PERU

[rough translation using Google; underlining added]

Penal Code

[**Book II.** *Title II*]
Chapter II. Abortion

Article 114. A woman who causes her abortion, or consents to another to practice it, will be punished with imprisonment not more than two years, plus community or providing service to fifty-two hundred and four days.

Article 115. He who causes an abortion with the consent of the pregnant woman, shall be punished by not less imprisonment than one nor more than four years.

If the death of the woman results, and the perpetrator could foresee this result, the penalty shall be not less than two nor more than five years.

Article 116. If an abortion is done to a woman without her consent, (that person) shall be punished by imprisonment for not less than three nor more than five years.

If the death of the woman results, and the perpetrator could foresee this result, the penalty shall be not less than five nor more than ten years.

Article 117. The doctor, obstetrician, pharmacist, or health professional who abuses his science or art to cause abortion shall be punished with the penalty of Articles 115 and 116, and disqualification under Article 36th., paragraphs 4 and 8.

Article 118. Whoever, by violence, causes an abortion, without having the purpose of causing, being notorious or up costing the pregnancy, shall be punished with imprisonment not exceeding two years, or community service of fifty-two hundred four days.

Article 119. It is not punishable abortion performed by a physician with the consent of the pregnant woman or her legal representative, if any, when it is the only way to save the life of the mother or to avoid serious health and a permanent bad.

Article 120. Abortion shall be punished with imprisonment not exceeding three months:

1. When the pregnancy is a result of rape outside marriage or consensual artificial insemination and occurred out of wedlock, provided the facts took

been reported to or investigated by the police; or,

2. When it is probable that the developing (child) will have serious physical or mental birth defects, provided there is medical diagnosis.

Peru Hospital Guidelines for Abortion (2014)

Approve the "National Technical Guide for the standardization of the procedure of the Comprehensive Care of the pregnant woman in the Voluntary Interruption for Therapeutic Indication of Pregnancy under 22 weeks with informed consent within the framework of the provisions of article 119 of the Penal Code"

MINISTERIAL RESOLUTION
No 486-2014 / MINSA

Lima, June 27, 2014

Having seen, File No. 14-065892-001, which contains Report No. 040-2014-DGSP-DAIS-ESNSSYR / MINSA, of the General Directorate of Health of Persons of the Ministry of Health; and,

CONSIDERING:

That Article 9 of the Political Constitution of Peru has foreseen that: "The State determines the national health policy. The Executive Branch rules and supervises its application. It is responsible for designing and conducting it in a plural and decentralized way to facilitate equitable access to health services for all";

That, numerals II and VI of the Preliminary Title of Law No. 26842, General Health Law establish that health protection is in the public interest, being the State's responsibility to regulate, monitor and promote it, as well as to promote the conditions that guarantee adequate coverage of health benefits to the population, in socially acceptable terms of security, opportunity and quality;

That, Article 4 of Legislative Decree No. 1161, Organization and Functions Law of the Ministry of Health has foreseen that the Health Sector is made up of the Ministry of Health, as the governing body, the entities attached to it, and those public and private institutions at the national, regional and local levels, and natural persons who carry out activities linked to the competences established in said legal body, and which have a direct or indirect impact on health, individually or collectively;

That, literal a) of Article 5 of Legislative Decree No. 1161, establishes that the governing function of the Ministry of Health is to formulate, plan, direct, coordinate, execute, supervise and evaluate the national and sectoral policy of Health Promotion,

Prevention of Diseases, Recovery and Rehabilitation in health, under its competence, applicable to all levels of government;

That, article 119o of Legislative Decree No. 635, Penal Code provides that: "The abortion practiced by a doctor with the consent of the pregnant woman or her legal representative, if she has one, when it is the only means to save, is not punishable (to save) the life of the pregnant woman or to avoid in her health a serious and permanent evil";

