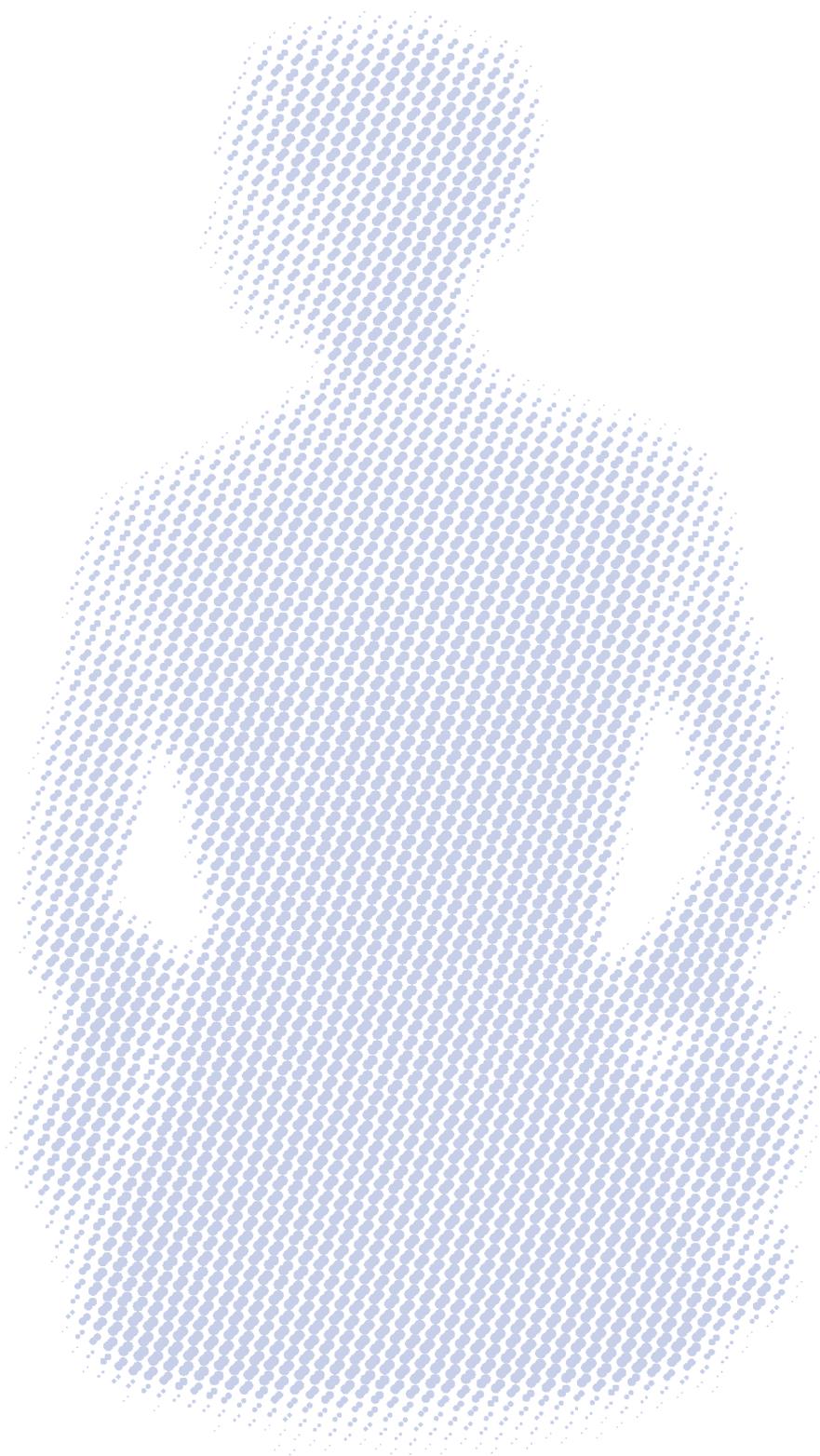


Annual Report 2004

The Dublin Well Woman Centre

THE
WELL
WOMAN
CENTRE



WELL WOMAN Medical & Counselling Services

FAMILY PLANNING SERVICES

- ▶ Combined oral contraceptive pill, the mini pill and Nuvaring.
- ▶ Intrauterine devices, including Mirena and Flexi-T.
- ▶ 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 (Thin Prep and TDL Express).
- ▶ Screening for Sexually-Transmitted Infections (Men's STI screening is also available).
- ▶ Chlamydia testing.
- ▶ Cryotherapy.

COUNSELLING

- ▶ Non-directive pregnancy counselling, and post-termination counselling available in all centres.
- ▶ General counselling available in all centres (including sexual abuse, depression, relationship and stress).
- ▶ 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 Relationship Counsellor, and works with individuals, 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
01 872 8095 / 01 872 8051

NORTHSIDE

Northside Shopping Centre
Coolock
Dublin 5
01 848 4511

BALLSBRIDGE

67 Pembroke Road (Basement)
Ballsbridge
Dublin 4
01 668 1108 / 01 660 9860



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Lynne Tracey
Chair, Well Woman Centres



A Message from our Chairperson

The year 2004 has seen some significant change and innovation in the services provided by the Well Woman Centre. I am proud and delighted to have been part of the team that has been involved in this process. In partnership with the previous Chair, Helen Keogh, the Board, and the Management team at Well Woman – ably led by our Chief Executive and Medical Director – we at Well Woman look forward to continuing to be at the forefront of providing best-in-market medical services and facilities to our clients.

