MODEL OF CARE

Termination of Pregnancy Services

Ensuring provision of a high quality, safe, termination of pregnancy service that respects the dignity of the pregnant woman and the provider.

Updated - October 2023

TABLE OF CONTENTS

1. LIST OF ACRONYMS AND ABBREVIATIONS:

HSE	Health Service Executive
NWIHP	National Women and Infants Health Programme
DOH	Department of Health
ICGP	Irish College of General Practitioners
IOG	Institute of Obstetricians and Gynaecologists
RCOG	Royal College of Obstetricians and Gynaecologists
WHO	World Health Organisation
ONMSD	Office of the Nursing & Midwifery Services Director
MOC	Model of Care
TOP	Termination of Pregnancy
NICE	National Institute for Health and Care Excellence
FIGO	International Federation of Gynaecology and Obstetrics

2. CLARIFICATIONS & DEFINITIONS:

- Within this Model of Care we use the terms 'woman', ‘women, and 'women's health'. However, it is important to acknowledge that it is not only people who identify as women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing. Gynaecological and obstetric services and the delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.
- This Model of Care provides for a blended approach in terms of termination of pregnancy service provision, offering both in-person and remote consultation for early medical termination of pregnancy in the community setting. In most instances, the remote consultation will be the first consultation.
- While full remote provision of early medical termination of pregnancy will not be routine, it may be provided in extenuating circumstances, using clinical judgement and putting appropriate safeguards in place.
- As per above, in general early medical termination of pregnancy will be provided by in-person or a blend of in-person and remote consultation. The examination, in most instances will be in-person and will comprise of all or some of the following:
    - Last Menstrual Period (LMP) Calculation of gestational age (duration of pregnancy)
    - Abdominal examination (fundus should not be palpable)
    - Observation for signs of severe anaemia
    - Pregnancy confirmation - urine HCG
    - Ultrasound (On a case by case basis, there may be clinical reasons for using ultrasound scanning prior to termination of pregnancy however, routine ultrasound is not recommended)
- In the event that there is a change in National Public Health advice, proposed changes to the Model of Care will be submitted to the Department of Health for consideration.

- 9 weeks of pregnancy means 69 days since the first day of the woman's last period (9 weeks + 6 Days).
- 12 weeks of pregnancy means 84 days since the first day of the woman's last period (12 weeks + 0 Days).
- Remote consultation means consultation via Remote mechanism such as telemedicine or video consultation.

3. BACKGROUND AND INTRODUCTION

A high quality, safe termination of pregnancy service that respects the dignity of the pregnant woman and the provider is provided within the community care and hospital network.

The Model of Care for termination of pregnancy services came into effect in January 2019, following the enactment and commencement of the Health (Regulation of Termination of Pregnancy) Act 2018. This initial Model of Care was revised during the COVID-19 public health emergency to allow for remote consultation. This enabled the service to continue while reducing the number of face-to –face consultations and minimising the risk to health care providers and patients. At the request of the Minister for Health, the HSE undertook a review of the revised Model of Care, taking into consideration the experiences of healthcare providers, service users and international best practice.

Telemedicine and remote consultation are now firmly embedded in the Irish healthcare setting. Research commissioned by the HSE evidenced a clear preference from both service users and service providers for a blended approach to termination of pregnancy care provision with a combination of remote and face to face consultations. [1]

There is a wealth of evidence to support the safety of telemedicine in termination of pregnancy care, which has been endorsed by global bodies such as the International Federation of Gynaecology and Obstetrics and the Royal College of Obstetricians and Gynaecologists in the UK.[2] [3] [4] The HSE's Termination of Pregnancy, Clinical Advisory Forum is a multi-disciplinary, multi-agency forum and has also endorsed a blended approach to termination of pregnancy service provision.

[1] Unplanned Pregnancy and Abortion Care (UnPAC) research study, Jul 2022 https://www.sexualwellbeing.ie/for-professionals/research/research-reports/unpac.pdf

[2] Telemedicine abortion – a patient-friendly pathway that could help expand safe abortion access globally https://www.rcog.org.uk/news/telemedicine-abortion-a-patient-friendly-pathway-that-could-help-expand-safe-abortion-access-globally/

[3] https://www.figo.org/FIGO-endorses-telemedicine-abortion-services

[4] Aiken, ARA, Lohr, PA, Lord, J, Ghosh, N, Starling, J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG 2021; 128: 1464– 1474

In light of the findings of the review, this revised Model of Care has been approved by the Department of Health as the enduring Model of Care for Termination of Pregnancy Services. Consistent with the original Model of Care, the majority of terminations not exceeding 9 weeks are provided by doctors within a community care setting as it is a safe medical process with a low complication rate. 'Doctors within the community setting' refers to general practitioners as well as doctors working within Family Planning and Women's Health Clinics. Terminations at 9-12 weeks' gestation are provided within a hospital setting. This is in accordance with recommendations from the World Health Organisation (WHO) [5] stating that safe termination of pregnancy services should be readily available and affordable to all women. This means services should be available at a community care level, with referral systems in place for all requiring higher-level care. A medical termination of pregnancy with a doctor in a community care setting may be more preferable for reasons including; local to the woman, avoidance of surgery/anaesthesia and the ability to accommodate other commitments (work, home life).

It is important that the service is accompanied and supported by measures and policies which seek to address and minimise unplanned pregnancies, including comprehensive contraceptive services and sexual health education and information programmes. See Appendix 8.13 for further details on the scheme to provide for free contraception.

Based on a review of the literature and clinical guidelines, the clinical care pathway for this service is underpinned by the following core principles [6](ICGP):

- A woman with an unplanned pregnancy requires respect, privacy and dignity.
- A woman requires respect as a decision maker.
- A woman is entitled to equitable and timely access to a clinical assessment.

