ALLIANCE FOR CHOICE

A NEW LEGAL FRAMEWORK FOR ABORTION SERVICES IN NI

(Yes this is really happening!)

THANK-YOU FOR CONSIDERING A RESPONSE TO THE NORTHERN IRELAND OFFICE CONSULTATION ON ABORTION REGULATIONS

ALLIANCE FOR CHOICE HAS PUT TOGETHER THIS DETAILED GUIDE TO EACH SECTION OF THE CONSULTATION

Online form: https://consultations.nidirect.gov.uk/nio-implementation-team/a-new-legal-framework-for-abortion-services-in-ni/consultation/intro/

HERE ARE SOME PRNCIPLES BEFORE YOU START:

1. The consultation is seeking YOUR views. This guide is based on Alliance for Choice's position which many people have asked us to set out in order to inform their own thinking. Please write what YOU think.

2. There are different ways to respond to this consultation. This guide is structured around the online form but you can write your views in a letter or email and send it to NIO at the address below. All submissions will be considered equally.

3. It is REALLY important that you write in your own words. We know that if responses repeat too much of the same text they will be disregarded by NIO. It would be a shame to work hard on a submission but not be included.

4. You can write about your personal story as evidence to support your answers and the NIO will be particularly interested in the views of people who have been affected by the lack of abortion access in NI. Just remember we no longer have to convince the UK government that this is a good idea or the right thing to do – we just have to tell them what we think it should look like.

5.You are free to write comments in the text boxes regardless of whether you ticked yes, no, or didn't tick either option. Your comment will always be taken into consideration even if the questions seems to suggest comments are only welcome if you ticked a particular option.

6. We recommend that you only enter the name of an organisation if you are making a submission on behalf of that organisation. If you are a supporter of Alliance for Choice please feel free to mention that elsewhere in your answers.

Email: **abortionconsultation@nio.gov.uk**
Postal: **Abortion Consultation, Northern Ireland Office, Stormont House, Stormont Estate Belfast, BT4 3SH**

Alliance for Choice have collated some source material for people on our website; http://www.alliance4choice.com/what-is-the-consultation

We also have a search function on the website if there is something in particular you wish to add to your submission.

THE ONLINE SURVEY HAS A TOTAL OF 18 PAGES. THIS SHORT GUIDE WILL WALK YOU THROUGH THE QUESTIONS ON EACH PAGE AND HELP INFORM YOUR ANSWERS

Page 1: Introduction

This page just asks for your name, email address and organisation. You don't have to give your name but if you provide a valid email address you will get updates on the consultation. You don't have to provide an organisation if you're responding as an individual. However if you have been personally affected by the previous lack of abortion access we would ask you to write "person directly affected" in this box.

Page 2: Legislative Changes

This page provides you with information about the previous law on abortion in NI, how it has recently changed, and what still needs to be put in place in terms of a framework of regulations.

Page 3: Early termination of pregnancy

The consultation document proposes unrestricted access to abortion until either 12 or 14 weeks gestations and asks for your opinion on that. The main reason for this proposal is to address the CEDAW recommendation that every person who becomes pregnant as a result of sexual crime should have the option of abortion. Since this is hard to legislate for or deliver without causing further trauma to the victim, a period of unrestricted access works best. However, Alliance for Choice does not believe that 14 weeks is long enough, based on evidence from our partners such as BPAS and the Abortion Support Network who regularly deal with victims of sexual crime who for complex reasons have not been able to access an abortion until the second trimester.

YOU MIGHT WANT TO HIGHLIGHT THE FOLLOWING:

- Unrestricted early access to abortion services without any certification requirements is important and will meet the needs of around 90% of all women and pregnant people seeking terminations.

- Restricting abortion access only to victims of sexual crime would be impossible to effectively regulate and has the potential to cause additional trauma to victims. Therefore a period of unrestricted access is the only way to satisfy the sexual crime element of the CEDAW recommendations.

- However, the proposed limits of either 12 or 14 weeks are not long enough to meet the needs of victims of sexual crime as the complexity of sexual abuse, domestic abuse, reproductive coercion or trauma could make it harder to access abortion services early in the pregnancy.

- Providing unrestricted access to abortion up until the point of viability (currently 24 weeks in the rest of the UK) would ensure that no victim of a sexual crime will be forced to travel to GB for a termination.

If you do not agree with placing a 12 or 14 week limit on abortion access we recommend you ignore the 'tick boxes' in questions 1a and 1b and just write your views in the text box.

