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20th May 2022

Deputy Collins,
Dáil Éireann,
Leinster House
Dublin 2

PQ22103/22: To ask the Minister for Health the way in which an accurate assessment of a pregnant women's gestational stage can be determined under current telemedicine restrictions; and if he will make a statement on the matter.

Dear Deputy Collins,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

On April 6th 2020 the Model of Care for Termination of Pregnancy was revised temporarily for the duration of the COVID-19 public health emergency to facilitate remote consultation in early pregnancy. There has been good feedback from providers and patients and there is good evidence from published literature from the UK that remote provision of abortion care is very safe. No analysis as such on remote consultation has been conducted in Ireland. In light of the easing of Covid-19 restrictions in Q4 of 2021, the Department requested the HSE to revisit the Model of Care to review its operation and consider whether it should be retained going forward.

This review has shown that including remote consultation as part of the termination of pregnancy service is safe, effective and acceptable to both service users and providers. It improves access for many women and addresses geographical and logistical barriers. It also alleviates some of the difficulty associated with the mandatory 3-day waiting period. Availability of remote consultation places the woman at the centre of the process and supports her reproductive autonomy. There is a growing body of evidence that telemedicine use in termination of pregnancy care has outcomes that are consistent with in-person care and it is now becoming normalised in many other countries.

The Health (Regulation of Termination of Pregnancy) Act 2018 states that “12 weeks of pregnancy shall be construed in accordance with the medical principle that pregnancy is generally dated from the first day of a woman’s last menstrual period”. This is established when the woman attends for Visit 1 with the providing doctor either in person or remotely. There is provision for an ultrasound examination to confirm gestational age if clinically indicated.

The majority of providers within primary care feel that a blend of remote and in-person care is optimal. In-person consultations allow provision of personalised care and allow potential problems to be identified and mitigated. Meeting the woman in person increases the likelihood of the provider identifying any

coercion or domestic abuse. It also allows for screening for sexually transmitted infection and provision of long-acting reversible contraception.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme