

Welcome to the twenty-eighth edition of DASH

This edition focuses on women's sexual and reproductive health.

The featured articles are from the following individuals and organisations:

- Dr Siobhan Kirk, Associate Specialist in Gynaecology and Menopause Specialist, answers questions in relation to the menopause.
- Dr Bill Gibson and Emma McCall outline the provision of contraception services within the South Eastern Health and Social Care Trust.
- The Chief Executive of Positive Life, Jacque Richardson, discusses women and HIV in Northern Ireland.
- Informing Choices NI report on the delivery of their central access point into early medical abortion care, and the need to fully commission services.

In our Horizons feature, the UK Royal College of Nursing, Nurse of the Year Nicola Bailey, discusses establishing an abortion service in Northern Ireland during the Covid-19 pandemic and how she would like to see the service develop going forward.

ICNI is contracted by the Public Health Agency to write and produce DASH.

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Early medical abortion services in Northern Ireland

by Informing Choices NI (ICNI)

One Friday 1 October 2021 Informing Choices NI (ICNI) withdrew their central access point into early medical abortion (EMA) services in Northern Ireland. The service had operated outside of a commissioned framework for 18 months. As a small charity with limited resources this placed considerable pressures on the organisation.

ICNI had previously warned that the service could not continue indefinitely in a report published in June 2021 entitled, 'Beyond Decriminalisation: pregnancy choices and abortion care in Northern Ireland.' This outlined the fragile state of the EMA services operating in Northern Ireland and the reasons why the central access point would be withdrawn unless interim funding was secured.

Regretfully, additional funding was not provided by the Department of Health and it was with deep reluctance that the organisation was left with no option but to withdraw the service.

ICNI are extremely proud of the role we played to ensure that EMA services were accessible in Northern Ireland and will continue to support people through difficult times with our pregnancy counselling service.

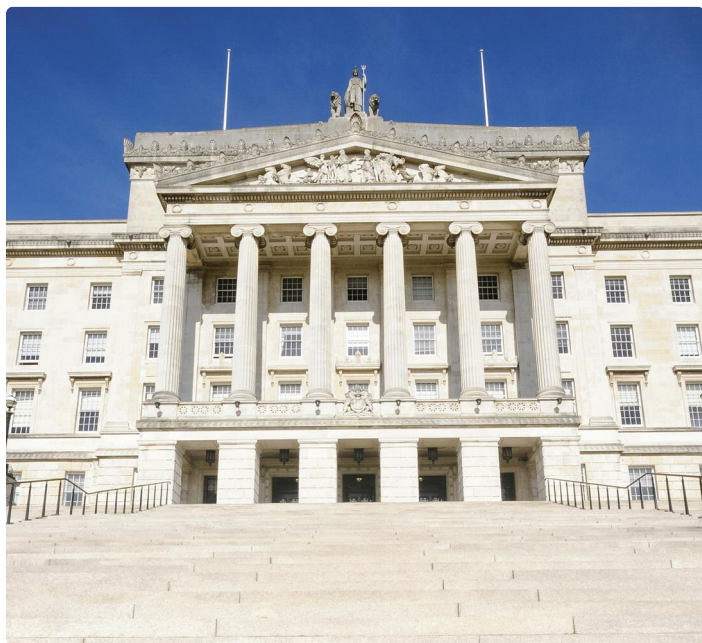
Following the withdrawal of the central access point provided by ICNI, the British Pregnancy Advisory Service (BPAS) now act as the referral point into EMA services in Northern Ireland. Anyone living in the Belfast, Northern, South Eastern or Southern Health and Social Care (HSC) Trust areas who wish to access this service should contact BPAS on 03457 30 40 30, or self-refer online at <https://www.bpas.org/request-a-consultation/>.

EMA services remain suspended within the Western HSC Trust. If you live in this area and wish further information on the options available to you, please visit www.informingchoicesni.org/central-access-point

The commissioning of abortion services in Northern Ireland

by Ruairi Rowan, Director of Advocacy and Policy, ICNI

On 22 October 2019 abortion was decriminalised in Northern Ireland and new Regulations came into force from 31 March 2020. These allow for abortion on request in the first 12 weeks of pregnancy, and up to 24 weeks where the continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman, greater than the risk of ending the pregnancy. There is no upper gestational limit where there is a risk to the pregnant person's life, to prevent grave permanent injury to their health, or when a serious or fatal fetal anomaly has been detected.



