

The Abortion Review: A quick guide to making your submission

Part 1: What is the Review & how do I make a submission? (Slides 3-6)

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Part 1

What is the Review and how do I make a submission?

Why is it important your voice is heard?

The movement for **Repeal was one of the most important political and social movements in the history of the Irish State**. It involved tens of thousands of activists from every corner of the island, knocking on doors, making the case for women and pregnant people to be allowed to make decisions for themselves.

However, the **current law does not honour the spirit of Repeal** and has created a series of obstacles that prevent women and pregnant people from accessing abortions. These restrictions disproportionately effect the most marginal and vulnerable people in our society.

The public consultation on Ireland's abortion laws gives us an important **opportunity to review our laws and look at how we can do better for women and pregnant people in Ireland**. It is an important opportunity for the voices of people impacted by the law to be heard and to remind politicians of the vibrant Repeal movement that transformed our society for the better.

What does the law say?

Abortion is currently allowed in these circumstances:

- Up to 12 weeks, on request
 - There is a mandatory 3-day waiting period after the initial consultation before abortion pills are provided.
- After 12 weeks only in cases of:
 - Risk to the life or health of the woman or pregnant person
 - Fatal foetal anomaly, where the foetus will die before or within 28 days of the birth

Medical practitioners are not obliged to carry out abortions if they object due to their personal beliefs, known as conscientious objection.

It is a criminal offence for anyone to support access to or provide an abortion outside the scope of the law, carrying a sentence of up to 14 years.

What is the public consultation and who should submit?

- The Minister for Health is carrying out a Review of how the law is operating and is looking for the views of the public to inform this process.
- The public consultation is open to **anyone** who wants to make a submission. This includes people who:
 - Have had an abortion
 - Have been a patient escort
 - Have supported a loved one through an abortion by lending money, providing childcare, emotional support etc.
 - Are concerned they may someday need an abortion
 - Will never need abortion but want to be an ally to those that may

What does the consultation form ask and how do I answer it?

To what extent do you agree that the Act has achieved its aims?

You need to answer this question on a scale of “Strongly disagree” to “Strongly agree” on whether you think the law is achieving its aims to provide abortion in practice, based on the evidence or your experience.

Are there parts of the Act which, in your opinion, have not operated well?

This is a yes/no question, with a follow up question to elaborate. This question is looking to gather information about the problems with abortion currently. To answer this question, you can draw on the barriers to abortion and statistics in Part 2 of this Guide and link to any resources we have supplied in this Guide.

Are there parts of the Act which, in your opinion, have operated well?

This is also a yes/no question with the option to follow up with more detail. In this question, you can draw on the ‘What is operating well’ section in Part 2 to add in the things that are working well about abortion provision in Ireland. If you answer ‘no’ to this question, you can use the question box to elaborate on why you don’t think abortion services are operating well.

There are 2 final questions that provide an opportunity for further comments on:

“The operation of the legislation”. This means how abortion is being provided in line with what is set out in the law (outlined previously). In this section, you may want to share a personal experience or that of someone you know, or your experience as an abortion provider. Leave it blank if you have nothing further to add.

“Services provided under the Act”. This question provides an opportunity to share some details on abortion services, either within the GP or maternity hospitals. Again, you may share an experience of the care you received or that of someone you supported, as well as the experience of working in abortion services.

The deadline is the **1st of April, 2022.**

You can submit to the public consultation in one of 3 ways:

- Submitting an online form
- Downloading the form and emailing it to Bioethics2Unit@health.gov.ie with the subject line “Review of the operation of the Act”
- Posting the form to Bioethics 2 Unit Public Consultation, Department of Health, Block 1, Miesian Plaza, 50-58 Lower Baggot Street, Dublin 2, D02 XW14

The Department expects to publish submissions on its website, except where participants have indicated that they do not wish their submission to be published.

Part 2

Information about abortion in Ireland

Statistics

- Only [1 in 10 \(12%\)](#) of GPs are currently providing abortion
- In 2020, for every 3 women and pregnant people who obtained an abortion because of a [Fatal Foetal Anomaly in Ireland](#), 2 had to [travel to the UK](#)
- 194 women and pregnant people from Ireland [travelled to the UK](#) for an abortion in 2020 during a global pandemic
- Only [10 out of 19](#) maternity hospitals in Ireland provide full abortion services despite being publicly funded
- 30% of respondents to the [Abortion Rights Campaign \(ARC\)'s research](#) with abortion service-users travelled between 4 and 6 hours to receive abortion care
- Almost 1 in 5 respondents from the same ARC research were refused care

What has not operated well?

12-week limit

The limit on providing abortions in early pregnancy is strictly set to 12 weeks, not a day over. 12 weeks is counted from the first day of the last period which means it is actually 10 weeks from conception. Many women and pregnant people only realise they are pregnant at 5 or 6 weeks. There are many reasons why this is a barrier to receiving an abortion in Ireland, such as the impact of the mandatory 3-day wait, the lack of GPs providing abortions which causes delays, the lack of information available for adolescent girls who are pregnant and the impact of failed abortions. A longer limit does not mean that more women and pregnant people will access abortion at a later point. [Data from England and Wales](#) where the limit is 24 weeks, shows that in 2020, 94% of abortions were performed under 12 weeks.

Post-12 weeks: Risk to Health

Abortions after 12 weeks may only be carried out if there is a risk to the life, or of serious harm to the health, of the pregnant woman or in the case of a fatal foetal anomaly. However, there are very low numbers of abortions performed after 12 weeks, suggesting that the risk to life or health of the woman is being interpreted in very narrow way. Most women who travelled abroad for abortions after 12 weeks since 2019 did so because of the risk the pregnancy posed to their health post-12 weeks or in the case of fatal foetal anomalies. This is deeply concerning, confirming that not all those in need of abortion services are able to access them in Ireland.

