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Author(s)	Dagg, Jenny; Flynn, Eilionóir; Ní Fhlatharta, Maria; Burns, Emma Q.; Sperrin, Áine
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Re(al)   
Productive  
Justice

GENDER AND DISABILITY

# Abortion toolkit



OLLSCOIL NA GAILLIMHÉ  
UNIVERSITY OF GALWAY

CENTRE *for* DISABILITY  
LAW & POLICY

**W**  
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## About this toolkit

The Re(al)productive Justice project is about disabled people and reproductive justice. Reproductive justice is about the choice to have a child, the choice not to have a child, and being properly supported in those decisions. Disabled people should be able to make decisions about having children, to make choices about not having children, and to be properly supported in those choices. However, many barriers exist which prevent disabled people from having the same choices as everyone else. Disabled people have a right to access medical, social work and legal services related to making decisions - and having their decisions respected - around abortion. Services should be designed and delivered so that they meet the needs of everyone who needs to access them.

### Who is this toolkit for?

The Abortion Toolkit is for professionals who work with and support pregnant disabled people seeking abortion care. It can be used by a wide range of professionals, including but not limited to, GPs, nurses, midwives, obstetricians, gynaecologists, social workers, social care workers, disability service staff, public health staff, abortion doulas, and other support staff.

### What kinds of disability does it cover?

Our understanding of disability follows the ethos of the UN Convention of the Rights of Persons with Disabilities to include “those who have longer term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation of society on an equal basis with others” (UN, 2006). We consider this statement an open-ended inclusive approach to the question of ‘who counts’ as disabled.

The toolkit is designed to be relevant to a wide range of disabilities, including, but not limited to people with chronic or long-term illnesses, people with a physical, sensory, and/or intellectual disability, people with experience of mental health services (including those who identify as survivors of psychiatry), the d/Deaf community, autistic and neurodivergent people, and those who do not identify with any label or diagnosis but who have experienced discrimination because they are viewed by others as disabled.

### What topics are covered in this toolkit?

This toolkit covers top tips for working with and supporting pregnant disabled people in accessing abortion in Ireland. The toolkit uses quotes from our Oral Histories and Key Informants experiences to set the context for each issue. Case studies allow you to reflect on your own practice. A non-exhaustive list of Dos and Don'ts will guide you through each issue. Finally, a list of resources that might be useful in your practice is included.

### Who made this toolkit?

The toolkit was developed by researchers at the Centre for Disability Law and Policy, University of Galway, as part of the Re(al) Productive Justice project. We benefited from collaboration with health, social care and legal professionals and with our stakeholder and ambassador group which includes a range of disabled people and health, social care and legal professionals.

### Where can I go to find out more?

This toolkit is one of a series produced by the Re(al)productive Justice team. The full list of topics covered includes Parenting, Pregnancy and Childbirth, Fertility and Contraception, and Abortion, as well as two short guides, the Communication Guide for Health and Social Care Professionals and the Know Your Rights guide aimed at disabled people and people who experience discrimination in accessing services because of their physical or communication access needs.

For more information you can visit [the Re\(al\)productive Justice website](#). If you have other questions not answered by this toolkit, please email us at [realproductivejustice@nuigalway.ie](mailto:realproductivejustice@nuigalway.ie).

## Abortion

Abortion is a normal element of healthcare. Roughly one third of women will access abortion at some point in their reproductive lives. Disabled people also require access to abortion but face significant obstacles in accessing care. It is important that those who provide care ensure the accessibility of their service so that barriers to care are removed for disabled people. Nearly half of disabled people accessing abortion in Ireland since the commencement of services have faced additional barriers. To have the best outcomes for people seeking abortion care, it is vital to ensure all interactions with disabled people are respectful. Staff must respect the person's identity as a disabled person and be open to learning more about this identity and culture (e.g., Deaf culture). Staff must acknowledge that the person faces barriers to good reproductive care and work to dismantle these barriers for them. Above all, the individual must be treated as a person, with the same rights to receive information about their treatment options, and from whom informed consent must be sought.



