



Annual Report 2013

Well Woman Medical and Counselling Services 2013

Family Planning Services:

- Combined oral contraceptive pill, the mini pill and Nuvaring
- Intrauterine devices, including Mirena, Copper and Flexi-T
- Implants (Implanon) and injectable contraception (Depo Provera)
- Evra (contraceptive patch)
- Emergency contraception and post-coital coils
- Vasectomy counselling and operations (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 CervicalCheck (the National Cervical Screening Programme) and Biomnis
- Screening for Sexually-Transmitted Infections (Men's STI screening is available in Pembroke Road and Liffey Street)
- 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).
- 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.

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

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A Message from our Chairwoman



During 2013 the recession continued its relentless grip on Ireland's economy. The climate in which we operate has been changed utterly by pressure on personal income leading to a fall in discretionary spending, and the impact of this on Well Woman continues to represent a significant challenge. The same is true for many other organisations operating in the not-for-profit sector.

In recent years, we have made some difficult decisions to re-structure Well Woman in order to move towards financial stability. Initially, this was confined to rationalising clinic coverage, and a period of short-term working during 2011. However, it was necessary to further reduce our costs and we started 2012 having initiated a pay cut. A further period of short-term working was necessary during 2013.

The Board's Finance Committee has made, and continues to make, a major contribution during these difficult times and is much appreciated by the Chief Executive and myself for their support and guidance.

Against the backdrop of pressure on public funding, public confidence in the not-for-profit sector was badly damaged

in late 2013 by a series of revelations about remuneration practices, and governance deficiencies, in a small number of charities. The fact that this information entered the public domain in a drip-feed fashion, coupled with the, to date, confused response from Government and funding bodies, has not helped efforts by the not-for-profit sector to put its own house in order.

And I will be clear here – the Dublin Well Woman Centre takes seriously its responsibilities as a recipient of public funding. We welcome the long-awaited establishment of the Charities Regulator, and will work positively and responsibly to meet the standards for charities which will, no doubt, emerge.

Not only does this require that Well Woman, like all other funded charities, observes the highest standards of governance – it also pushes us to continue to 'keep our eye on the ball' where real women's healthcare issues are concerned. Our services must be evidence-based, and they must respond to what women really need from a primary healthcare provider.

To ensure we constantly examine our role and function, the Board during 2013 established a Strategy Working Group to zero in on re-defining Well Woman's Vision, Purpose and Values. This work then informed the development of an Operational Strategy for 2014 – 2016, aided by staff attendance at a workshop to facilitate valuable staff input. The implementation of this strategy is currently underway at senior management level, with the active support of the Board and staff.

After many delays, 2013 was the year in which the Government – finally – passed legislation to define the Supreme Court's 1992 X Case judgement. The Protection of Life during Pregnancy Act defines the circumstances in which doctors may intervene to save a woman's life by terminating her pregnancy and, as such, is to be welcomed. However, it's important to remember that that's all it does. It does nothing to protect the health of a woman, which can be damaged seriously in some cases by a pregnancy.

The legislation fails to allow for terminations in cases of fatal foetal abnormality. It also fails to address pregnancies resulting from rape, and it perpetuates a criminalisation of women which is deeply regressive.

On another note, Well Woman's partner relationship with the H.S.E. is a valuable facet of our work. We are proud to deliver GMS services in our Coolock clinic, along with crisis pregnancy services (in partnership with the H.S.E. Crisis Pregnancy Programme) and cervical screening services (in partnership with CervicalCheck) in all our locations.

In day-to-day service delivery, and in 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.

Last, but not least, I would like to acknowledge Well Woman's Board of Directors, for the tremendous amount of time, expertise and commitment they gave to the organisation during 2013.

I am proud to be Chairwoman of the Well Woman Centre and part of the team 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.

Jan Richards,
Chairwoman
May 2014

Chief Executive's Report

For anyone working in the not-for-profit sector, 2013 will be remembered as the year in which trust in the sector was badly damaged by a series of revelations concerning pay and governance practices in a small number of organisations.

The damage came at a particularly bad time for the sector; many not-for-profits, already hugely dependent on the goodwill of the public, had experienced year-on-year reductions to their State funding. The work done by not-for-profit organisations is valuable and important to Irish society. The last thing they needed was for the generosity of the Irish public in supporting that work through donations and fundraising to be jeopardized.

