



**The Act dated 13 June 1975 no. 50 concerning
Termination of Pregnancy, with Amendments in the Act
dated 16 June 1978 no. 5**

§ 1

The society shall, as far as possible, ensure all children the necessary conditions for a secure childhood and adolescence. As part of this work, the society shall make sure that all persons receive ethical guidance, sex guidance, information concerning life together, and an offer of family planning, as means whereby to develop a responsible attitude towards these matters such that the number of terminations of pregnancy will be as low as possible.

§ 2

Should a pregnancy lead to serious difficulties for a woman, she shall be offered information and guidance concerning the assistance which the society can offer her. The woman has a right to advice so that she, herself, is able to make the final decision.

If the woman, after she has received an offer of information etc. as mentioned, and guidance pursuant to § 5 second paragraph, first sentence, finds that she is nevertheless unable to complete the pregnancy to term, she shall herself make the final decision concerning termination of pregnancy provided that it is possible to perform the operation before the 12th week of pregnancy has elapsed, and that there are no serious medical reasons to the contrary.

After the 12th week of pregnancy has elapsed, the pregnancy may be terminated when

- a) the pregnancy, childbirth, or care of the child may result in unreasonable strain upon the physical or mental health of the woman. Account shall be taken of whether she has any predisposition to illness;
- b) the pregnancy, childbirth, or care of the child may place the woman in a difficult life situation;
- c) there is a major risk that the child may suffer from a serious disease as a result of its genotype, or disease or harmful influences during pregnancy;

- d) the woman becomes pregnant under the conditions referred to in §§ 207—209 of the Penal Code, or the pregnancy is the result of circumstances covered by §§ 192—199 of the Penal Code; or
- e) when the woman is suffering from severe mental illness, or is mentally retarded to a considerable degree.

When assessing a request for termination of pregnancy of the grounds enumerated above in sub-paragraphs a), b) and c) of the third paragraph, account shall be taken of the woman's overall situation, including the extent to which she is able to provide the child with satisfactory care. Major consideration shall be given to the woman's own assessment of her situation.

The conditions for authorization of termination of pregnancy shall become more stringent as duration of pregnancy increases.

A pregnancy may not be terminated after the 18th week of pregnancy has elapsed unless there are particularly important grounds for doing so. If there is reason to believe that the fetus is viable, authorization for a pregnancy termination shall not be granted.

§ 3

Operations after the 12th week of pregnancy has elapsed may be performed only in a hospital. Operations performed before the 12th week of pregnancy has elapsed may be carried out also in another institution approved by the county medical officer (in Oslo, the city medical officer).

Pregnancy terminations may be performed only by a medical practitioner.

§ 4

The application for a pregnancy termination shall be submitted by the woman herself. If she is under 16 years of age, the person exercising parental authority or the guardian shall be given an opportunity to express his/her views, unless there are particular reasons to the contrary. If the woman is mentally retarded, her guardian shall similarly be given an opportunity to express his/her views.

If the woman is suffering from severe mental illness or is mentally retarded to a considerable degree, the application may be submitted by the guardian. The woman's consent shall be obtained if it may be assumed that she is capable of understanding the significance of the operation.

If the woman has no guardian in the cases mentioned in the third sentence of the first paragraph or in the second paragraph, the probate court shall, on the request of her medical practitioner or of the Board (cf. § 7), appoint an auxiliary guardian to carry out the duties of the guardian pursuant to this Act.

§ 5

The application for a pregnancy termination shall be submitted to a doctor. The application for a pregnancy termination after the 12th week of pregnancy has elapsed may also be submitted to a Board (cf. § 7).

A woman who has applied for a pregnancy termination, or a person who has applied for such a termination pursuant to § 4, second paragraph, shall be provided by the doctor (or the Board) with information regarding the nature of the operation and its medical effects. If the woman so desires, the doctor shall also provide information and guidance concerning the assistance referred to in § 2, first paragraph.

