I So just to begin with if you’re happy to go ahead and carry on, can you tell me a little bit about the work you do as a midwife.

M Yeah. So I work at the [name of hospital] in [name of city in England]. I’m quite a newly qualified midwife so at the moment I’m working in lots of different areas around the hospital. Currently I’m on the delivery suite. So we care for women who are in labour or having an induction or having an elective caesarean. Lots of different types of women, from lots of different types of backgrounds, and obviously we do have two rooms where women go where they’ve had a baby loss or if there’s like an abnormality were they’ll have foeticide. I’ve worked in other areas of the hospital where we look after women post-natally, to when they’ve had the baby were we look after them on the ward. We usually look after them for a day or two and help them with getting them back to pre-pregnancy state and caring for the baby that kind of thing. And then there’s an element on community where you go out and look after women while they’re pregnant and afterwards. So that’s my role.

I It sounds really varied.

M Yeah it is.

I Ah good. And can you tell me is abortion, you touched on it slightly there. Sorry we’re using the term abortion I can appreciate you might use termination.

M Yeah. Yeah.

I But can you tell me is abortion something you come across often?

M So in the hospital there is a clinic or a ward upstairs which is more gynaecology based, and it’s called the [name of abortion clinic]. Yeah. And that is where abortions are carried out as far as I’m aware based on like just on a women’s choice in deciding to end a pregnancy for whatever reason. Then we’ve also got a gynaecology ward where women will go were either the pregnancy’s not going well and they decide to not continue with it. And then depending on how pregnant the woman is will depend on whether they come to the delivery suite or whether they stay up in Gynae. So on delivery suite we generally have women that are having like a medical termination is the term we would call it, for an abnormality.

I Ok. And at what point in terms of gestation is that?

M So on delivery suite, sometimes it’s less than 20 weeks but generally it’s about 20 weeks. So they might have a scan at 20 weeks and they find out that there’s something wrong. So they’ll decide to terminate the baby. We do have them sometimes below 20 weeks but generally it will be around that time. Yeah the scan will be what’s made them find out that there’s something wrong with the baby. If it’s earlier than that, if it’s at the 12 week scan then it will usually be around the 12 or 14 weeks’ time by the time somethings happened and they generally don’t come to us. They generally they go to gynaecology ward.

I Yeah. And how do you feel about that?

M Erm. It’s very sad. I think for the Foeticides it’s very sad because they’re generally a very wanted baby and the reason that they’re being terminated is not because they’re not loved and they’re not wanted. It’s because their parents have made the decision that it’s best for either the baby and for both of them, or the family as a whole. So I do think it’s very sad. Yeah.

I How do you feel if you don’t mind me asking? It’s quite a sensitive question. I should have said actually, any questions that I ask that you don’t want to answer please don’t feel obliged.

M Yeah. Ok.

I But what’s your view on abortion?

M Erm. Abortion…I mean I believe it’s a woman’s choice. I think at an early gestation that women you know, I can understand why they might for any particular reason might not want to carry on with a pregnancy and that’s their choice. For medical reasons again it’s their choice and I wholly support any woman that makes that very, very difficult decision, and I would be there to support them. I do find it difficult if it’s at a much later gestation and the reason is purely choice. I’ve only come across it once. That was on the ward and a girl had come in, she’d had no anti-natal care. She decided that she didn’t. I can’t remember why she ended up on the ward. I think there was something wrong with her or the baby. But they’d done scans and they’d decided that the baby would be fine and I think she was 30 weeks plus I think.

I So really very late.

M She was very, very pregnant yeah. She’d not had any kind of medical care or anti-natal care and she kind of threw into the conversation that actually she didn’t think she wanted to continue with the pregnancy. I think she was mid-30, 32-3-4 and I did find that very difficult.

I Yeah. How did you deal with that?

M I looked after her like I look after anybody. Like everyone have got their own reasons and you don’t really know why people make decisions like that. I felt like within the staff in general there was quite a lot of erm…judgement about it. Nobody seemed comfortable with it and actually two of the consultants had refused to do it. But then she changed her mind and didn’t go through. Well she couldn’t. I think you’ve got to have two doctors that agree.

I Sign off.

M Yeah. And she didn’t have that at the [name of hospital] at the time. I’m sure she could of maybe pushed for it or gone somewhere else at another hospital but then she changed her mind anyway and continued with it. But that’s the only time I ever; my personal thoughts have gone mmm.

I Impinged on your professional?

M Yeah. Yeah.

I It sounds like you keep them very distinct and you sound very patient centric really.

M Yeah. I think women’s choice is so important and obviously like the abortion act has given women in this country like that choice…I think I do put it into a box. I put it into a box of it’s early, it was a mistake, it can be rectified at a very early stage like within a day or two of finding out you’re pregnant. As it gets bigger your emotions do change if it’s for purely choice reasons but I still wouldn’t. You don’t know what everyone’s background is. You don’t know what reason they’re in that position and making that choice, and as much as you not like it if it’s at a very late gestation and it appears to be just for choice rather than the baby’s poorly or the mum’s unwell. Or there’s two because sometimes there’s twins and one of them is very poorly. And yeah I do think maybe it is easier to put everything in a box and decide which box I’m going to deal with.

I I suppose professionally you’ve almost got to do that no matter who you’re caring for. You know I’m sure you do take it home to a certain degree but there does come a point where you can’t take everything home with you, you really can’t.

M No. No.

I I’m just wondering you mentioned there that the two doctors objected, they invoked their right to object. I’m just wondering what happened to the woman in that situation? How did she react?

M I don’t know. I wasn’t in the room at the time but I knew that the doctors had not agreed with her choice at that time.

I Have you known people within your circle that you work with have you known people to object before?

M No. I don’t think I have. I mean I haven’t been there all that very long. I mean I was a student there for three years first and then I’ve been qualified for nearly a year, but I’ve not seen or heard anything. Particularly I think because generally in the scenario that I’m in, the reason you would see a medical termination is what we would call it or a foeticide, I think is when the baby is poorly.

I It’s quite a difficult decision to come to anyway.

M And I think yeah the parents have already gone through probably a lot of turmoil to get to that point.

I Do you and your colleagues talk about objecting at all?

M No. As student’s maybe. I think at the time we were students there was a court case in Scotland. Yeah and I think that came up in lectures. And yeah it was quite interesting because I think at the time we had a lecturer who I think was quite religious.

I Ok yeah.

M And was very guarded with her comments on the situation which kind of surprised me because I felt like, and I might have been wrong, it might have just been that they just didn’t want to say their opinions. Yeah. They might have been completely fine with it. But yeah when we did talk about it they seemed...I think actually we had a talk by a researcher and she did a presentation to all three years on I think it was about foeticide and about parents experiences and what their thoughts are, and what they think about the care that they received and that kind of thing. And it got into a debate at the end and it did feel like one of the lecturing team was erm…struggling a little bit with the thought. And that was for medical terminations that wasn’t just for social reasons. Yeah.