That, the General Directorate of Health of Persons of the Ministry of Health is the technical regulatory body in … the processes related to comprehensive care, health services, quality, health management and mental health activities, in charge of proposing health policies, health priorities and health care strategies for people and the model of comprehensive health care , with sectoral and institutional scope, as well as designing, regulating, evaluating and continuously improving the process of protection, recovery and rehabilitation of health, in the sector, for the assignment and achievement of the corresponding functional objectives, as indicated in the literal a) and c) of the Regulation of Organization and Functions of the Ministry of Health, approved by Supreme Decree No. 023-2005-SA and its amendments;

That, through the document of the hearing, the General Directorate of Health of the People of the Ministry of Health has proposed the approval of the "National Technical Guide for the standardization of the procedure of the Integral Care of the pregnant woman in the Voluntary Interruption for Therapeutic Indication of the Pregnancy less than 22 weeks with informed consent within the framework of the provisions of article 119 of the Criminal Code", whose objective is to standardize the procedures for the comprehensive care of the pregnant woman in cases of Voluntary Interruption for Therapeutic Indication of Pregnancy under twenty-two (22) weeks with informed consent, when it is the only means to save the pregnant woman's life or to avoid a serious and permanent illness in her health, in accordance with article 119 of the Penal Code and current legal norms;

Being as proposed by the General Directorate of People's Health;

With the visa of the General Director of the Directorate General Health of the People, of the General Director of the General Office of Legal Advice and of the Deputy Minister of Public Health; and;

In accordance with the provisions of Legislative Decree No. 1161, Organization and Functions Law of the Ministry of Health;

RESOLVED:

Article 1.- To approve the "National Technical Guide for the standardization of the procedure of the Integral Attention of the pregnant woman in the Voluntary Interruption for Therapeutic Indication of Pregnancy under 22 weeks with informed consent within the framework of the provisions of article 119 of the Code Criminal", which forms an integral part of this Ministerial Resolution.

Article 2.- Entrust the General Directorate of People's Health with the dissemination, implementation and monitoring of the provisions of the aforementioned National Technical Guide.

Article 3.- The Health Directorates or those acting in their stead, as well as the Regional Health Directorates, the Regional Health Managements or those acting in the regional sphere, are responsible for the dissemination, implementation and monitoring of the present National Technical Guide, within their respective jurisdictions.

Article 4.- To instruct the General Communications Office to publish this Ministerial Resolution on the Institutional Portal of the Ministry of Health, at the following address: http://www.minsa.gob.pe/transparencia/ dge_normas.asp.

Register, communicate and publish.

MIDORI DE HABICH ROSPIGLIOSI
Minister of Health

NATIONAL TECHNICAL GUIDE FOR STANDARDIZATION OF THE PROCEDURE OF THE COMPREHENSIVE ATTENTION OF THE PREGNANT IN THE VOLUNTARY INTERRUPTION BY THERAPEUTIC INDICATION OF THE PREGNANCY UNDER 22 WEEKS WITH INFORMED CONSENT IN THE FRAMEWORK OF THE PROPOSAL IN ARTICLE 119o OF THE CRIMINAL CODE

I. PURPOSE

Ensure Comprehensive Care for the pregnant woman in cases of Voluntary Interruption for Therapeutic Indication of Pregnancy under twenty-two (22) weeks with informed consent, when it is the only means to save the life of the pregnant woman or to avoid in her health a serious and permanent malady, within the framework of human rights, with a focus on quality, gender and interculturality.

II. OBJECTIVE

Standardize the procedures for the comprehensive care of the pregnant woman in cases of Voluntary Interruption for Therapeutic Indication of Pregnancy less than twenty-two (22) weeks with informed consent, when it is the only means to save the life of the pregnant woman or to avoid in her health a serious and permanent evil, as provided in Article 119 of the Criminal Code and current legal regulations.

III. AREA OF APPLICATION

This Technical Guide is applicable at the national level for all health facilities from the second level of care of the national health system.

IV. PROCEDURE TO STANDARDIZE

Comprehensive care for the pregnant woman in cases of Voluntary Interruption for Therapeutic Indication of Pregnancy less than twenty-two (22) weeks with informed consent when it is the only way to save the pregnant woman's life or to avoid a serious and permanent illness in her health, pursuant to article 119 of the Criminal Code and current legal regulations.

