
Pro Life Campaign submission to the new National Strategy for Women and Girls

October 2024



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This submission is made in response to the call for interested parties to contribute to the consultation process for a new National Strategy for Women and Girls issued by the Department of Children, Equality, Disability, Integration and Youth. It is made on behalf of the Pro Life Campaign (PLC).

For several decades, the PLC has been at the forefront of advocating policies which seek to protect human life from conception to natural death. This has often concerned campaigning in relation to promoting the right to life and opposing abortion. However, our mission is also about tackling the root causes of abortion. We have consistently called for a comprehensive reform of how Ireland approaches unplanned pregnancies, urging for the adoption of new policies which would mitigate against socio-economic abortions, which are the major reason underlying Ireland's spiralling abortion rate.

HSE My Options must be reformed

The government launched HSE MyOptions in 2019 ostensibly as an independent phone service for women in unplanned pregnancies which would provide them with "all your options", including information on abortion but also information on "continued pregnancy supports." But since its launch, MyOptions has become little more than a hotline to quickly access an abortion. It provides nothing in the way of positive supports to women who may be interested in continuing with their pregnancy, such as information on financial entitlements, support schemes for new parents, or adoption services.

A woman interviewed for a 2022 article published in the *BMJ Sexual & Reproductive Health* said: "I imagined MyOptions was going to give me different options available to me rather than an abortion...I really wish it had been more obvious online that you just need to call MyOptions to get a list of GPs!"[1] This suggests that MyOptions has a signposting problem. Women in unplanned pregnancies are misled and assume MyOptions is an objective counselling service which fulfils its mission statement of providing women with "all your options".

A research study published in 2022 alarmingly showed how MyOptions counsellors are totally unequipped to provide women with information on life-affirming supports. Moreover, several instances in the study pointed to directive counselling on the part of counsellors, who urged undecided women to "make an appointment [for an abortion] anyway." [2] Despite largely failing to meet its mission statement, €834,324 has been spent on advertising MyOptions in its first four years of operation.[3]

HSE MyOptions is failing in its mission statement to provide non-directive counselling, its counsellors have been recorded advising women to make abortion appointments and suggesting abortion to undecided women as a "solution". This could be seen in the 2024 RTÉ Investigates programme "Ireland's Abortion Services" and in the 2022 report by Students for Life.[4] Funding for MyOptions must be redirected towards specific services which provide women in unplanned pregnancies with positive alternatives to abortion. Meanwhile, MyOptions must be overhauled and its counsellors should receive comprehensive training that enables them to offer information to pregnant women on supports available which would allow them to continue their pregnancy, including information on adoption services, social welfare supports, counselling, and other programmes (e.g. the Teen Parents Support Programme).

Resourcing positive options for women in unplanned pregnancies

Pro-life citizens have provided a much-needed lifeline to women in unplanned pregnancies through non-profit counselling and support services for decades. Thousands of women have received help from such agencies, which have often received public funding in the past. Unfortunately, since the introduction of the 2018 Act, the government has tried to compel counsellors offering advice to pregnant women to begin providing 'information' on abortion, even if it runs contrary to their ethos and life-affirming mission.

Most recently, the attitude towards any counselling organisation which doesn't provide abortion from the government has been intensely hostile. The Minister for Health says he has taken steps to clamp down on pro-life counselling agencies, which he mischaracterised as "disingenuous" simply because they follow a pro-life ethos. He revealed that the HSE has been "combatting the promotion of disingenuous messaging" by spending money on Google ads to promote MyOptions and abortion-providing agencies, ensuring they appear at the top of Google searches which relate to unplanned pregnancy. A bid management strategy has even been set up to "automatically increase their bids if another website appears ahead of theirs".[5]

This use of taxpayers' money to promote websites and services which provide abortion to women in unplanned pregnancies, who may be vulnerable and stressed, is inappropriate and must end. The government already engages with state-funded agencies which actively campaign in favour of abortion, such as the Irish Family Planning Association, and frequently direct women who come to MyOptions to groups like the IFPA. Meanwhile, pro-life agencies are treated as "disingenuous" and "rogue". This attitude must end. In order to reduce the spiralling abortion rate, the government must commit to listening to the perspectives of the agencies and individuals who have been at the forefront of providing women in unplanned pregnancies with positive supports for decades.

In addition to ending the practice of funding an automatic bid management system to marginalise online results for pro-life counselling services, this money should be redirected to ensure an equal proportion of positive pro-life counselling services are promoted by state agencies. At present only abortion advocacy organisations like the IFPA are promoted. Organisations which have a specific focus on helping women in unplanned pregnancies with positive alternatives to abortion (such as supports, advice, and adoption information) should be far more prioritised than is currently the case.

Telemedicine

Near the beginning of the Covid-19 pandemic in 2020, the government changed Ireland's abortion policy to allow for "remote consultations" in place of mandatory in-person appointments. On 25 October 2023, Minister for Health Stephen Donnelly decided to make it permanent. We are calling on the government to reconsider this decision due to the dangers it poses to women.

Continuing telemedicine abortion on a permanent basis puts the most vulnerable women at risk, particularly those in abusive or coercive relationships and those trapped in human trafficking. In a letter from the HSE written in May 2022, the HSE acknowledged that 'in-person consultations allow provision of personalised care and allow potential problems to be identified and mitigated. Meeting the woman in person increases the likelihood of the provider identifying any coercion or domestic abuse.'[6]

The idea that a 'blended approach' (which means in-person appointments remain optional, alongside telemedicine appointments) is a solution to this does not stand up to scrutiny. A woman who is the victim of an abuser or who is being trafficked will not be permitted to attend an 'optional' in-person appointment and will instead be pressured to acquire the abortion pills via a faceless telephone consultation. There is no way for a doctor to verify that a woman is truly alone during a telephone call and isn't being pressured by a third-party.

As of March 2023, the Department of Health admitted that 'no formal research or analysis on remote consultation has been conducted in Ireland', and they were relying wholly on academic literature mostly from England.[7] In England, the dramatic effects of telemedicine were laid to bare in the case of Calra Foster in July 2023, who misled BPAS about the stage of her pregnancy during a telemedicine remote consultation. She received and self-administered abortion pills at 8 months, which was 22 weeks beyond the legal limit for at-home abortions.[8] This case demonstrated the flaws with telemedicine, as without an in-person consultation a doctor cannot accurately verify a woman's gestational stage.

An article published in the Journal of the Irish Medical Organisation in 2024 revealed a case in Limerick where the failure to perform an ultrasound on a woman with an undiagnosed case of an ectopic pregnancy had an abortion. This would have been enabled through telemedicine, which removes the necessity of an in-person consultation and examination. The case was life-threatening. [9]

Conclusion

The PLC, which draws its support from a wide cross-section of the public, has many supporters who have been actively involved in organisations which aim to improve female healthcare standards and to defend the right to life. We believe the above proposals, if adopted, would better mitigate against abortion regret and furthermore would better protect women's health.

A new strategy must take account of the reality that the abortion rate has grown massively in the past few years. Many of the women having abortions are doing so due to a feeling of hopelessness, coercion, or another negative factor. The government must take account of this reality and adopt a holistic approach which tries to tackle these issues at their root.

References:

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