I How did you feel about that?

M I was a bit surprised. It made me feel uncomfortable and it made me feel a bit like their opinions were. I know we’ve all got our opinions but I think your opinions have a right time and a right place haven’t they. Yeah. As much as sometimes you might not agree then. I might not agree that someone’s got twelve kids and that they don’t want to work or do you know what I mean like and they continue going.

I So it sounds like you’re saying. Oh sorry.

M No go on.

I No I interrupted you.

M But erm…But just because you think like that doesn’t mean that you treat any differently to anybody else. And I wouldn’t.

I I was going to say would how you feel you know if that woman for example, the 32 or the late gestation, if she’d have come into your care would you have changed the way that you’d have looked after her?

M She was in my care. I was looking after her. So she was on the post-natal ward but we have anti-natal women as well. So if they’re there for any particular reason. I can’t remember the reason she was on the ward but I did look after her and she was a perfectly friendly, normal and we got on fine. I didn’t like the idea of what she was thinking but I’m sure. Well not everyone likes everybody’s ideas do they?

I No. Of course not no. I just want to say it sounds like you accept that you have your own beliefs and you sort of have a personal head and a professional head.

M Yeah. Yeah.

I This seems to come across quite a lot actually, talking to different people that although as you said there you’ve not liked a decision somebody’s making but you wouldn’t let it affect the care that you deliver.

M Yeah. Yeah.

I And I was just wondering how that sits with you? What sort of informs that ability as such?

M I don’t think it’s a decision, I think that’s just me maybe. I don’t think I go into work and go right, I must keep my own opinions to myself today. I don’t always with other colleagues. And sometimes with women like it’s very difficult to be a hundred percent professional, a hundred percent of the time. And like you do sit and chat to women about watching Love Island and things like that. So it’s not that you’ve got this professional bar and you can’t express your own opinions at all. But yeah I don’t think I’ve made a decision to be like that, I just think that’s maybe the way that I am and I know what is the right way to be is maybe. Most of the time [laughs].

I So do you think that in terms of your personal head and your professional head that you sort of separate the two, but how do you feel in terms of who’s rights come first? Do you feel that the patient’s rights come before your rights or your rights come first?

M Erm.

I It is a challenging question.

M I’ve never really thought about it to be honest. I think if you felt like your rights came before them then maybe you’re not in the right job.

I Ok yeah.

M Erm. Yeah. It’s a difficult one. Yeah. I’m not sure.

I So in some countries for example, conscientious objection is unlawful. So Sweden comes to mind. You probably know more on this actually than me. It’s completely unlawful. And then in other countries, like Italy rings to mind, whole institutions will invoke their right to conscientiously object to abortion. So they just won’t offer them as a service. How do you feel about that?

M So as a person then, so going into the role you know what it involves.

I Oh ok. So you think there should be so foresight.

M Yeah I do. I think if you know that. I mean it’s not like you go into the role on day one and you train as a midwife, you’ve got three years to understand what the role involves. So maybe when you go into the role initially you’re not that clued up and you might not realise that actually it involves difficult decisions that parents have got to make and difficult decisions on a personal level. Like difficult decisions for everybody involved. But you’ve got three years as your training to do that. So at the time that you realise that actually I can’t be part of this or I don’t want to be involved in whatever parts of it I don’t agree with, you’ve got the chance to opt out of not going down that profession. Because especially I would say as a midwife there’s not a lot of scope in the role. Like I mean there is, but in general the majority of midwives work on the post-natal ward, delivery suite or like the midwife led unit. And delivery suite everyday there’s women there having medical terminations.

I Is it that regular?

M Yeah. Yeah. We obviously get a lot of them from Ireland come over.

I Of course yeah. Yeah.

M So it’s not like maybe in nursing where you might never come across anything like this or a health professional that it’s just not in your role. I think as a midwife then I think you have to understand what the role involves.

I Ok. So it sounds like you see a midwife’s role not just as the business of birth and delivery but actually the whole birth and the termination side. That’s the scope of it.

M Yeah and it is because not all pregnancies go to plan. And it’s an alarming amount that don’t. Like I was surprised. We’ve got two rooms on delivery suite that are always full. I mean obviously the majority of them are for purposes of medical terminations however, there are obviously women who lose babies that have died before they come to hospital or are in labour. I mean in some countries they see them as abortions don’t they? There’s some countries that see that as like manslaughter.

I Like El Salvador.

M Yeah. Yeah. So I think if you’re going into the role as a midwife…Yeah. I think it’s a difficult one whether you go in knowing that you’re a conscientious objector.

I Yeah. So you said there that there’s quite a bit of scope and although the business is predominantly delivery there is quite a strong element [of abortion], I’m just wondering if you were a conscientious objector is there a role to be had as a midwife and a conscientious objector?

M I mean yes because you can put yourself in a position where you might never come across it. But then I guess it depends what your view on it is in the first place. Like how broad. Like is the fact that you work for an organisation that facilitates it is that being…like are you implicit if you see what I mean? [Pause – participant received phone call]

I I asked whether you see a conscientious objector who is a midwife, do they have a role in midwifery?

M I mean do you mean like, could…

I Could you be a midwife who conscientiously objects?

M I guess you could because there are plenty of midwives that won’t. So…you could work in an area where you would not come across it. Maybe like post-natal ward where generally women go having had, had a baby. Yeah. Because women that have a medical termination would tend not to leave the delivery suite. So they’ll stay there longer than normal. Like a couple of days rather than go to post-natal after having a baby. So they won’t really go and be on the post-natal ward. If you worked say in clinics. So we have the anti-natal clinic downstairs, half of it, the other side of the clinic is the foetal medicine which is where they’ll diagnosis conditions and if there’s a problem they’ll be the ones that will counsel the women to their options, that kind of thing. So they could avoid that I guess. And I guess everyone’s got a right to pursue the career that they want to pursue and if they’ve got some strong beliefs then mmm, difficult one.

I Yeah. It sounds like…

M It’s not an easy answer I don’t think.

I No. It sounds like you’re almost saying yes you can do that but you need to think about what you’re doing first really.

M Yeah. And really as a midwife you should be able to be a midwife anywhere in the hospital doing any role. And obviously by being a conscientious objector. Well it depends what they’re objecting to. Are they objecting to the fact that it’s happened and they’re caring for them afterwards or are they with them when they have their termination? So I guess it depends.

I I suppose that’s what we’re trying to find out in many ways.

M Yeah. Yeah.

I So what would you feel would constitutes abortion or a termination? Like participation sorry. What constitutes participation in an abortion?

M Erm. I’m not sure you know. I don’t know.

