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**Respondent: Mia**

START AUDIO

Interviewer: Fire away. Okay, so, first of all, can you tell me a bit about your role as a healthcare professional?

Respondent: So, my role as a healthcare professional was mainly caring for women and babies who, women who were either pregnant or who had babies, or came for their babies, especially if they were sick, I did some of that work as well. So, it’s more supporting women throughout their pregnancy, talking to them about all aspects of reproductive health, really. Yes, in the main, that’s what my major role was. Talking about their family planning, taking care of their health throughout pregnancy and after pregnancy.

Interviewer: Yes, so, can you tell me, then, a bit, again, about that role with regards to maybe advising women who were seeking pregnancy termination?

Respondent: Yes, so, what do you mean, my role would be?

Interviewer: Yes.

Respondent: So, my role would be to highlight, or give them all the information. So, if they came to a midwife, which often they wouldn’t have done because it would be a bit early on in their pregnancy, but not always, sometimes they would come looking for it, then I would most probably give them advice about the law and where they would have to go, where they could possibly go to get help around that, and give them the different options about what might happen depending on how many weeks they were, and then advise them to go and seek the legal side of it, really, because they would have had to go and get signatures around why they wanted it.

 I might talk to them a bit longer about why they wanted it, and have they thought about other options, but I would give them all the facts, really. So, yes, the facts about where they could get support if they wanted to keep their baby, what was out there in the community, and the fact that they could get support, or where they’d get support if they decided they didn’t want to.

Interviewer: Yes, yes. So, looking at it, for me, I’m looking at a professional and a personal take on the subject matter, if that’s okay with you?

Respondent: Yes, no, that’s fine, yes.

Interviewer: So, obviously professionally you’ve explained you would give them all the advice that was there.

Respondent: Yes, and then ultimately it would be their choice, then, what they decide to do, and I think that it’s important that you give them all the sides, so they have the bigger picture, for me, and even, whether I was their health professional or not I would spend a lot of time with people. Like if it was just a family member and I hadn’t been their health professional, I’d mostly say, “Well, have you looked at all the different options for yourself? Like you would if you were doing anything, really, you know, and thought about what that might mean to you, or what it might mean, however you felt,” because I do believe it’s, for me, it’s all about the choice, really.

 The important part, I think, that people should be able to make choice without feeling threatened by whatever it might be.

Interviewer: Yes, and there’s obviously, sometimes, within the subject matter that fear of judgement.

Respondent: Yes, absolutely, yes, and ultimately I would say, “It’s not about people judging you, it’s about you making realistic choices about your life, and about your ability, even, to be pregnant, or care for a child later on,” and all of those, sort of, aspects of it, really. Yes, because, to me, I mean, midwives still would give those same choices to women, really, when they talk about screening, because that’s another issue. So, they would say to them, “I can tell you all about the screening that’s going on, but ultimately it’s your choice, and you need to understand what the outcome was if you make that choice.”

Interviewer: Yes, you have to be equipped.

Respondent: Yes, that’s right. You need to think about, everyone says, “Oh, we have all this screening done,” but you’ve got to think about, well, if you have the screening done and it comes, in particular if you’re talking about something like Downs Syndrome, or any syndrome, if you have the screening done, is that going to make any difference to the choices you make? If it’s not, why do you need to have the screening done? Thinking like that, or you have the screening done and irrespective of that, you’d just like to be in the know, because some people do, they want to know what the outcome’s going to be, but it doesn’t mean you have to make choices around that.

You can just carry on anyway with your pregnancy in the same way, but it’s just, I suppose, giving them all the idea about the facts.

Interviewer: Yes, and all the knowledge, really, to be armed with some knowledge.

Respondent: Yes, so they can think about, “Well, irrespective of those sorts of things, I’m going to carry on,” or, “I’m not going to carry on,” and ultimately, I think, it’s their choice, and we as health professionals should not be showing any judgement, whatever our views are, and also allowing them to make those choices and giving them as much support as you can, of course, in making those choices, yes.

Interviewer: Yes, of course, yes. So, would you say you had a different professional and personal belief, or are they much the same?