§ 6

In the event that it is possible to perform the operation before the 12th week of pregnancy has elapsed the doctor shall, after the woman has been given the particulars, information etc. referred to in § 5, second paragraph, first sentence, immediately forward the application, together with a written reference, to the hospital unit or other institution where the operation is to be carried out.

In the event that the medical superintendent or his deputy refuses to perform the operation for the reason that there are serious medical grounds to the contrary, the case shall be forwarded immediately to the county medical officer (in Oslo, the city medical officer) together with a written explanation. The county medical officer (in Oslo, the city medical officer) shall refer the woman to another hospital or approved institution where it may be possible to perform the operation.

§ 7

If it is impossible to perform the operation before the 12th week of pregnancy has elapsed the doctor shall, when the woman has been given the particulars, information etc. mentioned in § 5, second paragraph, immediately forward the application, together with a written report concerning the reasons put forward by the woman and the observations that have been made, to a Board as described

in the second paragraph. When the application has been submitted directly to a Board, the case shall be decided as soon as it has been fully prepared. If investigations show that it is possible, after all, to perform the operation before the 12th week of pregnancy has elapsed, the Board shall immediately refer the woman to a hospital unit or other institution where the operation may be performed.

The decision regarding termination of pregnancy shall be reached, after consultation with the woman, by a Board consisting of two doctors.

§ 8

The decision by the Board to authorize or refuse termination of pregnancy shall be substantiated in writing. The woman, or the person acting on her behalf, shall be informed of the reasons for the decision. In special cases, a decision to refuse a pregnancy termination and the grounds for refusal may be communicated verbally.

In the event that the application is rejected, the Board shall inform the woman, or the person acting on her behalf, that the decision will be examined by another Board unless she withdraws the application within three days after she has been notified of the rejection. At the same time, the Board shall forward the documents in the case to the county medical officer (in Oslo, the city medical officer). The county medical officer, in consultation with the woman, shall submit the case to another Board for re-examination, unless the woman has withdrawn the application within the time limit stipulated above. When dealing with cases pursuant to this Section, the Board shall be augmented to include a third person who is not a doctor, appointed by the county medical officer (in Oslo, the city medical officer). The decisions of the Board shall be reached by a simple majority.

§ 9

A pregnancy termination may be performed only with the consent of the county medical officer (in Oslo, the city medical officer)

- a) when the woman is under 16 years of age, and the person exercising parental authority has expressed the view that the pregnancy should not be terminated;
- b) when the woman is mentally retarded and the guardian has expressed the view that the pregnancy should not be terminated;
- c) when the woman's consent has not been obtained pursuant to § 4, second paragraph, second sentence.

§ 10

In cases where the pregnancy constitutes an impending risk to the woman's life or health, it may be terminated without regard to the provisions of this Act.

§ 11

Notwithstanding the statutory obligation to observe professional secrecy, the committee may obtain information regarding the woman's situation from the health, social and insurance standpoints, provided that the woman has given her consent.

Each and every person participating in the examination of cases pursuant to this Act is under obligation to observe professional secrecy concerning anything that has come to his knowledge.

§ 12

The King may issue more detailed regulations concerning the implementation of this Act, including regulations governing the membership of the Boards (cf. §§ 7 and 8).

§ 13

Any person who terminates a pregnancy, or takes part in such a termination in violation of this Act or of the regulations issued pursuant to the Act, is punishable by fines or prison up to three months, provided that conditions are not such that more stringent punishment provisions apply.

Similar penalties shall be imposed on any person who deliberately gives false information, either verbally or in writing, in an application for pregnancy termination or for the purpose of a decision regarding the application, or who illegally violates observance of professional secrecy pursuant to § 11. Any person causing or collaborating in any such violation shall be punished accordingly.

The punishment provisions in the first paragraph shall not apply to a woman who terminates her own pregnancy or who cooperates in such a termination.

