STATUTORY INSTRUMENTS.

S.I. No. of 2018

HEALTH (REGULATION OF TERMINATION OF PREGNANCY) ACT 2018 (CERTIFICATION) REGULATIONS 2018

S.I. No. of 2018

HEALTH (REGULATION OF TERMINATION OF PREGNANCY) ACT 2018 (CERTIFICATION) REGULATIONS 2018

I, SIMON HARRIS, Minister for Health, in exercise of the powers conferred on me by section 3 of the Health (Regulation of Termination of Pregnancy) Act 2018 (No. 31 of 2018), hereby make the following regulations:

1. (1) These Regulations may be cited as the Health (Regulation of Termination of Pregnancy) Act 2018 (Certification) Regulations 2018.

(2) These Regulations shall come into operation on 1 January 2019.

2. In these Regulations, "Act of 2018" means the Health (Regulation of Termination of Pregnancy) Act 2018 (No. 31 of 2018).

3. The following forms of certification are prescribed for the purposes of section 19 of the Act of 2018:

(*a*) in the case of a section 9 certification, the form of certification specified in Schedule 1;

(*b*) in the case of a section 10 certification, the form of certification specified in Schedule 2;

(*c*) in the case of a section 11 certification, the form of certification specified in Schedule 3;

(*d*) in the case of a section 12 certification, the form of certification specified in Schedule 4.

SCHEDULE 1

PART 1

Health (Regulation of Termination of Pregnancy) Act 2018

Certificate to be completed in relation to a termination of pregnancy referred to in section 9 (Risk to life or health) of the Act of 2018.

Please complete this form in BLOCK CAPITALS.

This form should be retained on the patient's medical file.

.....
(Full name of pregnant woman)

of

.....

.....

.....

.....
(Address)

Date of birth of above named pregnant woman ..... (DD/MM/YYYY)

Estimated weeks of pregnancy: .....

This certification for termination of pregnancy is being made after a review of the patient's case was carried out under section 16 of the Act of 2018 **(tick as appropriate):**

❒ **No (proceed to complete Part 2)**

❒ **Yes (proceed to complete Part 3)**

PART 2

To be completed where certification for termination of pregnancy is being made and NO REVIEW of the patient's case was carried out under section 16 of the Act of 2018

I, the undersigned, in accordance with section 9 of the Act of 2018, hereby certify that it is my reasonable opinion formed in good faith that:

(1) there is a risk to the life, or of serious harm to the health, of the above named pregnant woman

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

and

(2) the foetus has not reached viability,

and

(3) it is appropriate to carry out a termination of pregnancy in order to avert the risk referred to at (1) above.

Medical Practitioner 1 (Obstetrician)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

I, the undersigned, in accordance with section 9 of the Act of 2018, hereby certify that it is my reasonable opinion formed in good faith that:

(1) there is a risk to the life, or of serious harm to the health, of the above named pregnant woman

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

.....

and

(2) the foetus has not reached viability,

and

(3) it is appropriate to carry out a termination of pregnancy in order to avert the risk referred to at (1) above.

Medical Practitioner 2 (Appropriate Medical Practitioner)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

PART 3

To be completed where certification for termination of pregnancy is being made after A REVIEW of the patient's case was carried under section 16 of the Act of 2018

We, the undersigned, in accordance with sections 9 and 16 of the Act of 2018, hereby jointly certify that it is our reasonable opinion formed in good faith that:

(1) there is a risk to the life, or of serious harm to the health, of the above named pregnant woman

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

.....

and

(2) the foetus has not reached viability,

and

(3) it is appropriate to carry out a termination of pregnancy in order to avert the risk referred to at (1) above.

Medical Practitioner 1 (Obstetrician)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

Medical Practitioner 2 (Appropriate Medical Practitioner)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

SCHEDULE 2

Health (Regulation of Termination of Pregnancy) Act 2018

Certificate to be completed in relation to a termination of pregnancy referred to in section 10 (Risk to life or health in emergency) of the Act of 2018

Please complete this form in BLOCK CAPITALS.

.....
(Full name of pregnant woman)

of

.....

.....

.....

.....
(Address)

Date of birth of above named pregnant woman ..... (DD/MM/YYYY)

Estimated weeks of pregnancy: .....

I, the undersigned, in accordance with section 10 of the Act of 2018, hereby certify that I am of the reasonable opinion formed in good faith that:

(1) There [is] [was]* an immediate risk to the life, or of serious harm to the health, of the above named pregnant woman,

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

*delete as appropriate

and

(2) it [is] [was]* immediately necessary to carry out a termination of pregnancy in order to avert that risk.

