



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

14th October 2025

Deputy O'Flynn
Dáil Éireann,
Leinster House
Dublin 2

PQ 49346/25: To ask the Minister for Health the counselling services that are required to be provided to women prior to undergoing an abortion; the counselling and after-care services that are provided following an abortion; whether these services are actively offered or only made available on request; and the data available on the number of women who avail of such services.

PQ 49347/25: To ask the Minister for Health in respect of the 12 cases reported in 2022 in which babies were born alive following abortion, whether the women in those cases were offered counselling before and after the procedures; whether any of those mothers availed of counselling; if her Department has reviewed the adequacy of psychological and emotional supports in these specific cases; and whether any follow-up or welfare checks were carried out to support those women.

PQ 49348/25: To ask the Minister for Health the counselling and psychological supports that are available for medical staff, including doctors, nurses and operating theatre staff, who participate in abortion procedures; whether specific supports were offered to staff involved in the 12 cases in 2022 in which babies were born alive; and the details of how staff are informed about these supports and the level of uptake.

PQ 49349/25: To ask the Minister for Health the national guidelines that govern the provision of counselling in the context of abortion; whether these guidelines have been updated in light of the 12 cases in 2022 in which babies were born alive; and if not, whether the Minister intends to review or amend the guidelines to ensure that adequate psychological support is guaranteed to both patients and staff.

PQ 49350/25: To ask the Minister for Health whether her Department maintains statistics on counselling sessions offered and availed of in abortion cases; whether anonymised data is published on post-abortion mental health outcomes; whether the provision of counselling in cases of babies born alive will be included in any forthcoming review or report; and she will make such information publicly available in the interests of transparency.

Dear Deputy O'Flynn,

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.

PQ 49346/25, 49349/25 and 49350/25: The My Options service, funded by the HSE, provides free, confidential listening support and non-directive counselling to individuals experiencing an unplanned pregnancy. The helpline is staffed by experienced, professionally accredited counsellors, and the approach is entirely client-led. The My Options helpline provides the following supports free of charge:

- listening support for anyone who is going through an unplanned pregnancy;
- counselling over the phone for the woman, her partner or other family member;
- signposting for face to face counselling;
- information on how to access abortion services;
- medical support from an experienced nurse following an abortion;
- information on supports available if the woman wishes to continue with her pregnancy.

All women who choose to have an abortion have a pre-abortion consultation carried out either in a GP surgery that provides abortion services, a family planning clinic that provides abortion services or at a women's health clinic that provides abortion services. During this consultation the woman is offered counselling and provided with contact details of the My Options service to arrange an appointment.

Following an abortion, all women are offered a free post abortion check -up with the GP or doctor who provided the pre abortion consultation. My Options also provides a 24/7 nursing line to women who require medical support. Post abortion counselling is also available for free through the My Options service.

In 2024, there were 11,767 calls to the My Options helpline. Of those 10,364 calls related to information seeking on abortion services. Listening support was provided to 1,671 callers. 2,774 calls were directed to the Nursing Line. Counselling relating to unplanned pregnancy or post-abortion was provided on 80 calls. There are a number of HSE funded organisations who provide face to face and virtual sessions for unplanned pregnancy and post abortion counselling. In 2024, there were 1,121 clients that availed of pregnancy related counselling and 805 clients who availed of post abortion counselling at these services.

All pregnancy and abortion related counselling funded by the HSE is provided by professionally trained, accredited counsellors. Counsellors are trained to provide emotional support to clients in a wide array of challenging circumstances. Each service has their own in-house training programme for new and existing staff. Counsellors are also supported through team meetings, where cases are discussed. All counsellors receive professional supervision, which is an opportunity for them to discuss complex or distressing cases with a counselling supervisor.

PQ 49347/25 and 49350/25:

On rare occasions, a baby may show signs of life following a termination of pregnancy. This can occur for several recognised clinical reasons, including the gestational age at the time of the procedure, the type of procedure used, and the nature or severity of any fetal anomaly. The twelve cases referenced in this Parliamentary Question involved babies with a birthweight of $\geq 500\text{g}$ and/or a gestational age at delivery of ≥ 24 weeks. A major congenital anomaly (MCA) was present in all but one of these cases. Maternal infection was the indication for termination of pregnancy in the remaining case.

When an MCA is identified, fetal medicine specialists provide support alongside ongoing standard antenatal care for as long as the pregnancy continues. Bereavement support is offered throughout the pregnancy, following the baby's death, and beyond. Parents who choose termination of pregnancy are supported sensitively and given access to appropriate resources to help them through their grief.

Prior to any termination, informed consent is obtained. This includes counselling on the risks, benefits, potential side effects, and possible complications of the procedure. When a medical termination is planned after 21 weeks and 6 days of gestation, feticide may be performed beforehand to prevent any possibility of live birth. Parents must receive compassionate counselling both before and after the feticide procedure.

Plans regarding induction, labour, and delivery should be clearly documented and communicated to all members of the hospital team involved in the woman's care. Agreement should be reached on who will be present at the delivery. Parents are counselled in advance about the rare possibility of the baby being born with signs of life, particularly in later gestations or when feticide has not been performed. The care plan will include provision for perinatal palliative care, ensuring that, if a live birth occurs, appropriate and compassionate comfort care is provided.

PQ 49348/25:

It is important to note that Section 22 of the 2018 Act provides that no medical practitioner, nurse or midwife will be obliged to carry out, or to participate in carrying out, a termination of pregnancy to which he or she has a conscientious objection. 22(1) A person who has a conscientious objection shall, as soon as possible, make such arrangements for the transfer of care of the pregnant woman concerned as may be necessary to enable the woman to avail of the termination of pregnancy concerned. 22 (3)

There is no statutory right to conscientious objection in an emergency i.e. where there is an immediate risk to the life, or of the serious harm to the health of the pregnant woman 10 (a), and; the foetus has not reached viability 10 (b), and; it is appropriate to carry out the termination of pregnancy in order to avert the risk to the life, or of the serious harm to the health of the pregnant woman 10 (c). Emergency care must be provided by any staff present to a person undergoing a termination of pregnancy or experiencing complications following a termination of pregnancy.

Healthcare professionals are guided by their respective regulatory bodies. The Medical Councils, Guide to Professional Conduct and Ethics for Registered Medical Practitioners sets out the principles of professional practice that all doctors registered with the Council are expected to follow. As per this Guidance, all medical practitioners should be aware of their obligations if they have a conscientious objection to providing a treatment.

The NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives is the overarching structure that informs the framework of professional guidance to registered nurses and midwives. All registered nurses and midwives should also be aware of their obligations if they have a conscientious objection to providing treatment..

A core component of the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death is Staff Support, which recognises the importance of both peer and professional support systems. As set out in the standards, staff should receive clear information encouraging personal responsibility for well-being and self-care, and know how to access structured debriefing services, particularly in instances of sudden deaths or traumatic events. All HSE staff also have access to the Employee Assistance Programme (EAP). The HSE EAP is a work-based support service for staff and the organisation. The EAP is a confidential independent service, provided free of charge, which supports employees with psychosocial issues (psychological and social factors that influence mental health). These issues may be personal or work-related, affecting your job performance or home life.

The service is free and available to all HSE employees. Services provided by the EAP programme are:

- Counselling

- Consultation to managers on staff wellbeing and psychosocial issues
- Critical Incident Stress Management (CISM) Response - individual and group support and pre-incident training
- Workshops on staff wellbeing issues

EAP counselling is usually a short-term service. If you use the EAP service, initially you will be offered up to 6 sessions.

I trust this clarifies the matter.

Yours sincerely,

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