Termination of Pregnancy

Guide to the 2018 Legislation

Contents

Introduction

The Health (Regulation of Termination of Pregnancy) Act 2018, referred to in this booklet as "the Act", is the current law in the Republic of Ireland that governs access to termination of pregnancy. This law came into effect in January of 2019 after the repeal of the Eighth Amendment, which previously restricted access to termination of pregnancy in nearly all circumstances.

This guide was created by the Health Service Executive's (HSE's) National Women & Infants Health Programme (NWIHP) and the Pregnancy Loss Research Group (PLRG), with input from legal, medical and mental health practitioners, researchers, and people with lived experience. It draws on legal resources, national guidelines and reviews.

About this guide:

What is it?

This is an informational guide aiming to explain the 2018 legislation and how it works in clinical practice. It is not a medical guide to termination of pregnancy.

Who is it for?

It is intended for anyone needing to access a termination of pregnancy for different reasons (or to support someone with this need). The guide also aims to be a helpful reference for healthcare staff.

How does it work?

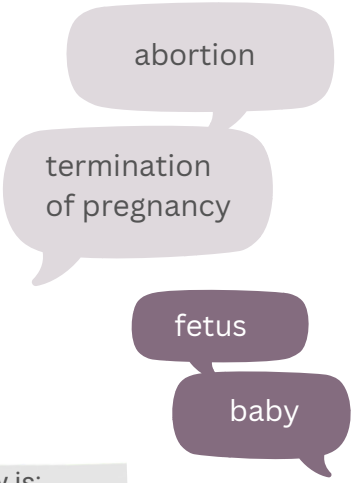
To do this, the guide looks at both what the law says and how the law works in clinical practice, especially where the language of the legislation or clinical guidelines may not be easily understood by the general reader.

Resources are listed at the end of this document on page 43.

Language used

While this guide reflects the language found in the Act, it aims to clarify its contents.

For example, the Act uses the words "woman/women"; while it is primarily cisgender women who experience pregnancy, this guide refers to laws that affect anyone who can become pregnant, including transgender and non-binary (TGNB) people.



The Act's definition of termination of pregnancy is:
"a medical procedure intended to end the life of the fetus".

The Act uses the term "termination of pregnancy". In this guide, "termination of pregnancy" and "abortion" are both used; sometimes "fetus" and/or "baby" are used, acknowledging that people may prefer one term over the other, with valid and different reasons for these preferences.

Healthcare professionals should be guided by the language that people prefer.

This guide may function primarily as a reference rather than a text someone might read cover to cover.

We acknowledge that this document may not be the easiest to read, due to the difficult nature of the content.

Informed by people with lived experience, it aims to consider the diverse circumstances people may encounter and the aspects of the legislation or clinical practice that would need clarification for their specific circumstances.

When termination of pregnancy is legal in Ireland

To know when it is possible to access an abortion / termination of pregnancy in Ireland, it is important to understand the legal framework set out by the Act, as well as clinical practices that follow national guidelines for safe and informed care. The Act outlines this legal framework for the provision of abortion / termination of pregnancy care in Sections 9, 10, 11, and 12.

Table: At a glance summary of Sections 9, 10, 11, and 12

Section	Who certifies	Doctors needed	Time limit	Key points / clinical context
Risk to life or health (9)	Obstetrician + relevant medical practitioner	2	Until fetal viability	Physical or mental health considered
Risk to life or health in emergency (10)	Any registered medical practitioner	1	No time limit	Objection not allowed; urgent provision
Condition likely to lead to death of fetus (11)	Obstetrician + relevant specialist medical practitioner	2	No time limit	Must agree fetus unlikely to survive beyond 28 days; specialist judgment needed
Early pregnancy (12)	Any registered medical practitioner	1	Up to 12 weeks	No reason needed; 2-step process with 3-day wait

Definitions/explanations of terms in the table on previous page:

Section: The category or legal justification under which abortion is allowed.

Who certifies: The clinical professionals who are legally allowed to approve/perform the termination of pregnancy.

Doctors needed: How many doctors must be involved by law to approve the termination of pregnancy.

Time limit: Also called the gestational limit. The stage(s) of pregnancy when access to abortion is allowed under each specific section of the Act.

Key requirements & clinical context: Special steps, safeguards, or clinical notes relevant to abortion care eligibility.

Q: Why not just say “doctor”?

A: Different medical qualifications are involved.

Doctor / registered medical practitioner / specialist doctor / obstetrician: The legislation distinguishes in each section (sections 9, 10, 11, and 12 of the Act) what specific medical qualifications are required for certification in that section. While it may seem simpler to say, simply, “doctor”, it is important for people seeking information about termination of pregnancy to have the same information that clinicians have in this regard.

While the sections of the Act are in numerical order, this guide covers them in increasing order of legal and medical complexity.

