



Termination of pregnancy in Jersey: Phase 2 consultation feedback report

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Section 1: Background

1. A public consultation on proposed changes to the termination of pregnancy law ran from 17 March to 14 April 2025 (4 weeks). This Phase 2 consultation was a follow up to an in-depth Phase 1 consultation that ran from 20 July to 31 October 2023. The purpose of the Phase 2 consultation was to ask specific questions about proposed changes to the Termination of Pregnancy (Jersey) Law 1997. The proposed changes to the law, set out in the Phase 2 consultation, were shaped by Phase 1 consultation feedback.
2. The Phase 2 consultation was an on-line survey which asked a series of multiple-choice questions about matters set out in the consultation report. The consultation report took the form of law drafting instructions. The survey was designed to provide quantitative feedback on specific law drafting proposals, as distinct from wide qualitative feedback on matters related to termination of pregnancy as per the Phase 1 consultation. The survey questions are included in Appendix 1.
3. The survey was promoted via press notices, social media posts and through direct communication with local professional stakeholders.
4. It is important to note that people who responded to the consultation chose to do so because of their interest in the subject. It must not be assumed that their individual or collective views are wholly representative of wider public opinion.
5. This feedback report summarises the responses to the Phase 2 consultation questions.
6. The Minister for Health and Social Services, having taken account of the Phase 2 consultation feedback, will be amending the law drafting instructions as the Minister has determined is appropriate. The amendments to be made are described in the Section 5: Summary of Decisions.
7. In accordance with a decision of the Assembly, it is intended that an update termination of pregnancy law is lodged by end December 2025 for consideration by the Assembly in early 2026.

Section 2: Summary of findings

Survey respondents

8. 259 completed survey responses were received. 5 of those responses were excluded as the respondent was not resident in Jersey, and a further 2 organisational responses were discounted. As a result, 252 responses were available for analysis.
9. 194 of the respondents were female. 151 of those were aged 16 to 54 (this includes females who responded as an individual or as a professional).
10. 61 respondents stated they had personal experience of termination of pregnancy (this includes people who have had a termination, considered having a termination or supported someone who has had or has considered having a termination). Of these, 46 had closely supported someone to have a termination.

Alignment of responses to consultation proposals

11. The responses provided to the survey indicated majority support for the following proposals:
 - pre-termination consultation for an early medical terminations should be in-person as opposed to via phone or video (69% of all respondents supportive)
 - pre-termination consultation for an early medical termination could be with a doctor, nurse or midwife (61% of all respondents supportive)
 - the medication for an early medical termination can be taken by the woman at her home or an appropriate place (62% of all respondents supportive)
 - terminations should be permitted at any point in pregnancy to save another foetus (55% of all respondents were supportive)
 - terminations should be permitted at any point in pregnancy if there is a serious foetal anomaly (51% of all respondents supportive)
 - for terminations performed at more than 21 weeks and 6 days gestation, the requirement for a second doctor to examine a woman should be removed; the law should only require the doctor carrying out the termination to consult with another doctor who has appropriate medical knowledge (83% of all respondents supportive)
 - the law should provide that it is an offence if:
 - a person performs a termination on another person which does not accord with the law (86% of all respondents supportive)

- a person knowingly assists with a termination on another person which does not accord with the law (84% of all respondents supportive)
- a person persuades (or attempts to persuade) or cause a woman to have a termination which can include using threat, force or coercion or through the procurement and supply of termination medicine (96% of all respondents supportive).

12. There was a divergence of views on the following proposals:

- terminations on any grounds should be permitted up to 21 weeks and 6 days
- that the law should be amended to permit terminations beyond the current 12 weeks and 6 days limit even it is not possible to provide later stage terminations in Jersey
- a woman who is more than 21 weeks and 6 days pregnant only needs to consult with one health care professional prior to having a termination

13. In all cases, the divergence was broadly between individuals and professionals who hold differing views on some matters related to termination.

Note: All percentages in this report have been rounded to the nearest whole number.

Section 3: Consultation respondents

14. Responses were received through the online survey.

	Online survey responses analysed
Individual who believes a person should be able to have a termination in Jersey*	136
Individual who does not believe a person should be able to have a termination in Jersey*	63
Professional respondents	50 [of these, 3 stated they do not believe a person should be able to have a termination in Jersey]
Responses on behalf of an organisation	3

* 'individual' includes those who responded 'no' or 'prefer not to say', when asked 'Are you a health and care professional?'

