

Navigating Patient Care Under Georgia HB 481: A Resource for Clinicians

The Georgia OB/GYN Society should in no way be considered a resource for legal advice, and this is not our intent. For legal questions, we encourage you to consult your respective institution's legal department and your own attorney.

[House Bill 481](#)
[Women's Right to Know \(WRTK\)](#)

A Pregnant Patient Wants or Needs an Abortion:

Perform an ultrasound using a technique (transvaginal or abdominal) appropriate for the approximate gestational age.

Document intrauterine or ectopic pregnancy (HB 481 does not prohibit medical/surgical management of an ectopic pregnancy).

If intrauterine pregnancy is confirmed:

- Document gestational age by ultrasound parameters: ____ weeks + ____ days
- Document presence or absence of embryonic/fetal cardiac activity
 - [Embryonic/Fetal Cardiac Activity Not Present \(miscarriage or stillbirth\)](#)
 - [Embryonic/Fetal Cardiac Activity Not Present \(too early\)](#)
 - [Embryonic/Fetal Cardiac Activity Present](#)
- Offer the patient an “opportunity to view the fetal image and hear the fetal heartbeat. The active ultrasound image shall be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including but not limited to the heartbeat, if present or viewable, of the unborn child. The auscultation of fetal heart tone shall be of a quality consistent with standard medical practice in the community.”

Embryonic/Fetal Cardiac Activity Not Present (miscarriage or stillbirth)

HB 481 does not prohibit medical/surgical management of a miscarriage or stillbirth with absent cardiac activity. Manage as per standards of care.

Embryonic/Fetal Cardiac Activity Not Present (too early)

Abortion is legal in Georgia prior to detection of embryonic/fetal cardiac activity.

Proceed with voluntary, non-coercive informed consent.

In compliance with Georgia's Woman's Right to Know law, a physician or their qualifying agent must inform the patient of the following at least 24 hours in advance of abortion:

- The particular medical risks to the individual patient associated with the particular abortion procedure to be employed, when medically accurate;
- The probable gestational age and presence of a detectable human heartbeat at the time the abortion would be performed; and the information that, "As early as six weeks gestation, an unborn child may have a detectable human heartbeat."
- The medical risks associated with carrying an unborn child to term;
- That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
- That the father will be liable pursuant to subsection (a) of Code Section 19-7-49 to assist in the support of her child;
- How to obtain a [list](#) of health care clinicians, facilities, and clinics that offer to perform ultrasounds free of charge; such list shall be arranged geographically and shall include the name, address, hours of operation, and telephone number of each listed entity; and
- That she has the right to review the [printed materials](#) described in **O.C.G.A. § 31-9A-4** and that these materials are available on a state-sponsored website at a stated website address. The physician or the physician's qualified agent shall orally inform the female that materials have been provided by the State of Georgia and that they describe the unborn child, list agencies that offer alternatives to abortion, and contain information on fetal pain. If the female chooses to view the materials other than on the website, they shall either be given to her at least 24 hours before the abortion or mailed to her at least 72 hours before the abortion by certified mail, restricted delivery to addressee.

Counseling must be performed at least 24 hours prior to an abortion. Counseling can be conducted via phone or in person. A signature must be obtained from the patient that they have received this counseling; however, the signature does not have to be obtained at the same time as counseling. For example, a person can receive counseling over the phone and document their signature at the time of the procedure 24 hours later.

Clinicians must retain a copy of these written certifications in the patient chart for at least three years.

A sample informed consent certification is included below. Please note that this 24hr consent is in addition to the medical consent for the procedure itself. Please follow your institutional requirements for documentation of procedural consent.

24-hour Georgia Woman's Right to Know Informed Consent Certification

At least twenty-four (24) hours before the abortion, on date ____/____/____ at ____:____ am/pm, the physician who is to perform the abortion, the referring physician, or his or her qualified agent (which could be a patient educator, licensed assistant, licensed social worker, licensed professional counselor, licensed assistant, physician or registered nurse) consulted with me and told me, by telephone or in person:

- The particular medical risks associated with the particular abortion procedure to be employed;
- The probable gestational age and presence of a detectable human heartbeat at the time the abortion would be performed; and the information that, "As early as six weeks gestation, an unborn child may have a detectable human heartbeat."
- The medical risks associated with carrying an unborn child to term;
- That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
- That the father will be liable pursuant to subsection (a) of Code Section 19-7-49 to assist in the support of the child;
- How to obtain a [list](#) of health care clinicians, facilities, and clinics that offer to perform ultrasounds free of charge; such list shall be arranged geographically and shall include the name, address, hours of operation, and telephone number of each listed entity; and
- That I have the right to review the [printed materials](#) described in Code Section 31-9A-4 and that these materials are available on a state-sponsored website at a stated website address. I was informed that materials have been provided by the State of Georgia and that they describe the unborn child, list agencies that offer alternatives to abortion, and contain information on fetal pain.

I elected to review the information provided by the State. ____ Yes ____ No

I was provided the opportunity to view the fetal image and hear the fetal heartbeat during an active ultrasound. ____ Yes ____ No

I elected to view the sonogram. ____ Yes ____ No

I elected to listen to the fetal heartbeat, if present. ____ Yes ____ No

I was provided the opportunity to ask questions about the abortion that will be performed, and all of my questions have been answered to my satisfaction. I understand clinicians must retain a copy of these written certifications in the patient chart for at least three years.

I voluntarily consent to this abortion freely and without coercion.

Patient printed name:

Patient signature: _____ date _____ time _____

Witness signature: (check if interpreter) _____ date _____ time _____

Physician signature: _____ date _____ time _____

Embryonic/Fetal Cardiac Activity Present

Abortion is not legal in Georgia when embryonic/fetal cardiac activity is present, except in limited situations.

The exceptions are:

- Pregnancy is a result of rape or incest (NOTE: A police report must have been filed)
 - A police report has been filed

- Medical futility, which is defined in the law as “in reasonable medical judgment, an unborn child has a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth”
 - Describe the medical futility:

- Medical emergency, which is defined in the law as a situation “in which an abortion is necessary in order to prevent the death of the pregnant woman or the substantial and irreversible physical impairment of a major bodily function of the pregnant woman”
 - Describe the medical emergency:

Abortions performed for one of these indications must follow the rules outlined above to be conducted in a legal manner. In cases when a 24-hour delay will “will create serious risk of substantial or irreversible impairment of a major bodily function,” clinicians do not have to complete the 24-hour Woman’s Right to Know consent. Appropriate medical and/or surgical informed consent are necessary. See [code language](#) below.

O.C.G.A. § 31-9A-5 Medical emergency compelling performance of abortion.

(a) When a medical emergency compels the performance of an abortion, the physician shall inform the female prior to the abortion, if medically reasonable and prudent, of the medical indications supporting the physician's judgment that an abortion is medically necessary to avert her death or that a 24-hour delay will create serious risk of substantial or irreversible impairment of a major bodily function.

(b) Any physician who complies with subsection (a) of this Code section shall not be held civilly liable to a patient for failure to obtain informed consent to an abortion.