We start on the next page with Section 12, the one most people will need.

Early pregnancy (up to 12 weeks)

Section 12 of the Act

What the law says:

- Abortion services can be accessed for any reason up to 12 weeks of pregnancy, or gestation. This time/gestational limit means 84 days since the first day of the last period, not from the date of conception.

Any qualified medical practitioner (doctor) registered with the Medical Council can provide the abortion.

This includes general practitioners (GPs), doctors working in women's health clinics, and hospital-based specialist doctors in obstetrics and gynaecology.

Nurses and midwives play supportive roles, but only registered medical doctors can perform or prescribe abortion procedures.

- In this section of the Act, only one doctor needs to certify that the abortion is within the time limit and that it can, therefore, be provided legally.

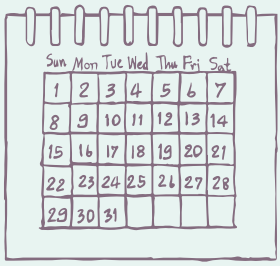
- Section 12 of the Act states that a doctor can provide a termination of pregnancy after coming to an "opinion formed in good faith" that the pregnancy has not gone beyond 12 weeks; in legal terms, a key factor in ensuring that an opinion was formed in good faith is whether the doctor acted within clinical/medical guidelines.

This certification happens in 2 steps, and each step involves a doctor:

- Step 1 is during the first consultation with the doctor.
- Step 2 is during the consultation when either abortion medication or surgical abortion is provided.

There must be a 3-day wait between these 2 consultations.

The certification of a termination of pregnancy is a time-sensitive process.



What happens in clinical practice:

The 2-step certification involves paperwork that the certifying doctor must fill out.

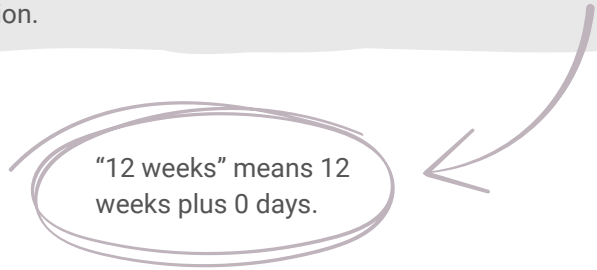
1. The first step of the certification happens during the first of the 2 required doctor consultations. This first consultation may be by phone, if considered appropriate.

2. If within the legal framework, the abortion can be provided during the second (in-person) consultation, which is also the second step of certification.

3. This second consultation can take place no sooner than 3 days after the first. It may be later than 3 days, depending on timing (e.g., if on a weekend) and/or clinical availability.

A new certification is needed if a different healthcare provider completes the second appointment compared to the first, but there is no need to wait another 3 days.

The second consultation must take place no later than 12 weeks of gestation.



- The abortion may be provided either through medication or surgery, depending on the woman's preference, clinical factors, and service/resource availability.
- Medical abortion uses medication—specifically, a tablet called mifepristone—instead of surgery to end a pregnancy.

Taking mifepristone is considered the abortion.

The latest mifepristone can be given for an abortion in Ireland is 12 weeks plus 0 days of pregnancy.

If the date of the last menstrual period (LMP) is unknown or uncertain, an ultrasound scan is used to determine the length of the pregnancy.

If the scan shows the pregnancy is within the 12-week gestational limit, an abortion can be provided; if it is beyond this limit, abortion is allowed only under the specific circumstances outlined in Sections 9 (page 13 of this booklet), 10 (page 17 of this booklet), and 11 (page 19 of this booklet) of the Act.

What happens in clinical practice (continued):

If an abortion is allowed, what happens?

Up to 9 weeks...

Up to 9 weeks plus 6 days, most abortions are managed medically in the community by a general practitioner (GP) or a family planning practitioner. However, if complications arise, there may be a need to attend the hospital/maternity unit.

From 10-12 weeks...

From 10 to 12 weeks, abortions are managed in hospitals/maternity units, in which case an ultrasound scan is used for the second step of certification. This is to determine if the abortion is being provided within the legal limit.

Surgical abortion involves a procedure using suction methods to remove the pregnancy from the uterus (womb). This is typically performed under local or general anaesthesia.

Surgical abortion is only provided in a hospital/maternity unit. If a local hospital/maternity unit does not provide surgical abortion, it refers to another that does.

- Most medical abortions in Ireland are effective and without medical complications.
- Incomplete abortion—when the first treatment does not fully end the pregnancy or remove all of the pregnancy tissue, and follow-up care is needed—is uncommon but possible. The rate of incomplete abortion is as low as 1 in 250 cases, up to about 3 in 100 cases, based on current research.
- Once a termination of pregnancy procedure is started, if it initially fails to end the pregnancy, doctors will seek to complete the procedure, ensuring care while working within the legislation.

