



# **How to Report on Abortion: A Guide for Journalists and Citizen Communicators in Ireland**

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*Produced by the Abortion Rights Campaign and adapted from [How to report on abortion – a guide for journalists, editors and media outlets](#) (1) produced by the International Campaign for Women's Right to Safe Abortion (2) in collaboration with the International Planned Parenthood Federation (3) London, November 2017*

## Quick Guide: Reporting on Abortion

Abortion is one of the safest and most common healthcare procedures for people who can get pregnant. Worldwide, one in every four pregnancies ends in abortion. The vast majority of abortions happen within the first 12 weeks, especially when medical abortion pills are available. In Ireland, pregnant people may access abortion services on request in early pregnancy (less than 81 days or 11 weeks and four days of pregnancy, measured from the last menstrual period) and are not required to give reasons for their decision to a healthcare provider. Abortions after the first trimester of pregnancy may take place only on the grounds of a diagnosis of fatal foetal abnormality or where an abortion is necessary to save a person's life or prevent serious harm to their health. This guide is designed to help people communicate more effectively and accurately about abortion services in Ireland by offering information on the appropriate use of language, personal stories, and images.

**Be thoughtful about language.** The language we choose to communicate about abortion can influence how the reader understands the information. It is essential that communicators choose language that encourages a broad understanding of the realities of abortion and does not reinforce negative stereotypes. For example, rather than using misleading language like “unborn baby or child” which provide readers with images that are inaccurate, use the technically accurate terms of embryo (up to eight weeks gestation) or foetus (after eight weeks), or simply say, ‘the pregnancy.’ Similarly, use terms like a woman's or pregnant person's right to life and health over the concept of the right to life of a foetus. It is the pregnant person who has a right to life and health; the embryo or foetus is completely dependent on the pregnant person's health and life, which must always be put first.

When speaking about abortion advocates, try using abortion rights advocates, safe abortion advocates or pro-choice advocates rather than the term pro-abortion. This important distinction moves the focus from abortion itself to allowing pregnant people to make choices. Similarly, when speaking about activists on the opposite side of the issue, avoid using pro-life or pro-family, and opt for anti-choice, or anti-abortion for those who believe abortion should be illegal. This ensures that one side does not “own” allegiance to life or families.

When speaking about abortion services, talk about the mandatory waiting period or mandatory delay in services, rather than the ‘cooling off’ or ‘reflection’ period. These patronising terms imply that decisions are taken rashly. Similarly, rather than saying that efforts are being made to prevent abortion or reduce the number of abortions, move the focus to pregnant people and talk about preventing or reducing the number of unintended or unwanted pregnancies.

**Choose stories carefully.** Personal stories and testimonies are powerful and help to connect the audience with the issue. When choosing a story to highlight, make sure that the story is

helping to outline the reality of the situation and is not contributing to the stigma which surrounds abortion. To accomplish this, frame abortion as a legitimate choice and credit pregnant people's decision-making as rational and based on what they believe is best for their own lives. Avoid using stories in a way that suggests there are 'good' abortions and 'bad' abortions or people who 'deserve' an abortion and people who don't. Rather than focusing on personal challenges that have resulted in pregnant people deciding to have an abortion (all of which may lead the reader to blame people for their situation), try moving the focus to the decision and how this will affect the person's future or the ways in which wider structures affect a person's ability to thrive.

**Images matter.** Images provide the reader with a shortcut to understanding what your communication is about. The choice of image can quickly either reinforce or derail even the most intentionally framed article. To effectively communicate about abortion services, refrain from showing images of the big bellies of late pregnancy, which imply that the foetus is a fully formed baby. Instead, choose to show images and infographics that reflect the public health situation of abortion. These can include: a person speaking with someone who is obviously a medical professional, people working together in a community to raise awareness or increase understanding of the need for abortion services, or elected officials working to advance abortion policy.

For more information about Ireland's history of abortion policy, the stigma around abortion, and expanded thoughts on communicating effectively about abortion in Ireland and beyond, please read the full report which follows. For more specific questions, you can also contact [info@abortionrights.ie](mailto:info@abortionrights.ie).

# Table of Contents

<b>Introduction</b>	<b>5</b>
<b>Abortion Law in Ireland: A Summary</b>	<b>5</b>
<b>Abortion Law in Ireland: Problematic Aspects</b>	<b>6</b>
<b>Abortion: The Facts</b>	<b>7</b>
<b>Evidence-Based Reporting and False ‘Balance’</b>	<b>8</b>
<b>Use Accurate Imagery of Pregnancy and Abortion</b>	<b>8</b>
<b>Reporting Personal Stories of Abortion</b>	<b>9</b>
<b>Abortion Stigma</b>	<b>9</b>
<b>Safe Access Zones</b>	<b>10</b>
<b>Language: Dos and Don’ts</b>	<b>10</b>
<b>Further Reading</b>	<b>12</b>
<b>About the Abortion Rights Campaign</b>	<b>13</b>
<b>References</b>	<b>14</b>

## Introduction

The 2018 Yes vote in the referendum to Repeal the 8th Amendment, and the subsequent enactment of legislation, has transformed the context of abortion in Ireland. Discussion pre-Repeal took place in a context where abortion was criminalised in almost all circumstances and where information about abortion was censored. [The Regulation of Information \(Services outside the State for Termination of Pregnancies\) Act 1995](#) (more commonly known as the *Abortion Information Act*), which followed a referendum in 1992, stipulated what type of information could and could not be made available on abortion services abroad (4). Now that the 8th Amendment has been repealed, it is an opportune time to re-examine how we write and speak about abortion.

Although the law has changed, misinformation, misconceptions and myths around abortion persist. The way abortion is presented in the media can have a major influence on people's thinking. [The Abortion Rights Campaign](#) (ARC) (5) has produced this guide for those working in the media and public communications to encourage accurate reporting around the facts about abortion and honest portrayals of abortion as part of people's lives and relationships.

## Abortion Law in Ireland: A Summary

As of January 1st 2019, the law governing access to abortion in the Republic of Ireland is the [Health \(Regulation of Termination of Pregnancy\) Act 2018](#). (6) This legislation was passed seven months after the 66.4% Yes vote in the referendum to repeal the 8th Amendment in May 2018. A pregnant person can request a legal abortion in Ireland on the following grounds:

- On request: A pregnancy is less than 81 days (11 weeks and 4 days), measured from the last menstrual period. A person accessing an abortion on request in early pregnancy is not required to give reasons for their decision to a healthcare provider.
- Risk to life: A pregnancy is causing a risk to the life of the pregnant person.
- Risk to health: A pregnancy is causing a risk of serious harm to the physical health or mental health of the pregnant person.
- A fatal condition affecting the foetus: The foetus has been diagnosed with a fatal condition and it will not survive more than 28 days after birth.

A person who needs to access abortion services should call the Health Services Executive (HSE)'s [My Options helpline](#) and they will be directed to the closest provider of abortion care. (7) If you live in the Republic of Ireland, abortion is provided free by the HSE. If you do not live in the Republic of Ireland, there is a charge set by the provider. People living in Northern Ireland will have to pay to access abortion services in the Republic. (8) The current

laws in Northern Ireland restrict abortion in almost all cases, denying rights that all other UK residents have had for 50 years. People who cannot avail of a legal route to abortion care and order safe but illegal pills online risk prosecution and imprisonment in Northern Ireland.