Despite the regulations being in place for 20 months, abortion services are yet to be commissioned. This has resulted in a postcode lottery in the availability of services and women being denied access to local care. The introduction of the new Regulations coincided with the outbreak of Covid-19 resulting in many women struggling to access abortion care due to travel restrictions impeding access in Great Britain, and a lack of services available locally.

Continuing to expect women to travel to England in the midst of a pandemic was not a safe or reasonable option. Therefore, ICNI worked alongside healthcare professionals and members of the Northern Ireland Abortion and Contraception Taskgroup (NIACT) to establish an interim EMA service which was integrated into existing sexual and reproductive health services in HSC Trusts in Northern Ireland.

A vital part of this process was the ease of the referral pathway through the central access point provided by ICNI. This enabled people to contact a single telephone number where they could access non-directive information, pregnancy choices counselling

if requested, and referral into an EMA service within their local HSC Trust.

During the first year 2182 women and girls contacted ICNI seeking support and information regarding an unplanned or crisis pregnancy. The average age of those contacting the service was 29. While there is a clear need across all areas in Northern Ireland the data shows that there was greater demand than would be projected in North Belfast, West Belfast, East Belfast, North Down and Upper Bann.

Further statistics and analysis are included in the *Beyond Decriminalisation* report published by ICNI. This includes the design and implementation of the service; the provision of counselling support; the delivery of the service from a healthcare professionals' perspective; accessing the service from a woman's perspective; the impact of protestors; the availability of contraception; the lack of a public health information campaign; and recommendations for future commissioning.

The full report can be viewed here
www.informingchoicesni.org/advocacy

This report was followed in July 2021 by a direction from the Secretary of State for Northern Ireland which stated that the full commissioning of abortion services must be secured by 31 March 2022. In a written statement which accompanied this the Secretary of State said, *"At the heart of this matter are the women and girls in Northern Ireland, who have been, and continue to be, denied the same reproductive rights as women in the rest of the UK. Parliament determined that this should be corrected and by exercising the power to direct, we will ensure that it is."*

In October 2021 judgment was given in the judicial review taken by the Northern Ireland Human Rights Commission against the Secretary of State, the Minister for Health and the Northern Ireland Executive regarding the failure to commission abortion services. The court found that between April 2020 and March 2021 the Secretary of State failed to ensure expeditiously that women were provided with access to high quality abortion and post abortion care in Northern Ireland.

The Secretary of State expressed disappointment with the court ruling and in the weeks that followed wrote to the First and deputy First Ministers warning he would soon have no alternative but to take further steps to ensure that women and girls have access to abortion services in Northern Ireland.

With the March 2022 deadline approaching ICNI will continue to advocate for the full commissioning of abortion services so that no one is forced to travel to access abortion care that should be available locally in Northern Ireland.

Providing contraception services within the South Eastern Trust

Dr Bill Gibson and Emma McCall, South Eastern Health and Social Care Trust

The South Eastern Health and Social Care (HSC) Trust Sexual and Reproductive Health (SRH) team recently celebrated its first year of the Family Planning Service amalgamated into the existing team. Historically the Family Planning Services within our Trust area had been provided by the Belfast HSC Trust. Like all SRH services we have had to adapt our method of service delivery to fit a world, facing a pandemic. There has also been the additional challenge of building a new team.

Improving access to services has been a particular focus for us. We have established a successful telephone assessment service and dedicated nurse email address for service-users to contact us. Changing the model from 'walk-in' to 'phone-first' was made easier by Covid-19 restrictions and it has largely been successful, with service-users able to access contraceptive advice and an appropriate method of contraception, without having a lengthy wait to be seen in clinic.

We have faced some challenges, such as expanding our clinics into all the previous locations. This is something we are continuing to build upon. At present we have regular sessions in Lisburn, Bangor and Downpatrick and have been able to maintain our coil clinic in the Ulster Hospital. Following a telephone assessment, service-users are offered an appointment

to come into the clinic for implant or coil procedures and other relevant assessments such as blood pressure and BMI monitoring. Routine repeat prescriptions for oral contraception can now be posted out to our service-users.



As a 'new' service within the South Eastern HSC Trust, we have recruited a new team of nurses and doctors who are passionate about delivering a high standard of sexual and reproductive care. We have spent the last year increasing our visibility and making strong links with our Family Nurse Partnership team, the named nurse for Cared for/Looked-After Children, local GPs and the Tulip service. This has increased access to contraception for our most vulnerable service-users.

Thinking of our future goals, we are all keen to develop our skills further. Nurse prescriber training and long-acting reversible contraception (LARC) training have been ongoing for some staff within the service and we are now also able to provide nurse-led LARC sessions. We work closely with the GUM service in the Trust and share some staff members. We have the eventual goal of becoming an integrated service.

We are awaiting the results of our first patient feedback survey which will guide us in improving further in our second year and provide encouragement to the team. We will continue to improve on our accessibility and action the recommendations from the Northern Ireland Abortion and Contraception Taskgroup (NIACT) report on Sexual and Reproductive Health in Northern Ireland published in March 2021.

Our contact details are available on our webpage – <https://setrust.hscni.net/service/sexual-and-reproductive-health-family-planning/> – and the phone number and email address can be used by patients and professionals to access both routine and emergency contraception. We have access to four emergency coil slots per week and hope to increase this in the coming months.

For those wishing to access our service, the phone line is open Monday, Tuesday, Thursday and Friday from 09:00 - 12:30 and our telephone number is **028 9041 3796**.

Our email address is **FamilyPlanning@setrust.hscni.net** and is monitored from Monday to Friday during clinic hours and all enquiries are responded to by a member of the nursing team, though this may be during the next working day.



HORIZONS FEATURE

RCN Nurse of the Year, Nicola Bailey, discusses establishing an abortion service in Northern Ireland and how she would like to see the service develop going forward.

WHAT IS THE ROSE CLINIC, AND WHY WAS IT ESTABLISHED?

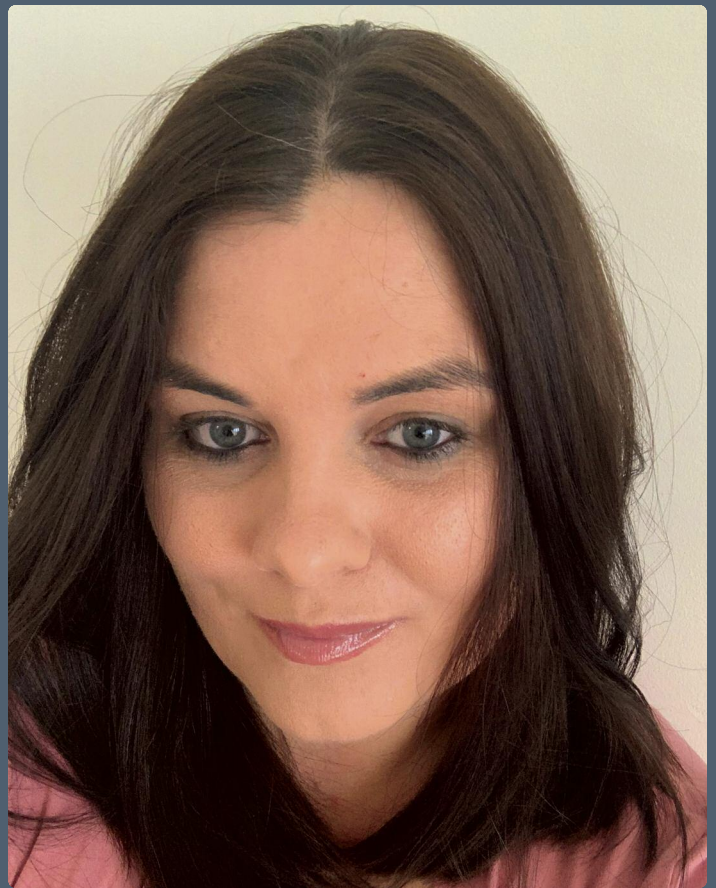
Abortion was decriminalised in 2019 in Northern Ireland but unfortunately no services had been planned or commissioned. Then a world-wide pandemic unexpectedly occurred causing mass chaos to travel. Unfortunately, women could no longer travel to England using air travel. They could take an eight-hour ferry there and eight-hour ferry back but no accommodation would have been available as all hotels closed. Two women did try to take their own lives due to this. I was asked would I be happy to set up an abortion service in the Belfast Health and Social Care (HSC) Trust by my clinical lead Dr Kirk. There was never any doubt in my mind about initiating this service as it was much needed in Northern Ireland. I remember just asking what do I need to do. This became the Rose clinic from April 2020.

