Dr Caitriona Henchion

Medical Director
Irish Family Planning Association

Leading provider of sexual and reproductive health services
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• Eighth Amendment must be repealed.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
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

• ARA Aiken, R Gomperts and J Trussell (2016) Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: a population-based analysis in British Journal of Obstetrics and Gynaecology


• Royal College of Obstetricians and Gynaecologists (2011) The Care of Women Requesting Induced Abortion: Evidence-based Clinical Guideline Number 7, RCOG. Available at: https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf


© IFPA