To be credible, and to ensure trust is restored, social enterprises must ensure that good governance and control procedures are taken as a given across the sector

To the present writer, the glare of politically-driven spotlight on the sector, along with the genuine anger felt against certain outliers in the sector, has presented each and every one of us with an opportunity to get our own houses in order.

To be credible, and to ensure trust is restored, social enterprises must ensure that good governance and control procedures are taken as a given across the sector, rather than being seen as something to which only the larger, bigger-budget organisations need adhere.

In this regard, Well Woman welcomed the establishment during 2013 of the Charities Regulator; we look forward to implementing the standards that will evolve from this long-overdue development.

Looking at Well Woman, and from an organisational point of view, that a not-for-profit organisation that is relevant to women, and looks to constantly argue the case for women's health gain, can endure in the teeth of a deep recession, while facing reductions in State funding, is cause for celebration, and I am proud of how Well Woman has adapted to survive.

Elsewhere in this report, our Chairwoman has written about the Board's Strategy Group, which worked during 2013 to

re-examine the organisation's core values. Those values are an important signal to our patients of what Well Woman represents:

Excellence is at the heart of what we do. It drives us to innovate and to lead when it comes to new developments, and to take inspiration from other, leading healthcare organisations, nationally and internationally.

We are **non-judgemental** in our treatment of patients and clients; our approach is one of integrity, upholding the right of each individual woman to make health decisions appropriate to her and her needs.

Our **client-centred** approach respects our patients and clients; we support the choices women make about their sexual and reproductive health, and offer our services in the most accessible way possible.

We are **caring and supportive** in what we do; this means that Well Woman doctors, nurses and counsellors connect with patients and clients in a relationship of equals.

On the legislative front, 2013 was the year in which the Protection of Life during Pregnancy Act was enacted. We are concerned that, at time of writing, no guidelines have as yet been published to inform those healthcare professionals who may – today – be faced with dealing with a pregnant woman whose life is at risk.

The legislation also fails to deliver a compassionate response to women dealing with a fatal foetal abnormality – despite evidence of cross-party political support for this. Broader recognition of women's health should also have been included. Well Woman's role in advocating for women in situations of crisis pregnancy will continue.

Writing as far back as 2006, 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 and prevention, awareness and services.

We hope to see that National Sexual Health Strategy published during 2014, although it is unclear whether it will be matched by an increase in funding to underpin sexual health services. What is clear is that we can look forward to having a road-map which defines standards in education and prevention, best practice testing in primary care and hospital-based clinics, laboratory testing and monitoring of outcomes.

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 live longer and consequently remain sexually active for longer, and both women and

men are now more exposed to more sexually transmitted infections than ever before. Quality services must be in place to meet these needs.

I must thank all of our staff for their dedication to our patients, and their loyalty to what Well Woman represents. Our management team has shown extraordinary dedication.

Finally, warm thanks must go to our Chairwoman Jan Richards, and to Well Woman's Board of Directors. Jan and the Board gave me unqualified support and guidance during 2013, for which I am most grateful.