## **Abortion Law in Ireland: Problematic Aspects**

Although the *Health (Regulation of Termination of Pregnancy) Act 2018* is the first to make abortion on request legal in Ireland, it has many problematic provisions, including strict time limits and a mandatory waiting period. The way the Act defines it, 12 weeks of pregnancy is around 10 weeks since conception/gestation. In medical terms, a pregnancy is counted from the first day of the pregnant person's last menstrual cycle. Teenagers or people who have irregular periods could be close to this time limit or beyond it when they find out they are pregnant. If a GP is unsure about how far along the patient's pregnancy is, they may send them for an ultrasound, which can cause further delays and push people over the time limit, especially if there are no ultrasound appointments available nearby or if they would have to go to a hospital for their abortion when not all maternity hospitals provide the service. In addition, a mandatory three day waiting period is required between a pregnant person seeing their doctor and having the abortion. These factors mean the timeframe for access to abortion will be too narrow for many people. There is no evidence that waiting periods are medically necessary or have any impact on a pregnant person's decision. In fact, evidence has consistently found that waiting periods only serve to create practical and psychological hardship for pregnant people. (9) People from Northern Ireland face travel and accommodation costs and the undue disruption caused by having to stay for several days or make repeated journeys to comply with the mandatory waiting period. (10)

Despite widespread opposition, the new abortion law has carried over the framework of criminalisation and the 14 year prison sentence from the [Protection of Life During Pregnancy \(PLDP\) Act 2013](#). (11) Although an individual who has an abortion outside the parameters of the law will not be subject to a criminal penalty, anyone who helps them might be. A friend or family member could still face a 14 year prison sentence for helping someone access abortion, for example, by sourcing safe but illegal abortion pills online. This is at odds with the spirit of repealing the 8th and contradicts medical best practice, which advocates the full decriminalisation of abortion. (12) When doctors are criminalised by abortion laws, they experience a 'chilling effect' that can prevent them giving the best standard of care out of fear of prosecution. In cases where the law is unclear, the fear of going to prison might make them reluctant to provide an abortion. The likely result is medical professionals interpreting the law very conservatively and patients being denied care.

These are only some of the problematic aspects of the *Health (Regulation of Termination of Pregnancy) Act 2018*. Overall, the Abortion Rights Campaign is concerned that the law places barriers in the path of people trying to access abortion services that will force some to continue to travel abroad for care or order safe but illegal pills online. The provisions allowing medics to refuse care (known as "conscientious objection" but in reality

this is more often convenient objection) and the lack of any provision to ensure a safe access zone around GP offices, clinics, and hospitals add to our concerns.

For a more detailed look at Abortion Law in Ireland, please see the Abortion Rights Campaign's [website](#). (13)

## Abortion: The Facts

**Abortion is common:** Worldwide, one in every four pregnancies ends in abortion (14) and over 56 million women have an abortion every year. Women and pregnant people of all ages have abortions, both married and single, both with children and without. The majority of abortions are in the 21-34 age group because people get pregnant most often at those ages. (15)

**Abortion is one of the safest medical and surgical procedures** when managed by a trained healthcare provider, including nurses and midwives, as World Health Organization (WHO) data have shown. (16) Abortion pills are included on the WHO list of [essential medicines](#). (17) This list comprises medications thought to be the most effective and safe to meet the most important needs in a healthcare system. Legal abortion is markedly safer than childbirth – the risk of death associated with childbirth is approximately 14 times higher than that with abortion (18). Medical abortion typically involves taking two different kinds of pills, the first one at the doctor's office. The second abortion pill, misoprostol, can be taken by people at home in the Republic of Ireland, England, Scotland and Wales. Home use of misoprostol is safer, more convenient and provides pregnant people with the greatest degree of autonomy over their own bodies and healthcare. (19)

**Abortion does not cause mental health problems:** The notion that most or all people experience regret, anxiety or depression after having an abortion is untrue according to the highest-quality scientific evidence available. (20) It is possible some people may regret having had an abortion just as it's possible to regret other important life decisions. Such is the variety of human experiences and emotions. However, being denied an abortion and forced to carry an unwanted pregnancy to term is associated with harm to pregnant people and, potentially, problems for the resulting child. (21)

