Healthcare Application and Licensing Portal (HALP)
Internet User Guide - Termination Of Pregnancy

TABLE OF CONTENTS

1 OVERVIEW

Function	Role
Logging Into HALP	TOP Data Submitter, TOP Supervisor
Data Submission	TOP Data Submitter
Save And Resume Draft	TOP Data Submitter, TOP Supervisor
Amendment	TOP Supervisor

1.1 Logging Into HALP

1. This section describes how to log into the system.

1.2 Data Submission

1. This section describes how to submit data for Termination of Pregnancy (TOP).

2. A flowchart showing the flow of a TOP submission:
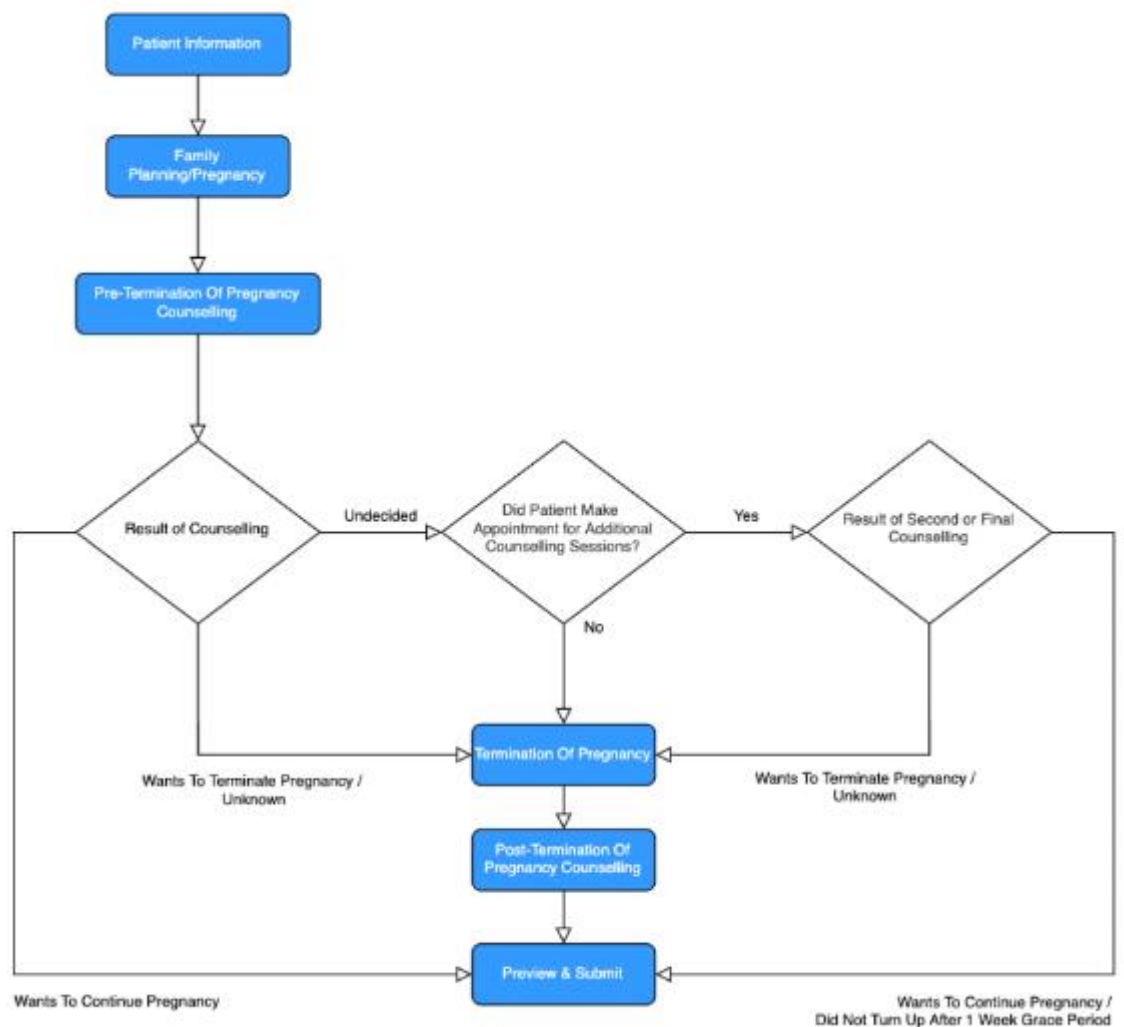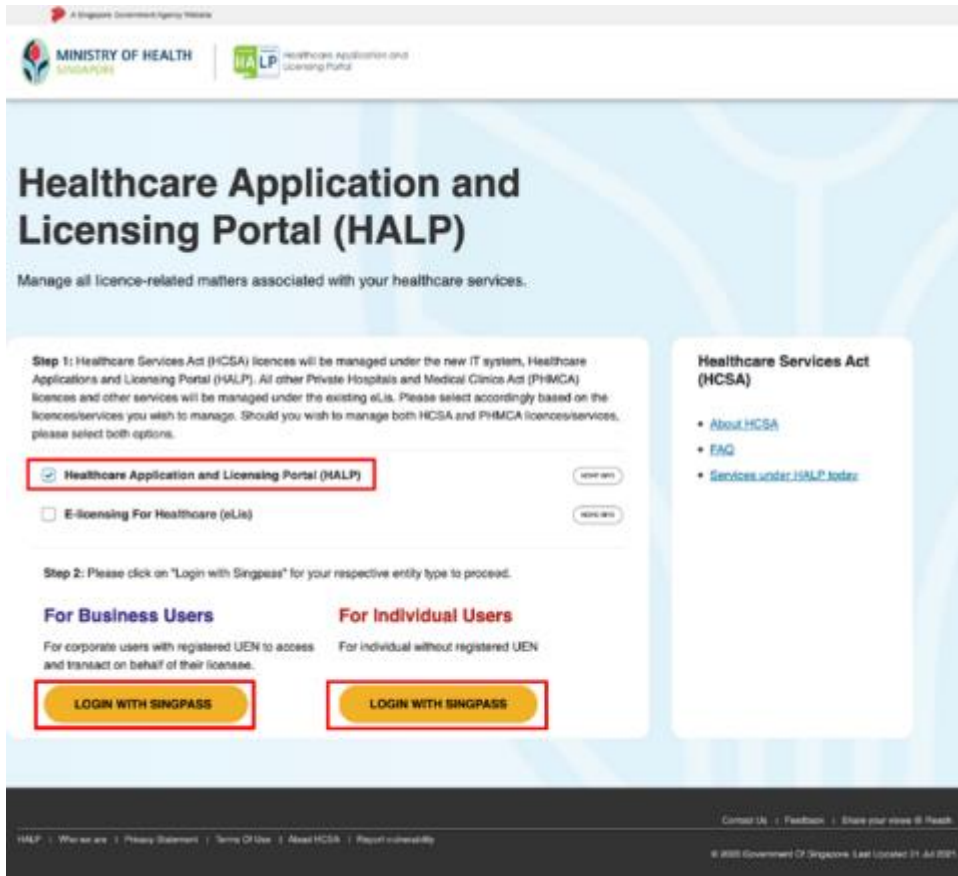
1.3   Save And Resume Draft

1. Please refer to section 5 Save And Resume Draft for TOP Data Submissions.

1.4   Amendment
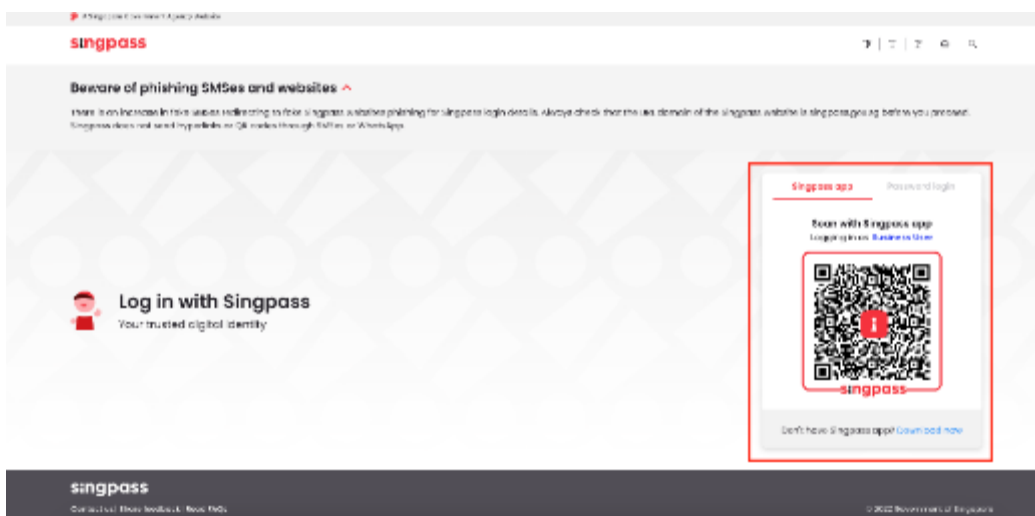
1. Please refer to section 6 Submit Amendment for TOP Data Submissions.

