Good afternoon Chair and members of the Committee.

Thank you for the invitation to attend these hearings to speak about the ancillary recommendations contained in the Citizens’ Assembly’s *Final Report and Recommendations on the Eighth Amendment of the Constitution*.

You will all have received the Department’s submission on the recommendations, so I will aim to summarise the main points here.

1. **Improved access to reproductive healthcare services**

The first ancillary recommendation which I will address concerns improved access to reproductive healthcare services including contraception, sexual health services and termination of pregnancy.

With regard to contraception and family planning services, the Department of Health launched the *National Sexual Health Strategy 2015-2020* in October 2015.
The Strategy is being implemented under *Healthy Ireland, the National Framework for Improved Health and Wellbeing*. It is a cross-governmental policy which is being delivered in partnership by the Department of Health, the HSE and the Department of Education and Skills.

The National Sexual Health Strategy’s key aims are to improve sexual health and wellbeing, and to reduce negative sexual health outcomes.

The Strategy aims to ensure that everyone in Ireland will receive comprehensive and age-appropriate sexual health education and information, and will have access to appropriate prevention and promotion services. It also aims to make equitable, accessible and high quality sexual health services, targeted and tailored to according to need, available to everyone.

I will not address the service provision aspects of the National Sexual Health Strategy here, as I believe our colleagues from the HSE will be addressing the area in their presentation to the Committee today.

However, just to note that implementation of the Strategy got underway quickly, with an Action Plan for 2015-2018 prioritising 18 actions covering areas such as clinical services, education, communications and governance/structures. All of those actions have commenced, and ten have already been completed. These include the
appointment of a Clinical Lead for Sexual Health within the HSE, and the reconfiguration of the HSE Crisis Pregnancy Programme to also encompass sexual health as the new HSE Sexual Health and Crisis Pregnancy Programme.

In terms of achieving good quality outcomes, the Department of Health considers that full implementation of the National Sexual Health Strategy, together with the measures outlined in the National Maternity Strategy (which I will shortly address), will significantly advance the good quality outcomes envisaged by the Citizens’ Assembly.

2. Standards of Obstetrical Care

The second ancillary recommendation which I will address concerns standards of obstetrical care in Ireland.

*National Maternity Strategy*

Over recent years there has been a very significant focus on the development of national maternity policy in order to ensure that our maternity services are developed in a coherent and evidenced based way. Last year, we published Ireland’s first ever National Maternity Strategy *Creating a Better Future Together 2016 - 2026*. 
The HSE’s *National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death* were also published in 2016, and I will speak a little more about those later.

Finally in 2016, HIQA’s *National Standards for Safer Better Maternity Services* were launched on 21\textsuperscript{st} December 2016. They aim to give a shared voice to the expectations of women using maternity services, service providers and the public. They are intended to show what safe, high-quality maternity services should look like.

Each of the 19 maternity units is now required to publish a Maternity Patient Safety Statement on a monthly basis. The first Maternity Patient Safety Statements were published in December 2015. The Statements are published monthly in arrears, and report information on 17 metrics covering a range of clinical activities, major obstetric events, modes of delivery and clinical incidents.

Taken together, these developments are key building blocks which will enable us to provide a consistently safe, patient-centred, high quality maternity service. They will also help advance the quality outcomes envisaged by the Citizens’ Assembly in its ancillary recommendations.
National Women and Infants Health Programme

In terms of overall governance structures, a National Women and Infants Health Programme has been established within the HSE, to lead the implementation of the National Maternity Strategy. It will span obstetrics, gynaecology and neonatal services across community, primary, and secondary care.

The Programme will oversee the establishment of maternity networks across the country, which will formally link all maternity units within a Hospital Group.

It is recognised that smaller maternity services cannot, and should not, operate in isolation as stand-alone entities. Given their size, those units cannot sustain the breadth and depth of clinical services required by the populations they serve. Through the establishment of maternity networks, we will ensure efficiency in the provision of specialised services, and support smaller units to provide safe, quality services.

Early scanning

I am aware that a key concern of the Citizens’ Assembly in its ancillary recommendation was that all pregnant women, regardless of
geographic location or ability to pay, should have access to early scanning and testing.

On this point, the National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services. We know that there are challenges, but we intend to build capacity in our ultrasound services. To that end, additional funding will be provided to the National Women and Infants Health Programme in 2018 to develop a more equitable and consistent antenatal screening service.

The recently published Maternity Strategy Implementation Plan addresses the current regional inconsistency in service provision.

Pending full implementation of the Strategy’s recommendations on anomaly scanning, the National Women and Infants Health Programme will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans.