V. GENERAL CONSIDERATIONS

5.1 Legal Basis

• Article 119 of the Criminal Code, approved by Legislative Decree No. 635, which states that: "An abortion performed by a doctor with the consent of the pregnant woman or her legal representative, if she has one, when she is the only one, is not punishable (if it is the only) means to save the life of the pregnant woman or to avoid in her health a serious and permanent evil".

• Law No. 29158, Organic Law of the Executive Power.

• Legislative Decree No. 1161. Organization and Functions Law of the Ministry of Health.

• Law No. 26842, General Health Law.

• Law No. 29414, Law that establishes the rights of users of health services.

• Universal Declaration of Human Rights.

• Convention on the Elimination of All Forms of Discrimination against Women.

5.2 Fundamental Criterion:

The effort of health personnel in health facilities in pregnancy care is primarily to protect the life and health of the pregnant woman and the fetus. Only when the medical diagnosis shows that the life of the pregnant woman is at risk, or to avoid a serious and permanent illness in her health, will be considered the possibility of voluntary interruption for a therapeutic indication of pregnancy of less than twenty-two (22) weeks, with informed consent of the pregnant woman.

5.3 Necessary Resources:

The attention for the voluntary interruption for therapeutic indication of pregnancy less than twenty-two (22) weeks will be carried out in the health establishments starting from the second level of attention of the national health system, for this it must be guaranteed the availability of human resources, infrastructure , equipment, medicines and minimum supplies, according to Annex 4 of this technical guide.

VI. SPECIFIC CONSIDERATIONS

6.1 CLINICAL FEATURES FOR VOLUNTARY INTERRUPTION BY THERAPEUTIC INDICATION OF PREGNANCY UNDER 22 WEEKS WITH INFORMED CONSENT WHEN THE ONLY MEANS TO SAVE THE LIVING OF THE GESTANTE OR TO AVOID IN YOUR HEALTH A SERIOUS AND PERMANENT EVIL.

The voluntary interruption for therapeutic indication of pregnancy less than twenty-two (22) weeks, is an alternative that is considered when it is the only means to save the life of the pregnant woman or to avoid in her health a serious or permanent illness. This situation and this alternative must be brought to the attention of the affected pregnant woman so that, in a voluntary and informed manner, she can decide whether or not to opt for the aforementioned alternative.

Based on the consensus of medical societies in Peru[1], the following clinical entities of the pregnant woman are considered, in which the therapeutic interruption of pregnancy should be evaluated:

1. Tubal, ovarian, cervical ectopic pregnancy.
2. Partial hydatidiform mole with maternal risk bleeding.
3. Hyperemesis gravidarum refractory to treatment with severe hepatic and / or renal impairment.
4. Malignant neoplasm that requires surgical treatment, radiotherapy and / or chemotherapy.
5. Congestive heart failure functional class III-IV due to congenital or acquired heart disease (valvular and non-valvular) with arterial hypertension and ischemic heart disease refractory to treatment.
6. Severe chronic arterial hypertension and evidence of white organ damage.
7. Severe neurological injury that worsens with pregnancy.
8. Systemic Lupus Erythematosus with severe renal damage refractory to treatment.
9. Advanced Diabetes Mellitus with white organ damage.
10. Severe respiratory insufficiency demonstrated by the existence of a partial pressure of oxygen <50 mm Hg and oxygen saturation in blood <85% and with severe pathology; or
11. Any other maternal pathology that puts at risk the life of the pregnant woman or generates in her health a serious and permanent illness, duly substantiated by the Medical Board.

[1] Publication of the "Medical Societies Workshop to identify the clinical profile for therapeutic abortion, "2005. Medical College of Peru, Peruvian Society of Gynecology Obstetrics, Peruvian Society of Cardiology, Society of Gastroenterology of Peru, Peruvian Society of Arterial Hypertension, Peruvian Society of Infectious and Tropical Diseases, Peruvian Society of Nephrology, Society Peruvian Pneumology, Peruvian Diabetes Association, Peruvian Psychiatric Association.