§ 14

The county municipalities shall organize hospital services such that the women in their area may have a pregnancy termination performed at any time, cf. the Hospitals Act dated 19 June 1979 no. 57, § 2. The organization shall take into account the health personnel who, for reasons of conscience, do not wish to perform or assist in such operations.

§ 14 a

A woman on whom an operation has been performed pursuant to this Act, shall when she requests it be ensured guidance concerning contraceptive measures.

§ 15

This Act enters into force on 1 January 1979.

**Regulations for the Implementation of the Act dated
13 June 1975 no. 50 concerning Termination of
Pregnancy, with Amendments in the Act dated
16 June 1978 no. 66, cf. § 12 of the Act**

(laid down by Royal Decree, 1 December 1978)

CHAPTER I

**Rules of administrative procedure when the operation is performed
without consideration by a Board, cf. § 2, second paragraph,
and §§ 5 and 6 of the Act.**

§ 1. Application for termination of pregnancy.

The application for termination of pregnancy shall be submitted by the woman to a medical practitioner (doctor). In cases where the woman has a serious mental illness or is mentally retarded to a considerable degree, the application may also be submitted by her guardian.

The doctor, in consultation with the woman, shall be responsible for the written formulation of the application, unless this has been taken care of by the woman herself.

§ 2. The general obligation of the doctor to provide information.

The doctor shall provide the woman (in certain cases the guardian) with information concerning the medical nature and effects of the operation.

The doctor shall also inform the woman that, if she so desires, she may be given information and guidance concerning the assistance offered to her by the society.

§ 3. Additional guidance, if the woman asks for it.

In cases where the woman asks for information and guidance of the type mentioned in § 2 of the Regulations, second paragraph, the doctor shall make sure that she receives this.

The guidance may be given in collaboration with a welfare officer, health visitor or other competent person.

In the event that the woman wishes for other guidance, such that she herself is able to make the final decision, the doctor may refer her to another competent agency.

§ 4. The further handling of the application by the doctor.

The doctor shall make an assessment of the duration of the pregnancy. If the doctor finds that it is possible to perform the operation before the 12th week of pregnancy has elapsed, it is his duty to immediately forward the application, together with a written reference, to the hospital unit or other approved institution where the operation is to be performed. In cases where it is not possible to perform the operation until after the 12th week of pregnancy has elapsed, see Chapter 2.

§ 5. The handling of the application at the hospital unit or other approved institution.

If it is possible to perform the operation before the 12th week of pregnancy has elapsed, it is the woman herself who shall make the final decision concerning termination.

The medical superintendent or his deputy is responsible for ensuring that the application is dealt with and, in the event of operation, that this is performed as soon as possible.

It may be necessary to postpone the operation for a shorter period out of consideration for responsible medical practice (results of laboratory investigations and preliminary treatment of the woman). Such postponement shall not lead to the application having to be considered by a Board.

Opinions from persons other than the woman may be obtained only when the woman requests it.

If the woman is under 16 years of age, or is mentally retarded, the person exercising parental authority or the guardian shall be given an opportunity to express an opinion to the medical superintendent or to his deputy, provided that there are no serious reasons to the contrary.

If, on the basis of their examinations, the medical superintendent or his deputy find that the pregnancy has had a duration of more than 12 weeks, the doctor shall forward the application for termination of pregnancy to a Board (cf. § 9 of the Regulations). The woman shall be informed immediately of this, as well as of the further progress of the case.

§ 6. Operations which are refused on serious medical grounds.

It is only the medical superintendent or his deputy who has access to refuse to perform an operation for the reason that there are serious medical grounds to the contrary, cf. § 6, second paragraph of the Act.

By serious medical grounds is meant conditions which are of such a nature that, due to the status of the woman, an operation must be assumed to present a serious risk to her life or her health. The Ministry may issue more detailed guidelines concerning the medical criteria which shall form the basis for this evaluation.