**Restricting abortion does not prevent or reduce abortions but makes them unsafe:** Abortion rates in countries that legally restrict abortion are actually higher than those where abortion is available on request (22), not least because these countries usually do not have good access to contraception either. (23) In Ireland, the near total ban on abortion under the 8th Amendment did not prevent at least 168,705 women travelling to England and Wales to access abortion from 1980 to 2016, according to the address information compiled by the UK Department of Health. (24) This does not include people who travelled to countries other than England or Wales, ordered abortion pills online or gave UK addresses. The availability of legal abortions in other jurisdictions undoubtedly prevented many

potentially unsafe abortions from taking place in Ireland. Even in countries where abortion is allowed by law in certain circumstances, pregnant people may struggle to access services due to other barriers such as restrictive regulations, mandatory waiting periods, refusal of care by medical professionals, distance from service providers etc. (25)

**Most abortions happen in early pregnancy:** that is they happen within the first 12 weeks and even earlier when medical abortion pills are available. Abortions that happen after 12 weeks may be due to a diagnosis of foetal anomaly made later in pregnancy, or more commonly, legal barriers and practical issues such as needing time to find the money or to travel a long distance or across a border, which can cause delays in accessing care. (26)

When abortion is carried out on the grounds of fatal foetal abnormality, clinical decisions are made by those with the appropriate medical expertise along with the pregnant person.

## **Evidence-Based Reporting and False ‘Balance’**

When reporting on abortion, use bona fide evidence from the country or region you are covering, so that your publication is grounded in the most accurate, comprehensive and up-to-date statistical information and health data. When writing about those who are anti-abortion and to avoid bias in reporting, you do not need to publish false information or repeat untrue claims from your sources as if they were true, even though opinions and moral perspectives may differ.

Remember, “pro-choice isn’t the ‘opposite’ of anti-abortion: Anti-abortion organisations think that abortion is unacceptable in any situation and would like to see the practice outlawed. The opposing view to this would be a pro-abortion stance – the view that abortion is always the right solution to unwanted pregnancy, which of course no organisation would advocate. The pro-choice viewpoint is inherently balanced as it respects each individual’s right to decide what’s best for them”. (27) A pro-choice perspective also respects people’s right to plan the size of their families and opposes mandatory restrictions on family size.

## **Use of Accurate Imagery of Pregnancy and Abortion**

**USE photos, images, and infographics that reflect the public health situation** of abortion and abortion policy and report news about the campaigns and people (parliamentarians, health professionals, legal experts and women’s health and rights advocates) who are seeking to make abortion safe for the pregnant person’s sake.

**CHECK that your editor has not used stigmatising or inaccurate visuals and images**, such as images of big bellies of late pregnancy and images that make a foetus or embryo look like a fully formed baby, when you have written an informative article about efforts to reform law and services and the importance of safe abortion for pregnant people. Most abortions



happen before a woman is showing any visible outward sign of pregnancy, so it is not accurate to use images of obviously pregnant bellies, especially those that cut the woman out of the image except for her 'bump'. Abortions also happen months before the foetus is fully formed. These images are used by anti-abortion groups in the hopes of creating guilt and putting pregnant people off a decision they feel they need to make as well as instilling judgmental feelings in readers. Images of, for example, a positive pregnancy test can be used instead. ARC has images of its annual March for Choice and other events that can be used to illustrate news stories on abortion. Be mindful also of the history of anti-choice groups displaying inaccurate, graphic images.

## Reporting Personal Stories of Abortion

**PUBLISH personal testimonies of women and pregnant people who want to share their stories** so that others can know they are not alone. Reveal their name and personal details only if they feel safe about this and give their permission. Where abortion is legally restricted, as in Northern Ireland, it may be better for them to remain completely anonymous. Do not treat personal stories as representative of all pregnant people's experiences. The referendum campaign to repeal the 8th Amendment was the first time many people talked about their abortion – often to relative strangers. This is an incredibly hard thing to do and can leave people feeling exposed and vulnerable.