2   LOGGING INTO HALP

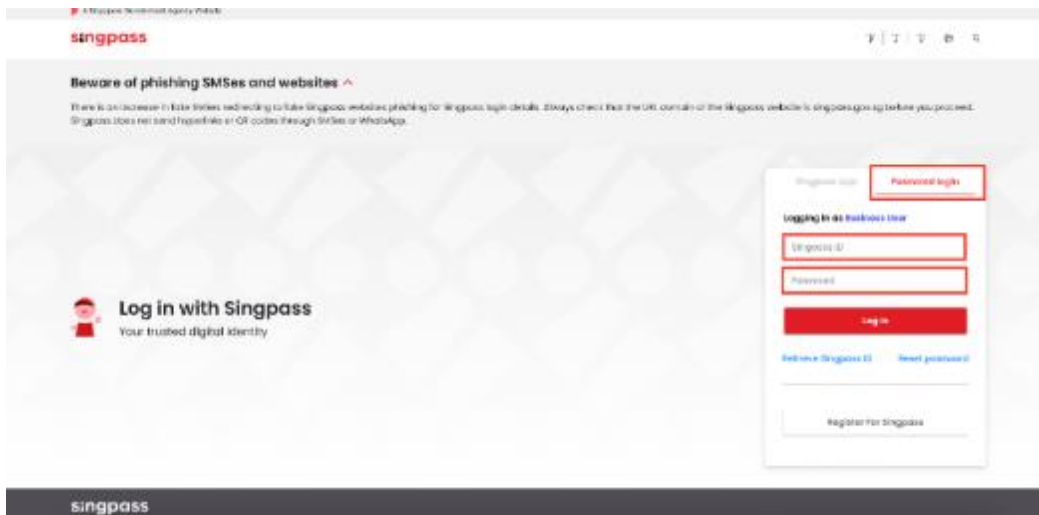1. Go to the HALP website (https://halp.moh.gov.sg), select the checkbox for **Healthcare Application and Licensing Portal (HALP)** and click **LOGIN WITH SINGPASS**.

2. You will arrive at the **Singpass login** page. Scan the QR code via the **Singpass app** to login.

3. You may also login using your **Singpass ID** and **Password** by clicking **Password login**.

3 ROLES WITHIN TOP

3.1 Pre-requisites

- TOP data submitter
  - Only users that have been assigned as TOP data submitters are allowed to make TOP submissions within the HALP system.
- TOP data supervisor
  - Only users that have been assigned as TOP data supervisors are allowed to amend TOP submissions within the HALP system
- System administrator
  - System administrators are only allowed to assign users TOP data submitter and TOP data supervisor roles if the organisation the system administrator is tied to has an active medical clinic, acute hospital or ambulatory surgical centre licence.
  - System administrators are also able to create new users within the system.

3.2 Creating and assigning user roles

1. On the **Inbox** page, click on the user's name and click on **manage account**
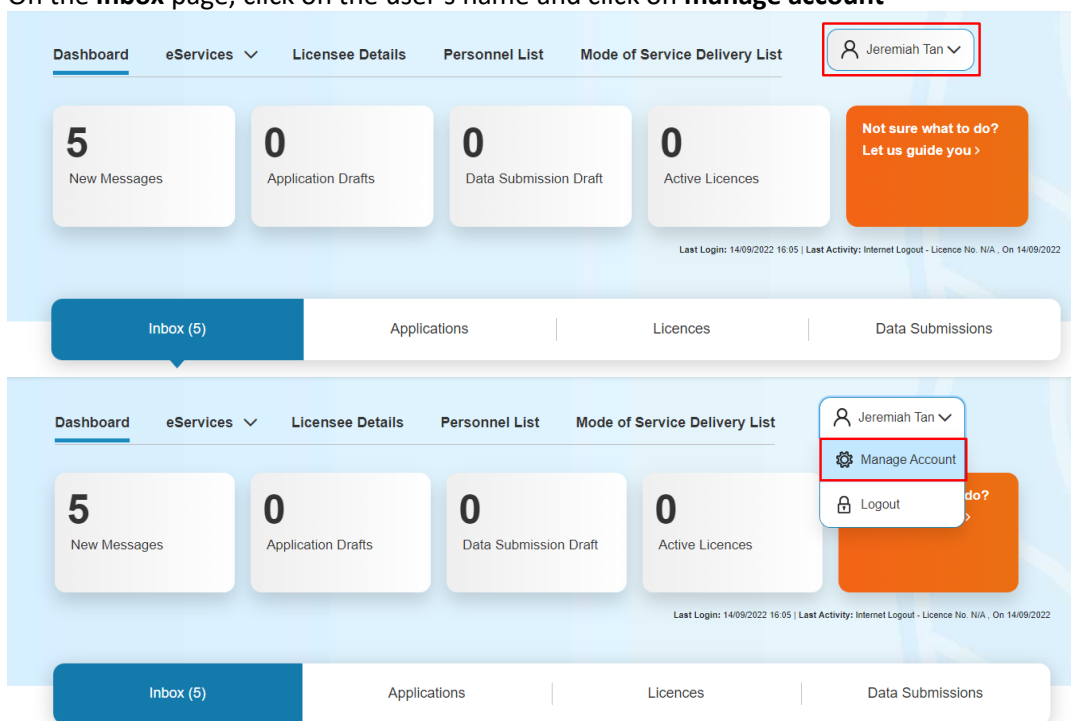
2. On this page the system administrator can either **edit** existing users or **create** new users

3. If the system administrator clicks **edit**, they can change the roles that have been assigned to an existing user. Once the roles are assigned, click **save**.

4. If the system administrator clicks **create** all mandatory fields will need to be filled in. Once all the fields have been filled in and the role has been assigned, click **save.**

4 SUBMIT DATA FOR TERMINATION OF PREGNANCY

Users with Data Submission Rights
Users assigned with Role "**TOP Data Submitter**" are able to submit data for Termination Of Pregnancy.

The following steps show how to access the TOP Data Submission form:

1. At the **Inbox** page, mouse over **eServices** and click **Submit Data**.
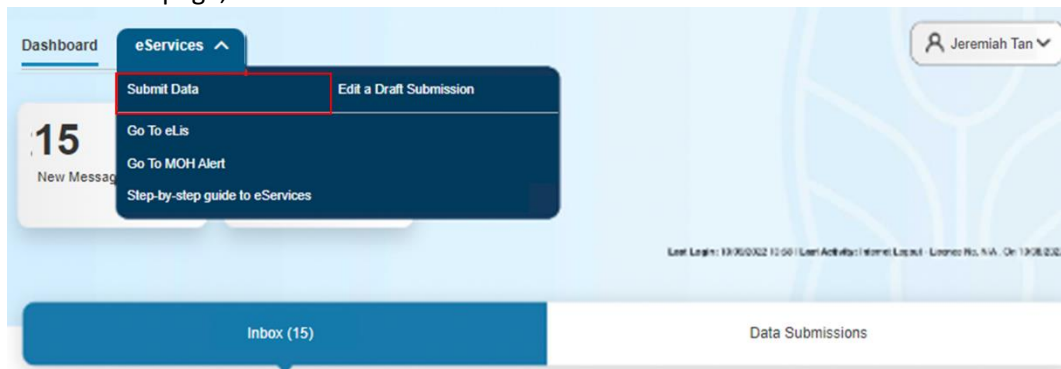
2. If the user also has the **HCSA Internet User** role, click **Data Submission** tab first.
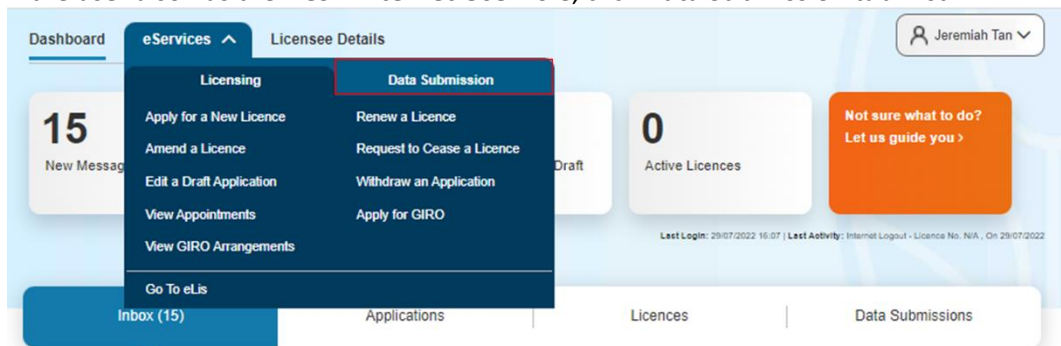
3. Click **Submit Data**.