Respondent: Most probably I think mine run along the same line. I am a great believer in personal choice, and a great believer in live and let live in that sort of sense. If you choose to do that, that’s what you choose to do. I personally wouldn’t choose to do that, but if you do, that’s your choice. So, I don’t think I would be any different in a personal view. Sure, I might give them, not necessarily persuade them, but I might say, “Have you got all the facts? Do you have all the facts? Have you really thought about,” not necessarily how dangerous it is, or whatever it is you’re talking about.

 So, in that way, but I think that, ultimately, people need to go away and think for themselves about things like if they want to have an abortion or not, and I don’t think my views on it, whether I, personally I think everyone should have a choice, okay? I’m not against it, and in a way I’m only for it if the people are for it. Does that make sense?

Interviewer: It does, yes, because everybody’s different, and they have their own reasons and their own feelings on things, as well. Yes, I know what you mean, so you can understand where people are coming from.

Respondent: Ultimately, people need to be able to justify it to themselves. If they can justify it to themselves, then who am I to say, “Your justification is not correct,” and if we’re talking particularly about abortion, or pro-life, or whatever you want to say, I suppose for me the issue is that we spend a lot of time discussing pro-life, and the fact that some people should be pro-life and others shouldn’t, whatever your choice is, but we don’t look at it in other aspects of our health, do we?

 We only ever look at it around abortion. So, I’ve had this conversation with other people, and they say, you can be a conscientious objector, okay, to abortion, because of whatever your reason is, it might be your religion, it might be you’re pro-life, it might be anything, but then if we say, if people conscientiously object to people having abortion because they’re pro-life, then really they should conscientiously object to people overeating, or smoking, or drinking, because they’re all things that affect people’s, ultimately, affect their life.

 Maybe it’s more in the long term, but it still affects life, doesn’t it? So, we could go on, couldn’t we, really?

Interviewer: Yes, that is a really interesting point, actually. So, just because we’re talking now about conscientious objection, what does that mean to you?

Respondent: It means that you are totally against people doing something, or you’re doing it, personally, I think it should be personal, you’re totally against being involved in something that you think is wrong, but, to me, you have to be able to justify that, and you can’t pick and choose. You shouldn’t be able to pick and choose. If you’re justifying it on the pro-life issue, whether it happens to be going to war, having an abortion, or whatever, or eating meat, or whatever it is. I know that’s not about pro-life, well, it’s not necessarily about human life, but it’s about pro-life.

 So, therefore, if you’re saying the reason you don’t do those, or you don’t believe those things, or you’re against them and you don’t want to be involved in them, whatever that might be, is because you believe in the sanctity of life, then really you’d have to look at all those things that influence life, if you’re going to say you’re a conscientious objector against that particular. So, me, it’s someone who’s, but really people are inclined to be less conscientious objectors than, a terrible word, fanatics about their own, do you see what I mean, that little aspect of it.

Interviewer: Yes, and the whole conscientious objection thing, do you think that comes down to moral beliefs, or do you think there are a lot of factors?

Respondent: In a way, I think there are a lot of factors, but I think lots of people do, especially, the abortion issue, I think, comes down very much around not only moral but religious beliefs, I think. It’s very strong in that aspect, although, again, in other areas of conscientious objection you could say there’s some of that same, maybe not religion as we know it, but philosophy, then, or ethos, or whatever you want to call it in there against why people so object to what’s going on, and you could say that really, in a way, people do become quite fanatical about it, and feel that everyone should agree with them, and everyone should do what they want.

Interviewer: Yes, yes, because they feel so strongly.

Respondent: Yes, yes. They feel so strongly about it. So, I don’t know whether that’s the same as conscientious objection, but I suppose, really, if you refuse to do something yourself and don’t do it, then you could say that.

Interviewer: Yes. Can I ask, have you ever had experience of conscientious objection, whether it be by you as an individual or by any of your colleagues that you’ve worked with?

Respondent: Around abortion?

Interviewer: Around abortion, yes.

