

# IRELAND'S ABORTION LAW: END THE SILENCE

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prolife  
campaign

The silence surrounding the devastating impact of Ireland's new abortion law has to end. In the first two years since the law took effect, 13,243 legal abortions were performed.

It represents a 70% increase in abortion in just two years,<sup>1</sup> a far cry from the promise made by senior members of government before the 2018 referendum that abortion would be 'rare' in the event of the referendum being passed.<sup>2</sup>

The fast-track system for accessing abortion that now exists leaves little room for women contemplating an abortion to be informed about other options. Women and their unborn babies are betrayed by a lack of any meaningful attempt to provide women with abortion alternatives. The negative after-effects of abortion are not explained. The valuable three-day waiting period shows that where such attempts are made, women often choose to continue with their pregnancies.

Our current government are quick to push for 'censorship zones' outside abortion facilities but run a mile from discussing basic humanitarian issues like ensuring pain relief is given to unborn babies prior to late-term abortions, or ensuring that babies who survive the abortion procedure are given proper medical care and not left to die alone unaided as shamefully and barbarically occurs under the new law.

The general public are being kept in the dark about the details of what occurs since the new law was introduced. There is no proper oversight or accountability procedures to deal with adverse events such as the baby Christopher tragedy. Comprehensive information and data on abortion is not kept and only minimal information is made available annually to the public.

Despite the consistent claim of wanting to make abortion rare, the Government has completely excluded pro-life voices from all relevant committees or discussions, while their presence and involvement could help reduce the number of abortions taking place. If abortion policy is to be left in the hands of those who push for abortion to the exclusion of everything else, then the numbers of women and babies impacted is bound to skyrocket.

We are not well served by denying women information on alternatives, by suppressing information, by inadequate oversight, by hiding the damage that abortion does and by the silencing of people with pro-life views.

Three years on from the introduction of abortion, the horrifying effects of the new law are undeniable. This reality cannot continue to be swept under the carpet in an attempt to hide from the public what has taken hold and to shelter those who pushed hard for the extreme abortion law that has resulted in so much loss of life.

1 in 3 voters opposed the legalisation of abortion in 2018. In addition, many others voted for repeal based on the Government's promise that abortion would be rare if the referendum passed. All of these voices are excluded from the decision making process at present.

It is bewildering the extent to which all roads lead to abortion when it comes to the issue of unplanned pregnancy. Above everything, space must be found at the decision making table for those offering a counter perspective to the closed and unbending outlook that pervades at present.

## A WOMAN'S RIGHT TO KNOW

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Many women who opted for abortion and subsequently regretted the decision say that all it would have taken for them to change their mind and keep their baby was for one person to say, "you can get through this, I'll be there for you."

Similarly, many women who came close to aborting their baby but had a chance encounter with someone who told them they didn't have to go through with the abortion, say that having that supportive presence in their lives at the right time made all the difference.



There cannot be informed consent in relation to abortion unless women are presented with the full facts. This requires a number of changes, including:

- An obligation on abortion providers to inform women considering abortion of the positive alternatives available, such as different forms of adoption, and of financial and other supports available should the woman wish to raise her child, as well as legal avenues for obtaining maintenance from the father where relevant
- A specific obligation to provide face to face counselling to women who ask about alternatives to abortion
- A specific obligation to inform women accessing abortion of specified risks of abortion in relation to her physical and mental health<sup>3 4 5</sup>
- An obligation to give women seeking abortion the option of viewing an ultrasound of their pregnancy

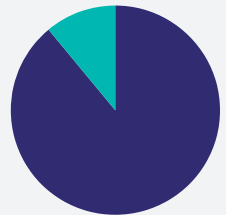
It is not 'pro-choice' to deny women access to information about alternatives to abortion or to the peer reviewed research highlighting the negative after-effects of abortion for many women.

Women are entitled to this information. It shouldn't be withheld from them for stubborn inflexible ideological reasons. Right now, that's precisely what's happening.