**FRAME abortion as a legitimate choice and credit pregnant people's decision-making** as rational and based on what they believe is best for their own lives and those of their partners and families. The great majority of pregnant people are relieved after an abortion because it has given them their own lives back.

## Abortion Stigma

Under the 8th Amendment, pregnant people accessed abortion in a context where it was criminalised in almost all circumstances, giving rise to secrecy, silence, and shame. Something that is a normal part of many people's reproductive lives and healthcare was stigmatised. Despite Repeal and the change in the law, that stigma remains to some extent. The way abortion is framed in the media and the language used can have an affect on people who have had abortions and people who may need one. Abortion is part of many people's lived experience. People working in the media should be mindful they do not reinforce abortion stigma. Inflammatory and inaccurate comments on abortion after the first trimester of pregnancy, for example, can be distressing to people who ended wanted pregnancies following a diagnosis of a fatal foetal abnormality.

## Safe Access Zones

When reporting on the issue of safe access zones outside GP clinics and hospitals where abortion services are provided, language matters. What may be described as a ‘protest’, ‘peaceful protest’ or ‘demonstration’ by anti-choice activists may be experienced as harassment, intimidation and a breach of privacy by the people who are the targets of such activities - pregnant people seeking health care and health care providers. A study analysing comments made by patients attending British Pregnancy Advisory Service (BPAS) clinics found that even the presence of anti-abortion activists outside these clinics represents a significant source of distress for people seeking an abortion. (28)

## Language: Dos and Don'ts

**Do say:** Abortion rights advocates, Safe abortion advocates, Pro-choice

**Don't say:** Pro-abortion

**Why:** The BBC's style guide says: ‘avoid pro-abortion, and use pro-choice instead. Campaigners favour a woman's right to choose, rather than abortion itself.’ Providing safe abortions is about giving pregnant people the right to make their own reproductive decisions. If pregnancy and abortion are safe, pregnant people can decide whether or not to continue a pregnancy. If abortion is unsafe and illegal, only those who are opposed to abortion have a choice.

**Do say:** Anti-abortion, Anti-choice, Believe abortion should be illegal

**Don't say:** Pro-life, Pro-family

**Why:** Reuters says: ‘describe those campaigning for a woman's right to have an abortion as “abortion rights campaigners” and those campaigning against abortion rights as “anti-abortion campaigners.”’ ‘Pro-life’ inaccurately suggests that those who support access to safe, legal abortion are ‘anti-life’, when in fact they make the woman's life the priority. ‘Pro-family’ implies that abortion and motherhood are mutually exclusive, when in fact the same women who have abortions also have children. Those who support the right to safe abortion are pro-woman, pro-family and pro-choice.

- Do say:** Pregnant woman, Pregnant Person, Pregnant woman's partner/husband
- Don't say:** Mother/Father, Parent
- Why:** Pregnant ≠ mother. That is, not all pregnant women are mothers of children nor are all male partners fathers.
- 
- Do say:** Embryo (up to 8 weeks' gestation), Foetus (from 8 weeks' gestation to delivery), the pregnancy
- Don't say:** Baby Unborn baby/child
- Why:** An embryo or foetus is not yet a baby. It must be born first. The term 'unborn child' is a recent anti-abortion invention and a contradiction in terms.
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- Do say:** Terminate/end a pregnancy, Have an abortion
- Don't say:** Abort / get rid of a child, Kill an unborn child
- Why:** Pregnant people should not be accused of murder – crediting women's reproductive decision is important, and accurately reflects how abortion is a responsible, legitimate decision.
- 
- Do say:** Abortion is legally restricted / legal with restrictions
- Don't say:** Abortion is illegal
- Why:** Many people think abortion is completely illegal in their country when it is in fact legal on certain grounds. Because of this, legal abortions are often not provided, although they could and should be. Report the legal status accurately so that pregnant people are aware of their legal rights.
- 
- Do say:** Mandatory waiting period, mandatory delay
- Don't say:** 'Cooling off' period, 'Reflection' period
- Why:** Forcing someone to endure delays before having an abortion only serves to increase barriers to needed health care. Such forced delays are patronising and have no basis in medical evidence.

