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PRO LIFE CAMPAIGN PRE-BUDGET SUBMISSION




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INTRODUCTION: CURRENT STATE OF AFFAIRS AND CURRENT STATE EXPENDITURE

The Pro Life Campaign

The Pro Life Campaign (PLC) is a human rights organisation which has been at the forefront of advocating for the protection of human life and espousing pro-life public policies in Irish society for over three decades. Since the passage of the 2018 referendum and the subsequent introduction of the new abortion law, the PLC has continued to speak up for the right to life in the public square while also challenging the withholding of information on alternatives to abortion from women experiencing an unplanned pregnancy.

Abortion Statistics in Ireland

The abortion rate in Ireland has climbed dramatically each year since 2019. According to the Department of Health's own figures, abortions have increased from 6,666 abortions in 2019 to 10,852 in 2024 alone. The tragic nature of these figures can perhaps be comprehended best as they relate to live birth rates: the current numbers mean that for every 5 babies born in Ireland, 1 baby loses his or her life to abortion. The current trajectory points to the need for an urgent and detailed look at the present systems in place and the policies being pursued in the whole area of unplanned pregnancy.

Government Expenditure on Abortion

In terms of government expenditure, within the first three and a half years (2019 to mid-2023) of the new abortion regime, there was an estimated €46 million spent on rolling out and facilitating abortion.¹ It is also noteworthy that GPs in Ireland claim €450 in reimbursement for each abortion carried out - compared to the mere €243 or €271 payment per patient awarded to GPs for providing antenatal care to pregnant women in general. The stark contrast in payments between the two is a troubling sign of where the Government's priorities currently lie and need to change. In our submission, we argue for the reallocation of funds to meet the real needs of women experiencing an unplanned pregnancy to ensure that no woman is ever left feeling that she has no option but to go down the road of abortion.

The fact that abortion numbers are soaring year on year means that more of the taxpayer's income is funnelled into abortion provision, while nothing concrete is being funded to try and reduce the spiralling abortion rate.

Aims of this Submission

The purpose of our submission is to make the case for measures which would honour the government's promise in 2018 that abortion would be "rare" if people voted for repeal.

[1] www.prolifecampaign.ie/abortion-statistics-report: €45,928,018 is estimated to have been spent on abortion between 2019 and June 2023.

GOVERNMENT FUNDING (OR LACK THEREOF) OF LIFE-AFFIRMING SUPPORTS: EXAMPLES AND PROPOSAL FOR IMPROVEMENT

Counselling and Information Services

MyOptions

The government launched MyOptions in 2019 as a state-funded phone line operated by the HSE to cater to women in unplanned pregnancies who wished to be informed of their options. The phone line was set up ostensibly as an independent service on which women would be provided with "all your options", including information on abortion but also information on "continued pregnancy supports." However, since its launch, MyOptions has operated as a de facto abortion referral service. The phone agents provide scant information relating to supports for women who may be interested in continuing with their pregnancy², instead of providing comprehensive information on where practicable support can be easily accessed.

Research published in 2022 showed how MyOptions counsellors are totally ill-equipped to provide women with information on options other than abortion. Moreover, several instances in the study pointed to directive counselling on the part of counsellors, who urged undecided women to "make an appointment [with an abortion providing doctor] anyway"³, thereby failing to meet its mission statement to provide non-directive counselling. The group who carried out the research called on the then Minister for Health to study the evidence they produced and to commission his own independent research to observe if the same pattern appeared. Rather than act, the Minister for Health failed to give assurances to Oireachtas colleagues that he would investigate the matter. In 2025, there is still no indication that the Government is taking the issue seriously, such as by reviewing the funding and operations of MyOptions or by meeting with the individuals who have presented evidence and voiced concerns about the shortcomings of the current system and how it functions.

Continued Pregnancy Supports

As it stands, women are being misled when they are told that the MyOptions 'hotline' is an objective counselling service which fulfils its mission statement of providing women with all options, while the evidence clearly shows that not to be the case.