4. Click **Termination of Pregnancy**.
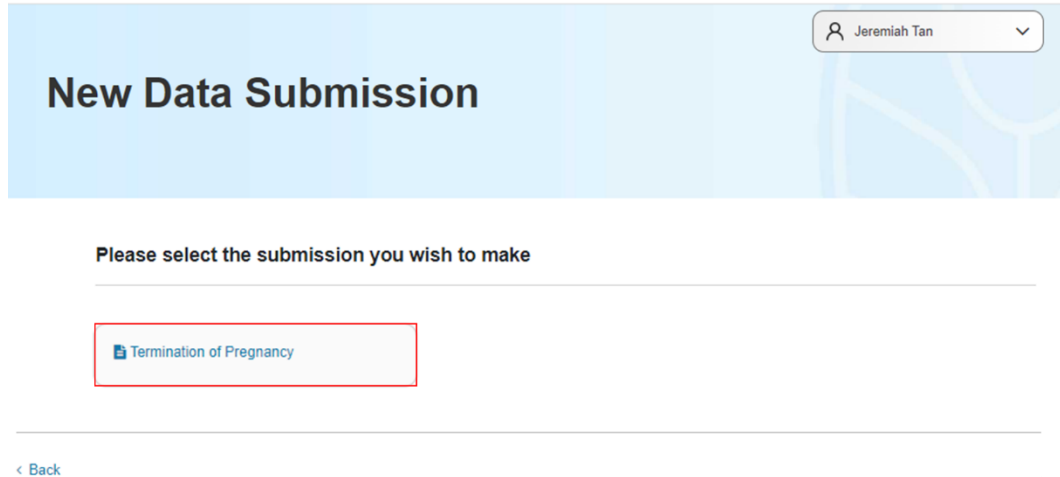
5. Click **PROCEED**.
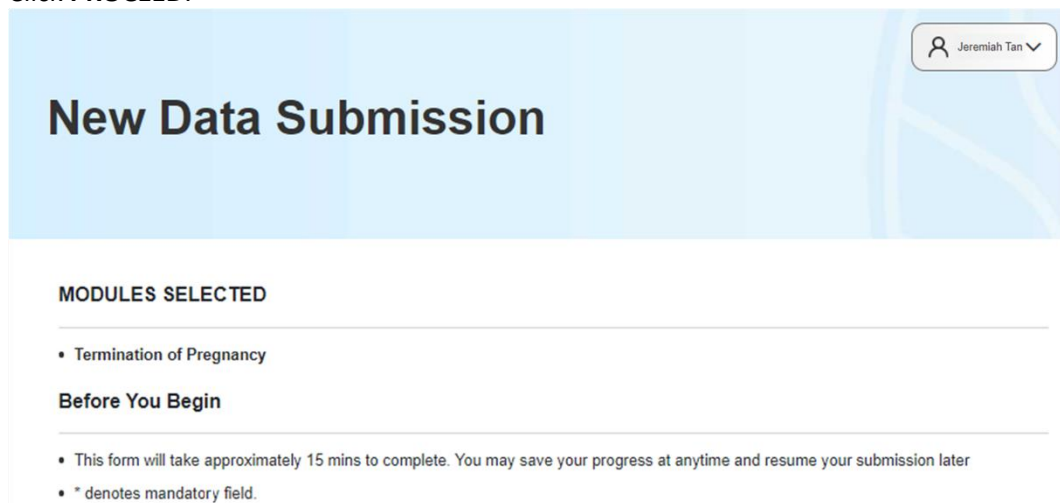
6. You will arrive at the **New Data Submission** page for **Termination Of Pregnancy**.
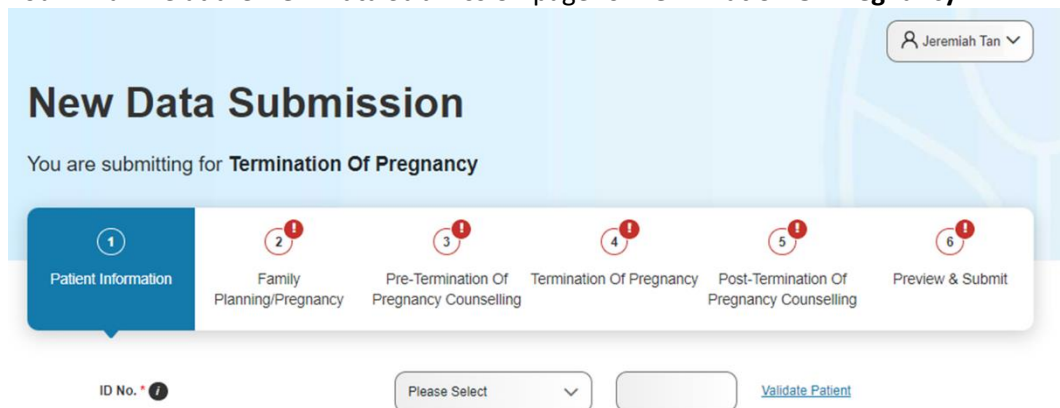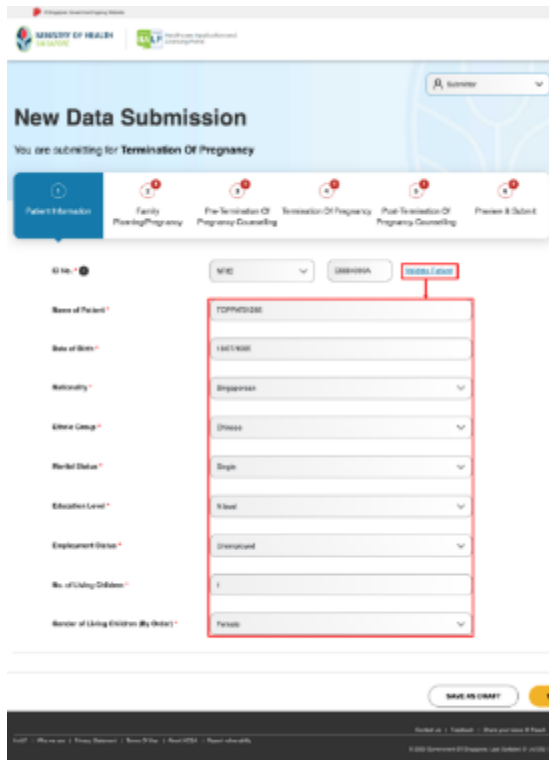
4.1 Stage 1: Patient Information

1. Enter the **ID Type**, **ID No.** and click **Validate Patient**.
   Note: For patient who has both FIN and passport number, please fill in the FIN number.

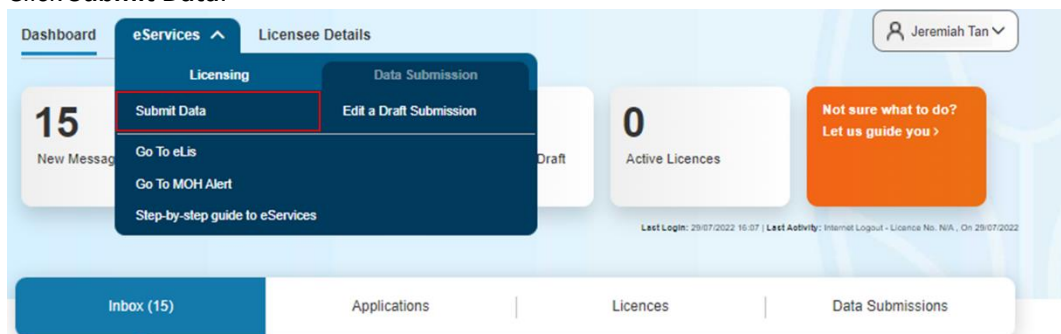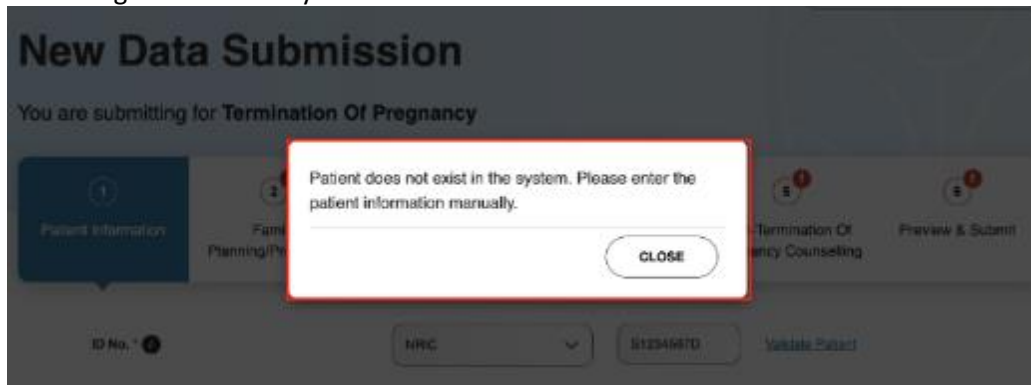2. If the **ID No.** was previously used before in the Institution's TOP data submissions, the remaining fields will be populated. If the patient's details have changed, please update the information.