Not all GPs and family planning practitioners provide termination of pregnancy care. People are advised to use the national helpline and website, My Options (MyOptions.ie - Home > Services > Find a GP) to ensure access to doctors who do provide abortion care.

See next page.

MyOptions.ie

My Options is a free, confidential helpline and webchat for anyone experiencing an unplanned pregnancy in Ireland.

Non-judgmental information about abortion services, medical support after abortion, and counselling (for the pregnant woman, her partner, or family).

Services are available by freephone (1800 828 010), webchat, Irish Sign Language, text relay, and in over 240 languages with interpreters.

MyOptions.ie

Hours: Helpline available

- Monday–Thursday 9am–8pm,
- Friday 9am–7pm,
- Saturday 10am–2pm;

24/7 medical support by phone.

Website: www.myoptions.ie

Open to anyone facing an unplanned pregnancy, including partners and family members, with referrals to HSE-approved counselling and support services across Ireland.

Risk to life or health

Section 9 of the Act

What the law says:

- A termination of pregnancy is allowed if 2 doctors agree that continuing the pregnancy poses a risk to life or serious harm to health, and that a termination of pregnancy is the right course of action.
- One doctor must be an obstetrician on the Specialist Division of the Register of Medical Practitioners (usually, a consultant), and the other is an "appropriate medical practitioner" (doctor) relevant to the care and treatment of the woman's health.
- If the decision is taken to terminate the pregnancy, the procedure must be done by the obstetrician.
- This section allows termination of pregnancy if there is a risk to the woman's life or health, but only until the fetus has reached viability—the stage when a fetus/baby is developed enough to have a reasonable chance of surviving outside the uterus without requiring intensive or highly invasive treatments, referred to in the Act as "extraordinary life-sustaining measures".
- The Act does not specify a set time / gestational limit for viability.

"Health" is defined in the legislation as physical or mental health.

The law does not require the medical condition posing the health risk to be pre-existing.

- Healthcare providers (doctors, nurses, or midwives) can refuse to provide abortion care on grounds of conscientious objection under Section 9 of the Act, but the law requires them to arrange transfer of care to another provider as stated in Section 22.

See more in the section 'Conscientious objection' on page 33.

- If a request for a termination of pregnancy is refused by a doctor on the grounds of not meeting legal criteria (for example, if the pregnancy is beyond 12 weeks and the risk is considered present but can be managed by other medical means without ending the pregnancy), by law, they must inform the woman of the right to request a review of this decision.

See more in the section 'Right to a review of a decision' on page 24.

- Section 9 states that a doctor can provide termination of pregnancy after coming to an "opinion formed in good faith" that there is a risk to the life or serious harm to the health of the pregnant woman; in legal terms, a key factor in ensuring that an opinion was formed in good faith will be whether the doctor acted within clinical/medical guidelines.

Q: What does "in good faith" mean?

A: The doctor acted within clinical / medical guidelines.

What happens in clinical practice:

- While a multi-disciplinary team (MDT) may discuss the case and contribute to the assessment and care plan, only the 2 specific doctors who have made the decision (one of whom performs the procedure) are legally required to sign the official certification paperwork that allows the termination of pregnancy to proceed.

The MDT is there to advise and support, but the law does not require them to make the final legal decision.

- An obstetrician is always involved in a case where there is a risk to life or of serious harm to the woman's health.
- The "appropriate medical practitioner" in Section 9 of the Act is a doctor who is an expert in the specific need of each case, i.e. if the risk being discussed is to mental health, the second doctor is someone specialised in mental health; if the risk refers to a physical condition (whether pre-existing or newly diagnosed), the second doctor is a specialist in that condition.

- While the law does not require the medical condition posing the health risk to be pre-existing to allow a termination of pregnancy, a pre-existing or underlying medical condition can be present. This is any existing health problem, including mental health, that can be made worse by pregnancy.

- In abortion care, this refers to issues such as heart disease, cancer, diabetes, kidney disorders, or other serious physical health problems that could endanger the pregnant woman if the pregnancy continues.

- If a termination of pregnancy is considered because of these risks, a specialist doctor will be involved in assessing the situation and making care decisions.

Since the law doesn't specify a gestational threshold for fetal viability, specialist doctors rely on clinical assessment, evidence-based guidance, and multidisciplinary consultation for making decisions about extremely preterm infants.

This means that, if viability is reached, babies are delivered and given the same medical care as any baby born at this stage. The expectation is not that these babies would die, but that they would receive appropriate neonatal care for their gestational age.

Risk to life or health in emergency:

Section 10 of the Act

What the law says:

Section 10 of the Act deals with emergency situations, where there is an immediate risk to the woman's life or of serious harm to her health. In this context, there is no gestational limit: a termination of pregnancy may be provided at any stage of pregnancy if, in the reasonable opinion of a doctor, it is immediately necessary to avoid that risk.

- Section 10 of the Act overrides other gestational restrictions set in the Act, such as in Section 9, which limits termination of pregnancy up to the point of fetal viability (without specifying an exact number of weeks).
- A single medical practitioner (doctor) can certify and perform the procedure without delay due to the urgent nature of the risk.
- There is a requirement for the practitioner to document their clinical opinion; if this is not possible before the procedure, it must be done within three days after.

- The law recognises that emergencies can arise at any point in pregnancy, including after fetal viability (the stage when a fetus/baby could survive outside the womb), and explicitly allows termination regardless of gestational age in these situations.

In emergencies, a doctor, nurse or midwife cannot lawfully refuse to participate in providing a termination of pregnancy on the grounds of conscientious objection. The termination of pregnancy can be provided by any medical practitioner (doctor).

What happens in clinical practice:

The law does not place a gestational limit in the case of emergencies. If the pregnancy is beyond the threshold of fetal viability (the point where a fetus/baby could survive outside the uterus), this would not be considered a termination of pregnancy as otherwise defined by the Act.

Rather, in such cases, babies are delivered and given the same medical care as any baby born at this stage. The expectation is not that these babies would die, but that they would receive appropriate neonatal care for their gestational age.

Condition likely to lead to the death of the fetus

Section 11 of the Act

What the law says:

- If 2 doctors agree that the fetus has a condition likely to result in its death before or within 28 days after birth, a termination of pregnancy is allowed at any stage of pregnancy.
- In this Section of the Act, **both** doctors must be on the Specialist Division of the Register of Medical Practitioners. One must be an obstetrician (usually a consultant), and the other must be an "appropriate medical practitioner" (doctor) with expertise in the specific condition affecting the fetus.
- The termination of pregnancy must be provided by an obstetrician.
- Healthcare providers (doctors, nurses, or midwives) can refuse to participate in abortion care on grounds of conscientious objection in Section 11 of the Act, but the law requires them to arrange transfer of care to another provider as stated in Section 22 of the Act, which deals with conscientious objection.

There is no universal legal consensus on what "likely" means. Cases are considered with professional guidance on an individual basis.

More information on 'Conscientious objection' can be found on page 33.

- If the request for a termination of pregnancy is refused by a doctor on the grounds of not meeting legal criteria, the doctor must inform the woman of her right to request a review of this decision within a specific timeframe.

For more detailed information, see the section 'Right to a review of a decision' on page 24.

- Section 11 of the Act states that a doctor can provide termination of pregnancy care after coming to an "opinion formed in good faith" that a condition is likely to lead to the death of the fetus; in legal terms, a key factor in ensuring that an opinion was formed in good faith will be whether the doctor acted within clinical/medical guidelines.

Q: What factors make these cases more challenging, legally and clinically?

A: Legal complexity and the need for specialist clinical judgment.

- ☑ 2 doctors needed, both specialists
- ☑ one must be an obstetrician
- ☑ one must have expertise in the condition affecting the fetus
- ☑ the termination of pregnancy must be provided by an obstetrician

What happens in clinical practice:

- "Fatal fetal anomaly", as this condition for termination of pregnancy is commonly called, is not medically defined. The difficulty, in clinical practice, lies with defining the meaning of "fatal", as there is no definitive list of conditions where death occurs in utero or within 28 days of birth.

- While some conditions are commonly referred to as "fatal", e.g., Trisomy 13 (Patau syndrome) or Trisomy 18 (Edwards syndrome), in clinical practice, all are assessed by doctors on an individual basis.

Another situation needing individual medical judgment is when the woman's waters break before 22–23 weeks (Preterm Premature Rupture of Membranes, or PPROM). In this scenario, an abortion decision may be made under several legal sections.

- Sections 9 or 10 of the Act may apply if there are risks to the woman's life or health, such as infection.

- Section 11 of the Act may apply if the fetus is unlikely to survive beyond 28 days, which can happen as a result of the physical complications of PPROM.

- While a multi-disciplinary team (MDT) may discuss the case and contribute to the assessment and care plan, only the 2 specific doctors who have made the decision (one of whom performs the procedure) are legally required to sign the official certification paperwork that allows the termination of pregnancy to proceed.

The MDT is there to advise and support, but the law does not require them to make the final legal decision.

- In practice, predicting whether a condition will "likely" (as opposed to "possibly" or "not likely") lead to death within the legal timeframe can be very difficult. There is no definitive list of qualifying conditions, and medical judgment is required.

Q: Why is the language about the condition imprecise?

A: It's impossible to generalise – cases are assessed individually.

What happens in clinical practice (continued):

While the law requires termination of pregnancy in Section 11 cases to be provided by an obstetrician, in clinical practice, this obstetrician is usually a doctor specialising in fetal medicine.

In this section, the "appropriate medical practitioner" must be a doctor with expertise in the specific condition affecting the fetus. This means the doctor should be someone who regularly diagnoses, treats, or manages the particular fetal condition being considered. For example, medical guidelines recommend that if the condition is a diagnosis of a serious heart defect, the appropriate doctor specialises in paediatric cardiology; if the condition is a genetic disorder, the appropriate doctor specialises in clinical genetics.

Q: What does Section 11 of the Act mean by an "appropriate medical practitioner"?

A: A doctor in the Specialist Division of the Register of Medical Practitioners with expertise in the condition affecting the fetus.

What else is important to know about the Act

The following pages will cover several other features about how the Act functions, including:

- Right to a review of a decision (about a termination of pregnancy)
- Certification and notification
- Conscientious objection
- Criminalisation outside legal grounds
- Annual reporting
- Reviews of the operation of the Act

1 Right to a review of a decision

Sections 13, 14, 15, and 16 of the Act

What the law says:

If a doctor decides that someone does not meet the legal criteria for a termination of pregnancy under Section 9 (risk to life or health) or Section 11 (condition likely to lead to the death of the fetus), they have the right to have that decision reviewed.

The doctor must set out in writing both that the case does not meet the criteria and that the woman has the right to ask for a review. The woman or someone acting for her can apply for this review.

The review process is explained in detail on pages 25-30.

What the law says (continued):

When someone applies for a review, the Health Service Executive (HSE) must set up a review committee. Here is what is important to know:

- ☑ This has to be done within 3 days of receiving the application.
- ☑ The committee is made up of specialist doctors who were not involved in the original decision.
- ☑ The review committee must have at least 2 doctors: one obstetrician and one doctor from a relevant speciality, both in the Specialist Division of the Register of Medical Practitioners.

The area of medicine related to the woman's life or health (under Sections 9) or the condition of the fetus (under Section 11).

- ☑ The review committee must finish its work and make a decision no later than 7 days after it is set up.
- ☑ The written decision is sent directly to the pregnant woman or to the person acting on her behalf, and also to the HSE.

There is no review process for emergency cases (under Section 10), because emergencies require immediate action and cannot be delayed for a review.

What happens in clinical practice:

- If a termination of pregnancy request is denied, the doctor involved should make the woman aware of her entitlement to a review of this decision.
- The pregnant woman or someone acting on her behalf, can request a review from the Health Service Executive's (HSE's) National Women and Infants Health Programme (NWIHP), and they will communicate with her and the committee members.
- The request for the review and the process after the request should be facilitated by the doctors looking after the woman.
- This review process is managed by the NWIHP. They establish the review committee and communicate with the woman.

National Women and Infants Health Programme

The NWIHP is a division of the HSE that oversees the planning, organisation, and delivery of a wide range of services, including maternity, gynaecology, neonatal care, sexual and reproductive health, and initiatives in areas such as fertility, menopause, ambulatory gynaecology, and bereavement care.

The NWIHP is also responsible for leading, coordinating, and expanding termination of pregnancy (TOP) services in Ireland, including site visits, clinical leadership, appointment of additional consultants, ongoing service evaluation, and support for quality assurance and training initiatives.

What happens in clinical practice (continued):

The “relevant medical speciality” referred to in the legislation means the area of medicine related to the woman’s life or health (under Section 9 of the Act) or the condition of the fetus (under Section 11 of the Act).

The NWIHP will seek consent for the relevant medical records to be shared with the reviewers and will provide updates on the time and location of the review meeting.

As not all the details may be clear from the medical notes, the woman may need to have an ultrasound / other clinical examination, with consent, if appropriate. Under Section 11 of the Act, in particular, this may be necessary for the reviewers to reach a decision.

The information on the next page is aimed specifically at someone requesting a review for herself, or someone acting on her behalf.

Information for someone requesting a review

To request a review after a termination of pregnancy provision has been refused, you or someone acting for you must contact the Health Service Executive (HSE) requesting a review.

The doctor who refused your request must inform you in writing that you have the right to review and should provide information on how to make this request.

Contact:
National Programme Director
Tel: 01 778 8970 / 087 7853069
Email: TOP.Reviews@hse.ie

You or someone acting for you should follow these steps:

1. Obtain and complete the prescribed paperwork with details about your case. If needed, a healthcare professional or an advocate can help.
2. Submit the paperwork to the HSE (your healthcare provider will specify how to submit it).
3. Wait for the review. The HSE will set up a review committee to look at your case, usually within 3 days of receiving your application.
4. If the review says you qualify, arrangements are made for you to have a termination of pregnancy.
5. If the review says you do not meet the criteria, your ongoing care must be arranged.
6. You do not need legal representation / to pay fees to apply for a review.