I Ok. May if I bring in the Wood and Duggan case. So I know you’re a little bit familiar about that case of those midwives up in Scotland and it was quite recent. And again it sort of centres around the fact that the law is quite woolly. It just sort of says those people can involve that right but what is that right. And you even said yourself when I asked about the objection, could you be an objector and work as a midwife, it depends where you see objection as. And what these midwives did was come up with was a list of 13 points.

M Ok.

I Quite you know broad in different ways and I suppose a bit of background on the case, they did work on a labour ward where I believe terminations didn’t take place and then things changed. The role evolved and they didn’t actually hands on participate but they realised they may be called to support in some way.

M Yeah. Yeah.

I Am I ok just to read these points?

M Yeah. Yeah.

I Management of resources within the labour ward including telephone calls from the foetal medicine unit to arrange medical terminations. Providing a detailed handover. Appropriate allocation of staff who are already on the ward at the start of shift or who are admitted through the course of the shift. Providing guidance, advice and support, including emotional support to the midwives. So all midwives who may have participated in abortion.

M Mmm.

I Accompanying obstetricians on the ward rounds to patients undergoing termination. Responding to requests for assistance, so the emergency buzzer. Acting as the midwives first point of contact if a midwife was concerned about how a patient was progressing. So they were senior staff. And ensuring that staff received their duty break. There’s a little bit more. I thought there was a little bit more. Being present to support and assist if medical intervention is required. So if forceps were needed during the termination. Communicating with other professionals such as paging anaesthetics. Monitoring the progress of patients to make sure that deviations from normal are escalated to appropriate staff level. Directly providing care in emergency situations and ensuring that the family are provided with appropriate support. So that’s how they felt participation was.

M Ok. Wow. That’s quite broad.

I Yeah.

M Yeah. Yeah.

I How do you feel about that?

M How do I feel about that being?

I In terms of…

M Being a conscientious objector?

I Yeah. Does that constitute an abortion? Those points even, would you think they constitute?

M In my opinion no. I. I mean, oh it’s so broad. It’s almost like saying like I can’t work in a hospital that facilitates it isn’t it really? I mean I know there is some direct contact but like as a midwife if an emergency buzzer goes are you just going to ignore it because of what’s happening behind the doors?

I Potentially.

M Yeah. Like it might not be anything to do with the baby, that woman might just having a big massive haemorrhage and might die.

I Yeah.

M Erm.

I So what the judge ruled, because this might help you out a bit because it is challenging.

M Yeah.

I Because originally I believe they won up in Glasgow but then the trust took them to Supreme court and they did lose on that appeal. And the judge ruled that actually when the act was envisaged whoever invoked the act or developed it…

M Yeah. I remember that.

I They seen it as just hands on activities.

M Yeah. Yeah. I remember that.

I Not necessarily taking telephone calls, that wouldn’t have been perceived as a hands on activity. So would you say, just trying to read between the lines of what you say, do you see abortion as the hands on activity as in you might be in a room with a woman for example and facilitating it in some? You know caring for her or I don’t know being in a room with someone, I don’t really know how an abortion works. Or do you see it as anything like almost that process of events that leads up? So you know could it be a telephone call, taking that telephone call to a clinic and booking that woman in?

M If I was to say whether all those things were part of it then yes. But whether I agree that you can choose all of that to be a conscientious [objection]. Like that as a reason not to be involved in any of that, I would say no. Like I think…

I Why would that be?

M Because you’re basically excluding yourself from potentially answering the phone. Potentially helping a colleague that’s in a difficult situation or a woman that’s potentially going to die. And it’s not all predictable. None of any of that’s predictable.

I And to be fair the abortion act although you’ve got that clause, it does say accept where the woman’s life is in danger.

M Yeah. Yeah. Oh does it.

I Yeah.

M But then do they know that? I mean when the buzzer goes are you not answering it because her life might be in danger. Well you don’t know do you because you’ve not answered the buzzer.

I That’s it. Could just be saying Love Island’s on.

M You know there’s been plenty of times where I’ve just been on the ward with just a normal like labourer and no one answers your buzzer. Or you come out to find somebody and you find that there’s nobody around. You know so that one person that is on could be someone that views all that as being part of the abortion process.

I What impact would it have if you did work with someone who seen all that…

M I feel like it would cause animosity within the workplace. I think other midwives would judge them and probably think that they’re not in the right role. Like when we were talking about boxes before I can maybe understand somebody objecting to somebody having a termination for social reasons. Like doesn’t fit in our life or whatever for any gestation. Obviously I can see that people might struggle the further on into the pregnancy people might go. Whereas if you were involved in that side of things, because it’s more of a gynaecological role that you know you are going to come across it because that’s what the [name of abortion clinic] is you know what I mean. You’ve made that decision haven’t you. Whereas for a medical termination I feel like I view that differently to just a termination at any gestation for just a choice reason.

I And is that a personal belief or is that a professional belief?

M Maybe.

I Or can you separate the two?

M I don’t know. I think in the role of midwifery you’re not going to come across someone having a termination just for choice. I don’t think. Or maybe you will. I don’t know.

I It’s hard to say because it’s people isn’t it.

M Because generally people would do it before 20 weeks and then generally it would be dealt with by a different area of the hospital which is not maternity. I know that there are people that do it after 20 weeks and that’s the one occasion that I’ve met somebody. I don’t know whether they would be on labour ward in that circumstance. I don’t know whether it would be BPAS? I don’t know. I’m not really sure. So I think for the medical reasons of having a termination, I feel like it’s different and that midwives should be there for the woman. So I do feel like there would be animosity towards somebody that had that stipulation of rules of that.

I And do you think the animosity would stem from because this is medicine rather than…

M I think because they’re in a career that’s compassionate and that ultimately someone’s not doing it because they don’t want the baby. They’re doing it for a compassionate reason themselves. Actually we’ve got a bereavement team who are trying to change terminology and their calling like medical terminations compassionate induction. And I think for the women themselves it’s yeah, because it’s sounds terrible to call it like a foeticide or a medical termination doesn’t it?

I Well yeah. I know like when I’ve been pregnant, when I had my babies, you get asked. It’s one of the questions, have you ever had an abortion. If I’d had that circumstance I don’t think I’d label myself as an abortion.

M Yeah. No. And I think it brings so many connations and emotions with the women themselves of like shame, guilt, and especially if it’s for a reason of like this where they’ve wanted the baby. I’m sure women feel guilt and shame for whatever reason they have a termination but definitely for you know. And I’ve not met a single midwife that’s not compassionate towards it. So I think that in itself makes me think that if there was somebody that had stipulated all those reasons of why or of what constitutes being a conscientious objector, I don’t think people would be very supportive of that.

