

*Paper of*

# **Parents for Choice**

*delivered to*

# **The Citizens' Assembly**

*on*

**05 March 2017**

# PARENTS FOR CHOICE PRESENTATION TO THE CITIZENS' ASSEMBLY

1. Parents for Choice call for a total repeal of the 8th amendment. The constitution is not an appropriate place to make personal, often knife-edge, medical decisions. Legislators and politicians making blanket rules, regardless of circumstances, dangerously interfere in our rights to privacy in family life, health, and our own lives. As parents, we make decisions that we hope will improve our children's chances, well-being and happiness. If we become pregnant and do not wish to remain pregnant, it is because we know it's currently not in the best interest of our families or ourselves.

54% of women and people who need access to abortion are already mothers and parents<sup>1</sup>; we are best placed in knowing the reality of the work and commitment of having a child. We love our children; we make all of our decisions, including our reproductive ones, in their best interests. Some of the many reasons why a parent might choose to have an abortion: already living in poverty with their existing children, a dangerous home environment, risks to the mother in previous pregnancies and not wanting to risk children losing their mother, knowing they don't have the capacity to parent more children well, previous postnatal mental health issues. All of these reasons, and every reason more in each unique situation are real and valid and can *only* be gauged by the woman and family themselves. Only she or they will experience and understand the factors driving those reasons, and have to live for the rest of their lives with the outcome of their choices.

2. This country forces us into parenthood and then not only lends no support but actively penalises us when we're there. To mention just a few of these penalties for having children: recent cuts to lone parents allowance when 60% of lone parent families already experience deprivation<sup>2</sup>, the highest childcare costs in Europe<sup>3</sup>, a homelessness crisis affecting thousands of families, and a lack of support and services for families raising children with extra needs. The Eighth Amendment does not stop abortion from happening; it simply exports it, and does so in a classist and racist manner. The option to travel is not a possibility for everyone: costs include flights, other travel, accommodation, the medical procedure itself, and often childcare. Women who cannot afford to travel and are unwilling or unable to take abortion pills purchased online are forced to have babies, whether it is the right time for them or not. If they are already having financial difficulties or living in poverty, they will have an additional mouth to feed, impacting on their existing family and putting them at risk of poverty and disadvantage over their lifetime. Asylum seekers in Direct Provision centres who receive €19.10 per week have no chance of saving enough to access an abortion, and their travel documentation may not be sufficient to enable travel, as we saw with Ms Y<sup>4</sup>.

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<sup>1</sup><https://www.bpas.org/about-our-charity/press-office/press-releases/abortion-statistics-show-increase-in-abortions-to-older-women-mothers-and-those-in-relationships/>

<sup>2</sup> <https://onefamily.ie/policy-campaigns/facts-figures/>

<sup>3</sup> [https://www.oecd.org/els/family/Who\\_uses\\_childcare-Backgrounder\\_inequalities\\_formal\\_ECEC.pdf](https://www.oecd.org/els/family/Who_uses_childcare-Backgrounder_inequalities_formal_ECEC.pdf) p9

<sup>4</sup> <http://www.irishtimes.com/news/social-affairs/timeline-of-ms-y-case-1.1951699>

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3. Ireland is **not** the safest place in the world to have a baby. The claims that the 8th “protects women and babies” are a complete myth. As The Association for Improvements in the Maternity Services (AIMS) Ireland frequently point out, Ireland is ranked joint 6th in the world in WHO data for maternal mortality. Joint 6th does not mean that we are 6th in the world; there are 25 countries who have maternal mortality rates lower than Ireland<sup>5</sup>. There are 19 of those countries in Europe<sup>6</sup>.

It's also worth highlighting that this ranking is made up of a 31 year average, for the majority of which Ireland failed to collect data in line with international standards; instead the Irish maternal mortality rate was taken only from CSO data which only counted death certificates of women which specifically named pregnancy or birth as a cause of death. Maternal death rates reported by the CSO are still widely at variance with the correct numbers. 2014 was under-reported by a factor of 10.<sup>7</sup> Savita, for example, was not counted in this method; the women who die in pregnancy from suicide, a leading cause of maternal mortality in Ireland, were not counted. 2009 was the first year Ireland began to gather data in line with international standards in participating in the Maternal Death Enquiry (Ireland)<sup>8</sup>, which collects information on women who have died in pregnancy and up to 42 days postpartum and then excludes unrelated causes. When that data was published Ireland's position in the maternal mortality rankings dropped sharply, in recognition of reality.

We also experience a lack of basic services like an anomaly scan, which is standard across the EU. The facilities pregnant women and people are forced to attend are appallingly substandard - there aren't even enough beds - with no apparent intention to improve them any time soon. If we are to be forced through pregnancy and birth then at least surely we should not have to suffer any more than necessary.

