



**ADVANCING WOMEN'S
HEALTHCARE**



June 2021



SINN FÉIN WOULD:

- ✚ End maternity restrictions for partners of expectant mothers or a supporting individual.
- ✚ Acquire the lands on which the new National Maternity Hospital will be built by any means necessary to avoid any complications for the delivery of women's healthcare.
- ✚ Deliver on the commitment to a universal contraception scheme in the Budget.
- ✚ Ensure that the review of the Termination of Pregnancy Act is woman-centric and focusses on addressing the needs of women who have or attempted to avail of the services under the Act, including those who have had to travel to access services.
- ✚ Invest in the National Cancer Strategy to boost cancer treatment to tackle missed or delayed care.
- ✚ Invest in expanding cancer screening services, such as BreastCheck and CervicalCheck, to catch-up on missed screening.
- ✚ Re-engage with the CervicalCheck campaigners and survivors, and the families of those we have lost, to find a fair solution which holds those responsible to account and delivers just compensation.
- ✚ Establish an expert panel to review the 'First Do No Harm' report in the Irish context and put in place appropriate supports.
- ✚ Advance the Sodium Valproate Inquiry and establish a Mesh Implant Inquiry to establish the facts, the extent of harm, and develop a registry of the individuals affected.
- ✚ Tackle hospital waiting lists through major capital investment in capacity and filling vacancies to achieve Sláintecare waiting targets of 10 weeks for an outpatient appointment and 12 weeks for an inpatient appointment, including gynaecology services.
- ✚ Put the National Maternity Strategy on a statutory footing to place a legal obligation on the State to deliver world class maternity care.
- ✚ Fully fund and implement the National Maternity Strategy.





CONTENTS

Introduction	4
End Maternity Restrictions	5
Public Ownership of New National Maternity Hospital	5
Universal Access to Contraception	6
Review of Termination of Pregnancy Act	7
Cancer Screening	8
CervicalCheck Tribunal	9
Mesh Implant Scandal and Sodium Valproate Inquiry	10
Improving Healthcare for Women and Mothers	11



INTRODUCTION

Healthcare must be delivered based on the principles of fairness and equality.

In 2018, Sinn Féin published a comprehensive policy paper on healthcare for women, *A Vision for Women's Healthcare*.¹

This was informed by a historical analysis of the treatment of women in the healthcare system and the set of policies it calls for remain at the core of Sinn Féin's health policy.

It sets out a vision for implementing strategies, health policy, and administrative reform to improve healthcare for women.

Adding to that policy, this document looks at some of the immediate challenges facing women in the health system, and proposes solutions for issues relating to maternity, cancer, and righting wrongs.

Delivering on women's healthcare will require multi-annual investment. The proposals contained in this document include an additional €121 million to fund expanded and improved services.

Sinn Féin's Alternative Budget, which will be published in October 2021, will provide for the first year of this women's health and maternity care plan.

1 Sinn Féin (2018), *A Vision for Women's Health* (available at sinnfein.ie)



END MATERNITY RESTRICTIONS

The needs of expectant mothers and their partners have not been given meaningful consideration during the process of easing public health restrictions.

Partners and/or supporting individuals must be allowed to accompany women during all of labour, childbirth, the 20-week scan and other appointments.

The CMO has said that there is no public health reason for continuing restrictions on partners at maternity appointments.

The HSE have said the policy has changed but this is not being felt on the ground.

The Government must support maternity hospitals putting in place measures that will facilitate access to all appointments and scans during the course of a mother's pregnancy and labour, as well as all neonatal and postnatal care.

Risk assessments used to keep any restrictions in place should be published for the sake of transparency.

Sinn Féin would:

- ⊕ **end maternity restrictions for partners of expectant mothers or a supporting individual,**
- ⊕ **put in place resources to take any additional precautionary measures which hospitals feel are necessary to facilitate safe visitation,**
- ⊕ **ensure that any maternity unit which continues restrictions publishes the rationale and risk assessment.**

PUBLIC OWNERSHIP OF NEW NATIONAL MATERNITY HOSPITAL

The new National Maternity Hospital is a massive public investment in the future of women's healthcare.

The ballooning costs of the National Children's Hospital and the severe limitations on any further development of the site mean that this development will continue to be a burden on the health system for years to come, despite the benefits it will bring once completed.

Making more mistakes with the new National Maternity Hospital must be avoided.

Many are concerned about the ownership of the site being held by a private company which was spun off from a religious organisation.



In 2020, the Religious Sisters of Charity (RSC) committed to gifting the land for the hospital to the People.²²

There is no reason why the ownership of the land should not be gifted directly to the State, rather than a charity spun-off from the RSC.