The doctor who has refused to perform the operation with reference to serious medical grounds is responsible for immediately forwarding the case to the county medical officer¹⁾ together with a written explanation. The woman shall be informed of this immediately, and of the further progress of the case.

CHAPTER II

Administrative procedures when the operation is performed after consideration by a Board, cf. §§ 2 third paragraph, 5, 7 and 8 of the Act.

§ 7. Application for termination of pregnancy.

An application for termination of pregnancy after the 12th week of pregnancy has elapsed shall be submitted by the woman to a doctor or to a Board. If the woman is suffering from severe mental illness, or is mentally retarded to a considerable degree, the application may also be submitted by a guardian.

The doctor, in consultation with the woman and/or the guardian, shall be responsible for the written formulation of the application, unless this has been taken care of by the woman herself.

§ 8. The doctor's handling of the application.

The doctor shall undertake a medical examination of the woman, including an evaluation of the duration of the pregnancy.

§§ 2 and 3 of the Regulations concerning the obligation to provide information and guidance similarly apply.

The doctor is under an obligation to prepare, in consultation with the woman, a written report on her reasons for termination of pregnancy, unless this has been done by the woman herself.

¹⁾ In Oslo the tasks and duties of the county medical officer are the responsibility of the city medical officer.

The report shall also include information concerning the observations made, including the status of health of the woman and her life situation otherwise. The doctor shall immediately forward the application, together with the written report, to the Board.

If it is possible to perform the operation before the 12th week of pregnancy has elapsed, the doctor shall immediately forward the application, together with a written reference, to the hospital unit (institution) where he operation may be performed.

§ 9. Application directly to a Board.

If the woman has directly approached a Board, or if the application has been forwarded from a hospital unit or other institution, cf. § 5, fifth paragraph of the Regulations, the Board shall itself prepare the case in accordance with the same rules as apply for a doctor pursuant to § 8, first to third paragraphs of the Regulations. The Board, in consultation with the woman, may entrust the preparation of the case to a doctor not on the Board, to a family guidance office, or to another competent agency.

§ 10. Direct referral by the Board to a hospital unit or other institution.

If investigations show that it is possible, after all, to perform the operation before the 12th week of pregnancy has elapsed, the Board shall immediately forward the application, together with a written reference, to the hospital unit (institution) where the operation may be performed.

§ 11. General rules of administrative procedures for the Primary Board and the Appeals Board.

The case shall be dealt with as quickly as possible.

The Board is responsible for ensuring that the case is as well elucidated as possible. If it is of importance for the decision, a report may be obtained concerning the woman's life situation. Information concerning the health, social and insurance conditions of the woman will normally be subject to confidentiality and may be obtained only with the woman's consent, cf. § 11, first paragraph of the Act. Information that is not graded confidential may also be obtained only with the woman's consent. In such cases, the woman must be informed of her right to refuse that the information is obtained.

The woman shall be given the opportunity to make her views known to the Board either in writing or verbally. She has the right to attend the Board accompanied by a legal adviser or other competent person.

If the Board is of the opinion that a statement by the woman is necessary in order to throw more light on the case, the case shall as a rule be postponed when the available information indicates that the application will have to be rejected. If the available information indicates that the application will be approved, the Board shall in its evaluation, weigh the consideration for a quick decision against the consideration that there should be as complete a foundation as possible for reaching a decision.

If the woman is under 16 years of age or is mentally retarded, the person exercising parental authority or the guardian shall be given the opportunity to express his/her views to the doctor or to the Board, unless there are particular reasons to the contrary.

§ 12. Decisions by the Board.

The decision shall be reached as soon as possible after the case has been finally prepared.

A decision by the Primary Board to authorize a pregnancy termination must be unanimous.

A decision in the Appeals Board is reached by a simple majority.

The decision shall be in writing and shall be simultaneously substantiated. (Concerning notification to the woman and the keeping of records, see § 15 and § 25 of the Regulations respectively).