[5] WHO (2012). Safe Abortion. Technical & Policy Guidance for Health Systems. 2nd Edition. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=3C1FE308F20428A66A9C0ED2CEE6E178?sequence=1

[6] 2 ICGP (2018). Draft Position Paper on Feasibility of Providing A termination of Pregnancy Clinical Care Pathway.

- Timely arrangements for provision of termination of pregnancy with reference to the woman's preferences and assessment of her own risks, health and commitments (work and home life) including appropriate referral onwards, as required.
- Discussion of all the elements that accompany a termination of pregnancy.
- A pathway to secondary care for patients with significant co-existing medical conditions or for those who develop complications.
- Referral to appropriate antenatal care for those who choose not to proceed to a termination of pregnancy.
- Clearly written patient information that can be adapted to meet local requirements, available in a range of appropriate languages.

It is important to note that the Model of Care/care pathways outlined in this document describe the service journey for the majority of women who will utilise the termination of pregnancy service in Ireland. There is also need for flexibility to adapt the service to the needs of the woman.

It is also important to note that the termination of pregnancy service is provided universally free of charge under the public system for all women ordinarily resident in the Republic of Ireland; however, the cost of pain relief or antibiotics is not covered unless the woman has a medical card. Patients with a medical card will be subject to prescription charges.

4. CERTIFICATION

Certification is prescribed in accordance with the Health (Regulation of Termination of Pregnancy) Act 2018. Under 12 weeks of pregnancy, the termination of pregnancy shall not be carried out by a doctor unless a period of not less than 3 days has elapsed from the date of certification. This period of time is calculated in days. The woman is eligible to have the termination of pregnancy on the third day following certification.

The requirement for two consultations with a 3-day wait period in between remains in place, however, in order to reduce the burden of the two-visit model on women and to improve access to care, in most instances only one in-person consultation will be required. (This will usually be Consultation 2).

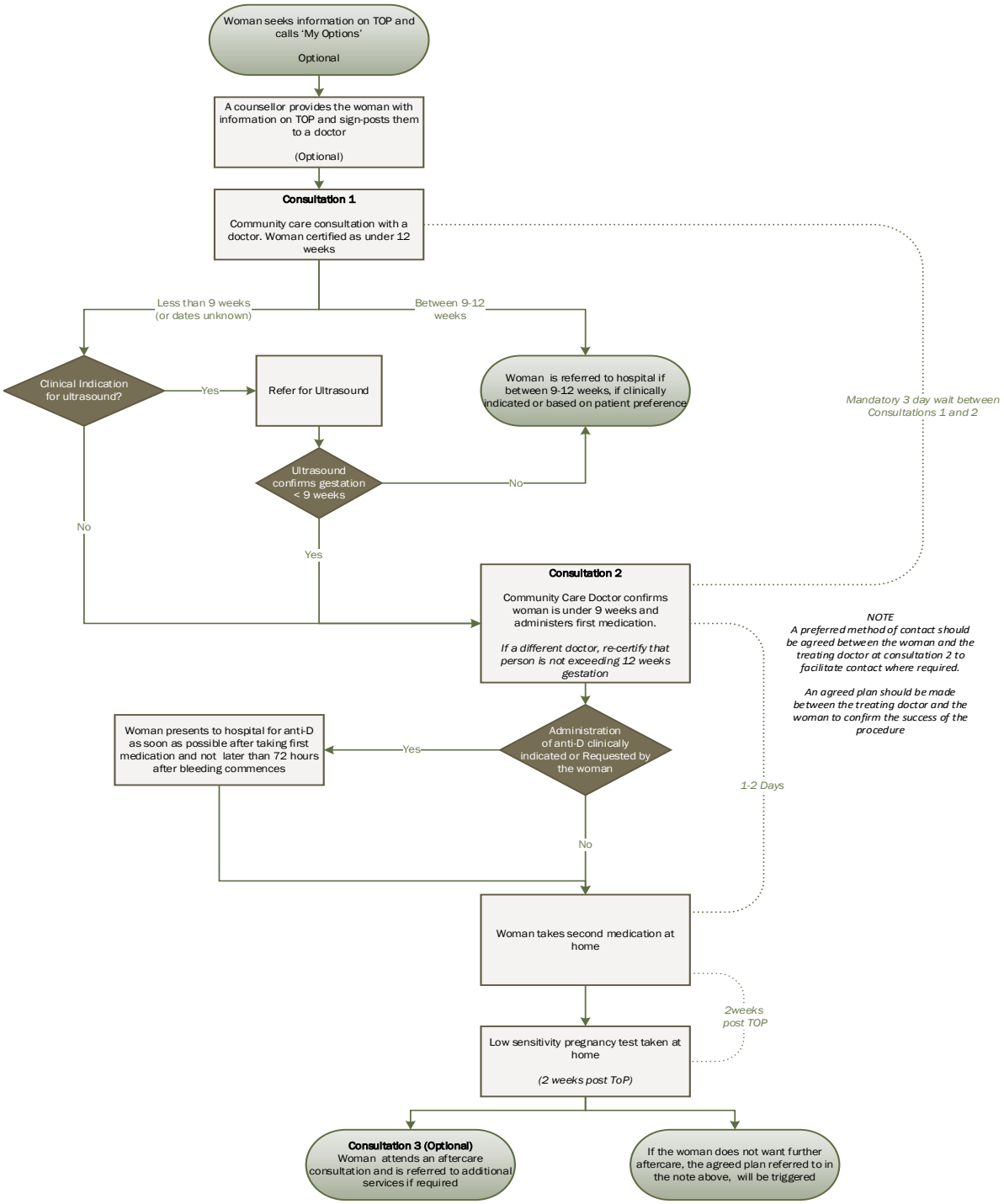
The following table illustrates when the second consultation could be scheduled.