I You mentioned there about potentially creating animosity between the team and also you’d mentioned earlier taking you back to when you first came across conscientious objection and someone was talking about foeticide, and it caused a little bit of a debate. I’m wondering are people comfortable talking about it because you’ve mentioned a few different things like shame and you know personal judgment, but then also professional judgement. How do you think it sits with people to talk about abortion and about conscientious objection?

M I think if you’re pro-abortion in this country I don’t think you’re seen as being strange. I think it’s generally accepted that women particularly I would say in the medical profession, that women have got a choice and reasons why everyone makes that decision. And I think generally in the general public I feel like you’re not…I would say it’s generally not a subject that you can’t talk about. However, I do think that when you go through it people don’t talk about it. Like I would say that if someone’s had an abortion probably they wouldn’t brag about it.

I No. No. So there is a little bit of a shame element.

M Yeah. Yeah.

I Ok. Thank you for that. That’s great. So we’ve talked there about what you feel constitutes conscientious objection to abortion and it sounds like you don’t see it as a broad…

M I mean I can see that people might use all those reasons as being a conscientious objector. But I guess if I looked at the law and what I thought the law meant at that time it was written I would agree probably with what that court came up with. That was if you are involved in the actual. So with a foeticide generally in our hospital the baby will have a little injection in the foetal medicine unit into the heart to stop the heart, and then they would come upstairs to us and we’ll give the woman medication to bring on labour. So you’re not actually terminating the pregnancy as a midwife at the hospital but you would be part of labour and birth process.

I So would you see that as part of an abortion?

M Well you haven’t actually caused the abortion but I suppose it’s part of the process. In those circumstances I don’t feel like I’m part of an abortion process. I feel like I’m a part of a woman having a baby who’s sadly died for whatever reason and probably would have died anyway.

I That’s interesting that. If you were to transfer over to the [name of abortion clinic]. So a different set of circumstances. More likely to come across maybe social if you like abortions, I think that’s the term that might be used, would you see yourself as taking the same position - you’re caring for a woman who’s baby’s going to die?

M Yeah. Yeah I would. When I was training there was one time when I was working on Gynae. So like we had to do different placements and one of them was in Gynaecology, and I worked in theatres and there was one operation. I was in one theatre where they performed an evacuation. It’s what they call it don’t they. And they can only do that up to something like 12 or 13 weeks, where they basically just suction it out. And that was pretty brutal. I found that very difficult. Purely because you are imagining exactly what they’re doing. And I also worked on the ward as well the Gynaecological ward. So there was women having like a miscarriage or they’d had a similar situation where early on the baby had either died. And it definitely changed my thought processes on abortion. Not in that I didn’t agree with it but in just what it actually involves and what a foetus looked like at a certain age. And I think there was a girl who had a miscarriage and we had to obviously take away the products is what they call it. I think sometimes they’ll send them off like tests. And I remember looking at this baby and it was something, I can’t remember how many weeks it was, maybe ten something like that; eight or ten weeks old.

I So quite early still.

M Quite early but it being an absolute tiny, tiny but perfect baby. And I think up until that point I’d always thought, yeah but early on it’s just a bunch of cells. It’s not really anything is it. But it really surprised me at actually how well formed a baby is at a very, very early age. And it didn’t make me change my opinion in terms of I disagreed with it, but it maybe changed my opinion in that I don’t actually know if I was in a situation where I planned on having an abortion whether that might of changed my opinion whether I’d do it.

I So you were still able to separate your personal position and your professional position.

M Yeah. Mmm.

I And you know this is true because my background’s psychology so I’ve not had to think about this before. Before I got the job I remember discussing it with my mum and she was like well what is your position? And I was like, oh well I’m for choice of the woman and she was like what does that mean. And it’s only when you really start breaking it down you’re mmm, the woman can choose whatever she likes, but what if. Like you say if you’re faced with the fact…

M Someone who’s 38 weeks pregnant and said they didn’t want it anymore.

I That’s hard.

M Yeah. That is the woman’s choice and legally a foetus has no rights. Is there a point where if they were born and left to…

I Well the baby would be viable at that age wouldn’t it?

M Well absolutely. So why has it got no rights when it’s inside? It’s a whole new topic isn’t it [laughs].

I Yeah. It’s very complicated. Yeah.

M It’s very complicated but yeah. Women’s choice and rights of a foetus.

I This is one of the questions I was going to ask actually. What’s informed your views around abortion? And also I was going to ask whether experience has changed them?

M Yeah. Yeah. Initially my views on abortion was just chatting to friends and thinking about it myself, and being a teenager and carrying out a bit of risky behaviour and what would you do if it happened now? And I think I always thought if I got pregnant by mistake at a younger age, or even at a younger adult age, and it wasn’t the right time for me that I probably wouldn’t hesitate to do it. And as you get older and then you have children, and you get pregnant you think oh well, could I have just done it like that so easily? Actually it is a little bit more emotionally involved than not the right time. And then when I did see a very small foetus at a very early age thinking, wow some people don’t find out their pregnant for like ten weeks and they’re already there at that point. I don’t think I feel the same anymore about it even being that early on because you’re actually envisaging, you can see what it actually looks like and it’s not just a bunch of cells.

I That’s interesting so it sounds like as you’ve become more experienced and you’ve seen those things it’s like your views maybe changed actually?

M My view hasn’t necessarily changed on whether it should be allowed but it’s changed on whether I would go do it I think.

I Personally?

M Yeah.

I But it still sounds like you’re very much for the right of the woman to choose. So it sounds like you’re very much for the right of the woman.

M But it does feel a little bit like it’s for the rights of the woman but when it gets to that difficult gestation and it’s for choice rather than, then I feel like there’s very muddy waters there. I wouldn’t not be involved in it, but it would sit very uncomfortably with me I think.

I So if you were the law maker and you were the person who had to consider all the evidence. So you’re experienced, you’ve seen this first hand for yourself, where would you put that gestation period or that upper limit for termination?

M Well for any reason? Because I think for medical reasons there isn’t really a limit because things can go very wrong can’t they. For social reasons…I really don’t know because like what you think is ok and then you’re given another set of circumstances. So that girl is twelve and she’s hidden it for four months from her mum. She’s too scared to tell anybody and then obviously people notice, then the waters are very muddied. And that’s maybe the way it should be. There should be no defined, definite this is a gestation where it shouldn’t happen. So I don’t know essentially [laughs].

I Yeah. Well it’s very difficult and if you did know I’d probably have to give you a million pounds wouldn’t I because it is the million dollar question.

M Yeah.

I That’s brilliant. Well I suppose you’ve kind of almost answered it but where would you draw the line on participation in abortion?

M Where would I personally?

I Yeah. I know you’ve had a few challenging cases along your way.

M In terms of medical termination I wouldn’t draw the line anywhere. I’d obviously be completely open to be involved at any point.

I How about social reasons?

M Again, there was that one situation where there was somebody on the ward and I wasn’t comfortable with what her decision was and it does make you have these preconceived ideas about that person before you go into the room and meet them for the first time. But they’re a woman and they’re there because they’re pregnant so therefore you look after them because that’s what you do. So yeah…

I It sounds to me that you wouldn’t actually draw the line or you don’t come across anything…

M I don’t think I would. I’ve not come across anything to date where I wouldn’t. I don’t ever think I would ever say I’m not getting involved. I don’t think that’s me. I might not be comfortable with it and it might not sit very well with me, and I might go home and be upset about what I’ve seen. But I don’t think I would ever say listen I’m out, I’m not getting involved in this. I don’t think I would.

I It sounds like you’re very passionate for the woman actually.

M Yeah. Yeah.

I Ok. Thank you. Again, you’ve answered this but did you have a particular view on abortion coming into the profession?

M No. No I didn’t. I do feel like I put it in different categories of I don’t really class medical termination as abortion.

I Oh ok. Yeah ok sorry.

M Sorry what was the question again?

I Did you have a particular view on abortion before coming into the profession?

M No. No. I felt like it was like a woman’s choice and when you see it on the news and around other countries it always horrified me that women didn’t have a choice and that male lawmakers could make that decision based on our bodies.

I No it’s interesting that you say that. My mum was born in the sixties and my mum remembers the days of back street abortions. In fact she wasn’t born in the sixties, she was born in the fifties. So my views are probably quite informed from that really.

M Yeah.

I Erm. So what do you think the limitations to participation in abortion are?

M What do you mean?

I So what limits would you put on yours or someone else’s participation in abortion? I suppose in a way we’ve kind of touched on it with you know the case. So would you take quite a broad scope to it?

M No I think if someone was to be a conscientious objector I would say that it would only involve the actual being involved in the act. Maybe the delivery. That big long list of thirteen I think it’s ridiculous [laughs].

I No that’s fair enough. Sorry I want to hark back to the lady that you did experience quite late on and you said those two doctors did object. What do you think would have happened to the woman if she did decide to continue with the abortion in that case?

M Well she would have had to go somewhere else or find two doctors in our hospital that would. I don’t know whether that would’ve been the case. I’m not sure. I actually don’t know. I guess if she couldn’t find a doctor that could do it I guess she would have had a baby.

I Yeah. I’m sorry you might have already mentioned this and it might’ve slipped my mind, did any of the midwives or nurses object?

M No they didn’t. They didn’t. Not that I know of but there was a lot of strong opinions in the office at the time. Yeah. It was actually disgust I think really. Like they were appalled that somebody could just so flippantly say well actually I don’t think I want to continue with this pregnancy anymore.

I It’s hard to sit comfortably with anyone…

M Yeah and I think even the most pro-choice…

I Yeah I mean no matter how pro-choice.

M Yeah I think there’s got to be a point where it becomes uncomfortable. I would find it very surprising if there was lots of people that were like totally fine with that, yeah it’s her choice.

I Yeah I’m all for the rights of a woman but that doesn’t sit comfortably with me. Would I deny that woman her right to an abortion, no I don’t think I would. Could I go home and sleep comfortably after that, possibly not.

M No. I think when women come to the delivery suite and generally don’t even ask what the condition was with the baby because I guess there’s probably plenty of people would have different opinions like for the medical reason. So like for example downs syndrome is a condition that is completely, they can have a normal life to an extent. Happy and there’s a place for everybody in society. So I guess I wouldn’t deny a woman that choice but I would probably would have a different opinion myself. And I don’t think we come across that very often because generally those conditions are found out earlier on at twelve weeks. Yeah, twelve to eighteen weeks. And I’m not sure what the statistics are on people having an abortion but I know in Iceland it’s 100%.

I For Downs?

M Yeah. They have an abortion.

I So there’s [no people with] Downs in Iceland?

M There is but there won’t be soon. And there’s a dead interesting programme about it, I think it was done by…Oh I can’t remember her name. She’s a TV presenter and she’s got a son that’s got downs syndrome, and she did a programme about it and it was really interesting. And again that probably changed my opinion as well because you do hear a lot like well they die young, and they don’t this. And she went and looked at lots of different families and one’s who’ve got a child with downs syndrome and lots of other, because it can come with lots of other things like heart conditions and things like that. And obviously she was not impartial because she had a son that had Downs. The whole programme was not necessarily like an unbiased view but it was very interesting and it was very interesting that they went to Iceland and she was like you know look at my son and look at what they do in society, and your country is going to have nobody that’s got Downs syndrome in the future. It was a really thought provoking programme. You can get it on You-tube [laughs].

I I’ll have to definitely give that a watch.

M I think it’s called Sally somebody. I think she’s a comedian. But it was dead interesting to watch and made you change opinion again. But again it was a bit biased. I had to keep trying to remember that actually not everybody that’s got a child with Downs has a beautiful happy life. They can be very autistic and they can have lots of other conditions that don’t make life very easy.

I No. It can be very complicated.

M Yeah. Yeah.

I So would you draw the line at Downs syndrome?

M I wouldn’t draw the line but I feel like it’s a little bit of a fuzzy line. It’s not quite so cut and dried.

I Yeah. It sounds like you’re saying abortion itself it is quite woolly.

M It is and I think because there is different reasons. Everybody’s got a different reason haven’t they? So a few years ago I had a still birth and part of that I ended up becoming part of the baby loss community. Speaking to lots and lots and lots of people that have lost babies. So then we all went on to have another baby and one of them got pregnant with twins, and quite early on they discovered that one of them had got Spina Bifada. And then as the pregnancy progressed it manifested into like very, very like severe, life-limiting, no quality of life extent. And she was about 32 weeks where the doctors were basically like it’s as bad as it’s going to be and give them like what kind of life they could expect for this baby. And she already had a little boy. And she made that decision to terminate at that gestation while she had another baby in there that was living. I remember thinking at the time, I mean I obviously felt desperately sorry for her, I couldn’t imagine the decision that she had to make having been in that position because she’d lost a baby before that must have been terrible. I do remember thinking uhh, I don’t know if I could’ve done that in the same situation. And I didn’t judge her for doing it. I was a bit shocked because you don’t hear about things like that very often and obviously with her history that she’d had a full term baby and a loss, she was then having to make that decision to do it again which was just terrible. Terrible. But then it did make me kind of think actually about the limits even for a medical reason. Should there be a limit? Then when you come across somebody like her you think that’s maybe a good example of there definitely shouldn’t be a limit because otherwise by the time they’d told her that the prognosis was really bad she would have already…

I She wouldn’t have had a choice.

M Yeah. Yeah. No.

I Yeah. So do you think that it’s more about the right to choose? Sorry this is a really challenging question and I apologise in advance. And please don’t answer any questions you don’t feel [you want to], but do you think the limit to abortion is about the right of the woman to choose or the right of the medical profession to on balance make that decision?