## 89%

of people support women being offered information about alternatives before proceeding with an abortion

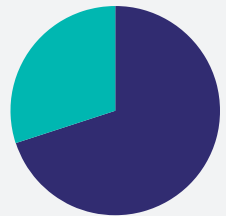
Amárach Research, October 2021  
Sample Size: 1,000



## 70%

of those who expressed an opinion support the idea of women considering an abortion being offered the choice of seeing an ultrasound scan of the unborn baby/foetus before proceeding with the abortion

Amárach Research, October 2021  
Sample Size: 1,000



Scientific evidence clearly shows that unborn babies feel pain, with the most recent research suggesting it occurs much earlier than 20 weeks gestation.<sup>6</sup> Yet under Ireland's abortion law, there is no requirement on those performing late-term abortions to give pain relief to an unborn baby prior to the procedure.

Two of the most common procedures used to carry out late-term abortions are D&E (Dilation and Evacuation) and foeticide. In the case of foeticide, while potassium chloride usually acts quickly, it is excruciatingly painful if administered without proper anesthesia.

Foeticide has been practiced in Ireland since 2019 and D&E abortions are happening since 2021.

Ensuring that no baby ever dies experiencing pain that could be avoided is surely something that everyone can agree on regardless of their views on abortion. For example, it is routine practice for unborn babies undergoing spinal surgery to be given pain relief.<sup>7 8</sup>

Ireland's Animal Health and Welfare Act 2013 compels vets to give pain relief to an animal before any procedure that may cause it suffering or distress. It is an affront to decency and dignity that unborn babies during late-term abortions are treated less humanely than animals.

A merciful amendment to Ireland's abortion law is needed to ensure that no baby ever dies experiencing avoidable pain or distress.<sup>9</sup> The 'Foetal Pain Relief Bill 2021' has been introduced for this purpose and deserves government backing.<sup>10</sup>

Right now, legal challenges are underway in the UK on this very issue, involving women who say they were never informed before their late-term abortions that their babies might feel pain.<sup>11</sup>

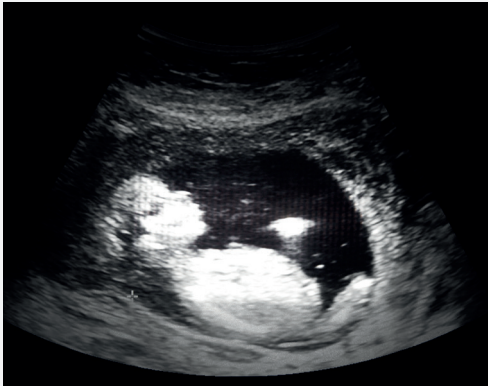
There are many women and couples suffering in silence because of things they found out after the abortion that they should have been informed about beforehand. Their stories are being swept under the carpet.<sup>12</sup> This is also another area where we must end the silence. This denial of uncomfortable realities cannot continue.

A 2020 UCC study interviewed ten doctors who carry out abortions under Ireland’s new abortion law.<sup>13</sup> The doctors talk openly about the “brutal” reality of performing abortions and are forthcoming about the fact that babies sometimes survive late-term abortions and are left to die, with doctors “begging people to help” them deal with the situation. The doctors interviewed talk about the “internal conflict” they experience in carrying out the abortions but there is no mention anywhere about giving pain relief to the babies or making every reasonable effort to give them medical and palliative care as they struggle to survive for possibly hours until they breathe their last breath.

There is no mention in the January 2020 guidelines from the Institute of Obstetricians and Gynaecologists of any duty on the doctor performing the abortion to administer pain relief to the baby in advance of the procedure or on how to care for a baby if he or she survives the procedure.

