

**WRITTEN SUBMISSION
NATIONAL PORTFOLIO COMMITTEE ON HEALTH
HEARINGS ON THE CHOICE ON TERMINATION OF PREGNANCY AMENDMENT BILL
SUBMISSION PRESENTED BY**

Choices Pregnancy Centre
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and

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-Two Crisis Pregnancy Centres working in the Western Cape area – linking with 65 other similar Centres country wide

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Who We Are:

Choices and Pregnancy Help Centre are both Crisis Pregnancy Centres. They have had experience in their own Centres since 1996 as well as in various health facilities in the Western Cape. Both Centres have gained unique insight into the difficulties and situations faced by women who seek abortions as well as the hospital staff involved.

We are part of 'Africa Cares For Life' a networking body of 65 similar Crisis Pregnancy Centres in South Africa and others in Africa

Our Approach:

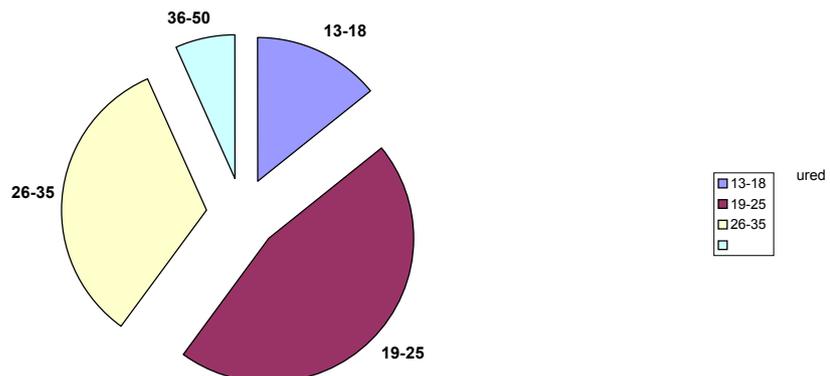
Our strategy is 'Pro-Woman': We believe that the interests of both mother and child are always joined. We empower the woman through information, education and emotional support thus setting her free to make her own choice.

Our combined Track Record:

Counselling at Centres and Abortion Clinics

Race Groups

**AGE GROUPS COUNSELLED
Jan to June 2004**



We should the

Section 1:
(c) The deletion of
(d) the insertion of
person registered
prescribed tra

Section 3:

"Place where termination of pregnancy may take place"; and

3. (3) Any health facility that has a 24-hour maternity service, and which complies with the requirements referred to in subsection (1)(a) to (j), may terminate pregnancies of up to and including 12 weeks without having to obtain approval of the Member of the Executive Council.

AS REGARDS SECTION 1 (c) AND (d) OUR SUBMISSION IS AS FOLLOWS:

1. It should be mandatory for the registered nurses who are given the skills to perform terminations, surgical or medical, to be given sufficient training in counselling. In addition suitable space and time should be provided, for such counselling to be effectively done. This will ensure a more holistic approach to the well-being of the woman seeking an abortion.
2. Both Pregnancy Centres represented today have worked in abortion clinics at government hospitals where a 24 hour (or more) window period occurs between counselling and the actual termination procedure. This has the benefit of allowing time for thought, and reduces the confusion and emotional pressure on the woman. It is also helpful to the medical staff to know that their patient has made a decision that is both informed and well-considered. We would recommend that this process be applied at every centre designated to provide abortions.
3. It will now be even more important for ultrasound examination of every woman requesting an abortion to take place as part of the procedure. Our experience has shown that it is not uncommon for women to falsify their gestational dates thereby putting the medical staff under increasing stress. This is in view of the fact that the physical danger attached to an abortion such as perforation of the uterus, infection and excess bleeding will increase if the pregnancy has advanced beyond 12 weeks.
4. As part of the abortion procedure, potentially dangerous abortifacients are prescribed. This will put an added burden of responsibility on the shoulders of nurses and we question where this would place them legally in the light of a potential fatality.
5. The current system is already compromised by emotionally stressed and burnt-out medical staff. At present the debriefing and support for abortion providers is woefully insufficient. It is difficult to see how the health service will be able to extend this support to the proposed greatly enlarged team of providers. There will consequently be the danger of losing more nurses due to burn-out, with the resultant even greater lack in the general health system.
6. The constitutional right of a registered nurse to conscientiously object may reduce her possibility of future employment should her refusal to provide abortions be made known.
7. At present there seems to be disparity from one facility to another in the method of providing the abortion service. There is concern that the management of consistency in the service will become even more weakened by the proposed inclusion of numerous inexperienced staff and far-flung facilities. (Refer to point 3 above re ultrasounds.)

AS REGARDS SECTION 3 and 3 (3) OUR SUBMISSION IS:

1. In the statement "**Place where termination of pregnancy may take place**", the word "**surgical**" has been omitted without mention in the amendment bill. Does this mean that medical abortions without any surgical intervention are being contemplated? If this is so, this means that the prescription of an additional dangerous drug will become a regular component of the early first trimester abortion procedure, and thus also unfairly be under the management of the registered nurse.
2. Are we right in understanding that in **subsection 3(3)**, 24-hour maternity services would automatically be designated as abortion facilities? If so, surely this initiates a difficult situation for all concerned. The provision of an abortion for a woman, however desperate, in a place where she would also be surrounded by other women delivering full-term babies, could have devastating effects on her, both then, and in the future. Anyone who has been in the presence of a woman suffering the pain of post-abortion stress, would not dream of inflicting the above scenario on anyone, no matter how the

pregnancy came about. Should this section of the amendment be approved, the need for post-abortion counselling will certainly increase.

3. If the Member of the Executive Council does not need to approve the compliancy of the above facilities for first trimester abortions, how will quality be monitored and by whom?
4. Is the Member of the Executive Council medically trained and able to judge compliancy with subsection 1(a) to (j)?

IN CONCLUSION:

- ★ **Research in the US has shown that 70% of women who choose abortion would have continued their pregnancy if they had received support from the significant others in their lives. Our experience in the W Cape supports this research.**
- ★ **Counselling that is properly non-directive, and not merely advice- and information-giving, is of paramount importance in the abortion process.**