6.2 ADMINISTRATIVE- ASSISTANCE PROCEDURES:

6.2.1 The treating physician who warns that the pregnancy puts the pregnant woman's life at risk or causes a serious and permanent illness in her health, will inform the pregnant woman about the diagnosis, the prognosis , the serious risks to your life or health, and the corresponding therapeutic procedures.

6.2.2 At the request of the pregnant woman, the attending physician presents the written request of the case to the Head of the Department of Gynecology-Obstetrics with knowledge of the General Direction of the health establishment.

6.2.3 The Head of the Department of Gynecology-Obstetrics receives the request, and on the date it constitutes and convokes a Medical Board, under responsibility. You must also inform the General Directorate of the action immediately.

6.2.4 The treating physician will inform the pregnant woman or her legal representative of the decision of the Medical Board. In the event that the Medical Board approves the interruption of pregnancy less than twenty-two (22) weeks as a therapeutic indication to preserve the life and health of the pregnant woman, the pregnant woman or her legal representative will sign the form for informed consent and authorization of the procedure. (Annexes 1 and 2), which will be brought to the attention of the Head of the Department of Gynecology-Obstetrics and the General Directorate of the health facility.

6.2.5 The Head of the Department of Gynecology-Obstetrics will immediately designate the doctor who will carry out the procedure, which will be scheduled within the following twenty-four (24) hours, communicating to the General Director of the health establishment the date and time of the intervention; under responsibility

6.2.6 The period from which the pregnant woman formally requests the voluntary interruption for a therapeutic indication of pregnancy of less than twenty-two (22) weeks until the intervention is initiated in a timely manner that guarantees the effectiveness of the intervention, which must not exceed six (6) calendar days.

6.2.7 Once the intervention has been carried out, the Head of the Department or Department of Gynecology-Obstetrics shall inform the Directorate General of the establishment in writing of the result of the procedure.

6.2.8 If the Head of the Department of Gynecology-Obstetrics fails to convene the Medical Board, the attending physician or physician shall inform the Director or Director General of the health establishment, who shall constitute and convene within a period of no more than twenty-four (24) hours, a Medical Board, without prejudice to the responsibilities that may arise.

6.3 CONFORMATION OF THE MEDICAL BOARD

6.3.1 The Medical Board will be constituted by three (03) medical care professionals, having at least one OB / GYN who will preside over it and two surgeon doctors, one of them a specialist or a doctor (in the field) related to the underlying pathology that affects the pregnant woman.

6.3.2 The Medical Board will receive the report of the attending physician, evaluate the case, expand the anamnesis, re-examine the patient or request auxiliary examinations if it deems appropriate, and obligatorily will dictate by the origin or not of

the interruption of pregnancy, within the maximum term of forty-eight (48) hours, under responsibility.

6.3.3 If the Medical Board concludes that it is advisable to proceed to the therapeutic interruption of pregnancy less than twenty-two (22) weeks, the pregnant woman or her legal representative will be informed so that she subscribes the form for the informed consent and authorization of the procedure (Annexes 1 and 2).

6.3.4 If the Medical Board concludes that it is not advisable to proceed to the therapeutic interruption of pregnancy less than twenty-two (22) weeks, the attending physician will inform the pregnant woman of the decision and the reasons for it. The pregnant woman may ask the General Director of the health establishment to carry out a new Medical Board with other doctors, which must be carried out within a period of no more than forty-eight (48) hours, under responsibility. In this case, the General Director of the health establishment constitutes and calls for the last time a second Medical Board, being able to summon other doctors / specialists from the public or private sector.

6.3.5 In all cases, it will be the attending physician who evaluated the case, who will present it to the Medical Board.

6.3.6 For the cases contemplated in sub-items 1 and 2 of section 6.1 of this Technical Guide, it will not be necessary to set up or convene any Medical Board.

6.4 EVALUATION PROCEDURES FOR VOLUNTARY INTERRUPTION BY THERAPEUTIC INDICATION OF PREGNANCY UNDER 22 WEEKS WITH INFORMED CONSENT.