In response to a parliamentary question, the Minister for Health refused to say what happens to babies who survive abortions, and would not be drawn on what he proposes doing to ensure no baby is ever denied medical treatment in these appalling situations.<sup>14</sup>

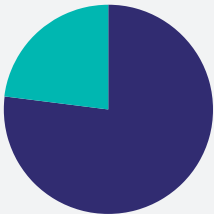
Legislation needs to be introduced immediately to ensure that babies who survive abortions are given all the medical care they require.



77%

of people support the law being amended to ensure that babies who survive the abortion procedure are given medical care.

Amárach Research, October 2021  
Sample Size: 1,000



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The 2018 Act does not prohibit even the most barbaric abortion methods, such as dismemberment (D&E). In April 2021, a study revealed that doctors were receiving training on how to perform horrific D&E late-term abortions, which involve the dismemberment of unborn babies in the womb.<sup>15</sup> In October 2021, the HSE confirmed for the first time that these gruesome abortions are being carried out in Ireland under the new abortion law.<sup>16</sup>

These horrifically violent procedures involve ripping the unborn baby apart – tearing off his/her limbs and removing the parts of his or her body from the womb piece by piece. This brutality can legally be inflicted on a still living unborn baby. It is profoundly insulting to women to try to justify such an act as ‘healthcare’. Urgent legislation is needed to outlaw this barbarism.

## FULL ANSWERABILITY, OVERSIGHT AND ACCOUNTABILITY

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The culture of silence (and silencing) which has followed the 2018 legislation extends more widely than towards women encountering challenges in pregnancy. The current state policy would appear to be to exclude inputs at all levels from those who provide positive alternatives to abortion. Right now, these voices are entirely shut out of a system which has been captured by radical pro-abortion voices. The Government has a democratic obligation to ensure that the diversity of opinion and perspectives that exist in society are at the heart of all decision-making processes, including expert pro-life voices.

There are many areas where such voices would be valuable such as looking at ways to reduce Ireland’s spiralling abortion rate; providing positive alternatives to abortion; creating public awareness about contemporary models of open adoption; improving maternity benefits, tax breaks during pregnancy and for families with newborn babies; providing sheltered accommodation for homeless pregnant women; improving respite care and support for families of children with multiple special needs; making additional resources available for perinatal hospice care and support for families of babies born with a life-limiting condition. Space must be found at the decision-making table for allowing these vitally important perspectives to be aired.

Adverse events in the application of the 2018 abortion law are not addressed in a satisfactory manner. This substantial deficiency in oversight and accountability has caused untold distress and upset to families and individuals directly impacted by these events.

The stories that have been reported to date attest to this, but for every story that has been reported, it is likely there are others of a similar nature not brought to light.<sup>17</sup>

The tragic circumstances surrounding the baby Christopher case is a stark reminder of the importance of having proper accountability procedures in place. Baby Christopher lost his life through abortion after his parents were wrongly advised that their baby boy had a life-limiting condition. Christopher's mother claimed the management of her pregnancy was grossly substandard and displayed utter genetic illiteracy culminating in the tragic ending of her son's life.

After reaching a settlement in their High Court action against Merrion Fetal Health and the National Maternity Hospital, Holles Street, baby Christopher's parents said in a statement that nothing will ever take away the "interminable sadness and grief" they live with every day as a result of the abortion.

The current abortion legislation does not safeguard against similar tragedies occurring in the future. There needs to be a robust system in place where adverse events can be dealt with quickly and properly.

The Health Information and Quality Authority (HIQA) appears to be the most appropriate authority for investigation of such adverse events. Accordingly, the Health Act 2007 should be amended to empower HIQA to investigate any adverse events that occur in the course of or in connection with the operation of the 2018 abortion law.



Ireland substantially lags behind other Western nations in its statistical record-keeping on abortion. Finland, for example, operates a 'Register of Induced Abortions' which provides comprehensive information and data. Unlike Ireland, jurisdictions such as England and Wales collect important information such as whether complications arose post-abortion, the number of previous abortions a woman may have had, if the abortion resulted in the death of the woman and the cause of death, etc.

