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Eighth Amendment: IFPA position

- Women's healthcare experience in relation to unplanned pregnancy falls far below Irish and international healthcare standards.
- Clinical risks to patient safety (travel for abortion and self-inducing abortion).
- This is unacceptable: provision must be made in law and policy for accessible, high quality abortion services in Ireland.
- Eighth Amendment must be repealed.

Unmet need for abortion services

- Women in Ireland experience pregnancies that are unplanned, unwanted or become a crisis because of changed circumstances.
- The Irish abortion rate is unknown: at least 3,451 women had abortions in UK clinics in 2015 (an unknown number elsewhere).
- 2016 research: 1,642 abortion pill packages sent to Ireland between 1 Jan 2010 and 31 December 2012 (Aiken et al, BJOG).

Exclusion of abortion from mainstream Irish healthcare

- This exclusion is associated with weak systems which put women's health at risk.
 - Law locates abortion information provision within pregnancy counselling, not medical consultation: problematic for women, doctors and counsellors.
 - Abortion Information Act prevents doctors from making referrals to legal abortion services.
 - Loss of continuity of care when women go abroad for legal abortion services.

Exclusion of abortion from mainstream healthcare

- Impacts of travelling:
 - Decision made under more pressure
 - Choice of procedure restricted (surgical chosen over medical because of time factor)
 - Pain, bleeding, (normal post-operative) anxiety during return trip
 - Unable to access follow-up care with the abortion provider
 - Stigma (women made to feel like criminals)

Exclusion of abortion from mainstream healthcare

- Travelling may be difficult, or impossible:
 - Lack of financial support
 - Lack of practical support (e.g. childcare, sick cert.)
 - Immigration status and level of English
 - Disability
 - Age (i.e. minors)
 - Location (e.g. rural women living far from airports)

The growing trend of self-inducing abortion

- Criminal laws do not deter women from seeking abortion.
- Women from all walks of life are increasingly accessing medication to self-induce abortion.
- Unacceptable that clandestine self-use of medication is their best option.
- Healthcare providers would not advocate buying any other medicines online in this manner.

Health risks of growing trend of self-inducing abortion

- Failure of medication due to inaccurate estimate of gestation
- Non-genuine medication: ineffective or harmful
- Law makes women fearful of seeking help if problems arise: unnecessary anxiety or delayed management of complications
- Delayed support from provider because of reliance on email support
- No monitoring of women's health outcomes or service experience by Irish health authorities

What do women need?

A health systems approach where access to abortion is integrated into the reproductive health system.

Developing a health systems approach: best practice

- ✓ International health bodies set standards for all areas of reproductive health and the practice of obstetrics and gynaecology
- ✓ Medical ethics, expertise, research, up-to-date medical developments



Royal College of
Obstetricians
and Gynaecologists



World Health
Organization



FIGO

Developing a health systems approach: WHO guidance

- ✓ Reduce unintended pregnancy: ensure access to contraception, sexuality education.
- ✓ Ensure timely access to quality assured, affordable abortion services; meet the needs of disadvantaged women.
- ✓ Avoid administrative or procedural barriers to women's access to services.
- ✓ Respect women's reproductive health rights, their dignity, autonomy and equality.

Developing a health systems approach: looking to Europe

- ✓ Prioritise ensuring access: access to services leads to lower, not higher, rates of abortion.
- ✓ Evaluate how other countries have developed policy and implemented best practice.
 - E.g. Portugal: Law and service provision model designed to ensure access to free, early medical abortion; integrated contraceptive information and services have lowered abortion rate.

Conclusion I

- The status quo is inequitable and unacceptable: Ireland cannot continue to accept an inherently weak system which fails women.
- Access to abortion in Ireland depends on resources: denial disproportionately affects disadvantaged women.
- Unsurprisingly, human rights expert monitoring bodies have called for reform of Ireland's abortion laws.

Conclusion II

- Law reform alone is insufficient to ensure access: Abortion services must be integrated into the reproductive healthcare system.
- Ample guidance and many useful models from other countries exist.
- Repeal of the Eighth Amendment is the vital first step.

References

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