In particular, the Programme will seek to ensure that clinical pathways are in place within each network, such that where clinically indicated, a woman can be referred to a larger maternity unit for an anomaly scan.
3. Improvements to counselling and support facilities for pregnant women

In relation to the ancillary recommendation on improving counselling and support facilities for pregnant women, I do not propose to go into too much detail on the service delivery side, given that my colleagues from the HSE are also addressing the Committee today and are likely to cover the area in more detail. I am also aware that you have previously had speakers before you on this area from the HSE Sexual Health and Crisis Pregnancy Programme.

So I will just note briefly that the HSE Sexual Health and Crisis Pregnancy Programme funds the provision of crisis pregnancy and post abortion counselling services, which operate out of more than 40 locations nationwide. All services also provide access to post-termination counselling and a number provide free post-termination medical check-ups.

The National Maternity Strategy pointed to the need to improve access to mental health supports and to that end a number of recommendations are made. The Maternity Strategy Implementation Plan addresses the issue and sets out specific actions to identify women at risk and ensure that they get the necessary support during their pregnancy and postnatally.
National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death

I might draw the attention of the Committee again to the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death which, as I mentioned earlier, were published last year. We anticipate that the Standards will drive the development of clinical and counselling services within our maternity services. The Standards describe the standardised structures, clinical processes and compassionate responses that should be in place across all maternity services for parents who experience a pregnancy loss or perinatal death. They will also apply in situations where there is a diagnosis of foetal anomaly that may be life limiting or fatal. The linkages between maternity bereavement care and other hospital and associated services such as primary care, public health nursing and palliative care are also outlined. Each hospital will have to have systems in place to ensure that bereavement care and end-of-life care for babies is central to the mission of the hospital and is organised around the needs of babies and their families.

Implementation of the Standards has begun, and bereavement teams are being established in each maternity unit/hospital.
Perinatal Mental Health Services Model of Care

In addition, I should mention that the HSE is today launching a Perinatal Mental Health Services Model of Care for Ireland. I won’t go into too much detail, as I expect it is an area that my colleagues in the HSE will expand on.

However, I would like to note that the Model of Care is closely aligned with the National Maternity Strategy, and contributes to the implementation of the Strategy’s actions on mental health. The Model is based on the maternity networks recommended in the National Maternity Strategy; this means specialist perinatal mental health services will be aligned with hospital groups and developed to include all 19 maternity units. It is a significant development in addressing the mental health needs of women both during pregnancy and in the year following delivery.

4. Terminations of pregnancy in Ireland

Finally, the Citizens’ Assembly recommended that further consideration should be given as to who will fund and carry out termination of pregnancy in Ireland.

I will preface my remarks here by pointing out the obvious and saying that action in this area will be subject to your deliberations here and
the Oireachtas decision on recommendations you decide to make. It will also, obviously, be subject to the outcome of the referendum which the Government has committed to holding next year.

Terminations of pregnancy carried out in Ireland at the moment – under the Protection of Life During Pregnancy Act 2013 – are limited to public obstetric units or large public multi-disciplinary hospitals. That is to say, they are only done in the public system and are funded by the State. It was appropriate that terminations took place in obstetric units to ensure all the expertise and facilities appropriate to provide safe medical services, and ancillary services, to pregnant women whose lives were at risk and to the unborn.

Other than in emergency situations, doctors who can certify - permit access to - a procedure under the Act must be registered by the Medical Council in its Specialist Division.

At the moment, a termination of pregnancy may only be carried out by or under the supervision of a Consultant Obstetrician. This is irrespective of whether the medical procedure for carrying out the termination is by medical or surgical means.

On this point about medical terminations of pregnancy I must note that there are currently no medicines indicated for the termination of pregnancy authorised for such use in Ireland.
In the event of a significant change to the Constitution and to current policy around the use of drugs for medical termination, it would be the responsibility of the manufacturers of such medicines to seek a marketing authorisation for such use in Ireland.

This would be in line with the normal procedure for authorising any medicines to the Irish market. The Health Products Regulatory Authority (HPRA) is the competent authority responsible for the regulation of human medicines in Ireland. It has a structured assessment procedure in place for conducting this assessment process.

If there is a change to the Eighth Amendment and if the grounds for termination of pregnancy are widened, then this may have implications for the health services. Pending a decision on the policy direction, the Department of Health is working with the Office of the Attorney General and the Department of the Taoiseach to explore and research the Constitutional and policy issues involved. This is so that as much preparation as possible can be drawn upon if a referendum on the matter is called next year.

Once direction is clear, consideration will be given to the issue of funding and carrying out terminations of pregnancy in Ireland, and to drafting legislation in order to achieve good quality outcomes.
In conclusion, Madame Chair, I wish to thank you and your fellow Committee members for the opportunity to address you today. I would like to wish you well with your work, and look forward to your report.