

Annual Report 2009



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Well Woman Medical and Counselling Services 2009

Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena and Copper Coils
- Implants (Implanon) and injectable contraception (Depo Provera)
- Evra (contraceptive patch)
- Emergency contraception and post-coital coils
- Vasectomy counselling and operations (Coolock and Pembroke Road)

Women's and General Health Services:

- Pregnancy testing and blood testing
- Initial infertility investigations
- Post termination medical check-ups
- Breast examinations
- P.M.S. and Menopause consultations
- Travel vaccines (Liffey Street)

Screening and Sexual Health Services:

- Cervical smear testing (National Cervical Screening Programme and Claymon Express)
- Screening for Sexually-Transmitted Infections (Men's STI screening is available in Pembroke Road only)
- Chlamydia testing
- Cryotherapy
- HPV typing

Counselling:

- Non-directive pregnancy counselling, and post-termination counselling available in all centres
- General counselling available in all centres (including sexual abuse, depression, relationship issues, stress, low self-esteem)
- Teen Counselling available in Coolock
- Counselling in Pembroke Road to support women with Hepatitis C
- In Pembroke Road Consultant Psychiatrist Dr. Eimer Philbin Bowman deals with issues including phobias, panic attacks, depression, eating disorders, psycho-sexual problems and vaginismus. Joan McGowan is an experienced Relate Counsellor, and works with single people, couples, married, living together or separated

More information on services or opening hours can be obtained by visiting our website, www.wellwomancentre.ie or by phoning any Well Woman Centre.

City Centre

35 Lower Liffey Street, Dublin 1
872 8095 / 872 8051

Northside

Northside Shopping Centre
Coolock, Dublin 5
848 4511

Ballsbridge

67 Pembroke Road
Ballsbridge, Dublin 4
668 1108 / 660 9860

A message from our Chairperson



The year 2009 was nothing if not eventful, and marked another year of evolution for the Dublin Well Woman Centre.

During 2008 we had focused on building financial stability, to support longer-term growth and investment. In 2009 the focus of both Board and Executive was on developing our facilities, as well as our services and advocacy platform. The work included the ambitious refurbishment of Well Woman's oldest clinic, our south-city premises on Pembroke Road.

I am not surprised to record that we got 100% support from the staff in Pembroke Road. They embraced the project enthusiastically, and gave valuable input into planning both function and form in what would be vastly improved consulting rooms and reception areas. They also subsequently worked in Liffey Street and Coolock during the August shutdown. Management and staff in both of those clinics showed exemplary goodwill towards the project.

Mention must also be made of the loyalty of our Pembroke Road clients, many of whom have been patients in that clinic since the 1970s. When we re-opened – on schedule – in early September, their response to the new look clinic was, and remains, very positive.

In Spring 2009, the Board and senior management of Well Woman had devoted time to what turned out to be a valuable 'Strategy Day'. Lead by an external facilitator, this session gave the Board, Medical Director and Chief Executive the opportunity to define a vision for new areas of service and advocacy in which Well Woman can be active.

The Board's 'Strategy Day' will help to shape the work programme into the near future. Already since last year we have seen it yield results, in terms of the 'Seven Ages of Women's Healthcare' branding, our advocacy for the national HPV Vaccine programme, combined with the success of our Affordable Access initiative in Coolock, the re-vamped website with subscriber eNewsletters, etc.



Newstalk's Claire Byrne pictured with Well Woman Chair Mary Worall at the launch of the refurbished Pembroke Road Clinic.

All of these initiatives have been exciting, and have reinforced Well Woman's relevance, as it continues to provide best-in-market healthcare services. However, these positive developments took place against the backdrop of a dramatically worsening economy.

All three of our public funding streams were reduced in 2009. As we absorbed the impact of these cuts to our budget, it was even more important to us to ensure our services remained accessible to women whose financial resources were under ever-greater pressure.

Because Well Woman's three clinics operate in three markedly different demographic areas, we can demonstrate that good health is intrinsically linked to economic status. Throughout the year, we heard from our patients of the impact of financial worries on their health decisions, and this is detailed elsewhere in this report. Well Woman will continue to argue the case for equity in women's health services to policy makers, even if for no other reason than that health gain for women makes long-term economic sense.

That being said, Well Woman is proud of its partner relations with a number of statutory bodies; this is a valuable facet of our work. I want to acknowledge our ongoing role in service delivery for the Health Services Executive, and the HSE Crisis Pregnancy Programme, who fund our GMS service in Coolock, and our crisis pregnancy counselling and medical services, respectively. Since 2008, we are also partners in service delivery to the National Cancer Screening Service, who oversee the CervicalCheck programme.

While we mark our own progress, it is sobering to note the scale of the challenges that still face us. When writing in the 2007 Annual Report, I was critical of the fact that we had, at that time, no national sexual health strategy. At time of writing in 2010, we are still awaiting Government action in this respect. This is an area where real progress needs to happen, and we will continue to advocate for such 'joined up' thinking at policy level.

In the day-to-day delivery of services, as well as the strategic development of the organisation, Well Woman's success is built on a massive team effort. I would like to extend particular thanks to our Chief Executive and Medical Director; their commitment and leadership has been exemplary. To all of our dedicated doctors, nurses, counsellors, and administration staff, many thanks.

I would like to acknowledge Well Woman's Board of Directors, for the tremendous amount of time, expertise and commitment they have given in guiding and advising the Executive through the exciting developments we recorded for the organisation during 2009.

I am proud to chair Well Woman as it continues to innovate and model the best standards in women's healthcare, as well as advocating for its patients. I wish the organisation well for its continued success in the coming year.

Mary Worrall
Chairperson
April 2009

“ Throughout the year, we heard from our patients of the impact of financial worries on their health decisions ”

Chief Executive's Report

I am delighted to record that 2009 was another year of progress for Well Woman.

The impact of the national cervical screening programme, CervicalCheck, was huge, particularly in the first half of the year, where it ran on an open-access basis. Elsewhere in this report, our Medical Director details what happened when the programme went to a registration-only system in September.

We were deeply concerned that this meant women were unable to access smears freely. In particular in Well Woman, we know that women from socially marginalized backgrounds are much more likely to have an abnormal smear result, needing follow-up investigation. The registration-only system also raised concerns about other 'at risk' categories, and their ability to access smear tests; we made a submission to CervicalCheck in September outlining our concerns and ideas in this area.

We had been dismayed – and depressed – by the Government's cancellation in late 2008 of the HPV Vaccine Programme for 12-year-old girls. As part of our advocacy platform, Well Woman looked at how we could best keep this issue live in the minds of patients and opinion-formers alike.

With that in mind, during 2009 we ran a joint initiative with GlaxoSmithKline, who manufacture one of the two licensed vaccines. Through this affordable access programme, we were able to offer the vaccine to 12-year-old girls in our Coolock clinic at less than half of the average cost in general practice.

We chose Coolock because patients in that clinic have higher rates of abnormal smears compared to women in our other two clinics. Our programme aimed to reach up to 450 12-year-old girls – the number living in the area according to the 2006 Census – and I am delighted to record that we reached 263 girls over nine months, a take-up of over 60%.

There are some national, Government-resourced HPV Vaccine Programmes around the world that have struggled to reach over 40% of their target population, so this was particularly gratifying.

The very positive response we got from parents and schools in the area confirmed to us that parents have a high degree of awareness of the HPV Vaccine, and want their daughters to be able to get it. We were happy that the Minister for Health in January 2010 announced that the national programme would go ahead this year (although at time of writing no firm start date has been announced).



Staff and supporters celebrate the new-look Pembroke Road Clinic. Left to right: Amy Worrall, Clinic Nurse Norah McPeake, Dr. Zainab Abed, Clinic Nurse Jennifer O'Neill and Dr. Gillian Darling.

We completed a long-overdue refurbishment of our Pembroke Road clinic in August. The clinic is now almost unrecognisable from its former

appearance, and we are happy that our patients and staff can now enjoy a higher standard of comfort when in the clinic.

Well Woman's website was re-designed to incorporate a retail service, and quarterly eNewsletters. We developed a new leaflet, around the branding of 'lifetime healthcare' for women. Well Woman can provide a needs-based universal sexual health service that meets physical and psychological health needs by age and stage of life.

The Board and senior management collaborated in a brainstorming day, which identified many future projects. All in all, a year of growth for us, but set against the broader social backdrop of recession.

Writing in the 2006 Annual Report, I made the point that Well Woman wanted to see policy-makers engage with stakeholders before implementing a national strategy, which would deal with all aspects of sexual health - education, awareness and services. We are still waiting. It is still apparent that programmes to prevent sexual and reproductive health problems and diseases are slow to receive the priority and funding they deserve.

From our clinical experience over thirty years, it is clear that Ireland's sexual health needs have changed, with most people now having a number of sexual partners throughout their lives. People are living longer and consequently remain sexually active for longer.

While many of these changes are positive, more women and men are now more exposed to more sexually transmitted infections than ever before, and the most recent national figures on STI detection

indicate increased prevalence rates. Quite simply, the infrastructure in terms of public sexual health services is inadequate to meet the needs of our population, and this is another area in which we will continue to advocate for change.

Despite all this, I am immensely proud to note that Well Woman continues to provide cutting-edge health services that are relevant to women at all stages of their lives.

I must thank all of our staff for their energy and dedication to patients. In particular, our management team has shown extraordinary dedication. Finally, warm thanks must go to our Chairperson Mary Worrall, and to Well Woman's Board of Directors. Mary and the Board gave me unqualified support and guidance during 2009, for which I am most grateful.

Alison Begas
Chief Executive
May 2010

“Well Woman can provide a needs-based universal sexual health service that meets physical and psychological health needs by age and stage of life”

Counselling Services: An Overview

During 2009, Well Woman counsellors continued to deliver professional and ethically driven services to clients across our three centres. We managed to deliver the same number of hours as those provided in 2008, but the crisis in Ireland's public finances has had an impact, with a reduction in funding for our crisis pregnancy and post-termination counselling services. The recession may also impact on our general counselling service as clients may defer seeking therapeutic support for issues due to financial constraints.

Crisis Pregnancy Counselling

Well Woman upholds the client's right to make decisions regarding her crisis pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy can result from failed contraception, relationship break-ups, incest, rape, foetal abnormality and lack of self-care. Our counsellors offer clients the necessary support and information to enable them to reach informed choices for their crisis. Counselling is client led, non directive and legally compliant, and Well Woman resources are available in eight different languages, to ensure clients who do not have English as a first language understand clearly our policy and the law in Ireland around abortion.

Within the crisis pregnancy counselling session, something that became increasingly apparent during 2009 was the client raising financial concerns, arising from her being either without employment, or working reduced hours. Many clients felt financially unable to continue with a pregnancy, or feared financial instability in the future. In the last year, they raised concerns in session regarding the stability of their income level going forward, or how they could cope with further salary cuts, or perhaps the experience of two unemployed adults in one household. Clients clearly wish to provide sufficiently for present family and home circumstances, and a crisis pregnancy has become an increased source of stress for them.

The Crisis Pregnancy Agency (since January 2010 integrated into the HSE as the HSE Crisis Pregnancy Programme) continues to provide a training module in conjunction with NUI Maynooth on crisis pregnancy counselling. This module will be of particular value to counsellors new to the provision of crisis pregnancy and will increase their knowledge of the complexities of this form of counselling.

Post Termination Counselling

Clients who wish to travel for termination used to only avail of the services in the UK but recent statistics show that many clients may travel to their country of origin, or to the many medically excellent clinics in mainland Europe, or even as far afield as America or India. As before, some return to us for their medical check-ups and ongoing support in our counselling service. However, women do not avail of these services in the numbers we would hope to see, and this is possibly linked to the stigma

of abortion in Ireland and the secrecy that they return to within family, friends and work conditions. Teenagers, in particular, can experience isolation from family who can express support or opposition to their decision to terminate, and with friends from whom they must keep this secret.

The HSE Crisis Pregnancy Programme has increased its advertising focus on post-abortion supports, which we welcome. Well Woman's post termination counselling service is available to any person, male or female, who has familiarity with the experience of abortion and looks for support to work through any emotional difficulties reached through that experience.

General Counselling

Our general counselling service - which includes Teen Counselling in Coolock - is attended by many people, who recognise the benefits of the support and structure of a confidential, safe and therapeutic meeting. It is still possible, due to lack of legislation, to offer a counselling service without appropriately trained therapists. Therefore, clients are vulnerable and exposed to the serious harm that may be caused by lack of professional and ethically bound standards. At Well Woman we strive to meet all professional and ethical criteria with ongoing training, supervision and workplace support for all our counsellors.

In addition to our staff counsellors, Dr. Eimer Philbin Bowman continues to offer her service, dealing with panic attacks, eating disorders and phobias. Joan MacGowan, an experienced Relate Counsellor, works with individuals, couples and psycho-sexual issues. These services are offered in our Pembroke Road Centre.

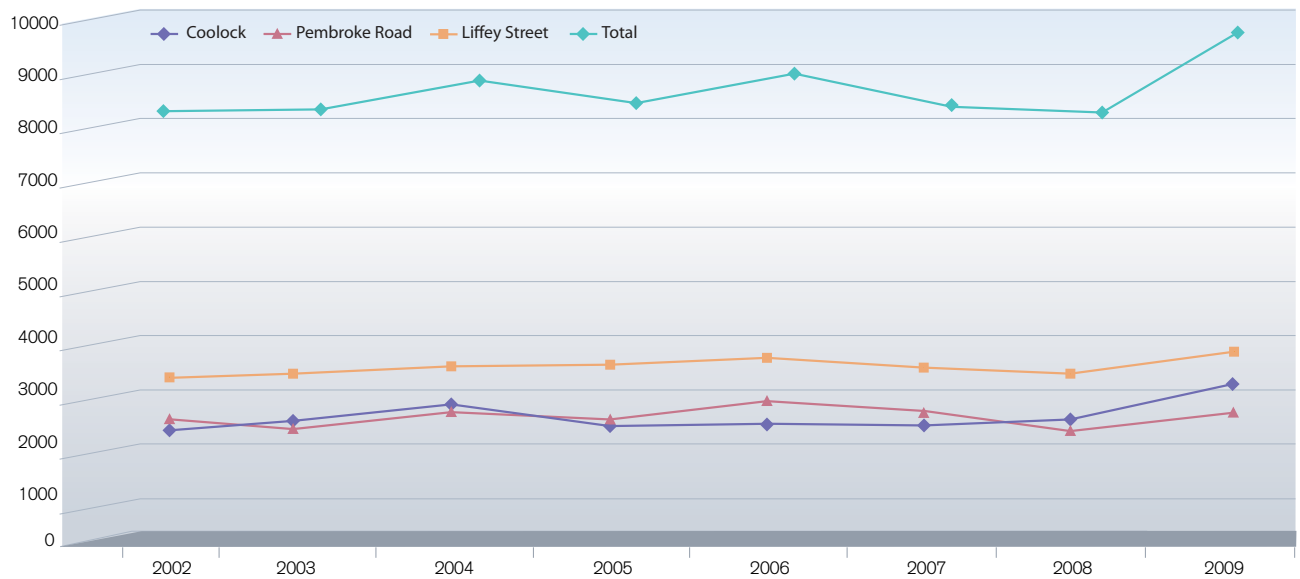
Well Woman continues to liaise with other professional Service Providers, ensuring that best practice in our counselling service is upheld. Continued engagement with our funders, the HSE Crisis Pregnancy Programme, and the HSE itself, ensures ongoing development for our service, and we will continue to offer professional and ethical therapeutic intervention for our many clients.

Linda Wilson Long
Head of Counselling Services
April 2010

“Many clients felt financially unable to continue with a pregnancy, or feared financial instability in the future”

Medical Director's Commentary and Report

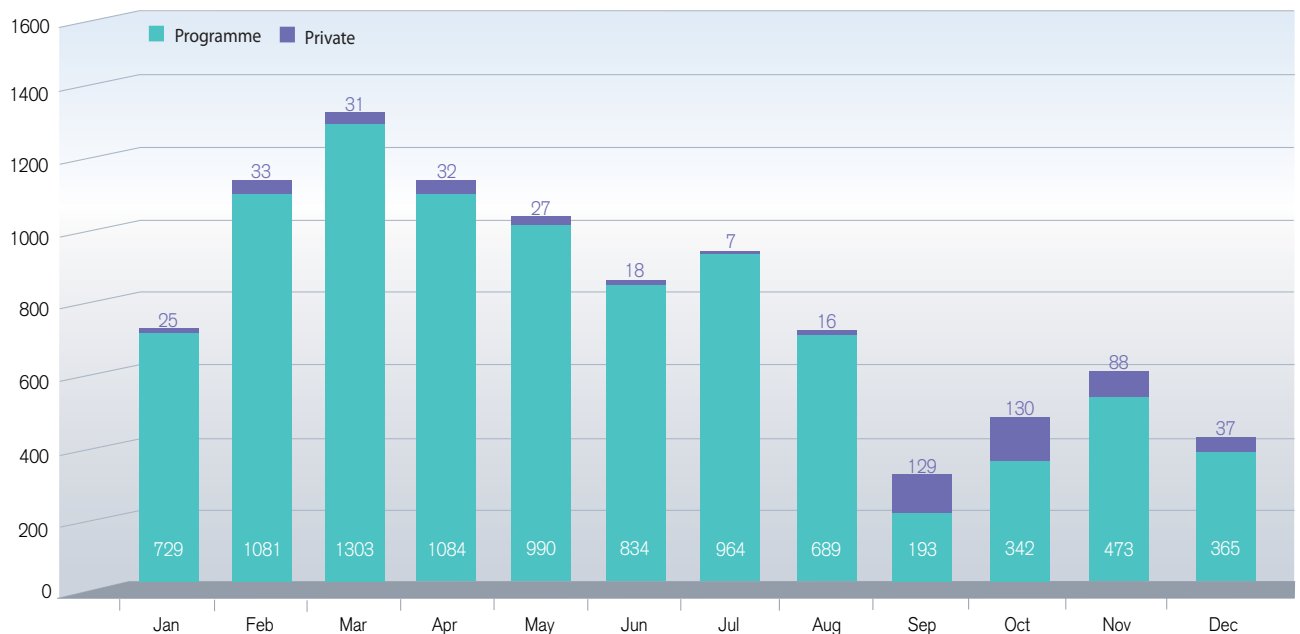
Annual Number of Cervical Smear Tests Taken



The year 2009 was the first full year in which the national cervical screening programme was in operation. This programme offers free smear tests to all eligible women. Over the years the annual number of smear tests taken in the clinics has been

fairly stable. In 2009, Well Woman experienced a 15% increase in the number of patients who had cervical smear tests taken compared to the average number for the previous 7 years.

Cervical Smear Tests 2009

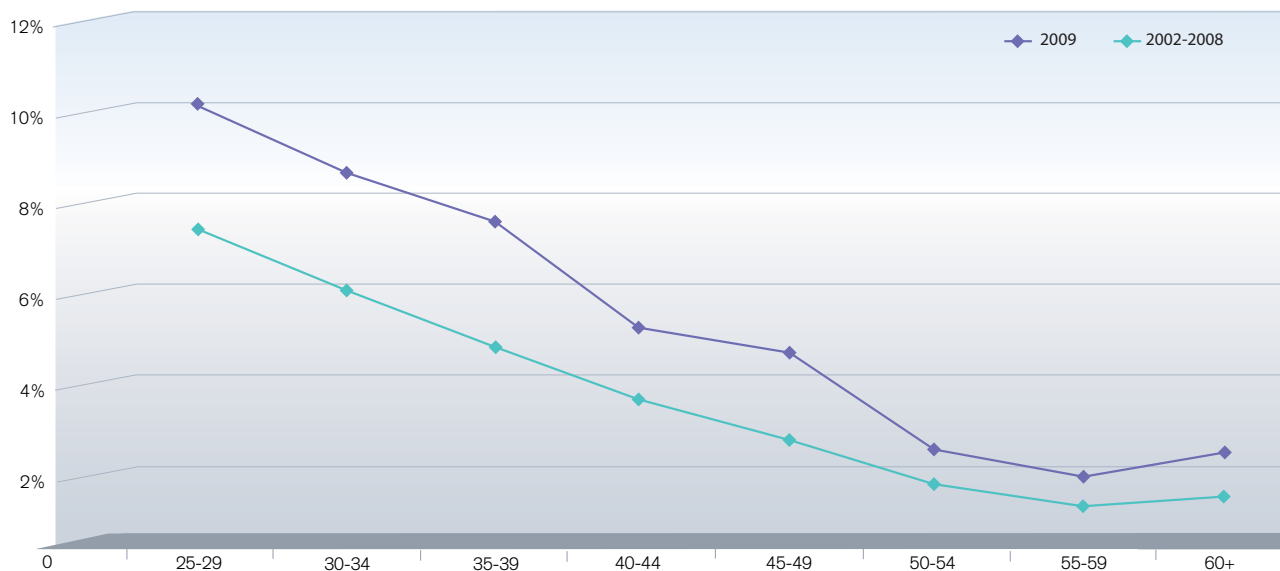


The surge in demand for cervical smear tests in the first half of 2009 coincided with advertising of the programme by CervicalCheck, and also huge levels of coverage of the illness and death from cervical cancer of a media celebrity in the UK. During that period the programme was open to all women aged 25 and over who wished to avail of the free test. In September 2009, the programme changed its policy and only women who had an invitation letter, or were already in the programme and needed

follow up, could have a programme smear test (with a limited number of exceptions.)

This caused a dramatic drop in the number of tests taken in the last few months of 2009 (as can be seen in the preceding graph). Some patients paid to have their smear test sent to a private laboratory rather than experience the uncertainty of waiting for an invitation letter from the programme.

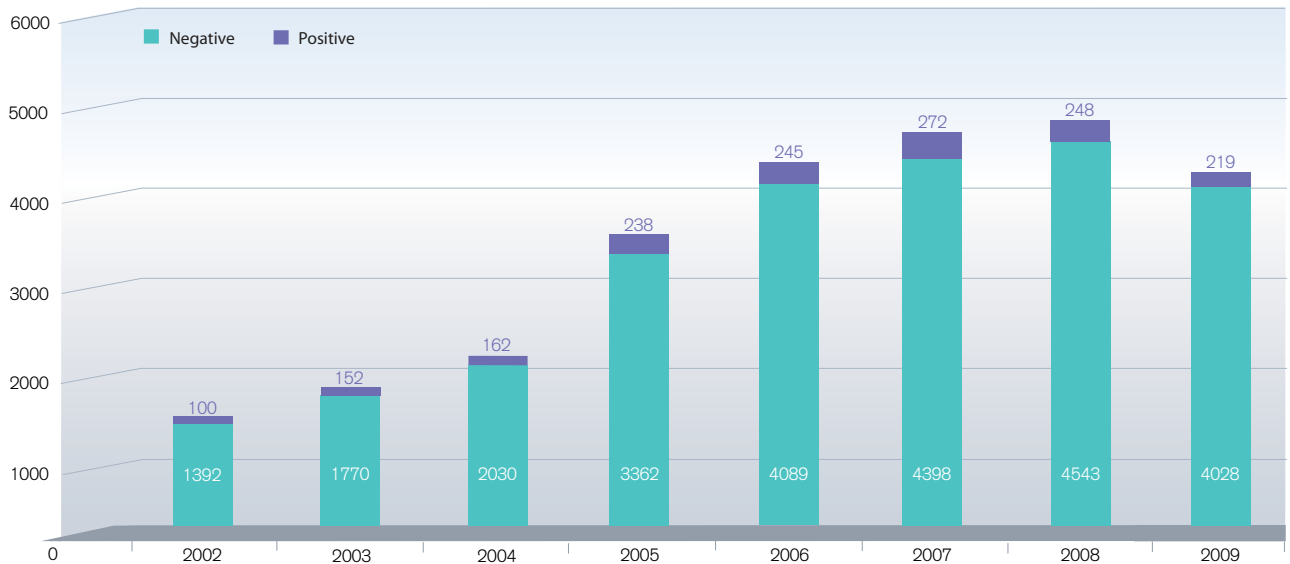
A Comparison of Colposcopy Referral Rates



The 2002 – 2008 graph above is based on 51,382 cervical smear test results. The 2009 graph is based on 9,233 results. There is a very definite increase in the likelihood of a woman being referred for colposcopy under the new national programme. This is probably due to a number of factors:

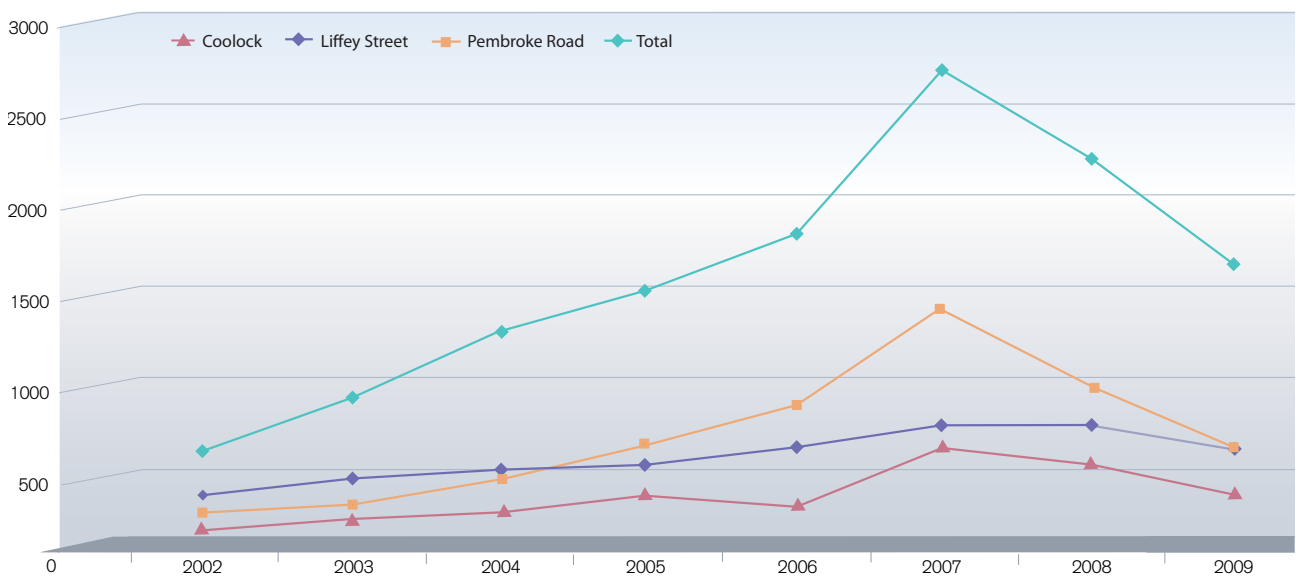
- We have noticed that we are seeing more women who have never had smear tests before, and this group may be at higher risk of cervical abnormalities.
- Prior to the introduction of CervicalCheck, Well Woman used the Royal College of Surgeons in Ireland (RCSI) laboratory. The new laboratory QUEST may have different standards of reporting of minor abnormalities.
- The guidelines produced by CervicalCheck are slightly different to the previous RCSI guidelines, and may have increased the possibility of a recommendation for colposcopy.

Chlamydia Test Results



There was a slight decrease in the number of patients screened for chlamydia in 2009. However the detection rate remained the same – 5.2% of samples were positive (average across all age groups and centres).

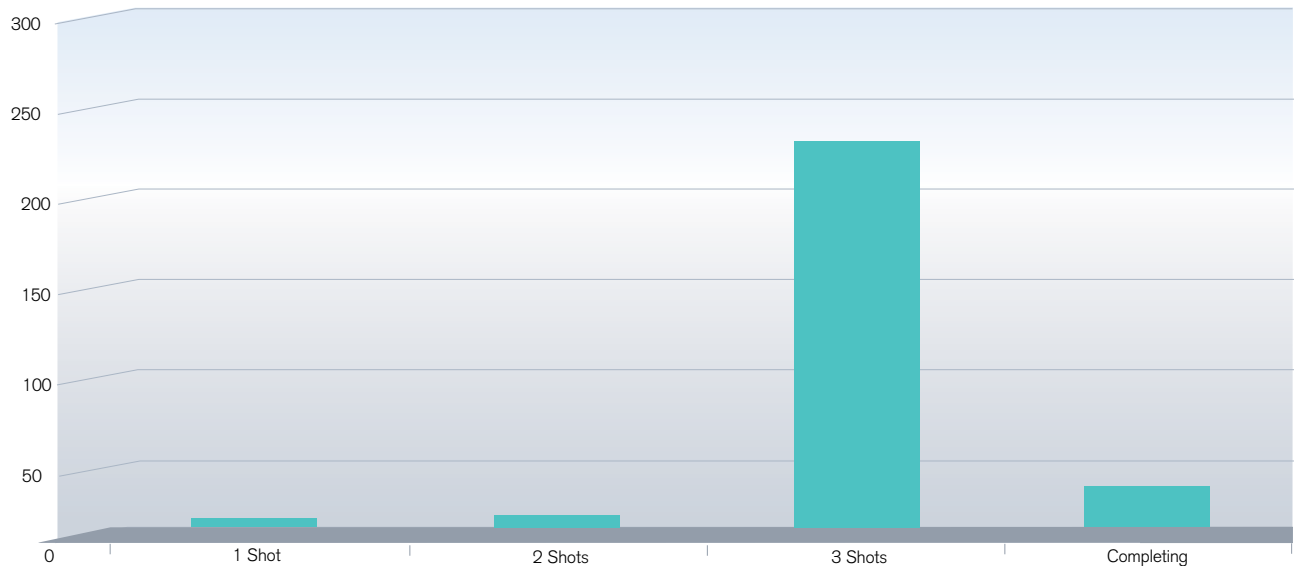
Number of Full Screens Taken



The decrease in the number of people having a Full Screen showed a more dramatic drop, and is a further decline from 2008. Screening involves blood tests and swab tests to check for sexually transmitted infections such as chlamydia, trichomonas, gardnerella, gonorrhoea, HIV, hepatitis

B & C and syphilis. There is a considerable amount of time needed to take samples and collate results. This is reflected in the charge for this service. The drop in demand for Full Screens may reflect the economic climate rather than behavioural change reducing medical need.

Cervarix Vaccination Programme



Strains of the Human Papilloma Virus are responsible for cervical cancer. Two vaccines (Gardasil and Cervarix) have been developed which provide immunity to the two most common high-risk strains of HPV – Types 16 and 18. Vaccination provides at least a 70% reduction in the risk of developing cervical cancer in females who have not previously been exposed to these HPV types.

The vaccines have been licensed for use in Ireland since 2007 (Gardasil) and 2008 (Cervarix). Most first-world countries have established vaccination programmes to vaccinate girls from 12 years of age up to between 15 and 18 years of age, and in some cases even older – age 26 in Australia for example.

A Health Technology Assessment in Ireland recommended vaccination of 12–15 year old girls. The Department of Health initially agreed to vaccinate 12-year-olds, but in Autumn 2008 cancelled the programme, for financial/operational reasons.

In light of the uncertainty over access to vaccination, Well Woman approached GlaxoSmithKline, the company who manufacture Cervarix. In a joint venture we were able to provide a limited number of vaccines at a much reduced price. Over the years we have noticed that the rate of cervical smear test abnormalities was highest in our Coolock clinic, so we decided to offer the vaccine to 12-year-olds from that area, starting February 2009 (the 2006 Census confirmed there were around 450 12-year-old girls there).

From the graph, it is clear that 228 girls completed the full vaccination course i.e. three individual injections delivered over a six month period. Thirty-five are in the process of completing the course. Only 8 had defaulted from receiving all three injections. This means that 60% of girls in the area attended for vaccination and of those who started the course, there was a 96% completion rate. The full course of vaccination was €240 (€80 per injection).

Dr. Shirley McQuade
 Medical Director
 April 2010

Board of Directors 2009

Ms. Mary Worrall (Chairperson)

Mary is a qualified Pharmacist who has worked in the field for over ten years. She has worked in retail but predominantly hospital pharmacy in Ireland and Australia. She currently works part-time as a Senior Pharmacist in Our Lady's Children's Hospital, Crumlin.

Professor Blanaid Clarke (resigned from Board June 2009)

Professor Blanaid Clarke is an associate professor of Corporate Law in the Law School, University College, Dublin. Her research and teaching interests are in areas of Corporate Governance, Corporate Finance Law, Capital Markets Law and Contract Law.

Ms. Nerea Lerchundi

Nerea has lived in Ireland since 1987 and has worked in the complementary health sector. She also has been involved with Cuidiu offering support to breastfeeding mothers. She is looking after her young children at the moment.

Dr. Fiona de Londras (joined Board March 2009)

Fiona is a lecturer in UCD School of Law, and specialises in property and human rights law.

Ms. Grainne Mullan (Company Secretary)

Grainne is a practising barrister specialising in the areas of judicial review, human rights law, child law and criminal law. She also lectures in Trinity College, Dublin.

Ms. Yvonne O'Neill

Since mid-2007, Yvonne has been leading a Value for Money function within the Finance Directorate of the HSE, responsible for the development and implementation of a framework to drive and deliver value and productivity throughout the HSE. Prior to this she worked during the establishment of the Health Services Executive as Executive Manager of the Strategic Planning and Reform Implementation (SPRI) Unit, a dedicated unit designed to support the organisation in advancing the health reform programme.

This had followed five years with the former Eastern Regional Health Authority, planning and commissioning health and personal social care services for children and families, and latterly as the Director of Monitoring and Evaluation. Her previous experience was as an Information Technology Project Manager in the private and public sector from 1986, 10 years of which was in health information systems.

Ms. Jan Richards

Jan worked in advertising in London, Budapest and Dublin for 16 years. She was Planning Director of Owens DDB in Dublin for 2 years, and also lectured in Marketing and Communications at Fitzwilliam College, and as a guest lecturer with D.I.T. Jan currently works as a brand and marketing consultant, and has a qualitative research agency. Jan is a copy clearance manager for the general Copy Clearance Committee Ireland, set up to approve food and drink advertising in Ireland. She also facilitates on the adoptive parenting courses run by the H.S.E. for prospective adopters.