For the benefit of women's health and their unborn babies, and to ensure honesty and transparency in the operation of the 2018 Act, an amendment to the current abortion legislation would ensure greater anonymised statistical information and data is recorded. It is not acceptable to hide from the general public key data on issues such as the number of young women who have had abortion procedures carried out without any consultation with relevant guardians or parents.

The absence of proper records serves those wishing to suppress information about the truth of what's happening under the new law, including members of the media.

Depriving researchers and policymakers of important statistical information undermines any attempts to better understand the realities of the operation of abortion in Ireland and to create policies to mitigate against risks to women's health.

An expansion of abortion notification forms to provide more detailed information should happen as part of the review process, and incorporate the areas listed above, among others.<sup>18</sup>

Introducing Censorship Zones (so-called 'Safe Access Zones') outside abortion facilities would set a dangerous precedent for denying freedom of speech and the right to peacefully assemble in public areas, including on main streets in our cities and towns. It would be a wholly disproportionate response to a perceived risk that a tiny number of people may at some point in the future engage in harassing or intimidating behaviour close to an abortion facility.

Were such harassment to occur, the authorities already have wide-ranging powers to deal with the situation under existing law. Looking for isolated incidents and blowing them out of all proportion is no way to conduct public policy. Depicting every pro-life action as 'threatening' or 'rogue', as some members of government do, is as absurd as it is outrageous.

The testimonies of members of groups like 'Be Here for Me' show that many women who opt for abortion are conflicted and/or feel pressure to do so.

Alina Dulgheriu from 'Be Here for Me' told members of the Oireachtas Human Dignity Group that "a just and caring society doesn't criminalise people for offering help to vulnerable mothers."<sup>19</sup> Ms. Dulgheriu told Oireachtas members: "The day I made my way to the abortion facility was the darkest day my heart has ever known. All I needed was help until I gave birth. A lady and a leaflet. That's all it took. Right there at the steps of abortion centre."

The Minister for Health should not kowtow to bullying tactics from abortion advocates and should desist from further attempts to silence well-meaning people.

The Garda Commissioner told the Minister for Health in 2019 that existing public order legislation is satisfactory and that protests outside abortion centres "have not contravened the law and are peaceful."

The hallmark of our republic are the basic rights enshrined in the Constitution, including freedom of expression and assembly.

Abortion, defined in the 2018 law as a “procedure which is intended to end the life of the foetus” is the opposite of healthcare, because its purpose is to take life, not sustain it. Doctors are currently forced to comply with a referral obligation in the Act, thereby facilitating abortions taking place. Doctors who adhere strictly to evidence-based medicine, who recognise that abortion is not a medical treatment and acknowledge that it entails mental and physical health risks for women, are forced to overlook all this. Doctors who entered medicine to save lives are forced to be complicit in ending lives. Doctors who oppose abortion on ethical grounds are now forced to act against their conscience.

Freedom of conscience is a basic human and constitutional right. No doctor or healthcare worker should ever be forced to go against their conscience, to ignore their professional and clinical judgement or to mislead or lie to their patients by pretending that abortion is a medical treatment when they realise it is not. Legislative change is urgently needed on this issue and must include:

- Protection from having to facilitate or be involved in abortions (e.g. by way of referral for abortion)
- Protection for pharmacists and others in the healthcare sector, not just doctors, nurses and midwives
- Protection from discrimination in employment and hiring decisions
- Protection from being pressured not to invoke their freedom of conscience
- Students who go into the healthcare field to heal and to protect and preserve life must not be forced to undergo abortion training. Abortion training must therefore be on an opt-in basis.

The system of permitting 'home abortions' that was approved by the Minister for Health in the wake of the Covid-19 outbreak should be suspended immediately.

