STATUTORY INSTRUMENTS

1991 No. 460 (S.41)

MEDICAL PROFESSION

The Abortion (Scotland) Regulations 1991

Made - - - - 4th March 1991
Laid before Parliament 7th March 1991
Coming into force - - 1st April 1991

The Secretary of State, in exercise of the powers conferred on him by section 2 of the Abortion Act 1967(1) and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation, commencement and extent

1. These Regulations may be cited as the Abortion (Scotland) Regulations 1991, shall extend to Scotland only and shall come into force on 1st April 1991.

Interpretation

2. In these Regulations "the Act" means the Abortion Act 1967 and "practitioner" means a registered medical practitioner.

Certificate of opinion

- 3.—(1) Any opinion to which section 1 of the Act refers shall be certified—
 - (a) in the case of a pregnancy terminated in accordance with section 1(1) of the Act, in the form set out in Part I of Schedule 1 to these Regulations; and
 - (b) in the case of a pregnancy terminated in accordance with section 1(4) of the Act, in the form set out in Part II of that Schedule.
- (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 not less than three years beginning with the date of the termination.
- (5) A certificate which is no longer to be preserved shall be destroyed by the person in whose custody it then is.

Notice of termination of pregnancy and information relating to the termination

- **4.** Any practitioner who terminates a pregnancy in Scotland shall within 7 days of the termination give to the Chief Medical Officer of the Scottish Home and Health Department—
 - (a) notice of the termination; and
 - (b) such other information relating to the termination as is specified in the form set out in Schedule 2 to these Regulations,

and shall do so by sending them by post or delivering them in a sealed envelope within 7 days of the termination.

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 Department or of the Common Services Agency for the Scottish Health Service authorised by the Chief Medical Officer of that Department; or
 - (b) for the purposes of carrying out his duties in relation to offences under the Act or the law relating to abortion, to the Lord Advocate or to the 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 under 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) pursuant to a court order, for the purposes of court 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; or
 - (h) when requested by the President of the General Medical Council for the purpose of investigating whether there has been serious professional misconduct by a practitioner, to the President of the General Medical Council or a member of its staff authorised by him.

Revocations

6. The Regulations specified in Schedule 3 to these Regulations are hereby revoked.

St. Andrew's House, Edinburgh 4th March 1991

Michael B. Forsyth Minister of State, Scottish Office

SCHEDULE 1

Regulation 3(1)

PART I

IN	CONFI	DENCE		SCHEDULE 1	Regulation 3(1)		
		be destroyed wit If the date of the		PART I			
			Certificat	ABORTION ACT 1 te to be completed in rela under Section 1(1) of t	tion to an abortion		
	I		(name o	and qualifications of practitioner	: in Block Capitals)		
	of	*************************					
	(full address of practitioner) Have/have not* seen/examined* the pregnant woman to whom this certificate relates at						
			(Full ad	dress of place at which patiens w	as seen or examined)		
	on						
			(Name	and qualifications of practitioner	: in Block Capitals)		
	of	***************************************					
(* delete as appropriate)	Have/h	(Full address of practitioner) Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at					
		***************************************	(Full ad	dress of place at which patient w	as seen or examined)		
	On						
	of		(F	ull name of pregnant woman : in	Block Capitals)		

		A the continuar		ace of residence of pregnant won by would involve risk to th	nan : in Block Capitals) e life of the pregnant woman greater than if the		
	pregnancy were terminated. B the termination is necessary to prevent grave permanent injury to the physical or mental health of the						
Tick appropriate box		pregnant woman. C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the					
		pregnant woman. D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the					
		existing child(ren) of the family of the pregnant woman. Ethere is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.					
	This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.						
	Signed	I					
	•		Date				
	Signed	I	Date				

PART II

IN (CONFI	DENCE PART II	Certificate B			
		be destroyed within three f the date of the operation				
	•	ABORTION ACT 1967 Certificate to be completed in relation to an abortion performed in emergency under Section 1(4) of the Act				
	1,	(name and qualifications of practitioner: in Block Capitals)	•••••			
	of					
		(full address of practitioner)				
		certify that I *am/was of the opinion, formed in good faith, that it *is/was necessary iately to terminate the pregnancy of				
	of	(Full name of pregnant woman : in Block Capitals)	•••••			
		(Usual place of residence of pregnant woman : in Block Capitals)				
Tick appropriate		F to save the life of the pregnant woman; or				
bax		G to prevent grave permanent injury to the physical or mental health of the pregnant	woman.			
	This ce	This certificate of opinion is given:				
Tick appropriate		before the commencement of treatment for the termination of the pregnancy to whor, if that is not reasonably practicable, then	tich it relates;			
box		2 not later than 24 hours after such termination.				
	Signad					
	Signed	Date				
		*Delete as appropriate				

SCHEDULE "

Regulation 4

IN CONFIDENCE

SCHEDULE 2

Regulation 4

ABORTION ACT 1967 ABORTION (SCOTLAND) REGULATIONS 1991 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)

