## **ABORTION NOTIFICATION**

ABORTION ACT 1967 - FORM OF NOTIFICATION FOR PREGNANCIES TERMINATED IN ENGLAND AND WALES

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

The Chief Medical Officer Department of Health Richmond House 79 Whitehall

**LONDON SW1A 2NS** 

National Assembly for Wales OR

Cathays Park

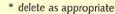
CARDIFF CF10 3NQ

The Chief Medical Officer

for pregnancies terminated in Wales

PLEASE USE BLOCK CAPITALS AND NUMERALS FOR DATES THROUGHOUT, KEEPING WITHIN THE BOXES DO NOT CROSS THROUGH ANY BOXES THAT DO NOT NEED TO BE COMPLETED

1	PRACTITIONER TERMINATING THE PREGNANCY			
	FULL NAME			
	PERMANENT ADDRESS	of		
		N. C.	registration number	
			If the woman identified overleaf, and to the best of my knowledge fy that I joined/did not join* in giving HSA1 having seen/not seen*	
		Signature	Date	
2	CERTIFICATION	In all non-emergency cases state particulars of a. To be completed in all cases.	practitioners who joined in giving HSA1.  b. Do not complete if the operating practitioner joined in giving Certificate HSA1.	
	FULL NAME(S)  PERMANENT ADDRESS			
	The second secon	ned at a. certify that s/he saw/and examined fore giving the certificate?	YES NO	
	Did the practitioner named at b. certify that s/he saw/and examined the pregnant woman before giving the certificate?		YES NO	





## PATIENT'S DETAILS PATIENT'S REFERENCE If not available enter full name below Patient's hospital/clinic number or NHS number: DATE OF BIRTH In all cases enter date of birth If full postcode is not available, POSTCODE enter complete address below For UK residents, state full postcode For non-UK residents, state country of residence Republic of Ireland Other - state Please state the patient's self-reported ethnicity, where known: d) ETHNICITY Asian or Asian British: White: Mixed: British White and Black Caribbean ndian White and Black African Pakistani Irish Any other white background White and Asiar Bangladeshi Any other mixed background Any other Asian background Black or Black British: Chinese or other ethnic group: Not known: Chinese Not Known Caribbean Any other African Any other Black background **MARITAL STATUS** e) (tick appropriate box) Divorced Single (no partner) Married Widowed Separated Single (with partner) Not known Single (partner status not known) Civil Partnership **PARITY** f) Number of previous pregnancies resulting in: Livebirths and stillbirths Spontaneous miscarriages Legal terminations over 24 weeks and ectopic pregnancies (enter number - if nil enter 0) P

TREATMENT DETAILS					
NAME AND ADDRESS OF PLACE OF TERMINATION INCLUDING PLACE OF TREATMENT WITH ANTIPROGESTERONE					
	Hospital/clinic code				
	ase specify whether this was an NHS funded privately funded abortion				
	NHS funded abortion Privately funded abortion				
FETICIDE					
Where feticide used complete this section. Otherwise go to 4c or 4d as appropriate					
(i) Date of feticide	2 0				
(ii) Method of feticide					
ease now complete 4c or 4d according to the method used to ev	vacuate the uterus.				
0.					
A series and a ser	20				
If date of admission or discharge are different from date of termination	on, please enter dates below:				
ADMISSION Date of admission to place of termination	20				
DISCHARGE Date of discharge from place of termination	20				
State method used:	d d m m y y y				
Vacuum aspiration/Suction . Other surgical – spec	sify:				
Dilatation and Evacuation					
evacuation of retained products of conception is not a termina	tion and should not be entered.				
ease now go to Section 5					
MEDICAL TERMINATIONS					
(i) Date of treatment with Antiprogesterone					
(ii) Date of treatment with Prostaglandin	2 0				
(iii) Date termination confirmed	20				
Name and address of place of treatment with Prostaglandin (if different from address at Section 4a)					
Traine and address of place of deathers with Frostaglandin (if differen	Hospital/clinic code				
	Medical Terminations – continued overle				
eass () () ()	FETICIDE  Where feticide used complete this section. Otherwise go to 4c or 4c  (i) Date of feticide  (ii) Method of feticide  se now complete 4c or 4d according to the method used to e  SURGICAL TERMINATIONS  TERMINATION Date of termination  If date of admission or discharge are different from date of termination  DISCHARGE Date of discharge from place of termination  State method used:  Vacuum aspiration/Suction Other surgical – spectors are now go to Section 5  MEDICAL TERMINATIONS  (i) Date of treatment with Antiprogesterone  (iii) Date of treatment with Prostaglandin				

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d) MEDICAL TERMINATIONS – continued		MINATIONS – continued
	If other med	ical agents were used, specify:
	(i) Date	of treatment (ii) Medical agent used (i) 2 0
If an overnight stay was required please also complete date of discharge in Section 4(c) on page 3		
5	GESTATION	Specify number of completed weeks
6	GROUNDS	The certified ground(s) for terminating the pregnancy stated on HSA1 were: (tick appropriate box(es))
	A	that the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
	В	that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
		A or B state main medical condition(s)
	С	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 (this includes pregnancies up to 24 weeks and 0 days).  Was there a risk to the woman's mental health?
		If not, please state the main medical condition(s)
		State main medical condition(s)
Ī	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 (this includes pregnancies up to 24 weeks and 0 days).
I		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 the abnormality or other reason for termination
		For ground E cases only, state method(s) of diagnosis (tick appropriate box(es))
		Amniocentesis Ultrasound Chorionic villus sampling Other – specify

Grounds - continued overleaf



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6	6 GROUNDS – continued				
		EMERGENCY ONLY Termination was immediately necessary, as stated on HSA2:			
	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			
		F or G State main medical condition(s):			
7	SELECTIVE TER	MINATION If this was a selective termination, state:  (i) original number of fetuses:  (ii) number of fetuses reduced to:  All other relevant sections of the form should also be completed			
8 CHLAMYDIA SCREENING Was screening for chlamydia offered?					
9	COMPLICATIONS – up until the time of discharge (tick appropriate box(es))  None Haemorrhage Uterine Perforation Sepsis				
	Other – specify:	Demorrhage Uterine Perforation Sepsis Sepsis			
An evacuation of retained products of conception is not a complication					
10	DEATH OF WO	d m m y y y y			
	State cause of	death			

Please now send the form in a sealed envelope (HSA4ENV) to the address shown on page 1



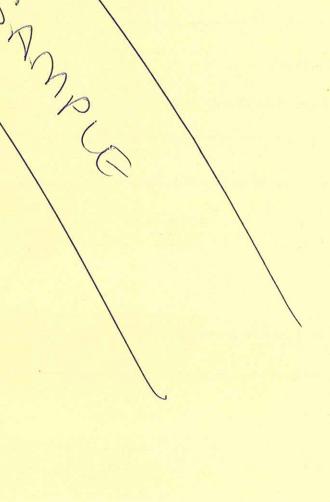
A guidance note to aid completion of this form may be found at www.dh.gov.uk or requested from hsa4@dh.gsi.gov.uk

Supplies of forms HSA1, HSA2, HSA4 (27259) and HSA4ENV are available from:

Department of Health PO Box 777 London SE1 6XH

Fax: 01623 724 524

Or you can call the NHS Responseline on 08701 555 455





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