Respondent: No, I haven’t, really, no. The only time I’ve come across it is when I once went to visit somebody I knew who lived near a clinic, and when I was trying to go in to visit them, I wasn’t visiting them in the clinic, they lived in accommodation there, people were saying things to me like, “Jesus loves your baby,” and stuff like that. Which was quite interesting, seeing as I wasn’t pregnant anyway.

Interviewer: Right, okay. Yes, yes.

Respondent: So, it was almost like anyone who entered that area they made the assumption you were coming there, as a woman, and, again, as a woman, they would never have said it to a man, but as a woman they made, the assumption was you were going into the clinic for an abortion, yes. That’s about the only time, I think, I’ve come across anyone objecting not to do something.

Interviewer: Yes, that’s interesting, and, as you say, that assumption, as well.

Respondent: Yes, terrible. As a woman, you make assumptions, like, I’ll get off the track, which I do quite often, you go somewhere and people will look at you and as a woman they will make assumptions. Like, I often go into, when I first went to my new place where they didn’t know me, I’d go into the maternity hospitals, and I asked to see the midwives, in fact one woman said to me, “Oh, isn’t it gyny that you want,” because of my grey hair, thinking I couldn’t possibly want to see a midwife because I couldn’t possibly be pregnant.

 So, I always make jokes of it now, saying, “I know I look like I’m a bit old to be seeing the midwives, but I’m coming to see the students, actually.”

Interviewer: Again, that’s that whole basis of it, it’s all based around assumptions.

Respondent: Assumptions, yes. So, sometimes I think people make assumptions in that same way about why people have chosen to have abortions instead of actually looking at them, but I suppose the conscientious, as a health professional, conscientious objection is, again, you don’t want to be involved in anyone having an abortion, but I find it very difficult, because I think that, as a health professional, your role is to help people, irrespective of what’s happening.

 So, I can understand if they say, “Well, I don’t want to actually give them the thing,” you know, it’s all very medical, isn’t it? There are surgical ones, and they refuse to do the surgical ones, they’re all going, “I don’t want to give them things and I don’t want to be involved,” but caring for someone who’s had the medicine should be totally different. In my view, it should be, and I think, I have no problem with people’s views, I really am a great live and let live view on it, but I think when it influences your ability to work, when it influences what you’re saying to other people, or trying to give people, be judgemental of other people, then I don’t particularly like it. Does that make sense?

Interviewer: It does make sense, yes.

Respondent: So, for me, it’s all around, “Yes, you’re welcome to have conscientious objections, I have no problem with it, but you need to keep it to yourself.”

Interviewer: Like, “Can you rein it in?”

Respondent: You need to keep it to yourself, or, if someone actually asks your opinion, that’s different, but to try and put your opinion on someone else is more difficult.

Interviewer: That’s a different story.

Respondent: Workwise, I think you can’t pick and choose what you do in your job. If your job is to care for pregnant women, or women who are potentially in that region, as a midwife, then you can’t pick and choose, “Well, I only want to do that bit of it.” To me, that is important, although I know that people are allowed to pick and choose what they do, but you might find that people who care for women who are having an abortion don’t particularly like doing it, but they don’t have such strong feelings that they’re going to say they’re not going to care for someone, because they want to care for those people and they don’t want those people to feel guilty about what they’re doing.

 They want to care for them, make sure that they remain healthy, and make sure that everything goes well, and no-one gets sick around it, and support them in their choices. Whereas they may not like doing it all the time either.

Interviewer: Yes. So, is it fair to say, then, that your view, then, you think that coming into that profession, you know what you’re coming into, you know what you’re going to face?

Respondent: You should know what you’re coming into, yes. Yes, I think you do, and I know the situation has changed a lot for some older midwives, because you most probably wouldn’t have been involved in that aspect anymore, but if you came into nursing, there’s always the potential that you would face those situations. It’s a bit like saying that, in a way, if you’re living pro-life that you’re not going to care for anyone, or even try and help someone who’s attempted to commit suicide.