Page 4: Certification by Doctors

This section refers to the fact that in England and Wales every abortion has to be certified or 'signed off' by 2 doctors. Their role is to confirm that the woman or pregnant person has met the conditions in the 1967 Abortion Act. Since abortion has been decriminalised here, this method of certification is totally unnecessary.

Alliance for Choice does not support certification because it treats abortion differently from other medical procedures and is potentially stigmatising. If you agree, we recommend that you tick 'no' and record your views in the text box.

- There is no clinical evidence available to suggest certification assists with abortion services or provides any safeguards for patients.
- In fact there is evidence to the contrary; often a certification process is unnecessary and can lead to delay.
- Abortion care should be treated as part of sexual and reproductive health services and an informed consent model should be used. Women and pregnant people can come to this decision after a consultation with a healthcare professional and do not require 'permission' for access to care.
- Patients undergoing abortion treatment should have access to appropriate non-directive counselling.

Page 5: Gestations beyond 12 or 14 weeks

This section refers to the fact that in England and Wales every abortion has to be certified or 'signed off' by 2 doctors. Their role is to confirm that the woman or pregnant person has met the conditions in the 1967 Abortion Act. Since abortion has been decriminalised here, this method of certification is totally unnecessary.

Alliance for Choice does not support certification because it treats abortion differently from other medical procedures and is potentially stigmatising. If you agree, we recommend that you tick 'no' and record your views in the text box. You might want to consider the following:

- The consultation doesn't say much about how the risk to physical or mental health would be assessed. It is possible that the criteria could be interpreted very conservatively by service providers in NI and end up heavily restricting access to 2nd trimester abortions.
- There is evidence of GPs and other healthcare providers not being well trained in mental health and not taking women's mental health concerns seriously.
- The impact of domestic abuse and coercive control is not well understood by professionals here as we currently have no legal protection against this crime.
- There are other reasons why someone might need to access an abortion after the first 12-14 weeks such as delays due to refusal of care, an ineffective medical abortion (i.e. pills not working), being unaware of the pregnancy, or a sudden change of life circumstances; with no guarantee that any of these will be covered under the grounds of risk to health.

YOU MIGHT WANT TO HIGHLIGHT THE FOLLOWING:

You might also want to comment on how the viability limit affects fetal abnormality cases. In GB the majority of abortions following a diagnosis of a serious fetal anomaly take place under the 24 week limit.

Third trimester abortions are extremely rare and most families receiving difficult news about an abnormality decide whether or not to continue the pregnancy by 24 weeks. Under the current system, fetal anomaly screening takes place at a 20 week scan, with any detected abnormalities requiring a referral to the Fetal Medicine Unit. Securing an appointment can take a week to 10 days, specialist testing might be recommended with an additional wait for results and the possibility of tests needing to be repeated.

A time limit of 21 weeks + 6 days therefore cannot meet the needs of families in these circumstances and will put unnecessary pressure on people with difficult decisions to make.

If you have any concerns about the grounds for an abortion in the 2nd trimester and would like to raise these you can use the text box on this page.

Alliance for Choice will be calling for abortion up to 24 weeks without any restrictions applied.

Page 6: Foetal Abnormality

This page addresses the difficult issue of providing abortions to those who have received a diagnosis of a severe or fatal fetal abnormality. It is important to remember that the CEDAW committee clearly requires access where the abnormality is ‘severe’ and not just ‘fatal’. This will be important to those whose diagnosis brings with it difficult conversations about the odds of survival or the possibility of serious impact on length or quality of life. In the south of Ireland where only fatal anomalies are provided for, many families receiving devastating news are still having to travel due to the restrictive definition of ‘fatal’ contained within the regulations.

We have already talked about why it is important to provide access after 24 weeks in the previous question. When it comes to fetal anomaly these tend to be the most difficult, complex cases and it is important that families in that situation are not put under undue pressure when they are experiencing a terrible loss. We have also noted that a very small number of abortions take place after this limit in GB (just 283 last year with) and a number of these were families from Ireland north and south who had received late diagnosis. With access to earlier screening and local abortion services, the number of post-24 week abortions could be reduced.

Alliance for Choice believes that abortion should be available after the 24 week limit in both cases of fatal and serious fetal abnormality, as is required by the CEDAW committee. You can indicate your views by ticking 'yes' or 'no' in questions 4a and 4b.

Disability

In addition, Alliance for Choice is guided by the principles of reproductive justice. This means that we don't look at abortion rights in isolation from the other inequalities that affect people's lives.