Table: Understanding your right to a review of a decision about a termination of pregnancy

What happens	Who is responsible
If you are refused a termination of pregnancy, you must be told in writing that you can ask for a review	The doctor who refused the termination of pregnancy
You (or someone acting for you) must ask for a review	You (or someone acting for you)
A review committee is set up	The HSE's National Women and Infants Health Programme (NWIHP)
The review committee considers your case, communicates with you, and makes a decision	The review committee (doctors who were not involved in the first decision)
You are told the result in writing	The review committee
If the review says you qualify, arrangements are made for you to have a termination of pregnancy	The NWIHP and doctors (you return to your health practitioner for care and management of the termination of pregnancy)
If the review says you do not meet the criteria, your ongoing care must be arranged	The referring health practitioner and the NWIHP

What happens in clinical practice (continued):

When
Immediately after the decision
As soon as you decide
Within 3 days of getting the request
Within 7 days of being set up
As soon as the decision is made
As soon as possible after the decision
As soon as possible after the decision

Key things to remember:

The right to review must be discussed with you.

The review committee has to be made up of doctors who have not been previously involved in deciding on the right to a termination of pregnancy.

A prompt review timeline is essential due to the time-sensitive nature of pregnancy, ensuring that decisions are made within the specific timelines established by the Act. As a result, the process may occasionally feel rushed to comply with these required turnaround times.

The committee may uphold or overturn the original decision; they must communicate their decision clearly and in writing to you or your representative.

The HSE's National Women and Infants Health Programme must communicate with the hospital/maternity unit to make arrangements for your onward care.

2 Certification and notification

Sections 19 and 20 of the Act

Doctors must follow clear rules when providing termination of pregnancy care, including filling out official paperwork to show that the abortion meets the legal requirements. There is also a consent form that the woman seeking the termination of pregnancy fills out with her healthcare professional.

Certification

- Certification means the doctor (or doctors) must complete a form to confirm that the termination of pregnancy is allowed under the law (Sections 9, 10, 11, or 12 of the Act).
- This form is available from the Department of Health, and usually each hospital/maternity unit has a supply for clinical use in the relevant clinical areas, e.g., labour wards, clinics, and Emergency Departments.
- If a different doctor is going to provide the termination of pregnancy (especially under Section 12 of the Act), a copy of the certification is needed. It is the responsibility of the original certifying doctor—the one who completed the certification—to provide or arrange for a copy of that certification to be given to the new doctor who will provide the procedure.
- The certification also needs to be kept with the woman's medical records.
- The certification form is not sent to the Department of Health or the Minister for Health.
- In emergency situations (Section 10), if it is not possible to fill out the certification paperwork before the termination of pregnancy, the doctor has up to 3 days after the procedure to complete it.

Notification

Notification means that doctors must report every termination of pregnancy they perform to the Minister for Health within 28 days. The information reported includes:

- The doctor's Medical Council registration number,
- The county (in the Republic of Ireland) where the woman lives
- The date of the abortion/termination of pregnancy.
- This report does not include the woman's name or any identifying information.
- It does identify the doctor(s) involved.

3 Criminalisation outside legal grounds

Section 23 of the Act

Performing a termination of pregnancy outside the legal criteria can result in criminal charges for doctors and other healthcare providers, with penalties of up to 14 years in prison.

The person receiving the termination of pregnancy cannot be made criminally responsible.

4 Conscientious Objection

Section 22 of the Act

Healthcare providers who object to participating in termination of pregnancy services on the grounds of conscientious objection are not required to provide them. However, the law requires them to arrange transfer of care to another provider to enable access to termination of pregnancy services.

Guidance for transfer of care is outlined in:

- The Guide to Professional Conduct & Ethics for Registered Medical Practitioners, the Medical Council instructs doctors as follows: "You may refuse to provide, or to participate in carrying out a lawful procedure, treatment or form of care if it conflicts with your moral values". The Medical Council goes on to say that doctors must comply with the detailed guidance outlined in the Guide.

- The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, the Nursing and Midwifery Board of Ireland guides nurses and midwives as follows: "you may refuse to provide care or to participate in a procedure or treatment if it conflicts with your ethical or moral standards, but you must make sure a qualified colleague takes over the care of that person; you must be aware that conscientious objection does not absolve you of your responsibility to an individual in emergency circumstances".

In an emergency (under Section 10 of the Act), or following complications under any other section of the Act (for example, if there is heavy bleeding from a procedure under Sections 11 or 12 of the Act), the woman's care is the priority, and the necessary treatment to protect her life and health must be provided, i.e. conscientious objection cannot apply in these cases.