**Do say:** Sex selective abortion, Abortion on grounds of serious fetal anomaly

**Don't say:** Female feticide, Gendercide, Abort disabled children

**Why:** The suffix '-cide' denotes 'murder' which is not appropriate when describing abortion.

**Do say:** More than one abortion

**Don't say:** Repeat abortion

**Why:** Women can become pregnant from early adolescence to menopause, i.e. every month for as many as 40 years. Contraceptives are used but can fail, and can fail more than once in a lifetime. And people may not always be able to obtain or use them effectively. 'Repeat' when used about abortion has negative connotations of irresponsibility, such as 'repeat offenders'.

**Do say:** Prevent unintended or unwanted pregnancies, Reduce the number of unintended or unwanted pregnancies

**Don't say:** Prevent abortion, Reduce the number of abortions

**Why:** It is unintended and unwanted pregnancy that needs to be prevented and avoided when possible. This requires high quality education and information and access to a range of contraceptive methods. Abortion should not be seen as a problem but as a possible solution when someone experiences unintended or unwanted pregnancy.

**Do say:** A woman or pregnant person's right to life and health

**Don't say:** The right to life of an unborn child

**Why:** It is worth repeating that it is the pregnant person who has a right to life and health. The embryo/foetus is totally dependent on the woman's health and life, which must always be put first.

**Do say:** Safe access zones

**Don't say:** Exclusion zones

**Why:** Safe Access zones place the emphasis on the rights of the pregnant person to access health care in private and without being subjected to harassment or intimidation; they also protect health care providers from harassment or intimidation.

- Do say:** Six-week abortion ban or restriction (in relation to abortion laws in some US States)
- Don't say:** Foetal heartbeat bill
- Why:** The American College of Obstetricians and Gynecologists (ACOG) says arbitrary gestational age bans on abortion at six weeks that use the term 'heartbeat' do not reflect medical accuracy or clinical understanding. The *Guardian* newspaper has updated its style guide, making "six-week abortion ban" its preferred term for the laws, unless quoting someone, in order to better reflect the practical effect of the laws. (29)

## Further Reading

The Abortion Rights Campaign's website has a range of articles, facts and resources about abortion in Ireland. <https://www.abortionrightscampaign.ie>

Alliance for Choice (2019) *Writing about Abortion*.

<http://www.alliance4choice.com/writing-about-abortion>

For more in-depth guidance on abortion messaging check out: How to talk about abortion: A guide to rights-based messaging

<https://www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging>

For more information on how to write about abortion as a journalist check out:

International Campaign For Women's Safe Right to Abortion at

<http://www.safeabortionwomensright.org/press-room/>

## About the Abortion Rights Campaign

The [Abortion Rights Campaign](#) (ARC) is a grassroots, all-volunteer group dedicated to achieving free, safe and legal abortion care everywhere on the island of Ireland, for everyone who wants or needs it. ARC was one of the three core groups that formed the civil society organisation Together for Yes, which successfully campaigned for a Yes vote in the referendum to repeal the 8th amendment from the Irish constitution in May 2018.

ARC continues to work at grassroots level to promote stigma-busting around abortion, community and public education, pro-choice visibility in the media and policy work geared towards ensuring abortion legislation provides free, safe and legal care for all. In Northern Ireland, where abortion remains legally restricted in almost all circumstances, ARC works for free safe and legal abortion with our sister campaign [Alliance for Choice](#). (30)

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