 You’re not going to rush up and try and keep them, help them. You’re not going to walk up to them and say, “Can we chat about this,” because you’re anti it. I know it’s not the same as abortion, but in a way, it is. There’s something about abortion that separates it from all the other things about pro-life.

Interviewer: That’s the interesting thing, I think, yes.

Respondent: Which is a problem, and whether that is because it’s another life, well, what people class as another life, and that’s another debatable issue which we won’t get into, another life that’s being disposed of, rather than the life of the actual person, maybe that’s the difference, I don’t know.

Interviewer: Yes, that’s interesting.

Respondent: Yes, yes.

Interviewer: So, what would you say constitutes participation within the process of termination?

Respondent: Well, I suppose, to me, the process would be if you actually hand over the pills. That’s participating. Caring for someone who’s taken them, to me, is not participating, because it’s already happened, you can’t change it. If you’ve given them the pills, or if you’ve done anything to start off the birth, or get rid of, it’s impossible to stop it, really. So, to me, the only bit you could really conscientiously object to is the giving of the medication.

Interviewer: So, physically giving that medication, yes.

Respondent: Yes, whereas caring for someone, or going in and helping someone who’s got a problem, as a midwife, caring for someone who’s taken the pills, helping when they abort the baby, maybe supporting a colleague if there’s a complication where somebody’s needed to come in there, to me, that’s not the same, because that’s a different role. That’s a caring role, and, to me, that’s all about caring for people who need your help at that time. Whether you’re supporting your colleagues or supporting the women, or the person themselves.

 It would be like saying that, and I know it’s intentional, that one, which might be different, but it’s a bit like saying that you saw someone in a car accident who was pregnant, and their baby was aborting itself, is that different? Well, you would still care for them in the same way, but they know it’s an accident, that, to me, once you’ve taken the pills, that’s it. The act of doing it, everything else is all the medicine working, so, after that, there’s nothing you can do about it.

Interviewer: Yes, and what about providing the advice, giving advice to women, as well?

Respondent: That’s really difficult, that’s, again, it’s part of our role, to give unbiased information. We should not be putting any of our own views into it. “These are the facts, and this is what would happen, and these are the facts, and this might happen. Do you want to still continue?” I think you have to be very unbiased. In all healthcare, you should be unbiased, unless you feel that the choices people are making are very dangerous to themselves, and I just mean dangerous as in they might die.

 Well, everything you have done, you might die, but making outrageous choices, like deciding to give birth in a field or something with nobody present. That, to me, is a dangerous thing to do, because, sure, it might happen occasionally, but there are so many other potential problems, and, in fact, as midwives, our commitment is to the women, not to the baby, yes. We are committed to caring for the health of the woman, and the baby to a certain extent, but the woman overrules the baby, really.

 So, if it meant the difference between saving the life of the woman compared to the baby, we should always be going down the route of the woman.

Interviewer: The woman, that’s interesting. I’ve heard that said before, midwife really does mean with woman.

Respondent: Yes. That’s really, in a way, we are, although women can refuse, we would always be on the side of caring for the woman if she was putting her life in danger, rather than siding on the unborn baby’s side.

Interviewer: Yes. That’s interesting, yes. So, your views, and your beliefs, then, from what you’ve described, obviously, are quite liberal. You’re quite open to people having choices.

Respondent: Oh, absolutely, yes.

Interviewer: Have you always had those same views?

Respondent: Yes, always. I’ve always been a great believer in, in a way, in the saying live and let live, to a certain extent. As long as what you’re doing is not impinging on other people’s lives or causing danger to them or their life. So, yes, in this case I don’t think I’ve ever changed my mind. I always thought the whole aspects of women having a choice about whether they get pregnant or not, whether they have a child or not, was a major issue for women, because before it was very un-controlling for them, and I’ve always thought it’s been the greatest thing for women to be able to have that choice, and I think it would be really sad if it was removed, because ultimately I think they should have choice.

 I don’t think that abortion is an option for contraception, don’t get me wrong, as they do in many countries. I don’t think it should be, and I think that women should have more, that contraception should be more promoted if women don’t want to be pregnant.

Interviewer: So, education, really, plays a huge part in that as well, again.