IF CERTIFICATION IS ON A -	THE EARLIEST THE SECOND CONSULTATION AND PROCEDURE MAY COMMENCE IS ON A -
Monday	Thursday
Tuesday	Friday
Wednesday	Saturday
Thursday	Sunday
Friday	Monday
Saturday	Tuesday
Sunday	Wednesday

For terminations of pregnancy carried out under section 9 (risk to life or health), section 10 (risk to life or health in an emergency) or section 11 (condition likely to lead to death of fetus) of the legislation, the 3 day requirement does not apply.

5. COMMUNITY CARE (UP TO 9 WEEKS)

5.1 QUICK GUIDE TO COMMUNITY CARE PATHWAY (MEDICAL TERMINATION OF PREGNANCY)



5.2 MEDICAL TERMINATION OF PREGNANCY (UP TO 9 WEEKS) CARE PATHWAY

This service is provided by a medical practitioner in a community care setting without the routine requirement for ultrasound

Consultation 1 – Community Care

Remote or In-Person

- Consultation/Examination
- Provide verbal & written information/contact number for 'My Options' (use email if appropriate)
- Advise on contraception
- Provide an STI risk assessment
- Refer for ultrasound if clinically indicated
- Certify that the pregnancy is not exceeding 12 weeks
- Refer to hospital if woman is between 9-12 weeks, or if clinically indicated or according to patient preference

3 Days from certification

Consultation 2 – Community Care

In-Person (or remote in extenuating circumstances)

- Re-certify pregnancy is not exceeding 12 weeks if a different doctor is engaging with the patient
- Explain the termination of pregnancy procedure
- Advise & provide written information on what to expect/possible complications
- Obtain informed consent
- STI Screening as appropriate
- Patient takes first medication (Mifepristone)
- Doctor provides second medication (Misoprostol) and instructions for taking 1-2 days later (If remote consultation, advise that it should be taken 1-2 days after mifepristone)

- Provide prescription for pain relief, as appropriate
- Provide information and prescription for contraception as appropriate
- Supply with low-sensitivity pregnancy test with instructions
- Provide information/contact number for MyOptions
- A preferred method of contact should be agreed between the woman and the treating doctor to facilitate further contact where required
- An agreed plan should be made between the treating doctor and woman to confirm the success of the procedure
- Complete statutory Notification of record to the Minister for Health no later than 28 days after the termination has been carried out. [Note this is a legal obligation]

1-2 Days Post Consultation 2

- Patient takes Misoprostol at home, as instructed

2 weeks post TOP

- Low sensitivity pregnancy test at home, as instructed

Consultation 3 – Community Care

(Optional)

- Aftercare consultation may be by remote means, i.e. phone call or video call.
- Refer to hospital for complications or ongoing pregnancy as needed
- Refer to other services, eg. counselling as required

- Provide prescription for contraception as appropriate
- Provide report to the woman's primary doctor, if the woman consents to it.
- If the woman does not attend the aftercare consultation, the agreed plan referred above will be triggered (refer to consultation 2 above)

- Woman referred to hospital, where indicated

CONSENT FOR MINORS:

- Young people, aged under 18 years, are encouraged to involve their parents or another supportive adult.
- If the woman is 15 years or under, and chooses not to involve an adult, a doctor can offer a termination of pregnancy if there are exceptional circumstances and an assessment has been completed. The woman can talk to their doctor about this if they have any queries.
- If the woman is aged between 16 and 17 years, capacity is presumed unless there is another reason to assume that they lack capacity (Non Fatal Offences Against The Person Act 1997).
- Confidentiality cannot be guaranteed as parents or guardians may be able to request access to full medical records for a minor under the age of 18.[7]

CHILDREN FIRST LEGISLATION:

- Mandatory reporting exists if there has been sexual activity under the age of 15 years.
- If the woman is aged 15/16 years and there is more than 24 months age difference between the woman and the involved person, reporting is required.
- If the woman is aged 17 years and under and non-consensual activity has occurred, reporting is required.

[7] Revised HSE National Consent Policy 2022 https://www.hse.ie/nationalconsentpolicy/

ULTRASOUND:

- Neither the IOG[8], WHO[9] nor the RCOG[10] guidelines recommend the routine use of ultrasound for termination of pregnancy not exceeding 9 weeks. A doctor may seek an ultrasound scan if clinically indicated e.g. if there is a lack of certainty that the gestation period is not exceeding 9 weeks, or if there is a suspected ectopic pregnancy.

IF ULTRASOUND IS REQUIRED:

- The ultrasound scan is completed.
- The ultrasound scan report is returned on the same day to the doctor via Healthlink, if available.
- If an ectopic pregnancy is noted, the ultrasound provider will advise the woman to attend a maternity hospital immediately and will inform the GP of the scan result.
- If the pregnancy is confirmed as not exceeding 9 weeks, the doctor continues as per the 9 week care pathway.
- If the pregnancy is confirmed as between 9-12 weeks, the doctor refers to the hospital via Healthlink, if available, and informs the woman of same.
- If the pregnancy is confirmed as exceeding 12 weeks, a termination cannot be provided unless there is a risk to the life, or of serious harm to the health, of the pregnant woman (section 9); an immediate risk to the life, or of serious harm to the health, of the pregnant woman (section 10); or there is present a condition affecting the foetus that is likely to lead to the death of the foetus either before, or within 28 days of, birth (section 11)[11]:
- If the woman is distressed following the ultrasound scan/result, they can discuss the result further with their GP and seek support from the 'My Options' helpline.

