Cumann Síceolaithe Éireann
Special Interest Group in Perinatal and Infant Mental Health

The 8th Amendment and Mental Health: Discussion Paper

The Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH)

April 2018

This paper was written by members of the 2018 PSI SIGPIMH Committee:

Barbara Western, Chair
Aoife Menton, Vice-Chair
Yvonne Quinn, Secretary
Roisin Cuddihy, Treasurer
Eithne ni Longphuirt, Membership Secretary
Anne Marie Casey, Communications and PR Officer
Helen Shanley, Ordinary Member
Anne Keogh, Ordinary Member
Hollie Byrne, Ordinary Member
Miriam Fitzpatrick, Ordinary Member
Audrey Dunn-Galvin, Ordinary Member

Introduction

In an earlier position paper published in 2016 by the Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH), the evidence, prevalence and incidence of perinatal mental health difficulties and how these challenges can affect infants, families and society were outlined. The SIGPIMH position paper stated that “despite an emerging evidence base identifying the importance of psychological outcomes with regard to the interplay between physical and mental health during the perinatal period, assessment of birthing outcomes, both in an international and Irish context, are weighted on physical outcomes whilst psychological and emotional outcomes are marginalised and unrecognised in terms of their importance” (Beyond Blue, 2008).

The National Maternity Strategy was published in Ireland in 2016. There were over 1300 submissions to the strategy public consultation process of which an overwhelming number of respondents highlighted a need in the area of mental health interventions and supports. The published final document strongly states that "perinatal mental health was a recurring theme of the public consultation, the findings of which point to the need for better and more accessible mental health support pre, during and post pregnancy." (p. 62). There is an unequivocal position on behalf of all of the individuals, organisations, experts and members of the strategy steering group that ”pregnancy and birth are major life-changing events for expectant parents and it is important that the emotional aspects of adjusting to parenthood are acknowledged and supported" (p. 62). The National Maternity Strategy Implementation Group was launched in early October 2017 and the implementation plan was officially launched in November 2017 by the National Women and Infants Health Programme Office. An important piece of policy and implementation that arose out of the National Maternity Strategy (2016) is the The Specialist Perinatal Mental Health: Model of Care for Ireland. This Model of Care supports the seven actions on mental health to be implemented by the HSE’s National Women & Infants Health Programme (2017). The recommendations and implementation in relation to mental health supports began in early 2018 and they are expected to be fully implemented by the end of 2019.

In addition to the development and publication of the above policy documents, the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death launched in August 2016 and provided a model of care for support in the cases of stillbirth, miscarriage, incompatibility with life/fatal foetal abnormality (FFA) and termination of pregnancy. The reference to compassionate care for all pregnancy loss, including termination, in the Bereavement Standards is mirrored in the second chapter of the National Maternity Strategy (2016), titled ‘Drivers For Change’. In this chapter, there are subsections on population trends and needs in shaping the delivery of maternity services in Ireland. This includes termination of pregnancy as one of the considerations for future health care in Ireland.

On January 29, 2018 Taoiseach, Leo Varadkar, and the Ministers for Health and Children & Families, Simon Harris and Katherine Zappone, made the announcement that there will be a referendum on repealing the 8th amendment from the Irish constitution which will take place on May 25, 2018. The 8th amendment is Article 40.3.3 of Bunreacht na hÉireann (1937) and it was voted in by referendum in 1983. It reads:

> '*The state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and as far as practicable, by its laws to defend and vindicate that right.'*

Prior to the 8th amendment, Ireland had statutory laws that protected its citizens and that made abortion illegal; however, the 8th amendment made abortion illegal under constitutional law and this overrides statutory law. So, for example, human rights laws that relate to health equality or privacy in relation to reproductive rights are superseded by constitutional law, as it is the supreme law of the State.

There have been many arguments made over several decades on the legal, physical and moral aspects of abortion and the 8th amendment in Ireland, while analyses and empirical research of the mental health aspects of abortion have been rare. This discussion paper seeks to look at the evidence and the psychological science behind termination of pregnancy and the effects it has on the individual, the family and the culture at large.

The 8th Amendment and Personal Choice

The 8th amendment equates the life of a pregnant person with that of the unborn. The moral argument is one that sees both lives as equal in value. The deliberate destruction of life goes against many individuals' faith or ideological beliefs. Others believe that a living person who has a history and a lifetime of memories and emotional attachments can not be equated to a zygote or a potential life. The broad picture is one where each individual has their own narrative and their own understanding of what the word 'abortion' entails.

