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Training Abortion Doulas: lessons from a Covid-19 context

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Abstract:	Historically societies have long standing traditions of birth doulas, in the role of lay persons who support the pregnant woman / person during the birthing process; with contemporary studies affirming their positive impact,[1]. In parallel abortion doulas have also held roles in assisting in the abortion process,[2]. The role centres on emotional and social support, with evidence as to their impact increasing in the last decade,[3]. Whilst some doulas operate within specific roles, such as birth or abortion, a full spectrum doula is involved in all reproductive health outcomes,[3]. Whilst the Covid-19 pandemic has presented challenges for Sexual and Reproductive Healthcare (SRH) broadly and in particular abortion services,[4-6] it has also presented opportunities. This includes abortion doulas working alongside clinical services to compliment and to be integrated with SRH, in the same way birth doulas provide support for maternity services. In this paper we set out the development of abortion doula training in Northern Ireland, considering the context of the pandemic and its potential for working alongside abortion services.

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Abstract

Historically societies have long standing traditions of birth doulas, in the role of lay persons who support the pregnant woman / person during the birthing process; with contemporary studies affirming their positive impact,[1].

In parallel abortion doulas have also held roles in assisting in the abortion process,[2]. The role centres on emotional and social support, with evidence as to their impact increasing in the last decade,[3]. Whilst some doulas operate within specific roles, such as birth or abortion, a full spectrum doula is involved in all reproductive health outcomes,[3].

Whilst the Covid-19 pandemic has presented challenges for Sexual and Reproductive Healthcare (SRH) broadly and in particular abortion services,[4-6] it has also presented opportunities. This includes abortion doulas working alongside clinical services to compliment and to be integrated with SRH, in the same way birth doulas provide support for maternity services. In this paper we set out the development of abortion doula training in Northern Ireland, considering the context of the pandemic and its potential for working alongside abortion services.

Abortion Doulas

As co-convenors of the activist organisation Alliance for Choice (AfC), co-authors, Naomi Connor and Emma Campbell, have been supporting abortion seekers through their abortion journey in Northern Ireland (NI) for a combined total of 16 years, assisting approximately 700 abortion cases during this time. Having encountered abortion doulas at an international conference in 2016, they found a name for the work they were already doing. In the following four years they continued to provide the grassroots service alongside their role as activists, whilst at the same time engaging in intensive political campaigning which preceded the October 2019 decriminalisation of abortion legislation in NI,[7].

The outbreak of Covid-19, coupled with refusal of the NI Health Minister to commission (fund, resource) abortion services gave a heightened impetus to this work. Despite his refusal, the five Health and Social Care Trusts in NI, proceeded with limited interim services,[6]. Subsequently services in two Trusts have been

interrupted due to capacity and staffing issues. This has increased the numbers of those accessing abortion from online NGOs outside of official provision.

Additionally the frequency of calls from abortion seekers requiring abortion medication and abortion access increased significantly following the removal of criminal sanctions in October 2019. The introduction of abortion regulations in March 2020,[8] saw a further increase in calls from abortion seekers, coupled with the Covid-19 lockdown, this resulted in calls increasing from an average 4 per week to 14. The time spent supporting these cases ranged from a few hours to spanning days. Pastoral support was urgently needed as well as guidance on using the pills, in particular for those who found the system confusing and stressful, due to a lack of public information on abortion services. Each abortion seeker's needs were different and doula support was tailored to their emotional, logistical, practical and accompaniment requirements. Support included providing reassurance before and after use of abortion medication and going with abortion seekers to abortion clinics.

As the demand for services increased, it was evident that the informal doula provision needed to be developed and extended beyond current resources. With specialist advice from Mara Clarke at Abortion Support Network and founding member of Abortion Rights Campaign, Siobhan Clancy, "Lucht Cabhrach: Abortion Doula" programme was designed. The content of the programme was informed by World Health Organization and International Planned Parenthood Federation resources, as well as activist's experience.

This course provided an opportunity to learn and connect with others also carrying out this work. The course was delivered via an online platform, two sessions per week over 7 weeks. The course was designed to encourage self-reflection, drawing on participant's experiences and with a central focus on tailoring doula support for each individual.

Inclusion criteria for participants required completion of at least one previous AfC training programme. The doula programme was promoted via a dedicated website and AfC Instagram page. This resulted in a number of full spectrum doulas, who had been unable to find training specifically on abortion, joining the programme. The participants came from a range of demographics, but all were women and non-binary people. All either had directly supported abortions, were health professionals or had personal experience. Amongst participants there was a collective desire and commitment to support people through their abortion journey. An evaluation of the programme has informed a training manual to be launched in Spring 2021. Following this we will be supporting a newly established abortion doula network as they begin offering services.

Conclusion

Looking to the future a trained abortion doula service provides an opportunity to support and complement the professional workforce in the delivery of abortion services. This person-centred collective approach could potentially improve and facilitate better continuity of care and improve the experiences for people.

Whilst the Lucht Cabrach programme was initially developed for a NI context there are learning opportunities for similar programmes internationally who want to support abortion seekers throughout this journey.

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