As an example, we at Well Woman identified the requirement to improve access to Emergency Contraception, particularly over the busy weekend period. In response to this, the first Sunday walk-in Emergency Contraception clinic was established. The success of this service is evident in its use and in the fact that we have seen an increase in the number of other clinics providing these services.

In 2004 Well Woman began men's STI screening in Pembroke Road; this followed from having identified a critical need to improve access to community-based sexual health screening. There is more detail regarding this, and some of the other innovations we introduced, in the reports from the Chief Executive and Medical Director.

New research to establish prevalence rates for HPV (Human Papilloma Virus) in a representative sample of the Irish population was initiated with the Royal College of Surgeons in Ireland, with preliminary results expected in Autumn 2005. We are extremely proud to be part of what is likely to be ground-breaking research which will provide invaluable data for the advancement of cervical screening.

The importance of Counselling to the total remit of Well Woman should not be underestimated, and in acknowledgement of this we were delighted that Linda Wilson Long accepted the newly-created role of Lead Counsellor. Linda's responsibilities are to plan and oversee the strategic development of Well Woman's professional counselling services, and we are already seeing a benefit from this to the organisation and clients alike.

With the cultural changes in Irish society, clients from a wide range of new communities now present in our clinics for health and counselling services. This growing diversity presents a number of challenges to healthcare providers, to which Well Woman is responding well.



Our crisis pregnancy services continue to be fully funded by the Crisis Pregnancy Agency. In addition, the Northern Area Health Board funds us to provide women's health, family planning and counselling services to medical cardholders in north Dublin. To both of these bodies, I would like to record my gratitude.

As far as corporate governance is concerned, the Board of Directors began a process of renewal during 2004, with some long-serving Directors retiring, and new Directors joining. I am grateful to those who give and have given freely of their expertise, time and commitment to Well Woman. I would also like to welcome our new members to the Board - we look forward to working with them.

In particular, I would like to acknowledge the work of my predecessor, Helen Keogh, who ensured during her term as Chairperson that Well Woman's voice was used to articulate the health concerns of women to good effect. On a personal level, Helen has also provided me with much useful advice and support, for which I am very grateful.

Well Woman's success is built on a massive team effort, and I would like to extend a particular thanks to our Chief Executive Alison Begas, our Medical Director Dr Shirley McQuade, and all of our doctors, nurses, counsellors and administration staff. Their dedication and commitment has been exemplary.

« It is exciting for me to see how an organisation trusted by women for over 25 years continues to set the contemporary agenda for women's health »

As Chairperson of one of the leading providers of women's health and family planning services, it is exciting for me to see how an organisation trusted by women for over 25 years continues to set the contemporary agenda for women's health.

During 2005, Well Woman is planning even more exciting changes and developments. This will ensure quality, relevant health services for women – long may it continue.

Lynne Tracey
Chairperson
April 2005



Chief Executive's REPORT

New medical services targeting new clients, ground-breaking research, a new Chairperson and Board members, and a new management role in the Counselling department Looking back, 2004 was nothing if not eventful.

Following on from the planning phase of 2003, much of our work in 2004 focused on making those plans real, expanding capacity, and developing new services to ensure that clients continue to find the organisation relevant to their needs. Well Woman has always been an innovator, and our new services included:

Sunday Emergency Contraception Clinic:

In October we launched a walk-in Sunday Emergency Contraception Clinic in Liffey Street. We were – and continue to be – amazed by the number of women presenting for this service. The wide geographic range of addresses given by our Sunday clients indicates that there may be some worrying gaps in service provision in this country. This is an area where quantitative research is needed to establish the scope of the problem, and is an issue for health service planners to tackle.

Men's STI Screening Service:

Over recent years, as awareness of the risk of sexually-transmitted infections has grown, and people have become more open to screening, Well Woman has dealt with numerous queries from clients as to where their partner might go for testing. Late in 2003 we began planning for a Men's STI Screening pilot, to see if Well Woman could meet this need.

We delivered a successful fourteen-week pilot in Pembroke Road – targeting the husbands and partners of Well Woman clients. We noted a growing trend for new couples in the early stages of a relationship to come in together for screening.

Many of the men who attended reported their reluctance to attend hospital-based STI clinics, citing the delay in getting an appointment, as well as the fear of being seen, as major barriers to accessing services. The response to the pilot indicated to Well Woman that men are open to presenting for STI screening when it is made convenient for them, and offered discreetly.

Following the positive reaction to the pilot, Men's STI Screening has now been extended in Pembroke Road to the broader male public. This is an important element in fulfilling Well Woman's sexual health remit.

The success of these new medical services underlined Well Woman's huge growth potential. By exploiting a strong brand we raised our profile, and at the same time revitalized the way in which Well Woman is perceived by many.



In our Counselling department, we realised a long-standing ambition during 2004 by appointing a Lead Counsellor to oversee the service. Linda Wilson Long has worked as a Counsellor with Well Woman for nine years; her new role both strengthens our management team, and gives us the opportunity to dramatically enhance the counselling service.

As part of Well Woman's commitment to expand capacity and develop new health and counselling services, it was necessary for us to invest substantially in training for management and staff.

In January we held a successful 'break-out' day for clinic staff, in which doctors and nurses came together to review the medical protocols, as well as hearing guest speakers address various women's health topics.

As 2004 drew to a close, Well Woman secured funding from the ERHA to enable a number of our doctors to attend STI training in Britain. This is significant, as there is no STI training in Ireland for primary care doctors. Offered by the British Association for Sexual Health and HIV, four Well Woman doctors – including the Medical Director – will complete this prestigious training course during 2005.

During the year Well Woman delivered a number of training events on the skills needed to work in an increasingly multi-cultural environment. Targeted at organisations within the Crisis Pregnancy Agency's 'Positive Options' banner, these training events were designed with front-line counselling and clinic staff in mind. In 2005 we will deliver Phase II of the programme, including training for interpreters working in crisis pregnancy situations.

« *By exploiting a strong brand we raised our profile, and at the same time revitalized the way in which Well Woman is perceived by many.* »

It is a cliché, but a successful organisation like Well Woman stands on the strength of teamwork in the clinics and in Head Office. Our doctors, nurses, counsellors, receptionists and managers alike deliver consistently high standards of care to clients. In particular I would like to acknowledge the commitment of Shirley McQuade, Caroline Puyou, Imelda Healy, Siobhan Caskie, Josephine Healion and Linda Wilson Long.

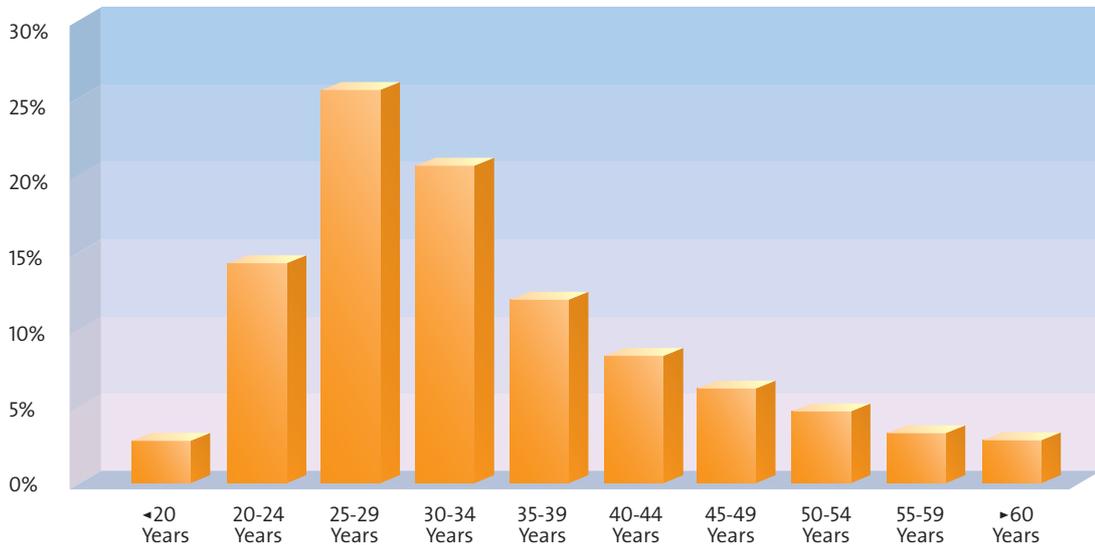
Finally, I would like to thank Well Woman's Board of Directors, and our Chairperson, Lynne Tracey, for her support to me during 2004.

Alison Begas
Chief Executive
April 2005



MEDICAL DIRECTOR'S COMMENTARY AND REPORT

Age Profile



The clinics see women across a broad spectrum of ages. We provide a wide range of services including contraception and cervical screening which are most relevant to the under 50 age group. However, breast examination, menopause advice and information on osteoporosis are common consultations in the older age groups.

Research

Human Papilloma Virus (HPV) is the cause of over 99% of cervical cell changes noted on cervical smear tests. The group at most risk of getting cellular changes due to persistent HPV is in the 25 – 34 year age group. Given Well Woman's patient age profile, it is particularly apt that we have embarked on a study into HPV prevalence in an Irish population.

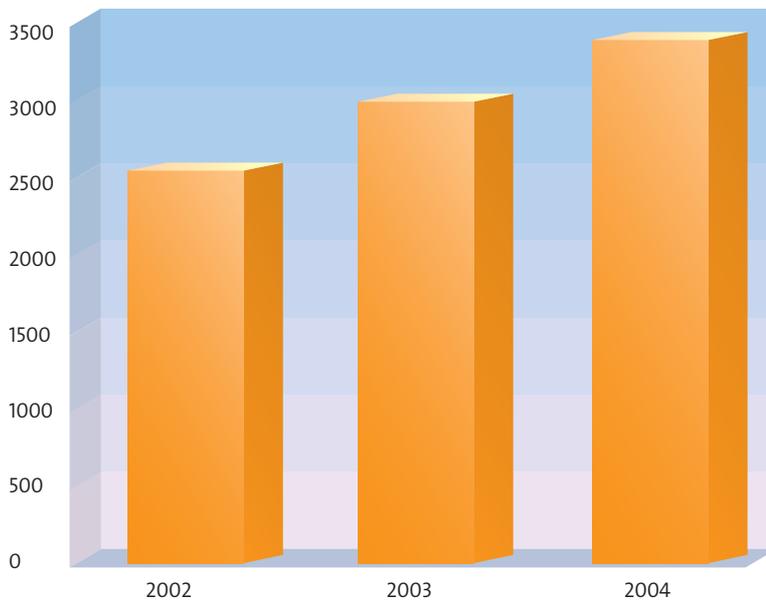
The Royal College of Surgeons in Ireland (RCSI) and Well Woman have approached various agencies over the last 3 years for funding towards this research. Finally, the RCSI and Well Woman decided that the research urgently needed to be done, lack of external funding notwithstanding.

In the fourth quarter of 2004 we got written consent from over 1100 women to allow their cervical smear test samples to be analysed for HPV viruses. The RCSI laboratory staff are currently analysing the material and results should be available in Autumn 2005.

In the future, it is hoped that HPV testing will improve the detection of women at risk for cervical cancer. Internationally, research is also being done into HPV vaccines to give immunity against several types of HPV virus.

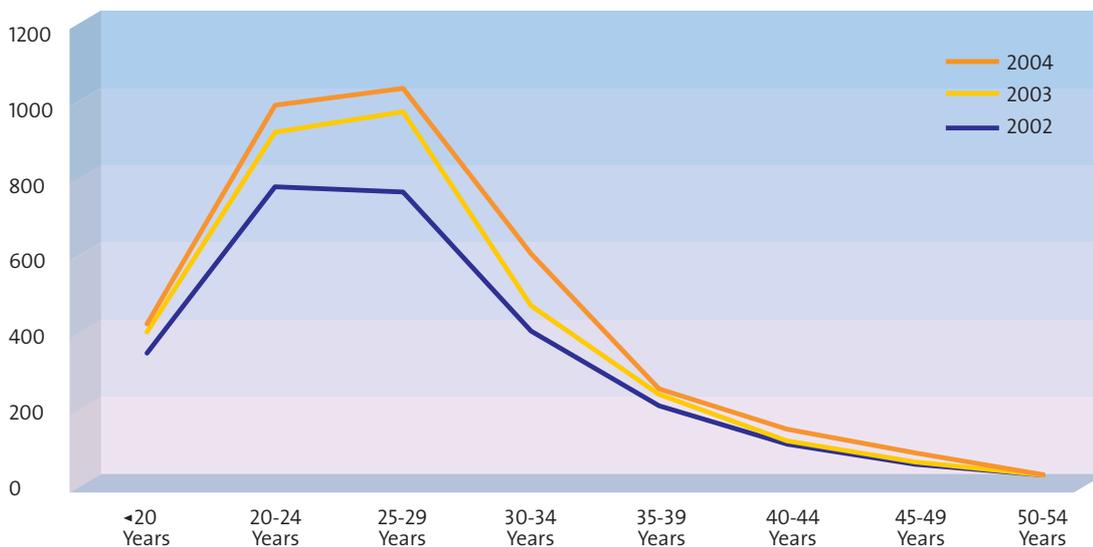


Consultations for Emergency Contraception



The number of consultations for Emergency Contraception continues to increase. This is an essential service that can be difficult to provide due to the time limit in which contraception should be taken. Where there is pressure on clinic appointments, our Clinic Managers anticipate the level of demand and leave free appointments so that patients requiring Emergency Contraception can be accommodated at short notice. During the consultation patients are advised of their options regarding regular contraception.

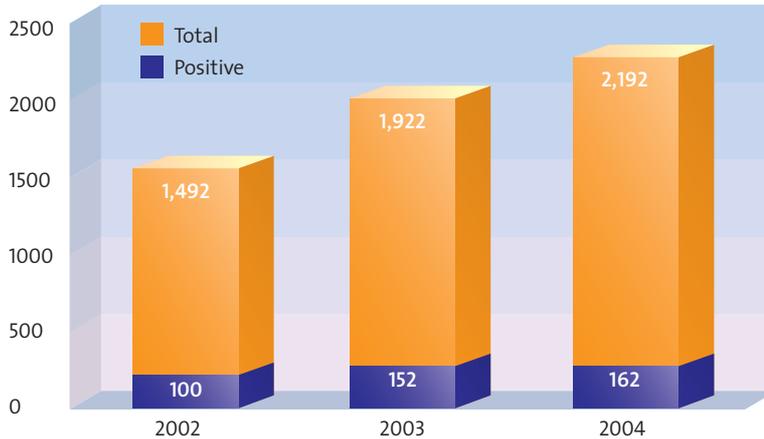
Consultations for Emergency Contraception by Age



Over the last three years, the demand for Emergency Contraception has been consistently highest in the 20-30 year age group. There is a commonly held belief amongst women over the age of 40 that contraception is no longer needed. However, conception is possible up to 2 years after last menses in the under 50s and is possible for 1 year after last menses in the over 50s.