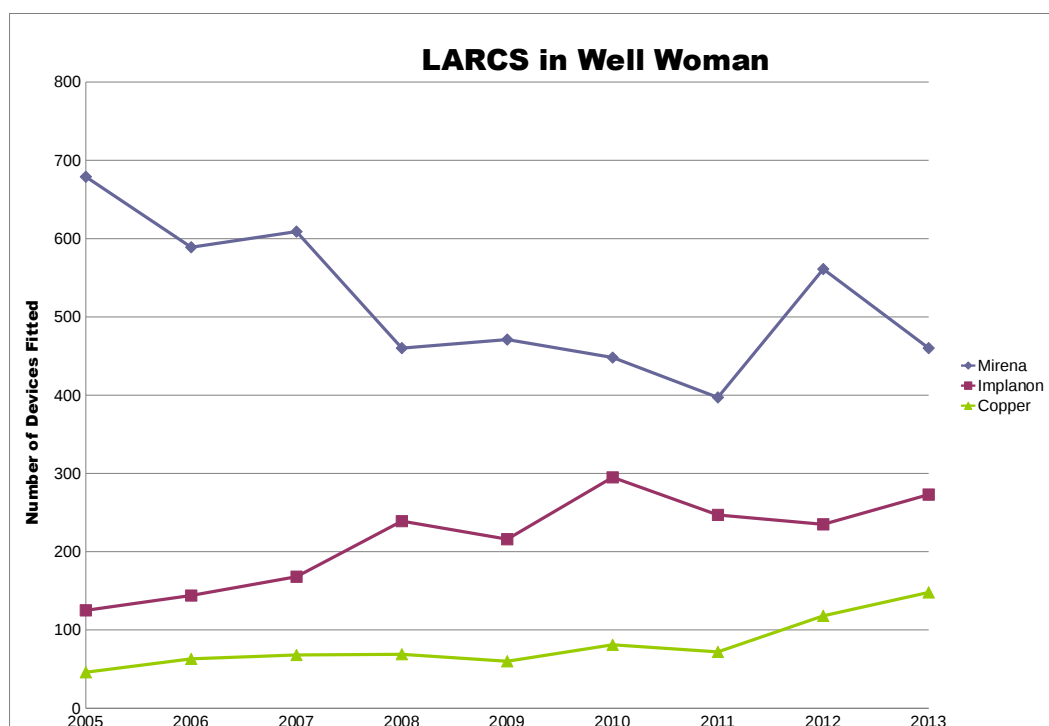
Alison Begas, Chief Executive
May 2014

Medical Director's Commentary and Report

This proved to be a challenging year for all staff due to a complete change to our computer programme. Migration of the 100,000 or so patient records to a new system was just the start. We also grappled with a new test ordering system and billing module whilst trying to manage the patient in front of us. Our patients were generous and understanding and we did not allow technology to get in the way of our listening, investigating and treating.

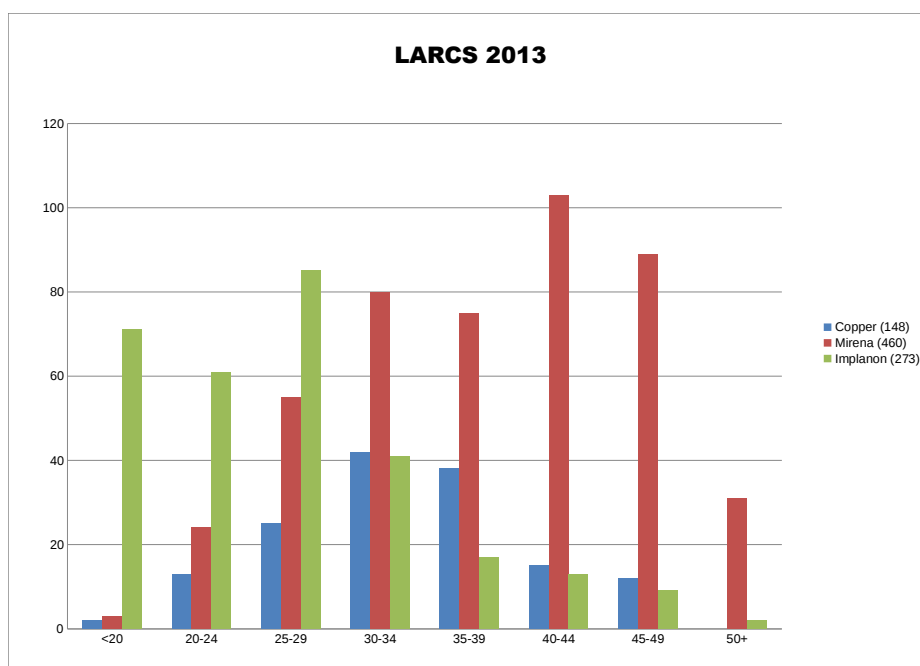
LARCS 2005 – 2008

Long acting reversible contraception is safe, effective and due to its long duration of action also the most cost effective option. Women can choose between an implant that is placed under the skin of the inner upper arm or one of the forms of intrauterine device. Mirena is an intrauterine device which releases a hormone, levonorgestrel, into the uterine cavity. There are a number of copper intrauterine devices. In the clinic we use either the CopperT 380 or the Flexi –T 300. Over the last few years, Mirena has been the most commonly used device but the implant and the copper coils are increasingly being used.



