

Priceless Life
T/A Priceless House

PARLIAMENTARY SUBMISSION
Abortion Law Reform
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Introductory Note

Thank you for allowing us the opportunity to represent the voices of those we work with every day at our 'Priceless House' here in the heart of Brisbane.

Many of our clients have shared that they too vicariously appreciate your deeming our observational research from the coal face of the "crisis" pregnancy experience worthy of consideration.

Essentially we hope to shed light on the way Queensland women currently experience choice around unexpected or complicated pregnancy.

This bill is called "A Woman's Right to Choose" but we put to you that for choice to exist, there must be more than one option to choose from.

And we know from our first hand experience that often women are not being supplied with the optimum conditions to empower an authentic choice.

Many report to us that when presenting their circumstance to other parties – be it their partner, friends, family, doctors independent or government agencies – that they ultimately feel unsupported to make any alternative decision than abortion.

Words some use include feeling: rushed, discouraged, disempowered, and even pushed.

They feel ill-informed and ill-equipped; afraid when listening to language that overwhelms them at an already vulnerable time; They report that a plethora of options aren't presented to them. Of most concern is that they aren't truly experiencing informed consent around the various procedures.

The stories of Emma and Krystine in our submission for the previous 'Abortion Law Reform' Bill illustrate such devastation felt at having been encouraged to terminate as the "only" option, finding that some providers *offered to pay for their terminations but never mentioned supporting them financially to continue the pregnancy or support them beyond birth*.

Then after an abortion, when they experienced any negative psychological or physiological effect – which is often the case – they felt there was no follow up care or consideration available.

This is where we come in - Filling these gaps but always with **a holistic approach dedicated to empowering a woman's self determination.**

Mr Pyne has said that he has been in discussions with a variety of practitioners in the field of crisis pregnancy support but we have yet to have a conversation with him. We therefore deem it important to provide this Parliamentary Committee with more information on our particular practice model and our systemic approach by way of considering possible alternatives to support provisions for women experiencing unplanned or complicated pregnancy.

We are especially concerned with the fact that this Bill does nothing to tackle the underlying reasons woman choose to have abortions or to provide women with the support they need to make a real choice. Perhaps it is worth considering offering women more support, instead of more abortion as we observe that the pregnancy itself is rarely considered the problem as opposed to the extenuating issues around it.

Priceless Life *does* offer that such support and we would put to the Committee that perhaps ours is a model that could be funded and promoted more broadly to Queensland women seeking such support in these circumstances.

As an organisation, our vision and mission statements clearly position us as supporting the opportunity each person has to enact their right to choice, which we would proprot that our current legislation actually allows.

We offer an integrated and systemic approach to pre and post decision care around crisis pregnancy. It's a model which undergoes constant scrutiny and amendments by both an internal and external team of qualified psychotherapists, counsellors, medicos, midwives and the like to ensure we're achieving best practice and excellence in care.

The following three provisions are unique to our organisation compared with other organisations offering decision-making assistance:

- a. If a decision is made to continue a pregnancy toward parenting, then a woman/couple are aligned with a professional mentor who works with our practical support crew to meet the case needs – be it material goods, accommodation and more.
- b. If a decision is made to continue a pregnancy toward 'transferring parental responsibility,' - be it to a 3rd party with legal guardianship; to another family member or completely via adoption, - then we have a specific counselling and mentoring

approaches that journey with our clients which involves everything from managing mediations between parties, obtaining subsidised family law advice to journaling the pregnancy for the child to keep in the future.

- c. If a decision is made to discontinue a pregnancy then our clients know they are welcome to return to workshop their post-abortive emotions as well. We actually offer one of the worlds most clinically effective programs for post abortion care – ‘Hope Alive’ – created on the back of work done by Canadian specialists Philip Ney MD FRCP(C) MA RPsych and Dr. Marie Peeters-Ney MD.

It is noteworthy that while *some* of our clients go on choose termination of their pregnancies, the majority opt to continue their pregnancies, citing authentic care and non-judgemental support they experience which enables them to do so.

Again, we often find it’s not the pregnancy that’s the problem but the factors and context around it. So that’s what we’re equipped to deal with the systemic nature of these circumstances and are unaware of such a model of support elsewhere in Queensland.

Perhaps this Committee could ask other counselling providers who are supportive of Mr Pyne’s Bill just how many pregnancies have in fact continued through their services?

What resources do they offer to women who actually want to have their babies but just can’t see their way through?

On the issue of accessibility and current legislation:

In our 21 years of operating as support agency, our Priceless team have never noticed any real difficulty for our clients seeking to obtain abortions whatsoever.

In fact, time and time again we see women post termination who say they feel it was almost “too easy” to access and they express great regret at not having had that special “pause” that any one of us needs to be able to make big life decisions.

Clients report a desire for legislation which instead encourages cooling off periods, minimum requirement for information and the like.

Regarding Informed Consent and Medical Practice

We would suggest that any Abortion Law reform should include safeguards to ensure that women are given fully informed consent. These safeguards could include information and opportunities such as information about the risks, foetal development and alternatives to abortion the opportunity to view ultrasounds and most importantly allowed/ encouraged to TAKE TIME to make a decision.

Often women report to us that they have been told to make decisions quickly when the exact same abortion procedure applies to a gestational period even 5 weeks later.

This is particularly prevalent with RU486 cases where so many women are not experiencing informed consent but rather told to hurry with a decision upon discovery of pregnancy at 5 or 6 weeks when the pills could still be used effectively at 9 weeks.