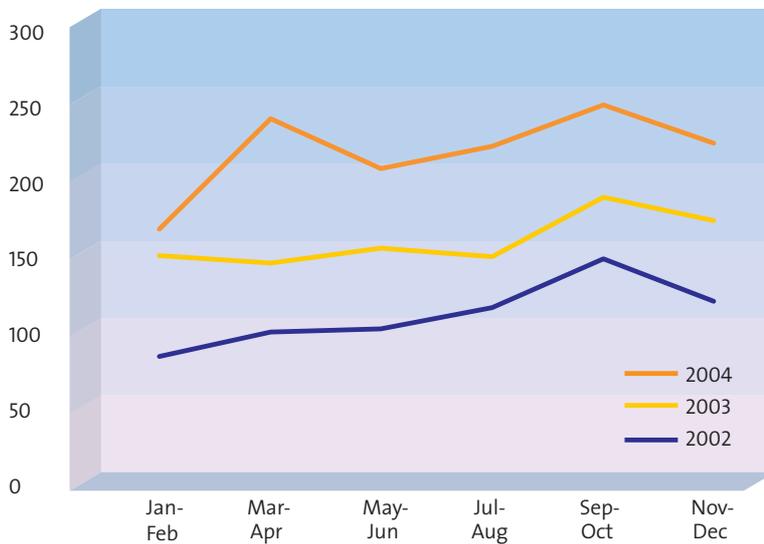


Chlamydia Tests



Chlamydia is a sexually transmitted infection that often causes little or no obvious symptoms. However if it goes undetected and untreated it can cause pelvic pain and damage to the fallopian tubes, increasing the risk of ectopic pregnancies and infertility. We have continued to increase the number of chlamydia tests taken and have yet again seen an increase, albeit smaller than the previous year, in the number diagnosed with this infection.

Screening for Sexually-Transmitted Infections

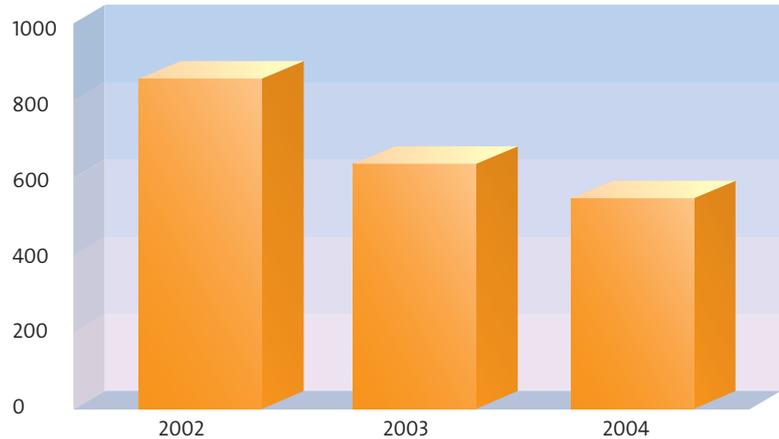


The demand for full screens is for the most part patient driven. A full screen involves being checked for a number of infections that may be sexually transmitted – chlamydia, trichomonas, gardnerella, gonorrhea, hepatitis B and C, HIV and syphilis. There is a greater awareness that these infections exist and that tests are available. Unfortunately the public hospital system seems unable to cope with the demand, with waiting times of up to eight weeks to have testing done. The waiting time for an appointment in a Well Woman clinic is less than one week.



Number of Women Prescribed HRT

Hormone Replacement Therapy, HRT, has received a great deal of publicity in recent years. Early reports in August 2002 from an American study, the *Women's Health Initiative Study*, showed that women on HRT were at increased risk of cardiovascular events and breast cancer. This was followed almost one year later by a United Kingdom study in July 2003, the *Million Women Study*, which published similar figures for the rate of increase in breast cancer. This has caused a change in the way women cope with the menopause. Fewer wish to start HRT and those on HRT tend to take it for shorter periods of time than previously.

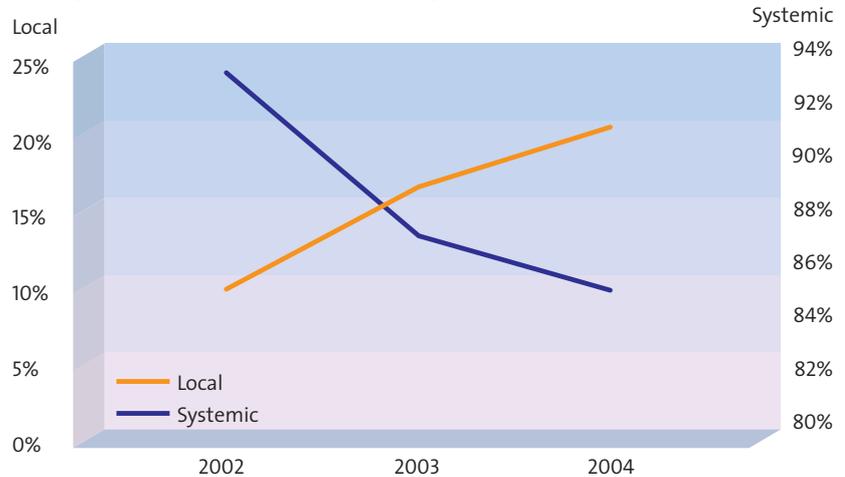


Change in Pattern of Prescribing of HRT.

