
STATUTORY INSTRUMENTS

1991 No. 460 (S.41)

MEDICAL PROFESSION

The Abortion (Scotland) Regulations 1991

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

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

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SCHEDULE 1

Regulation 3(1)

PART I

IN CONFIDENCE

SCHEDULE 1

Regulation 3(1)

PART I

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

ABORTION ACT 1967
Certificate to be completed in relation to an abortion
under Section 1(1) of the Act

I
(name 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 address of place at which patient was seen or examined)

on
and I
(Name and qualifications of practitioner : in Block Capitals)

of
(Full address of practitioner)

(* delete as
appropriate)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at
.....
(Full address of place at which patient was seen or examined)

on

We 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)

Tick
appropriate
box

- ☐ A the continuance of the pregnancy would involve risk to the 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 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.
- ☐ 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.

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

Signed

Date

Signed

Date

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PART II

IN CONFIDENCE

PART II

Certificate B

Not to be destroyed within three
years of 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

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)

- Tick appropriate box
- ☐ F to save the life of the pregnant woman; or
- ☐ G to prevent grave permanent injury to the physical or mental health of the pregnant woman.

This certificate of opinion is given:

- Tick appropriate box
- ☐ 1 before the commencement of treatment for the termination of the pregnancy to which it relates;
or, if that is not reasonably practicable, then
- ☐ 2 not later than 24 hours after such termination.

Signed

Date

*Delete as appropriate

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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):

	1. To be completed in all cases	2. Do not complete if the operating practitioner joined in giving Certificate A
Name
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

1 State diagnosis

2 Method(s) of diagnosis (tick appropriate box(es))

- ☐ 1 Amniocentesis
- ☐ 2 Chorion Villus Sampling
- ☐ 3 Ultrasound
- ☐ 4 Other

Specify

OR

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

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

Antiprogesterone		Prostaglandin		Date termination confirmed
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

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SCHEDULE 3

Regulation 6

REVOCATIONS

Column 1 Regulations revoked	Column 2 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)

These 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).