M I think it’s got to be the woman’s right to choose because no matter how uncomfortable it is for that medical profession or however they think they’re making the right decision, at the right gestation, for the right medical condition, they don’t have to live with that for the rest of their lives. It’s like a one time, well not a one time but you know they deal with that person once maybe for a day or two. Whereas that person has got to then live with the result of that for the rest of their lives and if that involves having a severely disabled child that’s in pain forever that should have been her choice rather than theirs. And likewise if she chose to have her child that was going to be severely disabled and be in pain forever, that’s also their choice isn’t it.

I Yeah. It’s difficult.

M It’s so difficult but I could then turn it around and go “but”. I think overall like, yeah it’s got to be the woman’s choice because it’s her body and her life.

I Yeah. Yeah. I was going to say are there any circumstances in which you would refuse to participate in abortion but it sounds like…

M I don’t think so. No.

I You don’t think so.

M As a midwife we don’t work on the [name of abortion clinic] clinic. That’s nurses anyway. I mean I wouldn’t be volunteering to go up there and not because I disagree with it, just because it’s not very nice. I understand it’s caring for women that are going through something like that and if I had to I would but I wouldn’t choose to. But then I also wouldn’t choose to work in a nursing home and I wouldn’t choose to work in a Hospice. Well I might actually but do you know it’s a completely different role to what our role is.

I You accept it as being part of your role but it wouldn’t be your first choice to choose that as your role.

M Yeah. Yeah.

I Yeah. Please don’t punch me for saying this. You’re not an objector but there’s some limits there. They’re not strong limits so they’re not there that you wouldn’t do it, but given the option you would opt to work where you work rather than there.

M But there is not for midwives.

I Oh of course. It wouldn’t be a choice anyway.

M It wouldn’t be a choice. So it’s like saying I wouldn’t work in the [name of local hospital] because I can’t. I’m a midwife.

I Of course. Do you know I didn’t even think. I suppose what I was trying to say was there are some limits there. But actually there aren’t because it’s not possible.

M Yeah. Yeah.

I I get you.

M It’s just a different job isn’t it, in a different like role. Yeah. Which isn’t the role of a midwife.

I Thank you. Sorry, I was just going to go back. I knew that I’d forgotten to ask something about that lady who was objected to by those two doctors. Was she referred on?

M No because she’d changed her mind anyway. So she’d said, I think once she was on the ward she was asked again like what her intention was and she was like no, no, I am going to continue with the pregnancy. So it never got to that point of being referred on and I don’t know whether it would’ve been referred on as in find different doctors in the same hospital or a different hospital. I don’t really know because we never got to that point.

I Yeah. Do you think referring on is part of the process? If you were an objector for example would you think as an objector, you’re referring on that’s part of the process of abortion?

M I guess if you’re an objector you wouldn’t do that either because you’re still facilitating it happening somewhere else. I guess and if they were a true, all encompassing, being implicit in the act of someone having an abortion then referring on is enabling it or potentially enabling it to happen.

I Do you think it’s possible to be an objector and refer?

M Well anything’s possible apparently [laughs]. Anything’s possible because yeah I guess they’re ensuring they’re not involved in it.

I What’s your opinion on that, to object but refer on?

M I suppose. I don’t know actually. I’ve never thought of it before.

I Would you see that as a conflict of interest for example?

M Well I think if you’re referring on you are almost letting it happen but you’re just not doing it yourself. So I guess it depends on the role of what a conscientious objector is [laughs]. And if it’s I disagree with it whole-heartedly and don’t want it to happen, then yeah that’s a conflict of interest. But if it’s I accept it happens, I don’t want to be part of it but I will find out where else you can go. So then it just depends on the stance of that person yeah. Yeah.

I It’s very complex isn’t it.

M Yeah it is. Yeah.

I Have you ever been asked your opinion on conscientious objection, whether you’re an objector yourself?

M Erm. Only about coming here today [laughs]. I just mentioned to one of my midwife colleagues what I was doing. It was over text message so you obviously don’t get any context and I can’t remember exactly what she put but it was basically along the lines of like how does someone know that you’re a conscientious objector and I was like I’m not, it’s just a piece of [research]. And I remember thinking I can’t believe that you would think I would be.

I Given your role?

M Yeah. And she’s a midwife too. That’s the only time anyone’s mentioned it. I think we did discuss things like this in Uni. There was one module that was based on lots of different things like drugs and alcohol and domestic violence, and I think one of them was about like ethics and things like that. That’s probably where it was brought up as well.

I You mentioned there your friend who’s a midwife as well, do you know whether any of your midwife friends who you work with, colleagues sorry, whether they would object at any point?

M I don’t think so no. Not that anyone’s made me aware of anyway. And again you know I think it would be very difficult for that opinion not to be out there because I don’t know how you could work in a ward where it happens. So at the beginning of a shift we have a board of women, different rooms and the shift leader has a list of midwives and they’ll go [name of participant] room 1 and they’ll just allocate you. Now obviously in the bereavement rooms they generally don’t just throw anyone in there and usually it’s midwives that are experienced in it or they are a bit passionate about caring for women that are losing a baby. But sometimes they do just say, oh can you go in room 8 or 1 and sometimes midwives go, oh I’ve never done that before! And it’s generally because of paperwork because there’s absolutely loads of paperwork when a baby dies and loads of blood tests that they do, and pathology. Loads of stuff has to be done. So that’s probably why most people are a bit like, oh I don’t want to go in there! Not because I disagree with what’s going on. And there are some like older, Irish midwives that have probably never worked in those rooms.

I Ok. So do you think it’s because it’s quietly understood that they wouldn’t?

M Maybe. Maybe. I don’t know. I’ve never had a conversation with anybody about it, I might do though [laughs].

I Well that was my next question. Do you feel comfortable to do that?

M I might do with people that I definitely know have either worked in the rooms before or who are just an experienced midwives that’s been around a long time and would be able to answer my question. But yeah I’ve never thought about it before. I’ve never thought whether there’s…erm…We’ve got family friends that are like Irish and one’s a midwife and she’s retired now. I’m pretty sure that she wouldn’t be involved in that. I don’t know for sure and she was a great midwife. So maybe she was pro-choice. I don’t know.

I Would you say, you say you’re pretty sure she wouldn’t work there is that a religious sort of or belief.

M Or belief’s against abortion. Mmm whether they’d be ok with it? Maybe I’m misjudging her because you do have preconceived ideas about how religion and Ireland feels about the topic. But I mean given the recent changes in legislation and the big campaign that there was then clearly it’s not quite so prolific as it used to be.

I And that’s quite interesting that you say that because there was some research done on conscientious objection. It looked at different countries. So it looked at England, Italy, I can’t remember where the other two countries where. Portugal was another one, so again a very strong Catholic country and religion was one reason but then other reasons was things like I’ve got a right to invoke it if I do at that point.

