CHAPTER 33-03-02
ABORTION

Section
33-03-02-01 Full Disclosure and Informed Consent Form
33-03-02-02 Life-Supporting Equipment
33-03-02-03 Reporting of Practice of Abortion
33-03-02-04 Humane Disposal of Nonviable Fetus [Superseded]
33-03-02-05 Humane Disposal of Nonviable Fetus

33-03-02-01. Full disclosure and informed consent form.

In accordance with requirements under North Dakota Century Code section 14-02.1-02, the state department of health has developed an Induced Abortion Disclosure and Consent Form (Appendix A) to be executed in duplicate. The form shall be used by the physician, patient, parent or parents, or legal guardian as prescribed in North Dakota Century Code chapter 14-02.1.

General Authority: NDCC 23-01-03
Law Implemented: NDCC 14-02.1-02

33-03-02-02. Life-supporting equipment.

Life-supporting equipment for the preservation of a viable fetus shall, as a minimum, include all of the following:

1. Oxygen source.

2. Heat source (overhead warmer, incubator, warmed blankets).

General Authority: NDCC 23-01-03
Law Implemented: NDCC 14-02.1-05

33-03-02-03. Reporting of practice of abortion.

In accordance with requirements of North Dakota Century Code section 14-02.1-07, the state department of health has a Report of Induced Abortion Form (Appendix B) to be executed in duplicate. The form shall be used by the hospital or facility in which an induced abortion is performed.

General Authority: NDCC 23-01-03
Law Implemented: NDCC 14-02.1-07

33-03-02-04. Humane disposal of nonviable fetus.

Superseded by section 33-03-02-05.

33-03-02-05. Humane disposal of nonviable fetus.

Disposal of a nonviable fetus in a humane fashion shall consist of incineration, burial, or cremation. The licensed physician performing the abortion or the licensed hospital in which an abortion is performed may contract for out-of-state incineration, burial, or cremation of nonviable fetuses. Incinerators within the state of North Dakota used for the disposal of nonviable fetuses must meet the requirement of chapter 33-15-14.

History: Effective March 1, 1988.
General Authority: NDCC 14-02.1-09, 23-01-03
Law Implemented: NDCC 14-02.1-09

APPENDIX A

INDUCED ABORTION DISCLOSURE AND CONSENT FORM

PHYSICIAN'S DISCLOSURE AND STATEMENT CONCERNING ABORTION

1. Concerning the state of development of the fetus: _____
   _____
   _____
   _____

2. Concerning the method of abortion to be utilized and the effects of this method upon the fetus: _____
   _____
   _____
   _____

3. Concerning possible physical and psychological complications of abortion: _____
   _____
   _____
   _____

4. Concerning available alternatives to abortion (e.g., child-birth, adoption): _____
   _____
   _____
   _____

I hereby certify that I have fully disclosed the above information to the undersigned individual regarding the abortion to which she has voluntarily consented.

Physician's Signature: _____ Date: _____

PATIENT CERTIFICATION AND CONSENT

I hereby certify that the above disclosures have been fully stated to me and that I consent to the performance of this abortion of my own volition and without duress.

Patient's Signature: _____ Date: _____

ADDITIONAL CERTIFICATION AND CONSENT FOR ABORTION IN WHICH THE FETUS HAS REACHED A GESTATIONAL AGE OF 12 WEEKS OR MORE

I hereby certify that I am the legal husband of the above mentioned patient and that I voluntarily consent to this abortion of my own volition and without duress.

Husband's Signature: _____ Date: _____

OR

I hereby certify that I am the (parent, legal guardian) of the above mentioned patient and that I voluntarily consent to this abortion of my own volition without duress.

Signature of Parent
or Legal Guardian: _____ Date: _____

NORTH DAKOTA STATE DEPARTMENT OF HEALTH
OFFICE OF STATISTICAL SERVICES

APPENDIX B

REPORT OF INDUCED ABORTION

HOSPITAL OR FACILITY INFORMATION

NAME OF FACILITY	CITY
COUNTY	STATE

PATIENT INFORMATION

CITY-RESIDENCE	INSIDE CITY LIMITS (YES OR NO)
COUNTY-RESIDENCE	STATE-RESIDENCE

DEMOGRAPHIC INFORMATION—PATIENT

DATE OF BIRTH	MARITAL STATUS
RACE	EDUCATION
PREVIOUS LIVE BORN CHILDREN—NOW LIVING	PREVIOUS LIVE BORN CHILDREN—NOW DEAD
PREVIOUS SPONTANEOUS FETAL DEATHS—20 WEEKS OR MORE GESTATION	PREVIOUS SPONTANEOUS ABORTIONS—LESS THAN 20 WEEKS
PREVIOUS INDUCED ABORTIONS	

MEDICAL INFORMATION

DATE OF ABORTION	FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD (LMP)
PHYSICIAN'S ESTIMATE OF LENGTH OF GESTATION—WEEKS PHYSICIAN'S SIGNATURE _____ DATE OF SIGNATURE _____	TYPE OF ABORTION PROCEDURE—PRIMARY PROCEDURE SUCTION CURRETAGE ☐ HYSTEROTOMY ☐ SALINE INFUSION ☐ HYSTERECTOMY ☐ PROSTAGLANDINS ☐ OTHER-SPECIFY ☐ SHARP CURRETAGE ☐ _____

WERE PATHOLOGY STUDIES FILED? YES ☐ NO ☐

HAVE CONSENT FORMS BEEN COMPLETED AND FILED? YES ☐ NO ☐

WAS THERE AN INDICATION OF FETAL VIABILITY PER VITAL SIGNS? YES ☐ NO ☐

DESCRIBE MEDICAL PROCEDURES EMPLOYED TO PRESERVE THE LIFE AND HEALTH OF THE FETUS.

_____

_____

_____

_____

In compliance with the provisions of Chapter 14-02.1 of the North Dakota Century Code, I hereby certify that the above information is accurate to the best of my knowledge.

Certifier's Signature and Title _____ Date: _____

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