It is interesting to note that while there has been a drop of about 40% in the number of women on HRT, there has also been a change in the type of HRT prescribed to those women who are taking HRT. Systemic treatment gives a standard dose of oestrogen to relieve many of the symptoms of the menopause. Tablets, patches, a nasal spray, gels and implants may all be prescribed for this purpose. However,

in some cases, the most troublesome symptoms women have are urogenital, so they have recurrent cystitis, bladder infections and vaginal dryness. A local oestrogen preparation containing 1/8th the amount of oestrogen in most systemic preparations will usually relieve these symptoms.

Current medical thinking on HRT is that it remains very useful in the treatment of menopausal problems. However, when prescribing medication the aim should be to give the lowest dose possible for the shortest time necessary to control symptoms.



Dr Shirley McQuade
Medical Director
April 2005



COUNSELLING SERVICES: An Overview

Well Woman offers ethical and professional services to all clients, with our accredited counsellors ensuring every session meets the necessary requirements of confidentiality, respect and dignity.

Professional counselling is provided in the three centres, with appointments available six days a week. Clients are assured of a safe environment to facilitate their process, with services provided by highly trained professional counsellors who have many years experience in the therapeutic world.

Apart from crisis pregnancy counselling we also offer general counselling, which provides ongoing support for a client to explore the beliefs, behaviours and thoughts that affect her life negatively.

Crisis Pregnancy Services:

Well Woman's crisis pregnancy counselling service is non-directive. We offer sessions to facilitate a woman, couple or family to determine the choice that is the most comfortable or realistic for her at that time. We provide counselling and information on the three options – parenting, adoption and abortion. We also offer appropriate information, if the client so requests, in accordance with the 1995 Information Act.

Post termination counselling is available to anyone who has experienced termination and is offered to every client at the time of her crisis pregnancy session. A client may use this service to work through the feelings around her experience, again in a confidential and safe environment.

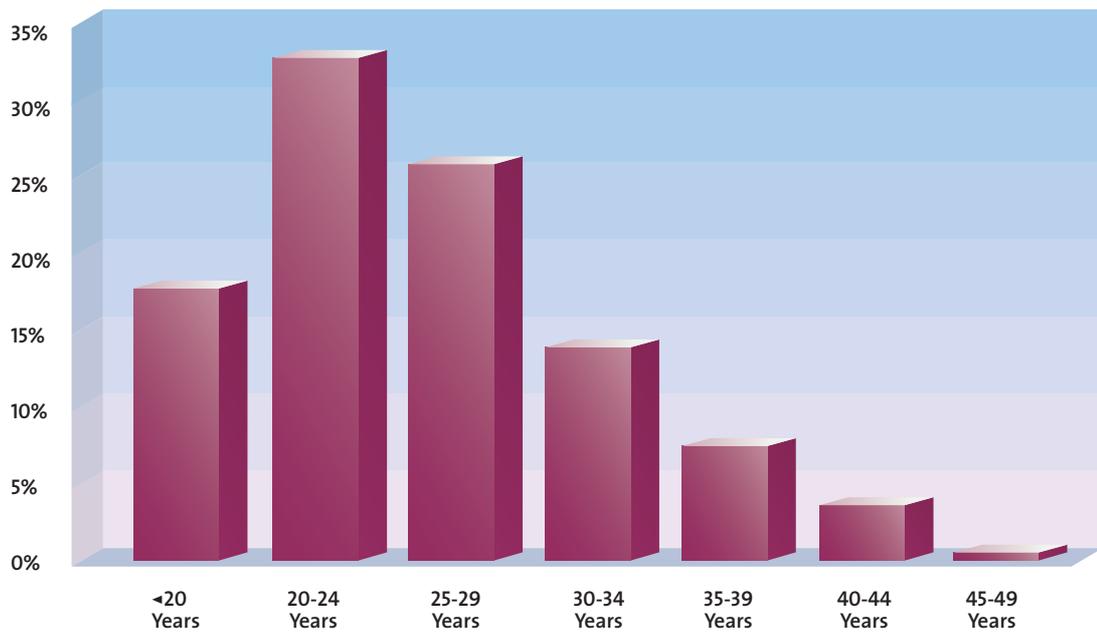
Well Woman's crisis pregnancy and post termination support services are funded by the Crisis Pregnancy Agency, allowing us to provide them free of charge.

Well Woman's doctors support the counselling service by providing referral to us at the time they confirm the client's pregnancy or, if she terminates her pregnancy, when she presents in our centres for a post-termination medical check-up. This provides the client with in-centre support at what can be a very challenging time for her.