The medical professional who will perform the procedure must verify that the pregnant woman actually presents a pregnancy, as well as the gestation period, which is the critical element in the selection of the method for the evacuation of the uterine content and the speed must have to take care of the case.

6.4.1 ANAMNESIS

You must verify that the following information is recorded in the patient's medical record:

- Complete and comprehensive clinical history.
- Specify the first day of the last normal menstruation, as well as the regularity or irregularity of the catamenial regimen.
- Evaluate the personal, obstetric and surgical pathological history relevant to the procedure.
- Identify other symptoms: breast tenderness, nausea, vomiting, fatigue, changes in appetite, urinary frequency, pelvic pain, fever, dyspnea, tachycardia, among others.

6.4.2 CLINICAL EXAMINATION

In addition, you must make and record in the clinical history of:

- The control of vital functions.
- The examination of the respiratory and cardiovascular system.
- The abdomen exam.
- The gynecological examination:
    - Speculum examination to identify features of the cervix and identify signs of sexually transmitted infections (STIs) or other diseases of the genital tract.
    - Vaginal touch to evaluate the softening of the cervical isthmus, to determine the position of the cervix, and the size and position of the uterus, and to confirm the intrauterine pregnancy according to the weeks of gestation.
- Other exams that, given the circumstances, are deemed necessary.

6.4.3 AUXILIARY EXAMINATIONS

You must verify that the following information is included in the pregnant woman's medical history:

- Hemoglobin or hematocrit.
- Blood group and Rh.
- Clotting and bleeding time.
- Serological tests: RPR, HIV (Rapid test).
- Ultrasound, if necessary.
- Diagnosis of chorionic gonadotropins (HCG), if outside necessary.
- Those tests that contribute to the diagnosis of concomitant diseases.
- Depending on the case, risk assessment surgical and anesthetic risk.

6.4.4 USE OF ANTI-RH IMMUNOGLOBULIN

You should expect the following to be taken into account:

- In cases of Rh negative pregnant women apply anti-Rh immunoglobulin at the time of the surgical procedure.
- If prostaglandin is used for the procedure, be careful to apply the immunoglobulin at the time of starting the medication, to avoid sensitization of the pregnant woman.

6.5 INFORMATION AND GUIDANCE / COUNSELING

The general care and guidance / counseling in sexual and reproductive health should be given within an ethical framework that requires putting the needs of women in the center and respecting the following rights:

- Right to complete, truthful, impartial and useful information;
- Respect for dignity, privacy and confidentiality;

• Freedom of conscience and expression;
• Respect for the will and free choice; and
• Right to equality and non-discrimination. Counseling / counseling to the patient must be carried out at all times from the moment the intervention is decided until after it has been carried out, by trained professional personnel.

6.6 INFORMED CONSENT

• The doctor designated to perform the procedure must explain and reach the pregnant woman, or her legal representative, if applicable, all the complete and detailed information about the diagnosis, procedure, risks in case of undergoing and If you do not undergo the procedure, your prognosis in both cases, alternatives to the procedure to which it may take place, and in general all the relevant information that allows the pregnant woman to make a free and reasoned decision, in order to provide informed consent or not.
• The doctor designated to perform the procedure must ensure that the pregnant woman or, if applicable, her legal representative, with the help of the aforementioned professional, complete and sign the pre-established form for informed consent and authorization of the procedure. (Annexes 1 and 2), as long as you maintain your decision to undergo the therapeutic interruption of the pregnancy you have requested, which will make it easy to schedule and carry out the procedure.
• The form must bear the signature and the number of the National Identity Document (DNI) of the pregnant woman. In case the pregnant woman is illiterate and / or undocumented, her fingerprint will suffice.
• The informed consent and authorization of the subscribed procedure will be part of the pregnant woman's medical history.
• The pregnant woman can change her decision, abandoning the procedure, in which case she must revoke the informed consent, according to the pre-established form (Annex 3), with her signature and digital printing.
• The revocation of consent must respect and assume the decision of the pregnant woman, ensuring that she is informed and that she is aware of the risks that this decision implies for her health. In any case, the health professionals must provide the corresponding prenatal care in the remainder of the pregnancy process.
• All these facts must be recorded in the medical record. The annexes used in the administrative assistance procedures are part of the pregnant woman's medical history.

