Chapter 1
GENERAL PROVISIONS

§ 1. Scope of application of Act

Termination of Pregnancy and Sterilisation Act provides for the conditions and procedure for termination of pregnancy and sterilisation.

§ 2. Termination of pregnancy

Termination of pregnancy means the removal from the uterus of a foetus or embryo by surgical means or administration of medicinal products.

§ 3. Duration of pregnancy

The duration of pregnancy is calculated in weeks.

§ 4. Sterilisation

Sterilisation means:
1) the blocking or cutting of a woman’s fallopian tubes for avoiding pregnancy, or
2) the blocking or cutting of a man’s vas deferens for avoiding fertilisation.
§ 5. Voluntariness of termination of pregnancy

(1) A woman’s pregnancy may only be terminated at her own request. Nobody is allowed to force or influence a woman to terminate her pregnancy. Consent for termination of pregnancy shall be in written form.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(2) Pregnancy of a woman with restricted active legal capacity may be terminated with her own consent or with the consent of her legal representative according to subsection 766 (4) of the Law of Obligations Act.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(3) If a woman with restricted active legal capacity does not agree to involve her legal representative with good reason in the case provided for in subsection 766 (4) of the Law of Obligations Act or if the decision of the legal representative is in conflict with the interests of the woman, the health care provided shall proceed from the person’s own consent upon termination of pregnancy.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(4) A health care professional shall be required to inform a woman with restricted active legal capacity of the importance to involve a legal representative or another adult with active legal capacity whom she trusts.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 6. Term of termination of pregnancy

(1) Pregnancy may be terminated if it has lasted less than 12 weeks.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(2) Pregnancy which has lasted for more than 12 and less than 22 weeks may be terminated if:
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]
   1) the pregnancy endangers the pregnant woman’s health;
   2) the unborn child may have a severe mental or physical damage to health;
   3) the illness or health problem of a pregnant woman hinders the raising of a child;
   4) the pregnant woman is below the age of 15;
   5) the pregnant woman is over the age of 45.

§ 7. Sole right of gynaecologist to terminate pregnancy

Only gynaecologists shall have the right to terminate pregnancy.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 8. Voluntariness of act of termination of pregnancy

Gynaecologists or other health care professionals cannot be required to terminate pregnancy or participate in the process of termination of pregnancy.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 9. Place of termination of pregnancy

(1) Pregnancy can only be terminated by a health care provider holding the activity licence of gynaecology for the provision of health services.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(2) [Repealed - RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 10. Establishment of existence and duration of pregnancy

The existence and duration of pregnancy shall be established by a gynaecologist, family physician or midwife. The existence and duration of pregnancy shall be established on the basis of the information received upon questioning and examination of the woman and, if necessary, by means of diagnostic equipment.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 11. Deciding on admissibility of termination of pregnancy

(1) A doctor who terminates pregnancy shall decide on the admissibility of termination of pregnancy based on the requirements specified in sections 5 and 6 of this Act.

(2) The admissibility of termination of pregnancy in the cases described in clauses 6 (2) 1), 2) and 3) of this Act shall be ascertained with the decision of at least three doctors – two or more gynaecologists and a medical specialist or specialists resulting from the woman’s illness or health problems. If necessary, a social worker shall be involved in the making of a decision in addition to doctors in the cases specified in clause 6 (2) 3) of this Act.
A decision on admissibility of termination of pregnancy shall be in written form and certified by all the persons making the decision with their signatures.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(3) The existence of conditions specified in clauses 6 (2) 4) and 5) of this Act shall be ascertained on the basis
of a pregnant woman’s passport, birth certificate or other identity document.

§ 12. Counselling obligation

(1) Before the termination of pregnancy, the health care professional must explain to the woman who wishes
to terminate her pregnancy or in the case provided for in subsection 766 (4) of the Law of Obligations Act to
the legal representative the biological and medical nature of termination of pregnancy and the involved risks,
including the potential complications.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(1)¹ The health care professional shall inform a pregnant woman or a woman who wishes to terminate
her pregnancy or in the case provided for in subsection 766 (4) of the Law of Obligations Act her legal
representative of the psychological and other relevant counselling possibilities, if necessary.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(2) An act shall be prepared on the obligatory counselling specified in subsection (1) of this section which shall
be signed by the counselled person and the health care professional having conducted the counselling. The act
of counselling shall be drawn in two copies one of which shall be given to the health care professional and the
other to the counselled person.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 13. Preparation of termination of pregnancy

(1) The doctor having established the existence and duration of pregnancy shall perform all the examinations
and acts corresponding to the relevant treatment standard prior to referral to termination of pregnancy. The list
of examinations and acts prior to and following the termination of pregnancy shall be established by a regulation
of the minister responsible for the area.

