

1987 No. 99

## STATUTORY MATERNITY PAY

**The Statutory Maternity Pay (Medical Evidence) Regulations  
(Northern Ireland) 1987**

*Made* . . . . . 6th March 1987  
*Coming into operation* . . . . . 15th March 1987

The Department of Health and Social Services, in exercise of the powers conferred on it by paragraph 6(a) of Schedule 4 to the Social Security (Northern Ireland) Order 1986(a) and of all other powers enabling it in that behalf, hereby makes the following regulations:

*Citation, commencement and interpretation*

1.—(1) These regulations may be cited as the Statutory Maternity Pay (Medical Evidence) Regulations (Northern Ireland) 1987 and shall come into operation on 15th March 1987.

(2) In these regulations—

“doctor” means a registered medical practitioner;

“registered midwife” means a midwife who is registered as a midwife with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting under the Nurses, Midwives and Health Visitors Act 1979(b);

“signature” means, in relation to any certificate given in accordance with these regulations, the name by which the person giving that certificate is usually known (any name other than the surname being either in full or otherwise indicated) written by that person in his own handwriting.

*Evidence of pregnancy and confinement*

2. The evidence as to pregnancy and the expected date of confinement which a woman is required to provide to a person who is liable to pay her statutory maternity pay shall be furnished in the form of a maternity certificate given by a doctor or by a registered midwife, not earlier than the beginning of the 14th week before the expected week of confinement, in accordance with the rules set out in Part I of the Schedule in the appropriate form as set out in Part II of that Schedule.

Sealed with the Official Seal of the Department of Health and Social Services on 6th March 1987.

(L.S.)

A. N. Burns

Assistant Secretary

## SCHEDULE

Regulation 2

## PART I

**Rules**

1. In these rules any reference to a woman is a reference to the woman in respect of whom a maternity certificate is given in accordance with these rules.

2. A maternity certificate shall be given by a doctor or registered midwife attending the woman and shall not be given by the woman herself.

3. The maternity certificate shall be on a form provided by the Department for the purpose and the wording shall be that set out in the appropriate part of the form specified in Part II.

4. Every maternity certificate shall be completed in ink or other indelible substance and shall contain the following particulars:

- (a) the woman's name;
- (b) the week in which the woman is expected to be confined or, if the maternity certificate is given after confinement, the date of that confinement and the week in which the confinement was expected to take place where this is later than the actual confinement;
- (c) the date of the examination on which the maternity certificate is based;
- (d) the date on which the maternity certificate is signed; and
- (e) the address of the doctor or where the maternity certificate is signed by a registered midwife either her registered number or address,

and shall bear opposite the word "Signature", the signature of the person giving the maternity certificate written after there has been entered on the maternity certificate the woman's name and the expected week or, as the case may be, the date of the confinement.

5. After a maternity certificate has been given, no further maternity certificate based on the same examination shall be furnished other than a maternity certificate by way of replacement of an original which has been lost or mislaid, in which case it shall be clearly marked "duplicate".

PART II

Form of Maternity Certificate

Maternity Certificate

Please fill in this form in ink

Name of patient \_\_\_\_\_

Part A

*Fill in this part if you are giving the certificate before the confinement*

*Do not fill this in more than 14 weeks before the expected week of confinement*

I certify that I examined you on the date given below and in my opinion you can expect to be confined in the week that includes / /

Part B

*Fill in this part if you are giving the certificate after the confinement*

I certify that I attended you in connection with your confinement which took place on / / when you were delivered of a child (\_\_\_ children)

*Fill in the rest of Part B if the birth was before the expected week of confinement*

In my opinion your confinement was expected in the week that includes / /

Date of examination / /

Registered midwives

Date of signing / /

please give your registered number or address here

Signature \_\_\_\_\_

Definitions. Confinement: The Social Security (Northern Ireland) Order 1986 defines confinement as 'labour resulting in the issue of a living child, or labour after 28 weeks of pregnancy resulting in the issue of a child whether alive or dead'. Part B of the Maternity Certificate must not be used in any other circumstances. Week: This means the 7 days beginning on a Sunday.

## EXPLANATORY NOTE

*(This note is not part of the Regulations.)*

These regulations and the rules in the Schedule prescribe the form in which evidence of a woman's pregnancy and her expected date of confinement is to be provided by her to a person who is liable to pay her statutory maternity pay. They correspond to provision contained in regulations made by the Secretary of State for Social Services in relation to Great Britain and accordingly, by virtue of section 10(2) of, and paragraph 21 of Schedule 3 to, the Social Security Act 1980 (c. 30) are not subject to the requirement of section 10(1) of that Act for prior reference to the Social Security Advisory Committee.

Paragraph 6(a) of Schedule 4 to the Social Security (Northern Ireland) Order 1986 is the enabling provision under which these regulations are made. It is brought into operation on 15th March 1987 by virtue of Schedule 1 to the Social Security (1986 Order) (Commencement No. 3) Order (Northern Ireland) 1987 (S.R. 1987 No. 21 (C. 3)).