Often, the literature on abortion and mental health will cite feelings of relief, shame, regret and grief for those who support it and for those who are against the procedure. A recent study (Rocca et al., 2015) found that participants overwhelmingly reported that the decision [to terminate a pregnancy] was "the right one for them: at all time points over three years, 95 percent of participants reported abortion was the right decision, with the typical participant having a greater than 99 percent chance of reporting the abortion decision was right for her" (p. 10). Throughout the literature on mental health and abortion, there are many individual reactions to the decision. For the remaining 1 to 5 percent in the above study who did not feel relief and who maintained a prolonged feeling of regret, the stigma of abortion in their community and lower social support afterwards…predicted the most negative emotions surrounding their abortion, though there was also more regret voiced for women who had been pregnant previously or had more difficulty with their decision at the time (Rocca et al., 2015).

Feelings around a decision to terminate a pregnancy are complex and personal and the research can often be confounded by a subjective extrapolation of the emotional reactions to the procedure and the long term effects. For the small percentage who have long term regrets about their abortions, it is important to recognise and offer support, much in the same way as it is important to offer support to those who are traumatised by their pregnancy, labour and birth experiences or by other negative complications in their reproductive lives.

The two most widely cited studies that are used to provide evidence of long term psychological harm in relation to abortion are by Coleman et al. (2009) and Fergusson et al. (2008). Both studies have been discussed in scientific literature and in the broader media as containing methodological flaws that impact significantly on the robustness and the validity of the research. The major flaw in the research by Coleman et al. (2009) is that the researchers did not control for pre-existing mental illness and that Coleman used several of her own publications in the meta-analysis. The debate over the Coleman research reached a peak when the editor of the *British Journal Of Psychiatry* wrote a reply in March 2012 explaining that the arguments in defence of this research were "unpersuasive" and that the overall results of research on abortion and mental health have concluded that studies with high quality evidence tend to be neutral and suggest little to no differences between women who had abortions and their comparison groups while studies with the most flawed methodology consistently find negative mental health sequelae. (Charles et al. 2008; Kessler, RC. and Schatzberg, AF. 2012). The PSI SIGPIMH are mindful about the potential for research to either be used inappropriately or for empirically weak studies to be cited that do not meet the standards expected by professional psychological bodies around the world.

There are myriad reasons for a person choosing an abortion and, while statistically most common, they are not all due to unplanned or unwanted pregnancies. The Oireachtas Committee heard from medical and legal experts in November 2017 who stated that "of the 3265 Irish women who receive abortion care in the UK, 70% are married or with a partner. Nearly half have already had at least one previous birth, meaning they are already mothers. All of this is in keeping with information we have for women from the UK." (Dr Patricia Lohr, BPAS speaking at the Joint Oireachtas Committee, November 22, 2017).

On the same day as Dr Patricia Lohr, the Oireachtas Committee heard from Liz McDermott of One Day More, a group that supports those who have received a diagnosis of FFA or 'incompatibility with life' and who have made the choice to continue with their pregnancies. Another group that advocates for those who have had a diagnosis of FFA, who were not asked to speak at the recent Oireachtas committee meetings, is Termination for Medical Reasons (TFMR). This group offers support to all individuals in Ireland who are facing a diagnosis of FFA regardless of whether they choose to continue the pregnancy until birth or not.

In addition to the risks considered in the decision making of whether to terminate a pregnancy for medical reasons, such as risk(s) to the physical and mental health or the life of the mother and/or the foetus, the consistent reasons women have given for choosing abortion are due to the fact that "continuing with the pregnancy was assessed as having adverse effects on the life of the woman and significant others. Women's reasons [are] complex and contingent, taking into account their own needs, a sense of responsibility to existing children and the potential child, and the contribution of significant others, including the genetic father." (Kirkman et al., 2009).

Another issue that experts brought to their testimonies in the recent Oireachtas Committee meetings is that of pregnancy and abortion in the case of rape. Dr Maeve Eoghan, Obstetrician and Clinical Director of the Sexual Assault and Treatment Unit (SATU) referenced the Rape Crisis Network Ireland Report (2015) in her testimony and she explained that it states that of the 1650 people who attended one of the 11 SATUs across

Ireland, 5% became pregnant. Of those 5%, 37% went on to give birth and parent their children, 28% experienced a miscarriage or stillbirth, 11% chose fostering or adoption and 24% had their pregnancy terminated. This dispels the common myth that the majority of women who become pregnant through the trauma of rape consider or follow through with a termination.

