

Mr Stephen Donnelly TD
Minister for Health
Department of Health
Miesian Plaza, Baggot Street Lower
Dublin 2

29 July 2020

Maintaining remote access to abortion care

Dear Minister Donnelly,

Congratulations on your appointment as Minister for Health, we the undersigned look forward to working with you to progress reproductive health and women's health issues over the coming years.

We are writing to request that the current system of remote access to early abortion care is maintained for the future. Reports from women and pregnant people using the service and from providers indicate that this form of consultation, introduced during the pandemic, has worked well¹. As Ireland reopens, but we continue to live and provide healthcare alongside COVID-19, we believe the optimum approach would be to offer both face-to-face and remote consultations, with remote consultation available where it is the woman's and pregnant person's preference and clinically appropriate.

As the health service emerges from the initial COVID-19 crisis, it is important that we can harness innovations which have improved access to care for both patients and providers. The *Shared Vision Programme for Government*, in relation to the delivery of care in a COVID-19 environment commits to 'Continue to deploy new technologies, telehealth; and innovative ways to support vulnerable groups, as well as new pathways of care' (p. 45) and to deliver more care in the community through 'Increasing telemedicine and virtual clinics based on the very positive usage and experience during the COVID-19 crisis' (p.47). The continuation of the option of remote consultation for abortion care would capitalise on technological advances which have emerged during the pandemic and would support women's and pregnant people's access to reproductive healthcare.

The lockdown restrictions limiting movement and in-person care immediately pointed out the difficulty of two face-to-face appointments for abortion care, separated by what we believe is an unnecessary mandatory three-day waiting period. Mandating face-to-face appointments posed risks to patients and staff of transmitting the virus. There were particular concerns for disabled women, women and pregnant people with pre-existing health conditions, and for women and pregnant people impacted by travel restrictions, including women and pregnant people with foetal anomaly who would in normal circumstances travel to the UK or EU countries. Following commitments made by the Government in an emergency parliamentary debate, abortion care is currently being provided – under a temporary model of care – through phone or video consultations for women and pregnant people who cannot attend health clinics in person.

Abortion is an essential medical procedure requiring timely access. The option to take both abortion medications (mifepristone and misoprostol) at home following a remote consultation is safe and

¹ A. Mullaly, T. Horgan, M. Thompson, C. Conlon, B. Dempsey, M.F. Higgins, Working in the shadows, under the spotlight – Reflections on lessons learnt in the Republic of Ireland after the first 18 months of more liberal Abortion Care, Contraception (2020), doi: <https://doi.org/10.1016/j.contraception.2020.07.003>

effective². A blended approach to provision for the future – offering both face-to-face and remote consultations – can limit risk of infection for women and pregnant people and those working in health clinics and can reduce pressure on the health system. Remote consultation will not be suitable for everyone and it is therefore vitally important that early medical abortion is available for women and pregnant people in all Counties and surgical abortion in all maternity units.

We look forward to hearing from you.

Yours sincerely,

Orla O'Connor, Director, National Women's Council of Ireland
Disabled Women Ireland
Abortion Rights Campaign
Ailbhe Smyth, Convenor, Coalition to Repeal the 8th Amendment
Sinead Kennedy, Coalition to Repeal the 8th Amendment
Dr Jennifer Donnelly, Consultant Obstetrician & Gynaecologist, GOWN Gynaecology & Obstetrics
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Dr Noirin Russell, Consultant Obstetrician & Gynaecologist, GOWN Gynaecology & Obstetrics
Women's Network
Maria Joyce, Coordinator, National Traveller Women's Forum
Marie Lyons, Vice President for Equality and Citizenship, Union of Students in Ireland
Mara Clarke, Abortion Support Network
Peigin Doyle, Sligo Action for Reproductive Rights Access
Miriam Holt, National Coordinator, National Collective of Community-based Women's Networks
Emma Campbell, Alliance for Choice

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CC: Paul Reid, Chief Executive Officer, HSE; Dr Peter McKenna, Clinical Director, National Women and Infants Health Programme; Dr Aoife Mulally, HSE Clinical Lead for Termination of Pregnancy Services; Maeve O'Brien, Interim Programme Lead HSE Sexual Health & Crisis Pregnancy Programme;

² For example, see public health guidance Royal College of Obstetricians and Gynecologists (3 June 2020) *Coronavirus (COVID-19) infection and abortion care – information for health professionals. Version 3.*
<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-06-03-coronavirus-covid-19-infection-and-abortion-care.pdf>