




Speech By
Jessica Pugh

MEMBER FOR MOUNT OMMANEY

Record of Proceedings, 16 October 2018

TERMINATION OF PREGNANCY BILL

 **Ms PUGH** (Mount Ommaney—ALP) (4.31 pm): Today I rise to speak in favour of the Termination of Pregnancy Bill. At the outset, I thank my wonderful electorate staff, Rachel, Kristin, Hamish and Molly. Like many other electorate staff throughout the state I am sure, my electorate staff are to be absolutely commended for their wonderful and compassionate approach to the many constituents who came through my door to meet and speak with me about this issue. I am incredibly proud of them.

If there is one thing that this debate has shown me, it is to never make assumptions about another person's past. You do not know if the woman to whom you are describing a foetus at 16 weeks has experienced the heartbreak of losing children of her own. Similarly, many times people have questioned my own reproductive history or that of my mother, and there is really no need for that. I thank my parents for providing their wise counsel and life experience in this matter. I have had discussions with family, friends and my partner, who is a GP and one of the wisest and kindest people I know.

First and foremost, I state that this bill is underpinned by the need to remove termination of pregnancy from the Criminal Code. Constituents I met with, whether they identified as pro choice or pro life, were almost all united in acknowledging that women should not be treated as criminals for seeking a termination. That viewpoint is reflected right across Queensland. Their choice is difficult enough without the possibility of seven years imprisonment hanging over their heads as they make their decision.

At this time I thank the many constituents who came to see me about this issue. I met with countless locals about this highly emotive issue, some for and some against. I thank each of them for taking the time to speak with me about the issue. Many of them shared their personal stories with me. I do not feel right sharing their stories today, but I will be sharing my own. In those meetings many constituents pointed out that having a termination can be an upsetting experience, and I agree. It is a serious medical procedure and making an informed choice is paramount.

That is why clinical guidelines, as spoken about by the health minister today, require that counselling is offered not once, not twice, but three times, including following a termination. We need to create a safe space for women to talk openly with their health practitioners about their concerns and considerations when they are deliberating over a pregnancy. That will allow health practitioners to better detect when a woman might be experiencing pressure or reproductive coercion from outside forces. Therefore, I am very pleased to hear about the decision by the Minister for Health to set up an unbiased counselling service to assist women in making their decision. Having all the facts is key. Such a service is something that many constituents who visited me, from both sides of the spectrum, were keen to see established.

In my research, I was keen to understand better why late-term terminations occur and the circumstances in which they might be happening. In Queensland, there are around 150 late-term terminations every year. Sadly, as we have heard, each and every one of those terminations has occurred on wanted pregnancies, much to the heartbreak of families who were looking forward to welcoming a new family member.

Some constituents also raised concerns that the bill would result in more terminations. Therefore, I looked to Victoria, where abortion has been decriminalised for 10 years now. As abortion is a legal procedure, the Victorian government has been able to accurately capture statistics on the number of women accessing terminations, but with one key distinction: their data captures all procedures, including those performed in case of miscarriage or in utero foetal death. Many women would be only too familiar with the need to have a D and C due to miscarriage. I am no different.

In 2010, shortly after the birth of my daughter, I found I was pregnant again. Although unexpected, I was delighted to give my daughter a sibling. I was due on my own birthday, which I thought was the best present ever. Everything seemed to be fine. I was healthy—in fact, I felt fantastic—but something just was not right. I did not feel pregnant. The symptoms I had had before were just not there. There was no fatigue, no nausea, no mood swings—nothing. I was so concerned that I took another test at 11 weeks, which said that everything was fine—until it was not. I began spotting at work and my compassionate boss sent me straight to the emergency room. I had a scan and the technician asked me if I could have my due date confused. I was adamant: I was due on my birthday. Sadly, I had the all-too-common blighted ovum. A friend whose mum was a midwife recommended that, for my own safety, I have a D and C procedure. Therefore, I understand firsthand what the member for Mudgeeraba referred to about the strangeness of waking up in a different room, knowing everything is not quite right. I did not enjoy the procedure and I do not know any woman who has. It is certainly not something that women and their partners would want to use as contraception.

In Victoria, the 10-year trend shows that legalising abortion reduces the rate of abortion. The statistics show a reduction from 16.8 procedures per 1,000 women in 2008 to 12.2 procedures in 2017. The evidence is clear. The committee report prepared by the health committee, and I commend them and the secretariat for their excellent work in that space, notes other factors that can reduce the need for terminations, including long-active effective contraception options such as Mirena and Implanon.

We need to have these conversations, because these decisions do not occur in a vacuum. One thing I can say clearly from consulting with my community right across the spectrum, and I think it is something that in this House we can all agree on: as a community we want to see fewer terminations. We also want to show that we trust women to make the decisions that are right for themselves and their families. The way to achieve both of those things could not be clearer: we need to do what 81 per cent of the community wants, and that is to vote to decriminalise termination. I commend the bill to the House.