[8] Interim Clinical Guidance, Termination of pregnancy under 12 weeks, Version 1.0 published December 2018 | Revision Due 2019 https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/interim-clinical-guidance-termination-of-pregnancy-under-12-weeks-2018-.pdf

[9] Abortion care guideline. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

[10] The Care of Women Requesting Induced Abortion (Evidence-based Clinical Guideline No. 7) https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/the-care-of-women-requesting-induced-abortion-evidence-based-clinical-guideline-no-7/

[11] https://www.irishstatutebook.ie/eli/2018/act/31/enacted/en/html

BLOOD SAMPLE FOR FULL BLOOD COUNT (FBC)/RHESUS TESTING:

- In light of recent NICE guidance [12]on the issue, administering Anti-D to a woman with a Rhesus negative blood group is no longer indicated unless a) there is a clinical need or b) at the request of the pregnant woman.
- If the pregnancy is confirmed as between 9-12 weeks on first visit and the woman is referred to hospital, FBC/rhesus testing is not required as the woman will have a blood test on the second visit at the hospital.

IF ANTI-D IS CLINICALLY INDICATED OR REQUESTED BY THE PREGNANT WOMAN:

- Facilitate an appointment at the hospital for the woman to receive Anti-D as soon as possible after taking the first medication, and no later than 72 hours after bleeding commencing, if the woman consents to receiving Anti D.
- Advise the woman as to where and when to attend for the Anti D injection.

POSSIBLE CONTRAINDICATIONS FOR A MEDICAL TERMINATION OF PREGNANCY (WHO)13

They include but are not limited to the following:

- Ectopic pregnancy
- Chronic adrenal failure: mifepristone is a potent anti-glucocorticoid and may potentially impair the action of cortisol replacement therapy in women with adrenal failure
- Inherited porphyria
- Severe asthma uncontrolled by therapy: due to the anti-glucocorticoid activity of mifepristone, the efficacy of long- term corticosteroid therapy, including inhaled corticosteroids in asthmatic patients, may be decreased during the 3 to 4 days following intake of mifepristone. Therapy may need to be adjusted in patients at risk of asthma deterioration. In this situation, inhaler use should be doubled in the two days before and the two days after the mifepristone dose

[12] NICE Guideline, Abortion Care, published 25th September 2019 https://www.nice.org.uk/guidance/ng140

[13] WHO (2012). Safe Abortion. Technical & Policy Guidance for Health Systems. 2nd Edition. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=3C1FE308F20428A66A9C0ED2CEE6E178?sequence=1

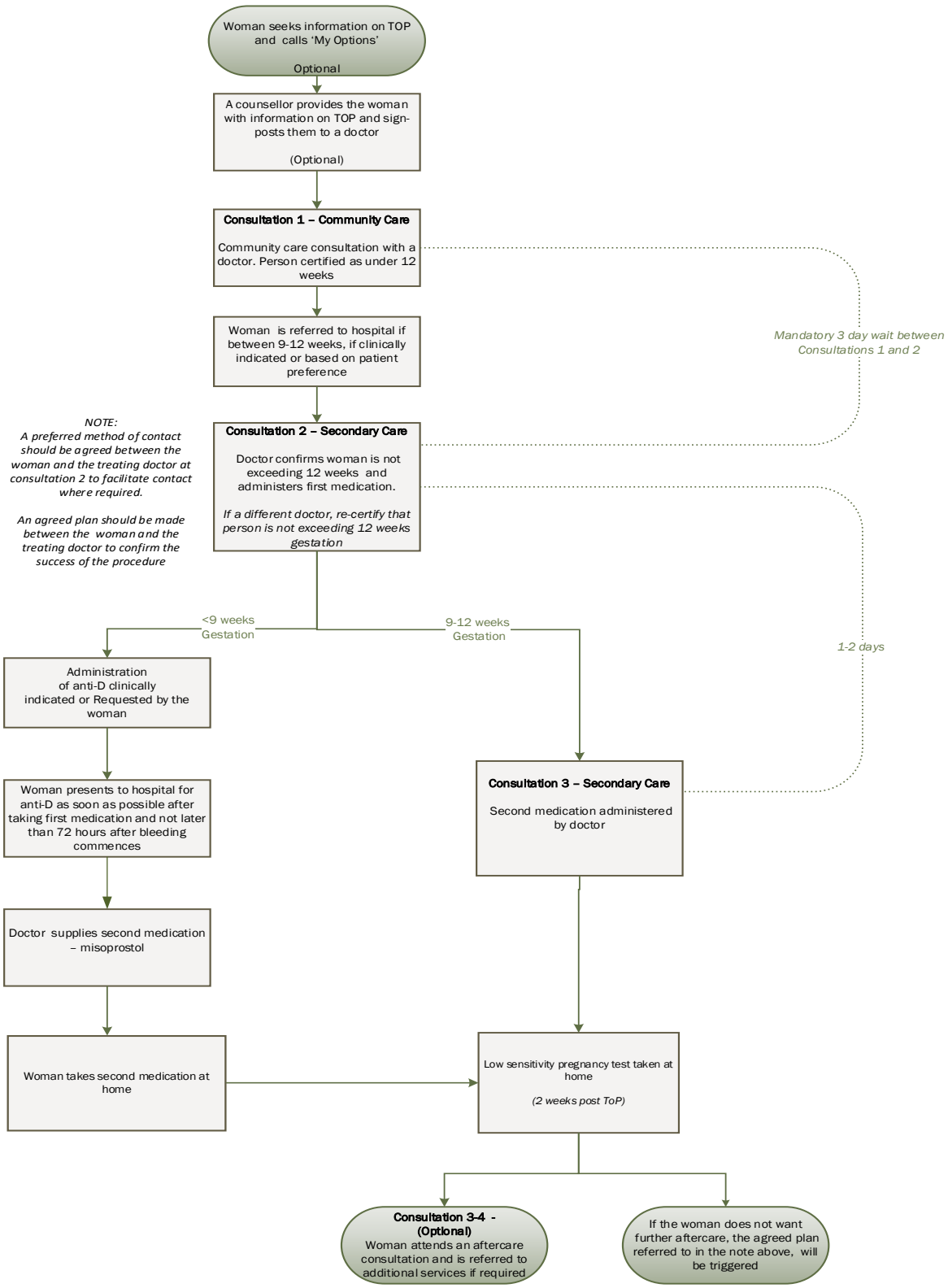
- Known hypersensitivity to either mifepristone or misoprostol
- Malnutrition
- Hepatic failure
- Renal failure
- Ischaemic heart disease