Rather than the entire focus being on abortion, women facing an unplanned pregnancy should as a matter of course prior to an abortion be offered information on alternatives, ranging from information on social welfare supports, childcare, adoption, baby items and essentials, counselling if needed, and motherhood programmes and resources.

Anyone working in this area on behalf of the State should also be able to explain Child Benefit and the New Baby Grant and the fact that these are automatic payments rather than ones dependent on PRSI contributions. It is also reasonable that they should be proficient in explaining Maternity Benefit, Paternity Benefit, Parent's Benefit, Adoptive Benefit, the

[2] <https://studentsforlife.ie/wp-content/uploads/2015/12/MyOptions-Research-Revealed.pdf>

[3] <https://studentsforlife.ie/wp-content/uploads/2015/12/MyOptions-Research-Revealed.pdf>

National Childcare Scheme (NCS), the Early Childhood Care and Education Scheme (ECCE), and crèches linked to universities if relevant to the caller. For further means-tested financial support (such as the Additional Needs Payment, One Parent Family Payment, and Child Support Payment), they should be able as a basic requirement to provide concrete contact details for a social worker who can assist further with such matters. To treat the imparting of such information as nonessential represents a profound disservice to women and their unborn babies, and runs completely contrary to public opinion on the issue⁴.

Government Funding of Pregnancy Counselling Services and the Obstacle of Ethos

MyOptions has been generously funded by the government, with €834,324 spent on its advertising alone in its first four years of operation⁵. A significant portion of funding should be redirected towards specific services which provide women in unplanned pregnancies with alternative pathways to abortion, so they are truly provided with options. Just as explicit instructions are given on abortion, concrete actionable information must also be provided with regard to alternatives.

Prior to the 2018 abortion referendum, counselling and support organisations operated to meet the needs of women experiencing an unplanned pregnancy and to support them through their pregnancy and provide assistance afterwards. The organisations in question were in receipt of government funding and did phenomenal work. When it was speculated back in 2017 that the law on abortion might undergo change, the HSE threatened these agencies that they stood to lose their funding if they refused to perform or facilitate abortion in the event of an abortion regime being introduced. Scandalously, the threat manifested and the funding was withdrawn.

In May of this year, in a parliamentary question Carol Nolan TD asked the Minister for Health: "If a decision was taken at Department of Health and HSE level, prior to the abortion law changing in 2019, to adopt an approach to pregnancy counselling services, such as including the withholding of public funding from any pregnancy counselling agency not prepared to engage in abortion referral under the new legal regime proposed in 2018".

The HSE responded to the Deputy as follows:

There is no record of such a decision in our files. However, the HSE changed the model of service delivery in line with the introduction of Termination of Pregnancy services and some services were unable to operate in that framework due to their ethos.⁶

There is no question that the HSE/Government is discriminating against pregnancy counselling agencies that don't provide or refer for abortions. It is an outrage that the State refuses to fund groups who operate to the highest professional standards but see their role as being one that offers positive alternatives to abortion and as a support service to women who regret their abortions. Is it any wonder that Ireland's abortion rate is soaring when the only counselling agencies that qualify for State funding are those who provide – and in some cases – promote abortion? This appalling situation has to change – and it needs to start with the Government committing resources to groups who specialise in the area of supporting women through their pregnancy and afterwards.

[4] 84% of female respondents to an Amárach poll carried out in 2023 answered "yes" to the question "should women be offered the option of information about alternatives before proceeding with an abortion?".

[5] HSE reply to PQ Ref 7260/23

[6] Parliamentary Question 24000/25. HSE Answer: <https://www.hse.ie/eng/about/personal/pq/2025-pq-responses/may-2025/pq-24000-25-carol-nolan.pdf>

The Little Baby Bundle Scheme

In 2023, The Department of Children, Equality, Disability, Integration and Youth introduced The Little Baby Bundle pilot scheme in which 450 families from The Rotunda Hospital in Dublin (350) and University Hospital Waterford (150) were invited to apply for a Baby Bundle. The families received a welcome gift from the State containing key items required to care for their new baby in the early weeks of life.

