Annex – Information currently provided in the notifications

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)

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)

………………………………………………………………… Postcode …………………………

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 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

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 continuing 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 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. Chlorion villus sampling
3. Ultrasound
4. Other
Specify …………………

OR

State condition in pregnant woman causing 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;
or
G It was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman

The main indication(s)
……………………………………
……………………………………
……………………………………
……………………………………

Was this a selective reduction? YES NO
Original number of fetuses …………………………………..
Reduced to …………………………………..

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	Stillbirths	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

If Antiprogesterone was used:-

Antiprogesterone	Prostaglandin	
Date of administration ……….. give name and address …………………. of place ..…………………. of treatment …………………… Type of premises ……………..	Date of administration …….. give name and address …………………. of place ..…………………. of treatment ..………………… Type of premises ..…………..	Date termination confirmed …………………..

STERILISATION Yes No

(tick appropriate box)

IN CASE OF DEATH Specify cause ………………………………………………...