Draft Model of Care for the Termination of Pregnancy Service

18.12.18

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1 Overview

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

The majority of terminations not exceeding 9 weeks will be 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 will be provided within a hospital setting. This is in accordance with recommendations from the World Health Organisation (WHO) 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 required 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 person, avoidance of surgery/anaesthesia and the ability to accommodate other commitments (work, home life).

It is important that the service is accompanied by measures and policies which seek to address and minimise unplanned pregnancies, including comprehensive contraceptive services and sexual health education and information programmes. Ovulation can return as early as eight days following a termination of pregnancy. Often, re-initiation of sexual intercourse precedes ovulation, therefore putting people at increased risk of another pregnancy.

Based on a review of the literature and clinical guidelines, an outline for a clinical care pathway for this service should be underpinned by the following core principles (ICGP):

- A person with an unplanned pregnancy requires respect for privacy and dignity.
- A person requires respect as a decision maker.
- Equitable and timely access to a clinical assessment.
- Timely arrangements for provision of termination of pregnancy with reference to the person’s preferences and assessment of her own risks, health and commitments (work & 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 people who will utilise the termination of pregnancy service in Ireland. There will need to be flexibility to adapt the service to the needs of the person.

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

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2 Certification

Certification will be prescribed as per legislation. 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. The period of time is calculated in days. The person is eligible to have the termination of pregnancy on the third day following certification.

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

<table>
<thead>
<tr>
<th>If Certification is on a -</th>
<th>The Earliest the Procedure may Commence is on a -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Friday</td>
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<tr>
<td>Wednesday</td>
<td>Saturday</td>
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<tr>
<td>Thursday</td>
<td>Sunday</td>
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<tr>
<td>Friday</td>
<td>Monday</td>
</tr>
<tr>
<td>Saturday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Sunday</td>
<td>Wednesday</td>
</tr>
</tbody>
</table>

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.
3 Community Care (Less than 9 Weeks)

3.1 Quick Guide to Community Care Pathway (Medical Termination of Pregnancy)

Person wants information on TOP and calls ‘My Options’ (optional)

A counsellor provides the person with information on TOP and signs them to a doctor (optional)

Visit 1 – Community Care Consultation with a doctor and person certified as under 12 weeks

What is the gestation date?

Less than 9 weeks or dates unknown

Clinical indication for ultrasound?

Yes

Refer for ultrasound

No

Person is referred to hospital if between 9-12 weeks; or if clinically indicated or according to patient preference

Visit 2 – Community Care Doctor confirms person is under 9 weeks and administers first medication (If a different doctor, re-certify that person is not exceeding 12 weeks)

Person between 7-9 weeks & theus negative blood group?

Yes

Person goes to the hospital for anti-D as soon as possible after taking the first medication, and no later than 72 hours after bleeding commencing

No

Person takes second medication at home

Person attends an aftercare consultation and is referred to additional services if required

Visit 3 – Community Care (optional)

Low sensitivity pregnancy test taken at home

If person does not want further aftercare, the doctor will contact the person to confirm that they are no longer pregnant

3 days from certification

1-2 days

2 weeks post TOP
### 3.2 Medical Termination of Pregnancy (Less than 9 Weeks) Care Pathway

It is envisaged that this service will be provided by a medical practitioner in a community care setting without the routine requirement for ultrasound.

<table>
<thead>
<tr>
<th>Visit 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consultation/Examination</strong></td>
</tr>
<tr>
<td><strong>Urine pregnancy test</strong></td>
</tr>
<tr>
<td><strong>FBC/rhesus testing</strong></td>
</tr>
<tr>
<td><strong>Provide verbal &amp; written information/contact number for ‘My Options’</strong></td>
</tr>
<tr>
<td><strong>Advise on contraception</strong></td>
</tr>
<tr>
<td><strong>Provide an STI risk assessment, as appropriate</strong></td>
</tr>
<tr>
<td><strong>Refer for ultrasound if clinically indicated but dating pregnancy based on LMP is in most cases accurate</strong></td>
</tr>
<tr>
<td><strong>Certify that the pregnancy is not exceeding 12 weeks</strong></td>
</tr>
<tr>
<td><strong>Refer to hospital if person is between 9-12 weeks, or if clinically indicated or according to patient preference</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit 1 (optional)</th>
<th>Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aftercare consultation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Refer to hospital for complications or for ongoing pregnancy, where indicated</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Refer to other services e.g. counselling, as required</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Provide prescription for contraception, as appropriate</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Provide report to the person’s primary doctor, if the person consents to it</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If the person does not book an aftercare consultation, they should be contacted to confirm the low sensitivity pregnancy test has been taken and that they are no longer pregnant</strong></td>
<td></td>
</tr>
</tbody>
</table>
Notes:

Consent for Minors:
- Young people, aged under 18 years, are encouraged to involve their parents or another supportive adult.
- If the person is 15 years or under, and chooses not to involve an adult, a doctor can offer an abortion if there are exceptional circumstances and an assessment has been completed. The person can talk to their doctor about this if they have any queries.
- If the person is aged between 16 and 17 years, and chooses not to involve an adult, a doctor can offer an abortion but this is only if the doctor is confident that they understand the information can give valid consent.

Children First Legislation
- Mandatory reporting exists if there has been sexual activity under the age of 14 years.
- If the person is aged 15/16 years and there is more than 24 months age difference between the involved persons, reporting is required.
- If the person is aged 17 years and under and non-consensual activity has occurred, reporting is required.

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 person 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 the less than 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 person of same.
- If the pregnancy is confirmed as exceeding 12 weeks, a termination cannot be provided unless there is a serious health risk to the person or the fetus is unlikely to survive before birth or within 28 days of birth.
- If the person is distressed following the ultrasound scan/result, they can discuss the result further with their GP and seek support from the ‘My Options’ helpline.

Blood sample for FBC/rhesus testing:
- If the pregnancy is confirmed as between 9-12 weeks on first visit and the person is referred to hospital, FBC/rhesus testing is not required as the person will have a blood test on the second visit at the hospital

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

3.3 Possible Contraindications for a Medical Termination of Pregnancy (WHO).

They include but are not limited to the following:
- Ectopic pregnancy
- Chronic adrenal failure: mifepristone is a potent anti-gluocorticoid 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-gluocorticoid 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 an asthma deterioration. In this situation inhaler use should be doubled in the two days before and the two days after the mifepristone dose.
- Known hypersensitivity to either mifepristone or misoprostol
- Malnutrition
- Hepatic failure
- Renal failure
- Ischaemic heart disease
3.4 Provision of the Medications

Community doctors will 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.

3.5 Anti-D

The administration of Anti D is recommended for pregnancies of gestation periods exceeding 7 weeks. Detailed guidance is included in the clinical guidelines.

3.6 Ultrasound

Neither the WHO\textsuperscript{1} nor the RCOG\textsuperscript{3} 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 for 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.
4 Secondary Care (Less than 12 Weeks)

4.1 Quick Guide to Secondary Care Pathway (Medical Termination of Pregnancy)

Person wants information on TOP and calls 'My Options'

A counsellor provides the person with information on TOP and signposts them to a doctor

Visit 1 – Community Care Consultation with a doctor and person certified as under 12 weeks

Refer to hospital if person is between 8-12 weeks, or if clinically indicated or according to patient preference

Visit 2 – Secondary Care Doctor confirms that person is not exceeding 12 weeks and administers first medication

(If a different doctor, re-certificate that person is not exceeding 12 weeks)

What is the gestation date?

Less than 9 weeks 9-12 weeks

If person is between 7-9 weeks and has a rhesus negative blood group, administer anti-D before discharged home

Person takes second medication at home

Visit 3 – Secondary Care Second medication administered by doctor

If person has a rhesus negative blood group, administer anti-D

Low sensitivity pregnancy test taken at home

Visit 3/4 – Community or Secondary Care (optional)

Person attends an aftercare consultation and is referred to additional services if required

If person does not want further aftercare, the doctor will contact the person to confirm that they are no longer pregnant
## Medical Termination of Pregnancy in Secondary Care (Less than 12 Weeks) Care Pathway

### Less than 9 Weeks

<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consultation/Examination</td>
<td></td>
</tr>
<tr>
<td>• Urine pregnancy test</td>
<td></td>
</tr>
<tr>
<td>• Provide verbal &amp; written information/contact number for ‘My Options’</td>
<td></td>
</tr>
<tr>
<td>• Advise on contraception</td>
<td></td>
</tr>
<tr>
<td>• Provide an STI risk assessment, as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Certify that the pregnancy is not exceeding 12 weeks</td>
<td></td>
</tr>
<tr>
<td>• Refer to hospital if clinically indicated or according to patient preference</td>
<td></td>
</tr>
</tbody>
</table>