PROVISION OF THE MEDICATIONS

Community doctors can order the medications (only the medications directly used for the termination of pregnancy), free of charge, via the HSE's stock order process. The medications must be stored securely within the doctor's healthcare facility. Detailed guidance on the medications is included in the clinical guidelines.

6. SECONDARY CARE (LESS THAN 12 WEEKS)

6.1 QUICK GUIDE TO SECONDARY CARE PATHWAY (MEDICAL TERMINATION OF PREGNANCY)



6.2 MEDICAL TERMINATION OF PREGNANCY IN SECONDARY CARE (LESS THAN 12 WEEKS) CARE PATHWAY

Consultation 1 (Up to 9 weeks)	Consultation 1 (9 to 12 Weeks)
Community Care (In Person or remote) - Consultation/Examination - Provide verbal & written information/contact number for 'My Options'(use email if appropriate) - Advise on contraception - Provide an STI risk assessment, as appropriate - Refer for ultrasound if clinically indicated - Certify that the pregnancy is not exceeding 12 weeks - Refer to hospital if clinically indicated or according to patient preference	Community Care (In Person or remote) - Consultation/Examination - Provide verbal & written information/contact number for 'My Options' (use email if appropriate) - Advise on contraception - Provide an STI risk assessment, as appropriate - Refer for ultrasound if clinically indicated - Certify that the pregnancy is not exceeding 12 weeks - Refer to hospital if woman is between 9-12 weeks, or if clinically indicated or according to patient preference

3 Days from Certification

Consultation 2 (Up to 9 weeks)	Consultation 2 (9 to 12 Weeks)
Secondary Care - Consultation/Examination	Secondary Care - Consultation/Examination

- Re-certify woman is not exceeding 12 weeks, if a different doctor sees the woman at visit 2 - Provide ultrasound scan if clinically indicated - Administer anti-D, if indicated or if requested by pregnant woman - Advise & provide written information on what to expect/possible complications - Obtain informed consent - Administer first medication - mifepristone - Supply second medication – misoprostol - Provide prescription for pain relief, as appropriate - Provide information on contraception and provide a prescription for contraception, as appropriate - Provide the woman with low sensitivity pregnancy test with instructions - Provide information/contact number for 'My Options' - A preferred method of contact should be agreed between the woman and the treating doctor to facilitate contact where required	- Re-certify woman not exceeding 12 weeks, if a different doctor sees the woman at visit 2 - Provide ultrasound scan if clinically indicated - Administer anti-D, if indicated or if requested by pregnant woman - Advise & provide written information on what to expect/possible complications - Obtain informed consent - Administer first medication – mifepristone - Provide information/contact number for 'My Options'

- An agreed plan should be made between the treating doctor and woman to confirm the success of the procedure - Complete statutory Notification of record to the Minister for Health no later than 28 days after the termination has been carried out. [Note this is a legal obligation]	

1-2 Days

Up to 9 week pathway	Consultation 3 (9 to 12 Week pathway)
Self-administration - Woman takes misoprostol at home, as instructed	Secondary Care - Administer second medication – misoprostol - Monitor and re-administer medication, as required (admission for up to 8 hours in the hospital, if required/overnight stay may also be required on rare occasions) - Administer anti-D, with the woman's consent, if indicated - Confirm completion of TOP prior to discharge - Dispose of fetal remains in accordance with hospital policy - Provide prescription for pain relief, as appropriate

	- Provide information on contraception and provide a prescription for contraception, as appropriate - Provide the woman with low sensitivity pregnancy test with instructions - Provide information/contact number for 'My Options' - Complete statutory Notification of record to the Minister for Health no later than 28 days after the termination has been carried out. [Note this is a legal obligation]