3. If the **ID No.** is for a new patient, the data submitter will be prompted to enter the remaining fields manually.

4. Dropdown options for **Nationality**.

5. If the **Nationality** of the patient was **not Singaporean**, select the **Residence Status**.

6. Dropdown options for **Residence Status**.

7. If **Resident in Singapore for at least 4 months preceding TOP** was selected for **Residence Status**, enter the **Date Commenced Residence in Singapore**.

8. If value **greater than 0** was selected for **No. of Living Children**, select **the Gender of Living Children (By Order)** for each child.

9. Make sure that all mandatory fields are completed. Once you are done, click **NEXT**.

4.2   Stage 2: Family Planning/Pregnancy

1. Fill in all the highlighted mandatory fields below.

2. If **Practiced Up Till Time of Pregnancy** was selected for **Contraceptive History**, select the contraceptive methods in **Most Recent Contraceptive Methods Used**.

4. Dropdown options for Contraceptive History.

5. Dropdown options for **Most Recent Contraceptive Methods Used**.

6. If **Gestation Age based on Ultrasound** was **15 weeks and above**, select the **Gender of the Aborted Child if Gestation Age is 15 weeks and above**.

7. Dropdown options for **Gender of the Aborted Child if Gestation Age is 15 weeks and above**.

8. Dropdown options for **Main Reason for Request to Terminate Pregnancy**.

9. If **Fetal Anomalies** was selected for **Main Reason for Request to Terminate Pregnancy**, select the type in **Type of Fetal Anomalies**.

10. Dropdown options for **Type of Fetal Anomalies**.

11. If **Other Fetal Anomalies** was selected for **Type of Fetal Anomalies**, enter in the anomalies in **Other Type of Fetal Anomalies (Please specify)**.
    The **Other Type of Fetal Anomalies (Please Specify)** field has a limit of 1000-characters.

12. If **Maternal High Risk** was selected for **Main Reason for Request to Terminate Pregnancy**, enter the condition(s) in **Indicate the Maternal High Risk condition(s) that led to the Request to Terminate Pregnancy**.
The **Indicate the Maternal High Risk conditions(s) that led to the Request to Terminate Pregnancy** field has a limit of 100-characters.

Main Reason for Request to Terminate Pregnancy *	Maternal High Risk ⌄
Indicate the Maternal High Risk condition(s) that led to the Request to Terminate Pregnancy *	

13. If **Medical Reasons Other Than Rubella infection, Fetal Anomalies, or Maternal High Risk** was selected for **Main Reason for Request to Terminate Pregnancy**, enter the condition(s) in **Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy**.
The **Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy** field has a limit of 50-characters.

Main Reason for Request to Terminate Pregnancy *	Medical Reasons Other Than Rubella Infection, Fetal Anomalies, or Maternal High Risk ⌄
Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy *	

14. Once you are done, click **NEXT**.

‹ Back   SAVE AS DRAFT   NEXT

4.3   Stage 3: Pre-Termination Of Pregnancy Counselling

1. If the gestation period was between 13 to 24 weeks, select the options for **Given Counselling On Mid-Trimester Pregnancy Termination** and **Patient Sign the Acknowledgement For Counselling On Mid-Trimester Pregnancy Termination**.

2. If the gestation period was not between 13 to 24-weeks, the fields **Given Counselling On Mid-Trimester Pregnancy Termination** and **Patient Sign the Acknowledgement For Counselling On Mid-Trimester Pregnancy Termination** will not appear.

3. Select either yes or no for **Whether Given Counselling**.

4. If **No** was selected for **Whether Given Counselling**, enter the reason in **Reason for No Counselling**.
   The **Reason for No Counselling** field has a limit of 100-characters.

5. If **Yes** was selected for **Whether Given Counselling**, fill in the new highlighted mandatory fields.
   For counsellor who has both FIN and passport number, please fill in the FIN number.
   If counselling was given by a doctor, please enter the **Doctor's Professional Regn/MCR No.**.

6. If **Unknown** or **Wants To Terminate Pregnancy** was selected for **Result of Counselling**, click **NEXT**, refer to section 3.4.1.

7. If **Wants To Continue With Pregnancy** was selected for **Result of Counselling**, click **NEXT** and refer to section 3.4.2.

8. If **Undecided** was selected for **Result of Counselling**, select the option for **Did Patient Make Appointment for Additional Counselling Sessions?**

Result of Counselling *	Undecided
Did Patient Make Appointment for Additional Counselling Sessions? *	Please Select

9. If **No** was selected for **Did Patient Make Appointment for Additional Counselling Sessions?**, click **NEXT** and refer to section 3.4.1.

Did Patient Make Appointment for Additional Counselling Sessions? *	No
Patient Age (Years)	26

SAVE AS DRAFT   NEXT

10. If **Yes** was selected for **Did Patient Make Appointment for Additional Counselling Sessions?**, enter the date of **Date of Second or Final Counselling** and select the **Result of Second or Final Counselling**.
   If patient underwent two or more counselling sessions, indicate the date and result of the final counselling session.

Did Patient Make Appointment for Additional Counselling Sessions? *	Yes
Date of Second or Final Counselling * ⓘ	dd/mm/yyyy
Result of Second or Final Counselling *	Please Select

11. If **Unknown** or **Wants To Terminate Pregnancy** was selected for **Result of Second or Final Counselling**, click **NEXT** and refer to section 3.4.1.

Result of Second or Final Counselling *	Please Select
	Please Select
Patient Age (Years)	Did Not turn Up After 1 Week Grace Period
	Unknown
	Wants To Continue With Pregnancy
	Wants To Terminate Pregnancy

SAVE AS DRAFT   NEXT

12. If **Did Not turn Up After 1 Week Grace Period** or **Wants To Continue With Pregnancy** was selected for **Result of Second or Final Counselling**, click **NEXT** and refer to section 3.4.2.

13. If patient is **less than 16 years old** on the **Date of Counselling, Health Promotion Board Counselling Centre** is listed as an option in the dropdown for **Place Where Counselling Was Done** in addition to the list of Institutions that holds an active Hospital or Medical PHMCA/HCSA licence.

14. If patient is **less than 16 years old** on the **Date of Counselling**, marital status was **not Married**, and **Health Promotion Board Counselling Centre** was not selected for **Place Where Counselling Was Done**, enter the reason in **Reason why Counselling was Not Conducted at HPB Counselling Centre**.
The **Reason why Counselling was Not Conducted at HPB Counselling Centre** field has a limit of 100-characters.

15. Once you are done, click **NEXT**.

4.4   Stage 4: Termination Of Pregnancy

4.4.1   Patient will continue TOP

This section will only be displayed when either the **Result of Counselling** or the **Result of Second or Final Counselling** is **Wants to Terminate Pregnancy** or **Unknown** selected. Please refer to sections 1.2 and 4.3 for more details.

1. You will arrive at the **Termination Of Pregnancy** stage. Fill in the highlighted mandatory fields below.

2. Dropdown options for **Type of Termination of Pregnancy**.

3. If **Solely by Drug** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields. The **Date of Termination of Pregnancy** is the date of first dose of drug.

Type of Termination of Pregnancy *	Solely by Drug
Type of Drug *	Please Select
Result of Termination of Pregnancy - Any Complications *	○ Yes ● No
Date of Termination of Pregnancy * ⓘ	13/08/2022
Is Drug for Termination of Pregnancy Prescribed in Own Premises? *	● Yes ○ No
Place where Drug for Termination of Pregnancy was Prescribed *	Medical Center 24, 111 International Business Park The Synergy #01-13B, 179098
Is Drug for Termination of Pregnancy Taken in Own Premises? *	● Yes ○ No
Place where Drug for Termination of Pregnancy was Taken *	Medical Center 24, 111 International Business Park The Synergy #01-13B, 179098

4. Dropdown options for Type of Drug.

Type of Drug *	Please Select
	Please Select
Result of Termination of Pregnancy - Any	Mifepristone Plus Misoprostol
Complications *	Misoprostol Alone
	Intra Amniotic Prostaglandins
Date of Termination of Pregnancy * ⓘ	Misoprostol Per Vaginal
	Others

5. If **Solely by Surgical Procedure** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields. The **Date of Termination of Pregnancy** is the date of operation.

