

Interim report

Date of sending out the form:

Friday, January 18, 2019

Contact person/applicant:

Caitriona Henchion, Maeve Taylor

Country

Ireland

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Title of the granted project

Incorporating WHO Safe Abortion Guidelines into abortion discourse and surveying attitudes to these guidelines of healthcare providers in Ireland

Amount granted by the ESC (in euro)

8125

Initial funding (part of the grant received already) in euro:

6094

Final amount to be paid by ESC (in euro):

2031

Project number:

P-2017-B-02

Allocated mentor:

S. Cameron

Date project actually started:

Tuesday, January 16, 2018

Planned date of completion:

Monday, December 31, 2018

Have there been any problems or issues with starting or continuing this project? If so, what impact will that have on your planned completion date?

A number of factors have had an impact on the development of this project and have led us to make changes to the project design in order better to achieve the desired outcomes. The first part of 2018 saw an unprecedented national conversation on abortion in Ireland and also saw a popular referendum campaign throughout which healthcare providers—doctors in particular—were leading voices. The second major factor influencing change to the project was the very rapid pace of change during 2018. At the beginning of the year, the joint Oireachtas Committee had just issued its report recommending a

referendum, but the government had yet to publish the referendum question or to issue its policy position on the post-repeal legislative framework. Once the referendum was held and a majority voted to repeal the 8th amendment, the government immediately announced that legislation would be enacted and services introduced within an accelerated time-frame—by the end of 2018. This created both a different set of needs and an unanticipated opportunity to engage with the development of best practice at the national and institutional levels and to make strategic interventions to support the development of the model of care at this level.

These factors led us to revisit the assumptions that underlay the project design and reconsider how we might better support the development of best practice in abortion care. Our assessment was that, with regard to Objective 2: To assess views and knowledge of integrated contraception and abortion care provision of healthcare providers in Ireland, as the need for new data on doctors' attitudes and beliefs, which was pressing when we designed the project, was largely fulfilled by the media in the early months and also by medical campaigners, we would focus on Objective 1: To address the current knowledge gap on best practice regarding integrated contraception and abortion care provision by developing an online toolkit. This change in focus allowed us to extend the research base to cover a significantly wider and richer range of data, rather than produce a toolkit that, as planned, risked becoming redundant very quickly. It also determined a change from a concentration on research towards the development of one output (a toolkit) to the development of a range of interventions that applied the research and responding to the evolving needs for knowledge building as the year progressed.

Have you discussed the project status and any problems with your Mentor?

Yes. The proposed changes regarding the concentration on objective 1 have been discussed with Professor Cameron.

Please provide a synopsis of your findings and data so far (max 500 words)

Process

The process began with the recruitment of a researcher, and we were fortunate to be able to recruit a superb candidate with qualifications in reproductive biology, experience of research in the context of abortion care in Scotland and a deep commitment to patient care in this context.

The project can be characterised as a research process that evolved along a unique changing context in terms of abortion law reform and service delivery over the course of 2018.

We began by creating the navigable database of the parliamentary transcripts and presentations outlined in the proposal. In March 2018, we organised a consultation on best practice in abortion care for healthcare practitioners and invited leading international experts to discuss abortion care provision. The consultation brought together senior Irish obstetricians and gynaecologists, leading individuals within the professional bodies, as well as community providers of reproductive healthcare. This consultation provided what at the time was much needed: a critical safe space for the discussion of abortion care among key medical influencers. Following this consultation, we began the development of a resource document that now encompasses a wider and richer set of source material.

As Ireland moved from the pre-referendum phase into the second half of the year, we were faced with a very short timeframe from the government for the enactment of legislation and the development of a model of care for the delivery of services. The knowledge needs of the target group—and, therefore, the project design, evolved rapidly in response to the pressure to deliver services.

At the same time, we identified a need for healthcare providers from obstetrics and gynaecology, from general practice and from women's community based health services to work together strategically to influence the development of a model of care. The research material therefore fed into a range of strategic meetings between key actors within these sectors.

In the latter half of the year the resource document was used in the preparation of briefings for

parliamentarians in relation to the development of best medical practice; submissions to relevant policy makers regarding the development of the legislative framework; inputs into the development by the Collaborative Group of the Health Service Executive which was tasked with the development of a Model of Abortion Care; stakeholder meetings called by the Minister of Health, with healthcare practitioners, senior officials and key advisors; training for IFPA personnel; the development of print and online patient information for women accessing the IFPA abortion service; and presentations to meetings of the Irish College of General Practitioners.

At the time of writing, the document is being prepared for wider dissemination via publication in sections on the IFPA website. This will provide an invaluable resource for healthcare professionals, both providers and non-providers of abortion care. New sections on law, legalisation, criminalisation and access have now to be entirely redrafted in line with the new legislation and regulations (enacted in late December 2018).

Please provide a current budget on how much you have spent to date. Receipts may be requested.

The full amount received from the ESC was used as planned for researcher salary.

Add any other information you feel we should have at this stage.

We have also produced a literature review on refusal of care and values clarification, which will inform our future work to build the competence and confidence of healthcare providers to discuss abortion in a professional context and ensure that every woman can access abortion care provision without stigma or logistical difficulties.

Full Name

Maeve Taylor

Date

Friday, January 25, 2019

Questions? ESC Central Office: info@escrh.eu / Tel. 0032 2 582 08 52

Once received and assessed, you will be contacted regarding the final payment.

Type a question

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