Furthermore, again as frequently highlighted by AIMS Ireland, the 8th amendment restricts our rights and choices in continued pregnancy and birth. Both the HSE's National Consent Policy<sup>9</sup> and the HIQA National Standards for Safer Better Maternity Services<sup>10</sup> specifically

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<sup>5</sup> [http://data.worldbank.org/indicator/SH.STA.MMRT?year\\_high\\_desc=false](http://data.worldbank.org/indicator/SH.STA.MMRT?year_high_desc=false)

<sup>6</sup> [http://www.who.int/gho/publications/world\\_health\\_statistics/2016/whs2016\\_AnnexA\\_MaternalMortality.pdf?ua=1&ua=1](http://www.who.int/gho/publications/world_health_statistics/2016/whs2016_AnnexA_MaternalMortality.pdf?ua=1&ua=1), Table A.1.1

<sup>7</sup> <http://www.cso.ie/en/releasesandpublications/ep/p-vsar/vsar2014/imsm/>, Table 4.19 reports a rate of 1 in 100,000 for 2014 whereas the more accurately recorded numbers from the Maternal Death Enquiry (Ireland) report put the rate for 2014 at 9.8 in 100,000

<https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/MDEIrelandDatabriefNo2December2016.pdf>

<sup>8</sup> <https://www.ucc.ie/en/mde/about/>

<sup>9</sup> [http://www.hse.ie/eng/services/list/3/nas/news/National\\_Consent\\_Policy.pdf](http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf), p. 41

While the HSE consent policy only explicitly refers to a pregnant or birthing woman's right of refusal, we consider that unless you are given the right to say no when offered a particular course of action, your 'yes' is meaningless and in practice a coerced one. Consent in healthcare means that one has a right to choice in medical treatment; if the choice of 'no' is not available the 'yes' is often directly produced by that knowledge. Fitzpatrick v FK [2008] IEHC 104 states that consent must be voluntary. In England, Airedale NHS v Bland [1993] A.C. 789 House of Lords makes clear that the right not to be subjected to treatment without consent, and the right to refuse treatment, both spring from the right to self-determination. Re A Ward Of Court [1996] 2 IR 79 reiterates this in Irish case law, saying that ordinarily, the right to refuse treatment is an aspect of the constitutional right to self-determination, privacy and bodily integrity.

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note that pregnant women cannot legally be the final arbiter of consent and refusal over their own bodies, instead citing the High Courts as the appropriate decision making body. Nobody with full capacity to make the decision should be denied the right to give or refuse consent for any surgery, intervention, medication or treatment and yet in Ireland in the year 2017, this is the case if you are pregnant. The AIMS Ireland What Matters to You Survey from 2014<sup>11</sup> found that only 50% of women in labour and birth were given the opportunity for informed refusal of a test, procedure or treatment, meaning that half of all birthing women in Ireland had no say in what was done to their bodies during labour and birth. A repeal of 8th amendment would ensure that we can access abortion services where we live when we need to, and that we have the final say on what is done to our bodies in continued pregnancy and in birth.

Mother A<sup>12</sup> and Ms B<sup>13</sup> are both women who were dragged through the High Courts by maternity hospitals when heavily pregnant rather than have their right to informed consent or refusal in their choice of birth respected, as it would have been in every other EU country. Most women do not make it as far as the courts, with the threat of being coerced in such a manner, along with the threat of social services' involvement with their existing children, being enough to coerce them. Many of us have experienced this first hand and the traumas we have endured have affected our health and our decisions whether to have more children.

This is no way of "loving" women and babies.

4. We would also like to take this opportunity to highlight that we have been contacted by parents of children with extra needs, in particular Down Syndrome, who have joined Parents for Choice on foot of how they feel their children have been used in this debate by those who oppose abortion access in all circumstances. We attach in our submission how some of these parents feel in their own words.

5. Finally, as parents, especially parents of daughters, we cannot understand how any potential future life could be considered more important than their lives; our children in existence are who we love and cherish. We don't hold potential future grandchildren above the rights and choices of our children.

No contraception is 100% effective; the majority of those seeking abortion access were using contraception<sup>14</sup>. We feel that the best thing for children and society is parents who are supported and willing, and that, sometimes, abortion is the right choice. The 8th Amendment is damaging to children, parents, and anyone experiencing pregnancy, including those who wish to continue a pregnancy. We believe that a repeal of the 8th amendment would spare a great deal of pain and doubt to many. Trust women. Trust parents. Repeal the Eighth.