6. Dropdown options for **Type of Surgical Procedure**.

7. Dropdown options for **Type of Anaesthesia**.

8. If **Drug and Surgical Procedure** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields.
*Note: The **Date of Termination of Pregnancy** is the date of first dose of drug or surgical procedure, whichever is earlier.*

9. Dropdown options for **Type of Surgical Procedure**.

10. Dropdown options for **Type of Anaesthesia**.

11. Dropdown options for **Type of Drug**.

Type of Drug *	Please Select ⌄
	Please Select
	Mifepristone Plus Misoprostol
Result of Termination of Pregnancy - Any	Misoprostol Alone
Complications *	Intra Amniotic Prostaglandins
	Misoprostol Per Vaginal
Date of Termination of Pregnancy * ⓘ	Others

12. If **No** was selected for **Is Surgical Termination of Pregnancy Performed in Own Premises?**, select the **Place of Surgical Termination of Pregnancy**.

Is Surgical Termination of Pregnancy Performed in Own Premises? *	○ Yes	◉ No
Place of Surgical Termination of Pregnancy *	Please Select ▾	

13. If **No** was selected for **Is Drug for Termination of Pregnancy Prescribed in Own Premises?**, select the **Place where Drug for Termination of Pregnancy was Prescribed**.

Is Drug for Termination of Pregnancy Prescribed in Own Premises? *	○ Yes	◉ No
Place where Drug for Termination of Pregnancy was Prescribed *	Please Select ▾	

14. If **No** was selected for **Is Drug for Termination of Pregnancy Taken in Own Premises?**, select the **Place where Drug for Termination of Pregnancy was Taken**. If the drug is taken in other premises such as the patient's home, select the option **Others E.g. Home**.

Is Drug for Termination of Pregnancy Taken in Own Premises? *	○ Yes	◉ No
Place where Drug for Termination of Pregnancy was Taken *	Please Select ▾	

15. If **Yes** was selected for **Result of Termination of Pregnancy - Any Complications**, enter the complications in **Complications Arising From Operation**.
The **Complications Arising From Operation** field has a limit of 66-characters.

Result of Termination of Pregnancy - Any Complications *	◉ Yes	○ No
Complications Arising From Operation *		

16. Enter the Doctor's Professional Registration No. (MCR No.) and click **Validate Doctor.** The **Doctor's Name**, **Specialty**, **Sub-Specialty**, and **Qualification** should appear.

17. If the **Doctor's Name**, **Specialty**, **Sub-Specialty**, or **Qualification** are not available, enter the information.

18. If the **Doctor's Name**, **Specialty**, **Sub-Specialty**, or **Qualification** are not available, enter the information.
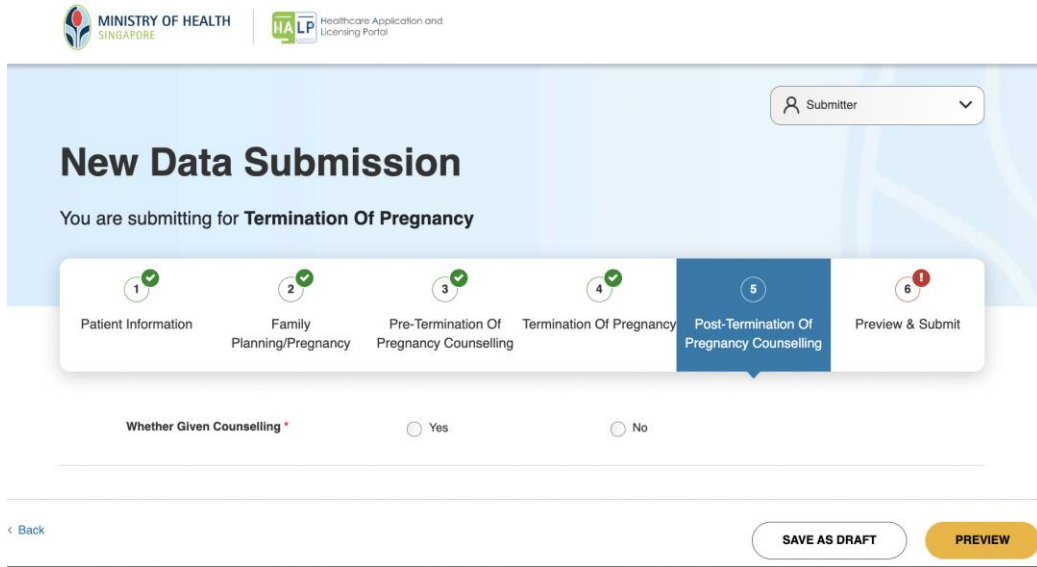
19. Once you are done, click **NEXT**.

20. You will arrive at the **Post-Termination Of Pregnancy Counselling** page. Please refer to section 4.5.

4.4.2   Patient will not continue TOP

This section will only be displayed when either the **Result of Counselling** has **Wants to Continue Pregnancy** selected or if **Result of Second or Final Counselling** has **Wants to Continue Pregnancy** or **Did Not Turn Up After 1 Week Grace Period** selected. Please refer to sections 1.2 and 4.3 for more details.

You will arrive at an empty Termination Of Pregnancy stage. There are no fields to fill in, click **NEXT** and refer to section 3.5.2.
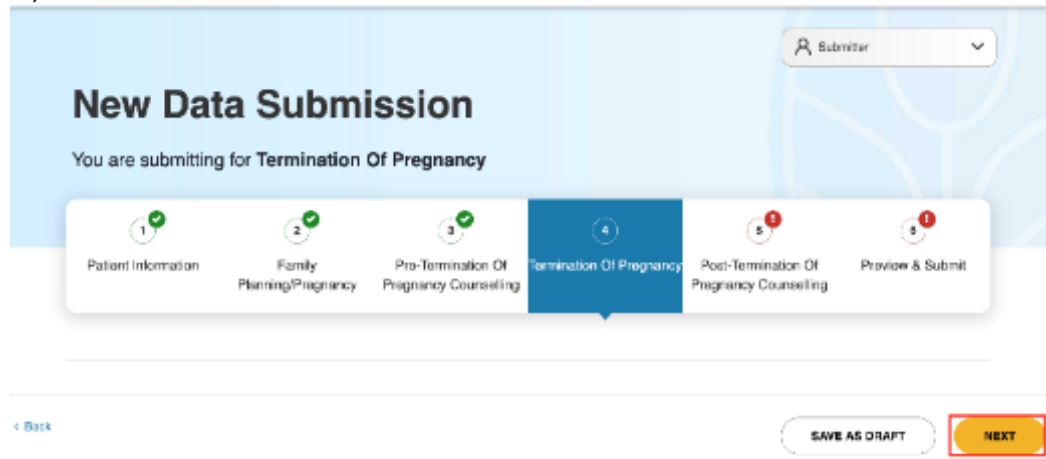
4.5 Stage 5: Post-Termination Of Pregnancy Counselling

4.5.1 Patient will continue TOP

This section will only be displayed when either the **Result of Counselling** or the **Result of Second or Final Counselling** has **Wants to Terminate Pregnancy** or **Unknown** selected. Please refer to sections 1.2, 4.3 and 4.4.1 for more details.

1. If **No** was selected for **Whether Given Counselling**, enter the reason in **Reason for No Counselling**.
   The **Reason for No Counselling** field has a limit of 100-characters.

2. If **Yes** was selected for **Whether Given Counselling**, fill in the new highlighted mandatory fields.
   Note: For counsellor who has both FIN and passport number, please fill in the FIN number.
   *If counselling was given by a doctor, please enter the **Doctor's Professional Regn/MCR No.**.*

3. Dropdown options for **Result of Counselling**.

4. Dropdown options for **Counsellor ID Type**.

Counsellor ID Type * ⓘ	Please Select ⌄
	Please Select
	NRIC
Counsellor ID No. *	FIN
	Passport
Name of Counsellor *	

5. If Others was selected for Result of Counselling, enter the result in Result of Counselling - Others.

Result of Counselling *	Others ⌄
Result of Counselling - Others *	

6. Once you are done, click **PREVIEW**.

‹ Back   SAVE AS DRAFT   PREVIEW

7. You will arrive at the **Preview & Submit** page. Please refer to section 3.6.

New Data Submission

You are submitting for **Termination Of Pregnancy**

1 Patient Information 2 Family Planning/Pregnancy 3 Pre-Termination Of Pregnancy Counselling 4 Termination Of Pregnancy 5 Post-Termination Of Pregnancy Counselling 6 Preview & Submit

4.5.2 Patient will not continue TOP

This section will only be displayed when either the **Result of Counselling** has **Wants to Continue Pregnancy** selected or if **Result of Second or Final Counselling** has **Wants to Continue Pregnancy** or **Did Not Turn UP After 1 Week Grace Period** selected. Please refer to sections 1.2, 4.3 and 4.4.2 for more details.