Table: Explaining parts of Section 22 - 'Conscientious objection'

Sub-section	What it says	People involved	Notes
22(1)	No doctor, nurse, or midwife is required to take part in providing a termination of pregnancy under sections 9, 11, or 12.	Medical practitioners, nurses, and midwives	This right only applies to those with a direct role in abortion care and only for non-emergency cases.
22(2)	The above does not apply under section 10—staff must participate if there is immediate risk to life or health.	Medical practitioners, nurses, and midwives	In emergencies, conscientious objection cannot be used to refuse care.
22(3)	Anyone with a conscientious objection must make arrangements as soon as possible to transfer care ensuring access to termination of pregnancy services.	Medical practitioners, nurses, and midwives with conscientious objection	The law does not specify how to arrange the transfer. See next page.
22(4)	Defines who is considered a nurse or midwife for this section.	Nurses and midwives	Only those registered under the Nurses and Midwives Act 2011 are covered.

Conscientious objection (continued):

What happens in practice: In the community, if a doctor is a conscientious objector, they are obliged to refer to another doctor willing to provide termination of pregnancy care. In the hospital/maternity unit, staffing is usually scheduled in such a way that healthcare staff are available for termination of pregnancy care.

5 Annual reporting by the Department of Health

Section 20 of the Act

The Department of Health must publish yearly reports on all terminations of pregnancy provided under the Act. These are published in June each year and can be found on the Department of Health's website.

For example, at the time of the publication of this guide, the most recent report is under "Notifications in accordance with Section 20 of the Health (Regulation of Termination of Pregnancy) Act 2018: Annual Report 2024".

This report includes the number of abortions provided, under what section of the Act, and the counties of residence of the people who received abortion care.

Reviews of the operation of the Act

Section 7 of the Act

The Act required a review of its operation within 3 years of the law coming into effect in January 2019.

This review – officially called the Independent Review, commonly referred to as the O'Shea Report – was published in April 2023 by the Department of Health. Its purpose was to evaluate the effectiveness of termination of pregnancy services under the Act.

Another review (the Section 11 Review), not mandated by the Act, was commissioned by the Chief Clinical Officer of the HSE in 2022 and published by the HSE in June 2023.

The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018

Mandated by Section 7 of the Health (Regulation of Termination of Pregnancy) Act, this review was commissioned by the Department of Health and authored by Marie O'Shea, BL, drawing upon national consultation and qualitative research.

The review employed a qualitative study that collected and analysed feedback from service users, healthcare providers, and the public, in two phases. The first phase focused on service user experiences, and the second phase examined the effectiveness of the Act.

Reviews (continued):

At the time of its publication (2023), the review:

Highlighted operational issues:	Recommended:
• **Mandatory 3-day waiting period:** Widely viewed as a barrier to timely care, particularly for vulnerable or rural populations. • **Strict gestational limits**: Rigid deadlines were reported to impede access, especially when delays occurred. • **Access barriers**: These included regional disparities due to provider shortages and geographic barriers. • **Criminalisation concerns**: Healthcare providers highlighted anxiety over potential prosecution, which could limit willingness to offer services.	• **Legal reform**: Remove or amend the 3-day waiting period; review gestational limits; clarify or reduce criminal provisions affecting providers. • **Service expansion**: Improve access across all regions, with specific interventions for rural communities. • **Support enhancements**: Invest in staff training, emotional support, and resource allocation for comprehensive care pathways.

The Independent Review received robust responses from civil society organisations and advocacy groups, urging reform to address service gaps.

Some of the reforms, such as abolishing the waiting period, require amending the Act. Others, including enhanced emotional supports or workforce development, are achievable with sustained commitment and funding allocation.

The Section 11 Review

The Section 11 Review was requested by the Chief Clinical Officer of the HSE and led by Professor Dame Lesley Regan in 2022. Published by the HSE in June 2023, it focused on care for pregnancies where the fetus is unlikely to survive beyond 28 days. The scope of the review included prenatal screening, diagnosis, and management of termination of pregnancy due to fetal anomaly, as well as investigations and follow-up supports.

The review's key findings and recommendations:

Expand genetic and diagnostic testing: Increase access to genetic and diagnostic services for timely and accurate diagnoses.

Enhance information and support: Strengthen resources for patient information and emotional support.

Improve education and training: Provide further education and training for hospital staff involved in these cases.

Address variability in care: Tackle inconsistencies in how services are delivered, as well as differences in available choices and the quality of clinical care.

Overall, the review highlighted the need for more resources, better staff training, and consistent standards to support individuals and families facing these difficult situations.