WHAT FEEDBACK HAVE YOU RECEIVED FROM PATIENTS REGARDING THE SERVICE?

As this service was new, we designed a patient survey for feedback, to aid us in service provision. I wanted this service to be based around patient needs. We read all the feedback we receive and implement what we can. I inform patients that this is their service, and for them to help us, help them in designing it the way they want it. All feedback is very positive and patients are grateful for the high-quality service they are receiving.

WHAT CHALLENGES HAVE YOU FACED SINCE THE SERVICE WAS ESTABLISHED?

There is always going to be challenges in healthcare, even more so with abortion. The lack of commissioning of services is the biggest challenge. All services within each HSC Trust are fragile and in order to maintain abortion in Northern Ireland we need money to support and develop the service. Anti-choice protests



outside our service, have made it difficult for staff and patients, particularly when entering the clinic. It is very distressing as a nurse to witness what happens to patients and not be able to prevent or protect them from it happening. It is vital that the Private Members Bill from Clare Bailey comes into effect and safe access zones are established around clinics.

WHAT DOES IT MEAN TO YOU BEING NAMED NURSE OF THE YEAR?

It is such an honour to be the UK Royal College of Nursing, Nurse of the Year. I am still coming to terms with receiving the award. I received this for doing what I was trained to do. Everyone deserves quality healthcare, no matter what it is for. As a nurse we have the power to ensure to advocate for patients and provide quality healthcare. This award means so much and has made me self-reflect on why I became a nurse in the first instance. It gave me that little reminder, that I do this for the patients and it is lovely to get that recognition. It has given me more motivation to push for women's health and reproductive rights.

HOW WOULD YOU LIKE TO SEE YOUR SERVICE DEVELOP GOING FORWARD?

Initiating and providing the abortion service in Northern Ireland has been the most rewarding and fulfilling aspect of my career. I am proud that I have been part of this historic moment. I would like to see services develop between 10-12 weeks and also that patients are given the option of a surgical termination. I want to see better sex education in schools and a public health campaign around sex and contraception for all ages. It is not a taboo subject. We all have sex and we need to have these open conversations. I also want career pathways developed in Northern Ireland in sexual and reproductive healthcare (SRH) services and for SRH consultants and advancing nurses to nurse led clinics, adult nurse practitioners and nurse consultants.

THE MENOPAUSE: YOUR QUESTIONS ANSWERED

by Dr Siobhan Kirk, Associate Specialist in Gynaecology and Menopause Specialist

What is the menopause?

The menopause is the last menstrual period. It is diagnosed after a year of no periods or happens when you have your ovaries removed or treatment e.g., pelvic radiotherapy that affects ovarian function. The average age of menopause in the UK is 51 but 1 in a 100 have an early menopause or premature ovarian insufficiency (POI) and it can happen at any age. Often there is a family history of POI or it can be associated with other autoimmune conditions e.g., thyroid problems.

What is the Perimenopause?

This is a transition phase lasting months or years before your last period when there are falling levels of hormones and symptoms may develop. The perimenopause can last for months or many years. Symptoms commonly start in your early 40s.

What are menopausal symptoms?

Symptoms are caused by lack of the hormone oestrogen. Not all women have symptoms but for some they can greatly affect their quality of life. The most common symptoms are:

- Hot flushes / night sweats
- Anxiety/irritability / low mood
- Difficulty sleeping
- Irregular / no periods
- Tiredness / brain fog
- Palpitations
- Weight gain
- Headaches
- Loss of sex drive
- Itchy skin
- Joint pains
- Vaginal dryness
- Urinary symptoms

Do I need a blood test?

Blood tests are rarely useful unless you are under the age of 45 as hormone levels fluctuate in the perimenopause. Diagnosis is usually made on age and symptoms.

What treatment is available?

