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Deputy Nolan
Dáil Éireann,
Leinster House
Dublin 2

PQ 22401/25: To ask the Minister for Health the actions that have been taken, or have been planned, to fulfil the recommendation in the 2023 Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018 that "the HSE, in collaboration with relevant stakeholders, including the RCPI, should develop specific guidelines for comfort (hospice) care for the short duration of the life of babies who survive birth following a termination of pregnancy"; the guidance currently available for staff providing comfort care in this situation; and if she will make a statement on the matter

PQ 22402/25: To ask the Minister for Health the policies and procedures that are in place for communication of information on perinatal palliative care, by the HSE and management of maternity hospitals, to ensure that parents who are considering terminating their pregnancy at a later stage when their baby could be born alive are informed and able to avail of perinatal palliative care; and if she will make a statement on the matter.

Dear Deputy Nolan,

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 can advise the following:

As set out in the HSE's 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.

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.

The option of continuing the pregnancy with planned perinatal palliative care for the baby or terminating the pregnancy (in accordance with the Health (Regulation of Termination of Pregnancy) Act, 2018) should be discussed with the Parents; these discussions are usually held with the fetal medicine team and associated healthcare professionals from the multidisciplinary team (MDT). The fetal medicine specialist and Neonatologist/Paediatrician may meet the Parents together for a consultation.

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.

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