

The Abortion (Amendment) Regulations, 2012

<i>Made</i>	<i>15th March, 2012</i>
<i>Coming into operation</i>	<i>15th March, 2012</i>
<i>Laid before the States</i>	<i>, 2012</i>

THE HEALTH AND SOCIAL SERVICES DEPARTMENT, in exercise of the powers conferred on it by sections 4 and 9 of the Abortion (Guernsey) Law, 1997^a, and all other powers enabling it in that behalf, makes the following regulations:-

Amendment of the Abortion Regulations, 1997.

1. The Abortion Regulations, 1997^b are amended as follows-
 - (a) in regulation 2 for "7 days", substitute "21 days", and
 - (b) for Schedule 2, substitute the Schedule as set out in the Schedule to these Regulations.

Interpretation.

2. (1) Unless the context requires otherwise, references in these Regulations to any enactment are references thereto as amended, varied, re-enacted (with or without modification), extended or applied.

^a Ordres en Conseil Vol. XXXVII, p. 72.

^b G.S.I. No 7 of 1997.

(2) The Interpretation (Guernsey) Law, 1948^c applies to the interpretation of these Regulations.

Extent.

3. These Regulations have effect in the Islands of Guernsey, Herm and Jethou.

Citation and commencement.

4. These Regulations may be cited as the Abortion (Amendment) Regulations, 2012, and come into force on the 15th March, 2012.

Dated this 15th day of March 2012.

A handwritten signature in black ink, appearing to read 'A. H. Adam', is written over a horizontal dotted line.

Deputy A. H. ADAM
Minister of the Health and Social Services Department
For and on behalf of the Department.

^c Ordres en Conseil Vol. XIII, p. 355.

EXPLANATORY NOTE
(This note is not part of the Regulations)

These Regulations amend the Abortion Regulations, 1997, by extending the period within which a medical practitioner who terminates a pregnancy must give notice of the termination to the Medical Officer of Health from 7 days to 21 days, and revising the form of certificate of termination of pregnancy set out in Schedule 2 to the Regulations.

The Regulations come into force on 15th March, 2012.

Schedule

"Schedule 2

In confidence

Second Certificate



HEALTH AND SOCIAL SERVICES

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

THE ABORTION (GUERNSEY) LAW 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 twenty-one days** of the termination to:*

The Medical Officer of Health
Health and Social Services Department
Princess Elizabeth Hospital
St Martin, GY4 6UU

SECTION 1 — DETAILS OF WOMAN REQUESTING A TERMINATION

Name

Usual address

.....

Date of Birth/...../.....

- | | | |
|------------------|---|---|
| Country of Birth | <input type="checkbox"/> Guernsey | <input type="checkbox"/> Portugal |
| | <input type="checkbox"/> UK/Republic of Ireland | <input type="checkbox"/> Poland |
| | <input type="checkbox"/> Latvia | <input type="checkbox"/> Other [please specify] |

Educated in Guernsey? [Please circle] Yes No

Time in Guernsey (months/years)

SECTION 2 — DETAILS OF CERTIFYING MEDICAL PRACTITIONERS [as shown on the First Certificate]

Name of Practitioner 1

Name of Practitioner 2

.....

.....

SECTION 3 — DETAILS OF MEDICAL PRACTITIONER TERMINATING PREGNANCY

Name

Surgery address

SECTION 4 — GROUNDS FOR A LAWFUL ABORTION [as shown on the First Certificate]

<input type="checkbox"/>	A) The termination is immediately necessary to save the life of the pregnant woman;
	The main medical condition of the woman was

B) The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;

For the prevention of grave permanent injury to: *[please circle]* physical health / Mental health

The main medical condition of the woman was

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;

The main medical condition of the foetus was

Method of diagnosis was: *[Please circle]*
Examination triple test ultrasound amniocentesis AFP Other [please state]

D) The pregnancy has not exceeded its 12th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, or injury to the physical or mental health of the pregnant woman or any existing children of her family.

SECTION 5 — DETAILS OF TERMINATION

Place of termination Date of termination/...../20.....

Marital Status: Single Married Widowed Divorced Separated Not known

Number of previous: *[for nil enter 0]* Estimated gestation *[whole weeks]*

Livebirths

Stillbirths

Method used to estimate gestation

Spontaneous miscarriages LMP other *[please state]*.....

Legal abortions

Ultrasound

METHOD OF TERMINATION

Surgical termination:

- Vacuum aspiration
- Dilation and evacuation
- Hysterotomy
- Hysterectomy
- Other surgical

[please state]

Medical termination:

- prostaglandin only
- prostaglandins with oxytocin
- prostaglandins with antiprogesterone
- other medical agents

[please state]

Date termination confirmed/...../20..... OR

Termination assumed to be complete *[in the case where patient did not attend follow up appointment]*

COMPLICATIONS at discharge [surgical terminations] or at follow up [medical terminations]*

None Haemorrhage Uterine perforation Sepsis

Other *[please state]*

*where patient did not attend follow up please report complications as they are known on the date this form is completed

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 _____ <i>[Of practitioner performing the termination]</i>	Date _____ <i>[Of signature]</i>