
 STATUTORY INSTRUMENTS

1968 No. 505 (S. 49)

MEDICAL PROFESSION

The Abortion (Scotland) Regulations 1968

<i>Made</i> - - -	27th March 1968
<i>Laid before Parliament</i>	3rd April 1968
<i>Coming into Operation</i>	27th April 1968

In exercise of the powers conferred on me by section 2 of the Abortion Act 1967^(a), and of all other powers enabling me in that behalf, I hereby make the following regulations:—

Citation and commencement

1. These regulations may be cited as the Abortion (Scotland) Regulations 1968, and shall come into operation on 27th April 1968.

Interpretation

2.—(1) In these regulations “the Act” means the Abortion Act 1967 and “practitioner” means a registered medical practitioner.

(2) The Interpretation Act 1889^(b) shall apply for the interpretation of these regulations as it applies for the interpretation of an Act of Parliament.

Certificate of opinion

3.—(1) Any opinion to which section 1 of the Act refers shall be certified in the appropriate form set out in Schedule 1 to these regulations.

(2) Any certificate of an opinion referred to in section 1(1) of the Act shall be given before the commencement of the treatment for the termination of the pregnancy to which it relates.

(3) Any certificate of an opinion referred to in section 1(4) of the Act shall be given before the commencement of the treatment for the termination of the pregnancy to which it relates or, if that is not reasonably practicable, not later than 24 hours after such termination.

(4) Any such certificate as is referred to in paragraphs (2) and (3) of this regulation shall be preserved by the practitioner who terminated the pregnancy to which it relates for a period of three years beginning with the date of such termination and may then be destroyed.

Notice of termination of pregnancy and information relating thereto

4.—(1) Any practitioner who terminates a pregnancy shall within seven days of the termination give to the Chief Medical Officer of the Scottish Home and Health Department notice thereof and the other information relating to the termination in the form set out in Schedule 2 to these regulations.

(a) 1967 c. 87.

(b) 1889 c. 63.

(2) Any such notice and information shall be sent in a sealed envelope to the Chief Medical Officer, Scottish Home and Health Department, St. Andrew's House, Edinburgh, 1.

Restriction on disclosure of information

5. A notice given or any information furnished to the Chief Medical Officer in pursuance of these regulations shall not be disclosed except that disclosure may be made:—

- (a) for the purposes of carrying out his duties to an officer of the Scottish Home and Health Department authorised by the Chief Medical Officer of that Department; or
- (b) for the purposes of carrying out his duties in relation to offences against the Act or the law relating to abortion, to the Lord Advocate or Procurator Fiscal or a member of the staff of either of them authorised by them; or
- (c) for the purposes of investigating whether an offence has been committed against the Act or the law relating to abortion, to a police officer not below the rank of superintendent or a person authorised by him; or
- (d) for the purposes of criminal proceedings which have begun; or
- (e) for the purposes of bona fide scientific research; or
- (f) to the practitioner who terminated the pregnancy; or
- (g) to a practitioner, with the consent in writing of the woman whose pregnancy was terminated.

William Ross,
One of Her Majesty's
Principal Secretaries of State.

St. Andrew's House,
Edinburgh.
27th March 1968.

SCHEDULE 1

IN CONFIDENCE

Certificate A

Not to be destroyed within three years of the date of the operation

ABORTION ACT 1967

CERTIFICATE TO BE COMPLETED IN RELATION TO ABORTION UNDER SECTION 1(1) OF THE ACT

I, (Name and qualifications of practitioner in block capitals)

of (Full address of practitioner)

and I, (Name and qualifications of practitioner in block capitals)

of (Full address of practitioner)

hereby certify that we are of the opinion, formed in good faith, that in the case of (Full name of pregnant woman in block capitals)

of (Usual place of residence of pregnant woman in block capitals)

- (1) the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;
(2) the continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated;
(3) the continuance of the pregnancy would involve risk of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman greater than if the pregnancy were terminated;
(4) there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(Ring appropriate number(s))

This certificate of opinion is given before the commencement of the treatment for the termination of pregnancy to which it refers.

Signed Date

Signed Date

IN CONFIDENCE

Certificate B

*Not to be destroyed within three years of
the date of the operation*

ABORTION ACT 1967

CERTIFICATE TO BE COMPLETED IN RELATION TO ABORTION PERFORMED
IN EMERGENCY UNDER SECTION 1(4) OF THE ACT

I,
(Name and qualifications of practitioner in block capitals)

of.....
.....
(Full address of practitioner)

hereby certify that I *am/was of the opinion formed in good faith that it *is/was
necessary immediately to terminate the pregnancy of

.....
(Full name of pregnant woman in block capitals)

of.....
.....
(Usual place of residence of pregnant woman in block capitals)

(Ring appropriate number)

in order (1) to save the life of the pregnant woman; or
(2) to prevent grave permanent injury to the physical or mental health
of the pregnant woman.

