

From: [REDACTED]  
To: [abortionlawreform](#)  
Subject: Independent Submission re Abortion Law Reform  
Date: Thursday, 30 June 2016 4:52:39 PM

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## **PERSONAL SUBMISSION FOR PARLIAMENT RE ABORTION LAW REFORM**

By Catherine and David Toomey, [REDACTED]

[REDACTED]

We are opposed to the proposed “Abortion Law Reform” Bill by Rob Pyne MP as we feel it’s both unnecessary and out of touch with the deeper concerns and complexities around the issue of abortion.

### **Accessibility**

Let’s face it. Abortion is very accessible in Queensland.

Some would argue too much so, especially when a woman doesn’t seem to hear or see alternatives to it.

My husband and I were on the adoption waiting treadmill for years, being told time and time again there were “no children to adopt” when at the same time we would hear of the over 10,000 abortions per year in Queensland.

### **Adoption**

At the same time, we have many acquaintances who have reflected on the fact that if they’d considered adoption or legal guardianship as an option that they would have preferred to do this rather than have aborted.

As a couple we would love to see more women supported by independent counselling/mentoring agencies so they feel empowered to continue their pregnancies if that would in fact be their preferred choice.

We would also love to see adoption become easier as, in our infertility journey, we discovered two different women who wanted to ‘gift’ their baby to us to adopt.

Obviously private adoption is illegal in Australia but we redirected them to be able to offer this for this they were put off by the bureaucratic process and chose different paths.

## Later Term Issues and Comprehensive Healthcare

It seems there are many instances where women in their later term of pregnancy are hastily offered termination already in Queensland when there are often second opinions to be had.

Our concern is that if we have legislation with no parameters then medicos may be quicker than ever to revert to abortion as the “quick fix” rather than seek alternative medical support routes.

To illustrate this, three of our local friends have experienced scenarios where they were told to consider terminating.

One friend, [REDACTED], didn't know she was pregnant until she was already 16 weeks gestation. She was already in her early pregnancy when receiving the depo-provera injection for contraception and had put missed periods down to that.

Her GP said the injection might cause webbed feet and “other malformations” in the baby and that an abortion was an option if she didn't want to go further.

She decided to continue her pregnancy when realising with a second opinion that the baby might birth pre-term naturally and when she did miscarry at 18 weeks she expressed relief that she “didn't have another abortion on my conscience.”

Another friend, [REDACTED], was having terrible pain and personal health complications and her OB-GYN suggested surgery which might result in the loss of her baby at 20 weeks.

A second opinion allowed her to access a different route and baby [REDACTED] was born healthily to a healthy Mum.

Another friend, [REDACTED] was offered termination of pregnancy when she began leaking amniotic fluid. She chose to continue the pregnancy but had to fight to find a doctor to support her after the original diagnosis. The only issue that baby has is the need to wear glasses.

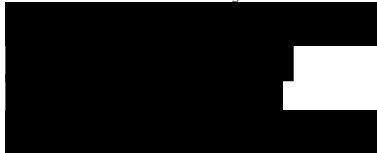
We wonder whether a “carte blanche” legislation see a slippery slope, where doctors may be

consider abortion an easier solution for themselves rather than ensuring better care for pregnant women?

We think that this bill is actually out of touch with community attitudes which tend to desire abortion to be as rare as possible, not more accessible, and for better care and real options to be provided for women and men facing problem pregnancies.

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Catherine Toomey



"Helping You Help Others"