Irish Family Planning Association
Accelerating sexual and reproductive health and rights

The Mandatory Waiting Period:
Five-year data set of anonymised clinic data

IFPA observations to the Health Committee

As a leading provider of early abortion care, the IFPA knows from our services that a mandatory waiting period before abortion can cause anxiety, distress, additional expense and unnecessary travel. Weekends, public holidays, ultrasound appointments and hospital referrals may extend the delay beyond three days. Combined with the rigid 12-week gestational limit, this can cause patients to become ineligible for care in Ireland or require hospital treatment or travel abroad. Rural, low-income and marginalised patients are particularly affected.

To support evidence-based healthcare policymaking, the IFPA publishes annual data from our service on clients' experiences of the mandatory waiting period. Our data insights are in line with the views and experiences of leading medical experts, and of the World Health Organisation: an enforced waiting period before abortion care is unjustifiable, demeaning and patronising. There is nothing in our data to indicate that the enforced three-day wait influences decisions about pregnancy.

For the fifth successive year, our statistics confirm a clear and consistent finding: the vast majority of clients who attend an initial consultation go on to have an abortion (98%).

In 2025, 652 clients attended an initial abortion consultation with the IFPA. Of these, 564 were verified as having been subjected to the mandatory waiting period. Within this cohort, 533 clients returned to the IFPA to access abortion care; 22 accessed abortion services in a hospital setting; eight continued their pregnancy; and one client was forced to leave Ireland to access care.

A further 41 clients did not require abortion care, due to miscarriage, ectopic pregnancy or a negative pregnancy test. Another 47 clients made no further contact with the IFPA after their first appointment. As their outcomes could not be determined, we could not verify whether they had been subjected to the mandatory waiting period. All 88 clients were therefore excluded from further analysis.

In sum, of the 564 clients who could be verified as having been subjected to the mandatory waiting period, 556 (98.6%) proceeded to access abortion care. This finding is consistent with our cumulative five-year dataset.

2021 to 2025

Outcomes	Number of clients	Percentage
Accessed early medical abortion with the IFPA	2,466	89.7
Accessed GP or hospital-based abortion services in Ireland or abroad	233	8.5
Subtotal of all clients who accessed abortion care	**2,699**	**98.2**
Continued their pregnancy	50	1.8
Total over five years (2021-25)	**2,749**	**100**

Our dataset is based on a robust analysis of anonymised abortion service data. Non-identifiable abortion client data from our electronic charting system is input into a secure Excel file. Any anomalies are manually checked by authorised clinic personnel.

Why do we publish this data?

The mandatory waiting period is by no means the only flaw in the law, but it is one that affects every client who requests an abortion at less than 12 weeks gestation. In the early 2020s, misinformation began to circulate based on specious interpretations of reports on HSE primary care reimbursement claims for abortion care appointments. Claims that (a) a significant number of women did not proceed to have an abortion after a first consultation and (b) this demonstrated a change of mind and a decision to continue a pregnancy were repeated by some groups and members of the Oireachtas who opposed repeal of the 8th.

These claims are entirely at odds with our clinical experience and demonstrate lack of understanding of the HSE model of care and its requirements for hospital referral. Moreover, the misinformed conclusions about the data made unfounded assumptions about pregnant women's presumed decisional uncertainty and the influence of a legally mandated delay.

What really supports informed consent?

It is an established principle that people must be supported to make informed decisions about their healthcare. The mandatory waiting period is an anomaly in contemporary healthcare: the prevailing trend is away from a paternalistic approach to care and towards embedding human rights and autonomy into service provision and organisational culture.

From a provider perspective, free, accessible services where people can receive expert information from a healthcare professional while considering their options are the most effective support for informed decision-making.

Because abortion is free and widely available, there is generally less pressure on people experiencing unintended pregnancy now than before repeal. They can get the medical information they need and make an informed choice in their own time, so long as they are within the gestation limit. Whether that means 5 minutes, a couple of hours, a day, or more is up to the individual and depends on their circumstances.

Words are important

Informed consent respects autonomy; a mandatory waiting period does the opposite. The critical word is "mandatory". Our data underscores our clients' experience of the waiting period as a stigmatising and patronising legal barrier to access to healthcare. The selective use of inaccurate, benign-sounding terms, such as "reflection period" or "cooling-off period", by anti-abortion groups masks a coercive reality. In the context of a rigid gestational limit, the enforced delay can push people beyond 12 weeks and out of eligibility for care. It is not offered as a choice; it is imposed and cannot be waived under any circumstances.

WHO research makes clear that restricting access to abortions does not reduce the number of abortions that take place. Medically unnecessary waiting periods in law are unjustifiable barriers to timely access to healthcare.

The mandatory waiting period should never have been included in the 2018 act. Its removal will not fix all the flaws in the legislation but is a necessary step towards respect for reproductive autonomy and quality healthcare.