§ 13. The Board's notification to the woman.

The Board (the Primary Board or the Appeals Board) shall immediately give the woman, or the person acting on her behalf, written notification of the decision and the reasons for the same.

If the application is rejected in the Primary Board, in special cases the notification may be given verbally, cf. § 8, first paragraph of the Act. The woman shall subsequently receive written notification.

If the application is approved, the reasons shall be stated with reference to § 2, third paragraph of the Act, sub-paragraphs a), b), c), d) and/or e). The notification shall also state the date and place of admission to hospital.

When the application is rejected, the reasons shall include a brief account of the actual conditions which were determining for the decision. To the extent that it is necessary in order to enable the woman to understand the decision, the grounds for the decision shall also refer to the content of the legislation and the approach to the problem on which the decision is based. It shall also be stated whether the decision was unanimous, and in cases of dissent, what were the reasons for the point of view of the minority. The woman shall also be informed of the right to be acquainted with the documents in the case pursuant to § 18 of the Public Administration Act, cf. § 19.

In the event of a rejection by the Primary Board, the notification shall also state that:

- 1) the application will be presented for an Appeals Board unless she has withdrawn it within three days from the time she has received notification of rejection,
- 2) she has access, until the time-limit of three days has expired, to express a preference as to which Board shall examine the appeal, see § 16 of the Regulations,
- 3) she may provide additional information if she so wishes.

§ 14. Automatic appeal procedure.

In the event that the application for termination of pregnancy is rejected by the Primary Board, the Board shall, simultaneously with the decision, forward the documents in the case to the county medical officer. If the woman has not withdrawn her application within three days from the time she was notified of the decision, the county medical officer shall, in consultation with the woman, present the case to an Appeals Board for re-examination. The Appeals Board is under an obligation to examine the case.

§ 15. The transfer of the woman to a new hospital unit in the event of dissent in the Appeals Board.

In cases where the application for termination of pregnancy is approved by the Appeals Board, but where the member as defined in § 21, second paragraph, has voted against the approval, the county medical officer shall ensure that the woman is transferred to another hospital unit where the operation will be performed.

§ 16. The woman's wish as regards examination by a specific Appeals Board.

If the woman has expressed a wish that the appeal is dealt with by a specific Board, this wish should be complied with provided there are no particular reasons to the contrary.

As a rule, the appeal shall be examined by a Board in the county where the woman is resident.

§ 17. An application to a new Primary Board subsequent to rejection by the Appeals Board.

In the event that the woman's application is rejected by the Appeals Board, there is access for a new Primary Board to take up the case for new consideration at the request of the county medical officer. The woman does not have the right to have the case considered anew unless there is fresh information available.

CHAPTER III

Organization of the hospitals services, cf. § 3 and 14 of the Act

§ 18. Approval of an institution other than a hospital.

On the basis of an overall assessment of the hospital situation in the county, the county medical officer may give approval to a nursing home or health centre to perform pregnancy terminations before the 12th week of pregnancy has elapsed providing that the institution fulfils the following conditions:

a) The permanent staff of the institution must include a doctor who is a gynaecological or surgical specialist or who, after having worked in a gynaecological or surgical unit, can show evidence of the necessary ability to perform a pregnancy termination.

The permanent staff of the institution shall also include personnel with the necessary experience of giving anaesthetics.

b) The institution must have the necessary technical equipment, including equipment to give anaesthetics and blood transfusions, and to carry out laparotomy.

d) The institution shall have a properly furnished rest room where out-patients are able to remain for at least four hours after the operation has been performed.

§ 19. Organization of the hospital services.

The county municipality is responsible for organizing the hospital services such that women in the county who apply for termination of pregnancy may have the operation performed at any time, cf. § 14 of the Act.

The county medical officer, in consultation with the county municipality, may decide which hospital units/institutions in the county shall serve more specified geographical areas in the county.