The 8th Amendment - Pregnancy and Risk to Mental & Physical Health

The Protection of Life During Pregnancy Act (PLDPA) (2013) provided new legislation in Ireland that very strictly took into account the risk to life of the woman or girl due to suicidal intent. This was included in relation to the Supreme Court ruling in the Attorney General v X case in 1992 and was enacted 21 years later in July 2013 and commenced in January 2014. Several mental health professionals gave testimonies over three days in January 2013 at the Joint Oireachtas Committee hearings into the implementation of what would become the PLDPA. In relation to mental health, many of the testimonies discussed the realities of suicidal ideation and suicidal intent in the perinatal period.

The PLDPA states that a woman's life must be at risk before she can access abortion. Since the legislation was enacted, an average of 25 abortions have been carried out each year as a result of the risk to a pregnant person's life (National Patient Safety Office, 2017). Of those 25, approximately 2 per annum obtained abortions due to suicidal ideation (National Patient Safety Office, 2017). These women faced the daunting task of having to explain their reproductive choices and the risk to their life due to suicidal ideation to a committee of two psychiatrists and one obstetrician and then anxiously await a decision, which is a stipulation of the PLDPA.

Current research from Canada on perinatal suicide paints a stark picture. In a retrospective, population based cohort study that spanned 1994 to 2008, Grigoriadis et al. (2017) found that one of every 19 deaths in pregnant and new mothers in Ontario is due to suicide and that these rates are similar to those reported in the USA and the UK. It is difficult to establish the causes of perinatal suicidal ideation; however, there is evidence that psychosocial factors such as relationship status, intimate partner violence, unplanned pregnancy and difficult access to safe abortion services may increase suicidal ideation and maternal suicide attempts during pregnancy (Gentile, S., 2011). Data suggests that depression, anxiety and suicidal ideation in pregnancy is relatively high (Newport, 2007) while rates of suicide attempts and death by suicide is relatively low (Department of Health UK, 1998). In Ireland, between 2013 and 2015 four out of the seven maternal deaths reported were due to suicide, making it the leading cause of direct maternal death occurring between six weeks and one year after pregnancy (O'Hare et al., 2017).

Cross-culturally, women are twice as likely to experience depressive episodes compared to men, with the first onset of depressive episodes peaking in childbearing years and the highest risk of hospitalisation for mental illness perinatally in the first three months postpartum (BeyondBlue, 2008). In recent Joint Oireachtas Committee hearings that took place in October and November 2017, mental health experts were called to discuss broader issues in relation to the 8th amendment and mental health. The two experts (McCarthy, 2017; O'Keane, 2017) who spoke specifically on pregnancy, abortion and mental health cited a review by the Academy of Royal Medical Colleges (2011) in the UK as well as research using data collected by the Centre For Disease Control (CDC) in the US that

looked at the association between unintended pregnancy and postpartum depression (Gauthreaux et al., 2017).

Both Dr. McCarthy and Professor O'Keane highlighted that the data from the above two studies were collected in jurisdictions where abortion is legally available so that it may not be entirely applicable to Ireland. However, evidence of rates of perinatal mental health difficulties were presented and found to be similar or higher to those in the UK, the EU and the USA as supported by Professor O'Keane's research on antenatal depression in Ireland. The key points that Professor O'Keane and Dr. McCarthy put forth in their presentations were that "an unwanted pregnancy in itself is associated with an increased risk of mental health problems [and that] the rates of mental health problems in unwanted pregnancies were the same after termination or after giving birth." (McCarthy, 2017). The most reliable predictor of post-abortion mental health problems is having mental health problems before the pregnancy or abortion. (McCarthy, 2017; O'Keane, 2017). Women who were "pressured to have a termination and women who were exposed to strongly negative attitudes towards abortion in general and to her personal experience were likely to have long-term mental health problems." (McCarthy, 2017).

Professor O'Keane (2017) explained that depressed pregnant women are often unable to attend to their own needs and do not present as regularly for outpatient appointments as non-depressed women. She added that infants born to women who are depressed during pregnancy are more likely to suffer from childhood learning and behavioural problems and depression in early adulthood." (O'Keane, 2017). In relation to perinatal and infant mental health, Professor O'Keane stated that "all of this demonstrates that the emotional brain is important not just to the general well-being of the pregnant woman but also to the subsequent health of her baby and that baby's trajectory throughout life." (O'Keane, 2017).