Respondent: Yes, absolutely, yes, yes.

Interviewer: That’s been a commonality I’ve found, as well. Lots of professionals, lots of healthcare professionals are speaking about the importance of education within the whole topic area, from sexual health to contraception to being armed.

Respondent: Educating people, yes, absolutely. The more knowledge people have, I think, the easier it is for them to make the decision they think is right for them, and I think that, really, we’ve moved so far forward in the last 50+ years for women to have so much choice, but some women are still standing back from that and not making those choices, which I think is quite sad, and some of that is to do with our whole culture, really, isn’t it, and some people believe, of course, that by educating people about how to protect yourself from birth or having contraception, whatever, means that you’re promoting promiscuity.

 Which is not necessarily true, because if you have no knowledge about anything, then you don’t have the knowledge about what’s right. To a certain extent, you have no knowledge about what’s right and wrong, and situations happen. So, it’s almost like burying your head in the sand and saying, “If they don’t know about these things, they won’t do those things,” but that’s not quite true, is it?

Interviewer: No, no.

Respondent: They do it in ignorance, and then that makes a big problem.

Interviewer: Sure, aye, and even, like, the media, the influences of media and everything, particularly now, as well, we all have access to social media, there’s so much out there now that some people can say, I know it’s a different subject, but it still comes into the same, you can’t ever have too much information, but sometimes you can have the wrong information, and be drip-fed.

Respondent: Absolutely, and that’s the other thing, yes. You can get the wrong information drip-fed, and young people in particular are inclined to go with the flow of everybody else, and they don’t necessarily, and that’s why the more information they have the more they can protect their own individual health, because what’s right for you and what’s right for your mate is not necessarily the same thing, but people don’t always understand that, and when you talk to people about, whether it’s about abortion or having a baby or contraception, it’s, “That’s what my mate did.”

 Well, really, you need to look at you as an individual, because what your mate did or hasn’t done or whatever may not be what’s right for you, but it’s hard to tell that to young people, really.

Interviewer: So, it’s very much, you think, maybe cultural as well, then?

Respondent: Oh, very cultural, in a way, because, you see it still now, don’t you, about they don’t want young people in schools to have sex education, or to know anything about that, because you’re influencing them to be promiscuous.

Interviewer: It’s still such a taboo subject for some reason.

Respondent: Yes, absolutely, and we must be doing something wrong because other countries in the world don’t have it as such a taboo, and they don’t have any more problems, or most probably have less problems than we do around those issues.

Interviewer: Do you think that has any impact on conscientious objection as well, the whole taboo subject and the whole, “This is wrong,” you know?

Respondent: I think it is, I think in a way, I think that because people promote things as wrong rather than choice. So, “If you’re like this, you must do this, if you want to follow this pathway,” it’s a big problem. So, I think, in a way, but I think that people, some of the conscientious objection moves into fanaticism, if that’s the right word, because people go from just conscientiously objecting to try to impart their conscientious objection onto other people.

Interviewer: Yes. So, looking at it again from a conscientious objector’s stance, right, what do you think would be limitations, what would you identify as objections to conscientious objection?

Respondent: Well, I think, I don’t really think there’s a limitation to the individual. I think there’s a limitation to imparting it, I think if you truly believe those things then why is it a limitation? As long as you live your life like that. For me, it’s the contradictions in it, really, and that’s what I find the limitation of that is, is the contradictions in saying you conscientiously object to one thing, but not really looking at the bigger picture, if it’s all about pro-life, in the case of abortion, and also trying to impart your beliefs on other people who don’t really necessarily want them, and quite often not necessarily in a nice way, by force, almost, in a way.

 It’s almost like, “If you don’t believe what I believe then you’re ignorant,” some people, or, “You’re just not a good person,” and it’s that guilt thing. So, for me, that’s the limitations, do you know what I mean?

Interviewer: Yes, I know what you mean, definitely, yes.