2 Weeks post TOP

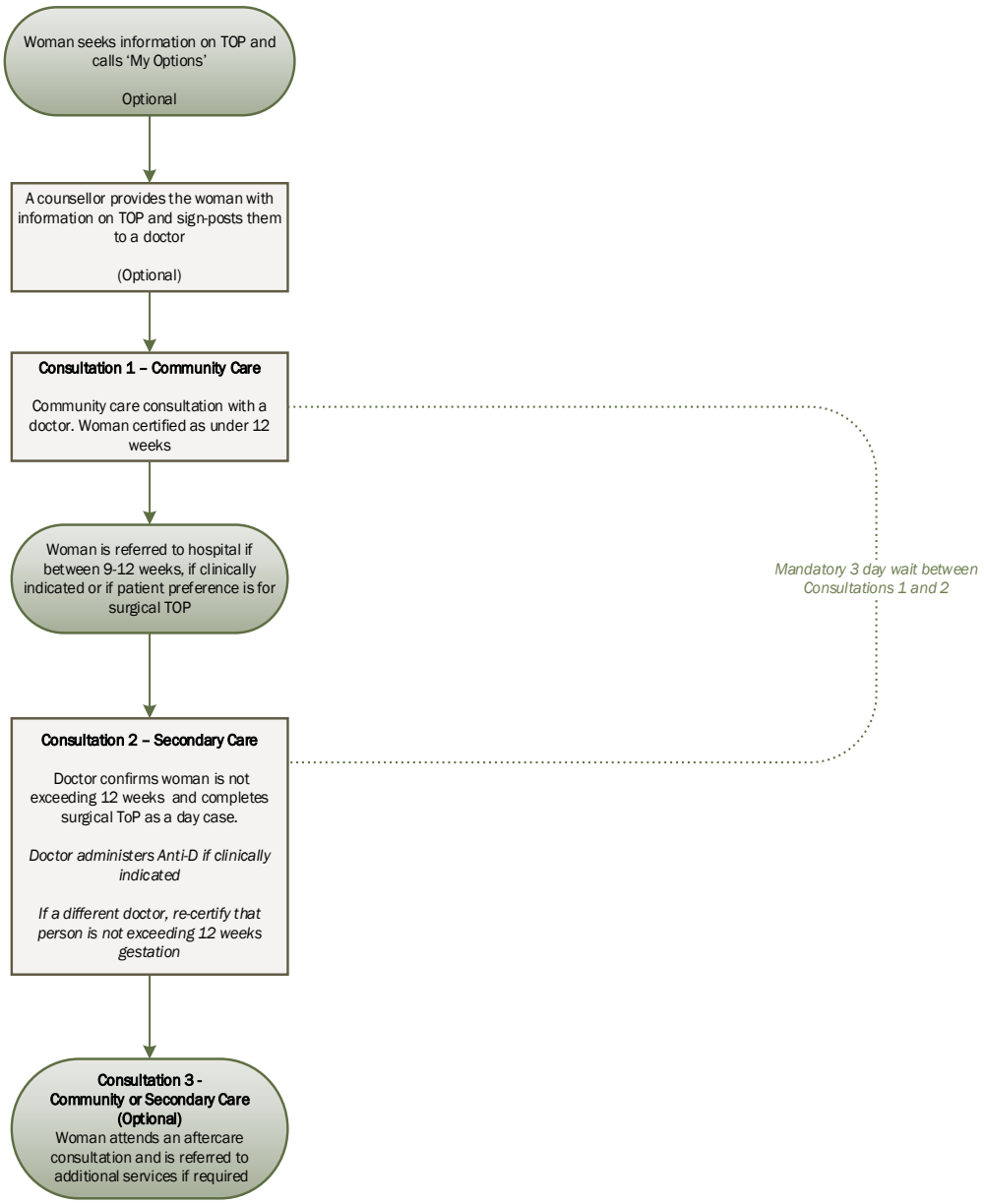
Up to 9 week pathway	9 to 12 Week pathway
- Low sensitivity pregnancy test taken at home, as instructed	- Low sensitivity pregnancy test taken at home, as instructed

Consultation 3 (Up to 9 week pathway)	Consultation 4 (9 to 12 Week pathway)
Community or Secondary Care (Optional) - Aftercare consultation - Refer to hospital for complications or for ongoing pregnancy, where indicated	Community or Secondary Care (Optional) - Aftercare consultation - Refer to hospital for complications or for ongoing pregnancy, where indicated

- Refer to other services e.g. counselling, as required - Provide prescription for contraception, as appropriate - Provide report to the woman's primary doctor, if the woman consents to it - If the woman does not attend the aftercare consultation the agreed plan referred above will be triggered (refer to consultation 2 above)	- Refer to other services e.g. counselling, as required - Provide prescription for contraception, as appropriate - Provide report to the woman's primary doctor, if the woman consents to it

- Woman referred to hospital, where indicated

6.3 QUICK GUIDE TO SECONDARY CARE PATHWAY (SURGICAL TERMINATION OF PREGNANCY)



6.4 SURGICAL TERMINATION OF PREGNANCY (LESS THAN 12 WEEKS) CARE PATHWAY

A medical termination has fewer complication risks than surgery and is a more conservative treatment approach. Therefore, the majority of terminations up to 9 weeks should be provided via medication. A surgical termination at under 9 weeks may be considered, after consultation with the woman, taking into consideration their own assessment of needs and risks.

Consultation 1 – Surgical Termination (Community Care)
(Remote or In-Person)

- Consultation/Examination
- Provide verbal & written information/contact number for 'My Options' (use email if appropriate)
- Advise on contraception
- Provide an STI risk assessment
- Refer for ultrasound if clinically indicated
- Certify that the pregnancy is not exceeding 12 weeks
- Refer to hospital if woman is between 9-12 weeks, or if clinically indicated or according to patient ch

3 Days from certification

Consultation 2 – Surgical Termination (Secondary Care)
(In-Person)

- Consultation/Examination
- Re-certify woman is not exceeding 12 weeks, if a different doctor sees the woman at visit 2
- Provide ultrasound scan if clinically indicated
- Explain the termination of pregnancy procedure
- Advise & provide written information on what to expect/possible complications

- Obtain informed consent
- Access elective surgical care pathway (according to local hospital policy) if general anaesthesia is required
- Surgical TOP as day case
- Administer Anti-D, with the woman's consent, where clinically indicated
- Confirm completion of TOP prior to discharge
- Dispose of fetal remains in accordance with hospital policy
- Provide prescription for pain relief, as appropriate
- Provide information on contraception and provide a prescription for contraception, as appropriate
- Provide information/contact number for My Options'
- Complete statutory Notification of record to the Minister for Health no later than 28 days after the termination has been carried out. [Note this is a legal obligation]

Consultation 3 – Surgical Termination (Community or Secondary Care) (Optional)

- Aftercare consultation
- Refer to hospital for complications or for ongoing pregnancy, where indicated
- Refer to other services e.g. counselling, as required
- Provide prescription for contraception, as appropriate
- Provide report to the woman's primary doctor, if the woman consents to it

- Woman referred to hospital, where indicated

7. TERMINATION OF PREGNANCY (OVER 12 WEEKS)

Under the Health (Regulation of Termination of Pregnancy Act) 2018, terminations over 12 weeks of pregnancy may only be carried out where there is:

- A risk to the life or health of the pregnant woman (Section 9);

  Or
- A risk to the life or health of the pregnant woman in an emergency (Section 10);

  Or
- Where there is present a condition likely to lead to the death of the fetus before or within 28 days of birth (Section 11)

Women who do not meet legislative requirements for a termination of pregnancy in Ireland can contact My Options' to consider their options and to seek counselling support.