## Top Tips

### 1. Accessibility

#### Asking someone about their disability and access needs

Many staff feel awkward asking questions about disability or are concerned that they may not be using the right language. It's important to give people the opportunity to disclose a disability at the earliest possible stage in their care to ensure they receive the support that is right for them. Some disabilities may be apparent from the first time you meet the person and others are not. People may have had bad experiences with medical professionals when they disclosed a disability in the past and may be reluctant to share information for this reason. Many disabled people have more than one disability, but may be afraid to disclose this because of unfair treatment in the past.

To make it easy for people to disclose their disability or access needs, ask everyone "do you have any access needs" as part of the appointment-making process, whether that is in-person, through online forms or over the phone. Examples of access supports can include step-free access to buildings, a sign language interpreter, appointments at quieter times of day, etc. Irish Sign Language is the first language of most Deaf people in Ireland, but Deaf people from other countries likely use another kind of sign language, so it's important to check what kind of sign language interpretation is needed.

If a person discloses a disability, pay attention to how they describe it and ask the person if you should use that term too. Some people will say 'I am Deaf' or 'I am blind' others might say 'I am hard of hearing' or 'I have low vision'. Some people prefer identity-first language like disabled person and others prefer person-first language like people with disabilities.

If you think the person may have a disability that they seem unaware of, offer the person information about that disability in a manner that is supportive and non-judgmental. Giving the person the option to talk to others with that disability is a great place to start – see the peer support section below for ideas.



*"I myself didn't feel like I wanted an interpreter, I wanted privacy. My concern was if I had an interpreter, now I do know that interpreters abide by a code of confidentiality but I wasn't ready for that."*

- Orla, deaf/blind person

#### Do

- Create a system that makes it easy for the person to disclose a disability or access need early on.
- Give examples of the types of access supports available if people are not sure.
- Pay attention to the words the person uses to describe their disability and ask if you should use the same language.

#### Don't

- Use outdated or offensive terminology.
- Use a different term from what the person has asked you to use even if you think it's 'better'.
- Criticise the person for not disclosing a disability from the outset – understand that they will have their own reasons for this.

## Accessible service provision

There are many ways for providers to make their services more accessible for disabled people. All staff should be aware of the accessibility features of your service. This can include the public transport or parking options to physically attend the service. Information about accessibility should be added to the provider's website so that disabled people will know what to expect before they book an appointment. Here is an example of website accessibility information:

*"At this practice, we have step free access to all consultation and waiting rooms for our patients. We can arrange sign language interpretation for patients who need it but we generally need 48 hours' notice in order to book an interpreter. We welcome people with assistance dogs. People can make appointments by telephone or using our online booking form."*

Be aware that every disabled person has different access needs. Something that works for one person may not work for another person even if they have the same disability. Even if you find someone's access request unusual or have never received that kind of request from someone with that disability before, do not question whether they 'really need' what they have asked for, but work as best you can to provide it or check with them if there is an alternative solution that will work. In preparation for meeting the pregnant disabled person, here are some access issues to consider:

### ACCESS 101

- Where is your nearest accessible parking space?
- Where is the nearest accessible toilet?
- Does your bathroom have a hoist (mobile or fixed)? Has it been recently serviced?
- Is there step-free access to the building and room for wheelchair users?
- Where is the portable ramp kept? Does everyone know how to use it?
- Are steps marked with bright yellow strip for people with low vision?
- Are there handrails near steps/slopes for people with mobility difficulties?
- Is there natural light? Fluorescent lights may trigger some sensory disabilities
- Will there be a lot of noise? Noisy environments can lead to sensory overload
- Can you offer appointments at a quieter time of day that might be better for them?

While an individual's access needs can fluctuate, this does not mean that they do not really need the access they have stated. Some people use wheelchairs like others use reading glasses, as needed. If they ask for wheelchair access but arrive without a wheelchair to a certain appointment, this does not mean they will never need wheelchair access in the future. The access support should continue to be provided unless the person says they no longer need it.

### Do:

- Make information about physical access easily available in different formats, e.g., website, by text message or phone call.
- Ask about access needs before the person arrives and how you can meet those needs.
- Invite a wide range of disabled people to audit the accessibility of the physical space and implement changes based on their recommendations.
- Share the knowledge with your colleagues, particularly those in public-facing roles.
- Create a shared online resource that can be easily accessed and updated.