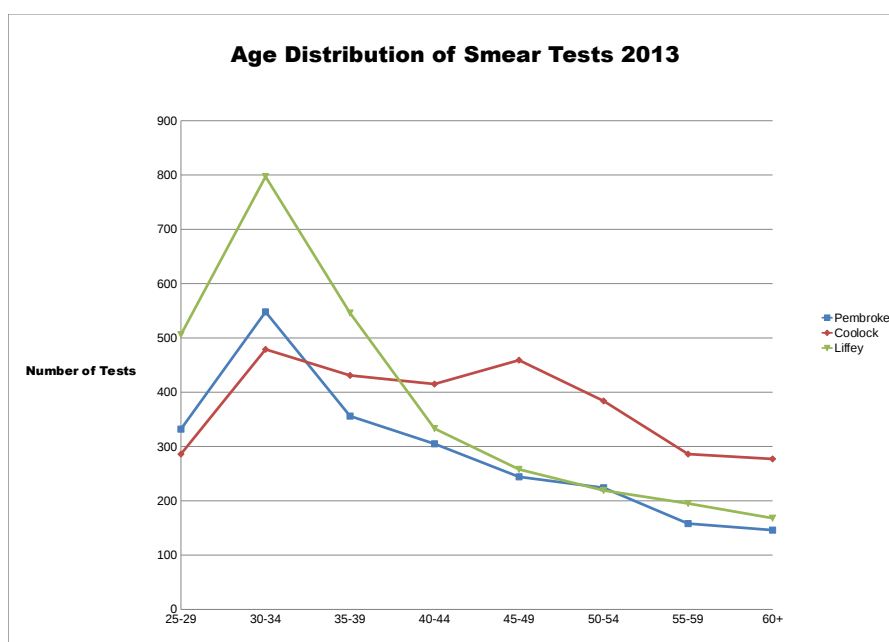
LARCS 2013

Implanon is popular in the younger age groups. It lasts for three years so we have a number of women who have had the device replaced very three years to maintain contraception for many years. Mirena tends to be more frequently used by a slightly older cohort. The hormone, levonogestrel has the effect of reducing menstrual bleeding and is the reason why it is particularly useful in women over age 30 whose periods naturally tend to become heavier. Women of all ages who prefer to have non hormonal but effective contraception choose to have copper coils fitted.



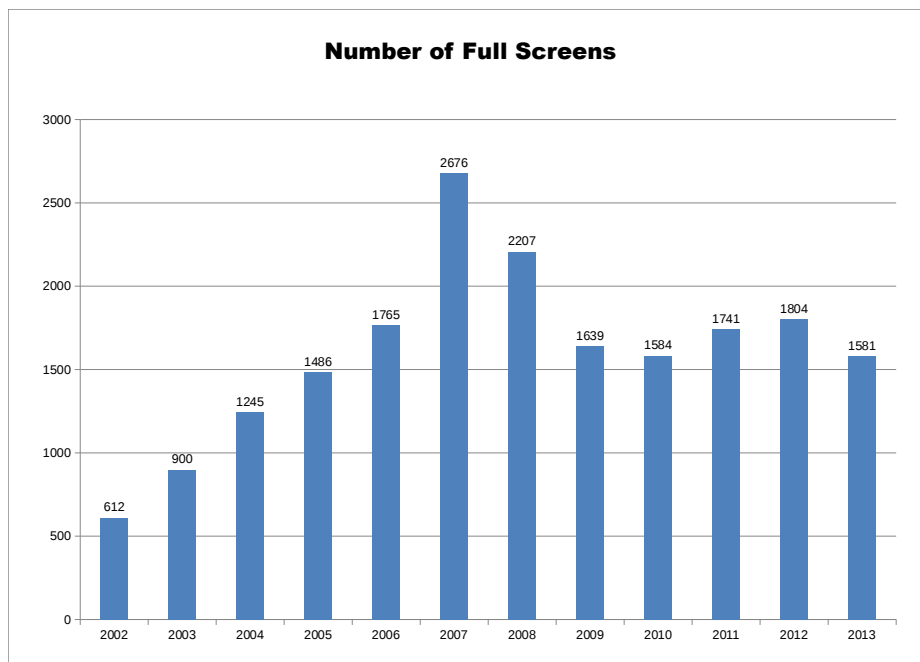
Smear tests 2013

It has been noted by Cervical Check that women over 40 are less likely to have smear tests taken. It is also the case that many women over 40 consider that they do not need contraception – which is not the case if they are sexually active. Women should continue to use contraception until after the menopause and avail of the free Cervical Check programme until age 60.



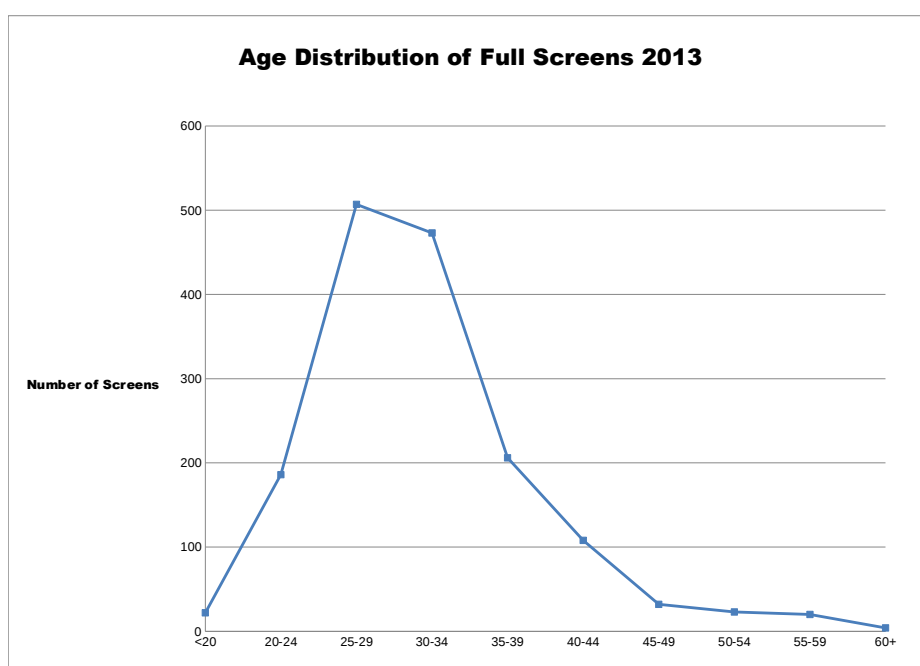
Full Screens 2002 – 2013

The number of patients who had Full Screens decreased having risen for the two previous years. This may be a financial decision on the part of patients most of whom have not seen an increase in their disposable income for several years. A “Full Screen” involves testing for trichomonas, gardnerella, gonorrhoea and chlamydia on swab and urine tests and hepatitis B, hepatitis C, HIV and syphilis on a blood test.

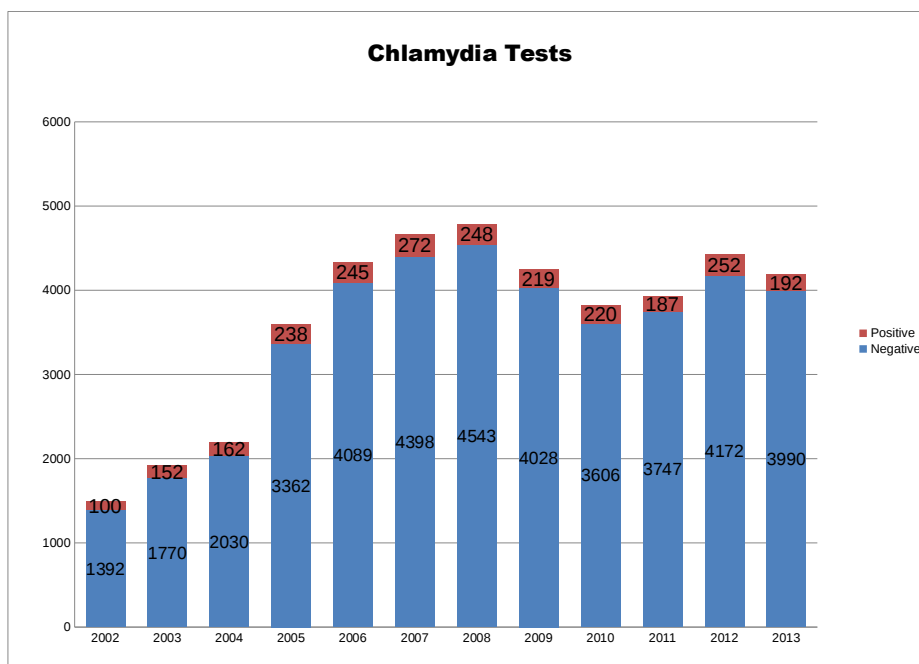


Full Screens 2002 – 2013

The 25 – 34 year age group are the most likely to have a Full Screen. This reflects the national trend for most STIs to be detected in this age group.