The practice which typically involves women self-administering abortion pills at home without any face-to-face consultation with a doctor beforehand, has led to numerous adverse events in the UK where the same approach is permitted, resulting in a significant increase in ambulance callouts to women suffering physical complications after taking the abortion pill.<sup>20</sup>

The Irish Government originally promised to suspend the practice when Covid-19 restrictions were lifted but they appear to be reneging on this commitment. The recent admission from the HSE that they have not been collecting data on complications arising from at-home abortions is also very troubling.<sup>21</sup> It would be reckless of the Government to sanction the continuation of telemedicine abortion.

Before a foreseeable tragedy happens and a woman from Ireland dies from a 'home abortion', the Government should immediately put an end to this life-endangering practice and instead commit to making the safety of women and their unborn babies a top priority.

## RETENTION OF THREE-DAY WAITING PERIOD

The three-day waiting period between the first and second consultation in relation to a woman seeking an abortion has without question saved hundreds of lives each year to date.

In 2020, a total of 8,057 women took part in the initial consultation seeking access to abortion, with 6,577 of them proceeding to have the abortion. It means a total of 1,480 women opted to continue with their pregnancy after the initial consultation during the three-day waiting period.<sup>22</sup>



The waiting period is helpful not only in giving time to decide and get past any initial sense of panic, but in providing a window of time during which other factors (such as an offer of help, or the obtaining of information on support services) can come into play, meaning fewer lives lost and fewer women hurt by abortion.

The Minister for Health has been reluctant to express his view on whether this life-saving measure should be maintained, claiming in July 2021 that it was “too early to speculate” on the recommendations arising from the three-year review. This obfuscation is deeply concerning.

The three-day waiting period was an important Government promise used to persuade people to vote Yes in the 2018 referendum. It was cited by Simon Coveney as a key influence affecting his “journey” to publicly advocating a Yes vote. Meanwhile, the media relied upon the three-day waiting period to deny there would be “abortion on demand without restrictions” and to “fact-check” the claim that Ireland’s abortion laws would be “as liberal as Britain’s”.

Apart from being a colossal betrayal of promises made to the public in 2018, removing this important safeguard would prompt the abortion rate to continue to spiral.

Since 2019, well over €20 million of taxpayers' money has been spent on the roll-out of abortion provision, with not a single cent of that being spent on positive alternatives to abortion. There should be an end to taxpayer funding of abortions under section 12 of the Abortion Act. It is clearly and profoundly wrong to force people who regard all life as worthy of the law's protection to actually pay for the killing of the most vulnerable. No-one, whether they voted Yes or No or abstained, should be forced to pay for abortions.

A 2021 BMJ article states that “fewer than half of the countries in Europe provide full funding for abortion”.<sup>23</sup> It cited an earlier study on public funding policies for abortion in countries with “liberal or liberally interpreted laws”, which found that 25 such countries had only partial funding for abortion and 21 had either no funding or funding for exceptional cases only.<sup>24</sup> Peer-reviewed studies show that removal of taxpayer funding for abortions has saved a huge number of human lives.<sup>25</sup>

As we know, the number of abortions has increased enormously since the 2018 Act came into force. The Government's repeated promises that abortion would be rare in Ireland are meaningless as long as they force the taxpayer to pay for it. To deliver on those promises to the Irish people, the Government must instead move now to properly fund alternatives to abortion.

## CONCLUSION

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The same people who presided over the 70+% increase in abortions since the Abortion Law took effect retain full control over what constitutes 'best practice' in the provision of abortion and support for women. Unless this changes, we will see more cover-ups, more obfuscation, more tragedies, more women damaged and more unborn lives lost.