Psychological Factors - Stigma and Support

Many professional mental health organisations and individuals across Ireland provide non-judgmental and non-directive counselling services for those who present with a crisis pregnancy whether it involves FFA, rape or an unplanned pregnancy. Best practice in any situation where significant health decisions will be made is to give the individual the relevant information about their options and for the individual to then make an informed choice after considering these options. This is challenging for medical and mental health support professionals in Ireland as the 8th amendment currently does not legally allow for all choices to be considered.

The Abortion Information Act, also known as the Regulation of Information (Services Outside the State for Terminations of Pregnancy) Act 1995, heavily restricts the content and form of information that medical providers may give pregnant women about abortion as the Act requires an individual to specifically request written information about termination services abroad before a health care provider can distribute it (Center for Reproductive Rights, 2014). This leaves many individuals without access to pertinent information that is necessary for making informed healthcare decisions. This contrasts with research in the USA by Biggs et al. (2016) that found that "women considering abortion are best served by being provided with the most accurate, scientific information available to help them make their pregnancy

decisions [and] that the effects of being denied an abortion may be more detrimental to women's psychological well-being than allowing women to obtain their wanted procedures" (p. 177).

The psychological burden and the stigma attached to abortion was examined in 2008 by the American Psychological Association (APA). The APA Task Force Report on Mental Health and Abortion was published in an effort to examine and summarise the current scientific research in relation to the impact of abortion on mental health. The report found that negative psychological responses following first-trimester abortion among women in the United States were influenced by "perceptions of stigma, need for secrecy, low or anticipated social support for the abortion decision [as well as] a prior history of mental health problems, personality factors such as low self-esteem and the use of avoidance and denial coping strategies and characteristics of the particular pregnancy, including the extent to which the woman wanted and felt committed to it." (APA, 2008).

In addition, the APA Task Force found that "prior mental health emerged as the strongest predictor of post-abortion mental health [and that] many of these same factors also predict negative psychological reactions to other types of stressful life events, including childbirth, and, hence, are not uniquely predictive of psychological responses following abortion" (APA, 2008). More recently, an editorial in The Lancet (2018) echoes that the burden of [abortion] falls hardest on the most vulnerable and that "reducing the stigma, minimising the social and economic consequences of unintended pregnancies, improving access to highly effective modern contraception, and ensuring legal and safe abortions would generate tangible improvements to health" (p. 1121).

It is important to note that the vast majority of scientific literature on abortion and mental health identifies stigma, lack of support and previous mental health as the main factors that influence psychological well-being post-abortion (APA, 2008; Charles et al. 2008; Center for Reproductive Rights, 2014; Major et al.2009; Rocca et al., 2015; She is Not a Criminal, 2015). Research by Major et al. explains that "societal stigma is particularly pernicious when it leads to 'internalized stigma'— the acceptance by some members of a marginalized group of the negative societal beliefs and stereotypes about themselves." In particular, "women who come to internalize stigma associated with abortion (e.g., who see themselves as tainted, flawed, or morally deficient) are likely to be particularly vulnerable to later psychological distress." (Major et al., 2009). Those women and families who live in a "sociocultural context that encourages women to believe that they 'should' or 'will' feel a particular way after an abortion can create a self-fulfilling prophecy whereby societally induced expectancies can become confirmed." (Major et al., 2009).

Adverse psychological outcomes due to internalised stigma and restricted reproductive rights are also evidenced in two recently published studies in Ireland whereby the researchers posit that the relationship between internalised stigma and psychological distress indicates "that those involved in policy making and activism around reproductive rights should avoid inadvertently increasing the stigma around abortion" (O'Donnell, O'Carroll & Toole, 2018). A great deal of the research on abortion and psychological distress, particular with regard to stigma and shame in Ireland, is borne from a legacy that harkens back to a time when "women went silently for abortions in England and couldn't speak about them when they came back for fear of prosecution" (Beegan, 2017). This lack

of control over sexual and reproductive health has far reaching consequences, not just for those women who are seeking abortions but for all women who are disenfranchised and feel they have no political influence or agency over this area of their health. Research by Msetfi et al. (2017) supports the idea that "perceptions of political disenfranchisement contribute to lower perceptions of general control, which are associated with poorer psychological well-being and more risky sexual behaviours" (p. 254). The authors go on to explain that "often in psychology we think of people as operating in an 'intrapsychic' way; however, this finding suggests that the broader social and political landscape has consequences for how we feel about our ability to control our own lives and well-being." (p. 259).

