

Women and Equalities Committee

Oral evidence: Abortion Law in Northern Ireland, HC 1584 (ii)(private session)

Thursday 24 January 2019 Derry / Londonderry

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Watch the meeting

Members present: Mrs Maria Miller (Chair); Tonia Antoniazzi; Sarah Champion, Angela Crawley; Vicky Ford; Jess Phillips.

Questions 121–158

Witnesses

[I](#): Witness A, Witness B, Witness C, and Witness D.

Examination of witnesses

Witnesses: Witness A, Witness B, Witness C, and Witness D.

Chair: Hello. I am Maria, and I am Chair of the Women and Equalities Select Committee. We are really grateful to you for coming along today and for taking part in this evidence session. We are lucky to be meeting here. It is quite difficult to find venues around the place. We have just come from Antrim, where we were at the Civic Centre and we had a great meeting room there too, but apologies if it is a little ropey around the edges here. Our helper is making sure we have microphones so that not only can we hear you, but we can also take an accurate note of what is said.

This is a private session, so we are not broadcasting. We will be taking a note of the meeting but we will anonymise everything that is said, so please feel free to speak freely. I do hope you will you are among friends. Although it does look very formal, I hope that it is not too formal in practice.

The basic format is that each of my colleagues has questions to ask. Please feel free to contribute if you want to, but if you do not have anything to say, do not feel pressured to do so.

We will try to finish by about 7.20, if that is all right. I am sorry that we have started a little late.

Jess Phillips is going to going to start our conversation.

Q121 **Jess Phillips:** Hello and thank you very much for coming. It is quite a late night, isn't it?

I want to hear a little bit from each of you about how the law on abortion in Northern Ireland has impacted you and your family.

Witness A: I might need more than an hour.

It was five years ago this year—in fact on Valentine's Day, so the anniversary is coming up—that I found out after the 20-week scan that my first daughter had a condition incompatible with life. The first time we were told, "It appears that your baby has a condition that is incompatible with life." She had a bone disorder. We were sent backwards and forwards to the [Hospital] and it was only when I was 23 weeks and six days that it was confirmed that her diagnosis that she was not going to survive, she might not survive the pregnancy, and that was that, really.

I live in [Place] I don't know if any of you knows where [Place] is. It is not that small; it has its problems, but where doesn't? Until I got to that point, abortion was never on my radar. It was not something I had ever really thought about, had never really had to consider. I had bought a house, got engaged, got married, planned to have kids, tried for a baby, fell pregnant, and that was my path. When I got that diagnosis after that scan, I said, "Well, what happens now? How do I stop this?" and I was told, "Well, you can't." I said, "I'm sorry, what?" and I wasn't even given



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an option. I was told, "You just continue as normal," and I couldn't believe it.

Anyway, we were back and forth up to [Hospital], and when I got the final diagnosis in that hospital, the consultant said to me, "Yes, your baby has a condition incompatible with life and I would sign off on a termination," and I said, "Right. Okay." Because this was in [Place and my hospital was [Hospital], I was then sent back to my own hospital, my own Trust, with people that I knew, and an appointment was arranged for the following day for me. The appointment was not with the consultant that I had been seeing, it was with his registrar, because consultant was on annual leave—which is fair enough, for him to take his annual leave. So I saw her, the registrar, and I said, "Okay, me and my husband have discussed this," because we had spent the whole night previous discussing what we would do and we decided that we would have a termination because there was no way that I could continue with the pregnancy knowing that there would be no baby at the end of it. So we went in and we saw the registrar and we said that was what we wanted and she looked at me and she said, "That's just not going to happen." I said, "But the consultant we saw yesterday said she would sign off on it". We had spent hours the previous night, my husband and I, discussing it. This was the position. There was no right, easy answer here. I know some of us on the panel have had the same experience. To come to that decision, it is not a relief; it is what is the least worst option here, so that is what we had decided, but she said to me, "That is just not going to happen," so flippantly. It was taken away, just like that, the light at the end of the tunnel, which was not a light, it was our only option, but it just went. Because I didn't really know about what you could do if you had a fatal foetal abnormality, because no one could ever tell me I could still have a termination in England, I didn't know this. The doctors here seem to be afraid to even give you any kind of information in case it gets linked back to them, that they had helped you have a termination.

I'm sorry. I am a wee bit nervous.

Q122 Jess Phillips: You are absolutely fine. Did you go on to have to carry to full term?

Witness A: Yes. Basically, I rang Marie Stopes the following day. I said, "I'm 23 weeks and six days pregnant. I want to have a termination," and it was just a general number, the first one I got off Google. I was told, "I am sorry; it's too late. The procedure has to be carried out before you are 24 weeks." I hung up the phone and I thought, "Right." So that was it. That was my path. I didn't know that I could have had a termination. In fact, I didn't find that out until six months after my daughter was stillborn. I was 24 weeks on that day, or 23 weeks and six days, and [Name] was stillborn at 34 weeks and five days.

Q123 Jess Phillips: She was born at 34 weeks?

Witness A: Yes. So I had almost 15 weeks in this pure hell. It was just torture. Every day I wondered, "Is this going to be the day?" and I would



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wake up and you know the first few seconds in the morning, before you are actually really awake, and you don't remember, and then it hits you and it just feels like this horrible weight on your chest and you think, "God, I have to do this again."

One of my baby's problems was that her limbs were extremely short, so I did not really feel kicks, not like you would with a healthy pregnancy, but because of her issue with her bones, it meant her lungs could not develop, so she got the hiccups all the time, because she could not process the amniotic fluid. I was having to think about a funeral, a headstone, a postmortem. I had to have a meeting with the consultant paediatrician to talk about a plan, what would happen if she was born alive. That is something that I really want you to know about because, this only came up quite recently. We met with the consultant paediatrician about the care plan if she was to be born alive and we were asked what we wanted to happen if she were born alive. Our options, our choices, were: do we intervene and resuscitate, and try to extend her life for as long as possible, or do we make her comfortable and let her pass? Now at the time, we were just like, "Make her comfortable and let her pass," because it seemed the most humane thing to do, but it is only now, on reflection, five years later, that it hit me—this was last week, when I knew this panel was coming up—that I was given a choice. Once she was no longer in my womb, I was allowed to decide, "Do we extend her life or do we let her pass?" yet I was not afforded that choice when I was pregnant. To me, that does not make sense.

Jess Phillips: Thank you.

Witness B: My experience is similar, but a little bit different, and very recent.

Q124 **Jess Phillips:** Take all the time you need. I can come back to you, if you prefer.

Witness B: No, it's all right. In August, the end of August, I started a festival supporting families, supporting women and their choices. I was expecting my second baby. I was 35, and very much madly in love with my first baby. [Activity]

It was at our 12-week scan that we were told that they thought that there was a problem. The doctor that we saw was reluctant to confirm what the issue was, but then when we pushed, she said that what she suspected was that it was anencephaly, which is a condition to the neural tube, a defect that meant that the brain, essentially, the skull, does not form properly so the brain then cannot develop. Initially what happens is that the brain develops outside of the skull cavity because there is no top and then eventually it is—as one of the consultants described it—almost digested by your amniotic fluid and the brain virtually disintegrates, disappears. So we were told that this was the suspected diagnosis at our 12-week scan. Similarly, our consultant was on annual leave, so we had to wait for a horrendous week. We knew instantly, when we got that suspected diagnosis, that given the culture in Northern Ireland of fear, a



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doctor was not going to give us that suspected diagnosis without being pretty sure that that is what it was.

Q125 **Jess Phillips:** When was this?

Witness B: This was in August. So we knew at that moment when we were told that we did not want to continue with the pregnancy; it just was not an option for us—the idea of having to continue, knowing that my little girl had already started talking about the baby in mummy’s tummy, to have to then put her through another six months of pregnancy and then try to explain to a two-year-old what it means, that the baby in mummy’s tummy is not going to be her little brother or sister. We knew straightaway that it was not an option for us to continue with the pregnancy. I have a family history of very severe mental health issues as well, so that was another concern of mine, to put myself through that, the idea of having to get up every day and go to work, as I am the main earner in my family, knowing what the implications for that were if I was not able to go to work every day. There were implications for the rest of my life, for my family, for my career. We knew straightaway. We did not have to discuss it, myself and my husband; we knew straightaway that we would not continue with the pregnancy.

I was already aware of the legal restrictions in this country. I think the first thing that I said was, “F this country,” because I knew what the implications were. But we had to wait for a week before we got the diagnosis confirmed, because the consultant was on leave. We were told at that point that we could get referred to [Hospital]—this was in the hospital—but that they were understaffed so that there were only a certain number of consultants and that a couple of them were not in post, and that some of them were on leave, so there was no point in referring us to the other hospital because we would not get seen any quicker. It turned out that that was not true.

In the intervening period, before we got the diagnosis confirmed, we were making arrangements to contact services in England. During that process, we discussed the implications of this defect, whether it would affect future pregnancies, if there was a genetic component to it, if we would need to have a postmortem, and if we needed to have any CVS testing, amniocentesis, to investigate what were the causes of this condition. A week after the suspected diagnosis, I contacted the consultant at [Hospital] directly, myself, to ask to see if he could do the genetic testing for us and he agreed, and we went to an appointment. So one hospital telling us that we could not get an appointment was not true. When I pushed it myself, we were able to get an appointment. I later learned, very similarly, that had I been cared for in one hospital, I would have been offered care at home.

Q126 **Jess Phillips:** So you could have had an abortion at home?

Witness B: Yes. The consultant’s words were, “We would have the courage to help you.” It was at [Hospital].

Q127 **Jess Phillips:** So [Hospital] is—okay. So did you have to travel to the



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UK?

Witness B: Yes, we did. So we had to arrange it. I looked at my phone recently and see that I had to make 27 separate phone calls to different hospitals, to BPAS, which has a specific phone line that you are supposed to be able to call for foetal abnormalities. They were clueless. They did not understand—at this stage we would have been at between 13 and 14 weeks—why we wanted a medical termination rather than a surgical termination. In that situation, it was a very much wanted pregnancy; we wanted to be able to see our child, to spend time with him. The services that are supposed to be in place, that are offered for women from Northern Ireland to have to travel to England, they were completely clueless as to why we would want that option rather than a surgical option because they were not used to having to deal with people in our situation.

Eventually, through an article in *The Irish Times* about how women from the south of Ireland were having difficulty accessing services because most of them were going to the [Hospital], that was how I discovered that that was somewhere that I could go to be cared for, through an article on a Google search, because people here were not able to tell me, even though one of the conversations I had had with my team at [Hospital] was they were almost expecting me to be grateful that they were able to even have a conversation about termination because previously they would not even have been able to have a conversation. For them, it had been a change. They were able to even talk about it, but for me, in that situation, to be expected to be grateful to be able to have a conversation when they were not able to help me is just cruel. And yes we travelled to Liverpool.

Q128 **Jess Phillips:** To Liverpool?

Witness B: And I documented the process, to make other people aware.

Jess Phillips: We are incredibly grateful for all of your bravery in coming to talk to us.

Witness C: Hello. The law impacted my life in 2007, when I was 25, so a little while ago but the circumstances were similar to people who find themselves in the situation today. The only difference is that I had to pay for the service. At 25-years old, I had a four-year-old son; I was a lone parent and had been from his birth. I had just completed an access to university course. I was in poverty. We lived in a cold house. I wanted to go to university and I wanted to get a job at the end of it, to be able to provide a warm, safe home and better lifestyle for my child. I had accepted an offer—I had been given offers at university—and then I discovered that I was pregnant. I was still single. It was an unfortunate happening. I knew immediately. I found out very early on. Whenever I am pregnant—I have had two children now—I find out immediately; I am very sick, so I knew at three or four weeks, and I immediately knew that I needed to have a termination. I needed to have an abortion. I was aware that they did not happen in Northern Ireland. I didn't have access



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to Google. I think I might have found the number for BPAS in the back of a magazine. I was able to tell one friend, and another, and had their help; one of them was tech savvy and was able to get the numbers for me. I had no phone credits because of my poverty, and I had no childcare, so I used to sneak to my friend's house while she was at work, and use her phone. I made myself the appointment but—this story could go on for a long time.

Chair: We do not have all night.

Witness C: I do want to make sure that I give you the important parts. Whenever I did get in touch with a clinic, they informed me that I had to know exactly how pregnant I was before they could book me in and the only way to find out was to go to [Hospital], which is my closest hospital, which was an absolutely horrendous experience. I told the male doctor why I was there and why I was hoping to have a scan. He made me quite aware of his views and that it was not a good idea and he couldn't help me. He attempted to scan me. It did not work. I ended up just phoning up the clinic and telling the lie that it had been confirmed that I was five weeks pregnant, because I had no other way out of that. Because I could not afford to stay over and I had no childcare, I had to fly in in the morning and fly home in the evening.

Q129 **Jess Phillips:** Where did you get the money from?

Witness C: The one friend gave me the money for the procedure, for the flights, and gave me money for the day, for taxis, for something to eat in the airport on my way back. The important thing that I need to remember is that because I was five weeks and because I could not afford to stay overnight, because I did not have childcare, it had to be a surgical abortion and I had to wait four weeks for my appointment. So I had to pretend that everything was okay for four weeks and I had to lie to my family and friends, because of the shame and because of the notions that we had, and to some extent still have, in Northern Ireland. It was awful. I was trying to look after myself, trying to carry on as normal, when nothing was normal and it needed to stop; I needed to be able to have my abortion and then move on with my life, look after my son, and go to university.

When the four torturous weeks were over, I was able to get a lift; one friend took the child, one friend drove me to the airport, which is around an hour away from where I live, and I flew over in the morning, to Liverpool. My flight was around about 7.00 am, 8.00 am. I am from a very small town and in the waiting lounge, in the airport, I met a woman who was a few years younger than me, and I had to spend all that time lying to her, telling her that I was going for an interview, because I could not bear the thought of people at home finding out what I was doing. Then I had to sit next to her on the plane. It was so bad. When I arrived, it was as it is—it is a simple procedure—and when I left in the taxi, I had to spend quite a number of hours at the airport. I had hoped that I would be well enough to eat—



Q130 **Jess Phillips:** Did you have a general anaesthetic?

Witness C: Yes. I had hoped I would be able to have a cup of tea and relax and all the rest of it—I was a bit naive—but I was in pain and I was uncomfortable and it was very awful, in an airport, and I was alone, and who could I talk to. One of the friends was away at work. The other friend was looking after my son. I was there, for hours, by myself, in an airport, and then I was on a plane by myself, after having had a medical procedure and having very serious cramps, and not well. I was collected from the airport in [Place] and brought to my home town. What affected me most was not that I found myself pregnant when I could not be—that is a normal thing that happens to many women—what affected me was having to wait for four weeks and having to fly and having to be alone.

Q131 **Jess Phillips:** Thank you very much.

Witness D: My story starts in London, [Place]—in 2013. I became pregnant with my much longed-for second child. We had done the thing. Our little boy was two. We had waited the right amount of time—

Q132 **Jess Phillips:** What is the right amount of time?

Witness D: Apparently—who knows, really, now? Miraculously, I got pregnant quite easily the second time and was full of the joys of life. I went trotting, literally, into my 21-week scan, and it was at that scan that it was discovered that my much longed-for baby had[Condition]. In London, at that time, it was as if somebody had pressed a button. I was escorted out of my scan—and this is why I get upset, listening to these women—and I was put in the hands of the most beautiful specialist midwife—I remember her to this day. She had a second in command. The two of them sat me down, went through the ifs, the buts, the what-ifs, with me, and they explained everything that potentially could be going on.

Later that week, I was referred to [Hospital] in London; they conducted an amniocentesis and a further scan, and by the end of the week it was confirmed that my much longed-for baby boy had a chromosomal disorder and was severely disabled. Much like these ladies, when my husband and I had started talking about family, we had already made the decision that we would not be bringing a child with any form of deformity or life-threatening illness into this world. It is a cruel enough place as it is. I genuinely feel that we made a heartbreaking, but informed, decision that day to not carry on with my pregnancy.

I informed the midwife and the team, and on 22 May 2013 I went into [Hospital], to medical ward 6, which is a beautiful room that they put aside for women who are having stillbirths. There is a TV and a double bed—it is not surgical at all—and I had a team of beautiful staff, midwives, nurses, an anaesthesiologist, obstetricians, who looked after me from the beginning of that experience to the very end. They were from every corner of the world, from every race and colour; not one of them judged me. They were there and they gave me care, compassion and the most professional service. At 11.40 pm I gave birth to a stillborn



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baby boy. I was able to hold that baby boy. I was able to say my goodbyes. My husband was able to hold him and say his goodbyes. In [Hospital], they take handprints and footprints and you are able to keep those as memento.

The next day, we leave and we start the healing the process. My little boy was 23 weeks when he was born, and I was 42. Afterwards it was told to me that obviously—they encouraged me and said, “Go on, have more children,” but I said, “No, I think I will just put the brakes on right there.” My age was a huge factor with regard to being a high risk and I was told that moving forward I was very high risk, me getting older, the fact that I had already been through this, and it was a risk getting bigger and bigger and bigger. I decided I was not going to have any more children, and I moved my family to Northern Ireland, which is where my mother lives, and my sister lives.

“Something in the water”, is how I describe it, when at Christmas 2014 I discovered I was pregnant. Obviously knowing I was high risk, I nervously trotted down to see my GP and after exchanging pleasantries and saying, “I think I might be pregnant,” and all the congratulations that go with that, I then went through my history with my GP over here and I explained about being high risk.

Sorry, going back, at [Hospital] they told me that because I was high risk, if I was to get pregnant again, to go back as soon as I knew, and they would test me and scan me for everything under the sun, in the very early stages of pregnancy, so I would not have to go too far down the line. So that is what I was expecting. I told my GP I am high risk, so can we get on with all the testing. My GP, up the road in [Place], went quiet, absolutely quiet, and the silence was deafening. I looked and I said, “What’s wrong?” She said, “We do not offer any testing for high-risk women in this country.” She then explained to me that even talking about ending a pregnancy was a no-no due to some DUP Minister—I know his name; I am not going to mention it—who had obviously threatened them all.

I went into a state of shock and I went into a state of horror at the realisation that I was totally on my own with a high-risk pregnancy. There was no help, there was no support out there, and I knew what I had left behind. I knew that just a hop, step and a jump across the water, I would have had the same help and support—

Q133 Jess Phillips: Had you mentioned to them that you would want to abort should there be a problem, or you were just asking for testing because you were high risk?

Witness D: At this stage I was not going down that dark route, I was just asking for the testing, “Please test me.” According to my specialist midwife, there was a new blood test at that time that was coming out that they were going to give women in the NHS that could detect foetal abnormalities very, very early on in pregnancy. It was 99.9999% accurate in the very early stages. I was asking for that test. I was asking



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for a couple of scans, "Let's just see where we are at with this pregnancy."

I went home, I cried for two days solid and then I picked myself up and I thought, "Sod this". Obviously I have medical people in my family. I spoke to them and I jumped on a plane, because I have the finances to do so. I went to a clinic off Harley Street and I got that blood test. It cost me £300 for a test that is freely available to women in England on the NHS. I paid for it. I also paid for the flight and the accommodation while I was there. Luckily that test came back within a few days and told me that my baby was healthy.

I did not include the test results of that test in my medical notes. I could not. They did not want to see them, they did not care. That meant that every single appointment I subsequently went to throughout my high-risk pregnancy—and it was written in red ink, "High-risk pregnancy". I had made my GP write it there. People would happily welcome me in, read my notes and go quiet on me. The sense of abandonment that these people, these professionals, who I am quite sure do not naturally want to turn their backs on women, felt they had to go really quiet and would go, "Yes, okay, we will do this test now." There was never any talk about my high-risk pregnancy. Nothing. It was as if it did not exist.

To me that was the most shocking thing of all, even down to the fact that at about 14 weeks I went in for the usual blood tests. I was getting quite fat and they were a bit worried about diabetes. They gave me a blood test and a scan. I said to the woman taking the blood, or the midwife, "Is this for my nuchal scan?" Again the room just goes quiet. She said, "I am terribly sorry, we do not do those here". I said, "What do you mean? It's a standard test. You do not even ask women in the UK if they want this test, it is a standard test that you do." She said, "We cannot offer you the test because we cannot offer you any advice on what would happen afterwards."

Q134 Jess Phillips: Did you go on to have your baby?

Witness D: I did, thank you. I went on and in July of 2015 I had a bouncing, healthy baby boy. If I may just add two things to that, I cannot imagine how I would have got through that pregnancy, whether I would have got through that pregnancy, had I not had that blood test done privately in London. There is no way. I would have walked into everything single appointment going, "Can you see it? Is it deformed?" I would not have got that far. It was almost as though they were fine to let me have a severely disabled child. Nobody cared.

I am quite vocal. I was asking all the time, "Please can you look at it?" The sonographer at my 21-week scan, to be fair to her, did, I think, spend a long time, maybe longer than normal, having a good look, and she sat me down at the end and said, "I cannot see anything for you to be concerned about." I think that is the only nod I had from any medical professional throughout my pregnancy who even gave me the slightest hint that everything was all right.



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My final point is after my stillborn birth of my little boy in [Place], I went in, once the dust had settled—and it does settle—and I chatted to my specialist midwife, [Name], and the consultant obstetrician. We discussed what had happened and how it had happened and if there was anything I could do and all the rest of it. I did bring up the fact. I said I was heartbroken. That was the only way I could describe it; I was heartbroken. I asked did I have to have the baby boy? I know it was right but would it not have been easier for me to have had a surgical procedure? Both my specialist midwife, [Name], and the consultant obstetrician sat me down, held my hand and said that they had done numerous amounts of testing that had categorically proven that going through labour helps women. Physically they start healing, the baby has left the building, your body can start to get back to its previous state. Emotionally you have said your good byes, you can start grieving.

More importantly, and this is where I feel the system is really letting these ladies down, is that mentally it clicks into place and you are not left with any ifs, buts or whatevers. You know what has happened. They both expressed their concern about the mental health of women who have not gone through that, who cannot mentally put everything into a process.

Q135 Jess Phillips: If the baby had been fine and they had been wrong in the tests?

Witness D: Exactly. What I feel very strongly is that not only are we letting the women of Northern Ireland suffer emotionally and suffer physically, but mentally we are hanging them out to dry. We really are. If it was proven in England that having a child and saying your good byes is mentally the best thing for women, why now are we letting women over here struggle through?

Jess Phillips: Thank you very much.

Q136 Sarah Champion: My name is Sarah Champion; I am an MP from Yorkshire. We each have some quick, short-fire questions, if that is okay. As Maria said, if you do not have an opinion, that is fine, we will move on. Could I start with Witness B? You were obviously very aware of what the law was around abortion. Do you feel that other women and indeed medical professionals are as aware of the law as you were?

Witness B: In terms of medical professionals here in Northern Ireland, my overarching sense, having gone through everything that we went through and learning from other people who have been through that process, is that the medical professionals are very aware of the effect of the law. Many of the professionals that I encountered were very angry that the law had the chilling effect that it has. They are afraid to help, they are afraid to even have conversations with women. They are very aware of the effect of the law.

In my experience that manifested in two very different ways. In one sense there were the professionals who would be clearly supportive of decriminalisation and extension of the same rights that women in the rest of the UK have, and who were very sympathetic and went out of their



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way to care for us as much as they could within the confines of the law and within the confines of the law as it was interpreted in the hospital that they worked in.

The other manifestation of it was that I believe that those medical professionals who are anti-choice in their own personal belief are allowed to then enact that belief, using the law as protection for applying their own bias and their own personal beliefs in their medical practice. That was my experience in speaking to one consultant, and I was very vocal about making sure that I asked for a termination of pregnancy, so that I had it documented that my treatment was refused. I asked two separate consultants in two different places. One told me that it would be up to the individual obstetrician to make that call within the law, and the other that I happened to be being cared for by officially said flat out it is illegal.

Q137 **Sarah Champion:** You said the practice within that hospital. Are you therefore saying that if the medical director or the senior consultant has a position, that will ripple out across the rest of the team?

Witness B: Yes.

Q138 **Sarah Champion:** Witness C, could I go to you? The question about women. You said that you first went to Google. Did you have an understanding of what the law was around abortion?

Witness C: In 2007, yes. My understanding was that it was completely illegal. I knew that there were very limited circumstances but at the time I had no inkling that it could ever have applied to the circumstances that I was in. With hindsight I now know that. In those days, if I had known—because I have very severe post-natal depression whenever I have a baby and it lasts for four years or more. It is very bad, and my youngest is nearly five, so we are in a good place.

Sarah Champion: Welcome back.

Witness C: That is exactly what it is like. Had I had a full understanding and awareness at the time, with the knowledge that I have now, it might have made a difference, but the majority of the population in those days thought that it was illegal. Still today I would say it is becoming something that a lot of people talk about now but is still quite understood that it is illegal here.

Q139 **Sarah Champion:** Are they talking accurately or are they talking on the assumptions that you had that it is just flat out illegal?

Witness C: I would like to give credit to the population of Northern Ireland, but there is a lot of misinformation and there is a lot of rhetoric—is that the right word—and there are a lot of voices and lines that are spread that make it seem that it is totally illegal. The average Josephine walking down the street, I do not think she understands the ins and outs.

Witness D: From my experience I genuinely do not think that the women of Northern Ireland know, unless it is an unwanted pregnancy, around abortion or until they walk into that 21-week scan. I genuinely do



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not think that the women here in Northern Ireland know that the treatment they are getting is not the same as the treatment available in the UK. I think there is an innocent ignorance that they are being tested for everything, and they are not. I do wonder, when they open their *Bounty* magazine or their *Emma's Diary*, if it said, "At this week you will be tested for this, not available in Northern Ireland" or at the 21-week scan, "Not available in Northern Ireland", that there would not be an absolute outcry.

Q140 **Sarah Champion:** They do not have the contrast?

Witness D: Exactly. They do not know that they are not being tested. They are living in this beautiful—

Witness A: You do not know what you do not know.

Witness B: With my first pregnancy, no tests were mentioned, no tests were offered. I was not even aware that there were tests that I was not—

Witness A: You trust your doctors. Who are we? I do not know if any of you are medical professionals. You go in, especially for your first pregnancy, and you believe what they say is golden, because if you cannot trust your doctor, who can you trust? You do not question it.

Q141 **Tonia Antoniazzi:** Can I put my question? It will be very, very quick, because it follows on from what you have been saying and I know it is a one-word answer, unless you want to give a longer answer. Do you think there is adequate support for women seeking a lawful abortion from medical professionals in Northern Ireland?

Witness A: Absolutely not.

Q142 **Tonia Antoniazzi:** Going a little bit further, do you think there is adequate support for women who are pregnant as a result of rape or who are carrying babies with serious medical conditions?

Witness A: Absolutely not. There is no support. For all of my appointments when I was pregnant with my daughter [Name], who had the fatal foetal abnormality, they were all in the same waiting room, in the antenatal room with every pregnant woman. Whenever I went in to any appointment—like when I had to have the gestational diabetes test—the nursing assistant who was carrying it out had no idea. She said, "Are you excited?" because obviously I was showing. There is no pathway. We hear some of the anti-choice people talking about separate or private care. It is absolutely nonsense. It does not exist. You are treated the same as everybody else.

Q143 **Tonia Antoniazzi:** Do you think the care is different across Northern Ireland or do some places do it better?

Witness A: Yes, we both experienced that. I was told in [Hospital] I could have a termination and then the very next day I went back to my hospital in [Place] and I was told, "No, no, no, that does not happen."

Chair: Can we make sure we have that recommendation about the



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helpline being useless and *Emma's Diary*—

Witness D: The *Bounty* and *Emma's Diary*.

Q144 **Chair:** I know it is recorded, I just want to make sure so we can make specific recommendations. Do you think the law should be changed?

Witness D: Yes.

Witness A: Yes.

Witness B: Yes.

Witness C: Yes.

Q145 **Chair:** If you do think it should be changed, do you think it should be changed for everybody wanting an abortion or do you think we should be focusing mostly on the cases of fatal foetal abnormality, rape and incest?

Witness A: Absolutely not. Anybody who does not want to be pregnant should not have to be pregnant. In my experience—and I can only talk about the fatal foetal abnormality—being forced to endure 15 weeks of feeling the baby hiccup that I just did not want to feel any more opened my eyes to many other reasons why women would need an abortion. If somebody does not want to be pregnant, that is enough of a reason. To me abortion is a healthcare issue. It is between the pregnant person and the medical team and that is it. Everybody else should take their nose out.

Q146 **Chair:** Do you think you would have said that before you went through that experience?

Witness A: Honestly, no. It was never on my radar. I lived a very naive, ignorance-is-bliss life, I really did. But on 14 February five years ago everything for me changed and my life went on another path. The rose-tinted glasses came off and I saw the injustices.

Chair: Witness B, what do you think?

Witness B: I was thinking about this on the way here. My experience was that I was 35 years old and I never thought that I would be in a position where I would need a termination. I thought, "What a relief, I am past my teens and my 20s where there was that risk area." I thought, "Thank goodness I did not get pregnant by accident. Now I really want to get pregnant, this is great, I am outside of this law, it does not apply to me any more". The reality is that had I had an unplanned pregnancy in my teens or in my 20s, I would have had the resources to travel, I would have had the freedom to travel. I have always had my own passport, I have never had any curtailments on my freedom and my ability to travel and I have a supportive family that would have made that an option for me.

The reality is the law here does not stop anyone who is determined to not be pregnant and has the resources. They will travel. What happens is that it is only women who are in dire circumstances, who are in abusive and



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controlling relationships, who have restrictions on their movements, who do not have the resources or the family support to be able to travel. The reality is that if you have the resources you can have a termination if you want to. If you do not have the resources—

Q147 **Chair:** Witness C has taken us through how challenging it is when you are on those limited resources, to go through that by yourself.

Witness A: And if you know that you can do it. See, that is the thing. If you know that you can travel. Everybody does not just know, "I need an abortion, this is how I can get one." I did not, and I count myself as a fairly educated woman, more so now than then, but I did not know that. You are right, if you have the resources and the support and the determination you can, but you must know that it is available.

Q148 **Chair:** Witness D, I am going to guess you would be saying it is not just the abortion law but it is the access to all the maternity care.

Witness D: All of it. I understand this subject, I understand how tricky it is and I feel that trickling in the foetal abnormality and due to rape and stuff, abortions in that case, is a step. Northern Ireland needs a seismic shift. It needs a seismic shift in attitude, it needs a seismic shift in care for women, and that is across the board.

Witness A: Not only that. With the fatal foetal abnormality or the abnormality in rape and incest, it would be like what is happening down south at the minute. I do not know if you are aware of the case from the—

Chair: If we could try and not talk about specific cases, that would be helpful.

Witness A: Sorry. If we started introducing abortion for niche circumstances—there are three of us here that have had fatal foetal abnormalities, but it is fairly rare. Thankfully it does not happen all that often. But if you start making caveats or if you start saying these certain people can have an abortion, then you are making this good abortions and bad abortions. While abortion is still criminalised, you are going to have the healthcare practitioners who are anxious and do not want to give the support and do want to help and will make it difficult for women to access abortions even though they are legal under certain circumstances.

For me that is why abortion must be decriminalised, not just here but right across the UK, and put—I am not expert—a structure and regulations and guidelines that actually work in place to provide care and compassion to the people who find themselves pregnant but also to the medical professionals. I would not want to be one of them working under the law as it is either.

Chair: Thank you, that is helpful. Angela, do you want to cover the last couple of questions?

Q149 **Angela Crawley:** Bear with me, I have a technical question, I am not



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sure if you will be aware or not that the United Nations Committee on the Elimination of Discrimination Against Women, the CEDAW Committee, has said that the law in Northern Ireland breaches women's human rights and it has called for the law to be changed so that individual women and medical professionals would not be criminalised in relation to abortion. Do you have a view of that?

Witness A: I agree wholeheartedly with that.

Witness C: Has the Human Rights Committee, in October of last year, released a comment on the right to life? There is a section on it about abortions and it reiterates that and says that states must remove barriers.

Witness A: The United Nations Human Rights declaration?

Witness C: Yes, the Human Rights Committee.

Witness A: It is big, important bodies, for want of a more technical term, like CEDAW and like the United Nations, that are saying that this provision must be made because it does breach people's human rights. It is not just us, it is the massive, important organisations that also say what is wrong and how it could be rectified.

Witness C: The UK Government have signed up to both of those, have they not? I want to add that both CEDAW and the Human rights Committee said that states should decriminalise, and CEDAW said that sections 58 and 59 of the Offences against the Person Act should be repealed. I do not see that that is terribly hard

Q150 **Angela Crawley:** You are absolutely right and that is the reason why the Committee is here today, obviously, because we take the obligation that the UK Government have, under the UN obligations, very seriously. We appreciate the points that have been made around appealing those particular sections that criminalise both the women and medical practitioners. Obviously here in Northern Ireland right now there is quite a sensitive issue around the absence of an Assembly. My question is who do you think should be responsible for ensuring that the law on abortion is effective?

Witness D: I have an answer to this; it is a bit bigger than your question, if I may. As an outsider looking in, things in Northern Ireland are not what they seem. I am going to bring this up because I think it is really important. The peace process here is tenuous and politics here is very threatening. I did not realise that before I moved here, and possibly these ladies who have lived here all their lives do not realise it either. We are always being told, "Do this, vote for us or the troubles will rear up again. Do not do this or do this because the troubles will rear up again."

Q151 **Sarah Champion:** They seem pretty bright to me.

Witness D: We are threatened with paramilitaries and dissidents. We are always being threatened. To me that is this way of keeping people in a box, keeping their heads down. It is especially important at the moment,



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when our politicians are not working, that all those heads are down, because if we start asking too many questions they will not like it, they do not like it and they start threatening again.

I have great admiration for all these women who are standing up, because not only are they standing up to the pro-life lobby and religious groups, but they are also putting their heads above the parapet into a very politically threatening environment as well. I think it is really, really important that people understand that.

If you are seen to be doing things that people do not like here—I was having coffee with a friend in a coffee shop last week, discussing one of Antrim's MPs. She looked very uncomfortable, probably at me for calling him a crook and the like. She said, "Could you keep your voice down?" I said, "What is wrong?" She said, "You do not know who is listening, you do not know what might happen." I am a housewife from [Place]. What are they going to do, kneecap me? But she genuinely was concerned. The fact that people are talking out and speaking out I think is marvellous and I think it needs more help because the politicians are not listening, they are not working for us and it would be really good.

Angela Crawley: Thank you for your outsider's perspective. To go back to the question—

Q152 **Chair:** Does anybody want to reflect on that for a moment?

Witness B: I would like to add that I grew up in a border town, so I am no stranger to the backdrop of the troubles. Bomb scares were the sort of backdrop to my teenage afternoon. I am an Irish woman. I have never and will never hold a British passport. I am no fan of having rules and regulations and laws imposed upon this country by representatives in the UK. However, on this issue the people of Northern Ireland are not being listened to. As long as the DUP hold power without taking any responsibility, by not forming an Executive, we are in a position where the people here are not being represented. We are in a void of representation and so we need you to act for us because even if they were here they would not and they would continue to abuse the petition of concern to block any change in the law.

We know that the people of Northern Ireland want change. We know that. The party that has too much power will continue to block a change at every turn. Given that there is a vacuum of power at the moment—and it sticks in my throat to say it—I would wholeheartedly support Westminster making a change on behalf of the people of Northern Ireland because the people who claim to represent us are not.