Our preference is for the government to engage with the RSC and St Vincent's Healthcare Group to this end.

This would assuage fears about governance and the future ownership of the site, including the risks presented by it being leveraged to finance St Vincent's Private Hospital.

An Tánaiste Leo Varadkar confirmed the Government's concerns in the Dáil on the 17th of June, but when he was Minister for Health he failed to take action on this.

The lands must be held in public ownership to avoid any complication down the line from religious ethos or a future sale of the land, especially given that the public will likely invest more than €800m for the development.

Sinn Féin would:

- ⊕ **acquire the lands on which the new National Maternity Hospital will be built by any means necessary to avoid any complications for the delivery of women's healthcare.**

UNIVERSAL ACCESS TO CONTRACEPTION

The Programme for Government commits to providing "free contraception over a phased period, starting with women aged 17-25".

However, no progress has been made on the implementation of this commitment.

The Report of the Joint Oireachtas Committee on the Eighth Amendment recommended "the introduction of a scheme for the provision of the most effective method of contraception, free of charge and having regard to personal circumstances to all people who wish to avail of them within the State."³

Termination of pregnancy services are free, but preventative contraception is not.

75% of women in Ireland aged 17-25 must pay for contraception, and this cohort is the most likely to claim that the cost of contraception is important or very important when deciding on which type to use or whether to use it at all.

The cost of contraception places a particular burden on women, especially those from low-income backgrounds.

2 Religious Sisters of Charity Call on Minister of Health to Expediate Hospital Transfer (rscaritas.com)

3 Report of the Joint Committee on the Eighth Amendment of the Constitution, December 2017 (oireachtas.ie)



With no movement in the last year, stakeholders, such as the Irish Family Planning Association, have raised concerns that this has fallen off of the political agenda.

Sinn Féin would:

- ☒ **fund the HSE to roll out a universal contraception scheme.**

REVIEW OF TERMINATION OF PREGNANCY ACT

The electorate made a decisive decision on May 25th 2018 to repeal the Eighth Amendment and allow for the lawful provision of termination of pregnancy services.

The rollout of abortion services has been constrained by the fact that only one in 10 GPs currently offer them.

And half of the maternity hospitals still do not offer full services more than two years after they were introduced.⁴

In the North of Ireland, legal provision for services was eventually made but, despite Sinn Féin's efforts in the Executive, they have yet to be operationalised by the Minister for Health.

The unequal access across the island to termination services affects women from rural areas and marginalised backgrounds the most.

Ending health inequality means ending inequality of access to services across geographic and socio-economic grounds.

In some circumstances, clinicians have advised women to seek an abortion abroad because they did not feel they could provide the service due to wording of the current legislation and its penal provisions.

Government must ensure that the voices of women and clinicians are heard in the review of the Act and that these deficiencies and inequalities are addressed urgently.

Sinn Féin would:

- ☒ **ensure that the review of the Termination of Pregnancy Act is woman-centric and focusses on addressing the needs of women who have or attempted to avail of the services under the Act, including those who have had to travel to access services,**
- ☒ **ensure that healthcare professionals are not criminalised for providing lawful healthcare.**

⁴ Half of the country's maternity hospitals do not offer full abortion services (irishexaminer.com)



CANCER SCREENING

Covid-19 has had a significant and negative impact on cancer services, causing many patients to present late or avoid appointments.

Screening services such as CervicalCheck and BreastCheck were down for much of the pandemic and missed annual targets by 44-70%.

It is difficult to know how many people did not present at GPs in 2020 when they should have, but it is estimated from surveys to be anywhere from 15-25%.⁵

Attendance at rapid access clinics was down significantly during various waves of the pandemic, and the number of new patients attending at rapid access clinics seen within the recommended timeframe dropped to 60% in September 2020.

And as a result of the cyberattack on the HSE, cancer diagnosis and treatment ground to a halt.

Consultants have reported that a 6-month delay to the system in diagnosis can lead to excess mortality for 10+ years.⁶

Urgent investment is needed in cancer screening, diagnostics, and treatment to catch up on delayed and missed diagnosis.

Sinn Féin would:

- ⊕ **invest in the National Cancer Strategy to boost cancer treatment to tackle missed or delayed care,**
- ⊕ **invest in expanding cancer screening services to catch-up on missed screening,**
- ⊕ **fully repatriate CervicalCheck.**

5 Irish Cancer Society evidence to Joint Committee on Health
6 Seamus O'Reilly, Today Claire Byrne, RTÉ Radio 25 May 2021



CERVICALCHECK TRIBUNAL

The CervicalCheck Tribunal was supposed to be about rebuilding trust between women and the health services.

Instead, campaigners such as Vickey Phelan say it has struck an iceberg.