1. You will arrive at an empty Post-Termination Of Pregnancy Counselling stage. Click **PREVIEW**.
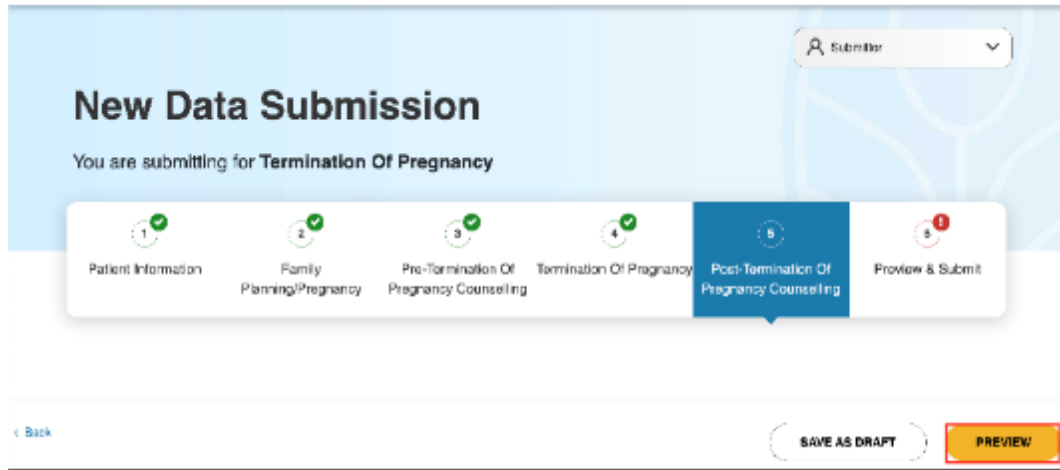
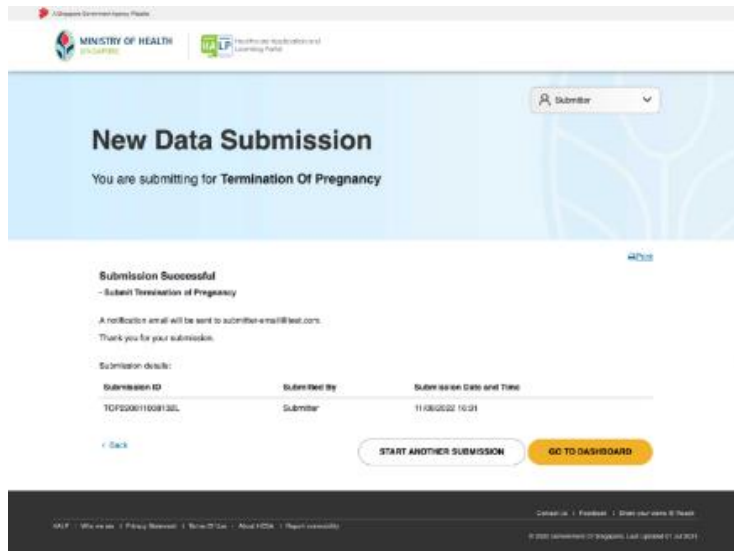**4.6   Stage 6: Preview & Submit**

1. Select the checkbox under **Declarations**.

2. The Back button can be used if any amendments need to be made before submission.

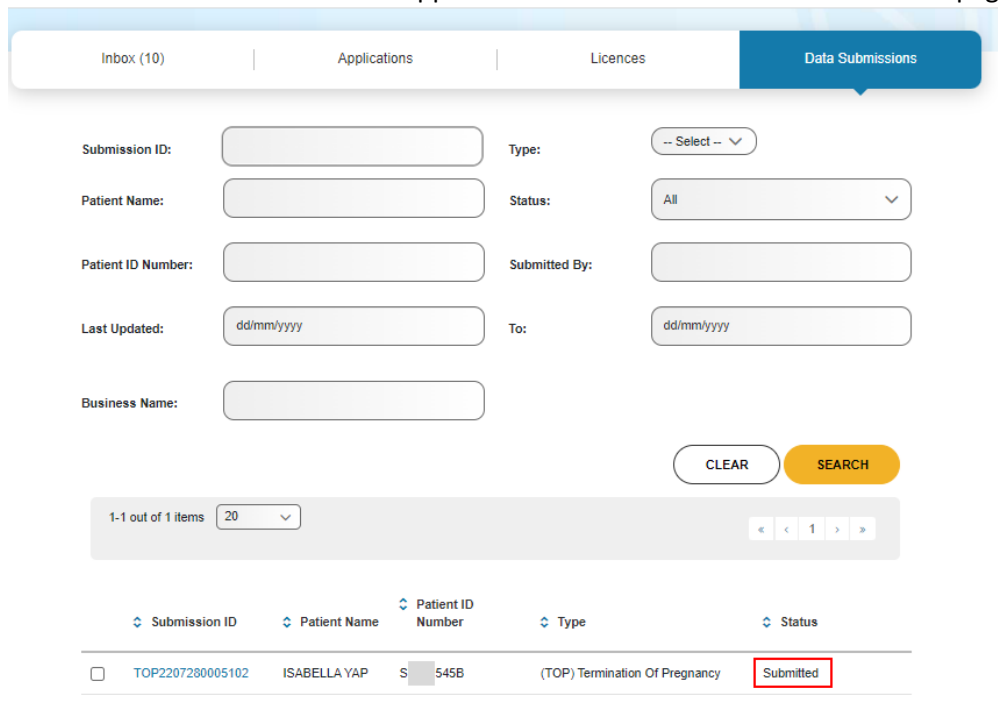   The Print button can be used to print the preview page if necessary.

    Click **SUBMIT**.

3. An acknowledgement statement will be shown when the submission is successfully submitted.

4. The status of the submission will appear as **Submitted** in the **Data Submissions** page.

5. An acknowledgement message will appear in the **Inbox** page.

Message Content

Dear Submitter,

We have received your data submission for Termination Of Pregnancy on 26/09/2022 11:49:06.

Submission ID: TOP220926031279J

For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.

Thank you.

Regards
Health Regulation Group
Ministry of Health

6. An acknowledgement email will be sent to all users with the **TOP Submitter** role.

halp-UAT@moh.gov.sg
to me ▾

Dear Submitter,

We have received your data submission for Termination Of Pregnancy on 25/07/2022 14:50:27.

Submission ID: TOP220725000349U

For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.
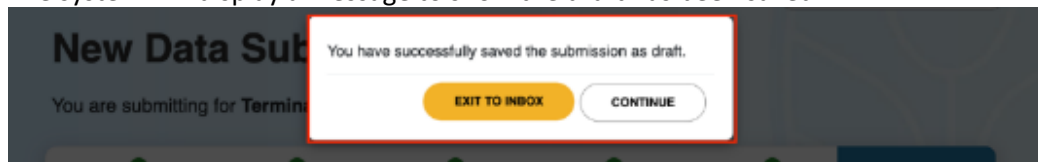
Thank you.

Regards

Health Regulation Group

Ministry of Health
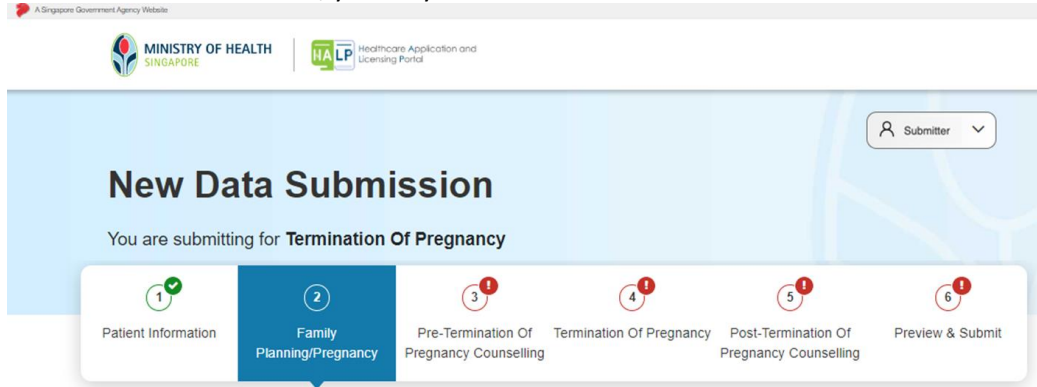
5   SAVE AND RESUME DRAFT SUBMISSION

5.1   Save And Resume Draft for TOP Data Submission

1. You may click **SAVE AS DRAFT** at any point during a submission.
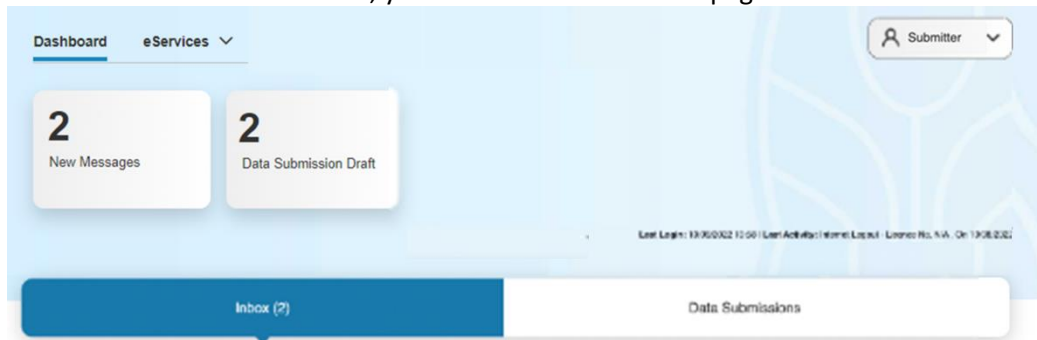

2. The system will display a message to show the draft has been saved.

3. If **CONTINUE** was selected, you may resume the submission.

4. If **EXIT TO INBOX** was selected, you will arrive at the **Inbox** page.

5. Click **Data Submissions**.

You will arrive at the **Data Submissions** tab. The draft should appear as the first entry highlighted in the table below.

