BRIEFING
Imposing Ultra-liberal Abortion laws onto Northern Ireland: Putting Women and Unborn Children at Risk

Responding to the Government Consultation

A new legal framework for abortion services in Northern Ireland- Implementation of the legal duty under section 9 of the Northern Ireland (Executive Formation etc) Act 2019

Deadline: 16 December 2019

Online Questions Asked by the Government

You do not need to be resident in Northern Ireland to respond to this consultation. In all your responses, please use your own words. You are not required to answer all questions.

1a. Should the gestational limit for early terminations of pregnancy be up to 12 weeks gestation (11 weeks + 6 days)?

We recommend you choose neither 'yes' nor 'no'. By choosing either option, you are implicitly suggesting your approval of abortion.

1b. Should the gestational limit of early terminations of pregnancy be up to 14 weeks gestation (13 weeks + 6 days)?

Again, we recommend you choose neither 'yes' nor 'no'. By choosing either option, you are implicitly suggesting your approval of abortion.

2. Question 2: Should a limited form of certification by a healthcare professional be required for early terminations of pregnancy?

We recommend you don't answer this question. Choosing 'yes' or 'no' implies that you recognize abortion as a legitimate act.

3a. Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 21 weeks + 6 days gestation?

See below.

3b. Should the gestational time limit in circumstances where the continuance of the pregnancy would cause risk of injury to the physical or mental health of the pregnant woman or girl, or any existing children or her family, greater than the risk of terminating the pregnancy, be 23 weeks + 6 days gestation?

We recommend that you choose 'no' for both 3a and 3b.

If you answered 'no' to the above questions, you are asked to suggest alternative provisions. Some of the points you could make in your own words are:

- Medical advances in the postnatal care of babies means that increasing numbers of children born prematurely are capable of surviving independent of the mother. According to international data, there is a trend towards increased survival at 22 weeks gestation, with approximately one third of babies who receive medical care, surviving.[1]

- The British Association of Perinatal Medicine, in its recent guidance states: "Since only a small proportion of babies born at 22 weeks of gestation receive active treatment, there is the possibility of selection bias and survivors may represent a sub-group of 22 week gestation babies with more favourable risk factors…"[1] This point suggests that survival rates might be higher, if active treatment were provided to babies born at 22 weeks gestation, or before.

- Cases also exist where babies are born below 22 weeks and survive. Given the current medical care available to these prematurely born children, both time limits are therefore set too late. There is therefore a strong medical argument for a gestational limit of 21 weeks, catching those lives that would otherwise be lost to abortion. Given the rapid changes in medical pre-natal and post-natal care, any time limit should be legally subject to periodic review.

[1] *Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation: A Framework for Practice*, British Association of Perinatal Medicine, October 2019, p. 7. This guidance was produced with official direct input from representatives of the Royal College of Obstetricians and Gynaecologists, the British Maternal and Fetal Medicine Society and other organizations.

4a. Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus would die in utero (in the womb) or shortly after birth?

We recommend that you choose 'no.

4b. Should abortion without time limit be available for fetal abnormality where there is a substantial risk that the fetus if born would suffer a severe impairment, including a mental or physical disability which is likely to significantly limit either the length or quality of the child's life?

We recommend that you choose 'no.

If you answered 'no' to the above questions, you are asked to suggest alternatives. In your own words, you may include any of the following points:

- These provisions imply that it is acceptable to accord differing value and worth to human life, as determined by physical or mental abilities. No one holds the moral authority to make these judgments.

- There are many (well-known) examples of highly talented people who have made significant contributions to the world, but whose medical prognosis would almost certainly have meant that their lives would have been terminated in the womb (e.g. Stephen Hawking, Helen Keller etc).

- It should be noted that the possession of talent is not the marker of human worth. Human life is intrinsically valuable, and society should protect it, regardless of the risks of mental or physical disabilities developing inside the womb or after birth (risks that are possible, likely or foreseeable).

- It is rare for disabled people to express the view that they would have preferred not to be born. Why, therefore, should legislators decide which human lives have the right to be born and which do not?

5a. Do you agree that provision should be made for abortion without gestational time limit where there is a risk to the life of the woman or girl greater than if the pregnancy were terminated?

We recommend you answer 'yes'.

5b. Do you agree that provision should be made for abortion without gestational time limit where termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman or girl?

We recommend that you answer 'no'.

If you have answered 'no' to at least one of the above questions, you are asked to suggest alternative provisions.

In your own words, your points could include any of the following:

- Where there is a clear and settled risk of death for the mother, should the pregnancy continue, the necessary steps should be taken to preserve her life, where this complies with the mother's wishes.

