

## Chapter Med 11

### ABORTIONS

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**Note:** Chapter Med 11 as it existed on October 31, 1976 was repealed and a new chapter Med 11 was created effective November 1, 1976.

**Med 11.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., and are for the professional and ethical guidance of the medical profession.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

**Med 11.02 Abortion defined.** For the purposes of this chapter, abortion means the artificial, intentional disruption or removal of the implanted blastocyst, embryo, or fetus from the uterus of a pregnant woman by whatever means.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76.

**Med 11.03 Practice of medicine and surgery.** The performance of abortions involves medical and surgical procedures which are governed by ch. 448, Stats., and may be performed only by physicians duly licensed by the medical examining board. No physician shall be required to perform an abortion.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76.

**Med 11.04 First 12 weeks of gestation. (1)** If an abortion is to be performed by a physician during the first 12 weeks of gestation in a facility other than a hospital approved under subch. II of ch. 50, Stats., in which general surgical procedures are customarily performed, the physician shall:

- (a) Provide preoperative instructions and counseling of the patient by appropriately trained individuals.
- (b) Provide a receiving facility where the patient may be prepared and may receive necessary preoperative medication and observation.
- (c) Perform and record preoperative history and physical examination; verify the existence and duration of pregnancy,

and perform appropriate laboratory procedures including, as a minimum, blood typing, Rh factor determination, hemoglobin determination, white blood count, and urinalysis.

(d) Provide for prevention of Rh sensitization.

(e) Provide a physical place where the abortion procedure is carried out, and use techniques and procedures which assure proper sterility, asepsis, and antisepsis.

(f) Provide for appropriate equipment and appropriately trained personnel for operative procedures, anesthesia, and resuscitation.

(g) Have arrangements with a hospital approved under subch. II of ch. 50, Stats., for admission of patients needing hospital care. Such hospital shall be located sufficiently near the facility used so that the patient could be transferred to and arrive at the hospital within 30 minutes of the time when hospitalization appears necessary.

(h) Provide a recovery facility where the patient can be observed until she has sufficiently recovered from the procedure and the anesthesia and can be safely discharged by the physician.

(i) Provide for postoperative instructions and arrangements for follow-up.

(j) Maintain at the facility adequate permanent records relating to all such patients covering the above matters.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; correction in (1) (intro.) and (g) made under s. 13.93 (2m) (b) 7., Stats., Register, December, 1999, No. 528.

**Med 11.05 After 12 weeks gestation.** If an abortion is to be performed after the twelfth week of gestation, except in an emergency, it must be performed in a hospital approved by the state under subch. II of ch. 50, Stats., in which general surgical procedures are customarily performed.

**History:** Cr. Register, October, 1976, No. 250, eff. 11-1-76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, December, 1999, No. 528.