Symptoms can settle with time but for some women they can be very debilitating and last many years. Simple lifestyle changes such as losing weight, stopping smoking, reducing tea, coffee and/or alcohol can help. Many herbal and alternative treatments are available with limited evidence. Women under the age of 45 should consider taking Hormone Replacement Therapy (HRT) as there are hidden benefits for heart and bone protection and it is normal to have these hormones at this age. HRT is the hormone oestrogen with the addition of progestogen to protect the womb. If you have had a hysterectomy or have a Mirena intrauterine system (IUS) in less than five years you can use oestrogen only. There is no increased risk of breast cancer using

HRT in young women.

Women over 45 can consider HRT if their symptoms are significant.

Will HRT make me bleed?

If it is less than one year since your last period you will need HRT that gives you a monthly withdrawal bleed while taking it. You can usually switch over to a no bleed continuous combined preparation around the age of 54. If you start HRT more than a year since your last period you can take continuous combined HRT that will not give you a regular bleed but bleeding is common in the first few months. Any unusual bleeding should be reported to your GP.

What types of HRT are there?

HRT is available in oral tablets, transdermal patches, gels and spray. Some women are best suited to transdermal as there is no increased risk of blood clots or stroke with this method. There is a very low risk of this with oral oestrogen. If vaginal/bladder symptoms are the main issue local vaginal oestrogen is available and safe for long term use in most women.

What are the benefits of HRT?

HRT will make you feel better if you are having significant menopausal symptoms and may protect your bones against osteoporosis and reduce the risk of heart disease.

What are the risks of HRT?

There is a small increased risk of stroke or blood clot with oral HRT. Use of combined HRT over the age of 50 is associated with an increased risk of breast cancer but the risk is lower than with other lifestyle factors such as obesity or alcohol intake.

What should I do if I want treatment?

Please see below websites for further information and contact your GP for advice. If you are under 40 or have a complicated medical history you can be referred to your local menopause clinic.

Useful Websites

Royal College of Obstetricians and Gynaecologists
<https://www.rcog.org.uk/en/patients/menopause/>
Women's Health Concern
<https://www.womens-health-concern.org/>
Menopause Matters
<https://www.menopausematters.co.uk/>



Women and HIV in Northern Ireland

by **Jacquie Richardson**, Chief Executive, Positive Life



I recently gave a presentation to Westminster's All-Party Parliamentary Group (APPG) on HIV and AIDS about a topic which seems to go largely unmentioned here in Northern Ireland - women living with HIV.

Whilst women make up approximately one-third of new diagnoses, sadly, it is all too often the case that their views and experiences are not heard when it comes to shaping services relating to HIV. This is something Positive Life has been active in drawing attention to and through the APPG, we are able to contribute to a comprehensive, UK-wide dialogue.

Our Work in this Area

At Positive Life, we see how HIV impacts women every single day. Through our +Family Life Project we take a 'whole family approach' to HIV, supporting families to overcome the pressures that can come with diagnosis.

By sharing and understanding the different experiences of those affected within any family unit we have been able to see first-hand how HIV impacts upon mothers, daughters, and sisters.

The testing process has also been really important to understanding the experiences of women. One-third of all tests carried out in Northern Ireland in 2019 were performed as part of the antenatal screening programme, so this is clearly part of a wider conversation around a person's sexual health.

It's also a good indicator of how women are experiencing access to services, their knowledge of sexual health, and their understanding around HIV.

The women who use our services regularly talk about feeling unheard by a system that doesn't consider their views and experiences - indeed many didn't even know they were being tested for HIV during their pregnancy.

Challenging Stigma

The biggest barrier for women continues to be societal perceptions of HIV. We highlighted to the APPG that an urgent re-think of how we view HIV is needed in Northern Ireland.

We still struggle with lingering 1980's attitudes that HIV is something which can only impact men and the men who have sex with men (MSM) community. It is on this basis that women do not feel properly considered when it comes to the design process for services.

At Positive Life we have made it a key mission of ours to challenge this outdated viewpoint, but we are only one part of a whole system of HIV and sexual health support so there needs to be a bigger pivot towards women-focussed services.

Running alongside our day-to-day services like testing and counselling, are proactive educational, awareness raising and myth busting campaigns. We also engage regularly with decision-makers and elected representatives to drive forward a modern and accurate understanding of HIV.

Looking Ahead

World AIDS Day, 1 December, is now in our sights. This has always served as the best opportunity each year to raise awareness of the stigma encountered by those living with HIV.