You can search for a data submission by entering the **Submission ID**, **Type**, **Patient Name**, **Status**, **Patient ID Number**, user **Submitted By**, submission **Last Updated** from & **To** date, and **Business Name** of the Institution.

You can also find the submission by scrolling down if the submission was submitted recently.
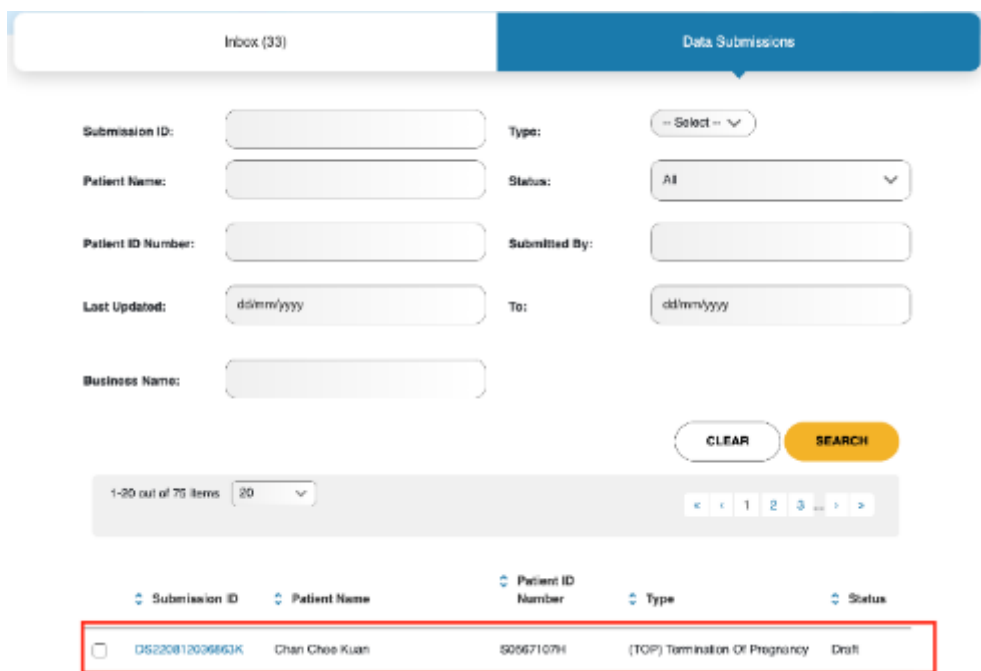
6. To access the draft, click on the **Submission ID** link.
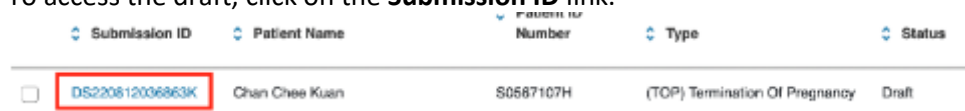
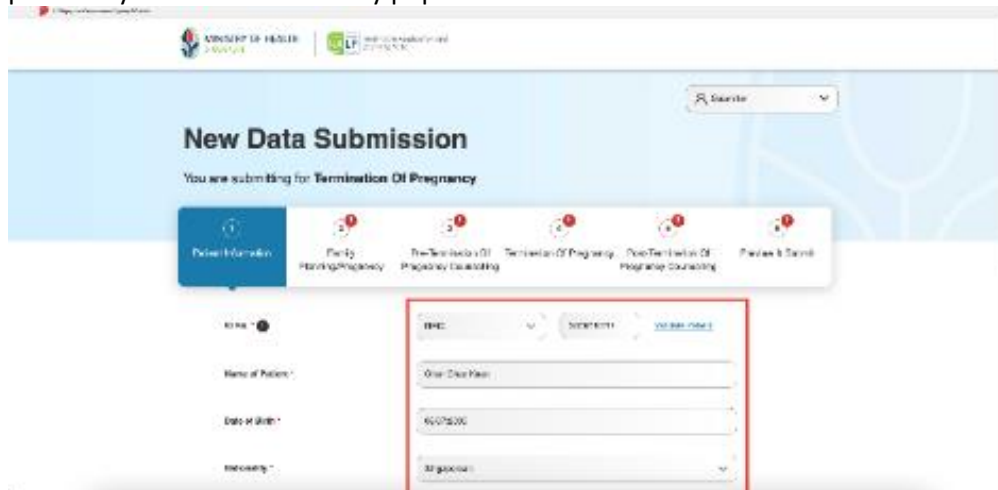7. The system will redirect to the first page of your submission, information entered previously will be automatically populated.

8. Click on the **tabs** to travel to the point you left off.

6   SUBMIT AMENDMENT

6.1   Amend TOP Data Submission

1. Only a user with **TOP Supervisor** role is able to amend TOP submission. At the Inbox page, click Data **Submissions**.

2. You will arrive at the **Data Submissions** tab.
   You can search for a data submission by their **Submission ID**, **Type**, **Patient Name**, submission **Status**, **Patient ID Number**, user **Submitted By**, submission **Last Updated** from & **To** date, and **Business Name** of the Institution.

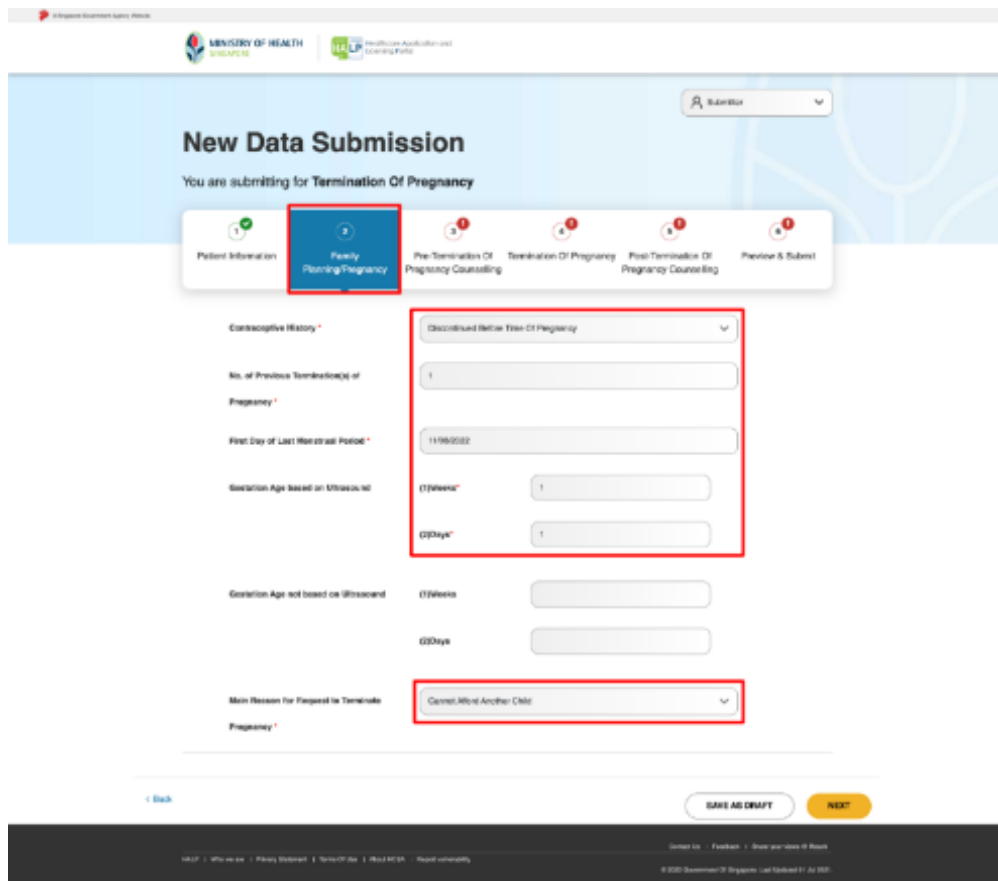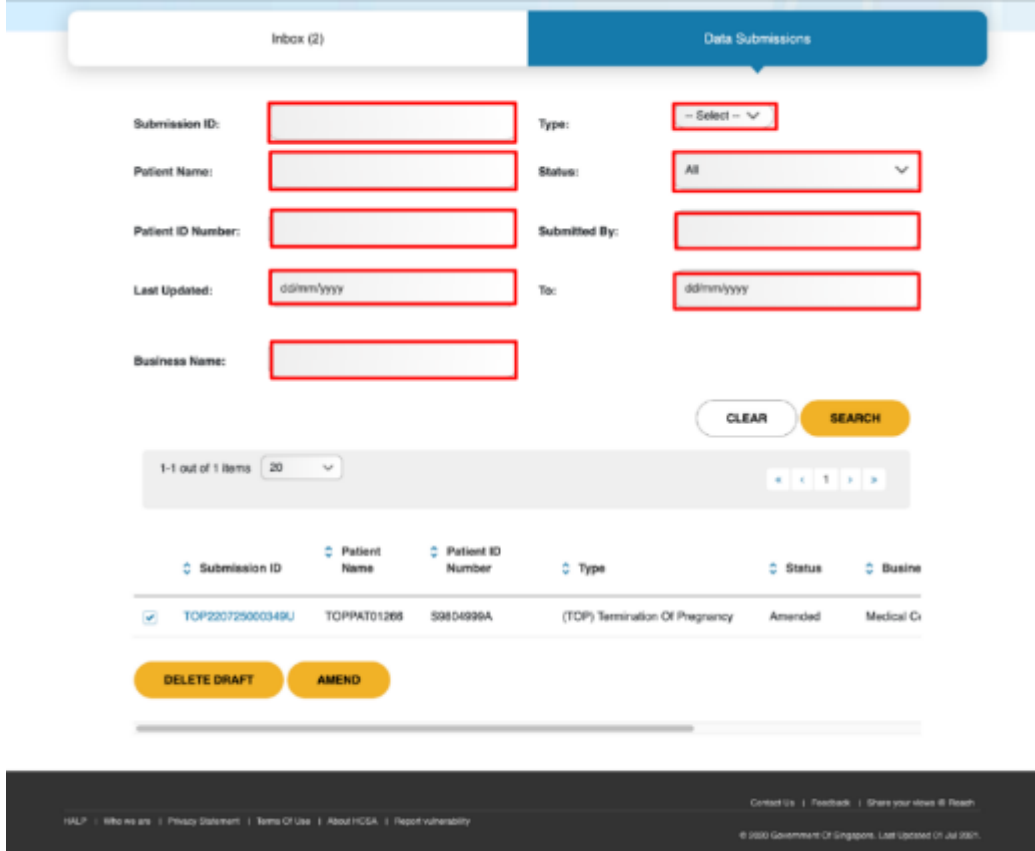   You can also find the submission by scrolling down if the submission was submitted recently.