M Is Ireland one the countries where you can’t be a conscientious objector.

I No you can be a conscientious objector I think. If I remember rightly, because it only happened very recently, there were people who were wanting the conscientious clause to be removed. Actually I don’t know whether it is being removed it, but they also wanted the people who invoked their right to conscientiously object didn’t have to refer on and the Prime minister said no. I remember reading this in the newspaper. He said no because he felt that you’d be saying to the women you’re on your own love and he used those terms.

M Yeah. Yeah.

I So I’m not sure about the conscience clause.

M That was what I was actually going to say about that situation when you said if there was two doctors said no and would they refer on, that was my other alternative was she’d be on her own and have to find somewhere else herself.

I How do you feel about that?

M Yeah I think it’s quite harsh. I think as much as you know it wouldn’t be my decision, I would find it difficult. It wouldn’t sit easy with me at all that to think of somebody in that situation and you don’t know like she did have a social history some might say. She was known to social services. And you don’t know why people make these decisions or for what you know.

I Chaotic lives.

M Yeah.

I It’s difficult, it’s so difficult. It’s difficult because you don’t know of any objectors but if you did work with objectors do you think that would put a strain on you and your colleagues?

M Erm.

I Or do you think it could be accommodated?

M I think there is potential that like I said before like some of the older midwives that have been there a long time, that maybe there’s a known understanding that they wouldn’t be involved in something like and that it’s just known rather than it being I’m not going in room number 8 because I disagree. I think because the majority wouldn’t object I think it probably does have room for the people to object.

I Do you think it’d put strain on your other colleagues?

M Erm. I don’t necessarily think it would. It depended on what extent they objected. If it was like that long list of 13 I think it would definitely put strain on people because you would feel aggrieved I think that, that the person is not prepared to come and help out if needed. Or answer that buzzer if that woman’s buzzing if needed and it is quite a scary buzzer to answer because you don’t know what you’re being faced with. You know and I went in the other day answering one of the buzzers and because of the gestation and like when you’re giving these drugs you’ve got no idea what’s going to happen. Whether it’s going to happen really quickly or whether it’s a couple of days. So they could be in that room a long time and if that buzzer goes and you don’t know that she’s already delivered it is a bit like ahhh! What’s going to be facing me here yeah. And that woman doesn’t want you really either, they want that midwife that they’ve known and built up a relationship with, especially if they’re about to deliver. So yeah I think if it was that long list of 13 it definitely would cause animosity I would say within the team.

I So objection’s allowed, that long list that’s not actually doable, what would be doable do you think? Kind of what’s happening at the moment?

M I would say yeah it’s just known that those midwives wouldn’t volunteer for those rooms.

I Do those midwives still answer the buzzers just out of interest?

M I don’t know because I don’t know whether those midwives exist and whether it’s just me presuming that there are just some people that don’t go in those rooms. Maybe they don’t because I think a lot of midwives don’t answer those buzzers and not because of the fact of it being an abortion but because you don’t know what you’re going to be met with, that sometimes they don’t want you, they only want their midwife so you might go and find their midwife and say oh they’re buzzing, I just don’t want to go in there and it be inappropriate. And some people just find death uncomfortable. So you know whether it’s because they’re having an abortion that’s irrelevant. Like seeing a baby that’s not alive is not something you generally see every day. Like you do see it unfortunately but it’s not a daily occurrence and it’s not nice. It’s not like oh let me come and have a look at all. And sometimes babies have been in there a long time because they’ll stay with the parents and stay in like a little cold cot. So you don’t always know what you’re going to be faced with. So I think people might not answer the buzzer for those rooms. You generally know whether they’ve delivered or not so I guess if their midwife’s not around you might go in.

I So are there any parts or elements of the abortion process that you think that midwives should be able to refrain from? So the 13 list you think that’s too much, what do you think they should be able to refrain from?

M I don’t think they should be able to refrain from any of it really. I think you know your role as a midwife. That you should be able to be a midwife for all parts of midwifery and sadly this is a part of midwifery, and I think you should know that when you join and that you need to accept that or not do it, be a nurse in an another area that doesn’t ever involve these issues. Yeah.

I Going back to the objection, you said that you’ve never been asked do you think that you should be asked if you’re an objector?

M Erm. No because I think it should be implied that you are willing to do all parts of midwifery. It’s like saying having a certain religion like being Jehovah witness and saying well I can’t be involved in giving that woman blood because it’s against my religion. Now I don’t know whether they’re allowed to do that, maybe they are?

I I have no idea.

M Maybe they are saying that. Or like saying I don’t believe in injections because I’m an anti-vaxer or something like that. Like it’s part of your role and you can’t pick and choose what part of your role you like. What sits right with you and what doesn’t. There’s lots of parts of midwifery that don’t always sit right with everyone. The fact that everyone’s told if their baby is breach they have to have a caesarean, or that all babies are given vitamin K injections, or all babies are vaccinated. There’s lots of parts not everyone is going to agree with but that’s the role. You can’t really pick and choose it. Well it looks like you can [laughs].

I So actually I was going to say, you shouldn’t be in that situation if you object, you shouldn’t practice as a midwife?

M Yeah.

I Yeah.

M It does seem quite harsh doesn’t it to say it like that you can’t be a midwife because you disagree with abortion, because there’s so much more to midwifery than that one area. But you know if you work in a hospital that it happens it’s like saying I’ll be that bit of a midwife but I can’t be that bit of a midwife. That’s based on belief isn’t it rather than opinion rather than ability to do the job and I’m sure that there’s lots of beliefs that we have in life that we see every day that we don’t agree with. Like the people that come onto the ward and the people that you meet that are pregnant and they’re smoking out the front of the hospital or people that are taking drugs and shooting up just as they’ve arrived, you know would we say well I object to looking after that patient because I think that taking drugs is illegal, it’s not part of my belief you know. You could use all sorts of parts of beliefs couldn’t you? It’s just that abortion is legalised. It’s just that it’s in the law and that we’ve not just picked something out that people can conscientiously object to, whereas there is probably lots of things that people could conscientiously object to.

I Just piecing together the different bits that you said. You’d said earlier that the way it’s working at the moment if these people are objectors. So for the purpose of this scenario we’ll just assume that they are objectors, it’s accommodated but they’re not hard objectors. So it’s almost like it’s a line between a hard objector and the soft objector.

M Yeah. So what you see as being an objector I guess. Is it actually just being in the room when this happens or is it working on the ward where it happens and you just don’t get involved with it? So I guess it does depend on the extremes of objection.

I So if it was very extreme do you think that could be accommodated?