**3 days from certification**

<table>
<thead>
<tr>
<th>Visit 2</th>
<th>Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide ultrasound scan if clinically indicated</td>
<td></td>
</tr>
<tr>
<td>• Consultation/Examination</td>
<td></td>
</tr>
<tr>
<td>• Re-certify person not exceeding 12 weeks, if a different doctor sees the person at visit 2</td>
<td></td>
</tr>
<tr>
<td>• FBC/rhesus testing</td>
<td></td>
</tr>
<tr>
<td>• Obtain informed consent</td>
<td></td>
</tr>
<tr>
<td>• Administer first medication – mifepristone</td>
<td></td>
</tr>
<tr>
<td>• Supply second medication – misoprostol</td>
<td></td>
</tr>
<tr>
<td>• Administer anti-D, with the person’s consent, between 7-9 weeks when there is a rhesus negative blood group</td>
<td></td>
</tr>
<tr>
<td>• Advise &amp; provide written information on what to expect/possible complications</td>
<td></td>
</tr>
<tr>
<td>• Provide prescription for pain relief, as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Provide information on contraception and provide a prescription for contraception, as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Provide the person with low sensitivity pregnancy test with instructions</td>
<td></td>
</tr>
<tr>
<td>• Provide information/contact number for ‘My Options’</td>
<td></td>
</tr>
<tr>
<td>• Notification of record (28 days to submit)</td>
<td></td>
</tr>
</tbody>
</table>

**1-2 days**

<table>
<thead>
<tr>
<th>Visit 3</th>
<th>Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Person takes second medication at home, as instructed</td>
<td></td>
</tr>
</tbody>
</table>

### 9-12 Weeks

<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consultation/Examination</td>
<td></td>
</tr>
<tr>
<td>• Urine pregnancy test</td>
<td></td>
</tr>
<tr>
<td>• Provide verbal &amp; written information/contact number for ‘My Options’</td>
<td></td>
</tr>
<tr>
<td>• Advise on contraception</td>
<td></td>
</tr>
<tr>
<td>• Provide an STI risk assessment, as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Certify that the pregnancy is not exceeding 12 weeks</td>
<td></td>
</tr>
<tr>
<td>• Refer to hospital if person is between 9-12 weeks, or if clinically indicated or according to patient preference</td>
<td></td>
</tr>
</tbody>
</table>

**3 days from certification**

<table>
<thead>
<tr>
<th>Visit 2</th>
<th>Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide ultrasound scan if clinically indicated</td>
<td></td>
</tr>
<tr>
<td>• Consultation/Examination</td>
<td></td>
</tr>
<tr>
<td>• Re-certify person not exceeding 12 weeks, if a different doctor sees the person at visit 2</td>
<td></td>
</tr>
<tr>
<td>• FBC/rhesus testing</td>
<td></td>
</tr>
<tr>
<td>• Obtain informed consent</td>
<td></td>
</tr>
<tr>
<td>• Administer first medication – mifepristone</td>
<td></td>
</tr>
<tr>
<td>• Advise &amp; provide written information on what to expect/possible complications/pain medication</td>
<td></td>
</tr>
<tr>
<td>• Provide information/contact number for ‘My Options’</td>
<td></td>
</tr>
</tbody>
</table>

**1-2 days**

<table>
<thead>
<tr>
<th>Visit 3</th>
<th>Secondary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administer second medication – misoprostol</td>
<td></td>
</tr>
<tr>
<td>• 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)</td>
<td></td>
</tr>
<tr>
<td>• Administer anti-D, with the person’s consent, when there is a rhesus negative blood group</td>
<td></td>
</tr>
<tr>
<td>• Confirm completion of TOP prior to discharge</td>
<td></td>
</tr>
<tr>
<td>Less than 9 Weeks</td>
<td>9-12 Weeks</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>• Dispose of fetal remains in accordance with hospital policy</td>
</tr>
<tr>
<td></td>
<td>• Provide prescription for pain relief, as appropriate</td>
</tr>
<tr>
<td></td>
<td>• Provide information on contraception and provide a prescription for contraception, as appropriate</td>
</tr>
<tr>
<td></td>
<td>• Provide the person with low sensitivity pregnancy test with instructions</td>
</tr>
<tr>
<td></td>
<td>• Provide information/contact number for ‘My Options’</td>
</tr>
<tr>
<td></td>
<td>• Notification of record (28 days to submit)</td>
</tr>
<tr>
<td>Low sensitivity pregnancy test taken at home, as instructed</td>
<td>Low sensitivity pregnancy test taken at home, as instructed</td>
</tr>
</tbody>
</table>