Taking this approach means we are mindful of two issues when it comes to abortion and disability that you might want to comment on in the text box:

- Disabled women and people who can become pregnant face particular barriers to getting the reproductive healthcare they need. There is a legacy of abusive reproductive policy aimed at disabled people such as forced sterilisation. It is vital that the autonomy of disabled people is respected and any barriers are removed.

- Disabled people's groups have recently spoken out against the co-option of their lives and identities by anti-choice campaigners, for example, Down's Syndrome Ireland publicly supported the 'yes' campaign in the referendum to repeal the 8th in the south.

- Disability discrimination and lack of state support can impact on decisions about some pregnancies. We recognise the need for doctors and other healthcare professionals to be better educated on the outcomes associated with different conditions and provide families with access to balanced information about quality of life implications. For example, in Iceland with every diagnosis of Down's syndrome the family is offered the opportunity to meet with a nurse who works in this field and to spend time with a family who have a child with the condition in order to get more holistic information about the positive and negative aspects of the diagnosis.

- We also call on the government to stop its horrific programme of cuts to the living allowances of children and adults with disabilities and to invest in support services. For genuine choice to be available to families we need a society where disabled people are valued and supported.

Page 7: Risk to life or risk of grave, permanent injury

This page looks at the issue of health again and asks you to consider if abortions past 24 weeks should be available for women and pregnant people facing more serious health risks. The CEDAW committee doesn't make a distinction between different types of health risks but the document is suggesting that after 24 weeks abortion should only be available in more serious situations. They propose this includes a risk of death and a risk of grave, permanent injury to either physical or mental health.

If you agree with abortion being available in both of those situations you can tick 'yes' for questions 5a and 5b. You might also want to comment on the following:

Abortion without time limits to protect the life of the woman or pregnant person is accepted in almost every country in the world.It is vital that NI also includes the risk of grave permanent injury post-24 weeks as without this provision women, girls and pregnant people facing serious health risks would be forced to travel to GB for abortions. It would be totally unacceptable on human rights grounds to have people with severe physical or mental health risks having to continue to travel for abortion care.

Research shows that the risks of continuing a pregnancy are often higher than the risks of an abortion, something that is not well understood due to myths about abortion causing harm. The risk of death from childbirth is 14 times higher than death from abortion. The process of determining a serious risk to mental health should follow international best practice.

Alliance for Choice will be recommending the guidance from organisations like the World Health Organisation and the Centre for Reproductive Rights.

Page 8: Who can perform a termination?

This page asks the first of two questions that are about what abortion services will actually look like, who can provide them and where they will take place.The question of who can perform a termination is essentially about ensuring this role can extend beyond just doctors. As around 80% of all abortions will be in the form of medication rather than surgical procedures, it makes sense that other healthcare providers such as nurses and midwives can deliver this care. Midwives in NI already administer this medication every day to women and pregnant people who have experienced an incomplete miscarriage.

If you agree with this approach you can tick 'yes' for question 6. You might also want to comment on the following in the text box:

- Abortion care should be treated like all other forms of sexual and reproductive healthcare and should be framed within an informed consent model.
- Abortion care services in countries such as Sweden and Scotland are led by nurses and midwives, which may provide a better use of staffing resources.Use of nursing and midwifery staff has been recommended in the NICE Guidelines, published in September 2019, and is recommended in World Health Organisation Guidance.
- There is a need for a change in medical, nursing and midwifery education to reflect the provision of abortion care as part of sexual and reproductive healthcare services.
- Providers should be protected by their healthcare trust and union against any discrimination.
- Conscientious commitment to providing services should be promoted as providing holistic care for women and pregnant people.

Page 9: Where procedures can take place

The main question on this page is about how flexible the regulations should be when it comes to where abortions can take place. The consultation doesn't ask for your views on any particular model but we want to make sure that regulations can't be used to restrict the delivery of care. We need to take into account issues like rural accessibility, integrating abortion care into existing sexual and reproductive healthcare services or long waiting times to see a GP. We have already noted that the vast majority of abortions will involve taking two sets of pills. Early surgical abortions are also similar to existing procedures carried out in primary care facilities such as vasectomy or the insertion of a coil.