M No I don’t think so. I don’t think you can avoid. Like if you’re the shift leader and you’re an objector you can’t not take a phone call from foetal medicine to facilitate the room booking. Or you can’t not as the senior person in the ward, you can’t not give support to your junior midwives. I don’t think that can be accommodated no.

I But do you think it could be accommodated if you said, Ok I don’t want to be hands on. I’ll do everything else but I don’t want to be hands on.

M What, according to that list or not?

I A bit earlier on you mentioned that you felt that it could be possible to do different parts of the job. Sorry this is where my naivety of the job role…

M Oh you mean be a midwife in another area that would never comes across it.

I Or even be on the ward that you work but not go in those two rooms, do you think that would be possible?

M I think it is possible and I think it probably does happen, not necessarily because they’re conscientious objectors but because they don’t want to work in those rooms and who’s to say that that’s the reason they’re given. Like if someone says listen I don’t want to work in those rooms, I find it uncomfortable, I’ve lost a baby in the past. That would be accommodated wouldn’t it? So I guess it could be accommodated but if it was much broader. I mean it depends on who the person is. If it’s a senior midwife who’s in charge of the ward, I think it couldn’t be accommodated for them because I don’t think that would be fair on everyone else that’s working that day.

I Mmm. Yeah. So it’s quite hard to find a balance isn’t it really.

M Mmm. I guess what the judge has said at the Supreme Court then that what it meant was the actual act itself.

I Restricted to hands on activity.

M Yeah. Then that probably could be accommodated I would say.

I Do you think the rights of the patient override your rights as a health professional? To object?

M Erm…Well again you’ve put yourself in that role. You’ve made the decision to be in that role. That woman hasn’t put herself in that position, well she has but it’s a circumstance out of her…

I A difficult decision.

M Yeah. Like you’ve made that choice but that’s her life. So I think no your rights don’t. I think maybe in other situations they do, but in that situation no I don’t think that’s the case.

I If the right to conscientious objection, the clause this is, was scrapped would you feel comfortable with that? Or what do you think should replace it if it was scrapped?

M Erm…I’d be happy if it went but only because I would never be one. And I think in terms of accommodating the situation for those people that didn’t really want to be involved with it, I think it could still happen whether there was a clause or not if they expressed that. It might not always be accommodated but then that would be their choice as to whether they wanted to stay there and carry on.

I So if we were like a country that didn’t [have conscientious objection] like Sweden, there’s no conscientious objection, it’s unlawful, do you think that’s right?

M [Sigh]

I It’s so hard I know. I’m sorry.

M Erm…I don’t know. I don’t know. But it’s like saying that this is your job and you’ve signed up for this job, you’ve trained to do this job but you’re saying that bit of the job I’m not going to do. Like if any other job that you trained for and that you did, and you said yeah I love my job but I’m not doing that bit, it wouldn’t be ok. Like I’m not coming at 9 o’clock, I’ll come at 10 (laughter). Or I’m not going to sell that because I disagree with how that’s made. Do you know what I mean? I think it’s part of the role and that you should expect it to be part of the role, and that if you don’t want that to be part of your role then don’t do that role. You’ve got a choice to do something else and it is part of the role.

I So it sounds like that although you see that there are quite a lot of complexities, that it’s not always black or white and you accept that it’s not always black and white, but if the chips were really down you would take the stance that conscientious objection if it didn’t exist then you’d be ok with it.

M Yeah I would be ok with it. Like you say it in one sentence and then you think about it in another way and you think mmm. But essentially I do feel like that’s the job that you’ve got and that you’ve made that decision. And I don’t think that you go into midwifery with a I don’t like that bit but well there’s a clause there and I know I can be a conscientious objector because I’m pretty sure most people don’t even know what that is.

I It sounds like your duty as a midwife overrides how you personally believe. You know it’s almost like your professional and personal head, you’re willing to compartmentalise that.

M And you do that all the time with lots of different scenarios. You know people give children up for adoption and people have children while they’ve neglected all their other children and they’re all in care. And you know obviously none of us are sitting there thinking oh that’s alright, just have another one. But you still look after them and you still care for them, and you still give them the care. You might not have the same rapport with them. You mightn’t have the same relationship with them that you might have with another person for example, and it’s generally a bit mutual because they don’t like you because you’re a professional and you’re going to judge me but it doesn’t mean I’d give them any less care.

I Do you think that would happen in abortion as well? Do you think as an objector, if you were able to put that head on and go ok I don’t agree with it personally but professionally I know that this is part of my job, do you think it would affect the quality of care that you deliver?

M Not me personally no, but I think for other people it definitely could and I’m sure it does.

I In what way?

M [Pause] Maybe like I say in the relationship side of it. I think the relationship side of it is a lot for some people. So for some people having a relationship with your midwife is like so important and you remember them for the rest of your life, you know they might not remember you. And as a midwife you love it when you go into a room and you get on really well with the family, and you have a lovely twelve and a half hours with them, and they might still be there when you come back and you want to see how they’ve got on. I think that’s all part of it. So I think if it does affect the care that you give them then that does matter. If that was the question, I can’t remember [laughter].

I The question I was going to ask you is if you were an objector but you were able to sort of hold your own personal objection would it affect the quality of care?

M Yeah I think it might do yeah. I don’t think personally it would for me but I can imagine it might do for other people.

I It’s hard isn’t it?

M It is.

I We are getting to the end sorry. I think I’ve asked most of these. Yeah I think that was it really. I’m just going to quickly scoot through them because we’ve jumped around a bit.

M Go on.

I Right I think that’s it. Sorry just this one question and it’s harking back to one of the very first things you said, and it’s around the debate and you were just talking about it. In your profession, do you think that people are comfortable to talk about this topic?

M Well I guess it depends on your stance. So I think like if you weren’t a conscientious objector I think you’d probably find it pretty easy to talk about it. I don’t know. I don’t think if you were you’d be out and proud telling everyone that you were. I think that you’d probably keep it to those people that needed to know. Because it almost goes against the whole midwifery means to be with woman and you’re choosing not to be.

I I didn’t realise that’s what midwifery means.

M Yeah. Midwife means with woman. So I think generally midwives know that and that, that’s their role. So to say that I’ll do it for those women but I won’t do it for them, I don’t think would be a very popular opinion. So I don’t think people would be very open about their feelings. It would be interesting to see. I might have this conversation in work one day [laughter].

I You’ll have to come back and tell us.

M [Laughter] Yes.

I Pass on our details.

M I will. I will do. I’ve not seen it advertised anywhere.

I Have you not? Well I’ll finish this first. Is there anything else you want to ask me or anything more you want to contribute that you think might be important in understanding the extent of and limitations to conscientious objection in abortion?

M No I don’t think so I think I’ve spoke a lot more than I imagined I would [laughter].

I I’m sorry.

M No it’s fine. It’s good.

I Thank you very much.

 **Interview length: 87:28**