This year we should give a special focus to the experience of the 250 women and girls currently living with HIV in Northern Ireland. A more inclusive system of support is needed. Step one in the process needs to be an update in how we think about HIV in Northern Ireland.

Please find more information regarding Positive Life below:

Website: <https://positivelife.ni.com/>

HIV Helpline: **0800 137437**

Twitter: **@PositiveLife_NI**



SEXUAL HEALTH WEEK

7-13 FEBRUARY 2022

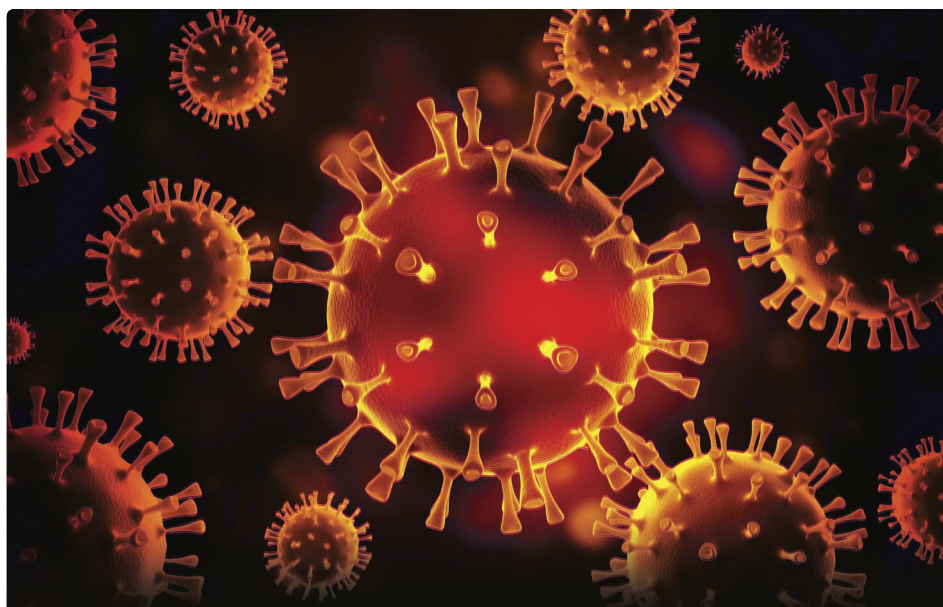
Sexual Health Week in 2022 is taking place in Northern Ireland between Monday 7 and Sunday 13 February. The overarching theme for the week is 'Let's Talk Sex' with a focus on having conversations around sexual and reproductive health. During the week Informing Choices NI will strive to ensure that sexual health is part of the political conversation and on the agenda of key decision makers. We will be sharing key messages on social

media and also facilitating a launch and other key events. Further information regarding these will be published early in 2022. The issue of sexual health spans all sections of society and it is imperative that it is inclusive and accessible to everyone. For many people, sexual health remains a taboo subject and one of the main aims of the week is to break down the stigma and enable conversations around this topic.

SEXUAL HEALTH helpline

ICNI provide a confidential sexual health helpline which offers information and support across a range of sexual health issues including contraception and sexually transmitted infections. The helpline can give details of the opening hours and locations of contraceptive and sexual health (CASH) clinics and genitourinary medicine (GUM) clinics. These services and their opening times have been impacted as a result of Covid-19. For the most up to date information please call the sexual health helpline on 028 9031 6100. Our helpline is staffed Monday to Friday, from 9am to 5pm. The helpline can also be used to make an appointment for pregnancy choices and post pregnancy counselling.

ICNI also provide free leaflets on various forms of contraception and sexually transmitted infections. To place an order please contact our helpline or email info@informingchoicesni.org. A full list of all the leaflets we provide can be found at www.informingchoicesni.org/leaflets



Preventing the spread of infection

To help prevent the spread of COVID-19 and save lives, everyone should be trying to follow social distancing measures as much as possible. Like seasonal flu, the same public health advice applies for COVID-19: if you cough or sneeze, use a tissue to cover your mouth and nose, throw it away carefully after use, and wash your hands.

The best way to prevent the spread of infections, including COVID-19, is good personal hygiene. This means washing your hands well and often, using soap and water and drying them with paper towels.



CATCH IT.



BIN IT.



KILL IT.