

YR ATODLEN

Rheoliad 6

“SCHEDULE 2

Regulation 4

Information to be supplied in an Abortion Notification

1. Full name and address (including postcode) of the practitioner who terminated the pregnancy and the General Medical Council registration number of the practitioner.
2. In non-emergency cases particulars of the practitioners who gave a certificate of opinion pursuant to section 1(1) of the Act and whether they saw or examined, or saw and examined the patient before giving the certificate.
3. Patient's details—
 - (a) patient's hospital or clinic number or National Health Service number or (if unavailable) patient's full name;
 - (b) date of birth;
 - (c) in the case of a patient resident in the United Kingdom, her full postcode or, if the postcode is unavailable, her address;
 - (d) in the case of a patient resident outside the United Kingdom, her country of residence;
 - (e) ethnicity (if disclosed by the patient);
 - (f) marital status; and
 - (g) parity.
4. Name and address of place of termination.
5. Whether the termination was paid for privately or not.
6. Date and method of foeticide if appropriate.
7. In a case where the termination is by surgery—
 - (a) date of termination;
 - (b) the method of termination used; and
 - (c) in cases where the dates are different, the date of admission to the place of termination and the date of discharge from the place of termination;
8. In a case where the termination is by non-surgical means—
 - (a) the date of treatment with antiprogestrone;
 - (b) the date of treatment with prostaglandin;
 - (c) the date the termination is confirmed;
 - (d) in cases where the place of treatment with prostaglandin is different from the place of treatment with antiprogestrone, the name and address at which the prostaglandin was administered;
 - (e) details of other agents used and the date of administration; and
 - (f) the date of discharge if an overnight stay is required.
9. Number of complete weeks of gestation.
10. The ground(s) certified for terminating the pregnancy contained in the certificate of opinion given pursuant to section 1(1) of the Act together with the following additional information in the case of—

Statws *This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.*

- (a) the ground specified in paragraph (a), whether or not there was a risk to the patient's mental health and if not, her main medical conditions;
 - (b) the grounds specified in paragraphs (b) and (c), the main medical condition(s) of the patient;
 - (c) the ground specified in paragraph (d), any foetal abnormalities diagnosed, together with method of diagnosis used, and any other reasons for termination.
- 11.** The ground(s) certified for terminating the pregnancy contained in the certificate of opinion given pursuant to section 1(4) of the Act and the patient's main medical conditions;
- 12.** In cases of selective termination the original number of foetuses and the number of foetuses remaining.
- 13.** Whether or not the patient was offered chlamydia screening.
- 14.** Particulars of any complications experienced by the patient up to the date of discharge.
- 15.** In the case of the death of the patient the date and cause of death.”.