6.7 PROCEDURES FOR THE EVACUATION OF THE UTERINE CONTENT

The procedures will be based on the chronology of pregnancy:

6.7.1 Methods up to 12 weeks of gestation

According to the World Health Organization (WHO), the recommended methods are manual vacuum aspiration (MVA) or the use of misoprostol.[2, 3]

[2] WORLD HEALTH ORGANIZATION. Abortion without risks: technical and policy guide for health systems. Second edition. Geneva: WHO, 2012. <http: // www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/ en />. Query: June 24, 2014.

[3] Faundes and Cols. FLASOG. Use of Misoprostol in Obstetrics and Gynecology, 2007.

6.7.2 Methods to evacuate uterine contents between 13 and less than 22 weeks

The evacuation of the uterine content in this period considers applying the therapeutic schemes with misoprostol according to the gestational age. Once the expulsion of the uterine contents has been produced, the procedure must be completed with a curettage.

6.8 CARE POST- INTERVENTION

• The patient should receive from the attending physician: very clear instructions about the care that is necessary after the procedure.

• You must recognize the warning signs and contact the doctor as soon as necessary.

• The patient should know that after the procedure she will present bleeding and eventually pain, which will yield with analgesics.

• Sexual abstinence should be indicated until your next control.

• If necessary, administer suction suppressants.

• Provide guidance, sexual reproductive health counseling and offer contraception for the prevention of a new pregnancy, according to current regulations.

• Refer the patient to continue the treatment of their underlying pathology, if necessary.

6.9 FOLLOW UP

• A weekly consultation should be conducted to ensure the normal evolution of the post-intervention patient and to reinforce emotional support and sexual and reproductive health counseling.

• The second consultation should be done every month with the first menstruation.

VII. RESPONSIBILITIES:

7.1 In health establishments with a category lower than II-1 and II-E, in which a request for therapeutic abortion is presented by medical indication, the pregnant woman must be referred to a health facility of greater complexity under responsibility.

7.2 The administrative assistance procedures consigned in this guide are the responsibility of the health establishment where the voluntary interruption was made by therapeutic indication of pregnancy less than twenty-two (22) weeks with informed consent.

7.3 The implementation, dissemination, compliance and monitoring of this guide will be the responsibility of the health authority at the national, regional and local levels.

VIII. FINAL PROVISIONS:

8.1 In case of emergency, being in obvious and imminent risk the life of the pregnant woman, it corresponds to the Chief of Emergency Guard to constitute and summon immediately, under responsibility, to a Medical Board and take the necessary actions to resolve the situation in his guard -If possible- with the promptness and speed of the case, avoid the death of the pregnant woman, or generate a serious or permanent illness in her health.

8.2 The aspects not foreseen in this Technical Guide must be resolved by the Directorate General of the health establishment, under responsibility, with immediacy.

IX. ANNEXES:

Annex 1: Informed consent form and procedural authorization, signed by the pregnant woman.

Annex 2: Informed consent form and procedure authorization, signed by the legal representative when the pregnant woman is incapable.

Annex 3: Form of revocation of informed consent and procedural authorization.

Annex 4: Necessary Resources.

Annex 5: Flowchart for the Comprehensive Care of the Pregnant Woman in the Voluntary Interruption for Therapeutic Indication of Pregnancy under 22 Weeks with informed consent, within the Framework of the provisions of Article 119o of the Penal Code.

APPENDIX 1

INFORMED CONSENT FORM AND PROCEDURE AUTHORIZATION

NAME OF THE GESTANTE: _____

No of Clinical History: _____

Informed consent and authorization of procedure for voluntary interruption for therapeutic indication of pregnancy less than 22 weeks

I_____ identified with DNI ---------- and in the exercise of my capacity for discernment, I declare that I have received information and understood the following:

My current pregnancy puts my life at risk, or will cause serious and permanent damage to my health.