Post-12 Weeks: Fatal Foetal Anomalies and the 28-day limit

The law says that for an abortion to be carried out above 12 weeks in the case of a fatal foetal anomaly, two doctors must certify that the foetus will die within 28 days of birth. In many cases, it is possible to predict that the foetus will die soon after birth, but it is very difficult to specify that it will be within 28 days. As a result, many women are unable to access abortions in these cases and in 2020, 63 women were forced to travel to England and Wales for an abortion because of a fatal foetal anomaly in a global pandemic. Unknown numbers will have travelled to other countries without clinical support or aftercare.

3 day wait

The mandatory 3-day waiting period for abortions under 12 weeks is not based on any medical evidence and is a barrier to urgent care. It places additional stress on women and undermines their autonomy. It is contrary to the World Health Organisation's guidelines on abortion.

Criminal liability for practitioners

Abortion is recognised as an essential aspect of healthcare by the World Health Organisation. As set out in the summary of the law above, the maximum sentence for providing or assisting with an abortion outside the specific terms of the Act is 14 years. The criminalisation of healthcare in Ireland has a 'chilling effect' and undermines doctor's clinical judgement and professional expertise.

Absence of Safe Access Zones

Anti-abortion activities outside of hospitals, clinics, and GPs surgeries are occurring throughout the country on an almost daily basis. There is strong evidence that the anti-abortion activities have a profoundly distressing, stressful and traumatizing effect on women and pregnant people as they access their healthcare providers, as well as the staff providing the care and other members of the community. Safe Access Zones were promised in the referendum in 2018 and must be delivered.

Poor geographical coverage

In some counties, there are no GPs who provide abortions, meaning anyone who wants to access an abortion must travel to another county. In combination with the 3-day wait for abortion under 12 weeks, they will have to travel at least twice if the initial consultation cannot happen over the phone. This disproportionately affects rural women.

Lack of monitoring of conscientious objection

Despite it being illegal for institutions such as publicly-funded maternity hospitals to conscientiously object to abortion, the fact that nearly 50% of maternity hospitals do not provide full abortion services suggests that conscientious objection may be a factor in poor hospital coverage. Being refused abortion services due to conscientious objection causes delays to accessing abortion. While individual medical practitioners can refuse to provide abortion under the Act, a timely referral to an alternative provider should be provided immediately in line with Irish Medical Council guidance.

Lack of data

Good quality data is essential to ensuring ongoing monitoring and evaluation of abortion services. Currently there is no national database that captures things like refusals of abortion care, how service users in these cases were referred to alternative care, breakdown of abortions by location or type of abortion provided.

Providers of abortions

The lack of trained healthcare providers is a significant barrier to safe abortion care in Ireland. The current delivery of abortion care largely restricts service provision to doctors. Evidence from other countries says that nurses and midwives can safely provide or be involved with provision of early medical abortion.

PPS number requirement

Currently abortions can only be provided for free to women and pregnant people who have a PPS number. Many Irish residents don't have PPS numbers and the process of getting them takes time. This has a disproportionate impact on asylum-seekers, residents in Northern Ireland, and those temporarily living in Ireland or of migrant background. In practice, this means women are either forced to travel or continue with the pregnancy.

Translation

The lack of HSE interpreters for service users with limited English while in the doctor's office is a challenge for many women and pregnant people when it comes to communicating their needs and understanding the abortion process.

What is operating well?

Telemedicine for abortion care

Many women and pregnant people who have had an abortion have noted that the introduction of telephone and video consultations during the pandemic has made access to abortion easier as it has reduced the need to travel and given them more privacy. It has been particularly well received by the disabled community. The option of remote consultation must therefore continue.

Dedicated healthcare providers

The doctors and healthcare professionals who are providing abortion services, although small in number are very committed. In a study by the WHO, many service users reported very positive experiences with healthcare providers who often recognized the urgency that came with providing abortions in early pregnancy and provided compassionate care.

Experience of MyOptions

MyOptions is the national free helpline where women and pregnant people looking for an abortion can call and receive the name and phone number to specific providers near them. Although some people are still unaware of this service, service users have reported positive experiences of MyOptions.

Further Resources

- Abortion Rights Campaign & Lorraine Grimes (2021) 'Too Many Barriers: Experiences of Abortion in Ireland After Repeal'. https://www.abortionrightscampaign.ie/wp-content/uploads/2021/09/Too-Many-Barriers-Report_ARC1.pdf
- NWC (2021) 'Accessing Abortion in Ireland: Meeting the Needs of Every Woman'. https://www.nwci.ie/images/uploads/15572_NWC_Abortion_Paper_WEB.pdf
- Mishtal, J., Duffy, D., Chavkin, W., Reeves, K., Chakravarty, D., Grimes, L., Stifani, B., Horgan, P., Murphy, M., Favier, M., and Lavelanet, A. (2021) 'Policy Implementation – Access to Safe Abortion Services in Ireland Research Dissemination Report.' April 23. UNDPUNFPA–UNICEF–WHO–World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research, World Health Organization, 20 Avenue Appia, 1211 Geneva, Switzerland. Pp. 1–37
- WHO Safe Abortion Guidance: Technical and Policy Guidance for Health Systems (2nd ed. 2012)96–97 https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

This guide was developed by the National Women's Council, with support from the Union of Students in Ireland and Dr Sinead Kennedy. If you have any questions about anything in this guide, please contact Fay White, Women's Health Officer at NWC at fayw@nwci.ie