Chlamydia continues to be a concern for patients. Over four thousand tests were taken in 2013 and 4.6% were positive. The vast majority of tests are carried out in patients who have no symptoms so screening is the only way to detect infection. Undiagnosed and untreated, an infection can cause pelvic inflammation leading to an increased risk of ectopic pregnancy, infertility and chronic pelvic pain.



Sexual Health Research in Well Woman

Trichomonas Vaginalis (TV) is a sexually transmitted infection which can cause vaginal discharge in women and urethral discharge in men. Both men and women may experience pain on urination. Like all STIs it may be silent. The detection rate in Ireland is very low. Nationally only 81 cases were notified to the Health Protection Surveillance Centre in 2012. Many infections can now be checked for using molecular technology which has a greater likelihood of detecting infection than conventional microbiology tests.

In Autumn 2013 Well Woman started a joint study with the National Virus Laboratory using a molecular test for TV. The aim is to get an estimate of the true prevalence of TV and to determine whether or not molecular testing for TV should replace the current standard.

Dr Shirley McQuade,
Medical Director
May 2014

Counselling Services: An Overview

Austerity measures continued to impact on clients during 2013, and the reduced numbers of clients attending our general counselling service, despite the possible need for such support, indicates many may defer seeking therapeutic services because of financial stress.

We continue to offer a sliding scale for our general counselling to assist clients to avail of this support, but are aware that the struggle to pay a mortgage or rent, support a family or education, and ensure a reasonable standard of living means there is little or no financial resource available to them to enter into a counselling relationship.

Crisis Pregnancy Counselling:

Our counselling service upholds the client's right to make decisions regarding her pregnancy around the options of parenting, adoption and abortion. Crisis pregnancy can result from failed contraception, relationship break-ups, rape or incest, or foetal abnormality.

A planned, wanted pregnancy can also become a crisis through change of circumstances in the client's life, a job loss or financial instability, a relationship breakdown or the diagnosis of a serious foetal abnormality. Our counsellors offer clients the necessary support and information to enable them to reach informed choices, and counselling is client-led, non-directive and legally compliant.

Clients are welcome to attend alone, with their partner or with family members. The client's rights are the main priority throughout the session, but time is given to support the people who attend with her.

The Introduction of The Protection of Life During Pregnancy Act 2013, clarified the circumstances where an abortion may be lawful in Ireland. However, there are specific circumstances in which assessment must be made by medical and psychiatric professionals. It does not allow abortion in circumstances of rape or foetal abnormality.

Unfortunately some clients wrongly assumed that abortion was now available in Ireland and experienced further distress when it was brought to their attention that there are strict limited circumstances in which it may be permitted.

The opening of an abortion clinic in Belfast also prompted clients to believe they could avail of the services there. Northern Ireland has very different and complex abortion laws to that of Britain, thereby ensuring that the service could not be accessed by clients from the Republic, except in particular psychiatric assessments.

As in previous years, a presenting element in a pregnancy counselling session can revolve around financial concerns. Many clients express concern that they are financially unable to continue with a pregnancy due to the insecurity of future employment, further salary cuts, or evolving mortgage-related issues. It is of great concern that clients may need to put their financial position before their ethical or personal well-being in this critical time.

The HSE Crisis Pregnancy Programme continues to provide a training module in conjunction with NUI Maynooth on crisis pregnancy counselling. This module is of particular value to counsellors who are new to providing crisis pregnancy counselling.

This training has been further extended by the introduction of 'Master Classes' which bring deeper learning to specific aspects of crisis pregnancy, and reflect the wider cultural and religious realities of modern Ireland. New training has also been provided to support the counsellors in their knowledge of the legislation applying in this context.

Media coverage continued in 2013 regarding the untimely death of Savita Halappanavar and the investigation into her death, as did articles which called into question the legality of provision of crisis pregnancy service with certain providers.

Clients continued to name concerns about confidentiality, safety and lack of support for them, and spoke of the painful distress caused to them by the strongly worded arguments taking place countrywide. Such unease can lead clients to avail of inappropriate medication via the internet, or perhaps make a decision to travel for termination without any support from services in Ireland. This is a worrying dimension to the care of women with crisis pregnancy. Should they take inappropriate medication or feel coerced into travelling for termination they may experience further isolation by not availing of the supports that Well Woman can offer them.