Two or more county municipalities may collaborate with regard to the duties imposed on the county municipality pursuant to § 14 of the Act. This shall occur in collaboration with the county medical officer and the Directorate of the Health Services. The Ministry may impose such collaboration if it is necessary to ensure the woman her rights in pursuance of the Act.

If it is necessary out of consideration to the individual woman to perform the operation outside her county of residence, the county medical officer shall refer the woman to another hospital unit/institution where the operation may be performed.

The county municipality shall — in accordance with more detailed regulations — prepare a list showing which hospital units/institutions in the county perform pregnancy terminations. Notification of this shall be forwarded to the Directorate of the Health Services via the county medical officer.

The person medically responsible for the hospital unit (the medical superintendent) shall prepare guidelines for the necessary examinations and preliminary treatment of women whose pregnancy is to be terminated. He shall also take the necessary measures to ensure that the women receive the necessary post-operative treatment and individual guidance concerning contraception, cf. § 14 a of the Act.

§ 20. Exemption on grounds of conscience.

Health personnel who, for reasons of conscience, do not wish to perform or assist in pregnancy terminations shall, via the medical superintendent, give written notification of such a wish, together with a more detailed explanation, to the administrative head of the hospital/institution.

The right to exemption on grounds of conscience applies only to health personnel who either perform or assist in the operation itself, and not to those who attend to, nurse or treat the woman before and after the operation.

The exemption must apply in general to all operations pursuant to the Act.

The administrative head of the hospital/institution shall, each quarter, notify the county municipality of the number of the different categories of health personnel who are exempted on grounds of conscience. The report shall also include the numbers of each category of health personnel who are available at any time for pregnancy terminations, as well as the number of vacant posts within each category. A copy of the report shall be sent simultaneously to the county medical officer and to the Directorate of the Health Services.

In order to ensure that the county municipality is able to fulfil its obligations pursuant to § 14 of the Act, it is possible, when advertising vacant situations for health personnel to make it a condition for employment that the person appointed to the post must be prepared to carry out the duties and tasks imposed upon the hospital unit/institution, including pregnancy termination. Health personnel who apply for situations at hospitals/institutions where pregnancy terminations may be performed shall, on request, make it known whether they wish to be exempted from performing or assisting in pregnancy terminations.

CHAPTER IV

Appointment of Boards etc., cf. §§ 7, 8 and 12.

§ 21. Appointment and composition of Boards.

Every hospital where pregnancy terminations may be performed shall have at least one Board comprising two doctors which shall consider applications for pregnancy terminations.

The one member shall be the medical superintendent of the unit where the operation is to be performed, the medical superintendent's permanent deputy, or another doctor attached to the unit and chosen by the medical superintendent.

The second member of the Board shall be appointed by the county medical officer. The person appointed shall not belong to the staff of the unit where the operation is to be performed. The doctor must have a knowledge of social medicine.

At least one member of the Board should be a woman.

Deputy members shall be appointed with similar qualifications.

If it is impossible to appoint members, or deputy members having the qualifications described in the third paragraph, the county medical officer shall appoint another doctor for a period of up to one year at a time.

§ 22. The appointment of the third member of the Appeals Board.

The county medical officer shall nominate the member who is to join the Board which shall consider the appeal. The person in question, who shall not be a doctor (medical practitioner), shall be trained as a welfare officer or health visitor, and shall have experience of social work.

Members of the Appeals Board shall not have considered the application in the Primary Board.

At least one member of the Appeals Board shall be a woman.

§ 23. The period of office etc. of the members of the Appeals Board.

Nomination of members to the Appeals Board occurs for a four-year period. The county medical officer may, on request, release a nominated member in the course of the period and appoint a new member for the remainder of the period.

A member appointed to the Board shall cease to function when he/she has reached the age of 70 years at the latest.

The county medical officer shall notify the Directorate of the Health Services of the nomination of the Board and its composition.

