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GREFFE  
ROYAL COURT  
18 MAR 1997  
GUERNSEY

GUERNSEY STATUTORY INSTRUMENT

1997 No. 7.

The Abortion Regulations, 1997

Made..... 18 March 1997  
Laid before the States..... 1997  
Coming into operation..... 18 March 1997

**THE BOARD OF HEALTH**, in exercise of the powers conferred upon it by Sections 4 and 9 of the Abortion (Guernsey) Law, 1997, hereby orders:-

**Certificate of Opinion**

1. For the purposes of Section 3 of the Abortion (Guernsey) Law, 1997
  - (a) the opinion of the recognised Medical Practitioners concerned shall be certified in the appropriate form (called the "First Certificate") set out in Schedule 1 to these regulations;
  - (b) any certificate of an opinion referred to in 1(a) above;
    - (i) 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; and
    - (ii) when completed, shall be sent immediately to the Medical Practitioner who is to terminate the pregnancy.

**Notice of Termination of Pregnancy and Related Information**

2. For the purposes of the Abortion (Guernsey) Law, 1997 any recognised Medical Practitioner who terminates a pregnancy shall within 7 days of the termination give to the Medical Officer of Health notice of the termination and the other information relating to the termination in the form (called the "Second Certificate") set out in Schedule 2 to these regulations.

### **Preservation and Disposal of Certificates of Opinion and Notices of Termination**

3. The Certificate of Opinion referred to in 1(a) above together with any such notice and information referred to in 2 above shall be sent by the Medical Practitioner terminating the pregnancy in a sealed envelope to the Medical Officer of Health, at the address specified in the Second Certificate.

### **Restriction on Disclosure of Information**

4. A certificate of opinion referred to in 1(a) above and a notice and information referred to in 2 above furnished to the Medical Officer of Health pursuant to these regulations shall not be further disclosed except that disclosure may be made:
  - (a) for the purposes of carrying out his duties, to an officer of the Board of Health authorised by the Medical Officer of Health; or
  - (b) for the purposes of carrying out his duties in relation to offences against the Abortion (Guernsey) Law, 1997 or these regulations, to HM Procureur or a member of his staff authorised by him; or
  - (c) for the purposes of investigating whether an offence has been committed against the Abortion (Guernsey) Law, 1997 or these regulations, to a police officer not below the rank of Inspector or a person authorised by him; or
  - (d) for the purpose of criminal proceedings which have begun; or
  - (e) for the purpose of bona fide scientific research; or
  - (f) to the Medical Practitioner who terminated the pregnancy; or
  - (g) to a Medical Practitioner, with the consent in writing of the woman whose pregnancy was terminated.

### **Extent**

5. These regulations shall have effect in the Islands of Guernsey, Herm and Jethou.

**Interpretation**

6. The provisions of the Interpretation (Guernsey) Law, 1948 shall apply to the interpretation of these regulations as they apply to the interpretation of the enactment.

**Citation**

7. These Regulations may be cited as the Abortion Regulations, 1997.
8. These Regulations shall come into force on the 18th day of March, 1997.

Dated this 18th day of March, 1997.

A handwritten signature in cursive script, appearing to read 'S M Plant', is written over a horizontal line.

S M PLANT  
President of the Board of Health,  
for and on behalf of the Board

**EXPLANATORY NOTE**

(This Note is not part of the Regulations, but is intended to indicate their general purport.)

These regulations define the obligations of medical practitioners in certifying the lawful grounds for a termination of pregnancy and for confidentially notifying the Medical Officer of Health of these grounds. The notifications will provide additional information relating to these terminations which will be used for statistical purposes. Such information will remain confidential and will be notified solely to the Medical Officer of Health who is authorised to disclose that information to third parties only on the grounds specified.

**THE ABORTION LAW (GUERNSEY) 1997**

*The Abortion(Guernsey) Law 1997 requires that a pregnant woman seeking a lawful abortion in the Island of Guernsey (as shown in section 1) must have been seen by at least two locally registered Medical Practitioners (as shown in section 2) who consider that she fulfils one or more of the conditions for a lawful abortion (as shown in section 3).*

**THIS FORM, WHEN COMPLETED, SHOULD BE SENT IMMEDIATELY TO THE MEDICAL PRACTITIONER WHO IS TO TERMINATE THE PREGNANCY.**

**SECTION 1 - Details of woman requesting termination**

<b>Name:</b>	
<b>Usual Address:</b>	
<b>Date of Birth</b>	

**SECTION 2 - Details of certifying Medical Practitioners**

*[one of whom may be the Medical Practitioner terminating the pregnancy]*

<b>Name of Practitioner (1)</b>	
<b>Surgery Address</b>	
<b>Name of Practitioner (2)</b>	
<b>Surgery Address</b>	

**SECTION 3 - Grounds for lawful abortion *[please tick one or more grounds]***

- A. the termination is immediately necessary to save the life of the pregnant woman;
- 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, at the time of diagnosis, 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;
- D. the pregnancy has not exceeded its twelfth 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 or any existing children of her family.