#### Don't:

- Question the person's access need or disability.
- Say 'our premises is fully accessible' without providing specific details.
- Assume you can anticipate a person's access needs. Some disabilities are invisible, some ebb and flow.
- Assume the person will be accompanied by a personal assistant or supporter who can compensate for an inaccessible service.



*"Not all of those things [accessibility needs] would be picked up because a lot of the work is done over the phone now, and then somebody comes into the clinic. So, when the counsellors are talking to anybody on the phone, they'll structure the conversation in such a way to ask questions, and they aren't specifically trying to figure out is there a disability here or not, it's more about are there any potential barriers to you accessing treatment? And that's how it would be covered."*

- Oran, Staff Member, Reproductive Health Support Organisation

#### Making appointments

When the person who is making an appointment discloses a disability, the provider should explain what supports are available during appointments. Be aware that not everyone making an appointment will be comfortable disclosing a disability but may respond if asked about access needs. Refer to accessibility provisions as part of the usual appointment-booking process and be clear about where the accessible facilities are located. Accessibility requirements should be noted and the staff who will be on duty alerted in advance as part of the usual handover process to ensure access needs are met. Offer to make a confirmation phone call or to send a reminder text, letter or email closer to the date of the appointment. Be as flexible as possible allocating first and last appointments to people who are neurodivergent or have indicated a sensory processing accommodation.

#### Do:

- Provide a variety of ways for people to make appointments. Email or text options provide access for those who cannot make appointments by phone, including Deaf people.
- Make a query about access needs part of the usual appointment-making process for all clients. Ask 'do you have any specific access needs we can help with'?
- Give clear directions to your premises and provide a contact point in case the person needs further details along the way.
- Provide estimated time for the duration of the appointment.

#### Don't:

- Assume that the person making the appointment will have a particular access requirement because another similarly disabled person had that requirement.
- Withhold information about your service because of your assumptions about the person's disability.

## Information and communication

Misinformation about abortion and ways to access abortion is a significant barrier that is exacerbated by a lack of accessible clear information. Disabled people need information in different formats to make it accessible. As providers of health and social care, you have an obligation under the Equal Status Acts, to make ‘reasonable accommodations’ to ensure disabled people can access your services. This can include a sign language interpreter for a Deaf person, accessible electronic documents, documents in Braille, and information in Plain English or Easy to Read English for people with intellectual disabilities and/or with low literacy. It’s important to ask the person what communication format they use – for example, very few blind people in Ireland now rely exclusively on Braille, most use screenreaders that require documents in electronic format. Some people do not communicate through speech but may use other forms of communication that are understood by people who know them well but may not be easy to follow for others who do not know the person or the communication method well.

### Do:

- Ask people about their preferences for receiving information, for example in writing - by text message, post or email - or verbally - in person or by phone.
- Offer to send appointment reminders closer to the date.
- Give people time to process information and lots of chances to ask questions.
- Include image descriptions in your documents to accommodate people who use screen reader technology.
- Caption videos to make them accessible to Deaf people and people who are hard of hearing.
- Use an accessibility tool to check if screen readers can read the information.
- Ensure different text size options are available.
- Audit information to ensure all parts of the process are clearly explained.

### Don't:

- Expect Deaf people to be able to lip-read or communicate through written notes.
- Pretend to understand someone whose speech is difficult for you to understand. It is better to ask the person to repeat themselves and if you still don't understand, try a different form of communication or ask if a support person can help with communication.
- Give blind people printed leaflets with written information – send an accessible electronic copy by email instead.

More tips on working with people who use different kinds of communication can be found in the resource section at the end of this toolkit.



*‘All of our stuff that we give out to people is paper in complicated language. You know, appointments and stuff, I mean. And that's definitely an issue.’*

– Service Provider

## Capacity and consent

It should be assumed that everyone who seeks an abortion has capacity to make a decision about abortion. Consent for a termination of pregnancy is the same as any other medical procedure. Appropriate consent should be obtained prior to medical or surgical termination of pregnancy. This should outline the risks, benefits, side effects and complications of all pathways to care. Every person should have the opportunity to discuss the different options available to them.