3. Select the checkbox of one submission that has **Type** of: **(TOP) Termination of Pregnancy**.

4. You will arrive at the **Amendment** page.

5. Update the information at the relevant pages (e.g., update **No. of Previous Termination(s) of Pregnancy**) then click on the **Preview & Submit** stage. Users are allowed to jump between pages when amending a TOP data submission.

6. At the **Preview & Submit** stage, select the option for **Reason for Amendment** and select the checkbox under **Declarations**.

The Back button can be used if any amendments need to be made before submission.

The Print button can be used to print the preview page if necessary.

7. If **Others** was selected for **Reason for Amendment**, enter the reason in **Reason for Amendment (Others)**.

8. Once you are done, click **SUBMIT**.
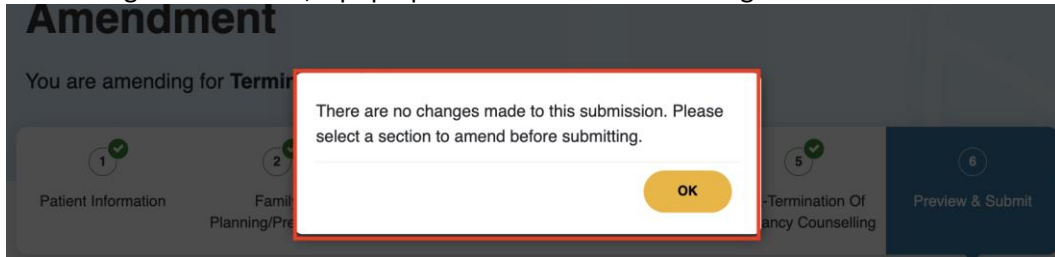
‹ Back   SAVE AS DRAFT   SUBMIT

9. If no changes were made, a pop-up will be shown after clicking **SUBMIT**.

Amendment

You are amending for **Termi...**

| There are no changes made to this submission. Please select a section to amend before submitting. |
| OK |

(1) Patient Information   (2) Famil... Planning/Pre...   (5) -Termination Of ...ancy Counselling   (6) Preview & Submit

10. An acknowledgement statement will be shown when the amendment is successfully submitted.

Amendment

You are amending for **Termination Of Pregnancy**

🖶 Print

Submission Successful
- **Submit Termination of Pregnancy**

A notification email will be sent to intern.ethanlim@ecquaria.com, emaildummytestertelp@gmail.com.
Thank you for your submission.

Submission details:

Submission ID	Submitted By	Submission Date and Time
TOP220901008372B	Submitter	14/09/2022 18:04

‹ Back   START ANOTHER SUBMISSION   GO TO DASHBOARD

11. The status of the submission will appear as **Amended** in the **Data Submissions** page.

12. And the **Last Updated** date will change to the date the amendment was done.

13. An acknowledgement message will appear in the **Inbox** page.
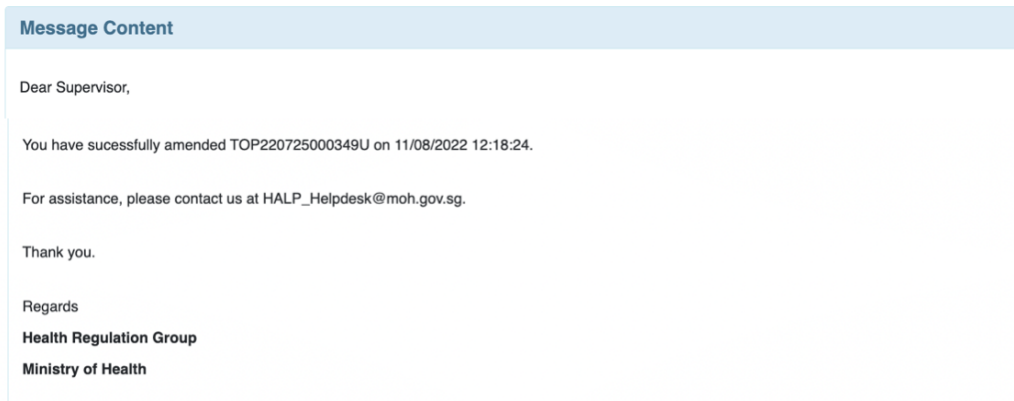
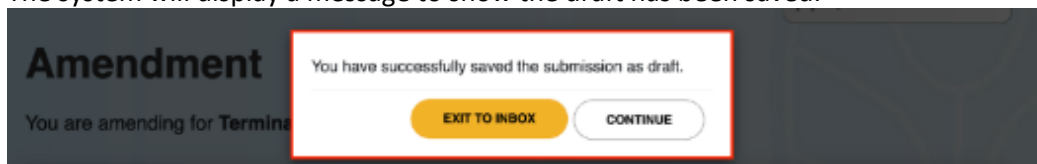14. An acknowledgement email will be sent to all users with the **TOP Supervisor** role.

7 SAVE AND RESUME DRAFT AMENDMENT

7.1 Save And Resume Draft for Amendment of TOP Data Submission
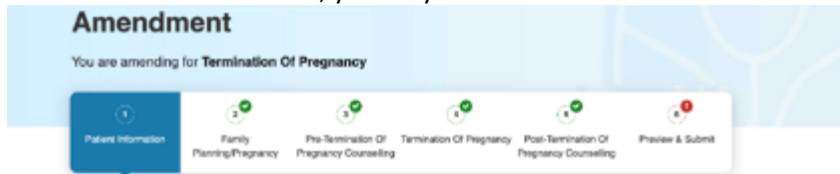
1. You may click **SAVE AS DRAFT** at any point during an amendment.

2. The system will display a message to show the draft has been saved.

3. If **CONTINUE** was selected, you may resume the amendment.

4. If **EXIT TO INBOX** was selected, you will arrive at the **Inbox** page.

5. Click Data **Submissions**.

6. You will arrive at the **Data Submissions** tab. The draft should appear as the first entry highlighted in the table below.

7. To access the draft, click on the **Submission ID** link.

8. The system will redirect to the first page of your amendment, information entered previously will be automatically populated.

9. Click on the **tabs** to travel to the point you left off.