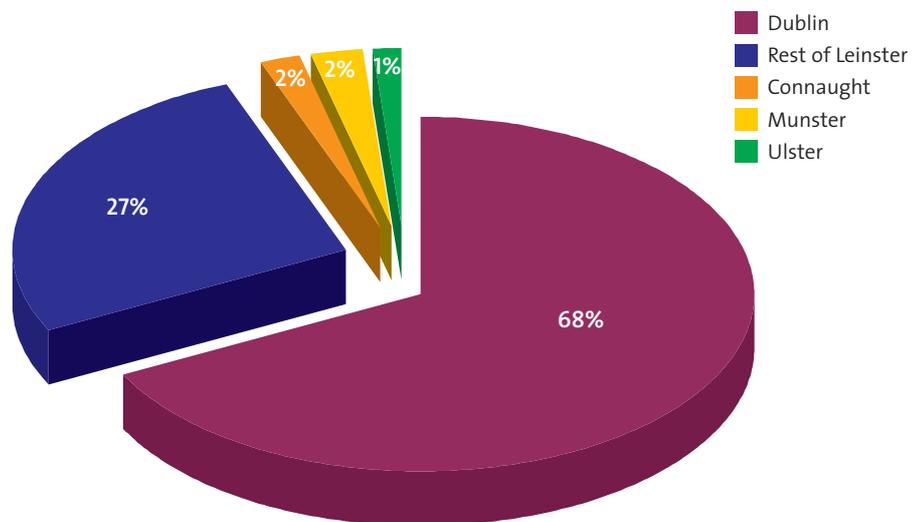
During 2004, of those crisis pregnancy counselling sessions delivered by the present writer in the Liffey Street centre, these graphs show the diversity of our client base:



Age Profile of Clients seen for Crisis Pregnancy Counselling



County of Residence of Clients seen for Crisis Pregnancy Counselling



The graphs illustrate how far clients travel to avail of our service, and the variance in age group recognizes that this service is necessary for a very large proportion of the population. Absence of contraceptive use can be an issue for all age groups.

We worked closely with the Crisis Pregnancy Agency during 2004 to develop good practice for crisis pregnancy and post termination service providers. This will lead ultimately to a Manual of Good Practice for crisis pregnancy service providers, to be accompanied by a training module, expected in Autumn 2005. This is a very positive development.

General Counselling:

General counselling is the process of therapy that supports a client over a length of time, with regular weekly sessions of an hour's duration. The counsellor and client enter into a confidential and therapeutic relationship that supports personal growth, change and exploration of choices, beliefs and feelings in the client's world. Women present for counselling to explore a range of issues – sexual abuse, depression, problems in a relationship, issues around stress or low self-esteem.

We have access to two highly qualified consultants in our Pembroke Road centre; 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 Relationship Counsellor, and works with individuals, couples, married, living together or separated.

Of our staff counsellors, Bonnie Maher deals with clients working through vaginismus and Hepatitis C, and we were pleased to welcome two new counsellors, Michele Pippet and Patricia Moran, during 2004. Finally, creating the new position of Lead Counsellor in October 2004 will ensure continued best practice for our clients, as well as giving Well Woman the opportunity to develop its counselling service further.

Linda Wilson Long
Lead Counsellor
April 2005



BOARD *of* directors

Ms Lynne Tracey (Chairperson)

Lynne worked in the advertising industry for 19 years in both Dublin and New York. During this time, Lynne served on the Board of the Institute of Advertising Practitioners of Ireland, where she was their first woman President between 1997 and 1999. In 2001, she was made a Fellow of the Institute. Lynne is a former Board member of the Advertising Standards Authority of Ireland and is currently a Board Member of the CCCI (Copy Clearance Committee of Ireland).

Ms Helen Keogh (past Chairperson)

From 1989 - 2002, Helen served as a member of the Oireachtas as both Senator and T.D. During that period she was appointed to Front Bench positions on Education, Environment, and Equality and Law Reform. She served as a member of the Joint Committee on European Affairs; the Justice, Equality, Law Reform and Women's Rights Joint Committee; the Select Committee on Social Affairs, and the British Irish Inter-Parliamentary Body. She was an elected member of Dun Laoghaire Rathdown County Council from 1991 - 2004, and chaired Well Woman's Board of Directors from 1999 - 2004.

She chairs the Board of Governors of St Catherine's College, Sion Hill. Formerly a teacher and Guidance Counsellor, Helen worked in business as executive and non-executive director of a number of companies. In December 2003 she was appointed Executive Director of World Vision Ireland, a NGO working for sustainable development and the relief of poverty in the Third World - mainly Africa.

Ms Joyce Irwin (resigned 2004)

A former business banking specialist with Ulster Bank, Joyce is now a consultant with a number of companies and organisations. Between 1994 and 1996 she was seconded to the British Government at the Department of Trade and Industry.

Ms Marian Moylan (resigned 2004)

Marian is a practising barrister working primarily in family law.

Ms Grainne Mullan (joined board 2004)

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, and in the Law Society of Ireland.



Dr Eleanor O'Higgins (resigned 2004)

Eleanor holds a BA and MSc from McGill University (Canada), an MBA from UCD and a PhD from Trinity College Dublin. She is on the faculty of the Business Schools at UCD and a Visiting Fellow at the London School of Economics. She specialises in teaching, research and publications in strategic management, business ethics and corporate governance.

She is a director of Transparency International Ireland; a member of the Ethics Committee of the US Academy of Management, of the United Nations Global Compact Learning Forum, and of the Board of Management of The Institute of Directors Centre for Corporate Governance at UCD. Eleanor carries out numerous teaching and speaking assignments internationally. She has extensive experience in business through consulting work, and as a company director. She served on the Board of IDA Ireland from 1994 - 1999.

Ms Mary O'Sullivan Steen (resigned 2004)

Mary is a solicitor with her own practice, based in Castleknock. She specialises in family law.

