

From:
To: [abortionlawreform](#)
Subject: planned abortion law changes
Date: Wednesday, 29 June 2016 2:47:10 PM

Dear Committee,

I am writing in regards to the proposed changes to abortion law in Queensland. I do not support late term abortion.

While it is good to look at old laws and update them to reflect current lived reality, I am concerned the proposed change of law will be damaging as much as it might be perceived to be useful.

Changing laws to allow termination of pregnancies to occur till term may have consequences that are unintended. Midwives and doctors working in birthsuites around the state often find themselves fighting for the lives of babies that have been born and need help to transition to life. Most who have lost that battle at some stage in their career will tell you of the long lasting effect that that loss had on them. It is something that can be retold with detail many years after the event from my experience of discussing these losses with colleagues. I do not understand how it can be expected that staff working with women can deal with leaving a baby to die that might be born alive after a termination.

Where is the research to suggest that staff will not end up with PTSD symptoms? Where is the plan to deal with this?

At the time of birth of a baby a woman's body is charged with oxytocin, referred to as "the hormone of love". It is the hormone that makes the uterus contract and is responsible for the bonding of a mother with her baby. The hormone is also responsible for feelings of well being and connection between individuals and for feelings of compassion towards others. I would like to see where the research is on the interruption outworking of that hormone by the deliberate death of a baby. Where is the research to show the effects of this on women and where is the research to show the long term effects on the staff involved in these births? Do the staff who will be looking after women have the proper training to deal with the interruption of the normal flow of hormones? Is the research there to show how physiological changes will affect women?

While it is said that these changes are about women's choice, the fact is that all our choices effect other people, and some of those effects are not desirable. I believe that late term abortion has the potential to have adverse effects on many members of the health team and perhaps on the woman herself. I do not believe we have robust research in the long term to justify the change in law to the extent that is planned.

I have spoken to many women over the years who look back on the termination of their pregnancy as something that was part of their life and is far in the past. I have also spoken to women who regret the decision they made and relive it over and over again. Women need careful screening before they make this kind of decision, and I do not believe that counselling before an abortion should occur at the abortion clinic, but by an independent counselor that has no vested interest in the woman choosing an abortion. A life lost is gone forever and a woman needs to be sure she is not going to fit into the category that regrets the decision forever.

Real choice involves women being able to make either choice. Women need more supports in place to choose to continue with a pregnancy if that is what they want. For women to have real choice, this bill should include supports for women that find themselves pregnant and have no physical way to continue with the pregnancy, but who may not wish to end the pregnancy. If plans for support for these kinds of women are not also legislated, then this bill does not represent choice for women.

Legislation also needs to consider the coercion that women who have adverse pregnancy findings experience, as they are pressured to have an abortion. I have sat with distressed women who want to continue with a pregnancy, and every time they visit the doctor they are harassed to have an abortion. To have true choice for women, this kind of coercion needs to be legislated against.