The Little Baby Bundle had an estimated value of €300 and was filled with a range of useful items, including play items to encourage early communication and bonding, household items for help with safe bathing and safe sleep, as well as a range of other items to support new parents after the birth.

There have been no iterations of the scheme since September 2023 and leftover bundles from the pilot were donated to domestic violence services. According to the Minister for Children, Disability, and Equality, Norma Foley⁷, the cost of delivering the pilot scheme was €200,000, with an independent evaluation of the pilot costing €87,000, knowledge which the Minister said would help to ensure that any future rollout of the scheme will be evidence-informed. She also said "the matter [of the Baby Bundle Scheme] will be looked at over the lifetime of this government, as part of ongoing budgetary considerations". Ideally, the scheme would be carried out in all maternity hospitals in Ireland, on a means tested basis, and would supply materials to parents in need for a longer period, such as throughout the baby's first year of life. At present, mothers or parents in need must rely on charities and social workers (e.g., the latter can arrange for an Additional Needs Payment) to access baby equipment but this is something the government should include among policies for social welfare and unplanned pregnancies. The pilot Little Baby Bundle has demonstrated that this is possible and, as concerns budget, it has shown approximately if not exactly how much the scheme would cost: €200,000 per 500 mothers.

Childcare Benefits

In addition to the aforementioned benefits as they operate at present, the Pro Life Campaign proposes the government should consider starting child benefit payments prior to a child's birth, given that the financial costs of having a baby do not begin at birth. Payments could begin during the final three months of a pregnancy, thereby providing the family with important financial support in advance of the baby's arrival. We also consider that child benefit rates should be expanded, gradually increasing at an annual rate during the early years of the child's life.

[7] Parliamentary Question 27223/25 asked by Deputy Cathal Crowe: <https://www.oireachtas.ie/en/debates/question/2025-05-27/549/>

The PLC further proposes that the government consider introducing a state-issued, zero-interest loan, initially at approximately €25,000 (rate to be reviewed annually in the budget to be adjusted for inflation and other factors), to be accessible to all new parents who are expecting their first child and meet the eligibility requirements for the loan (e.g., income thresholds). This would act as a considerable boon for new parents and could make an important contribution toward securing a deposit on a home, finding secure and tenable long-term rental accommodation, or making other positive impacts on the life of the new family elsewhere. The loan would be subject to review upon the birth of future children; for instance, if a second child is born, the loan would be remitted by thirty per cent; if a third child is born, the loan would be fully remitted.

In addition to or in lieu of the loan just discussed, the PLC proposes a specific child-care benefit be considered which would provide a guaranteed rate of income equivalent to one parent to stay at home and raise the child for the first three years of the child's life. Payment would be the equivalent to a state pension, based on average PRSI contributions to date in the case of a contributory pension. A continuation of this child-care benefit provided to a stay-at-home parent of three or more children, while the youngest is aged from 3 to 8 years old, should be considered.

Housing and Homelessness

Opinion polls show that Irish voters frequently rank the ongoing housing crisis as one of the most pressing issues that requires urgent attention and remedy. The impact of the housing crisis on young people has also been noted well in public commentary and political discourse. Runaway rental prices and mounting property prices are negatively impacting young people and prospective first-time buyers looking to own their own home. This extremely negative housing situation is trickling into all aspects of social and cultural life.

Undoubtedly, housing insecurity has impacted the spiralling annual abortion rate. As such, the PLC proposes that government housing policy should prioritise schemes aimed toward helping young families whilst also alleviating the burden placed on the most vulnerable people who find themselves homeless.