These are the main issues we recommend the Government focus on as part of the review:

- Full openness and transparency with women on alternatives to abortion. This is to fulfil a woman's basic right to know.
- Serious commitment to highlight positive alternatives to abortion and to fund these alternatives. We need to end the silence.
- Amend abortion law to ensure pain relief is given to unborn babies prior to late-term abortions
- Amend abortion law to ensure babies who survive late-term abortions are given medical care and not left to die alone and unaided
- Prohibit barbaric D&E abortions
- Promote the involvement of pro-life voices in decision making to help reduce our startlingly high abortion figures
- Establish a mechanism to investigate adverse events that occur under the 2018 abortion law
- Ensure comprehensive statistical information and data is recorded to better understand the operation of the abortion law, and to ensure openness and transparency
- Protect the constitutional freedom of expression rights of all citizens, including those who hold pro-life views
- Protect freedom of conscience rights of all healthcare workers from being forced to facilitate abortions
- Cease telemedicine 'home abortions'
- Maintain the three-day waiting period which saves lives
- End taxpayer funded abortions under Section 12

<sup>1</sup>The figure of a 70% increase in abortions is arrived at by comparing the annual figures since 2019 with the official numbers who travelled for abortions prior to repeal, and by factoring in 'pro-choice' estimates for the number of illegal abortion pills accessed online prior to repeal. So, if anything, the percentage increase we present here is on the low side and could in fact be considerably higher.

<sup>2</sup><https://www.irishtimes.com/news/social-affairs/safe-legal-and-rare-full-text-of-taoiseach-s-abortion-speech-1.3373468>

<sup>3</sup>Abortion and mental health disorders: evidence from a 30-year longitudinal study, David M. Fergusson, L. John Horwood and Joseph M. Boden, *British Journal of Psychiatry*, 2008, 193:444-451

<sup>4</sup>Abortion in young women and subsequent mental health. Fergusson DM1, Horwood LJ, Ridder EM. *J Child Psychol Psychiatry*. 2006 Jan;47(1):16-24.

<sup>5</sup>Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome. Cope H1, Garrett ME1, Gregory S2, Ashley-Koch A1. 2015 Aug; 35(8):761-8

<sup>6</sup>Derbyshire SWG and Bockmann JC, Reconsidering fetal pain, *J Med Ethics* 46, 3-6, 2020

<sup>7</sup>Ramirez MV, Anesthesia for fetal surgery, *Colombian Journal of Anesthesiology* 40, 268, 2012; Tran KM, Anesthesia for fetal surgery, *Seminars in Fetal & Neonatal Medicine* 15, 40, 2010; Schwarz U and Galinkin JL, Anesthesia for fetal surgery, *Semin Pediatr Surg* 12, 196, 2003; Anand KJS and Hickey PR, Pain and Its Effects in the Human Neonate and Fetus, *N Engl J Med* 317, 132, 1987

<sup>8</sup>"Volumes and Outcomes: Fetal Anomalies," Children's Hospital of Philadelphia, 2017, <http://www.chop.edu/centers-programs/center-fetal-diagnosis-and-treatment/volumes-outcomes#.VLbMhCvF8T->. See also, "Fetal Family Reunion," Children's Hospital of Philadelphia, 2017, <http://www.chop.edu/events/fetal-family-reunion>.

<sup>9</sup>The French College of Obstetricians and Gynaecologists recommends that doctors administer pain relief to unborn babies during late term abortions on the basis that the abortion procedure can be excruciatingly painful for the baby. In 2019, a national survey of French prenatal diagnosis centres revealed that 97% of the abortion clinics surveyed give pain relief to unborn babies prior to late term abortions, in line with FCOG guidelines. In the US, foetal pain legislation currently exists in 19 States, with varying safeguards and protections for unborn babies

<sup>10</sup>In May 2021, eleven members of the Oireachtas co-sponsored a Private Members' Bill in the Dáil on foetal pain relief. The Second Stage vote will likely take place soon.