(2) The doctor who terminates pregnancy shall check the results of examinations specified in subsection (1) of
this section prior to termination of pregnancy.

(3) A woman whose pregnancy is terminated shall be admitted for hospital treatment if her pregnancy has lasted
for more than 12 weeks or if the woman’s medical status so requires.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 14. Acts following termination of pregnancy

(1) Immediately after termination of pregnancy a doctor shall apply measures preventing complications which
may accompany the termination of pregnancy. The list of measures shall be established by a regulation of the
minister responsible for the area.

(2) A woman whose pregnancy was terminated shall have the right within two weeks following the termination
of pregnancy to consult with the doctor having established the existence and duration of pregnancy out of turn
on the conditions of emergency care.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 15. Documents concerning termination of pregnancy

Termination of pregnancy shall be documented according to the requirements established in the Health Services
Organisation Act.
[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 16. Collection of data on termination of pregnancy
[Repealed -RT I, 13.03.2019, 2 - entry into force 15.03.2019]

§ 17. Establishment of termination of pregnancy database
[Repealed -RT I, 13.03.2019, 2 - entry into force 15.03.2019]

§ 18. Controller and processor of database
[Repealed -RT I, 13.03.2019, 2 - entry into force 15.03.2019]

Chapter 3
§ 19. Voluntariness of sterilisation

(1) A person may only be sterilised at his or her own request. A request for sterilisation shall be in written form.

(2) The sterilisation of a person with restricted active legal capacity shall be decided by a county court in proceedings on petition of the guardian of a person. Minors may not be sterilised.

[RT I 2009, 60, 395 – entry into force 01.07.2010]

§ 20. Admissibility of sterilisation

(1) An adult may be sterilised if at least one of the following circumstances exists:
   1) the person has at least three children;
   2) the person is older than 35;
   3) pregnancy endangers the woman’s health;
   4) other contraceptive devices are contraindicated;
   5) the person is in danger of having a child with severe mental or physical damage to health;
   6) the person’s illness or health problem hinders the raising of a child.

(2) An adult with restricted active legal capacity may be sterilised if at least one of the conditions specified in clauses (1) 3), 4), 5) or 6) of this section exists.

(3) [Repealed - RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 21. Sole right of doctor to perform sterilisation

A person can be sterilised by a gynaecologist, general surgeon or urologist.

[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 22. Place of sterilisation

A person may only be sterilised by a health care provider holding an activity licence of gynaecology, general surgery or urology for the provision of health services.

[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

§ 23. Deciding on admissibility of sterilisation

(1) The conditions specified in clauses 20 (1) 1) and 2) of this Act shall be ascertained by a doctor performing the sterilisation on the basis of a person’s passport.

(2) The admissibility of sterilisation in the cases specified in clauses 20 (1) 3), 4) and 5) shall be decided with the decision of at least three doctors. If necessary, a social worker shall also be involved in the making of decision in addition to the doctors in the case specified in clause 20 (1) 6) of this Act. The decision on admissibility of sterilisation shall be in written form and certified by all the persons making the decision with their signatures.

§ 24. Counselling obligation

(1) Before and after deciding on the admissibility of sterilisation, the doctor must explain to the person who wishes to be sterilised and, if necessary, to the guardian of the person the biological and medical nature of sterilisation and the involved risks, including the potential complications.

[RT I, 20.02.2015, 4 – entry into force 02.03.2015]

(2) An act shall be prepared on the counselling specified in subsection (1) of this section which shall be signed by the counselled person and the doctor having conducted the counselling. The requirements for the format of the act of counselling shall be established by a regulation of the minister responsible for the area.

(3) A person shall not be sterilised before one month has passed since the counselling specified in this section.

§ 25. Documentation of sterilisation

Sterilisation shall be documented according to the requirements established in the Health Services Organisation Act. Data concerning sterilisation are personal data of special categories and the formation of databases thereof shall not be allowed.

[RT I, 13.03.2019, 2 - entry into force 15.03.2019]
IMPLEMENTING PROVISIONS

§ 26. [Omitted from this text]