To whom it may concern,

I am writing to oppose the Severe Fetal Impairment Abortion (Amendment) Bill and any attempts to restrict access to abortion healthcare. I endorse the responses made by Alliance for Choice and Women's Policy Group.

Research suggests that compared with having an abortion, those who are denied access to such are more likely to experience negative mental health in the 5 years following (Biggs, Upadhyay, McCulloch & Foster, 2016). My concern is that women and pregnant people needing to access abortion care later in pregnancy may be expected to travel further to access it. Evidence from a U.S. study indicates that those seeking abortive healthcare in their second trimester may find it more difficult to access this and may be expected to travel further to access this through Medicaid (Ely, Hales, Jackson, Maguin & Hamilton, 2017). This may serve as a cautionary reminder that NIHSCT should be providing such care to those who require it. Additionally, forcing individuals to travel to access abortive healthcare may significantly increase mental health difficulties that they experience. Aftercare may also be limited if individuals cannot access support on their return home.

Progressive and recessive abortion debates are constantly taking place in governments globally; this issue is not limited to NI (Pierson & Bloomer, 2017). Yet NI continues to have some of the strictest restrictions in place, which may impede human rights laws and serves to cause greater division at a societal level. CEDAW 2018 sets out human rights legislation, of which, failure to provide abortion in the case of severe foetal impairment is a severe breach. We must consider the impact that this will have on those who give birth to, and raise the child with severe health problems. Abortive care may prevent unnecessary suffering to the child following birth, and to the parents. This is a decision that can only be made by the individuals experiencing this, and should not be imposed on them by Stormont. Additionally, we must consider that caring for a severely disabled child is not without serious implications for parent mental health and wellbeing as well as significant financial considerations. Since Welfare Reform, it has been increasingly difficult for individuals and families to access additional funding through Universal Credit, Personal Independence Payments and Child Disability Living Allowance. This is of course assuming that the child and mother survive birth.

It may also be very difficult for healthcare professionals to maintain the professionalism expected of them if they are to interpret the law while considering whether an abnormality is likely to be severe or fatal. Tests for such are often invasive and carry risk of miscarriage on their own.

Misinterpreting the UN Convention on the Rights of People with Disabilities may have led to disabled women and pregnant people being seen as having their reproductive rights removed. This is simply not the case. As with non-disabled people, the Bill and any amendments as they stand serve to impede the rights of disabled women and pregnant people.

References

Biggs, M. A., Upadhyay, U. D., McCulloch, C. E., & Foster, D. G. (2016). Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study. *JAMA Psychiatry,* E1-E10. https://dx .doi.org/10.1001/jamapsychiatry.2016.3478

Ely, G. E., Hales, T., Jackson, D. L., Maguin, E., & Hamilton, G. (2017). Where are they from and how far must they go? Examining location and travel distance in U.S. abortion fund patients. *International Journal of Sexual Health, 29*(4), 313-324.

Pierson, C., & Bloomer, F. (2017). Macro- and micro-political vernaculizations of rights: Human rights and abortion discourses in Northern Ireland. *Health and Human Rights Journal, 19*(1), 173-185.