

SCHEDULE

Regulation 10

Information to be supplied in a notification under regulation 10

1. The full name and address of the registered medical professional who terminated the pregnancy and the General Medical Council or Nursing and Midwifery Council registration number of the medical professional.
2. In relation to each registered medical professional who gave a certificate of opinion under these Regulations—
 - (a) the full name and address of the registered medical professional and the General Medical Council or Nursing and Midwifery Council registration number of the medical professional, and
 - (b) whether that medical professional saw, or saw and examined, the woman whose pregnancy was terminated before giving the certificate.
3. The following details about the woman whose pregnancy was terminated—
 - (a) Health and Care number;
 - (b) age;
 - (c) in the case of a woman resident in the United Kingdom, postal district or, if that is unavailable, place of residence;
 - (d) in the case of a woman resident outside the United Kingdom, place of residence;
 - (e) the number of complete weeks of gestation;
 - (f) ethnicity (if disclosed by the woman);
 - (g) marital status (if disclosed by the woman);
 - (h) the number of previous livebirths, stillbirths, miscarriages and terminations.
4. The date and method of feticide (if appropriate).
5. In a case where the termination is by surgery—
 - (a) the name and address of the place where the termination was carried out;
 - (b) the date of termination;
 - (c) the method of termination used; and
 - (d) 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.
6. In a case where the termination is by non-surgical means—
 - (a) the date and place of treatment with Mifepristone;
 - (b) the date and place of treatment with Misoprostol;
 - (c) the date on which the termination is confirmed (if known);
 - (d) details of other agents used and the date of administration (if appropriate); and
 - (e) the date of discharge if an overnight stay is required.
7. The grounds certified for terminating the pregnancy contained in the certificate of opinion given under these Regulations together with the following additional information—
 - (a) in a case falling within regulation 5 or 6, the main medical conditions of the woman concerned;
 - (b) in a case falling within regulation 7, whether or not there was a risk to the woman's mental health and if not, her main medical conditions;

Status: This is the original version (as it was originally made).

- (c) in a case falling within regulation 8, the primary and any other fetal abnormalities diagnosed, together with the method of diagnosis used.
- 8.** In a case of selective termination, the original number of fetuses and the number of fetuses remaining.
- 9.** Whether or not the woman whose pregnancy was terminated was offered chlamydia screening.
- 10.** Particulars of any complications experienced by the woman up to the date of discharge.
- 11.** In the case of the death of the woman, the date and cause of death.