<sup>11</sup><https://www.dailymail.co.uk/news/article-8281321/Landmark-legal-bid-force-clinics-tell-women-truth-involved-abortion.html?fbclid=IwAR0d8Qar7VBhL7ofydALN-dFswMYBQdB8WmPKU9cBsQdN8yoQRoe-1TZlw>

<sup>12</sup>The Extract from the testimony of Dr Gary George before the Ohio State Senate hearings on foetal pain. Dr George served for 24 years in the United States Air Force and as Consultant to the Surgeon General in radiology. He currently works as a senior radiologist at Miami Valley Hospital in Dayton Ohio. There are numerous examples of similar evidence presented at Congressional and State level hearings in the US on this subject: "While doing my first ultrasound rotation, I observed my first "selective reduction" procedure, of one of the triplets at about 14-18 weeks. I observed while the ultrasonographer scanned the three babies and provided live images so that the obstetrician could aim a long needle through the mom's uterus into the chest of one of the baby's hearts in order to make a lethal injection. As the sharp needle touched the baby's chest, the baby immediately withdrew and started to rapidly move his arms and legs. The needle was unable to penetrate the chest. The mother started crying when she saw the horrific live images on the screen. Her husband told her not to look and the obstetrician instructed our tech to turn the screen away from the mother's view to hide the reality of what was happening. The obstetrician made a second and third attempt on the same baby with the same immediate withdrawal and flailing about by the baby but was again unsuccessful. Clearly, the baby was fighting for its life. At that point, the obstetrician decided to try and target another one of the triplets. It was terrifying to see this small human fighting to stay alive. I felt physically ill. A wave of nausea swept over me and I thought I was going to vomit and left the room. I know from talking to the ultrasonographer that the obstetrician was eventually "successful" in penetrating the chest and heart of one of the triplets."



<sup>13</sup>Fetal medicine specialists' experiences of providing a new service of termination of pregnancy for fatal fetal anomaly: a qualitative study -S Power S Meaney, K O'Donoghue, The Irish Centre for Maternal and Child Health Research (INFANT), University College Cork. Published in British Journal of Obstetrics and Gynaecology (2020)

<sup>14</sup>Written answer to Parliamentary Question No. 699, (28 September 2021)

<sup>15</sup>Dempsey et al, "Exploring providers' experience of stigma following the introduction of more liberal abortion care in the Republic of Ireland" *Contraception* 104 (2021) 414-419

<sup>16</sup>HSE reply to Parliamentary Question to the Minister for Health from Seán Canney TD (October 2021)

<sup>17</sup>The Department of Health confirmed in reply to a Parliamentary Question that to date 94 adverse incidents have been reported to the State Claims Agency arising from the abortion law. Close to half of these incidents have been categorised as 'moderate' in severity (November 2021)

<sup>18</sup>The amendment to the abortion legislation on the expansion of abortion notification forms (proposed by several TDs in 2018) largely reflected existing reporting requirements in places like England and Wales. The Government here should back such an amendment in the interests of transparency and providing women with information they're entitled to when contemplating an abortion. See notification forms for England and Wales: <https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales>

<sup>19</sup>Oireachtas Briefing by 'Be here for Me' (6th February 2019)

<sup>20</sup><https://www.dailymail.co.uk/news/article-9958219/Surge-999-calls-home-abortion.html>

<sup>21</sup>HSE reply to Parliamentary Question submitted by Éamon Ó Cuív TD (October 2021)

<sup>22</sup>HSE reply to Parliamentary Question submitted by Carol Nolan TD (November 2021)

<sup>23</sup>Moreau et al, "Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses" <https://srh.bmj.com/content/early/2021/02/22/bmj.srh-2020-200724>

<sup>24</sup>Grossman et al, "Public funding for abortion where broadly legal" *Contraception* 2016;94:453-60

<sup>25</sup>See e.g. paper by Dr. Michael J. New, Hyde @ 40: Analyzing the Impact of the Hyde Amendment (Charlotte Lozier Institute, September 2016) (available at [https://s27589.pcdn.co/wp-content/uploads/2016/09/OP\\_hyde\\_9.28.3.pdf](https://s27589.pcdn.co/wp-content/uploads/2016/09/OP_hyde_9.28.3.pdf)), which refers to the findings of peer-reviewed studies and confirmation by the pro-abortion Guttmacher Institute of the impact of an absence of taxpayer funding on the abortion rate




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