And then there is the medical misinformation such as the cases we have had who were told by their abortion providers there was nothing that could be done to reverse the effect of the first of the RU486 pills.

In every case we have taken through our affiliate reversal protocols, all those babies are alive and healthy today.

But how many women don't seek that 2nd opinion?

Indeed, more education is required on this issue to combat the misinformation in our community and especially among medicos.

Too many of our clients have had abortion suggested or even recommended by their primary healthcare practitioners, citing concerns for a woman or babies wellbeing, without consideration of other options.

For example, such scenarios from our casework include loss of amniotic fluid; a history of placenta praevia; undergoing an MRI during pregnancy; gestational breastcancer; large fibroids; having a biocornuate uterus and "selective reduction" in multifetal pregnancy.

One of our clients' doctors suggested a "selective reduction" termination to a woman with a multifetal pregnancy of triplets, (which involves injecting potassium directly into the heart of the embryo,) that she had used artificial reproductive technology to conceive in the first place.

Another woman wanted to keep breastfeeding and it was incorrectly suggested by a community health nurse that she had to wean her baby if she wanted to continue her pregnancy.

Each of these scenarios (see appendix B for some specific cases), **when a second medical opinion was sought**, resulted in healthy births.

Sandra's Story:

Sandra was told by her doctor she should terminate her pregnancy to avoid extreme haemorrhaging during the birth.

Sandra was frightened. She had previously experienced bleeding with placenta praevia and was reluctant to put her life at risk with another birth.

Things were compounded by severe morning sickness and trying to run after two young boys.

Prior to booking an abortion, her husband encouraged her to speak with one of our counsellors on the phone on the cusp of booking an abortion.

During that call Sandra decided to seek a second opinion from a local, experienced, respected physician affiliated with Priceless.

After being given a different insight at this consultation, Sandra decided to continue her pregnancy with regular medical support and frequent counselling and mentoring from our team.

Her Priceless Counsellor made trips to Rockhampton for face to face meetings and Sandra was touched by how committed to supporting her the Priceless team were and was able to push past her fears and exhaustion and continue the pregnancy.

Her baby girl was born safely, with no complications and the family are doing well.

Sandra's case illustrates how a second opinion, accurate information and caring support can make a huge difference in the lives of women facing crisis pregnancies.

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This Bill ignores the harm abortion can cause a woman

In our experience we would be surprised to find a post-abortive woman will not eventually encounter an issue related to their termination, even if they don't understand the correlation (as many don't). Many of our clients have been to a series of psychologists and counsellors over the years for issues before seeing us and none of these other professionals have identified the abortion as the root cause for the pathologies and symptoms being subsequently displayed.

They all say they wish that they felt they had a right to express their grief but as feminist leader, Germaine Greer, observes: "The crowning insult is that this ordeal is represented to her as some kind of a privilege: her sad and onerous duty is garbed in the rhetoric of a civil right." Interestingly, Greer, now 60, blames her own infertility on an abortion she had while she was a student.

Opening up to more risk for womens health:

We are also concerned about where such a limitless bill could pose further medical risk to women than already exists.

Even at clinics and hospitals performing abortions in our state today a termination has risks, like any medical procedure.

But it is a lucrative industry already so what would happen if more providers were to begin offering abortion? There is anecdotal evidence of riskier surgeries performed under such laws in the USA where Planned Parenthood staff report doctors not using ultrasound to "get all the bits" because they have a financial quota to get through per day and it just "takes longer." (Abby Johnson, "UnPlanned" published 2010)

We have worked with women who have had to have hysterectomies because of uterine perforation and another who ended up with 200 stitches and scarring here in Brisbane after "routine 12 week" termination surgeries.

We're certain the committee will agree that it behoves our state to encourage the best health option for women and that in looking at the evidence, our women deserve better than a hasty abortion fallback position.

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How will those women who actually want to continue their pregnancy be protected if legislation around abortion becomes so permissive?

Some recent cases of partner coercion our Priceless Care team worked with:

Deborah says she felt the current law protected her right to continue her pregnancy:

Little Tia was very keen to enter the world on March the 8th 2016 after only 4 hours of labour.

Months previously, her brave young Mum, Deborah, found herself quite alone when her Aussie boyfriend and his family pressured her to abort Tia. She had fled from a war torn African nation to a better life to find herself still fighting for her basic rights in her new home country.

With the support of our counsellors, mentors, a birth partner and material support, Deb felt empowered to choose to maintain her pregnancy with her baby daughter.

And happily, Tia's Father and his family are very doting these days.

Deb likes to give back to our dedicated support agency as feels her case illustrates how an approach like ours can allow women to be able to access their choice to parent.

"Fighting for my right to have Bub"- Alida

When Alida came into Priceless House she had almost had enough of trying to fight to maintain her pregnancy.

She was 18 weeks pregnant and almost at "breaking point."

Alidia had been told she would never conceive a child, but her thought to continue this "miracle pregnancy" didn't seem to be supported by anyone else around her.

Her partner had significant mental health issues and threatened suicide if she didn't abort.

She came from a separated family who discouraged her as well because they felt they were unable to support her.

This is where our counsellors provided help workshopping options and assisting Alida in determining her own values and beliefs.

But, she says it was receiving the Priceless 'Congrats Pack' that really allowed her to access hope in a way she hadn't been able to before that.

Her beautiful daughter is much loved and has proved to aid healing across both extended families.

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In closing, we must reiterate that we are an apolitical organisation and are committed to remaining so.

We just do a lot of listening and try our best to respond appropriately to that listening. That's why we're a part of this conversation now. So thank you again for listening.