The PLC proposes that the government examine the feasibility of introducing a policy whereby families with at least three dependent children would be eligible for a subsidy grant toward the purchase or construction of a new home, valued at approximately €25,000 (to be reviewed annually and adjusted to account for inflation and other factors). Greater funding should be made available to organisations, which directly assist homeless pregnant women.

The PLC proposes that the government should explore adopting a streamlined raft of policies rooted in a pro-family ethos. This would make economic sense and would help to futureproof Irish society which, on current demographic trends, is rapidly ageing. Successful pro-family initiatives have already been overseen elsewhere in the EU, and similar proposals should be considered for implementation in Ireland.

Communication of Existing Supports

The Maternity and Infant Care Scheme in Ireland is free of charge for all women who live in Ireland. The scheme includes care by a GP and an obstetrician, two routine ultrasound scans (usually a dating scan before 15 weeks, a fetal anatomy scan between 18 and 22 weeks, and extra scans if medically necessary) and two postnatal GP visits: an examination of the baby at 2 weeks old and an examination of mother and baby when the baby is 6 weeks old. Any hospital visits relating to the pregnancy are free of charge in public hospitals. In line with the recommendations made in relation to MyOptions in section 2.1 of this document, specific information relating to the Maternity and Infant Care Scheme should be communicated by any State counsellors to callers seeking advice and support.

Domestic Violence and Telemedicine

Domestic violence is another area that needs urgent attention. The Programme for Government commits the government to implement and properly resource 'a plan for future refuge space on the publication of a review of domestic violence accommodation provision'⁸. The need to progress with this commitment is highlighted by the alarming impact of the Covid-19 crisis which has exacerbated existing problems in Irish society.

As part of resourcing efforts to limit domestic violence, the government should consider ending telemedicine abortion. This policy was introduced at the start of the pandemic by the government as a temporary measure. In a 2022 journal article⁹ co-authored by one of the appointees of the three-year review of the 2018 abortion legislation, it was claimed that taxi drivers and other couriers have been funded by the HSE to deliver abortion pills to women due to the policy of telemedicine. Further, there was the case of a minor locked in her bedroom and forced to take abortion pills¹⁰. The HSE has acknowledged the heightened risks of coercion and domestic abuse in telemedicine abortion: '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'¹¹.

For the government to realistically honour its commitments to tackling domestic violence in society, it must take steps to end telemedicine abortion, owing to the dangers it poses regarding coercion and the demonstrated health risks involved. It should also stop funding the transportation of abortion pills on the grounds of impingement on an individual's right to freedom of conscience to remove themselves from being involved in the abortion process.

[8] Programme for Government: https://www.finegael.ie/app/uploads/2020/06/ProgrammeforGovernment_Final_16.06.20-1.pdf, p. 98.

[9] Mischal, Joanna, Reeves, Karli, Chakravarty, Dyuti, Grimes, Lorraine, Stifani, Bianca, Chawkin, Wendy, Duffy, Deirdre, Favier, Mary, Horgan, Patricia, Murphy, Mark and Lavelanet, Antonella F (2022) 'Abortion policy implementation in Ireland: lessons from the community model of care', PLoS One, 17 (5).

[10] <https://www.irishexaminer.com/news/arid-40990952.html>

[11] HSE reply to PQ11178/22, 3 March 2022.



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Ectopic Pregnancy: Telemedicine and Ultrasound

Further perils of telemedicine in the arena of abortion manifested in the case of a woman in Limerick who presented to the hospital in critical condition (in hypovolemic shock among many other serious symptoms) due to taking abortion pills for a pregnancy which had not been diagnosed as ectopic. Doctors at University Maternity Hospital Limerick published an article on the case in the Irish Medical Journal¹². Telemedicine may decrease the doctor's ability to discern whether a pregnancy is intrauterine or ectopic. It is indisputable that an in-person appointment with ultrasound is the only safeguard against such dangerous outcomes of ectopic abortion. The government should therefore consider investment in ultrasound equipment to improve safety standards in abortion provision.