In either the maternal or fetal pathway, if the consultant(s) does not certify the termination, it is open to the woman to seek a second opinion, in the first instance, in line with normal medical practice. The woman may also/alternatively make an application to the HSE for a review. The HSE will have a standing panel with the necessary expertise to conduct the review.

8. APPENDICES

8.1 POSSIBLE COMPLICATIONS OF A TERMINATION OF PREGNANCY

Pain, bleeding and gastrointestinal symptoms are to be expected and pain, bleeding and gastrointestinal symptoms are more significant following a medical rather than a surgical termination. There is a risk that the procedure may be incomplete or that it may fail resulting in an ongoing pregnancy; this is more likely to occur with a medical rather than a surgical termination.

In England & Wales in 2017, the complication rate was 1.6 per 1000; 1.0 per 1,000 for TOP under 10 weeks and 1.8 per 1,000 for TOP from 10-12 weeks. This is in line with the WHO estimated complication rates of 1–2 per 1,000 terminations[14]. Rates of infection post TOP are very low; ranging from 0.92-1.7%. More detailed information regarding complications is available in the Clinical Guidelines.

8.2 FAILED TERMINATION OF PREGNANCY

A medical termination of pregnancy has a 98% success rate of ending pregnancy. The risk of an ongoing pregnancy after a termination of pregnancy is therefore very low i.e.:

- Between 9-12 weeks gestation – 2 in every 100 medical terminations
- Under 9 weeks gestation – 1-2 in every 100 medical terminations

A low sensitivity pregnancy test will be provided to women to take home. The test should be taken two weeks after the medical termination to confirm that the pregnancy has ended. It is important that the test is taken as per the advice of the GP or doctor.

A surgical termination of pregnancy has a 99% success rate of ending pregnancy. Less than 1% of the time it fails. In this instance the procedure will need to be repeated to remove any remaining pregnancy tissue.

[14] WHO (2012). Safe Abortion. Technical & Policy Guidance for Health Systems. 2nd Edition. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=3C1FE308F20428A66A9C0ED2CEE6E178?sequence=1

Early detection of ongoing pregnancy after a termination is important to avoid the need for more complex procedures.

Important: If there is an ongoing pregnancy post termination and a resulting gestation exceeding 12 weeks, another termination of pregnancy will not be permitted.

8.3 DISPOSAL OF FETAL TISSUE

Disposal of fetal tissue should be undertaken in accordance with hospital policy/procedures and the woman's wishes.

8.4 'MY OPTIONS'

'My Options' is a HSE freephone line for women to call if they have any pregnancy related queries. The Information & Counselling service is available from 9am-9pm Monday to Friday as well as Saturday 10am-2pm and staffed by Counsellors. The nursing service is available 24/7 and is staffed by nurses or midwives. 'My Options' is a first point of contact for those seeking support and information or counselling for any pregnancy related queries. This includes those who wish to explore the options available to them in the event of an unplanned pregnancy and also those who wish to access termination of pregnancy services in Ireland where they meet the legislative requirements. If a woman chooses to have a termination, 'My Options' provide details of the doctors (with the consent of the doctors) providing termination of pregnancy services in their locality. 'My Options' also provide signposting, referrals as appropriate, information and a listening ear to callers for any pregnancy related queries. This includes supporting women who opt to continue their pregnancy and women who will not meet legislative requirements in Ireland but may need support to travel abroad for termination of pregnancy services.

If a woman is in the process of, or has undergone a termination of pregnancy, and is experiencing complications and contacts 'My Options', they are transferred to a nursing service where nurses or midwives are available. They can provide medical information, reassurance and appropriate advice on when to consult a doctor. When 'My Options' information and counselling service is not open, there is an automatic forwarding of the call

to the nursing service for 24/7 medical support. A caller can also opt to leave a message for the information and counselling service to request a call back at a time suitable to them. Access to 'My Options' is universal and provided to any woman who wishes to access it. There is no limit on the number of times a woman can avail of the service. This is to ensure that the woman is supported fully throughout the entire process of managing pregnancy choices including termination.

8.5 COUNSELLING

Phone counselling is provided via 'My Options' either by appointment or on the initial call if possible. Callers can be signposted to funded services that provide face-to-face sessions and existing pregnancy counselling services will provide support, as required.

8.6 TRAINING

The representative bodies/offices including the Institute of Obstetricians & Gynaecologists, the Irish College of General Practice, the Office of the Nursing & Midwifery Services Director, HSE and the Irish Practice Nursing Association are responsible for providing training to their members. Training will furnish those providing termination of pregnancy services with necessary clinical and non-clinical skills. Training will be structured in accordance with international best practice and will be clearly co-ordinated between all training bodies so there is clarity and understanding of the roles of each individual group.

The training that is required for an individual doctor will vary depending on the type of terminations they will be providing – medical or surgical. Surgical terminations will require clinical skills-based training.