### Visit 3 (optional)
**Community or Secondary Care**
- 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 person’s primary doctor, if the person consents to it
- If the person does not book an aftercare consultation, they should be contacted to confirm the low sensitivity pregnancy test has been taken and that they are no longer pregnant

Person referred to hospital, where indicated

| Visit 4 (optional)
**Community or Secondary Care** |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare consultation</td>
</tr>
<tr>
<td>Refer to hospital for complications or for ongoing pregnancy, where indicated</td>
</tr>
<tr>
<td>Refer to other services e.g. counselling, as required</td>
</tr>
<tr>
<td>Provide prescription for contraception, as appropriate</td>
</tr>
<tr>
<td>Provide report to the person’s primary doctor, if the person consents to it</td>
</tr>
<tr>
<td>If the person does not book an aftercare consultation, they should be contacted to confirm the low sensitivity pregnancy test has been taken and that they are no longer pregnant</td>
</tr>
</tbody>
</table>

Person referred to hospital, where indicated
4.3 Quick Guide to Secondary Care Pathway (Surgical Termination of Pregnancy)

Person wants information on TOP and calls ‘My Options’ (optional)

A counsellor provides the person with information on TOP and signs them to a doctor (optional)

Visit 1 – Community Care Consultation with a doctor and person certified as under 12 weeks

Refer to hospital if person is between 9-12 weeks, or if clinically indicated or according to patient preference

Visit 2 – Secondary Care Doctor confirms that person is not exceeding 12 weeks and completes surgical TOP as day case

If person has a rhesus negative blood group, administer anti-D

(If a different doctor, re-certify that person is not exceeding 12 weeks)

2 weeks post TOP

Low sensitivity pregnancy test taken at home

Visit 3 – Community or Secondary Care (optional)

Person attends an aftercare consultation and is referred to additional services if required

If person does not want further aftercare, the doctor will contact the person to confirm that they are no longer pregnant
### 4.4 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 should only be considered under special circumstances, as per doctor advice and in consultation with the person, taking into consideration their own assessment of needs and risks.

#### Visit 1
**Community Care**
- Consultation/Examination
- Urine pregnancy test
- Provide verbal & written information/contact number for ‘My Options’
- Advise on contraception
- Provide an STI risk assessment, as appropriate
- Certify that the pregnancy is not exceeding 12 weeks
- Refer to hospital

#### Visit 2
**Secondary Care**
- Provide ultrasound scan if clinically indicated
- Consultation/Examination
- Re-certify person is not exceeding 12 weeks, if a different doctor sees the person at visit 2
- FBC/rhesus testing
- Explain the termination of pregnancy procedure
- Obtain informed consent
- Advise & provide written information on what to expect/possible complications/pain medication
- 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 person’s consent, when there is a rhesus negative blood group
- 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 person with low sensitivity pregnancy test with instructions
- Provide information/contact number for ‘My Options’
- Notification of record (28 days to submit)

#### Visit 3 (optional)
**Community or Secondary Care**
- Low sensitivity pregnancy test taken at home, as instructed

Person referred to hospital, where indicated
5 Termination of Pregnancy (Over 12 Weeks)

Under the legislation, terminations over 12 weeks of pregnancy may only be carried out where there is a risk to the life or health of the pregnant person; a risk to the life or health of the pregnant person in an emergency; or where there is a condition likely to lead to the death of the fetus before or within 28 days of birth. People 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.

5.1 Termination of Pregnancy (Over 12 Weeks) Care Pathway – Maternal

A risk to the life or serious harm to the health of a person who is over 12 weeks pregnant must be certified by two clinicians, one of whom is an obstetrician.

<table>
<thead>
<tr>
<th>Person is attending a Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about a risk to the life or of serious harm to the health of the pregnant person, are referred to their treating consultant obstetrician*</td>
</tr>
<tr>
<td>The consultant obstetrician will seek the opinion of relevant medical/surgical/psychiatric or obstetric colleague, as appropriate</td>
</tr>
<tr>
<td>Following the consultation, the consultant obstetrician and an appropriate medical practitioner will</td>
</tr>
<tr>
<td>1. Certify risk to life or serious harm; or</td>
</tr>
<tr>
<td>2. Not certify risk to life or serious harm</td>
</tr>
<tr>
<td>If certification is made, the termination will occur as soon as necessary</td>
</tr>
<tr>
<td>If certification is not made, then a second opinion or review can be requested. Support can be provided by the ‘My Options’ helpline</td>
</tr>
<tr>
<td>In emergency situations, certification is permitted after a termination has occurred and only one medical practitioner is required for certification/to carry out the procedure</td>
</tr>
<tr>
<td>The pregnant person does not require to be transferred to another (tertiary) hospital, unless the expertise to diagnose or treat the condition (medical/ surgical/ psychiatric) does not exist within the treating hospital. This decision will be made by the treating obstetrician in consultation with the person.</td>
</tr>
</tbody>
</table>