The Tribunal was supposed to offer a safe space for women affected by the CervicalCheck scandal, and their survivors, to tell their story and be fairly compensated for those failures.

Over €2.5m was spent to set the Tribunal up, but as of the end of May only 3 claims had been made to it.

That is only 1.2% of the eligible claims which could be transferred from the High Court.

The Tribunal could deliver swifter results, but women do not trust it. Campaigners cite dissatisfaction with the adversarial nature of the Tribunal, as well as the limitations placed on some victims by the statute of limitations.

It was guaranteed that the statute of limitations would not be an issue, but due to delays in setting up the Tribunal many women are faced with this prospect.

No legislative guarantee has been given that this will not be a problem, leaving many feeling unable to even press their claim.

This has left victims without any confidence in the Tribunal process.

Sinn Féin would:

- ✚ **Re-engage with the CervicalCheck campaigners and survivors, and the families of those we have lost, to find a fair solution which holds those responsible to account and delivers just compensation.**



MESH IMPLANT SCANDAL AND SODIUM VALPROATE INQUIRY

The Independent Medicines and Medical Devices Safety Review in Britain published its report "First Do No Harm" last summer.

This report reviewed three health products which had impacted many women's reproductive and physical health, and consequently their mental health, in the preceding decades:

1. "Hormone pregnancy tests (HPTs) - tests, such as Primodos, which were withdrawn from the market in the late 1970s and which are thought to be associated with birth defects and miscarriages;
2. Sodium valproate - an effective anti-epileptic drug which causes physical malformations, autism and developmental delay in many children when it is taken by their mothers during pregnancy; and
3. Pelvic mesh implants - used in the surgical repair of pelvic organ prolapse and to manage stress urinary incontinence. Its use has been linked to crippling, life-changing, complications."⁷

Last summer, we called on the Minister for Health to immediately set up an expert panel to review the British report for use in the Irish context.

This panel could have evaluated the British report and its recommendations to put in place supports for the women affected.

The scheme for administering this could have been in place by now, but there is no commitment to any investigation of mesh implants despite the clear evidence from campaign and support groups of similar consequences to the British experience.

The actions of the British Government are in stark contrast with the slow pace of the Irish Government over the last number of years, who have sought at first to dismiss the complaints of patients before reluctantly stopping mesh implants.

Previously, Minister Donnelly claimed he could not understand why his predecessor Simon Harris did not set up an independent inquiry into mesh implants.

An inquiry into sodium valproate has been promised, but the Department of Health are yet to produce the terms of reference.

Sinn Féin would:

- ✚ establish an expert panel to review the 'First Do No Harm' report in the Irish context and put in place appropriate supports,
- ✚ advance the Sodium Valproate Inquiry and establish a Mesh Implant Inquiry to establish the facts, the extent of harm, and develop a registry of the individuals affected.



IMPROVING HEALTHCARE FOR WOMEN AND MOTHERS

Women's healthcare goes far beyond just the services mentioned in this document.

More than 30,000 women are on gynaecology waiting lists, with half of them waiting more than 6 months for an appointment. 1-in-4 are waiting over a year.⁸

Sláintecare set waiting time targets of 10 weeks for an outpatient appointment and 12 weeks for an inpatient appointment. These targets have yet to be legislated for and move further away every month.

This is an unacceptable and dangerous delay for women, especially when combined with the backlog in cancer screening, which will lead to delayed diagnosis of health issues and disease.

Women need specific support for menopause and access to mental health services which are tailored for their lived experience.

The Women's Health Taskforce, through its engagement with women about healthcare and their experiences, also identified improving physical activity as priority area.

Broader maternity services issues are well documented, particularly in HIQA's *Maternity Overview Report*.⁹

The National Maternity Strategy provides an ambitious framework for the delivery of world class maternity care, but it has not been followed up with action or investment.

When successive Governments fail to implement best practice healthcare, there must be a change in approach.

The Strategy must be put on a statutory footing to oblige the State, and successive Governments, to deliver world class maternity care.

Similarly, the Breastfeeding Action Plan has not been resourced or implemented, and we must move towards international best practice in this area too to support new mothers.

Sinn Féin would:

- ⊕ tackle hospital waiting lists through major capital investment in capacity and filling vacancies to achieve Sláintecare waiting targets of 10 weeks for an outpatient appointment and 12 weeks for an inpatient appointment, including gynaecology services,
- ⊕ increase investment for the Women's Health Taskforce,
- ⊕ implement and properly fund the Breastfeeding Action Plan and the hiring of more lactation consultants,
- ⊕ put the National Maternity Strategy on a statutory footing to place a legal obligation on the State to deliver world class maternity care,
- ⊕ fully fund the National Maternity Strategy.