnancy or other concomitant pathology which might be relevant to the making of an informed decision to continue or to terminate the pregnancy.
<ul style="list-style-type: none"> • Determine the Rh factor so that Rh immune globulin may be given if the woman's Rh factor is negative. 	d) Determine the Rh factor so that Rh Immunoglobulin may be given when appropriate.
	e) Any other investigations as deemed necessary by the history.

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<p>2) Will advise the patient fully of all findings derived from the history, physical exam and investigations and interpret to the patient the medical significance of these findings. Such explanation ought to include sufficient information to assure that the patient has a reasonable understanding of the stage of fetal development which is consistent with her current gestation and with the gestational stage at which the pregnancy might be terminated.</p>	<p>2) Will advise the patient fully of all the findings derived from the history, physical exam and investigations and explain to the patient the medical significance of the findings. Such explanation ought to include sufficient information to assure that the patient has a reasonable understanding of the stage of fetal development which is consistent with her current gestational age at which the pregnancy might be terminated.</p>
<p>3) Will provide, or arrange for, genetic counselling where medically indicated.</p>	<p>3) Will provide or arrange for, genetic counseling where medically indicated.</p>
<p>4) Will explore with the patient her response to the findings in 1), 2) and 3) above, and record this response in the patient's medical file.</p>	<p>4) Will explore with the patient her response to the findings of 1), 2) and 3) above, and record this response in the patient's medical file.</p>
<p>5) Will fully appraise the patient of the options she may pursue and provide her with accurate information relating to community agencies and service that may be of assistance to her in pursuing each option.</p>	<p>5) Will fully appraise the patient of the options she may pursue and provide her with accurate information relating to community agencies and services that may be of assistance to her in pursuing each option.</p>
<p>a) With reference to the option of carrying the pregnancy to term, with plans to keep the child, the physician should appraise the patient of assistance that may be available through the Department of Social Services, the Community Health Unit, Birthright, or other community-based support groups. If requested to do so, the physician should assist the patient in establishing contact with such groups.</p>	<p>a) With reference to the option of carrying the pregnancy to term, with plans to keep the child, the physician should appraise the patient of assistance that may be available through the Department of Social Services or other community-based support groups. If requested to do so, the physician should assist the patient in establishing contact with such groups.</p>

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<p>b) With reference to the option of carrying the pregnancy to term, with plans to give up the child for adoption, the physician should arrange for early referral of the patient to the Department of Social Services other government approved agencies which have authority to counsel and arrange infant adoptions or private adoption agencies.</p>	<p>b) With reference to the option of carrying the pregnancy to term, with plans to give up the child for adoption, the physician should arrange for early referral of the patient to the Department of Social Services and other government approved agencies to counsel and arrange for a variety of different types of adoption agencies.</p>
<p>c) With reference to the option of pregnancy termination, the physician should appraise the patient of the availability of abortion services in the province, or elsewhere, in accordance with any current law or regulation governing such services. If the patient elects this option:</p>	<p>c) With reference to the option of termination of the pregnancy, the physician should apprise the patient of the availability of abortion services in the province, or elsewhere, in accordance with any current law or regulation governing such services, and should ensure that the patient has the information needed to access such services or make the necessary referral. The patient should be provided the information regarding the nature of termination options, to the best of the physician's ability.</p>
<p>i. The physician who performs abortions should be skilled not only in the initiation of abortion but also in the recognition of incomplete and failed procedures, uterine perforation, as well as complications such as hemorrhage, infection and cervical laceration, and refer the patient as is necessary.</p>	<p>See (7) [No substantive change]</p>
<p>ii. All physicians performing abortions out to take appropriate steps to ensure that they do so only on the basis of informed consent. That requires that the patient be provided with reasonably detailed information regarding:</p>	<p>6) All physicians performing abortions are to take appropriate steps to ensure that the patient has been provided with information about all options, and ensure that the decision for termination of the pregnancy was made on the basis of informed consent. Informed consent requires that the patient be provided with reasonably detailed information regarding:</p>

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the precise nature of the intervention that is to be undertaken, and	i) the precise nature of the intervention that is to be undertaken, and
the manner in which the intervention will be conducted, and	ii) the manner in which the intervention will be conducted, and,
the known immediate risks (i.e. uterine perforation, infection, hemorrhage) associated with the intervention and the known incidence of such risks, and	iii) the known immediate risks (i.e. uterine perforation, infection, hemorrhage) associated with the intervention and the known incidence of risks, and
the known long-term risks (impact upon future fertility, incidence of future spontaneous abortions, ectopic pregnancy and premature birth) and the known incidence of such risks, and	iv) the known long-term risks (impact on future fertility, incidence of future spontaneous abortions, ectopic pregnancy and premature birth) and the known incidence of such risks, and
the possible psychological risks, and	v) the known psychological risks, and
the follow-up care plan.	vi) the follow-up care plan, to include possible complications, contraception options and clear directions as to follow up with a physician.
iii. Regardless of which option the patient elects, the physician has a professional obligation to explore the patient's understanding of contraception options and to provide her with appropriate information and counselling which might reduce the risk of future unplanned pregnancies.	See (9) [. . .unplanned or unwanted pregnancies.]

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See 5(c)i [No substantive change]	7) The physician who performs the abortion, should be skilled, not only in the initiation of the abortion, but also in the recognition of incomplete and failed procedures, as well as complications such as uterine perforation, hemorrhage, infection and cervical laceration, and refer the patient as deemed necessary.
iv. Second trimester abortions (gestational age more than thirteen weeks after the last menstrual period) must be performed in an accredited hospital.	8) All termination of pregnancies should be performed in accredited facilities.
See 5(c)iii	9) Regardless of which option the patient elects, the physician has a professional obligation to explore the patient's understanding of contraception options and to provide her with appropriate information and counseling which might reduce the risk of future unplanned or unwanted pregnancies.
	10) Should there be difficulties in determining the maturity or capacity of the patient, the physician should use any other available resources such as the CPSS, CMPA, etc. to help in that respect