



Values and beliefs on abortion - The views of health professionals working in obstetrics and gynaecology units in Northern Ireland

Bloomer, F. K., Morgan, L., & MacNamara, N. (2021, May 10). Values and beliefs on abortion - The views of health professionals working in obstetrics and gynaecology units in Northern Ireland.

[Link to publication record in Ulster University Research Portal](#)

Publication Status:

Published (in print/issue): 10/05/2021

Document Version

Publisher's PDF, also known as Version of record

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BRIEFING MAY 2021: VALUES AND BELIEFS ON ABORTION

THE VIEWS OF HEALTH PROFESSIONALS WORKING IN OBSTETRICS AND GYNAECOLOGY UNITS IN NORTHERN IRELAND

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BACKGROUND

Abortion became decriminalised in Northern Ireland in October 2019. Until that point there existed no evidence concerning the views of health professionals on decriminalisation or on their willingness to be involved in abortion care. The purpose of this study was to address this lack of evidence, including all categories of health professionals working in obstetrics and gynaecology units in Northern Ireland. **This paper focuses on how participants talked about beliefs and values that they held on abortion.**

METHODS

The online survey was targeted at medical, nursing and midwifery staff working in the obstetrics and gynaecology units in each of the five Health and Social Care Trusts in Northern Ireland. In total 312 health care professionals took part in the study. Of these 312 responses we have conducted content analysis of text in open-ended questions, whereby respondents were asked to explain their views on abortion.

KEY FINDINGS

- Many respondents stated that they were responsible to a Christian God and asserted that this informs their duty of care to women, with several of these voicing strong feelings in opposition to abortion.

I am a Christian midwife and believe life is God given form the implanted egg and this is a baby which should have all the same rights as any person. Our government is just saving money by not supporting women through crisis pregnancy and women feel vulnerable and so turn against their own flesh.

Midwife

- We also observed those with conflicted views, on the one hand wanting to support abortion as a choice, whilst identifying how values ingrained at school had prevented this.

*For many years I have not been able to reconcile performing abortion despite wanting to support patient choice. The strong teaching at school that abortion is morally and ethically wrong and facing the judgement of God are factors I have considered when making this decision. **Obstetrician / Gynaecologist***

- In contrast, the majority of respondents were broadly supportive of the provision of abortion services, citing various reasons including: upholding professional standards; a belief in the importance of non-judgemental care; a belief in women's autonomy.

*Midwife means with woman. Our thoughts should be left at the door and we have a professional code of conduct to adhere to. We may have lost babies ourselves, have seen heartache of families who deliver stillborns, or who go through several cycles of IVF, but equally if a woman chooses to have an abortion i believe we should put any feelings of sadness aside and be there for that woman and her family. **Midwife***

*I don't feel there is any place for health professionals to make moral judgements about the people they care for. this is not acceptable in other disciplines e.g. we cannot refuse to care for patients whose lifestyle has caused their condition or who are criminals etc. it is the thin edge of the wedge to start judging what is acceptable for any treatment based on religious or moral grounds. **Theatre nurse***

*I believe in a woman's right to choose what happens to her body. Having worked with women who have a diagnosis of a severe fetal abnormality, I feel they should be allowed to choose to terminate a pregnancy if they wish...I fully support a woman's right to choose and feel my job is to support them throughout their journey...As a caregiver, I believe it is my job to help those who require my help and expertise. **Obstetrician / Gynaecologist***

*Women are autonomous and capable of making informed decisions. They should be educated empowered and supported to make decisions about their future. Choice must be respected...All individuals deserve high quality safe care without prejudice. I am in my role to support women and families to educate support informed choice and work with others to achieve best outcomes...New law brings us in line with rest of UK is it not better woman can access services here at home safely rather than leaving NI to travel for abortion with no counselling or post procedure care? **Midwife***

- Both those in opposition to abortion and those who supported greater access to abortion agreed that there was a need for better education in

schools, access to contraception, care for women who felt unsupported in pregnancy and bereavement care.

- We also observed the use of abortion myths amongst responses, for instance that abortion would be used as a contraception, these were more common in those who were opposed to abortion.
- Finally, we observed that some respondents were unsure of their position on abortion, unclear about what lay ahead in terms of implementation of the regulations and were keen to obtain further information and training as needed.

RECOMMENDATIONS

1. Further training to explore values and beliefs about abortion amongst health professionals.
2. Further training on the implementation of the abortion regulations.
3. Further analysis of the data to identify patterns amongst professional groups in terms of age, gender and location.

CONCLUSION

The findings of this study illustrate that there are a range of values and beliefs about abortion held by health professionals working in obstetrics and gynaecology units in Northern Ireland.

Further information sharing and training that includes best-practice values clarification and attitude transformation (VCAT) workshops is of particular importance. Healthcare professionals need to be resourced and supported to explore and broaden the bases of their knowledge of and attitudes to abortion care.

PROJECT DETAILS

Research paper: Main survey results: Bloomer, F. K., Kavanagh, J., Morgan, L., McLaughlin, L., Roberts, R., Savage, W., & Francome, C. (2021). Abortion provision in Northern Ireland—the views of health professionals working in obstetrics and gynaecology units. *BMJ Sexual & Reproductive Health* <http://dx.doi.org/10.1136/bmjshr-2020-200959>

Funding: the Open Society Foundation.

Ethical approval: approved by the UCL Research Ethics Committee: Project ID number: 4415/005.

Acknowledgements: The authors thank the survey respondents for taking part in the study.

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