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<sup>10</sup> <https://www.higa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf>, p. 39

<sup>11</sup><http://aimsireland.ie/what-matters-to-you-survey-2015/womens-experiences-of-consent-in-the-irish-maternity-services/>, Infograph 5

<sup>12</sup><http://www.independent.ie/irish-news/courts/hospital-sought-court-order-to-force-mother-to-have-csecton-29120379.html>

<sup>13</sup> <http://www.thejournal.ie/high-court-judgement-caesarean-section-3059414-Nov2016/>

<sup>14</sup><https://www.bpas.org/about-our-charity/press-office/press-releases/abortion-statistics-show-increase-in-abortion-to-older-women-mothers-and-those-in-relationships/>

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## APPENDIX I - TESTIMONIALS FROM PARENTS OF CHILDREN WITH EXTRA NEEDS

"My son is called Sé. He is five years old. He has Down Syndrome. Sé is loved and cherished by everyone around him. I find the use of pictures of children with Down Syndrome in the Pro-Life campaign to be deeply upsetting. It implies that, given the choice, I would have aborted him. That because of Sé's Down Syndrome, I should love him a little less. That he is not worthy of the love we have for him because he is not deemed to be "perfect".

In this country that "cherishes the children" Sé is treated like a second class citizen. We fight for access to adequate health care. We battle everyday to receive appropriate support from services. He has just completed his psychological assessment to see if he is "Down Syndrome" enough to warrant full support in the school system. No parent should have to go through this. No child should have to go through this. In Ireland, this is what we do to the families that choose to keep their "imperfect" child.

It is an insult to Sé and his tribe, and to their families and friends, to use Down Syndrome in a pro life campaign. Sé is perfect. Sé is our choice." - **Lynda Delmar, Dublin**

"My daughter is called Réiltín. She is 16 months old. She has Down Syndrome.

We found out very early on in my pregnancy that our baby most likely had an extra chromosome. For a whole week while awaiting tests we hoped and prayed our baby would have Down Syndrome and she does. We were delighted. We loved her and we wanted her regardless of having Down Syndrome.

The use of children with Down Syndrome in the Prolife campaign is offensive. We knew and we still wanted her. To imply that every parent would choose to abort their child with Down Syndrome is not true. On our journey we have met so many parents who had an antenatal diagnosis and enjoy and love their children every day.

Children and people with Down Syndrome have so much to offer and I trust the people of Ireland to see their contribution to society. In her short life she has been through a huge amount due to health issues but she has also contributed a huge amount. We donated over 30 litres of milk which means that she helped 16 premature babies. How many children can say that?

Stop using my child and her friends to perpetuate fear." - **Ciara Reid, Glasnevin, Dublin**

"I am a mother of four, three of which have additional needs. One has a rare genetic syndrome. Words like eugenics and discrimination has been used a lot in this campaign by the ProLife Campaign. They use disabilities as a shining beacon of unadulterated unconditional love, honour and bravery when in reality it is lonely, exhausting and you are completely unsupported in a society that consistently sees your child as less. Women should have a choice, families should have a choice. They should be fully informed as to what the life of a child with a disability is like and allowed to decide if it is something they can sign up for for the rest of their lives or the child's life. If I was given that choice my children would still be here, but I would have been better prepared and made a better support network. Using disabilities as a reason to take women's choices away is wrong, it is using children like mine as emotional blackmail, which is wrong. Children with disabilities deserve to be loved and cherished, but families also deserve to not be forced to find these feelings." - **Samantha Kenny, Kildare**

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"Our son Peadar-Jim is 3 years old. He is fascinated by all in his life. He loves to watch the birds around him, running and splashing in puddles, picking up and throwing pebbles and shells on the beach, giggling with his older brother, playing with our dog. His day is filled with toddler adventure.

Despite many scans we did not know prior to his birth that he had Down Syndrome and heart defects. He needed open heart surgery as an infant to save his life, and needs greater physical and developmental help than his older brother. Peadar-Jim has overcome all obstacles to date and continues to amaze.

In the media used by pro-life groups, images of children with Down Syndrome are published in conjunction with words like "murder". Will our sons see these images and words?

Will we then have to explain to our sons before they can understand that adults decide terminate pregnancies? Will we have to refute the direct and indirect assertions by pro life groups that not all parents, if given a choice, would choose not to have a baby like Peadar-Jim? Will we have to explain to our sons before they can understand that adults use images of children with an extra chromosome to further their own agenda without compassion? An agenda and position which we strongly oppose.

Mothers need healthcare. Healthcare includes abortion. Women with Down Syndrome also need choice. Nobody likes abortion. Nobody wants to undergo an abortion.

Women need full access to healthcare and the simple and complete right to bodily autonomy." - **Bridín Ní Dhonncha and Goorik Dehaene, An Cheathrú Rua, Galway**

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## **APPENDIX II - ANONYMOUS TESTIMONIAL FROM A MOTHER DIAGNOSED WITH CANCER**

"I was diagnosed with cervical cancer when my son was five months old. I started chemotherapy and radiotherapy within a few weeks of being diagnosed. It was guaranteed that by the time I finished treatment I'd be rendered infertile. But while going through the treatment I was told under no circumstances was I to become pregnant. If I had, the pregnancy would have been untenable. The radiotherapy and chemotherapy would have had serious consequences on any developing embryo and any pregnancy would have been unsustainable.

