

Status: This is the original version (as it was originally made).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

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)

BLOCK
CAPITALS
PLEASE

I
(name and qualifications of practitioner)

of
(full address of practitioner)

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 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):

Table with 2 columns: 1. To be completed in all cases, 2. Do not complete if the operating practitioner joined in giving Certificate A. Rows include Name and 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

*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 OFFICE HOME AND HEALTH DEPARTMENT, ST ANDREW'S HOUSE, EDINBURGH EH1 3DE.

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THE STATUTORY GROUNDS CERTIFIED for terminating the pregnancy were :

1. OTHERWISE THAN IN EMERGENCY

(Tick appropriate 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 it would suffer from such physical or mental abnormalities as to be seriously handicapped.

For Ground E Complete the Appropriate Column below

EITHER

OR

- 1 State diagnosis
- 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 Suspected condition in fetus Specify

2. IN CASE OF EMERGENCY

- F it was necessary to save the life of the pregnant woman; The main indication(s)
- or
- G it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman

Was this a selective reduction? 1 YES 2 NO

Original number of fetuses
Reduced to

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CURRENT PREGNANCY

Gestation in Weeks based on 1 LMP 2 Ultrasound
 (tick appropriate box(es))
 3 Other Specify

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 PATIENT

MARITAL STATUS 1 Single 2 Married 3 Widowed
 (tick appropriate box) 4 Divorced 5 Separated 6 Not known

| PREVIOUS OBSTETRIC HISTORY (Enter number) | Total Pregnancies | Live Births | Still Births | Abortions | |
|--|-------------------|-------------|--------------|-------------|-------------|
| | | | | Spontaneous | Therapeutic |
| | | | | | |

Date of Admission Date of Discharge

Was this a planned Day Case 1 Yes 2 No
 (tick appropriate box)

METHOD OF TERMINATION
 (tick appropriate box(es))

Cervical preparation 1 Yes 2 No

Surgical 1 Vacuum Aspiration 2 Dilation and Evacuation/Curettage 3 Hysterotomy 4 Hysterectomy 5 Other Surgical

***Medical (tick all appropriate boxes)**
 6 Prostaglandins 7 Oxytocics 8 Antiprogestones (see below) 9 Other medical agents

Specify

* DO NOT enter an Evacuation of retained products of conception as a further method of termination

| If Antiprogestone was used:- | | Prostaglandin | | Date termination confirmed |
|---|--|---|--|----------------------------|
| Antiprogestone | | Prostaglandin | | |
| Date of administration | | Date of administration | | |
| give name and address of place of treatment | | give name and address of place of treatment | | |
| Type of premises <input type="checkbox"/> | | Type of premises <input type="checkbox"/> | | |

STERILISATION 1 Yes 2 No
 (tick appropriate box)

IN CASE OF DEATH Specify cause