
STATUTORY INSTRUMENTS

1991 No. 499

MEDICAL PROFESSION

The Abortion 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 for Health, in exercise of the powers conferred by section 2 of the Abortion Act 1967⁽¹⁾ and now vested in him⁽²⁾, and of all other powers enabling him in that behalf, hereby makes the following Regulations:—

Citation and commencement

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

(2) These Regulations extend to England and Wales only.

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.

(1) 1967 c. 87; section 2(2) was amended by the Transfer of Functions (Wales) Order 1969 (S.I. 1969/388), article 2(2) and Schedule 1, and by the Transfer of Functions (Health and Social Security) Order 1988 (S.I. 1988/1843), Schedule 3.

(2) See the Secretary of State for Social Services Order 1968 (S.I. 1968/1699), article 5(4).

(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.—(1) Any practitioner who terminates a pregnancy in England or Wales shall give to the appropriate Chief Medical Officer—

- (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 to him in a sealed envelope within 7 days of the termination.

(2) The appropriate Chief Medical Officer is—

- (a) where the pregnancy was terminated in England, the Chief Medical Officer of the Department of Health, Richmond House, Whitehall, London, SW1A 2NS; or
- (b) where the pregnancy was terminated in Wales, the Chief Medical Officer of the Welsh Office, Cathays Park, Cardiff, CF1 3NQ.

Restriction on disclosure of information

5. A notice given or any information furnished to a 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 Department of Health authorised by the Chief Medical Officer of that Department, or to an officer of the Welsh Office authorised by the Chief Medical Officer of that Office, as the case may be, 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 under 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 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 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 whole of the Regulations specified in Schedule 3 to these Regulations are revoked.

4th March 1991

William Waldegrave
Secretary of State for Health

Status: This is the original version (as it was originally made).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

SCHEDULE 1

Regulation 3(1)

PART I

Form HSA1 (revised 1991)

IN CONFIDENCE**ABORTION ACT 1967****CERTIFICATE A****Not to be destroyed within three years of the date of operation****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)

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

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

of

.....
(Full address of practitioner)

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)

- | | | |
|------------------------------|---|--|
| (Ring appropriate letter(s)) | 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 any 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 the treatment for the termination of pregnancy to which it refers and relates to the circumstances of the pregnant woman's individual case.

Signed **Date**

Signed **Date**

PART II

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

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SCHEDULE 2

Regulation 4

IN CONFIDENCE

ABORTION NOTIFICATION

**ABORTION ACT 1967
FORM OF NOTIFICATION (England and Wales)**

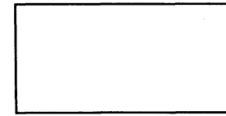
This form is to be COMPLETED BY THE PRACTITIONER TERMINATING THE PREGNANCY and sent in a sealed envelope within SEVEN DAYS of the termination to:-

The Chief Medical Officer
Department of Health
Richmond House
79 Whitehall
LONDON
SW1A 2NS

OR

The Chief Medical Officer
Welsh Office
Cathays Park
CARDIFF
CF1 3NQ

in respect of the termination
of the pregnancy in Wales



Please leave blank

PLEASE USE BLOCK CAPITALS AND NUMERALS FOR DATES THROUGHOUT

1. PRACTITIONER TERMINATING THE PREGNANCY

NAME I,
PERMANENT ADDRESS of

hereby give notice that I terminated the pregnancy of the woman named overleaf, and to the best of my knowledge the particulars on this form are correct. I further certify that I joined/did not join[†] in giving Certificate A having seen/not seen[†] and examined/not examined[†] her before doing so.

Signature **Date**

2. CERTIFICATION In all non-emergency cases state particulars of practitioners who joined in giving Certificate A.

1. To be completed in all cases.

2. Do not complete if the operating practitioner joined in giving Certificate A.

NAME
PERMANENT ADDRESS

(tick appropriate box)

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

DO NOT COMPLETE IF SECTION 20 BELOW APPLIES

Please leave these boxes blank

3. NAME AND ADDRESS OF PLACE OF TERMINATION

.....
.....

--	--	--	--	--

Was the patient a NHS case terminated in an approved place under an agency agreement?

(tick appropriate box)

☐ YES ☐ NO ☐

† delete as appropriate

Form HSA4 (Revised 1991)

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<p>4. WOMAN'S FULL NAME AND PERMANENT ADDRESS (INCLUDING COUNTRY IF RESIDENT OUTSIDE ENGLAND AND WALES)</p> <p>Surname _____</p> <p>Forename(s) _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PRESENT ADDRESS IN ENGLAND AND WALES</p> <p>_____</p> <p>_____</p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Please leave these boxes blank</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>5. DATE OF BIRTH _____ DAY _____ MONTH _____ YEAR</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>6. MARITAL STATUS</p> <p>(tick appropriate box)</p> <p>1 <input type="checkbox"/> Single 3 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated</p> <p>2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced NK <input type="checkbox"/> Not Known</p>	<p><input type="checkbox"/></p>
<p>7. PARITY</p> <p>Number of woman's previous:- a. (i) Livebirths _____</p> <p>(Enter number - If NIL enter 0) (ii) Stillbirths _____</p> <p>(iii) Spontaneous miscarriages _____</p> <p>b. Legal terminations _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>8*. ADMISSION</p> <p>Date of admission to place of termination _____ DAY _____ MONTH _____ YEAR</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>9*. TERMINATION</p> <p>Date of termination _____ DAY _____ MONTH _____ YEAR</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>10*. DISCHARGE</p> <p>Date of discharge from place of termination _____ DAY _____ MONTH _____ YEAR</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>11*. DAY CASE</p> <p>(tick appropriate box)</p> <p>Was this a planned day case? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/></p>

