

## STATUTORY INSTRUMENTS

1980 No. 1724

## MEDICAL PROFESSION

## The Abortion (Amendment) Regulations 1980

*Made* - - - - 11th November 1980  
*Laid before Parliament* 19th November 1980  
*Coming into Operation* 1st March 1981

The Secretary of State for Social Services, as respects England, and the Secretary of State for Wales, as respects Wales, in exercise of the powers conferred by section 2(1)(b) of the Abortion Act 1967(a), as amended by the Transfer of Functions (Wales) Order 1969(b), and now vested in them(c) and of all other powers enabling them in that behalf, hereby make the following regulations:—

*Citation and commencement*

1. These regulations may be cited as the Abortion (Amendment) Regulations 1980, and shall come into operation on 1st March 1981.

*Amendment of Schedule 2 to the principal regulations*

2. In Schedule 2 to the Abortion Regulations 1968(d) for the form of notification to the Chief Medical Officer of an abortion performed under section 1 of the Abortion Act 1967 there shall be substituted the form set out in the Schedule to these regulations.

*Patrick Jenkin,*

Secretary of State for Social Services.

3rd November 1980.

*Nicholas Edwards,*

Secretary of State for Wales.

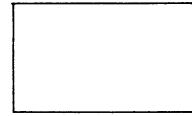
11th November 1980.

(a) 1967 c. 87. (b) S.I. 1969/388.  
(c) See Secretary of State for Social Services Order 1968(S.I. 1968/1699).  
(d) S.I. 1968/390 as amended by S.I. 1969/636 1976/15

*Regulation 2*

## SCHEDULE

IN CONFIDENCE



Please leave blank

## ABORTION ACT 1967

## FORM OF NOTIFICATION

(England and Wales)

This form is to be COMPLETED BY THE OPERATING PRACTITIONER and sent in a sealed envelope within SEVEN DAYS of the termination of the pregnancy to:—

The Chief Medical Officer  
Department of Health and Social Security  
Alexander Fleming House  
Elephant and Castle  
LONDON  
SE1 6BY

OR

in respect of the termination of the pregnancy in Wales, to:—

The Chief Medical Officer  
Welsh Office  
Cathays Park  
CARDIFF  
CF1 3NQ

**ABORTION NOTIFICATION IN CONFIDENCE**

PLEASE USE BLOCK CAPITALS THROUGHOUT

Please leave this column blank

1. Operating Practitioner  
Name

I, .....

Permanent  
address

of .....

hereby give notice that I terminated the pregnancy of the woman named below, and to the best of my knowledge the particulars on this form are correct. I further certify that I joined/did not join† in giving Certificate A having seen/not seen† and examined/not examined† her before doing so.

Signature .....

2. Woman's full name and address (including country if resident outside England and Wales)

Surname

Forename(s)

Address

Post Code.....

3. Grounds. (tick appropriate boxes)

The certified grounds for terminating the pregnancy stated on certificate A were:—

1. the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.

1. State main medical condition(s):—

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.

2. State main medical condition(s):—

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.

3. State number of children:—

†Delete as appropriate

Please leave this column blank

<input type="checkbox"/> 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.	4. State diagnosis or suspected condition:— ..... Termination was immediately necessary, as stated on Certificate B:— .....	[ ][ ][ ][ ][ ][ ]
<input type="checkbox"/> 5. to save the life of the pregnant woman, OR	5. or 6. State main medical condition(s):— .....	[ ][ ][ ][ ][ ][ ]
<input type="checkbox"/> 6. to prevent grave permanent injury to the physical or mental health of the pregnant woman.	.....	[ ][ ][ ][ ][ ][ ]

**4. Certification** In all non-emergency cases state particulars of practitioners who joined in giving Certificate A.

1. To be completed in all cases.	2. Do not complete if the operating practitioner joined in giving Certificate A.	
Name .....	.....	[ ]
Permanent address .....	.....	
.....	.....	
.....	.....	

Did the practitioner named at 1 certify that he saw/and examined† the pregnant woman before giving the certificate?  YES  NO

Did the practitioner named at 2 certify that he saw/and examined† the pregnant woman before giving the certificate?  YES  NO

(tick appropriate box)

**5. Name and Address of place of termination** .....

.....

.....

(tick appropriate box) Was the patient a NHS case terminated in an approved place under an agency agreement?  YES  NO

.....

†Delete as appropriate

		Please leave this column blank										
6. Date of birth	..... Day ..... Month ..... Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
7. Marital Status (tick appropriate box)	1 <input type="checkbox"/> Single	2 <input type="checkbox"/> Married										
	3 <input type="checkbox"/> Widowed	4 <input type="checkbox"/> Divorced										
	5 <input type="checkbox"/> Separated	NK <input type="checkbox"/> Not Known										
8. Gestation  (tick appropriate box)	Gestation period in weeks ..... based on:— 1 <input type="checkbox"/> L.M.P.      2 <input type="checkbox"/> Ultra-sound 3 <input type="checkbox"/> Other-Specify .....	<input type="text"/> <input type="text"/> <input type="text"/>										
9. Parity  (Enter number)	Number of woman's previous:— <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Livebirths</th> <th rowspan="2">Stillbirths</th> <th colspan="2">Abortions</th> </tr> <tr> <th>Spontaneous miscarriages</th> <th>Legal terminations</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Livebirths	Stillbirths	Abortions		Spontaneous miscarriages	Legal terminations					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Livebirths	Stillbirths			Abortions								
		Spontaneous miscarriages	Legal terminations									
10. Previous legal terminations	Date of last termination under the Act (if applicable) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
11. Admission	Date of admission to place of termination .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
12. Termination	Date of termination .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
13. Discharge	Date of discharge from place of termination .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
14. Day case (tick appropriate box)	Was this a planned day case? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>										
15. Method (tick appropriate box)	Surgical:—	*Medical:—										
	<input type="checkbox"/> Vacuum aspiration	<input type="checkbox"/> Prostaglandins only										
	<input type="checkbox"/> Dilatation and Curettage	<input type="checkbox"/> Prostaglandins with other agents-Specify .....										
	<input type="checkbox"/> Hysterotomy	<input type="checkbox"/> Other medical agents-Specify .....										
	<input type="checkbox"/> Hysterectomy											
	<input type="checkbox"/> Other surgical-Specify .....											
16. Complications (tick appropriate box(es))	*Complications prior to notification:— <input type="checkbox"/> None <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Sepsis <input type="checkbox"/> Uterine perforation <input type="checkbox"/> Other-Specify .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
17. Sterilisation (tick appropriate box)	Was a sterilisation operation performed? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>										
18. Death	In the case of death, specify date..... Cause .....	<input type="text"/>										

\*Do not enter an evacuation of retained products of conception as a further method of termination or as a complication when this is routinely undertaken.

## EXPLANATORY NOTE

*(This Note is not part of the Regulations.)*

These Regulations made under the Abortion Act 1967, further amend the Abortion Regulations 1968 by substituting a revised form of notification for that set out in Schedule 2 to the Abortion Regulations 1968.

SI 1980/1724  
ISBN 0-11-007724-5



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