Respondent: That’s my views on what is wrong with, or what is the limitation of having conscientious objections, trying to impart your beliefs on other people, and in the case of working, if we’re looking at some of the reason I know why this originated, to me, I think that if you truly believe those things, you need to look much harder at your choice of occupation, because if you go into an occupation which says that you should be non-judgemental in all aspects and not impart your views on other people, then you shouldn’t be doing that if you totally disagree, but I know that the law says that people can have a conscientious objection to something in their work, as long as it doesn’t impinge, I can’t remember.

Interviewer: Yes, but there’s still a really grey area surrounding it, and, again, just having spoken to various health professionals, some might think that there is an actual need for that kind of grey area, if that makes sense.

Respondent: Yes, I suppose so, yes, but I suppose it needs to be grey so, yes, I don’t know, but then you get down the route of people becoming really upset because they believed that they could do that, whereas, you know, if you were in a situation, for instance, and you’re in a ward situation, there are three of you there, and one person has been allocated to care for someone who’s having an abortion, whenever that might be, and the other two people conscientiously object to it, that is putting not only the woman but the other practitioner’s role in jeopardy, and really, in a way, is that possible?

 You work as a team, and you expect your teammates to support you in all aspects, to suddenly be, “Oh, I’m all on my own now, nobody’s going to help me, because they refuse to do it,” it becomes really difficult.

Interviewer: Yes, definitely. I know what you mean there, and also do you think that maybe personal experiences could change people’s views?

Respondent: Oh, yes, I’m sure, yes.

Interviewer: So, maybe you have somebody who isn’t a conscientious objector or wouldn’t identify as that, but then something happens that makes them, you know?

Respondent: I think life’s experiences do change you. I mean, something they’ve seen happen, or, yes, absolutely, I’m sure it can change you to be that way, but then I think that if you do believe that you have to seriously sit down and think, “Am I doing the right job now?”

Interviewer: Yes, if something has had such an impact?

Respondent: Yes, yes. I think so, if something’s impacted on you so much that you can’t, and you need to keep going back to what your role is, because people don’t go back to their role, they think that as an individual they have the right to change that, but there is a set role of what you’re supposed to be doing. So, if you feel that your beliefs now prevent you from doing that role then maybe you’re the one who has to step aside.

Interviewer: Yes, that makes perfect sense, yes.

Respondent: I’m not saying that, I mean, life is life, isn’t it? Everything you experience changes what you’re going to do and how you act in future, and whether you ever do this again, or do that. That’s a bit like saying if you were a lorry driver and you’ve driven lorries for years and you had a terrible accident, are you actually going to carry on being a lorry driver? You’d most probably stand back and think, “Maybe I don’t think I can do that job anymore, because I no longer feel comfortable driving around in big lorries because of what happened.”

 So, in a way, you could say that it’s the same, and I know it’s very difficult to say you have to give up your whole career because one aspect of it doesn’t suit you, but ultimately, as I said, you can’t pick and choose, really.

Interviewer: Yes, because you need to, when you’re caring for somebody…

Respondent: Yes, you’ve got to care for them irrespective. We care for lots of people that maybe we don’t have the same views as them, whatever that might be. So, maybe we care for people who maybe are suicidal, or do abuse their bodies, or do do lots of things that we don’t agree with, but we still have to treat them all the same, because they are all the same to us. They are somebody, a woman who’s either been pregnant or wants to be pregnant or who’s had a baby, we have to treat them in the same way, and we have to give them the same care and the same information and be non-judgemental about what their choices are, in a way.

 Unless we think it’s very unsafe and is going to be detrimental to their health or somebody else’s health, then we can step in and try to, but even then we can only support them and try to get them support in that way.

Interviewer: Yes, yes, and also signposting, just when you were saying about support, if somebody feels that they can’t offer their full support.

Respondent: That’s right. So, if you don’t believe that, if you think that abortion is wrong and that you object to it so strongly, are you actually going to send someone to speak to a counsellor about having an abortion?

Interviewer: Within, so, obviously there’s a time factor involved in things, as well.

Respondent: Yes, that’s right.

Interviewer: So, some people might argue that they feel that signposting on is participating.