* If the method of treatment used to terminate the pregnancy was Antiprogesterone with Prostaglandin without any supplementary surgical termination do not complete sections 8-11 but INSTEAD complete section 20

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<p>12. GESTATION 1. Specify number of weeks by completing a <u>or</u> b as appropriate</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. <u>Pregnancy has NOT exceeded its 24th week</u></p> <p>Gestation estimated at.....weeks</p> </div> <div style="width: 45%;"> <p>b. <u>Pregnancy HAS exceeded its 24th week</u> (ensure that section 14 is also completed)</p> <p>Gestation estimated atweeks</p> </div> </div> <p>2. Methods of estimation (tick appropriate box(es))</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> LMP <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other - specify:- </div>	<p>Please leave these boxes blank</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
<p>13. GROUNDS The certified ground(s) for terminating the pregnancy stated on CERTIFICATE A were:-</p> <p style="text-align: center;">(tick appropriate box(es))</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> A that the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.</p> <p><input type="checkbox"/> B that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.</p> <p><input type="checkbox"/> C that 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.</p> <p><input type="checkbox"/> D that 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 any existing child(ren) of the family of the pregnant woman.</p> <p><input type="checkbox"/> E that 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:- STATE</p> </div> <div style="width: 45%;"> <p>A State main medical condition(s):-</p> <p>B State main medical condition(s):-</p> <p>C State main medical condition(s):-</p> <p>D State number of children:-</p> </div> </div> <p>EITHER (i) (a) Diagnosis.....</p> <p style="margin-left: 40px;">(b) Method(s) of diagnosis (tick appropriate box(es))</p> <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Ultrasound <input type="checkbox"/> Chorionic Villus Sampling <input type="checkbox"/> Other - specify </div> <p>OR (ii) Condition in pregnant woman causing suspected condition in fetus. Complete 1 and 2</p> <p>1. Condition in woman - specify:-.....</p> <p>2. Suspected condition in fetus - specify:-.....</p> <p>EMERGENCY ONLY Termination was immediately necessary, as stated on CERTIFICATE B:-</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> F to save the life of the pregnant woman</p> <p>OR</p> <p><input type="checkbox"/> G to prevent grave permanent injury to the physical or mental health of the pregnant woman</p> </div> <div style="width: 45%;"> <p>F or G - state main medical condition(s):-</p> </div> </div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto;"></div>
<p>14. OVER 24 WEEKS GESTATION If the pregnancy was terminated after it had exceeded its 24th week please give below a full statement of the medical condition of the pregnant woman/fetus.</p>	

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<p>15. SELECTIVE TERMINATION Was this a selective termination? (tick appropriate box)</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>State:- (i) original number of fetuses</p> <p>(ii) number of fetuses reduced to</p> <p><u>All other relevant sections of the form should also be completed</u></p>	<p>Please leave these boxes blank</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">(tick appropriate boxes)</p> <p>16. METHOD Cervical preparation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>Surgical termination:-</p> <p><input type="checkbox"/> Vacuum aspiration</p> <p><input type="checkbox"/> Dilatation and Evacuation</p> <p><input type="checkbox"/> Hysterotomy</p> <p><input type="checkbox"/> Hysterectomy</p> <p><input type="checkbox"/> Other surgical - specify:-</p> <p>*Medical termination:-</p> <p><input type="checkbox"/> Prostaglandin only</p> <p><input type="checkbox"/> Prostaglandins with:- (tick appropriate boxes)</p> <p><input type="checkbox"/> Oxytocin</p> <p><input type="checkbox"/> Antiprogesterone (if used see also section 20 below)</p> <p><input type="checkbox"/> Other medical agents-specify:-</p> <p><small>* Do not enter an evacuation of retained products of conception as a further method of termination.</small></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>17. COMPLICATIONS* (tick appropriate box(es))</p> <p><input type="checkbox"/> None <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Uterine Perforation <input type="checkbox"/> Sepsis</p> <p><input type="checkbox"/> Other - specify:-</p> <p><small>*Do not enter an evacuation of retained products of conception as a complication.</small></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>18. STERILISATION (tick appropriate box)</p> <p>Was a sterilisation operation performed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/></p>
<p>19. DEATH OF WOMAN In the case of death, specify:-</p> <p>(i) DateDAYMONTHYEAR</p> <p>(ii) Cause</p>	<p><input type="checkbox"/></p>
<p>20. ANTIPROGESTERONE WITH PROSTAGLANDIN Do not complete this section unless the method used was <u>Antiprogesterone with Prostaglandin</u></p> <p>(i) Date of treatment with <u>Antiprogesterone</u>DAYMONTHYEAR</p> <p>Name</p> <p>Address of place of treatment</p> <p>(ii) Date of treatment with <u>Prostaglandin</u>DAYMONTHYEAR</p> <p>Name</p> <p>Address of place of treatment</p> <p>(iii) Date termination confirmedDAYMONTHYEAR</p> <p style="text-align: center;">(tick appropriate box)</p> <p>(iv) Was the patient a NHS case treated under an agency agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

SCHEDULE 3

Regulation 6

REGULATIONS REVOKED

Column 1 Regulations revoked	Column 2 References
The Abortion Regulations 1968	S.I. 1968/390
The Abortion (Amendment) Regulations 1969	S.I. 1969/636
The Abortion (Amendment) Regulations 1976	S.I. 1976/15
The Abortion (Amendment) Regulations 1980	S.I. 1980/1724

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations (which extend to England and Wales) are made under section 2 of the Abortion Act 1967, and replace the Abortion 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 (regulation 4 and Schedule 2);
- (d) restrict the disclosure of such notices and information (regulation 5); and
- (e) revoke the Abortion Regulations 1968 and the three sets of amending regulations (regulation 6 and Schedule 3).