Q153 **Chair:** Can I also point out that within Westminster not all of your members of Parliament sit, so we do not have a very full view of the people of Northern Ireland within Westminster?

Witness A: Even if they were to sit, Sinn Féin and the DUP are the two main power-sharing parties in Northern Ireland. The people in Northern Ireland are, first, tribal voters because they vote for them to keep those



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inside. Excuse the terminology but that is what it is called here. Not only that, but people in Northern Ireland are completely disillusioned with politics because they know and they feel what is the point in voting because it is going to be DUP and Sinn Féin. I try to educate everybody I can, "That is precisely the reason why you must go and vote."

It is a generational thing. I do believe we are not that far away from the troubles, where people are still living who grew up and lived most of their lives during the troubles and very much see the green and orange as the only two parties to vote for. I want to echo what Witness B said about the abuse of the petition of concern. It is abused with regards to abortion in Stormont and with equal marriage, even though there is public opinion for both of those.

Chair: Can I finish on one other area? Sorry, Witness C, go ahead.

Witness C: I think that even if we had an Assembly up and running at the minute, it would still be the responsibility of Westminster to ensure that our human rights are not being denied any more. The parties at Stormont, when they are there, are pretty stuck in their green and orange, and I think it is still Westminster's responsibility.

Witness A: And the United Nations.

Witness C: So I would still be lobbying you.

Q154 **Chair:** One final question. You talked about people keeping their heads down, and there is one group of people here who have a professional obligation, a Hippocratic oath, to make sure they do not do harm to their patients. They are governed by the same Hippocratic oath as governs my doctor in Hampshire where I live. Are you not quizzical as to why doctors are not pressing more for clarity or change or at least consistency? This is coming out very strongly today, the inconsistency in what you are being offered. Why are the doctors not challenging their own regulator to try to get more consistency and to get more strength?

Witness D: My [Relative] is a GP over here and this is a conversation we have a lot. I think Witness B mentioned you still have the divisions. You still have those who agree and those who disagree. Even within the medical body over here, they are coming from different ends. It is a cold house, my sister always says. It is a really cold house.

Q155 **Chair:** We have [Hospital] where there is a different view. Why do you think they are able to take that different view, that set of doctors? Is it because they feel more secure?

Witness B: My experience, when I spoke to a consultant in that hospital, was the words were, "We would have the courage to talk." It is fear.

Witness A: It is. It is 100% fear. I hope I am not going to speak out of turn here but I am going to say it anyway. The doctors, in my experience recently, are scared by the Attorney General and what he may do.



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Witness C: [*Inaudible*] so it is not as if the [Hospital] is giving everybody who walks up, who fits the criteria, an abortion.

Witness A: Most of them are in the [Hospital]. I do not know now, but I know historically over the last number of years.

Witness C: There were many more than 12 people who fit that criteria last year.

Q156 **Chair:** Before I bring Vicky in, and then we must close and move on, has the world changed? Has the courage that the doctors have diminished or increased in recent years? What is your feeling anecdotally?

Witness A: My feeling is the fear of the Attorney General. Back when I was pregnant with [Name], I remember my consultant, who is pro-choice, told me that a directive came out from the Attorney General that they were proposing to investigate the circumstances surrounding every late-term miscarriage and stillbirth in case someone somewhere had helped to make that happen. There was a proposal to have a criminal investigation. If you look at the issue we are having with the paediatric post-mortems, they can no longer happen in [Place]. The consultant, I am not sure what the name is, who would have been carrying those out, they were not able to fill that post. One of the hospitals came out on record and said it was because of the Attorney General and the pressure that was being put on them to investigate for any untoward circumstances.

Q157 **Chair:** Your general impression is that this has become significantly more difficult?

Witness B: Yes. A friend of mine, who very unfortunately had similar circumstances to my own and had a stillbirth at about 35 weeks, when she was in the process—before the referendum happened. When she was in the process of talking about her options, a friend made a flippant comment, “Can you not just go to the north? They will just put you through there”. That was the impression from the outside, that it is permissible under certain circumstances. Years ago that would have been the case. It was up to the obstetrician to sign off, and most of the time, in circumstances like ours, it would have been signed off. Then when that directive came out in 2012 or 2013—

Witness A: It was the guidelines that the Attorney General helped write that put massive pressure on the medical professionals about the criminalisation and the risk of prosecution.

Witness D: Ten years.

Witness C: And we have had an actual conviction and people have been investigated. The fear that the doctors have is not an abstract fear of something that is not real, it is real.

Chair: Vicky, do you want to come in finally?

Vicky Ford: You have told us very strongly that you believe the law



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should be changed and that if Stormont is not going to change it, we need to work. You have told us you think that is where the vast majority of public opinion is in Northern Ireland. Have we stopped taking written evidence? It is really important that people write that. That is really important. We can only act if we have evidence.

Chair: Yes, we will always accept additional information. We could go on all evening sharing in this very fascinating conversation. It is really insightful and you are incredibly brave to come and tell your stories, particularly when they are so raw. Thank you for doing that, because it helps us enormously in looking at the situation. Our objective is very much to give the people of Northern Ireland the opportunity to have their voices heard, whatever their views. We are so grateful to you for the time you have taken coming here this evening. Thank you very much.

[Q158 was deleted due to a numbering error]