Post-Termination Counselling:

The debate on legislation during 2013 also impacted on clients who had experienced termination, bringing them back to counselling to re visit their experiences and work through the emotions invoked by that political debate.

Clients who travel for termination avail of the services in the UK primarily but statistics show that clients have also travelled to their country of origin, or to one of many excellent clinics within Europe, or as far afield as America or India.

Whilst women do not avail of abortion aftercare services in the numbers we would hope to see, we note from our statistics an increase in clients using both medical and counselling services.

Hopefully this suggests that the still present stigma of abortion in Ireland and the secrecy for clients when they return to family, friends and work conditions is lessening. 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 maintained its advertising commitment to ensure wide media awareness for women of the availability of support services when they return to Ireland. This coverage also encourages

the removal of the silence of termination for women. Termination remains a very emotive issue however, and it is of utmost importance that a client can attend any Well Woman clinic and be assured of confidential and professional counselling. It is also of relevance to our multi-national clients who may have very little support in this country.

Our post-termination counselling service is available to any person, female, male or couples who have familiarity with the experience of abortion and look for support to work through any emotional issues reached through that experience.

General Counselling:

Our general counselling service is attended by many people recognising the benefits of a confidential, safe and therapeutic meeting. It is still possible, due to lack of legislation, to offer counselling services without appropriately trained therapists, which leaves clients open to potentially serious harm caused by the lack of professional and ethical standards. At Well Woman we strive to meet all professional and ethical criteria with ongoing training, supervision and workplace support for all our counsellors.

Dr Eimer Philbin Bowman offers services which deal with vaginismus, eating disorders and phobias in our Pembroke Road clinic.

WellWoman liaises with other service providers, facilitating information and knowledge flow to maintain best practice. Similarly, continued engagement with our funders, the HSE Crisis Pregnancy Programme, and partaking of ongoing training ensures professional development for our service, and legal, supportive and ethical therapeutic intervention for our clients.

Linda Wilson Long
Head of Counselling Services
May 2014

Board of Directors 2013

Ms Jan Richards

Jan is currently Head of Insights and Planning at Dublin Airport.

Previously, Jan was the Senior Planner with MCCP Planning and Insights, where she worked with client companies in brand development and positioning, qualitative research and insight generation. 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. She also facilitates on the adoptive parenting courses run by the H.S.E. for prospective adopters, and is on the Board of Here2Help Crisis Pregnancy Services.

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.

Breda Brown

Breda is a Director of Unique Media, a media consultancy firm which provides Public Relations, Social Media Management, media training, advertising, creative, production and broadcast consultancy services. Prior to that, she worked as a journalist.

Breeda Cunningham

Breeda is a Chartered Accountant, who trained with Price-waterhouseCoopers. During her time in practice she was involved in the audits of banks, stockbrokers, manufacturing and distribution companies. Post qualifying Breeda has worked for a number of large organisations including an investment bank in London and an insurance company and insurance broker in Ireland. Breeda currently works in Dillon Eustace where she assists clients in interpreting and adhering to regulatory obligations.

Pat Edmondson (joined the Board, March 2013)

Pat acts as Partnership Development Manager leading corporate fundraising for Ireland's fastest growing educational charity for youth, Young Social Innovators. She is an experienced business development professional with over 20 years' experience applied across multiple sectors including not-for-profit, biopharma / biomedical, technology, engineering and the service industries in Ireland and internationally. Over her career Pat has held manager and director level sales and marketing positions with a number of blue chip corporations, served as a mentor for Dublin City Enterprise Board and owned her own business. Pat holds an undergraduate Science Degree and an MSc. in Manufacturing Engineering from Trinity College Dublin. She also has qualifications in Business Management and Business Innovation from both TCD and DCU.

Martha Kavanagh (joined the Board, March 2013)

Martha Kavanagh is a director of Drury Porter Novelli, a leading Irish communications consultancy. She specialises in corporate communications, reputation management and crisis / issue management. Her experience covers sectors including healthcare, retail and financial services.

Grace O'Malley (resigned from the Board, December 2013)

Grace is a qualified psychologist and psychotherapist and is a Fellow of the Chartered Institute of Personnel Development (FCIPD). Having worked across many sectors – technology / education / voluntary - she is currently lecturing in Human Resource Management, specialising in the areas of Change Management, Organisational Effectiveness and Development, and eLearning. A Former Treasurer and Board Member of the National Women's Council, she is currently Chair of The Rose Project, a charity working with women's healthcare in Malawi.