The need for a therapeutic interruption of my pregnancy by medical indication as the only means to save my life or to prevent a serious and permanent illness in my health.

The decision to do this procedure is absolutely mine. **I can decide not to do the procedure at any time, even if I have signed this application**, this last decision will not affect my rights to future treatment or care.

The drawbacks, risks and benefits associated with this intervention have been explained to me. All my questions have been answered satisfactorily.

I have been informed that this health facility has adequate conditions and staff for this procedure.

I agree to follow the pre and post-operative indications, attending the post-procedure controls on the dates indicated.

I, give my consent of my own free will to have a procedure to interrupt my pregnancy for therapeutic reasons, due to (Dx :) _____ _____.

I received a copy of this form. Date ____ / _____ / ____ Month / Day / Year

_____

Signature of the User _____ Fingerprint

_____

Signature and stamp of the person providing guidance and counseling I, _____, with CMP _____

I have verified the informed consent and authorization of the procedure and I declare the therapeutic interruption of pregnancy appropriate.

_____ Signature and stamp of the treating doctor

APPENDIX 2

INFORMED CONSENT FORM AND PROCEDURAL AUTHORIZATION FOR THE LEGAL REPRESENTATIVE IN CASE THAT THE GESTANTE IS INCAPABLE

FIRST NAME: _____

No of Clinical History: _____

INFORMED CONSENT AND AUTHORIZATION OF PROCEDURE FOR VOLUNTARY INTERRUPTION BY THERAPEUTIC INDICATION OF PREGNANCY UNDER 22 WEEKS IN CASE THE GESTANTE IS UNABLE

I_____ identified (or) with DNI _____, (name and ID of the legal representative) Legal representative of_____ _____ (name of the pregnant woman and DNI if she had one), and in exercise of my capacity for discernment, I declare that I have received information and understood what following:

The pregnancy of my represented puts your life at risk, or will cause serious and permanent damage to your health.

The need for a therapeutic interruption of my pregnancy represented by medical indication, is the only means to save your life or to avoid in your health a serious and permanent evil.

The decision to authorize this procedure is made in exercise of my legal representation capacity and absolutely mine. **I can decide that my representative does not do the procedure at any time, even if I have signed this application**, this last decision will not affect the rights to future care or treatment of my client.

The drawbacks, risks and benefits associated with this intervention have been explained to me.

All my questions have been answered satisfactorily.

I have been informed that this health facility has adequate conditions and staff for this procedure.

I promise that my client will follow the pre and post-operative indications, attending the post-procedure check-ups on the dates indicated.

I, give my consent on behalf of my client and of my own will, to have a procedure to terminate the pregnancy for therapeutic reasons, due to (Dx :) _____ ___.

I received a copy of this form. Date ____ / _____ / ____ Month / Day / Year _____

_____ Signature of representative Fingerprint legal _____ Signature and stamp of the person providing guidance and counseling I, _____, with CMP _____

I have verified the informed consent and authorization of the procedure and I declare the therapeutic interruption of pregnancy appropriate. _____
Signature and seal of the treating doctor

ANNEX 3

FORM OF REVOCATION OF INFORMED CONSENT AND AUTHORIZATION OF PROCEDURE

NAME: _____

No of Clinical History: _____

REVOCATION OF INFORMED CONSENT AND AUTHORIZATION OF PROCEDURE FOR VOLUNTARY INTERRUPTION BY THERAPEUTIC INDICATION OF PREGNANCY UNDER 22 WEEKS

I_____ identified with DNI _____, (name of the pregnant woman or of the legal representative if the client is incapable) and in exercise my capacity for discernment, I **REVOKE THE INFORMED CONSENT THAT I SUBSCRIBED** AND I DISCONTINUE OF THE PROCEDURE THAT I HAD AUTHORIZED.

I further declare that I have received information and understood the following:

My current pregnancy (or that of my represented) puts in seriously risk my (your) life, or cause a serious and permanent evil in my (your) health.

