



Clár Sláinte Náisiúnta do Mhná & do Naíonáin
Feidhmeannacht na Seirbhíse Sláinte, An Foirgneamh
Brunel, An Ceantar Theas, Baile Átha Cliath D08 X01F
T: 076 695 9991

National Women and Infants Health Programme
Health Service Executive, The Brunel Building, Heuston
South Quarter, Dublin D08 X01F
T: 076 695 9991

10th August 2025

Deputy Lawless
Dáil Éireann,
Leinster House
Dublin 2

PQ 41036/25: To ask the Minister for Health to provide details of the gestation at delivery of all neonatal deaths and stillbirths following termination of pregnancy recorded in weeks plus days in perinatal death notification forms, which provide data for the annual perinatal mortality national clinical audit, in each of the years from the beginning of 2019 until the end of 2024 inclusive, in tabular form; and if she will make a statement on the matter

Dear Deputy Lawless,

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

At present, this specific data is not collated at a national level however, it is acknowledged internationally that continuation of pregnancy following administration of abortifacient medication is low. As set out in the HSEs National Clinical Practice Guideline on Investigation and Management of Complications of Early Termination of Pregnancy, chance of ongoing pregnancy is less than 3% when both mifepristone and misoprostol are administered. Women are therefore counselled that Medical Termination of Pregnancy (MTOP) cannot be reversed.

In instances of fatal fetal anomalies and/or life limiting conditions diagnosed in pregnancy, the options of continuing the pregnancy with planned perinatal palliative care for the baby or terminating the pregnancy are discussed with the Parents. Where a baby is stillborn or dies in the neonatal period, following a termination of pregnancy for fatal fetal anomaly, HSE guidance stipulates that the cause of death should be stated as that directly leading to the death, and also the antecedent causes or conditions which gave rise to this.

All infants delivered with a diagnosis of a life-limiting condition are provided with comfort care. The current legislation on registration of live births states that if an infant is born with signs of life, regardless of birthweight or gestational age, the birth is registered as a live birth. If the subsequent death of the infant occurs during the perinatal period, the death should be registered as a neonatal death.

Further information on clinical guidelines can be accessed here: <https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>.

I trust this clarifies the matter.

Yours sincerely,

Davinia O'Donnell, General Manager, National Women and Infants Health Programme