Respondent: Yes, that’s right. Absolutely, and they may well do, and that’s where, the bit I was talking about screening. So, if you’re advising people on screening, you should be quite emphatic to those people what they plan, if the outcome is that your baby has this, and some babies, not necessarily Downs, they are compatible with life, but there are some chromosomal problems that are not compatible with life. So, you’re going to say to them, “Well, we’re going to test for these. Do you realise that if we tell you it’s positive, have you thought about the consequences of that? Are you going to continue with the pregnancy knowing that your baby’s going to die directly it’s born?”

 Those are the consequences you’ve got to face if you find out about it, and so, again, if someone conscientiously objects to abortion, would they be able to give them all those facts, or would they just say, “Oh, yes, it’s good for you to know,” because some people would not want to know. Especially if they’re not going to abort it, they would not want to know. Can you imagine what it must be like to spend, I just can’t imagine what it must be like to spend four, five months carrying a child that you know is never going to live.

Interviewer: Yes, it’s devastating, yes.

Respondent: Yes, it’s terrible. It’s a bit like if the baby’s already died, leaving it there until you go into labour. It’s totally terrible.

Interviewer: Yes, you can only imagine.

Respondent: Yes, that’s right, and so, yes, those people must find it difficult to advise women.

Interviewer: Yes, of course. So, do you think there’s anything in the whole topic area that we haven’t spoken about that you might like to add?

Respondent: I don’t know.

Interviewer: We’ve spoken about quite a lot, and it’s great having different viewpoints, obviously, it’s what we want.

Respondent: No, I don’t think I have, really. I just do, I have to admit that most probably my thing is about people talking about being pro-life but they’re not looking at the whole aspect of what pro-life means, and as I said to you it always seems to be because it’s a baby and a woman, rather than the woman themselves.

Interviewer: Yes, yes, of course. So, I don’t know if I’ve asked you this question, but I have said to you have your beliefs always been the same, but do you feel that they’ve changed at all as in maybe got stronger?

Respondent: Well, I suppose, like anyone, the older you get, the wiser you get. I think it is, in a way, so most probably although I’ve always believed that people should have choice, I most probably believe it even more now, and maybe, when I was younger, maybe I would have been more judgemental around some aspects, but as I’ve moved on I’ve most probably realised that it’s not, yes.

Interviewer: Again, you would say, obviously, that’s down to experience?

Respondent: Yes, it’s knowledge and experience.

Interviewer: Coming across lots of different situations, maybe, as well.

Respondent: Yes, that’s right. Yes, and realising it from other people’s perspectives, because if you talk to people who’ve had these experiences you realise how devastating they are, or can be to them, and when you work in this situation you become very blasé about other people’s experiences. I always say to student midwives that I talk to, “We talk about minor ailments of pregnancy. We call them minor, okay, but for a woman who spends her whole pregnancy vomiting every day, it is not minor to them, and you need to think about that,” and we become very blasé about the fact, we class them as minor.

Interviewer: Yes, that’s interesting, even thinking about that, yes.

Respondent: Yes, because we see it, so many, “Oh, it’s very minor. Well, it’s normal, it’s okay for you to vomit every day.” Yes, but it’s bloody awful to vomit, sorry, your tape.

Interviewer: It has such an effect, yes.

Respondent: It’s awful to vomit every day of your life for nine months.

Interviewer: Yes, of course.

Respondent: You have to show empathy to people for things like that. It’s like, yes, it’s quite common to get varicose veins and have haemorrhoids when you’re pregnant, but they’re not very nice, and if it’s your one and only time of your life that you’ve ever thought about it, or maybe twice, it’s not as if you see it every day. Yes, so you have to be careful about you don’t become blasé in your job about what’s normal.

Interviewer: Yes. That’s great, honestly. So, you don’t think there’s anything else you would like to add?

Respondent: I don’t think so, no.

Interviewer: I think questions-wise, before even asking them you’ve covered, which is great. So, thank you so much for taking part.

Respondent: As long as you’re happy with the content that you wanted.

Interviewer: Yes, absolutely, thank you so much.

END AUDIO

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