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28/05/2025

Deputy O'Meara,
Dáil Éireann,
Leinster House
Dublin 2

PQ 19783/25: To ask the Minister for Health for an update on the rollout of National Perinatal Genomics Service; the new public services that will be introduced and made available; and if she will make a statement on the matter.

Dear Deputy O'Meara,

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.

Perinatal genomics is a broad speciality, spanning pre-conception to early infancy i.e. up until six weeks. It encompasses the areas of fetal medicine, maternal medicine, neonatology and pathology. It is a comprehensive service that focuses on:

1. The evaluation, diagnosis and management of pregnancies with suspected congenital anomalies, and
2. The management of pregnancies at risk of a genetic condition, which may be caused by chromosomal abnormalities or monogenic disorders. Obtaining a prenatal diagnosis facilitates a bespoke management of pregnancy and the neonatal period. In some circumstances, the prenatal diagnosis will have implications for future pregnancies, the health of the parents and other family members. Genetic counselling is integral to the process of prenatal testing.

An effective perinatal genetics service is a core component of a comprehensive, quality antenatal and maternity service. The development of a national perinatal genomics service and corresponding pathways is a requirement recognised by the HSE. Working with maternity services across the country, the HSE have established a blueprint for service development that when fully implemented, will ensure that women and their partners in Ireland have equal and ready access to specialist genetic input during or after their pregnancy if required and irrespective of their geographical location.

This national service is envisaged to be housed in Dublin but will have nationwide reach, with access to the service being enabled for all six health regions and the populations they serve via the tertiary maternal-fetal services located in each region.

Initially this service will be led by a team of two consultant geneticists, supported by a team of genetic counsellors with structured links to the national genetic service based in CHI. The HSE continue to work with services regarding the recruitment of key posts, which is ongoing.

I trust this clarifies the matter.

Yours sincerely,

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