Of the practitioners we spoke with for this research, none of those who had provided abortion to pregnant disabled people had any concerns about the capacity of those patients. It is important not to discriminate on the basis of disability and ensure that you have discharged your professional duty to clearly communicate all the information the person needs to make their decision. If the person is clearly communicating a choice (even where they communicate in non-typical ways or use other people/devices to interpret their communication) after all the relevant information has been provided in an accessible manner, informed consent has been secured. If the person is not communicating a decision (even with support and accessible information) then there is no basis for further action.

If you are concerned that the person is being pressured by others into making a particular decision about abortion, make sure to talk to them alone or with a different supporter. If the person seems isolated or does not have access to another supporter, offer to refer them to an independent support organisation. See the Resource section at the end of the toolkit for more information on independent advocacy services and other supports.

If you are concerned someone lacks capacity, you can introduce additional supports to help them in their decision-making process.

### Do:

- Use Easy to Read information to support people's decision-making.
- Work with other supporters (with the disabled person's consent).
- Create time and space for the disabled person where possible
- Focus on a person's will and preferences

### Don't:

- Listen to supporters rather than the disabled person themselves.
- Place a higher standard for determining capacity on disabled people.



*"It just felt like the option was always put to her. She's not 10, you know, she's an adult. She understands what abortion is and you know I would have spoken to her about all the different potential options and outcomes. Part of her illness means she's not able to look down the road as to what is going to happen. But she still understood like, all the different options open to her. But it felt like at team meetings it was constantly put forward as a good outcome for this lady. But you know, who's to say what a good outcome is."*

- Professional working with people with an intellectual disability

## 2. Support

### Bringing a support person to appointments

Support people are important for all persons accessing care, particularly for persons with disabilities who may require support for physical, communication or other barriers. Some disabled people may wish to bring a support person with them to appointments. The supporter may be needed to facilitate effective communication between the person and the practitioner, to support the person to process the information received at the appointment afterwards, or to provide emotional support. The support person may be a friend or family member, or a paid supporter such as a personal assistant or key worker.

Attendance of supporters at appointments should be facilitated by health professionals. Even during public health emergencies, such as the COVID19 pandemic, HSE guidelines maintained that disabled people should be permitted to have support people accompany them to health appointments (including in pregnancy).

The boundaries of the support role should be discussed at the first appointment. A supporter may assist the disabled person to understand information provided, but they do not have any legal authority to provide consent on the person's behalf (unless they have specific powers granted by the courts or in a legally binding agreement under the Assisted Decision-Making (Capacity) Act). While supporters or interpreters may assist with communication, it is the professional's responsibility to ensure that jargon-free, easy to understand information is provided, and the professional must satisfy themselves that the person is giving free and informed consent to any treatment or intervention and not rely solely on the supporter to ascertain that consent is provided.

It is vital that practitioners always speak directly to the disabled person about their pregnancy, not to their supporter. If a practitioner has concerns about supporters exerting pressure or undue influence on the disabled person to make decisions related to pregnancy and birth, they should try to communicate with the disabled person alone to ascertain if the person is providing informed consent.

### Referring to other services, advocacy, or peer support

In referring the person on for other forms of care or treatment, it can be helpful to pass on information about the person's disability and access needs to other practitioners so that the person does not face further barriers to their care. Ensure that those facilities are accessible before organising the referral. Check with the person how they would like their access needs communicated when information is passed on to another person/practitioner/service – they may not want the full details of their medical history disclosed and it may not be appropriate to do so. Collate information about accessible practical services such as café/restaurant for the disabled person and/or their support member.

As with any pregnant person, if a practitioner is concerned about trauma and abuse then appropriate referrals for support can be made. However, it is important for practitioners to check before making a referral whether that service will be accessible to your patient. It is possible to check the accessibility of a specific service without disclosing personal or identifying information about a particular disabled person. Peer support organisations can provide first-hand information about services and invaluable practical advice. The resource section at the end of this toolkit signposts some

### 3. Before the abortion

#### Pre-abortion counselling

Disabled people experience crisis pregnancy for the same reasons as every person does. Some pregnancies are a crisis from the start, some become a crisis – the reasons for this are as varied as the people seeking care. It is very important that you do not make assumptions about the persons pregnancy or their disability. Do not ask any questions you would not ask a nondisabled person; however, don't ignore a person's disability.

Make it clear that you will work with every patient to ensure they are properly supported throughout their time. There is no tick box that will meet everyone's access needs – make it known that you will be led by the person in ensuring they can access the service.