If you agree that the regulations should be flexible with regards to where abortions can take place you can tick 'yes' for question 7. You might also want to comment on the following in the text box:

- Services should not come with barriers. The NICE Guidelines recommend facilitating an assessment within one week of request and termination services within one week of assessment.
- Early medical and surgical abortion can be managed in a primary care facility, which can include sexual and reproductive healthcare/family planning clinics or GP surgeries.
- Misoprostol has been cleared for home use in England, Scotland and Wales, providing more options for women and pregnant people to make decisions over their surroundings for the procedures.
- Research has shown that home use of both mifepristone and misoprostol with online or telephone support has proven both safe and effective in many countries. This would provide good services to people in rural areas, where clinic facilities may not be readily available.
- For patients with more complex needs, facilities should be scaled up appropriately e.g. those requiring general anaesthetic should be moved to a suitable facility. Integrated counselling services should also be available, both pre- and post-termination. These services should be endorsed by the healthcare trust to ensure quality of care for all patients.

Page 10: Where should terminations take place after 22/24 weeks?
This question proposes that for abortions beyond the viability limit should take place in a more restricted setting. The reason for this is a combination of both the reduced grounds on which an abortion can be accessed at this stage and the higher risk of complications for the patient. The proposal is in line with practice in England where these abortions must take place in an NHS hospital. While it is likely that these procedures would take place in an NHS hospital, Alliance for Choice believes that this should be a clinical decision rather than a legally mandated restriction. Stipulating the type of setting abortions can take place in through regulations is potentially stigmatising.

If you agree with this proposal you can tick 'yes' for question 8 or if you have concerns about the use of regulations to create a legal restriction you may wish to tick 'no'.

Page 11: Certification of opinion
This page looks at whether or not doctors should have to certify an abortion if it takes place after 12/14 weeks. In England the law requires the opinion of 2 doctors to confirm that the patient has met the grounds in the 1967 Abortion Act. Certification is in place because of the criminal law but without that criminal law in NI, certification is not necessary. This is not the same thing as saying the opinion of a doctor or other healthcare professional is not important. Most women and pregnant people making a decision about a pregnancy after 12/14 weeks will do so in consultation with a doctor. However, requiring permission from doctors should not be part of our regulations. Alliance for Choice does not support certification at any stage because it treats abortion differently from other medical procedures and is potentially stigmatising. Questions 9a and 9b ask if you think certification should be required from 2 doctors or 1 doctor.

If you agree that certification is not necessary at all you should not tick any boxes but rather set out your views in the text box.

YOU MIGHT WANT TO CONSIDER THE FOLLOWING:

- There is no clinical evidence available to suggest certification assists with abortion services or provides any safeguards for patients. In fact there is evidence to the contrary; often a certification process is unnecessary and can lead to delay.

- Abortion care should be treated as part of sexual and reproductive health services and an informed consent model should be used. Women and pregnant people can come to this decision after a consultation with a healthcare professional and do not require 'permission' for access to care.

- In pregnancies that are close to the upper gestational limit of 24 weeks the healthcare professionals involved will need to verify the length of the pregnancy. This verification does not need to be part of a certification process.

- If the government does choose to implement a certification process it is vital that this only requires the opinion of 1 doctor due to the potential for refusal of care particularly in rural areas.

Treating abortion differently from other medical procedures is unnecessarily stigmatising of this essential healthcare.

Page 12: Notification Requirements

This page sets out the legal requirement in England for all registered medical practitioners to notify the Chief Medical Officer when a termination has taken place. The main purpose is to support the collection of data. Alliance for Choice agrees that data collection on abortion is an important part of good governance. It can also help inform policy makers and ensure everyone is getting equal access to services. However, we also think that the notification process should be no different to that of similar services like miscarriage management. In some countries such as the United States, exceptional notification processes for abortion have been used as part of the over-regulation of service providers which is aimed at making it impossible for them to function.

You can give your opinion on the proposed notification requirements by ticking your preferred box in question 10.

IF YOU WANT TO GIVE FURTHER EXPLANATION IN THE TEXT BOX YOU MIGHT WANT TO INCLUDE THE FOLLOWING:

- Notification requirements should be in line with other similar medical treatments.
- They should support good governance and data collection.
- They should not place undue burdens on abortion providers.

Page 13: Conscientious Objection

This section highlights the fact that in GB, healthcare professionals are given CO rights through the 1967 Abortion Act. The consultation is proposing that the same rights should be enacted in the NI regulations. CO allows a healthcare professional to opt out of participating in abortion care on the grounds of conscience. However it does not extend to someone who provides ancillary, administrative or managerial tasks. In addition to this statutory right, all healthcare professionals will be subject to the codes of practice of their governing bodies, all of which have robust guidance on CO. All organisations are clear that CO cannot apply in an emergency situation where there is a risk to life or risk of serious deterioration in the health of a patient. The General Medical Council guidance underlines that CO should not be used to discriminate against patients or to delay or obstruct access to care. Doctors are obliged to refer a patient to someone else who can meet their needs. Royal College of Nursing guidance states that midwives, nurses and nursing associates cannot refuse to care for a woman before or after an abortion procedure.