Training may include the following topics:

- Offering services and the timing of these services.
- Counselling on the risks and side effects to support informed decision making and consent.
- Taking a relevant history and conducting a clinical examination.
- Performing investigations that may be required.
- Prescribing, including for pain management.

- Managing complications.
- Appointments and 'what to cover' at each appointment.
- Relevant follow-up.
- Contraception.
- Communication skills.
- Enabling a woman's decision-making – woman's own assessment of health/risks.
- Where to access additional services and resources (for example, patient supports; local and/or phone counselling; ultrasound; patient literature; doctor supports; training).
- Description of resources required in the practice.
- Case recording and notifications required by the legislation.
- Retaining skills and refresher training.

Continuing education and clinical updates will be conducted periodically. This will ensure that practitioners remain abreast of the latest international evidence in this field. It also affords an opportunity to discuss difficult or problem cases with other experienced providers. The frequency and exact format of these updates should be determined by the relevant governing body.

Education regarding termination of pregnancy legislation and practice will be integrated into the core curriculum for Obstetric and doctor training. Medical, Surgical, Paediatric and Psychiatric trainees will also receive training on termination of pregnancy legislation; they may be required to provide certification under sections 9-12 during the course of their clinical practice.

General training including values clarification training, which will be provided for all staff who have contact with women seeking a termination of pregnancy to ensure that they treat that woman with respect and manage their case appropriately, in line with their legislative right, if applicable, to conscientiously object to providing the service.

8.7 PCRS REIMBURSEMENT

An identifier for the woman seeking a termination of pregnancy is to be provided to the HSE Primary Care Reimbursement Service (PCRS) to enable payment for services provided by doctors in community care.

8.8 SERVICE EVALUATION & PUBLIC HEALTH TRENDING

Service evaluation will be undertaken across both the community and acute settings. This will identify any regional deficiencies in the provision of termination of pregnancy as well as variations such as complication rates. Examples of the additional data that may be collated by doctors/hospitals along with the data required for notification include:

- Patient age and ethnicity.
- Patient parity +/- previous terminations of pregnancy.
- Date of initial consult.
- Date of initiation of termination of pregnancy.
- Gestation of pregnancy from LMP at the time of termination.
- Complications (haemorrhage, infection, continuing pregnancy, incomplete termination of pregnancy etc.).

Anonymisation of data and adherence to GDPR legislation will be assured.

8.9 GOVERNANCE

The termination of pregnancy service sits under the auspices of the National Women & Infant's Health Programme (NWIHP) and as such overall clinical governance for the programme will rest with the Director of the NWIHP. A Clinical Lead for Termination of Pregnancy is in place and a Termination of Pregnancy, Clinical Advisory Forum has been established with representation from community and hospital providers as well as other special interest groups.

The National Contracts Office, National Primary Care Strategy and Planning are responsible for developing appropriate contractual arrangements with General Practitioners, as independent contractors, for the provision of termination of pregnancy services under Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018.

Responsibility for the individual care provided to the person will rest with their medical practitioner.

8.10 INDEMNITY

- Both the Medical Protection Society (MPS) and Medisec provide clinical indemnity insurance for general practitioners providing a termination of pregnancy service.
- The CIS (Clinical Indemnity Scheme) covers hospital providers.

8.11 NOTIFICATION

Doctors carrying out terminations of pregnancy are legally obliged, under section 20 of the 2018 Act, to notify the Minister for Health of the following information:

I. The Medical Council Registration number of the doctor who carried out the termination of pregnancy.

II. Whether the termination of pregnancy was pursuant to sections 9-12 certification and the Medical Council registration numbers of the doctors who made the certification.

III. The county of residence (or place of residence if outside the Republic of Ireland) of the pregnant woman.

IV. The date on which the termination of pregnancy was carried out.

The notification form is prescribed by the legislation and the information will be required to be forwarded to the Minister for Health no later than 28 days after the termination has been carried out.

8.12 CONSCIENTIOUS OBJECTION

According to the Bill, 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. 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.

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.

8.13 FREE CONTRACEPTION SCHEME

In line with the Programme for Government commitment, the Department of Health has worked with partners, including the HSE, to provide free contraception for women, starting with the 17-25 age cohort. The scheme was launched on 14th September, 2022 and is now open to all 17-26 year-old women ordinarily resident in Ireland.

Funding of approximately €9m was allocated for the scheme in Budget 2022. Further funding of approximately €32 million is provided, through Budget 2023, to support the contraception scheme and to expand it to include 16-30 year olds in 2023. The scheme was expanded to include 26-year-olds on 1 January 2023, with 16 and 27-30 year olds becoming eligible on 1 September 2023. The expansion of the scheme to 16 year olds is subject to detailed consultation, legal advice and legislative amendment.

The scheme provides for:

- The cost of prescription contraception;
- The cost of consultations with medical professionals to discuss suitable contraception for individual patients and to enable prescription of same. Consultations will include both initial discussions of suitable contraception for each patient, and necessary check-ups to provide repeat prescriptions;
- The cost of fitting and/or removal of various types of long-Acting Reversible Contraception (LARCs) plus any necessary checks, by medical professionals certified to fit/remove same;
- The cost of providing the wide range of contraceptive options currently available to GMS (medical) card holders, which will also be available through this scheme, including contraceptive injections, implants, IUS and IUDs (coils), the contraceptive patch and ring, and various forms of oral contraceptive pill, including emergency contraception.
- The cost of training and certifying additional medical professionals to fit and remove LARCs.

The legal framework for the scheme is provided by the Health (Miscellaneous Provisions) (No. 2) Act, 2022, which was enacted in July, 2022. Digital information regarding the scheme, how to access it and wider information on contraceptive options is available through www.sexualwellbeing.ie