Guidance note for completing the abortion notification form HSA4 for abortions performed in England and Wales: paper form

This document contains information for doctors and clinic staff completing paper HSA4 forms.

Contact Details

For England, please send completed paper forms to The Chief Medical Officer, 79 Whitehall, London, SW1A 2NS.

For Wales, please send completed paper forms to The Chief Medical Officer, National Assembly for Wales, Cathays Park, Cardiff, CF10 3NQ.

If you require further information on completing HSA4 forms please phone 020 7972 5537 or email abortion.statistics@dh.gsi.gov.uk.

General Notes

A sample paper HSA4 form and ordering information can be found via the link on the GOV.UK webpage. Paper forms must be ordered and not printed or copied because forms are filed using the unique barcode at the bottom of each page.

The paper HSA4 form has been designed to be electronically scanned and for certain information to be read across into a database. It is therefore important that all numbering and writing is kept within the boxes and boxes that do not need to be completed are kept blank.

Patient stickers placed in the address box on page two slow down the processing system, especially those with faint type and patient barcodes. In addition, the amount of information included on these stickers (eg patient’s name and full address, GP name and address) is not required by the Department of Health and inclusion of this information increases the risk to patient confidentiality. If sticky labels must be used, please ensure that the ink is clear and dark and that the label fits within the box provided. Please note that patient stickers with barcodes should not be used as these interfere with the electronic filing system used for the forms. If rubber stamps are used, please ensure that the stamps are legible.
Currently, around 10% of paper HSA4 forms received are returned to practitioners because of missing, incomplete or invalid data. The main errors that occur are missing doctors’ names on page one, missing gestation and missing ground information both on page four. Please note that incomplete forms will be returned to either the practitioner terminating the pregnancy or to the place of termination. If an amended form is not returned within 6 weeks, reminders will be sent until the information is received. Incomplete forms generate additional work for those completing the forms and for those who process them on behalf of the CMO, therefore please ensure all information is entered accurately.

Completing the form

SECTION 1
Practitioner terminating the pregnancy

Please provide a full name, address and General Medical Council (GMC) registration number, signature and date. The address stated does not have to be the one shown on the GMC’s Annual Registration Certificate. However, please note that if the form is incomplete and the place of termination is missing, the form will be returned to the address held by the GMC. Please also complete the declaration as appropriate. In the case of medical terminations, the form must be signed even if the practitioner has been unable to confirm that the pregnancy has been terminated (see Section 4).

Forms will be returned if practitioner name, address, GMC number or signature are missing or if the GMC number cannot be found on the GMC register.

For medical abortions, where more than one doctor may be involved in the termination, the terminating practitioner is the doctor taking responsibility for the abortion, usually this will be the practitioner prescribing the mifeprisone.

SECTION 2
Certification

Please provide the full name and address of both practitioners, who joined in giving the HSA1, unless one was the practitioner who terminated the pregnancy, and then complete the information on certification in the yes/no boxes underneath.

Forms will be returned if no information is given at a) or if a hospital stamp is used but no doctor’s name is given or if the same doctor is given in a) as shown in Section 1.

SECTION 3
Patient’s details

3 a-c) For UK residents, please provide a patient reference number, date of birth and full postcode. For confidentiality reasons, it is better that a patient reference number and full postcode is given rather than the patient’s full name and address. The patient reference number used is decided by the place of termination. It could be the patient’s hospital/clinic number or their NHS number. However, the number must be easily identifiable locally in
case the form has to be returned or further information is needed. We only require a name and address if the patient reference number and full postcode is not known.

Forms will be returned if patient date of birth is missing, patient reference or name is missing or if a valid patient postcode or full address is not provided. Written confirmation of date of birth is required for patients aged under 13, or where age and parity together suggest an error. Written confirmation should be given on page 6.

For non-UK residents, please provide a patient reference number (see above), date of birth and country of residence. If the country of residence is not known, please state the full postcode or address for the woman’s temporary stay in England or Wales. For residents of the Irish Republic please also state the county of residence in Ireland.

3 d) Please complete the relevant box for the patient’s self-reported ethnicity. Such information is also vital to addressing health inequalities and improvements in public health and commissioning functions.

3 e) Please complete the patient’s marital status where known. If the patient is “single” but in a long term relationship and/or living with her partner, please tick “single (with partner)”. Please note that “Civil Partnership” has been added to the form (version Revised Sept 2006). A civil partnership is an arrangement granted under the Civil Partnership Act of 2004, which gives same-sex couples rights and responsibilities identical to civil marriage. If the patient’s marital status is not known, please select ‘Not Known’.

3 f) For parity, please enter the numbers of any previous pregnancies (resulting in live births and stillbirths over 24 weeks; spontaneous miscarriages and ectopic pregnancies; or legal terminations) in the boxes as appropriate e.g. “01 + 00 +00”. If, for example, a woman has had one live birth, one stillbirth and previous miscarriage, please enter as “02 + 01 + 00”.

Forms will be returned for clarification if parity is 5 or over and no confirmation is given on the form. Additionally, forms where parity is greater than 2 and age is less than 16 will be returned for confirmation of both date of birth and parity.