Ms Del Ryan

Formerly Managing Director of an insurance brokerage, Del is now a Psychologist and Psychoanalytic Psychotherapist in private practice. She also lectures in the Department of Psychiatry in Trinity College, Dublin. She is Chairperson of the Irish Institute of Psychoanalytic Psychotherapy and Director of the Dublin Psychoanalytic Clinic.

Ms Helen Twomey

Helen is a Financial Accountant with Coyle Hamilton Willis, and was involved for nine years with Junior Chamber in Dublin, having been President in 1995.

Ms Mary Worrall (joined board 2004)

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 Hospital for Sick Children, Crumlin.



Financial Accounts

**DUBLIN WELL WOMAN CENTRE LIMITED
PROFIT AND LOSS ACCOUNT
For the year ended 31 December 2004**

| | 2004 € | 2003 € |
|--|------------------|------------------|
| <i>INCOME</i> | <u>2,290,164</u> | <u>2,084,119</u> |
| <i>GROSS PROFIT</i> | 2,060,957 | 1,857,480 |
| <i>EXPENSES</i> | | |
| Staff costs | (1,500,275) | (1,313,022) |
| General Overheads | (460,357) | (445,594) |
| Depreciation | <u>(62,430)</u> | <u>(66,434)</u> |
| <i>OPERATING PROFIT</i> | 37,895 | 32,430 |
| Interest receivable | 84 | 43 |
| Interest payable and similar charges | <u>(21,695)</u> | <u>(25,435)</u> |
| <i>PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION</i> | 16,284 | 7,038 |
| <i>TAXATION ON PROFIT ON ORDINARY ACTIVITIES</i> | <u>-</u> | <u>-</u> |
| <i>PROFIT ON ORDINARY ACTIVITIES AFTER TAXATION</i> | 16,284 | 7,038 |
| <i>RETAINED LOSS BROUGHT FORWARD</i> | <u>(57,222)</u> | <u>(64,260)</u> |
| <i>RETAINED LOSS CARRIED FORWARD</i> | <u>(40,938)</u> | <u>(57,222)</u> |

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

On behalf of the Board

**LYNNE TRACEY
DIRECTOR**

**HELEN KEOGH
DIRECTOR**



DUBLIN WELL WOMAN CENTRE LIMITED
BALANCE SHEET
As at 31 December 2004

| | 2004 € | 2003 € |
|---|--------------------------|---------------------------|
| <i>FIXED ASSETS</i> | <u>140,418</u> | <u>199,755</u> |
| Tangible assets | | |
| <i>CURRENT ASSETS</i> | | |
| Stocks | 24,703 | 23,021 |
| Debtors | 59,980 | 77,215 |
| Cash at bank and in hand | <u>56,719</u> | <u>7,463</u> |
| | 141,402 | 107,699 |
| <i>CREDITORS</i> (amounts falling due within one year) | <u>(220,046)</u> | <u>(206,701)</u> |
| <i>NET CURRENT LIABILITIES</i> | <u>(78,644)</u> | <u>(99,002)</u> |
| <i>TOTAL ASSETS LESS CURRENT LIABILITIES</i> | <u><u>61,774</u></u> | <u><u>100,753</u></u> |
| Financed by: | | |
| <i>CREDITORS</i> (amounts falling due after more than one year) | <u>34,146</u> | <u>89,409</u> |
| <i>RESERVES</i> | | |
| Special reserves fund | 68,566 | 68,566 |
| Profit and loss account | <u>(40,938)</u> | <u>(57,222)</u> |
| | <u>27,628</u> | <u>11,344</u> |
| | <u><u>61,774</u></u> | <u><u>100,753</u></u> |

On behalf of the Board

LYNNE TRACEY
DIRECTOR

HELEN KEOGH
DIRECTOR



THE WELL WOMAN Team

(at December 31st, 2004)

CHIEF EXECUTIVE

Alison Begas

MEDICAL DIRECTOR

Dr Shirley McQuade

ADMINISTRATOR

Maire Gough

ACCOUNTS MANAGER

Caroline Puyou

BOOKKEEPER

Carole Kellegher

CLINIC MANAGERS

Siobhan Caskie

Josephine Healion

Imelda Healy

DOCTORS

Dr Gillian Darling

Dr Mairin Harrington

Dr Sandra Hubert

Dr Ghada Karakoshi

Dr Tom Kelly

Dr Charon Luke

Dr Mary McAndrew

Dr Khulood Murad

Dr Edmond O'Flaherty

Dr Aliya Rahim

Dr Nora Sheehy Skeffington

Dr Madeline Stringer

NURSES

Anne Crawford

Karen Crean

Emma Dilley

Lorraine Doyle

Carol Falvey

Kirsten Feehan

Imelda Feeney

Gay Greene

Caroline King

Geraldine Little

Norah McPeake

Erica Mullins

Shirley O'Malley

Simeon Orr

Pat Rees

LEAD COUNSELLOR

Linda Wilson Long

COUNSELLORS

Bonnie Maher

Patricia Moran

Michele Pippet

RECEPTIONISTS

Mary Butler

Aisling Caskie

Karen Chillingworth

Teresa Fu

Patricia Keogh

Linda Knott

Miriam McCann

Doretta McNally

Ruth Mackey

Emily Morgan

Elaine Murphy

Fionnuala O'Flaherty

Andrea O'Neill

Linda Scanlan



THE DUBLIN WELL WOMAN CENTRE

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