Where this certificate is being made after the termination of pregnancy has been carried out, please record the date of the termination of pregnancy:

.....
(Date DD/MM/YYYY)

Medical Practitioner

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

*delete as appropriate

SCHEDULE 3

PART 1

Health (Regulation of Termination of Pregnancy) Act 2018

Certificate to be completed in relation to a termination of pregnancy referred to in section 11 (Condition likely to lead to death of foetus) of the Act of 2018.

Please complete this form in BLOCK CAPITALS.

.....
(Full name of pregnant woman)

of

.....

.....

.....

.....
(Address)

Date of birth of above named pregnant woman ..... (DD//MM/YYYY)

Estimated weeks of pregnancy: .....

This certification for termination of pregnancy is being made after a review of the patient's case was carried out under section 16 of the Act of 2018 **(tick as appropriate)**:

❒ **No (proceed to complete Part 2)**

❒ **Yes (proceed to complete Part 3)**

PART 2

To be completed where certification for termination of pregnancy is being made and NO REVIEW of the patient's case was carried out under section 16 of the Act of 2018

I, the undersigned, in accordance with section 11 of the Act of 2018, hereby certify that it is my reasonable opinion formed in good faith that, in relation to the above named pregnant woman, **there is present a condition affecting the foetus that is likely to lead to the death of the foetus either before, or within 28 days of, birth.**

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

.....

Medical Practitioner 1 (Obstetrician)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

I, the undersigned, in accordance with section 11 of the Act of 2018, hereby certify that it is my reasonable opinion formed in good faith that, in relation to the above named pregnant woman, **there is present a condition affecting the foetus that is likely to lead to the death of the foetus either before, or within 28 days of, birth.**

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

.....

Medical Practitioner 2 (Medical Practitioner — Relevant Specialty)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

.....
Relevant specialty

Signed: .....

Date of signature: .....

PART 3

To be completed where certification for termination of pregnancy is being made after A REVIEW of the patient's case was carried under section 16 of the Act of 2018

We, the undersigned, in accordance with sections 11 and 16 of the Act of 2018, hereby jointly certify that it is our reasonable opinion formed in good faith that, in relation to the above named pregnant woman, **there is present a condition affecting the foetus that is likely to lead to the death of the foetus either before, or within 28 days of, birth.**

Insert clinical grounds for carrying out the termination of pregnancy to which the certification relates:

.....

.....

.....

.....

.....

.....

.....

.....

Medical Practitioner 1 (Obstetrician)

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

Medical Practitioner 2 (Medical Practitioner — Relevant Specialty)

.....

Full name of medical practitioner

.....

Medical Council Registration No.

.....

Relevant specialty

Signed: .....

Date of signature: .....

SCHEDULE 4

Health (Regulation of Termination of Pregnancy) Act 2018

Certificate to be completed in relation to a termination of pregnancy referred to in section 12 (Early pregnancy) of the Act of 2018.

Please complete this form in BLOCK CAPITALS.

.....
(Full name of pregnant woman)

of

.....

.....

.....

.....
(Address)

Date of birth of above named pregnant woman ..... (DD/MM/YYYY)

Estimated weeks of pregnancy: .....

I, the undersigned, in accordance with section 12 of the Act of 2018, hereby certify that I am of the reasonable opinion formed in good faith that the pregnancy of the above named pregnant woman has not exceeded 12 weeks.

Medical Practitioner

.....
Full name of medical practitioner

.....
Medical Council Registration No.

Signed: .....

Date of signature: .....

GIVEN under my Official Seal,
2018.

SIMON HARRIS,
Minister for Health.

EXPLANATORY NOTE

(This note is not part of the instrument and does not purport to be a legal interpretation.)

These Regulations may be cited as the Health (Regulation of Termination of Pregnancy) Act 2018 (Certification) Regulations 2018.

Pursuant to Section 19 of the Act, these Regulations provide prescribed forms to be used for the purpose of certification referred to in Sections 9, 10, 11, and 12 of the Act.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2
(Teil: 01 - 6476834 nó 1890 213434; Fax: 01 - 6476843)
nó trí aon díoltóir leabhar.

———————

DUBLIN
PUBLISHED BY THE STATIONERY OFFICE
To be purchased from
GOVERNMENT PUBLICATIONS,
52 ST. STEPHEN'S GREEN, DUBLIN 2.
(Tel: 01 - 6476834 or 1890 213434; Fax: 01 - 6476843)
or through any bookseller.

———————

€4.06 (*Provisional Price*)

ISBN 978-1-4468-7906-1

9 781446 879061

Wt. (B33957). 285. m/yy. Essentra. Gr.30-15.