Another difficulty in trying to find evidence-based answers to the question of the effects of abortion on mental health in all jurisdictions is what the APA Task Force says is a "scientifically untestable question" (APA, 2008, p.87). "Unlike many other areas of research…the study of abortion is not open to the methodologies of randomized clinical trials [and] for obvious reasons, it is neither desirable nor ethical to randomly assign women who have unwanted pregnancies to an abortion versus delivery versus adoption group" (APA, 2008, p. 8).

In their Report (2017) the Citizen's Assembly Members "recommended that a distinction should not be drawn between the physical and mental health of the woman [who is seeking a termination]" (p. 4). The Members also addressed the 8th amendment in relation to the National Consent Policy (2013) and recommended that "women must not be constricted by doctors on matters such as medical decisions during pregnancy [and women] should have the right to consent to procedures and should not be forced to do so by actors as often happens" (p.B8). In addition to the recommendation on the clarity of informed consent in pregnancy and the liberalisation of the laws for termination of pregnancy, the Members recommended that the Oireachtas strongly consider investment in perinatal mental health, carers' support and maternity services in Ireland (Citizen's Assembly, 2017, p.B9). These recommendations were then debated in the Oireachtas by the Joint Committee on the Eighth Amendment of the Constitution (2017) who subsequently recommended, after considering expert medical and legal evidence, that the 8th amendment be repealed.

Conclusion

The upcoming referendum on repealing the 8th amendment in Ireland is necessitating a much needed public health discussion and a comprehensive exploration of the widely varying, complex, sensitive and personal facets of sexual health and reproductive choices in Ireland. One of the main findings that is a common thread in the Irish literature on the topic of abortion and mental health is the difficulty with comparing Ireland to other jurisdictions where abortion is legal, safe and often cost-free, as in countries that have universal health care and where abortion is decriminalised. While these countries may conclude in their research that stigma and lack of social support can affect psychological well-being after an abortion, Ireland has the added burden of extremely restricted access and a lack of research specifically looking at abortion and mental health due to these very same restrictions, a point made by the Psychological Society of Ireland (PSI) over 25 years ago when the organisation stated that "research on abortion has been conducted in countries where abortion is legally available [therefore] the meaning and impact of abortion in cultures such as Ireland, where it

is illegal, may differ" (cited in Fine Davies, 2007).

The vast body of higher quality research that exists on the topic of abortion and mental health supports person-centred, safe and legal access to medical treatment while the less rigorous studies tend to consistently find negative mental health results and uniformly want to uphold or introduce restrictions in relation to abortion. The differences in results and statistical analyses tend to point to "methodological problems in research that contradict established science" (Clay, 2008). The latest editorial from The Lancet (2018) cautions that "those with real motivation to protect and support women and children should look to research, not misconceptions, to inform decision making" (p. 1121). Overall, what is of paramount importance is that there is access to information and professional mental health supports for all women who find themselves in the position of an unintended or crisis pregnancy. It is imperative "that all women's experiences are recognised as valid and that women feel free to express their thoughts and feelings about their abortion regardless of whether those feelings are positive or negative" (Major, 2009, p.85).

References:

Abortion: Access and safety worldwide. (2018, March 24). *The Lancet, 391*(10126), p. 1121.

Academy of Medical Royal Colleges (AMRC). (2011). *Induced Abortion and Mental Health*. Retrieved from https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced_Abortion_Mental_Health_1211.pdf

American Psychological Association Task Force on Mental Health and Abortion. (2008). *Report of the Task Force on Mental Health and Abortion.* Washington, DC. Retrieved from http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf

Attorney General v X. *Irish Law Reports Monthly* (1992) March 5; 12(47): pp 401 - 480. https://www.ncbi.nlm.nih.gov/pubmed/12041095

Beegan, P (2017). Reflections on women and depression. *Irish Psychologist, (43)*5, p. 104-105.

Bereavement Care Standards Development Group (2016) *National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death.* Dublin:HSE. Retrieved from:
https://www.hse.ie/eng/services/publications/corporate/stdsberevementcarepregloss.pdf

BeyondBlue (2008). *National Action Plan for Perinatal Mental Health 2008-2010: Full Report.* BeyondBlue: The National Depression Initiative & Perinatal Mental Health Consortium, Australia.

