



STATUTORY INSTRUMENTS.

S.I. No. 538 of 2013



PROTECTION OF LIFE DURING PREGNANCY ACT 2013
(CERTIFICATION) REGULATIONS 2013

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PROTECTION OF LIFE DURING PREGNANCY ACT 2013
(CERTIFICATION) REGULATIONS 2013

I, James Reilly, Minister for Health, in exercise of the powers conferred on me by section 4 of the Protection of Life During Pregnancy Act 2013 (No. 35 of 2013), hereby make the following regulations:

1. (1) These Regulations may be cited as the Protection of Life During Pregnancy Act 2013 (Certification) Regulations 2013.

(2) These Regulations shall come into operation on the 1st day of January 2014.

2. In these Regulations “Act of 2013” means the Protection of Life During Pregnancy Act 2013.

3. The following forms of certification are prescribed for the purposes of section 19 of the Act of 2013:

- (a) in the case of a section 7 certification, the form of certification set out in Part 1 of the Schedule;
- (b) in the case of a section 9 certification, the form of certification set out in Part 2 of the Schedule;
- (c) in the case of a section 8 certification, the form of certification set out in Part 3 of the Schedule.

*Notice of the making of this Statutory Instrument was published in
“Iris Oifigiúil” of 3rd January, 2014.*

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and

(2) we have considered other medical treatment option(s) (if any),

and

(3) in our reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) that risk can **only** be averted by carrying out a medical procedure referred to in section 7 of the Act of 2013,

and

(4) (i) at least one of the undersigned medical practitioners, namely , has consulted with the above named pregnant woman's general practitioner for the purposes of obtaining information in respect of that pregnant woman from that general practitioner that may assist the undersigned medical practitioners in our decision as to whether or not to make this certification in respect of the above named pregnant woman*

or,

(ii) it was not practicable to consult with the above named pregnant woman's general practitioner (if any) for the following reasons (including for the reason that the pregnant woman did not agree to the general practitioner being consulted):

.....
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.....*

* delete as appropriate

Medical Practitioner 1 (Obstetrician)

Signed: Date and time of signature:

.....
Full name of medical practitioner Medical Council Registration No.

.....
Name of appropriate institution where obstetrician practises

Medical Practitioner 2

Signed: Date and time of signature:

.....
Full name of medical practitioner Medical Council Registration No.

.....
Details of relevant speciality

.....
Name of appropriate institution to which the certificate is to be forwarded

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and

(2) we have considered other medical treatment option(s) (if any),

and

(3) in our reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) that risk can **only** be averted by carrying out a medical procedure referred to in section 9 of the Act of 2013,

and

(4) at least one of the undersigned psychiatrists, namely, provides, or has provided, mental health services to women in respect of pregnancy, childbirth or post-partum care,

and

(5) (i) at least one of the undersigned medical practitioners, namely, has consulted with the above named pregnant woman's general practitioner for the purposes of obtaining information in respect of that pregnant woman from that general practitioner that may assist the undersigned medical practitioners in our decision as to whether or not to make this certification in respect of the above named pregnant woman *

or,

(ii) it was not practicable to consult with the above named pregnant woman's general practitioner (if any) for the following reasons (including for the reason that the pregnant woman did not agree to the general practitioner being consulted):

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*delete as appropriate

Medical Practitioner 1 (Obstetrician)

Signed: Date and time of signature:

.....
.....
Full name of medical practitioner Medical Council Registration No.

.....
Name of appropriate institution where obstetrician practises

Medical Practitioner 2 (Psychiatrist)

Signed: Date and time of signature:

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.....
Full name of medical practitioner Medical Council Registration No.

.....
Name of appropriate institution where psychiatrist practises

Medical Practitioner 3 (Psychiatrist)

Signed: Date and time of signature:

.....
Full name of medical practitioner Medical Council Registration No.

.....
Name of approved centre where psychiatrist practises or location where psy-
chiatrist practises for, or on behalf of, the Executive

.....
Name of appropriate institution to which the certificate is to be forwarded

PART 3

Protection of Life During Pregnancy Act 2013

Certificate to be completed in relation to a medical procedure referred to in section 8 (Risk of loss of life from physical illness in emergency) of the Act of 2013

Certificate to be completed in relation to a medical procedure referred to in section 8 (Risk of loss of life from physical illness in emergency) of the Act of 2013

Please complete this form in BLOCK CAPITALS.

(Full name of pregnant woman)

of

(Usual place of residence of above named pregnant woman)

Date of birth of above named pregnant woman (dd/mm/yyyy)

Estimated gestational age: weeks

I, the undersigned, hereby certify in good faith that, having examined the above named pregnant woman, on (insert date) (dd/mm/yyyy),—

(1) I believe that there [is] [was]* an immediate risk of loss of the above named pregnant woman’s life from a physical illness,

** delete as appropriate*

and

(2) I have considered other medical treatment option(s) (if any),

and

(3) the medical procedure referred to in section 8 of the Act of 2013 [is] [was]* in my reasonable opinion (being an opinion formed in good faith which has regard to the need to preserve unborn human life as far as practicable) immediately necessary in order to save the life of the above named pregnant woman.

** delete as appropriate*

Insert clinical grounds for the belief referred to in paragraph (1) and the reasonable opinion referred to in paragraph (3):

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Location where the medical procedure [is to be] [was]* carried out:

* *delete as appropriate*

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If the certification is made after carrying out the medical procedure, date and time when that medical procedure was carried out:

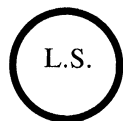
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Medical Practitioner

Signed:

Date and time of certification:

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.....
Full name of medical practitioner Medical Council Registration No.



GIVEN under my Official Seal,
19 December 2013.

JAMES REILLY,
Minister for Health.

Protection of Life During Pregnancy Act 2013

Regulations — Certification

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 Protection of Life During Pregnancy Act 2013 (Certification) Regulations 2013. They have been developed under Section 4 of the Protection of Life During Pregnancy Act.

These Regulations provide prescribed forms to be used for the purpose of certification under Section 7, 8, and 9 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
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