But despite that, if I had become pregnant there would have no help for me here. I would have had to travel for an abortion or stay here and cease treatment until such time as the pregnancy terminated itself. I took appropriate precautions so it never became an issue for me. But even the possibility of being faced with that choice terrified me. Free, safe, legal - there should be no alternative."

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## **APPENDIX III - REFERENCES, FURTHER LINKS AND READING**

### **Materials and publications referenced in paper:**

<https://www.bpas.org/about-our-charity/press-office/press-releases/abortion-statistics-show-increase-in-abortions-to-older-women-mothers-and-those-in-relationships/>  
<https://onefamily.ie/policy-campaigns/facts-figures/>  
[https://www.oecd.org/els/family/Who\\_uses\\_childcare-Backgrounder\\_inequalities\\_formal\\_ECEC.pdf](https://www.oecd.org/els/family/Who_uses_childcare-Backgrounder_inequalities_formal_ECEC.pdf), p.9  
<http://www.irishtimes.com/news/social-affairs/timeline-of-ms-y-case-1.1951699>  
[http://data.worldbank.org/indicator/SH.STA.MMRT?year\\_high\\_desc=false](http://data.worldbank.org/indicator/SH.STA.MMRT?year_high_desc=false)

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[http://www.who.int/gho/publications/world\\_health\\_statistics/2016/whs2016\\_AnnexA\\_MaternalMortality.pdf?ua=1&ua=1](http://www.who.int/gho/publications/world_health_statistics/2016/whs2016_AnnexA_MaternalMortality.pdf?ua=1&ua=1), Table A.1.1

<http://www.cso.ie/en/releasesandpublications/ep/p-vsar/vsar2014/imsm/>, Table 4.19 reports a rate of 1 in 100,000 for 2014 whereas the more accurately recorded numbers from the Maternal Death Enquiry (Ireland) report put the rate for 2014 at 9.8 in 100,000, below

<https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/MDEIrelandDatabriefNo2December2016.pdf>

<https://www.ucc.ie/en/mde/about/>

[http://www.hse.ie/eng/services/list/3/nas/news/National\\_Consent\\_Policy.pdf](http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf), p. 41

<https://www.hiqa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf>, p. 39

<http://aimsireland.ie/what-matters-to-you-survey-2015/womens-experiences-of-consent-in-the-irish-maternity-services/>, Infograph 5

<http://www.independent.ie/irish-news/courts/hospital-sought-court-order-to-force-mother-to-have-c-section-29120379.html>

## Further links and reading:

### Dr Rhona Mahoney on risks the 8th causes to our lives and health

<http://www.irishexaminer.com/ireland/abortion-laws-doctors-play-roulette-with-lives-335629.html>

### Michelle Harte denied an abortion during cancer treatment; she subsequently died of her cancer

<http://www.irishtimes.com/news/why-is-simple-treatment-not-available-even-when-a-mother-s-life-is-at-risk-1.688515>

<http://www.wexfordecho.ie/2012/11/21/savitas-deathlocal-mum-had-similar-plight/>

### Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland

<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14401/full>

### Induced Abortion Worldwide - GLOBAL INCIDENCE AND TRENDS

<https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide>

### AIMS Ireland Factcheck on maternal mortality

<http://nocountryforpregnantwomen.blogspot.ie/2016/12/additional-information-regarding-fact.html?m=1>

### Maternal Death Enquiry Ireland

<https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/MDEIrelandDatabriefNo2December2016.pdf>

### HSE vs Ms B

<http://www.thejournal.ie/high-court-judgement-caesarean-section-3059414-Nov2016/>

<http://nocountryforpregnantwomen.blogspot.ie/2016/11/what-people-are-missing-hse-v-mother-b.html>

<http://aimsireland.ie/7-points-on-the-high-courts-refusal-to-force-a-woman-to-undergo-a-c-section-against-her-will/>

### PP vs HSE

<http://www.bailii.org/ie/cases/IEHC/2014/H622.html>

### Parents for Choice video:

<https://www.youtube.com/watch?v=8s5NVHiYjr0>

Key points:

54% of women who access abortion services are already parents

51% of women accessing abortion services are using contraception

The number of women in their 20s accessing abortion services is decreasing

# **PARENTS FOR CHOICE PRESENTATION TO THE CITIZENS' ASSEMBLY**

While the number of women in their 30s accessing abortion services is increasing

92% of abortions are performed before 12 weeks

80% are performed before 10 weeks

51% of women reported that they were not given the opportunity to refuse consent to a procedure, intervention or treatment in Irish maternity services