Board of Directors 2013

Ms Yvonne O'Neill (resigned from the Board, February 2013)

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.

Profit And Loss Account

For the year ended 31 December 2013

	2013	2012
	€	€
INCOME	<u>2,169,627</u>	<u>2,255,842</u>
GROSS PROFIT	1,996,218	2,063,109
EXPENSES		
Staff costs	(1,573,310)	(1,639,708)
General overheads	(338,455)	(368,456)
Depreciation	<u>(70,903)</u>	<u>(47,824)</u>
OPERATING PROFIT FROM CONTINUING ACTIVITIES	13,550	7,121
Interest payable and similar charges	<u>(14,994)</u>	<u>(14,949)</u>
PROFIT/(LOSS) ON ORDINARY ACTIVITIES BEFORE TAX	(1,444)	(7,828)
TAX ON PROFIT ON ORDINARY ACTIVITIES	<u>-</u>	<u>-</u>
PROFIT/(LOSS) ON ORDINARY ACTIVITIES AFTER TAX	(1,444)	(7,828)
RETAINED PROFIT BROUGHT FORWARD	<u>260,501</u>	<u>268,329</u>
RETAINED PROFIT CARRIED FORWARD	259,057	260,501

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

On behalf of the Board

MS JAN RICHARDS
Director

MS BREEDA CUNNINGHAM
Director

Balance Sheet

For the year ended 31 December 2013

	2013	2012
	€	€
FIXED ASSETS		
Tangible assets	<u>282,103</u>	<u>323,858</u>
CURRENT ASSETS		
Stocks	22,007	20,059
Debtors	58,651	79,238
Cash at bank and in hand	<u>55,609</u>	<u>93,022</u>
	136,267	192,319
CREDITORS (amounts falling due within one year)	(117,600)	(183,329)
NET CURRENT ASSETS	<u>18,667</u>	<u>8,990</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>300,770</u>	<u>332,848</u>
Financed by:		
CREDITORS (amounts falling due after more than one year)	<u>41,713</u>	<u>61,297</u>
RESERVES		
Special reserves fund	-	11,050
Profit and loss account	<u>259,057</u>	<u>260,501</u>
	<u>259,057</u>	<u>271,551</u>
	<u>300,770</u>	<u>332,848</u>

On behalf of the Board

MS JAN RICHARDS
Director

MS BREEDA CUNNINGHAM
Director

The Well Woman Team

(at December 31st, 2013)

Chief Executive:

Alison Begas

Medical Director:

Dr Shirley McQuade

Administrator:

Post vacant

Accounts Manager:

Siobhan Wright

Bookkeeper:

Rachel Carey

Clinic Managers:

Siobhan Caskie

Josephine Healton

Imelda Healy

Doctors:

Dr Zainab Abed

Dr Fadzilah Ab Aziz

Dr Gillian Darling

Dr Lawahd Hassan

Dr Sandra Hubert

Dr Vina Kessopersadh

Dr Lisa O'Neill

Head of Counselling Services:

Linda Wilson Long

Counsellors:

Anne Feeney

Michele Pippet

Paula Tierney

Nurses:

Betty Coggins

Anne Crawford

Karen Crean

Deirdre Farrell

Kirsten Feehan

Gay Greene

Tanya Kearns

Geraldine Little

Sinead McDonald

Norah McPeake

Shirley O'Malley

Simeon Orr

Pat Rees

Laura Sheehan

Receptionists:

Yvonne Dowling

Olive Fanning

Patricia Keogh

Siobhan Laherty

Sandra Lyons

Miriam McCann

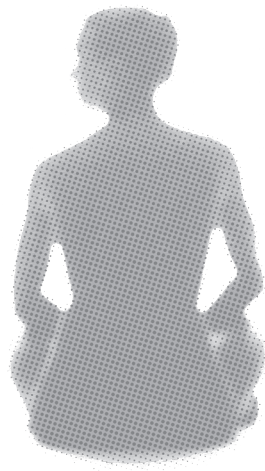
Doretta McNally

Angela McNally

Fionnuala O'Flaherty

Andrea O'Neill

Linda Scanlan



The Dublin Well Woman Centre

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