#### Do:

- Ensure that your booking processes and information are accessible (see previous section).
- Offer support by phone/video/in person.
- Offer ISL interpretation and facilitate a choice of interpreter if possible.
- Be patient.
- Provide accessible information.
- Encourage peer support.

#### Don't:

- Don't assume the reasons why the person is seeking an abortion.
- Assume that a disability service or NGO will have appropriate counselling or other supports available.
- Ignore the person's disability or ask questions that would not be asked of a nondisabled person.



*“Like even when I, I remember I did actually email them to make the appointment and they said, “Oh can you ring?” Do you know little things like that? Whereas why have the email address if you're not going to set up the appointment for me? So, I had to ring to set up the appointment.”*

- Former Reproductive Health Clinic Patient

#### Referral for scanning and scans

In some instances, clinicians may feel that further scanning is necessary. Scanning presents additional barriers for disabled people. Ensure that the presenting person is in a position to access scanning, including transport and support. Outline every element of the scanning processes in an accessible manner at the point of referral. Identify potential barriers with the patient, ensure that the scanning service will accommodate the person's needs. Make Easy to Read information available. Illustrated social stories which give step by step details of the procedure and the environment it will take place in benefit not just neurodivergent people but anyone who is anxious in advance of their appointment.

Identify any barriers that may affect presenting patients. Provide adapted equipment such as a hoist or an adjustable table depending on the person's needs. If a transvaginal ultrasound is required ensure that the person is aware of this in advance. Some elements of ultrasound scanning, such as the gel may be additionally uncomfortable for persons who experience sensory overload. Please be mindful of this. Respect the person's wishes with regards to seeing the ultrasound images. Where appropriate, offer ISL interpretation and facilitate a choice of interpreter if possible.

#### Do:

- Provide information on the procedure in multiple accessible formats.
- Make access arrangements clear to referring clinicians, including processes for reasonable accommodation and potential barriers.
- Make sure the person has appropriate support who can accompany them if they wish.

#### Don't:

- Refer someone for scanning on the basis of disability.
- Refer someone for scanning if they know their dates or can give a good estimation.



*"I knew exactly when it happened and I'm so sure of this date, and then they wanted me to go for a scan? What are they trying to do?"*

– Disabled person accessing abortion care

#### Case Study: Grace

Grace has an intellectual disability. Her older sister, Siobhan, makes a GP appointment after contacting My Options. During the initial consultation, Siobhan talks more than Grace. Grace's pregnancy is dated at 7 + 6. The GP wants to send her for a scan even though Grace tracks her cycles with an app. The GP provides a leaflet but Grace struggles to read the small text.

Why shouldn't Grace have been referred for a scan?

## 4. Abortion provision

### Early medical abortion

Most abortion care in Ireland is accessed in the community through GPs in either GP surgeries or in centres for reproductive health care. Two visits are required under the current legislation; one of these can be remote. Due to patchy provision of abortion services, people often have to request an appointment with someone who is not their usual GP or attend an unfamiliar clinic.



## Do

- Ensure that there is access to private space for a person to undergo treatment.
- Check what support the person has.
- Explain every element of the process clearly, provide it in accessible formats if possible.
- Ensure the person is able to take information with them, or access information at home.
- Have a follow up call/video call/consultation the next day.

## Don't

- Create barriers when someone who is not a regular patient tries to make an appointment. Instead, make sure the reception staff are trained to accept bookings from people who are not registered with the GP.

### Abortion in the hospital setting

In some circumstances a person may need to access care in a hospital setting. Please ensure that you identify and mitigate the additional barriers a presenting person may experience when being referred for hospital care, including transport, translation, or support.

Some people may require a manual vacuum aspiration abortion (MVA) or an electric vacuum aspiration abortion (EVA) or hospital supervised medical abortion. Ensure you explain the difference between these - if possible, allow them a choice. Some treatments will not be contraindicated medically but will be much less well tolerated by people with specific conditions. Speak to people about their options.

### Hospital-supervised early medical abortion

Some people will access abortion through hospital supervised early medical abortion. As with all aspects of abortion provision, ensure that booking and referral processes are accessible and that information is available in a variety of accessible formats. Perform accessibility checks on the hospital environment. Check that entry to the building is accessible. Ensure there is an accessible bathroom equipped with a hoist. Check that communication supports are available and that staff are trained to communicate in a clear and non-patronizing way. Provide access to a quiet place to wait, particularly for people with sensory issues.

### Second Trimester abortion

Abortion can be carried out after 12 weeks gestation on a number of grounds, including serious risk to health, risk to life, risk to health or life in an emergency, and fatal fetal anomaly. Barriers exist for disabled people accessing abortion under these pathways, as access to care is more restricted.

### Risk to health

In order for a pregnant person to access abortion services under this ground 2 medical practitioners need to certify that:

- a) there is a risk to the life, or of serious harm to the health, of the pregnant woman,
- b) the foetus has not reached viability, and
- c) it is appropriate to carry out the termination of pregnancy in order to avert the risk.

Research indicates that abortion is not being carried out even if the pregnancy is a risk “of serious harm to the health, of the pregnant woman” and that this ground is being interpreted narrowly. As per Institute of Obstetricians and Gynaecologists (ICOG) guidelines, include the woman’s own assessment of her situation, as their input will be vital. Medical practitioners must be of “the reasonable opinion formed in good faith” that the pregnant person meets the certification criteria.



*“My understanding of these is that there is a very poor pathway for referral, that it is very difficult to access the service for these women. And that it’s really not a tested pathway, and allow these women still in reality end up travelling to the UK, rather than having terminations here.”*

– Health Care Professional

### Risk to life

While situations of risk to life are quite rare, statistics show that 70% of maternal deaths are persons with pre-existing conditions. For some disabled people, carrying a pregnancy to term could put their own life in danger. While disabled women have a pregnancy rate generally equivalent to non-disabled women, studies have found that disabled women a higher risk of pregnancy complications such as preterm birth, hypertensive disorders of pregnancy and caesarean delivery. However, it is not known whether these risks are due to the nature of the pre-existing conditions or if they are the impact of the multiple factors that affect disabled women, such as poverty or lack of access to healthcare.

### Fatal fetal anomaly

Some people will access abortion on the basis of a fatal fetal anomaly, where the baby will likely be still born or die within the perinatal period. You should ensure that peer support organisations are accessible so that the person can avail of their services, if needed. Easy-to-read and other information resources should be developed. See the Resources section for a list of support organisations.

## 5. Mental health and abortion

Access to termination for persons experiencing mental distress is a particular issue. ICOG guidelines underscore the need for access to perinatal mental health support. Practitioners should consider other forms of supports including advocacy and peer support. Guidelines also make clear while a person may wish to access inpatient psychiatric care to access termination 12 < weeks, it is not a requirement in order to do so.



*“You have to weigh that there is a serious risk to the life or wellbeing of the individual caused by the mental health and a termination will alleviate that. There’s no guidance on how to answer that question and that question will be answered idiosyncratically by different psychiatrists who are informed by their ideologies rather than by... by standards.”*

– Susan, Mental Health professional

### Case Study: Sarah

Sarah is 16, she found out she was pregnant at 12 weeks, she discloses to a support worker that she is pregnant, but that it is making her mental health hard to manage. She has a history of mental ill health, including time in an inpatient psychiatric unit. She says she cannot guarantee her own safety. A first doctor does not certify her under risk to health but admits her to the hospital as an involuntary patient under the Mental Health Act.

How could Sarah have been supported better and her rights protected?

### Post-abortion Counselling

Some people may want to access, but not everyone feels this is necessary. Ensure that it is known that support is available if someone chooses to avail of it. Make reasonable accommodations available including sign interpretation and easy to read information. Facilitate a choice of counsellor/location if possible. Offer a remote option if possible. Make physical and other barriers known to potential service users.

### Case study: Amy

Amy is a disabled woman with a physical disability who has three children. She accessed abortion services at 8 weeks after an unplanned pregnancy. She knows she is making the right decision for her but is struggling with feelings of guilt. Her family is by her own words complete. She wants to access post abortion counselling, but the building is not wheelchair accessible. She is offered remote counselling but worries about her children overhearing.

What should be done to support Amy?

## 6. Denial of services and other options

### Conscientious objection

The Health (Regulation of Termination of Pregnancy) Act, 2018 allows for conscientious objection but this is limited to health care providers who participate in carrying out termination of pregnancy. It does not extend to care outside of termination. GPs who do not provide abortion care should be prepared to refer to the nearest accessible clinic, and that the presenting patient will be able to access services at said clinic. Investigate the options in the locality and be aware of potential access issues. Ensure that the referral includes references to a person's access needs and that they can be met at the alternative clinic.

Conscientious objection does not extend to disability services providers or support staff, including peer support and advocacy workers. Where a person feels that their personal views would prevent them from fully respecting the will and preferences of a pregnant person, they should notify their employer. Services must ensure that appropriate support is provided, and that neither personal or nor institutional ideology prevents a service user from accessing a legal, government funded health service.

### Denial of certification and review

Where a medical practitioner does not certify a termination of pregnancy, a pregnant person can make an application for review of the decision. The person should be informed in writing that an appeal can be made, and instructed on how to do so. This should be explained clearly, and information on all the possible outcomes of the review should be communicated in an accessible manner. Support people should be facilitated in the review process to enable the person to understand, communicate and participate in the process. Steps should be taken to ensure that the review process is accessible, including provision of accessible information and referral to advocacy supports.

### Travelling abroad for abortion

In some instances, it will be impossible for someone to access services in Ireland. The law does not allow for access to termination after 12 weeks, unless a person qualifies under the FFA or health grounds. This means that a failed termination will result in a continuing pregnancy. Ensure that the person is in a position to establish if the pregnancy has ended and arrange to follow up with them. Provide extra tests if necessary or arrange to carry one out in the surgery. Directly connect the person with organizations which facilitate travel, such as the Abortion Support Network, and organizations which provide terminations See the Resources section for more details.

#### Do

- Do try and help a person to navigate barriers of accessing care abroad.
- Do follow up and offer support.
- Do offer after care support.

#### Don't

- Don't assume you cannot support someone just because care isn't possible in Ireland.
- Don't ignore the additional barriers someone will face.



*"I mean, we've had cases where people have been given medical abortion pills two and three times. And then the person is over 12 weeks and they're told to travel on their own dime."*

- Ellie, Reproductive Health Support Worker

## 7. Resources

### Resources for creating accessible information and communication

Some measures to make information accessible are simple to achieve. Others require specialist knowledge or equipment. The information below provides links to special services as well as to resources that will help equip you to create your own accessible documentation.

#### ISL interpreting

The Irish Deaf Society can teach you how to book an Irish Sign Language interpreter: (<https://www.irishdeafociety.ie/interpreters/booking-an-interpreter>) while The Irish Remote Interpreting Service (IRIS) provides a booking service for remote sign language interpreters: <https://slis.ie/iris>.

#### Braille

The National Council for the Blind Ireland (NCBI) has a commercial Braille production service which can reproduce materials in a range of accessible formats including audio, Braille and large print: <https://www.ncbi.ie/supporting-you/everyday-living/library>.

#### Screen-reader accessibility

Learn how to make information available in electronic formats that are accessible to blind and visually impaired people and others who use screen-reader technology. Word documents work best. If you offer information for download on your website, it is recommended that both Word and pdf versions of files are made available.

- Microsoft has an explainer on how to make Word documents accessible: <https://support.microsoft.com/en-us/office/make-your-word-documents-accessible-to-people-with-disabilities-d9bf3683-87ac-47ea-b91a-78dcacb3c66d>.
- For pdfs, Adobe has support for how to create and modify tagged pdfs: <https://accessible-pdf.info/basics/acrobat/create-and-modify-pdf-tags-in-acrobat>.

#### Plain English

The National Adult Literacy Agency (NALA) has resources for making information about your service available in a jargon-free format like Plain English: <https://www.nala.ie/publications/writing-and-design-tips>.

#### Easy-to-Read English

People with an intellectual disability or people with limited literacy can be supported by making information available in Easy to Read formats. Inclusion Ireland has created guidelines for creating Easy to Read documents which can support you to convert your own documents into a more accessible format: <https://inclusionireland.ie/wp-content/uploads/2020/10/makeiteasyguide2011.pdf> .