LOCK APITALS LEASE	I						
	of						
	hereby give notice that I terminated the pregnancy of						
	(full name of pregnant woman)						
	of(usual place of residence)						
				Post Code			
	Date of birth		Hospital	Case Reference Number			
	THE PREGNANCY W	AS TERMINATED AT (to be completed fo	f all terminations):-			
	Name of hospital/approved place/other place		(address)				
			on (date)				
	Consultant in nominal of	harae	Oir (Marc)				
		-	n~v				
	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):						
	section I should be allo	To be completed in	•	Do not complete if the operating practition joined in giving Certificate A			
	Name						
	Permanent address						
		ned at 1 certify that he sa fore giving the certificate		YES NO			
		ned at 2 certify that he sa fore giving the certificate	YES NO				
	*Delete as appropriate						
			NC	DIE			

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 OPFICER, SCOTTISH OPFICE HOME AND HEALTH DEPARTMENT, ST ANDREW'S HOUSE, EDINBURGH EH! 3DE.

THE STATUTORY GROUNDS CERTIFIED for terminating the pregnancy were :

	IERWISE THAN IN EMERGENCY	
(Tick app	ropriate box(es))	Please specify as precisely as possible
	A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.	The main indication(s)
	B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.	The main indication(s)
	C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.	The main indication(s)
	D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.	The main indication(s) and number of children in the family
	E there is a substantial risk that if the child were born or mental abnormalities as to be seriously handicap	• •
	For Ground E Complete the Appropriate Column belo	w ·
	EITHER	OR
	2 Method(s) of diagnosis (tick appropriate box(es)) 1 Amniocentesis 2 Chorion Villus Sampling 3 Ultrasound 4 Other Specify	State condition in pregnant woman causing suspected condition in fetus (complete 1 and 2 below) 1 Condition in pregnant woman Specify
2. IN	CASE OF EMERGENCY F it was necessary to save the	The main indication(s)
or or	life of the pregnant woman;	***************************************
	G it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman	
Was t	nis a selective reduction?	2 NO
	Original number of fetuses	
	Reduced to	

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

CURRENT PREGNANCY						
Gestation in Weeks based on	1	LMP]2 បា	trasound		
(tick appropriate box(es))	3	Other Specif	y			***************************************
Over 24 weeks. If the pregnancy was terminated after it had exceeded its 24th week, please give below a full statement of the suspected medical condition of the pregnant woman and/or fetus.						
ADDITIONAL PARTICULARS OF PATIEN						
MARITAL STATUS 1 Sing		2 Man	ried		3 Widowed	
(tick appropriate box) 4 Dive		5 Sepa	rated		6 Not know	n
	egnancies	Live Births	St	ill Births	Abortions	
(Enter number)					Spontaneou	Therapeutic
				· · · · · ·		
Date of Admission	Da	ate of Discharg	ge	•••••		
Was this a planned Day Case 1 Yes (tick appropriate box)	2	No				
METHOD OF TERMINATION (sick appropriate box(es))					.,	
Cervical preparation 1 Yes Surgical	2	No *Medi	cal (tid	k all appropr	iate boxes)	
1 Vacuum Aspiration			6	Prostaglar	dins	
2 Dilation and Evacuation/Curettage			7	Oxytocics		
3 Hysterotomy			8	Antiproge	sterones (see b	ælow)
4 Hysterectomy			9	Other med	lical agents	
5 Other Surgical				Specify		***************************************
Specify						
* DO NOT enter an Evacuation of retained produ	icts of conce	ption as a fun	ther m	ethod of ten	mination	
If Antiprogesterone was used:- Antiprogesterone Prostaglandin						
Date of administration	Date	of administrat	ion			Date termination confirmed
give name and address of place of treatment	and a of pla	give name				Continued
Type of premises	Туре	of premises				
STERILISATION 1 Yes (tick appropriate boz)	2	No			••	
IN CASE OF DEATH Specify cause						

SCHEDULE 3

Regulation 6

REVOCATIONS

Column 1	Column 2
Regulations revoked	References
The Abortion (Scotland) Regulations 1968	S.I.1968/505
The Abortion (Scotland) (Amendment) Regulations 1974	S.I. 1974/1309
The Abortion (Scotland) Amendment Regulations 1976	S.I. 1976/127
The Abortion (Scotland) Amendment Regulations 1980	S.I. 1980/1864

EXPLANATORY NOTE

(This note is not part of the Regulations)

hese Regulations (which extend to Scotland only) are made under section 2 of the Abortion Act 1967, and replace the Abortion (Scotland) Regulations 1968 and the three sets of amending regulations. These Regulations make new provision to take account in particular of the amendments to the Abortion Act 1967 made by section 37 of the Human Fertilisation and Embryology Act 1990 (c. 37), including the new grounds for abortion introduced by those amendments.

The Regulations—

- (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) and (5));
- (c) require notice of the abortion, and information relevant to it, to be given to the Chief Medical Officer in Scotland (regulation 4 and Schedule 2);
- (d) restrict the disclosure of such notices and information (regulation 5); and
- (e) revoke the Abortion (Scotland) Regulations 1968 and the three sets of amending regulations (regulation 6 and Schedule 3).