

1968 No. 390

**MEDICAL PROFESSION**

**The Abortion Regulations 1968**

<i>Made</i>	- - -	15th March 1968
<i>Laid before Parliament</i>		1st April 1968
<i>Coming into Operation</i>		27th April 1968

The Minister of Health, in exercise of the powers conferred on him by section 2 of the Abortion Act 1967(a) and of all other powers enabling him in that behalf, hereby makes the following regulations :—

*Citation and commencement*

1. These regulations may be cited as the Abortion Regulations 1968, and shall come into operation on 27th April 1968.

*Interpretation*

2.—(1) In these regulations “the Act” means the Abortion Act 1967 and “practitioner” means a registered medical practitioner.

(2) The Interpretation Act 1889(b) shall apply to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

*Certificate of opinion*

3.—(1) Any opinion to which section 1 of the Act refers shall be certified in the appropriate form set out in Schedule 1 to these regulations.

(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 three years beginning with the date of such termination and may then be destroyed.

*Notice of termination of pregnancy and information relating thereto*

4.—(1) Any practitioner who terminates a pregnancy shall within 7 days of the termination give to the Chief Medical Officer of the Ministry of Health notice thereof and the other information relating to the termination in the form set out in Schedule 2 to these regulations.

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(a) 1967 c. 87.

(b) 1889 c. 63.

(2) Any such notice and information shall be sent in a sealed envelope to the Chief Medical Officer, Ministry of Health, Alexander Fleming House, Elephant and Castle, London, S.E.1.

*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 their duties,
  - (i) to an officer of the Ministry of Health authorised by the Chief Medical Officer of that Ministry, or
  - (ii) to the Registrar General or a member of his staff authorised by him ; or
- (b) for the purposes of carrying out his duties in relation to offences against the Act or the law relating to abortion, to the Director of Public Prosecutions or a member of his staff authorised by him ; or
- (c) for the purposes of investigating whether an offence has been committed against 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) for the purposes of criminal 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.

Not to be destroyed within three years of the date of operation

ABORTION ACT 1967

CERTIFICATE TO BE COMPLETED BEFORE AN ABORTION IS  
PERFORMED UNDER SECTION 1(1) OF THE ACT

I, .....  
(Name and qualifications of practitioner in block capitals)

of .....

.....  
(Full address of practitioner)

and I, .....  
(Name and qualifications of practitioner in block capitals)

of .....

.....  
(Full address of practitioner)

hereby certify that we are of the opinion, formed in good faith, that in the

case of .....  
(Full name of pregnant woman in block capitals)

of .....

.....  
(Usual place of residence of pregnant woman in block capitals)

(Ring  
appropriate  
number(s))

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

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;

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;

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.

This certificate of opinion is given before the commencement of the treatment  
for the termination of pregnancy to which it refers.

Signed .....

Date .....

Signed .....

Date .....

**SCHEDULE 1**

**IN CONFIDENCE**

**Certificate B**

**Not to be destroyed within three years of the date of operation**

**ABORTION ACT 1967**

**CERTIFICATE TO BE COMPLETED IN RELATION TO ABORTION PERFORMED  
IN EMERGENCY UNDER SECTION 1(4) OF THE ACT**

I, .....  
(Name and qualifications of practitioner in block capitals)

of .....

.....  
(Full address of practitioner)

hereby certify that I \*am/was of the opinion formed in good faith that it \*is/was  
necessary immediately to terminate the pregnancy of

.....  
(Full name of pregnant woman in block capitals)

of .....

.....  
(Usual place of residence of pregnant woman in block capitals)

(Ring  
appropriate  
number)

in order 1. to save the life of the pregnant woman; or

2. to prevent grave permanent injury to the physical or mental health  
of the pregnant woman.

This certificate of opinion is given—

(Ring  
appropriate  
letter)

A. before the commencement of the treatment for the termination of the  
pregnancy to which it relates; or,

if that is not reasonably practicable, then

B. not later than 24 hours after such termination.

Signed .....

Date.....

\*Delete as appropriate

## ABORTION ACT 1967

	For official use only
<i>Other information relating to the termination</i>	
(Items 1 to 8 to be completed to the best of the knowledge and belief of the operating practitioner):	
1. N.H.S. Number of woman.....	
2. Maiden name of woman.....	
3. Date of birth of woman.....	
4. Marital status of woman:	
1. Single      2. Married      3. Widowed	
4. Divorced or separated      5. Not known	
(Ring appropriate number)	
5. Occupation .....	
NOTE: (a) If woman is married, specify husband's occupation	
(b) If woman is unmarried, specify her own occupation	
6. Date of woman's last menstrual period.....	
7. Previous pregnancies of woman:	
Number of live-births.....	
stillbirths.....	
abortions .....	
If applicable, date of last termination of pregnancy under the above-mentioned Act	
8. Number of woman's existing children* .....	
9. Date of admission to place of termination of pregnancy .....	
10. Date of discharge from place of termination of pregnancy .....	
11. Grounds for termination of pregnancy .....	
(a) Medical condition of woman:	
Obstetric disease (specify) .....	
Non-obstetric disease (specify) .....	
(b) Suspected medical condition of foetus (specify) .....	
(c) Non-medical grounds for termination of pregnancy (specify) .....	

\*children mean a woman's natural children and any adopted, foster or step-children, up to the age of 16 years living with her.

12. Type of termination of pregnancy:

1. Dilation and evacuation
2. Hysterotomy—abdominal
3. Hysterotomy—vaginal
4. Hysterectomy
5. Vacuum aspiration
6. Other (specify).....

(Ring appropriate number)

13. Was sterilization performed?.....

14. Complications or death prior to notification:

1. None
2. Sepsis
3. Haemorrhage
4. Death
5. Other (specify).....

(Ring appropriate number)

15. In the case of death, specify cause.....

.....  
.....

NOTE: 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, Ministry of Health, Alexander Fleming House, Elephant and Castle, London, S.E.1.

For official  
use only

Given under the official seal of the Minister of Health on 15th March 1968.

(L.S.)

*Kenneth Robinson,*

Minister of Health.

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#### EXPLANATORY NOTE

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

These Regulations, made under the Abortion Act 1967,

- (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));
- (c) require the notification of the abortion and prescribe the information relevant thereto to be given to the Chief Medical Officer (regulation 4 and Schedule 2); and
- (d) restrict the disclosure of such notices and information (regulation 5).

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