#### Social Stories

A Social Story is a step by step guide that provides a walkthrough of your service. It can be in written, audio, illustrated or video format. AsIAM has a video explainer of how to create a social story on their website. Social Stories were developed for use by autistic people but can assist anyone who requires detailed information about a service: <https://asiam.ie/create-social-story-business-organisation>.

For a good example of clear communication, visit the Irish Family Planning Association video on early abortion care: <https://www.youtube.com/watch?v=XrQarH3ktDs%20>.

## Resources for advocacy and peer support

Offer to refer the disabled person to an independent advocacy organisation or peer support group if there are any concerns about the disabled person's rights not being respected, if they seem isolated or if they might benefit from speaking with others who have similar experiences.

### Independent advocacy

Practitioners supporting pregnant disabled people in any capacity should also be able to support individuals to make a complaint if they wish to do so – the advocacy options below are additional supports for people who wish to access independent support for this process.

- The National Advocacy Service offers free, independent advocacy to support disabled people in vulnerable situations including those isolated from their communities with few natural supports: <https://advocacy.ie>.
- The Patient Advocacy Service assists individuals to make complaints about experiences in acute public hospitals, which includes maternity hospitals. Telephone: 0818293003; web: <https://www.patientadvocacy.ie>.

### Disabled People's Organisations

Organisations run and controlled by disabled people (known as Disabled People's Organisations (DPOs) and different from disability service providers) can often identify possible peer support networks for disabled people. These include:

- Disabled Women Ireland aims to be a national voice for the needs and rights of self-identified women and non-binary/genderqueer/gender non-conforming people with disabilities and a national force to improve the lives and life chances of people with disabilities: <https://www.disabledwomenireland.org>.
- Disability Power Ireland is a grassroots, cross-impairment DPO whose mission is to enhance the visibility and inclusion of the disabled community by focusing on the arts and culture as powerful vehicles for changing public perception about what it means to be disabled: <http://disabilitypride.ie>.
- Independent Living Movement Ireland aims to ensure that disabled people achieve independent living, choice and control over their lives and full participation in society as equal citizens: <https://ilmi.ie>.
- Irish Deaf Society seeks to achieve and promote the equality and rights of Deaf people in Ireland: <https://www.irishdeafsociety.ie>.
- Neuropride Ireland aims to create a community where neurodivergent (ND) people can connect, share their ideas and experiences, and be proud of who they are: <https://www.neuropride.ie>.
- National Platform of Self Advocates is a DPO run by people with intellectual disabilities for people with intellectual disabilities which aims to be the nationally recognised voice on policy and issues affecting the lives of people with intellectual disabilities: <http://thenationalplatform.ie>.

Be aware that these organisations are often run by unpaid volunteers and may take time to respond to requests for individual support

## Abortion-specific resources

### Ireland

- MyOptions is the HSE-led service for information about abortion provision in Ireland: <https://www2.hse.ie/unplanned-pregnancy>.
- The Dublin Well Woman Centre provides phone consultations around early medical abortion and has a step-by-step guide on its website: <https://wellwomancentre.ie/crisis-pregnancy/ema-step-by-step>.
- Leanbh mo Chroí is a support network of bereaved parents who received a fatal diagnosis during pregnancy: <https://lmcsupport.ie>.
- The Irish Family Planning Association provides contraception, specialist pregnancy counselling, abortion care, sexual and reproductive health services and training: <https://www.ifpa.ie>.
- The Abortion Rights Campaign is a grassroots all-volunteer campaign group dedicated to achieving free, safe and legal abortion care everywhere on the island of Ireland, for everyone who wants or needs it: <https://www.abortionrightscampaign.ie> .

### International

- British Pregnancy Advisory Service (BPAS) works to remove all barriers to reproductive choice and to advocate for and deliver high quality, woman-centred reproductive health care: <https://www.bpas.ie>.
- Abortion Support Network supports people who cannot access abortion in Ireland: <https://www.asn.org.uk/get-help-ireland>.







Centre for Disability Law and Policy  
The Institute for Lifecourse and Society  
Upper Newcastle Road  
University of Galway  
Ireland  
T. +353 86 4181673



[realproductivejustice@nuigalway.ie](mailto:realproductivejustice@nuigalway.ie)



[@CDLPJustice](https://twitter.com/CDLPJustice)



Or visit the [Re\(al\) Productive Justice website](https://www.re(al)productivejustice.ie)



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