Question 10 asks for your personal opinion on whether or not the statutory right should be brought in through the regulations. You might feel that it is important healthcare professionals here are covered by the same legal protections as their colleagues in GB. Or you might feel that CO is well covered in professional codes of practice and therefore regulations are unnecessary. Tick the box that best represents your views.

Also on this page you are asked if you think any additional protections or clarifications on CO should be included in the legislation. While we don't think a CO regulation in NI should extend further than the current law in GB, there are some principles we would like to see reflected in the regulations. If additional CO rights for healthcare professionals are introduced in the regulations they should also embed the responsibilities care providers have towards their patients as reflected in the codes of practice of each relevant professional body.'

As the intention of question 12 is unclear we recommend you don't tick either 'yes' or 'no' but you might want to highlight the following in the text box:

- Staff who have a CO should be supported in the workplace, not least because women and pregnant people deserve better than receiving treatment from those who do not support their decision.

- There should also be support for those with a conscientious commitment to providing abortion care. For example, protection from discrimination by colleagues and from harassment and intimidation by protestors, anti-abortion groups or individuals including malicious communications or defamation.

- CO often focuses on freedom OF religion for healthcare workers but women and pregnant people also have a right to be free FROM religion and religious dogma in a healthcare setting.Healthcare professionals need training on CO and its limits.

- Recent interventions by some healthcare professionals in the media have been extremely concerning, such as a GP speaking on BBC radio who stated that if a patient of his was seeking information on abortion care he would 'try to reason with her'.

Page 14: Exclusion Zones

This page covers the issue of anti-abortion protests outside healthcare facilities. It notes the damage this can do, not just to those seeking abortions but anyone accessing services in the same building. This has been particularly distressing in the south of Ireland in recent months as groups have gathered outside maternity hospitals with small white coffins with no regards for the impact on bereaved parents leaving the hospital without their babies.The information on this page talks about balancing the rights of protestors against the rights of patients and proposes that the regulations should include powers to create exclusion zones, or 'safe zones' at healthcare facilities. The regulations cannot stipulate what these zones would look like – they can just create the legal power that would allow issues to be dealt with on a local basis.

If you agree with the power to create exclusion zones please tick 'yes' for question 13. You might also want to note the following in the text box:

- Protestors outside clinics and other healthcare settings are a source of great distress to women and pregnant people seeking abortions and their families.
- It is a form of enacted stigma and should not be part of anyone's healthcare experience.
- There is a long history of harassment at reproductive healthcare settings in NI from the Brook clinic, Family Planning Association and more recently the constant presence of protestors outside Marie Stopes that required the intervention of a clinic escort service for patients.
- Belfast City Council supported a motion calling for exclusion zones at reproductive healthcare facilities in 2017 achieving cross-party support, even from the DUP.
- There has been political will to protect women and pregnant people from harassment for some time.

The consultation also asks if you think there should be a designated zone for protests to take place under certain conditions. We find this question a bit odd as the presence of an exclusion zone would surely suggest that protest anywhere outside this zone is allowed.

Alliance for Choice will not be supporting the creation of designated protest zones. If you do not want to see designated protest zones created then please tick 'no' for question 14. Feel free to provide your personal experience or opinion of people who protest outside healthcare facilities in the text box!

ALLIANCE FOR CHOICE

www.alliance4choice.com
@All4Choice
www.facebook.com/Alliance4Choice
localgiving.org/charity/alliance4choice
Women's Support Network
109 - 113 Royal Avenue
Belfast BT1 1FF

Page 15: Further Comments

This page provides you with an opportunity to cover anything you think the consultation missed, or share some of your personal story if you feel comfortable with that. We know the NIO will be particularly interested in hearing about how people have been personally impacted.

Page 16: Supplementary Information

This page is basically the appendices. There is nothing you need to fill in.

Page 17: Submission Page

Enter a valid email address if you'd like to get updates on the progress of the consultation.

Page 18: YOU'RE DONE

Well done. You made it!
We recommend you take care of yourself. Responding to something like this is a lot of emotional labour. Treat yourself to something nice to eat or drink, watch a movie that you can immerse yourself in, or take a walk somewhere you can connect with the world around you.
Talk to someone if it has left you feeling a bit spent.

YOU HAVE HELPED SHAPE ABORTION SERVICES FOR NORTHERN IRELAND!
THANK YOU.