

1980 No. 1864 (S. 169)

MEDICAL PROFESSION

The Abortion (Scotland) Amendment Regulations 1980

Made - - - - 26th November 1980

Laid before Parliament 15th December 1980

Coming into Operation 1st March 1981

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, commencement and interpretation

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

(2) In these Regulations “the Act” means the Abortion Act 1967, and “the principal regulations” means the Abortion (Scotland) Regulations 1968^(b).

Amendment to the principal regulations

2. For the form set out in Schedule 2 to the principal regulations (form of notification to be given to the Chief Medical Officer of an abortion performed under section 1 of the Act) there shall be substituted the form set out in the Schedule to these regulations.

George Younger,
One of Her Majesty's Principal
Secretaries of State.

New St. Andrew's House,
Edinburgh.
26th November 1980.

^(a) 1967 c. 87.

^(b) S.I. 1968/505; the relevant amending instrument is S.I. 1976/127.

SCHEDULE

Regulation 2

IN CONFIDENCE

ABORTION ACT 1967

ABORTION (SCOTLAND) REGULATIONS 1968 (as amended)

NOTIFICATION OF AN ABORTION PERFORMED UNDER SECTION 1 OF THE ACT

(All questions to be answered to the best of the notifying practitioner's knowledge and belief)

I _____ **BLOCK CAPITALS PLEASE**
(name and qualifications of practitioner)

of _____
(full address of practitioner)

hereby give notice that I terminated the pregnancy of

of _____
(usual place of residence)

Post Code _____

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

Name of hospital/approved place/other place _____

(address) _____

on (date) _____

Consultant in Nominal Charge _____

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 purpose 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 _____

If the operating practitioner joined in giving the certificate did he see/and examine* the pregnant woman before doing so?.....

Has the practitioner named at A certified that he saw/and examined* the pregnant woman before giving the certificate?

Has the practitioner named at B (if any) certified that he saw/and examined* the pregnant woman before giving the certificate?

* Delete as appropriate

NOTE
THIS FORM 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 EH1 3DE.

PART II

THE STATUTORY GROUNDS CERTIFIED for terminating the pregnancy were—

OTHERWISE THAN IN EMERGENCY

Ring appropriate number(s)

Please specify as precisely as possible

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

The main indication(s)

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

The main indication(s)

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

The main indication(s) and number of children in the family

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

The fetal abnormality, or suspected abnormality, or risk

IN CASE OF EMERGENCY

5. it was necessary to save the life of the pregnant woman; *or*

The main indication(s)

6. it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman

PART III

ADDITIONAL PARTICULARS OF PATIENT

Date of Birth _____ Hospital Case Ref. No. _____

MARITAL STATUS 1. Single 2. Married 3. Widowed 4. Divorced
(ring appropriate number) 5. Separated 6. Not Known

PREVIOUS OBSTETRIC HISTORY (Enter number)	Total Pregnancies	Livebirths	Stillbirths	Abortions	
				Spontaneous	Therapeutic

Date of last termination under the Act (if applicable) _____

CURRENT PREGNANCY Gestation in Weeks _____ based on:— 1. LMP
(ring appropriate number(s)) 2. Ultrasound 3. Other (specify) _____

DATE of admission _____ Date of discharge _____

DAY CASE Was this a *planned* day case? 1. Yes 2. No
(ring appropriate number)METHOD OF TERMINATION
(ring appropriate number)

Surgical:—

1. Vacuum aspiration
2. Dilation and curettage
3. Hysterotomy
4. Abdominal hysterectomy
5. Other surgical (specify) _____

Medical Induction:—

6. *Prostaglandins only
7. *Prostaglandins with other agents (specify) _____
8. *Other medical agents (specify) _____

* Do not enter an evacuation of retained products of conception as a further method of termination.

STERILISATION 1. None 2. Laparoscopy 3. Laparotomy
(ring appropriate number) 4. Abdominal hysterectomy 5. Other (specify) _____

IN CASE OF DEATH specify cause _____

Date of Death _____

EXPLANATORY NOTE

(This Note is not part of the Regulations.)

These regulations substitute a new form of notification to be given to the Chief Medical Officer of the Scottish Home and Health Department by practitioners carrying out terminations of pregnancies under section 1 of the Abortion Act 1967 for the form contained in Schedule 2 to the Abortion (Scotland) Regulations 1968.

SI 1980/1864
ISBN 0-11-007864-0



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