* If a person is in a supported care pathway (without a named consultant obstetrician) arrangements will be made to refer the person to a consultant obstetrician, following consultation with the pregnant person.
5.2 Termination of Pregnancy (Over 12 Weeks) Care Pathway – Fetal

Where a condition exists which is likely to lead to the death of the fetus either before or within 28 days of birth, certification by two clinicians is required, one of whom must be an obstetrician. Both clinicians must be on the relevant specialist register.

<table>
<thead>
<tr>
<th>Person is attending a Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where concern exists about a potential fatal fetal anomaly, the pregnant person is referred to a fetal medicine specialist (following discussion between the obstetrician and fetal medicine specialist to facilitate referral). This may require a referral to another hospital</td>
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</tbody>
</table>

In order to certify that the fetus is likely to die within 28 days, the fetal medicine specialist in consultation with a consultant neonatologist/ paediatrician or such other consultant colleague as maybe required, will review the evidence, and make a determination

The results may be subject to discussion at a multi-disciplinary meeting at hospital or group level, as appropriate

The results of these tests will be made available to the two consultants, one of whom must be a consultant obstetrician, who will make the decision about certification. Each consultant must certify his or her opinion in order for the termination of pregnancy to be carried out

5.3 Review Panel

In either the maternal or fetal pathway, if the consultant(s) does not certify the termination, it is open to the person to seek a second opinion, in the first instance, in line with normal medical practice. The person 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.
6 Appendices

6.1 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 WHO estimated complication rates of 1–2 per 1,000 abortions. 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.

6.2 Disposal of Fetal Tissue

Disposal of foetal tissue will be undertaken in accordance to hospital policy/procedure and the person’s wishes.

6.3 ‘My Options’

‘My Options’ is a HSE freephone line for persons to call if they have any pregnancy related queries. The Information & Counselling service will be available from 9am-9pm Monday to Friday as well as Saturday 10am-2pm and will be staffed by Counsellors. The nursing service will be available 24/7 and will be 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 person decides that a termination is their best option, ‘My Options’ will provide details of the doctors (with the consent of the doctors) providing termination of pregnancy services in their locality. ‘My Options’ will provide signposting, referrals as appropriate, information and a listening ear to callers for any pregnancy related queries. This will include supporting someone who opts to continue their pregnancy and for people who will not meet legislative requirements in Ireland but may need support to travel abroad for termination of pregnancy services.

If someone is in the process of, or has undergone a termination of pregnancy, is experiencing complications and contacts ‘My Options’, they will be transferred to a nursing service where nurses or midwives will be 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 will be 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 return their call when it reopens to request a call back at a time suitable to them.

Access to ‘My Options’ will be universal and provided to any person who wishes to access it. There is no limit on the number of times a person can avail of the service. This is to ensure that the person is fully supported throughout the entire process of managing pregnancy choices including termination.

Operation of ‘My Options’ will be according to agreed HSE care protocols.

6.4 Counselling

Phone counselling will be 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.

6.5 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

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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. Training 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 (ICGP):
- Offering services and their timing.
- Counselling on risks and side effects to support informed decision making and consent.
- Taking a relevant history and clinical examination.
- 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 person’s decision-making – person’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 will be provided for all staff who come in contact with persons seeking a termination of pregnancy to ensure that they treat that person with respect and manage their case appropriately, in line with their legislative right, if applicable, to conscientiously object to providing the service.

6.6 **PCRS Reimbursement**

An identifier for the person 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.

6.7 **Quality Assurance & Public Health Trending**

Data will be collated via the community medicine software systems and the Maternal & Newborn Clinical Management System (MNCMS). 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 will be collated by doctors/hospitals along with the data required for notification include:
- Patient age.
- 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.).
- The address (surgery/unit) at which the termination was carried out.
- Access to the service
6.8 Governance

The termination of pregnancy service will sit 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 Clinical Director of the NWIHP. The NWIHP will establish a steering group with representation from service users, IOG, ICGP, the Well Woman Clinic, the Irish Family Planning Association and other stakeholders, as appropriate.

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

6.9 Indemnity

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

6.10 Notification

Doctors carrying out terminations of pregnancy are legally obliged 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 person.
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 within 28 days of the termination of pregnancy being carried out.

6.11 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.