This certificate of opinion is given—

- A. before the commencement of the treatment for the termination of the pregnancy to which it relates; or, if that is not reasonably practicable, then
- B. not later than 24 hours after such termination.

Signed.....

Date.....
*Delete as appropriate.

SCHEDULE 2

IN CONFIDENCE

ABORTION ACT 1967: ABORTION (SCOTLAND) REGULATIONS 1968

NOTIFICATION OF AN ABORTION PERFORMED UNDER SECTION 1 OF THE ACT

I,
(Name and qualifications of practitioner)

of
.....
(Full address of practitioner)

BLOCK CAPITALS

hereby give notice that I terminated the pregnancy of

.....
(Full name of pregnant woman)

of
.....
(Usual place of residence of pregnant woman)

The statutory grounds certified for terminating the pregnancy were:—

OTHERWISE THAN IN EMERGENCY

- (1) the continuance of the pregnancy would have involved risk to the life of the pregnant woman greater than if the pregnancy were terminated;
- (2) the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated;
- (3) the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman greater than if the pregnancy were terminated;
- (4) there was a substantial risk that if the child had been born it would have suffered from such physical or mental abnormalities as to be seriously handicapped;

(Ring appropriate number(s))

IN CASE OF EMERGENCY

- (5) it was necessary to save the life of the pregnant woman; or
- (6) it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

THE PREGNANCY WAS TERMINATED AT (to be completed for all terminations)

Name of hospital/approved place/other place
 (address)

on (date)

Signature of practitioner who terminated pregnancy

In all non-emergency cases, particulars of the practitioner(s) who joined in giving the certificate required for the purposes of section 1 should be shown below in the appropriate space(s):—

If the operating practitioner joined in giving certificate insert at A. particulars of the other certifying practitioner. } A. Name
 Address

If the operating practitioner did not join in giving certificate insert at A. & B. particulars of the two certifying practitioners. } B. Name
 Address

NOTE: This form is to be completed by the operating practitioner and sent *within seven days of the termination of the pregnancy* in a sealed envelope marked 'In confidence' to the Chief Medical Officer, Scottish Home and Health Department, St. Andrew's House, Edinburgh, 1.

Part II (ALL QUESTIONS TO BE ANSWERED

to the best of the notifying practitioner's knowledge and belief)

ADDITIONAL PARTICULARS OF PATIENT

1. Maiden surname
2. Date of birth
3. Hospital case reference number
4. Marital status of woman:

- | | | |
|-----------------------|--------------|------------|
| 1. Single | 2. Married | 3. Widowed |
| 4. Divorced/separated | 5. Not known | |
- (Ring appropriate number)

5. Husband's occupation
6. Patient's occupation (if any)

PREVIOUS OBSTETRIC HISTORY CURRENT PREGNANCY

- | | |
|--|---|
| 7. Total no. of pregnancies | 13. Estimated duration of gestation |
| 8. No. of live births | 14. Date of admission for termination |
| 9. No. of still births | 15. Date of discharge (if known) |
| 10. No. of abortions | |
| 11. No. of surviving children | |
| 12. Date of last termination under Act (where applicable)..... | |

SPECIFIC INDICATIONS FOR TERMINATION OF PREGNANCY

(Enter reasons in appropriate section(s) below)

16. Obstetric and/or gynaecological conditions in mother.....
.....
17. Other organic and/or psychiatric conditions in mother
.....
18. Risk of abnormality of foetus
.....
19. Medico-social reasons
.....
20. TYPE OF TERMINATION (ring appropriate number)
- | | |
|----------------------------|--------------------------|
| 1. Dilation and evacuation | 2. Abdominal hysterotomy |
| 3. Vaginal hysterotomy | 4. Vacuum aspiration |
| 5. Other (specify) | |
21. Was HYSTERECTOMY or OTHER STERILISATION carried out
(specify)
.....
22. COMPLICATIONS PRIOR TO NOTIFICATION (ring appropriate
number(s))
- | | | |
|--------------------------|-----------|----------------|
| 1. None | 2. Sepsis | 3. Haemorrhage |
| 4. Other (specify) | | |
23. In Case of DEATH specify cause

EXPLANATORY NOTE*(This Note is not part of the regulations.)*

These regulations, made under the Abortion Act 1967,

- (a) prescribe forms for the purpose of certifying opinions under section 1 of the Act and the time for such certification (regulation 3(1), (2) and (3) and Schedule 1);
- (b) provide for the preservation and disposal of such certificates (regulation 3(4));
- (c) require the notification of the abortion and prescribe the information relevant thereto to be given to the Chief Medical Officer (regulation 4 and Schedule 2); and
- (d) restrict the disclosure of such notices and information (regulation 5).