Perinatal Palliative Care

A small minority of abortions are due to babies being diagnosed with a potentially life limiting condition. On average, around 100 babies are aborted per year on these grounds¹³. Many women would rather continue with their pregnancy and care for their baby until the natural end of his or her life. Ruth O'Sullivan from Cork is someone who has spoken publicly about her abortion regret after being steered towards abortion by the healthcare workers she encountered. They never even bothered to inform her about the possibility of opting for a perinatal palliative care pathway¹⁴.

This ultimately means that women like Ruth O'Sullivan are too often not presented with the full range of options. It is unfair and unjust to deprive women and their babies of such crucial information and support. No woman should be forced into abortion; the right to be fully informed is paramount. In June 2025, Michael Collins TD asked the Minister for Health if any guidelines on this issue exist or if the Department of Health is working on their creation but the HSE has not yet responded¹⁵. This is an urgent matter. Healthcare professionals must be provided with adequate training and facilities in this area and doctors must ensure women carrying babies with life-limiting conditions are made explicitly aware of access to perinatal palliative care.

[12] Janjua, N.B., Aslam, A. Azhar, A., Cosine, V., Mantas, A., and Ismail, K (2024) Medical Termination of Pregnancy – An Emerging Risk for Maternal Mortality. Irish Medical Journal 117(3), pp.937-929

[13] The figure for 2024 was 108, according to the Department of Health's latest report: https://assets.gov.ie/static/documents/Annual_Report_on_the_Health_Regulation_of_Termination_of_Pregnancy_Act_2018-2024.pdf

[14] <https://www.youtube.com/watch?v=3dBPgJC-SeM>

[15] <https://www.oireachtas.ie/en/debates/question/2025-06-11/360/#pq-answers-360>



CONCLUSION

Policy on unplanned pregnancy is currently too narrow, with government funding reserved for significant expenditure in abortion, at home and abroad, and not enough investment in other pathways for unplanned or difficult pregnancies, such as continuation with pregnancy towards motherhood, adoption, and perinatal palliative care where the unborn baby may have a life-limiting condition. We are witnessing a year-on-year surge in abortion numbers in Ireland and we must call into question which policies and processes are contributing to said surge, e.g., significant financial incentives to GPs, biased counselling services that – whether disingenuously or unwittingly – neglect to provide actionable information required for continued pregnancy (e.g., relating to healthcare, financial entitlements and access to baby equipment), withdrawal of government funding and subsequent closure of counselling services that offer a life-affirming perspective, a lack of guidelines on perinatal palliative care, and the disinterest in continuing with helpful government schemes like the Little Baby Bundle.

Where the government is failing, pressure falls on charities to fill the gaps; however, it is unsustainable for such organisations to cope with the demand for their help and it is important that the government invest in alternative pathways other than abortion. We cannot afford to allow an abortion-only ethos to exist. In a representative democracy, the state must recognise its responsibility when setting and funding public policy. Ireland must take into account the views of all citizens, including the considerable proportion of the electorate (over one-third) who voted No in 2018 and the large majority who support the idea of women being informed about alternatives prior to the abortion.

This Pre-Budget Submission makes the case for an Ireland which proactively offers positive supports to women in unplanned pregnancies. This must include comprehensive, non-directive counselling, funding of a diversity of counselling services to cater for our dynamic population and women with different values and uniquely lived experiences, investment in the reiteration of means-tested baby-equipment schemes, a broader reorientation of the social welfare system to alleviate the burdens placed on people with children, and training in perinatal palliative care. By adopting more life-affirming social welfare policies, the government would undoubtedly see a decrease in the total abortion rate as the root causes of socioeconomic abortions are tackled directly and the provision of unplanned-pregnancy services is made more holistic.

We ask that the Department of Finance consider these policy proposals as part of the forthcoming Budget.

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