The inconveniences and serious risks associated with my (his) pregnancy have been explained to me.

All my questions have been answered satisfactorily.

The decision to NOT do this procedure is absolutely mine.

Exempt from responsibilities to treating physicians, however this decision will not affect my (your) rights to future treatment or care.

I received a copy of this form. Date ____ / _____ / ____ Month / Day / Year

_____

_____ Signature of the pregnant woman or legal representative

Fingerprint

ANNEX 4

REQUIRED RESOURCES

Human Resources:

• Medical professionals gynecologists-obstetricians or surgeons / specialists or related to the underlying pathology that affects pregnant women and medical care professionals.
• Obstetric professionals with experience in counseling / counseling in sexual and reproductive health.
• Health professionals and technicians participate according to competencies for clinical and surgical medical procedures.

Infrastructure:

• External offices.
• Counseling environment.
• Hospitalization room.
• Procedures room and / or operating room and / or maternity ward.
• Recovery room.
• Clinical laboratory.
• Pharmacy.

Equipment:

• Anesthesia machine.
• Surgical instruments for laparotomy and hysterectomy.
• Surgical instruments for therapeutic interruption of pregnancy (speculums, clamp for traction of cervix, ring clamps).
• Manual Vacuum Aspiration Equipment (MVA) or of uterine curettage.
• Cervical dilators.
• Stop car; Y
• Others according to need.

Medications and supplies:

• Oxygen.
• Atropine.
• Sedatives.
• Oxytocics.
• Misoprostol (semi-synthetic analog of Prostaglandin E1)
• Local and general anesthetics.
• Analgesics.

• Antibiotics.
• Isotonic solutions.
• Plasma expanders.
• Blood and its derivatives; Y
• Others according to need.

_____

Source: "Normas Legales," El Peruano, Sabado 28 de Junio de 2014, p. 526379 – 526385.

Código Penal.

[**Book II.** *Title II*]

Capitulo II. *Aborto*

Artículo 114. La mujer que causa su aborto, o consiente que otro le practique, será reprimida con pena privativa de libertad no mayer de dos años o con prestación de servicio communitario de cincuentidós a ciento cuatro jornadas.

Artículo 115. El que causa el aborto con el consentimiento de la gestante, será reprimido con pena privativa de libertad no menor de uno ni mayor de cuatro años.

Si sobreviene la muerte de la mujer y el agente pudo prever este resultado, la pena será no menor de dos ni mayor de cinco años.

Artículo 116. El que hace abortar a una mujer sin su consentimiento, será reprimido con pena privativa de libertad no menor de tres ni mayor de cinco años.

Si sobreviene la muerte de la mujer y el agente pudo prever este resultado, la pena será no menor de cinco ni mayor de diez años.

Artículo 117. El médico, obstétra, farmacéutico, o cualquier profesional sanitario, que abusa de su ciencia o arte para causar el aborto, será reprimido con la pena de los artículos 115o. y 116o. e inhabilitación conforme al artículo 36o., incisos 4 y 8.

Artículo 118. El que, con violencia, ocasiona un aborto, sin haber tenido el propósito de causarlo, siendo notorio o constándole el embarazo, será reprimido con pena privativa de libertad no mayor de dos años, o con prestación de servicio comunitario de cincuentidós a ciento cuatro jornadas.

Artículo 119. No es punible el aborto practicado por un médico con el

consentimiento de la mujer embarazada o de su representante legal, si lo tuviere, cuando es el único medio para salvar la vida de la gestante o para evitar en su salud un mal grave y permantente.

Artículo 120. El aborto será reprimido con pena privativa de libertad no mayor de tres meses:

1. Cuando el embarazo sea consecuencia de violación sexual fuera de matrimonio o inseminación artificial no consentida y ocurrida fuera de matrimonio, siempre que los hechos hubieren sido denunciados o investigados, cuando menos policialmente; o,

2. Cuando es probable que el ser en formación conlleve al nacimiento graves taras físicas o psíquicas, siempre que exista diagnóstico médico.