- Assessments of the risk to the woman's mental health, should the pregnancy continue, are difficult to establish, and can be used (as commonly happens) as a reason to authorize any request for abortion, even when other legal reasons are lacking.

- There is a growing and credible body of scientific literature showing that abortion is not without risks to mental health.[2] Post-abortion, women may suffer from depression, guilt, substance abuse and even suicidality.

6. Do you agree that a medical practitioner or any other registered healthcare professional should be able to provide terminations provided they are appropriately trained and competent to provide the treatment in accordance with their professional body's requirements and guidelines?

We recommend that you answer 'no'.

If you answer 'no', you are asked to provide an alternative approach.

As part of your answer, you might include any of the following points:

- Medically, abortion is always a serious matter. Where appropriate care is not given, a woman is susceptible to serious and life-threatening conditions.

- When it is established after careful assessment that a woman's life is at risk, should she continue with the pregnancy, the abortion should only be performed by an appropriately qualified medical practitioner.

7. Do you agree that the model of service delivery for Northern Ireland should provide for flexibility on where abortion procedures can take place and be able to be developed within Northern Ireland?

We suggest that you answer 'no'.

If you answer 'no', you are asked to suggest an alternative approach. It is important to stress the following outcomes, where post-abortion care or supervision is either incomplete or lacking:

- Post-abortion complications can include haemorrhage, failed abortions and so forth (these are not uncommon). In these situations, women need urgent medical care.

[2] See: "Abortion and Mental Health Outcomes: What do the Studies Say?" in *Relationships and Sex Education: The Way Forward*, A Report from the Lords and Commons Family and Child Protection Group, pp. 57-65. Published by VfJUK (2018). https://vfjuk.org.uk/wp-content/uploads/2018/09/RSE-report-2018-webv2.0.pdf

- Where abortion is undertaken, all medical care a woman receives should therefore be under strict supervision.

8. Do you agree that terminations after 22/24 weeks should only be undertaken by health and social care providers within acute sector hospitals?

We recommend that you answer 'yes'.

9a. Do you think that a process of certification by two healthcare professionals should be put in place for abortions after 12/14 weeks gestation in Northern Ireland?

We recommend that you answer 'yes'.

9b. Alternatively, do you think that a process of certification by only one healthcare professional is suitable in Northern Ireland for abortions after 12/14 weeks gestation?

We recommend that you answer 'no'.

If you answer 'no' to either or both of the above, you are asked to suggest alternative provision.

Important points worth highlighting are:

"Healthcare professional" must be strictly confined to a qualified medical doctor. All other medical or hospital staff, be they health visitors, nurses and so forth, are not qualified to offer a comprehensive assessment. Therefore, in the absence of fully qualified medical practitioners, women will face serious risks to their health.

10. Do you consider a notification process should be put in place in Northern Ireland to provide scrutiny of the services provided, as well as ensuring data is available to provide transparency around access to services?

We recommend that you answer 'yes'.

11. Do you agree that the proposed conscientious objection provision should reflect practice in the rest of the United Kingdom, covering participation in the whole course of treatment for the abortion, but not associated ancillary, administrative or managerial tasks?

We recommend that you answer 'no'.

By answering 'no', you are asked to provide an alternative approach.
Medical practitioners objecting to participation in the provision of abortion on conscientious grounds, should not be forced by law to contribute in any way to the procedure, be it medical, ancillary, administrative or managerial.

12. Do you think any further protections or clarification regarding conscientious objection is required in the regulations?

We recommend you answer 'yes'.

If you answered 'yes', you could point out that conscience cannot be easily compartmentalized. If a medical practitioner is legally permitted to opt out from the medical part of an abortion, he or she should likewise be free to opt out from other ancillary, administrative or managerial aspects.

13. Do you agree that there should be provision for powers which allow for an exclusion or safe zone to be put in place?

We recommend that you answer 'no'.

If you answered 'no', you are asked to suggest alternatives.

14.Do you consider there should also be a power to designate a separate zone where protest can take place under certain conditions?

We recommend that you answer 'no'

If you answered 'no' you may suggest an alternative approach.

15. Have you any other comments you wish to make about the proposed new legal framework for abortion services in Northern Ireland?

[1] See: Babies born at 22 weeks 'can now survive', 23 October 2019. (https://www.bbc.co.uk/news/health-50144741). To see the latest expert guidance from the British Association of Perinatal Medicine, read: https://www.bapm.org/resources/80-perinatal-management-of-extreme-preterm-birth-before-27-weeks-of-gestation-2019