§ 24. Remuneration to the members of the Board.

Members of the Board have the right to such remuneration as is stipulated by the Ministry.

A member of the Board has the right to reimbursement of travel expenses to the extent that these are not covered in another manner.

CHAPTER V

Records and Notifications.

§ 25. Records.

The Boards and the hospitals or institutions where pregnancy terminations are performed shall keep separate case records. When a case is considered by the Board the decision shall be entered in the record, which shall be dated and signed by the members.

The following particulars shall be recorded :

1. Name of hospital/institution.
2. Case number.
3. The date on which the hospital/Board received the application.
4. The name and date of birth of the patient.
5. Civil status.
6. The number of previous births, and the number of children now living.
7. The number of previous pregnancy terminations, and the number which were induced.
8. The presumed duration of the pregnancy.
9. The name of the doctor who has forwarded the application.
10. The person who has submitted the application.
11. Whether it has been necessary to obtain the consent of the county medical officer in pursuance of § 9 a, b and c of the Act.
12. Whether or not the operation has been performed.
13. The reason why the operation has not been performed if this is the case.

When an applications is approved by the Primary Board, the record shall include :

14. The grounds for approval, which shall be stated with reference to § 2, sub-paragraphs a), b), c), d) and/or e) of the Act.

When an application is rejected by the Primary Board, the record shall state :

15. The grounds for rejection.
16. Whether the rejection was unanimous. The grounds of the minority shall be recorded, cf. item 21.

In the event of approval by the Appeals Board, the record shall include:

17. The grounds for approval. The grounds shall be stated with reference to § 2 a), b), c), d) and/or e) of the Act.
18. The reasons for the point of view of the minority if the decision was not unanimous.

In the event of rejection by the Appeals Board, the record shall include:

19. The grounds for rejection.
20. Whether the decision was unanimous.
21. The grounds for the minority point of view, if the decision was not unanimous.

An extract of the record shall be sent to the county medical officer and to the doctor who was approached by the woman.

The Director-General of the Health Services or the county medical officer may request to have the record sent to him at any time.

The record and the documents in the case shall be kept locked up at the hospital/institution concerned for at least 10 years.

§ 26. Reports.

At the end of each quarter, every hospital, hospital unit and approved institution where pregnancy terminations may be performed shall submit a report to the county medical officer on a special form prepared by the Ministry. The report shall include specified data from the records, as well as particulars of the individual operations.

The county medical officer shall submit quarterly reports to the Directorate of the Health Services concerning:

- a) the information received pursuant to the first paragraph,
- b) information concerning the *number* of appeals received and forwarded,
- c) information concerning the *number* of cases in which approval has been granted pursuant to § 9 of the Act,
- d) information concerning the *number* of rejections in pursuance of § 6 of the Act, second paragraph.

The Director-General of the Health Services may at any time require to be sent the information described in the first paragraph, as well as information concerning circumstances that are apparent from the case documents and records.

CHAPTER VI

Miscellaneous provisions.

§ 27. The relation to the Public Administration Act.

The provisions of the Public Administration Act apply to the handling of cases and decisions as to whether to authorize or refuse a pregnancy termination, in so far as the circumstances are not more specifically governed by the Act concerning Termination of Pregnancy or by these Regulations. The Ministry may decide whether, and possibly to what extent, the provisions concerning pledge of secrecy in the Public Administration Act shall apply as supplementary regulations to the Act concerning Termination of Pregnancy, § 11, second paragraph, cf. § 13 f, first paragraph of the Public Administration Act.

§ 28. Scope.

These Regulations shall also apply to Svalbard.

§ 29. Temporary regulations.

Amendments to the Act concerning Termination of Pregnancy and these Regulations shall apply also in cases where the application for a pregnancy termination was submitted before 1 January 1979, but where the final decision has not been taken prior to that date.

§ 30. Changes to the regulations.

The Ministry may make minor changes to these Regulations.