**I certify that;**

- **I am registered by the Board of Health to practise as a Medical Practitioner in the Bailiwick of Guernsey**
- **I have seen and examined the pregnant woman detailed in section 1**
- **I am of the opinion formed in good faith that she fulfils the condition for a lawful abortion to be performed in Guernsey as shown in section 3 above**

**Signature of Practitioner (1) \_\_\_\_\_ DATE: \* \_\_\_\_\_**  
*\* This date must precede the date of commencement of any treatment given.*

**Signature of Practitioner (2) \_\_\_\_\_ DATE: \* \_\_\_\_\_**  
*\* This date must precede the date of commencement of any treatment given.*

In ConfidenceSecond Certificate**THE ABORTION LAW (GUERNSEY) 1997**

*This form is to be completed by the Medical Practitioner terminating the pregnancy and sent in a sealed envelope together with the **FIRST CERTIFICATE** within seven days of the termination to:*

The Medical Officer Of Health  
 States Of Guernsey Board Of Health  
 John Henry House  
 Le Vauquiedor  
 St Martin's  
 Guernsey GY4 6UU

**SECTION 1 - Details of woman requesting termination**

<b>Name:</b>	
<b>Usual Address:</b>	
<b>Date of Birth</b>	

**SECTION 2 - Details of certifying Medical Practitioners [as shown on the First Certificate]**

<b>Name of Practitioner (1)</b>	
<b>Name of Practitioner (2)</b>	

**SECTION 3 - Details of Medical Practitioner terminating pregnancy [if different from (1) or (2) above]**

<b>Name of Practitioner terminating pregnancy (3)</b>	
<b>Surgery Address</b>	

**SECTION 4 -Grounds for lawful abortion [please tick one or more grounds as shown on First Certificate]**

- A. the termination is immediately necessary to save the life of the pregnant woman;
- 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, at the time of diagnosis, 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;
- D. the pregnancy has not exceeded its twelfth 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 or any existing children of her family.

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**SECTION 5 - Details of termination**

**Place of termination:** \_\_\_\_\_ **Date of termination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:** Single  Married  Widowed  Divorced  Separated  Not known   
*[please tick appropriate box]*

<b>PARITY</b> Number of woman's previous:  <i>(enter number - if nil enter 0)</i>	Livebirths <input type="checkbox"/>
	Stillbirths <input type="checkbox"/>
	Spontaneous Miscarriages <input type="checkbox"/>
	Legal terminations <input type="checkbox"/>

**Estimated Gestation** \_\_\_\_\_ weeks **Confirmed by ultra sound**   
**Confirmed by other methods of estimation?**   
*[please specify]* \_\_\_\_\_

**METHOD OF TERMINATION:** *[please tick appropriate boxes]*

<b>SURGICAL TERMINATION:</b>	<b>MEDICAL TERMINATION:</b>
Vacuum aspiration <input type="checkbox"/>	Prostaglandin only <input type="checkbox"/>
Dilation & Evacuation <input type="checkbox"/>	Prostaglandins with: <input type="checkbox"/> <i>(tick appropriate boxes)</i>
Hysterotomy <input type="checkbox"/>	Oxytocin <input type="checkbox"/>
Hysterectomy <input type="checkbox"/>	Antiprogesterone <input type="checkbox"/>
Other surgical <input type="checkbox"/> <i>(please specify):</i>	Other medical agents <input type="checkbox"/> <i>(please specify):</i>
_____	_____

**COMPLICATIONS:**

None <input type="checkbox"/>	Haemorrhage <input type="checkbox"/>	Uterine Perforation <input type="checkbox"/>	Sepsis <input type="checkbox"/>
Other <input type="checkbox"/> <i>(please specify)</i>	_____		

*I hereby give notice that I terminated the pregnancy of the woman named in Section 1, and that to the best of my knowledge the particulars on this form are true and accurate in every respect.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**of Practitioner Performing Termination** **of signature**