Biggs, MA., Upadhyay, UD., McCulloch, CE., Foster, DG. (2016). Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective,

longitudinal cohort study. *JAMA Psychiatry, 74*(2), 169-178. doi: 10.1001/jamapsychiatry.2016.3478.

Bunreacht na hÉireann - Constitution of Ireland (1937). *Eighth Amendment of the Constitution Act, 1983.* Dublin: Government Publications.

Center for Reproductive Rights (2014). *Abandoned and stigmatized - The impact of Irish abortion law on women.* New York, NY: publications@reprorights.org. Retrieved from: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbandonedAndStigmatized_ImpactOfIrishAbortionLaw.pdf

Charles, V., Polis, CB., Sridhara, SK., and Blum, RW. (2008). Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception, 78,* pp.436-450.

Citizen's Assembly (2017). First Report and Recommendations of the Citizen's Assembly - The Eighth Amendment of the Constitution.

Clay, R. (2008, June). Science vs ideology: Psychologists fight back against the misuse of research. *APA Monitor on Psychology, 39*(6), p. 41.

Coleman, PK., Coyle, CT, Shuping, M. and Rue, VM. (2009). Induced abortion and anxiety, mood, and substance abuse disorders: isolating the effects of abortion in the national comorbidity survey. *Journal of Psychiatric Research, 43*(8), pp770-776.

Department of Health UK (2017). *Report on Abortion Statistics for England and Wales 2016.* Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf

Department of Health UK (1998) *Why mothers die: Report on the confidential enquiries into maternal deaths in the United Kingdom* 1994-1996. London: HMSO

Fergusson, DM., Horwood, LJ., and Boden, JM. (2009). Reactions to abortion and subsequent mental health. B*ritish Journal of Psychiatry, 195*(5), pp.420-426.

Fine Davies, M. (2007). Psychological Effects of Abortion on women: A Review of the Literature. Dublin, Ireland: Crisis Pregnancy Agency.

Gauthreaux, C., Negron, J., Castellanos, D., Ward-Peterson, M., Castro, G., Rodriguez de la vega, P. and Manuel Acuna, J. (2017). The association between pregnancy intendedness and experiencing symptoms of postpartum depression among new mothers in the United States, 2009-2011. *Medicine, 96*(6): e5851. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5312985/

Gentile, S. (2011). Suicidal mothers. J*ournal of Injury and Violence Research*, July; 3(2): 90–97. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134924/

Grigoriadis, S., Wilton, A., Kurdyak, PA., Rhodes, AE., VonderPorten, EH., Levitt, A., Cheung, A., and Vigod, SN. (2017). Perinatal suicide in Ontario, Canada: a 15 year population-based study. *Canadian Medical Association Journal, 189*(34), pp1085-1092. Retrieved from: http://www.cmaj.ca/content/189/34/E1085

Health Service Executive (HSE) National Women and Infants Health Programme (2017). *National Maternity Strategy Implementation Plan.* Retrieved from: https://www.hse.ie/eng/services/publications/corporate/National-Maternity-Strategy-Implementation-Plan.pdf

Implementation of the PLDPA (2014) - http://health.gov.ie/wp-content/uploads/2014/09/Guidance-Document-Final-September-2014.pdf

Joint Committee on the Eighth Amendment of the Constitution (2017). *Report of the Joint Committee on the Eighth Amendment of the Constitution.* Dublin, Ireland. Houses of the Oireachtas. Retrieved from: https://www.oireachtas.ie/parliament/media/committees/eighthamendmentoftheconstitution/Report-of-the-Joint-Committee-on-the-Eighth-Amendment-web-version.pdf

Kessler, RC. and Schatzberg, AF. (2012). Commentary on Abortion Studies of Steinberg and Finer (Social Science & Medicine 2011;72:72-82) and Coleman (Journal of Psychiatric Research 2009;43:770-6 & Journal of Psychiatric Research 2011;45:1133-4). *British Journal of Psychiatric Research, 46*(3), pp410-411.

Kirkman, M., Rowe, H., Hardiman, A., Mallett, S. and Rosenthal, D. (2009). Reasons women give for abortion: a review of the literature. *Archives of Women's Mental Health. 12*(6), pp. 365-378.