SECTION 4
Treatment details

4 a) Please provide the name and address of the place of termination in the box and then tick the relevant box to confirm whether the abortion was funded by the NHS or privately purchased. Please leave the hospital / clinic code box empty, Department of Health staff will complete this. If stamps are used please ensure the information is clear. The place of termination must be an NHS hospital or a Department of Health registered place of termination.

4 b) Where feticide is used, please complete the date and method at 4b) before then going on to complete 4c) or 4d) to record the method used to evacuate the uterus. Feticide is recommended for abortions at 22 weeks and beyond. Forms without feticide information provided will be returned for confirmation that none was used.
4c) **For surgical terminations**, please complete the relevant dates and state the method used. An evacuation of retained products of conception is not a termination and should not be reported on an HSA4 form. Where there is no overnight stay, only one date, date of termination, needs to be given.

4d) **For medical terminations**, please complete the relevant dates. Please also complete the address box if the name and address of place of treatment was different to the address shown at 4a). Please leave the hospital / clinic code box empty. If an overnight stay was required, please fill in the date of discharge at 4c). If prostaglandin was administered at a different site to the address shown at 4a), please state the name and address of the hospital / clinic in the box provided.

If the termination cannot be confirmed, please leave the “Date termination confirmed” box blank. If subsequent to sending the form, it is found that the pregnancy has not ended, a letter must be sent to the Chief Medical Officer and the form will be cancelled.

If other medical agents were used, please complete the relevant dates and state the agents used.

Where a surgical or medical termination has failed (the fetus has not been expelled) and the procedure is repeated, please complete one form only with both sets of dates on it, using Page 6 to provide any extra information as necessary. If a form has already been sent and the termination is later found to have failed, please complete a second form and return it with an accompanying letter stating this information.

Forms will be returned if no dates are given, if dates are invalid (eg 30/02/2011), if dates are in the future or if dates given are deemed to be incorrect or inconsistent within the form (eg date of prostaglandin is before date of antiprogesterone).

SECTION 5
Gestation

For abortions at less than 24 weeks, please give the number of completed weeks, eg for abortions of 8 weeks plus 6 days write ‘08’. For abortions at 24 weeks, please also provide additional information eg for abortions at exactly 24 weeks, write ‘24 + 0’; for abortions at 24 weeks and 3 days, write ‘24 + 3’.

Forms will be returned if no gestation is provided, if gestation is less than 4 weeks or for additional information for gestations of 24 weeks.

SECTION 6
Grounds

Please select the grounds for terminating the pregnancy, as stated on HSA1. One or more ground must be given.

- **Ground A or B** - please tick the relevant box and state the main medical condition.
- **Ground C** - please tick the “yes” box if there was a risk to the woman’s mental health. If the risk was to the woman’s physical health please tick “no” and state the main medical condition.
- **Ground D** - please tick the box.
• **Ground E** - please state the fetal abnormality, and the method of diagnosis, or other reason for termination e.g. condition in pregnant woman causing suspected condition in the fetus

• **Ground F or G** - please tick the relevant box and state the main medical condition.

If the pregnancy was terminated after it had exceeded its 24th week, please give a full statement of the medical condition of the pregnant woman/fetus.

Forms will be returned if any of the above information is missing.

A medical practitioner scrutinizes all forms relating to terminations over 23 weeks and more information may be requested on a case by case basis.

**SECTION 7**  
**Selective Termination**

Please only complete this section where the original number of fetuses was 2 or more and are reduced to 1 or more. All other relevant sections of the form also need to be completed.

A medical practitioner scrutinizes all forms relating to selective terminations and more information may be requested on a case by case basis.

**SECTION 8**  
**Chlamydia Screening**

Please tick the relevant box if women are offered screening or offered screening and prophylactic antibiotic treatment. The “Yes” box should not be ticked if prophylactic treatment alone is offered.

**SECTION 9**  
**Complications**

Please use this section to record any complications that occurred up until the time of discharge from the place of termination. Use Page 6 to provide any extra information as necessary. Please do not enter evacuations of retained products of conception or failed terminations (see Section 4 above) as a complication.

A medical practitioner scrutinizes all complications given in ‘other’ and more information may be requested on a case by case basis.

**SECTION 10**  
**Death of woman**

If a death occurs as a result of the termination, please state the date and cause of death.

A medical practitioner scrutinizes all information given in this section and further information may be requested.
Submitting the HSA4 form

The form should be sent to the relevant address shown at the top of Page 1 of the form within 14 days of the termination. Any forms with missing or inconsistent data will be returned to the clinician with the relevant parts of the form highlighted. These should be checked and amended as necessary and returned to the Department of Health. If the revised forms are not returned within 6 weeks, reminders will be sent every two months until the information is received.

Other information

Forms should be submitted within 14 days of the termination. Statistics are published quarterly and missing information affects the quality of these data outputs.

This collection has been approved as a statutory collection by the Review of Central Returns Steering Committee (ROCR) (reference number ROCR/OR/2095/FT6/001STAT). The current licence runs until 1 June 2013. The ROCR team are keen to receive feedback on central data collections from those who complete/submit returns – in particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form

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Published July 2013