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23/09/2025

Deputy Clarke
Dáil Éireann,
Leinster House
Dublin 2

PQ 52372/25: To ask the Minister for Health whether she accepts responsibility for ensuring the accuracy of all information issued by the HSE on menopause; and if she will direct the HSE to remove any language that does not reflect established biological and medical science.

PQ 52370/25: To ask the Minister for Health if she will direct the HSE to provide a full explanation of the scientific and clinical rationale for including the phrase “anyone who identifies as a woman” in its information on menopause, given that menopause is a biological process experienced by females.

PQ 52374/25: To ask the Minister for Health if she will commit to instructing the HSE to conduct a review of its menopause-related publications to ensure they are clear, accurate; and fully aligned with biological science, and to report the results of this review to the Oireachtas.

PQ 52371/25: To ask the Minister for Health if she will instruct the HSE to release details of the peer-review process for its menopause guidance including the names and qualifications of medical experts consulted, and to provide this information directly to Members of the Oireachtas.

PQ 52373/25: To ask the Minister for Health if she will direct the HSE to publish a list of external stakeholders, advocacy groups or consultants involved in shaping its menopause information; and to confirm whether any non-medical advocacy groups influenced the wording used.

PQ 52376/25: To ask the Minister for Health if she accepts that she bears ultimate responsibility for the accuracy and content of health information issued by the HSE, including its publications on menopause; and if she will confirm that such accountability cannot be delegated to the HSE.

Dear Deputy Clarke,

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.

A key piece of work for the National Women and Infants Programme (NWIHP) has been the collaborative development of regional complex menopause services in partnership with secondary care providers. Many women can navigate this period of their lives without medical intervention, while for others, menopausal care is appropriately delivered within primary care. The complex menopause clinics have been established to support women whose symptoms and/or medical histories required more specialist care e.g. history of breast cancer. Referrals are accepted from GPs within defined catchment

areas in accordance to agreed referral criteria, ensuring secondary care resources are directed towards women who most require specialist input.

The HSE has now established six regional, complex services, one within each of the existing maternity networks aligned to the six health regions. These services are located at the Coombe Hospital, the National Maternity Hospital, the Rotunda Hospital, Galway University Hospital, Cork University Maternity Hospital, and Nenagh Hospital (under the clinical governance of University Maternity Hospital Limerick).

In relation to materials published on menopause, the NWIHP have not published any specific menopause information or documents but have added some information on the complex menopause services on the HSE website available [here](#).

A Clinical Guideline for Menopause, *The Diagnosis and Management of Menopause in Secondary Care/Menopause Speciality Services*, is in the late stages of stakeholder review and is due to be published shortly. The National Clinical Guidelines are a programme of work agreed between the National Women and Infants Health Programme (NWIHP) and the Institute of Obstetricians and Gynaecologists of the Royal College Physicians of Ireland. All of the associated Clinical Guidelines are developed via an Expert Advisory Group and a Guideline Development Group, comprising stakeholders with expert knowledge in the relevant area. Clinical Guidelines completed as part of this programme of work to date cite the following in relation to the use of language.

'Within this guidance we use the terms 'woman' and 'women's health'. However, it is important to acknowledge that people who do not identify as cis-gender women are excluded from this descriptor, including people who identify as transgender, gender diverse and gender non-binary. While there has been a trend to remove the word 'woman/women' and use 'gender neutral' language in policy and practice in relation to women's reproductive health and wellbeing, there is no evidence base to inform this change. We also appreciate that there are risks to desexing language when describing female reproduction.

Services and delivery of care must be appropriate, inclusive and sensitive to the needs of people whose gender identity does not align with the sex they were assigned at birth. This includes training and education regarding diverse pathways to pregnancy and the use of practices which affirm the sexual and gender identities of all people using Obstetrics and Gynaecology services. Finally, all those using maternal and reproductive health care and services should receive individualised, respectful care including use of the gender nouns and pronouns they prefer.'

I trust this clarifies the matter.

Yours sincerely,

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