Lohr, Dr. Patricia. (2017). Joint Committee on the 8th Amendment of the Constitution debate - November 22. Dublin, Ireland. Houses of the Oireachtas.

Major, B., Appelbaum, M., Beckman, L., Dutton, MA., Russo, NF., & West, C. (2009) Abortion and Mental Health: Evaluating the Evidence. *American Psychologist. 64*(9), pp 863-890.

McCarthy, Dr. Anthony. (2017). Joint Committee on the 8th Amendment of the Constitution debate - November 8th. Dublin, Ireland. Houses of the Oireachtas.

Msetfi, R., Jay, S., O'Donnell, AT., Kearns, M., Kinsella, EL., McMahon, J., Muldoon, OT., Naughton, C., and Creaven, AM. (2017). Restricted reproductive rights and risky sexual behaviour: How political disenfranchisement relates to women's sense of control, well-being and sexual health. *Journal of Health Psychology, 23,*(2). pp. 252-262.

National Consent Advisory Group (2013). *National Consent Policy*. HSE Quality and Patient Safety Directorate, *Dublin,* Ireland: Department of Health. Retrieved from: https://www.hse.ie/eng/services/list/3/nas/news/national-consent-policy.pdf

National Maternity Strategy (2016 - 2026). Dublin, Ireland: Department of Health.

National Mental Health Division (2017). *Specialist Perinatal Mental Health Services: A Model of Care for Ireland.* Dublin:HSE. Retrieved from: https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/specialist-perinatal-mental-health-services-model-of-care-2017.pdf

National Patient Safety Office (2017). *Notifications in accordance with Section 20 of the Protection of Life During Pregnancy Act 2013.* Dublin, Ireland: Department of Health.

Newport et al. (2007) Suicidal ideation in pregnancy: assessment and clinical implications *Archives in women's mental health.* Vol 10(5); pp 181-187. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/17726640

O'Donnell, A., O'Carroll, T., & Toole, N. (2018). Internalized stigma and stigma-related isolation predict women's psychological distress and physical health symptoms post-abortion. *Psychology of Women Quarterly,* Retrieved from: https://doi.org/10.1177/0361684317748937

O'Hare MF, Manning E, Corcoran P, Greene RA on behalf of MDE Ireland. Confidential Maternal Death Enquiry in Ireland, Report for 2013 - 2015. Cork: MDE Ireland, December 2017 https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/Confidential-Maternal-Death-Enquiry-Report-2013---2015--Web.pdf

O'Keane, Professor Veronica. (2017). Joint Committee on the 8th Amendment of the Constitution debate - October 25th. Dublin, Ireland. Houses of the Oireachtas.

Protection of Life During Pregnancy Act (PLDPA) (2013). Number 35 of 2013. *Irish Statute Book*. Attorney-General of Ireland. 30 July 2013. Retrieved from: http://www.irishstatutebook.ie/eli/2013/act/35/enacted/en/html

Public Hearings on the Implementation of the Government decision following the publication of the Expert Group Report on A, B, & C vs Ireland - Vol 1 & 2 (2013). Joint Committee on Health and Children. Dublin, Ireland. Houses of the Oireachtas.

Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (2016). *Perinatal and Infant Mental Health: Position Paper and Recommendations.* Retrieved from: https://www.psychologicalsociety.ie/groups/Special-Interest-Group-in-Perinatal-and-Infant-Mental-Health

Rape Crisis Network Ireland (2015). *Rape crisis statistics and annual report.* Retrieved from: http://www.rcni.ie/wp-content/uploads/RCNI-RCC-StatsAR-2015.pdf

Regulation of Information (Services Outside the State for Terminations of Pregnancy) Act (1995). Number 5 of 1995. *Irish Statute Book.* Attorney General of Ireland. 12 May 1995. Retrieved from: http://www.irishstatutebook.ie/eli/1995/act/5/enacted/en/html

Rocca, CH., Kimport, K., Roberts, SCM., Gould, H., Neuhaus, J., & Foster, DG (2015). Decision rightness and emotional responses to abortion in the United States: A longitudinal study. PLOS ONE 10(7): e0128832. https://doi.org/10.1371/journal.pone.0128832

She Is Not A Criminal (2015). Amnesty International Ireland. London, UK: Amnesty International. Retrieved from: https://www.amnestyusa.org/pdfs/Ireland_She_Is_Not_A_Criminal.pdf