Financial Accounts: Profit and Loss Account

Profit and Loss Account

For the year ended 31 December 2009

	2009 €	2008 €
INCOME	2,960,793	2,849,312
GROSS PROFIT	<u>2,671,871</u>	<u>2,582,017</u>
EXPENSES		
Staff costs	(2,020,611)	(2,005,126)
General overheads	(483,168)	(446,908)
Depreciation	(73,503)	(59,579)
OPERATING PROFIT FROM CONTINUING ACTIVITIES	<u>94,589</u>	<u>70,404</u>
Interest payable and similar charges	(14,412)	(19,087)
PROFIT ON ORDINARY ACTIVITIES BEFORE TAX	<u>80,177</u>	<u>51,317</u>
TAX ON PROFIT ON ORDINARY ACTIVITIES	-	-
PROFIT ON ORDINARY ACTIVITIES AFTER TAX	<u>80,177</u>	<u>51,317</u>
RETAINED PROFIT BROUGHT FORWARD	<u>229,789</u>	<u>178,472</u>
RETAINED PROFIT CARRIED FORWARD	<u><u>309,966</u></u>	<u><u>229,789</u></u>

All recognised gains and losses have been included in the profit and loss account.

On behalf of the Board

Mary Worrall
Director

Grainne Mullan
Director

Financial Accounts: Balance Sheet

Balance Sheet

As at 31 December 2009

	2009 €	2008 €
FIXED ASSETS		
Tangible assets	417,451	342,633
CURRENT ASSETS		
Stocks	29,357	36,775
Debtors	60,017	110,053
Cash at bank and in hand	126,975	71,995
	<u>216,349</u>	<u>218,823</u>
CREDITORS (amounts falling due within one year)	(157,295)	(210,501)
NET CURRENT ASSETS	<u>59,054</u>	<u>8,322</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>476,505</u>	<u>350,955</u>
Financed by:		
CREDITORS (amounts falling due after more than one year)	85,973	34,678
DEFERRED GRANTS	12,000	17,922
	<u>97,973</u>	<u>52,600</u>
RESERVES		
Special reserves fund	68,566	68,566
Profit and loss account	309,966	229,789
	<u>378,532</u>	<u>298,355</u>
	<u>476,505</u>	<u>350,955</u>
On behalf of the Board		
Mary Worrall Director		
Grainne Mullan Director		

Celebrating the New-Look Pembroke Road Clinic, December 2009



Well Woman Board member Jan Richards pictured with Administrator Maire Gough and Mark Downey, the contractor who carried out the refurbishment.



Well Woman Chair Mary Worall pictured with Newstalk's Claire Byrne.



Board member Fiona de Londras pictured with Well Woman's Medical Director, Dr. Shirley McQuade and Robert Quinn of Quest Diagnostics.



Some of the Pembroke Road team enjoying the celebration, shown left to right: Drs. Zainab Abed & Gillian Darling, Clinic Nurses Jennifer O'Neill and Norah McPeake, Clinic Manager Siobhan Caskie and Counsellor Joan MacGowan.



Brian Donnelly of Lynx Insurance talking with Sean Murphy of Xwerx.

The Well Woman Team (at 31 December 2009)

Chief Executive:

Alison Begas

Medical Director:

Dr. Shirley McQuade

Administrator:

Maire Gough

Accounts Manager:

Siobhan Wright

Bookkeeper:

Rachel Carey

Clinic Managers:

Siobhan Caskie
Josephine Healion
Imelda Healy

Head of Counselling Services:

Linda Wilson Long

Counsellors:

Anne Feeney
Patricia Moran
Michele Pippet

Doctors:

Dr. Fadzilah Ab Aziz
Dr. Zainab Abed
Dr. Gillian Darling
Dr. Lawahd Hassan
Dr. Sandra Hubert
Dr. Tom Kelly
Dr. Vina Kessopersadh
Dr. Mary McAndrew
Dr. Nora Sheehy Skeffington
Dr. Madeline Stringer
Dr. Sujatha Sundaralingam

Nurses:

Betty Coggins
Maureen Cosgrave
Anne Crawford
Karen Crean
Deirdre Farrell
Kirsten Feehan
Gay Greene
Clíodhna Kerrigan
Geraldine Little
Sinead McDonald
Norah McPeake
Shirley O'Malley
Jennifer O'Neill
Simeon Orr
Pat Rees

Receptionists:

Mary Butler
Pauline Clerkin
Yvonne Dowling
Olive Fanning
Wendi Fowler
Tara Galvin
Patricia Keogh
Siobhan Laherty
Sandra Lyons
Miriam McCann
Doretta McNally
Elaine Murphy
Fionnuala O'Flaherty
Andrea O'Neill
Linda Scanlan

The Dublin Well Woman Centre
Head Office
25 Capel Street
Dublin 1

T 01 874 9243
F 01 874 9339
E info@wellwomancentre.ie
W www.wellwomancentre.ie