Service developments since the reviews

How termination of pregnancy services have developed since 2022:

- Each of the country's 19 maternity hospitals/units now provides termination of pregnancy care, supported by a clinical lead of termination of pregnancy services and dedicated coordinators.
- Improvements are managed and guided by the Termination of Pregnancy Service Implementation Group, which coordinates teams to work on everything from better ultrasound access and surgical options to staff training.
- Alongside hospital care, more than 450 doctors and specialists now offer termination of pregnancy services, meaning that care is easier to reach.
- Professionals and patient advocates also take part in the Clinical Advisory Forum to connect care across the health system.
- National standards, service audit, and governance have expanded -- managed by the National Women and Infants Health Programme (NWIHP) and the Health Service Executive (HSE) Termination of Pregnancy Data Governance Group – to ensure that data is collected and reported regularly.
- Providers (nurses, doctors, and midwives) take part in ongoing training and education.
- Finally, termination of pregnancy support is not just about the termination of pregnancy procedure itself: accessible counselling, aftercare, and help lines like My Options now form key parts of the service. Lived experience and feedback are increasingly embedded in the service structure, shaping improvements.

Conclusion

While the laws and clinical practices surrounding termination of pregnancy in Ireland are complex, and this resource cannot address every scenario or nuance, this guide has aimed to clarify some of the legal and medical language for people navigating the need to access abortion / termination of pregnancy care, as well as for healthcare workers who want to better understand the legal framework. For further details or support, see the links at the end of this booklet, consult official sources, or speak with a registered medical practitioner.

Terms used within this guide

Appropriate medical practitioner: A doctor registered with the Irish Medical Council, who may be an obstetrician, a psychiatrist (preferably an expert in perinatal mental health), or a physician with expertise relevant to the particular risk to the life and health of the pregnant woman or to the life of the fetus.

Department of Health (DOH): The governmental body that oversees any legislative changes and major policy decisions, which must go through Ireland's democratic process involving the Minister for Health, Cabinet, Oireachtas debates, and public accountability mechanisms.

Health: This can refer to physical or mental health.

Health Service Executive (HSE): Ireland's national health service, responsible for delivering public health and social care services, which operates under the policy direction and funding of the Department of Health (DOH).

Medical practitioner: A doctor who is registered with the Medical Council of Ireland.

Obstetrician and Gynaecologist: This refers to a doctor who is registered with the Specialist Division of the Register of Medical Practitioners under the medical speciality of Obstetrics and Gynaecology.

Opinion formed in good faith: In legal terms, a key factor in ensuring that an opinion was formed in good faith is whether the doctor acted within clinical/medical guidelines. survive outside the uterus, which can be between 22 weeks plus 0 days to 23 weeks plus 6 days.

National Women and Infants Health Programme (NWIHP): The NWIHP is a division of the HSE that oversees the planning, organisation, and delivery of a wide range of services, including maternity, gynaecology, neonatal care, sexual and reproductive health, and initiatives in areas such as fertility, menopause, ambulatory gynaecology, and bereavement care.

The NWIHP is also responsible for leading, coordinating, and expanding termination of pregnancy (TOP) services in Ireland, including site visits, clinical leadership, appointment of additional consultants, ongoing service evaluation, and support for quality assurance and training initiatives.

Relevant medical speciality (of the doctor): This means that the doctor must be officially recognised as a specialist in a medical field that relates directly to diagnosing, caring for, or treating the specific condition that is affecting the fetus that is likely to cause its death before or shortly after birth. The doctor must be listed as a specialist in this area on the Specialist Division of the Register of Medical Practitioners.

Specialist Division: To be included in the Specialist Division of the Register of Medical Practitioners, a doctor must apply directly to the Irish Medical Council and demonstrate they have completed all required specialist training and can practice independently in this field as consultants, without needing further supervision or training.

Termination of pregnancy: A medical procedure intended to end the life of the fetus.

Threshold of viability: The point where a fetus/baby could survive outside the uterus (womb), which can be between 22 weeks plus 0 days to 23 weeks plus 6 days.

More information and supports

This guide was created by the Health Service Executive's (HSE's) National Women & Infants Health Programme (NWIHP) and the Pregnancy Loss Research Group (PLRG), with input from legal, medical and mental health practitioners, researchers, and people with lived experience. It draws on legal resources, national guidelines and reviews.

For more information, see:

MyOptions.ie (MyOptions) is Ireland's national resource for confidential information, support, and freephone advice on unplanned pregnancy and abortion services.

- https://www.myoptions.ie/

The National Women and Infants Health Programme (NWIHP) is the HSE's programme overseeing the quality, safety, and delivery of maternity, gynaecology, and neonatal care in Ireland.

- The NWIHP online: https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/
- The NWIHP's clinical guidelines: https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/
- HSE online information about abortion care: https://www2.hse.ie/conditions/abortion/

Pregnancy and Infant Loss Ireland is a directory of support services and resources for individuals who experience pregnancy loss, as well as for healthcare professionals.

- https://pregnancyandinfantloss.ie/

The **Pregnancy Loss Research Group (PLRG)** is a multidisciplinary group advancing research, education, and supports related to pregnancy loss.

- https://www.ucc.ie/en/pregnancyloss/

National Women & Infants Health Programme

HSE

Pregnancy Loss Research Group