NOTE: Excluded survey responses

Individuals

15. The survey asked if respondents lived in Jersey; 5 did not. As the consultation objective was to enable islanders to respond to the proposed changes to the law, these responses have been excluded from this report.
16. Responses were checked by IP address to establish if individuals were submitting multiple survey responses which could have the effect of skewing the data. There were 11 IP addresses from which more than one response was received. In most cases, no more than two responses were received from the same IP address, suggesting a shared household computer or a place of work. These responses have not been excluded from this report.

Organisations

17. 5 responses were received by people who stated they were answering on behalf of an organisation. Of those, 1 organisation was not based in Jersey and 1 respondent did not have authorisation to respond on behalf of that organisation, so these responses have been excluded from this feedback report. It should also be noted that of the 3 organisation responses included in this report, 2 appeared to be from the same organisation but were differently titled and responses to some questions differed between the 2 submissions.
18. Written responses (as opposed to survey responses) were also received from British Society of Abortion Care Providers and the British Pregnancy Advisory Service. These have not been included in this report although Minister is grateful for the

feedback received (alongside the feedback from all key stakeholders that information the development of the proposals set out in the Phase 2 consultation).

Age group by gender

Response option	Total			% of all respondents		
	Female	Male	Other / Prefer not to say*	Female	Male	Prefer not to say
Under 16	-	-	-	-	-	-
16 to 19	10	<5	-	4	2	-
20 to 24	14	<5	-	6	1	-
25 to 34	48	12	<5	19	5	1
35 to 44	42	5	<5	17	2	<1
45 to 54	37	13	<5	15	5	<1
55 to 64	31	6	<5	12	2	<1
65+	12	7	-	5	3	-

* No respondents selected 'other' in response to 'what is your gender?'

Experience of termination of pregnancy services

19. In total, 61 respondents said they had personal experience of termination of pregnancy (including if they have considered or had a termination) and 46 said they had supported someone that had or had considered a termination.

Experience of working in health and care

20. 50 respondents reported they were a health and care professional

Profession	% who responded that they are a healthcare professional
Doctor	20%
Registered nurse or midwife	32%
Allied Healthcare professional	28%
Pharmacist	4%
Social worker	2%
None of the above	14%

Section 4: Responses to survey questions

21. This section of the feedback report presents responses to the questions set out in the consultation survey. For each question, responses are grouped in the following categories:
- individuals who believe a person should be able to have a termination in Jersey
 - individuals who do not believe a person should be able to have a termination in Jersey
 - health and care professionals
 - organisations.

Termination on any grounds

22. It is proposed that the amended law will provide that a woman may have a termination on any grounds up to 21 weeks and 6 days gestation [i.e., she can decide to have a termination for any reason without justification of need]. 21 weeks and 6 days is the proposed limit because:
- the end of the 22nd week of pregnancy is broadly agreed to be the point at which life is not viable i.e. generally, a baby that is born prematurely on or before the end of the 22nd week will not live
 - Jersey General Hospital does not currently provide the specialist procedure which is recommended for termination of pregnancy from 21 weeks and 6 days gestation. People who require a termination beyond this point are usually referred to the UK.
23. **Question: Do you agree with that termination should be permitted on any grounds up to 21 weeks and 6 days gestation?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree. The limit should be increased to 21 weeks and 6 days	56%	5%	42%	-
No – I don't agree. The limit should remain at 12 weeks and 6 days	21%	60%	34%	67%
No – I don't agree. The limit should be <u>increased to more than 21 weeks and 6 days*</u>	9%	-	4%	-
No – I don't agree. The limit should be <u>decreased to less than 21 weeks and 6 days*</u>	14%	30%	16%	33%
Don't know	-	5%	4%	-

% of respondents answering question per category

24. **Question: If you answered No – I don't agree. The limit should be increased to more than 21 weeks and 6 days, what do you think the gestational limit should be increase to?** Total number of respondents answering this question: 14

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	12	0	2	0
23 weeks	8%	-	-	-
24 weeks	50%	-	-	-
26 weeks	8%	-	-	-
27 weeks	8%	-	-	-
28 weeks	17%	-	-	-
30 weeks	-	-	50%	-
40 weeks	8%	-	50%	-

% of respondents answering question per category

Respondents asked to select a week between 22 weeks and 40 weeks gestation, weeks that were not selected by respondents are not listed in table above.

25. **Question: If you answered No – I don't agree. The limit should be decreased to less than 21 weeks and 6 days, what do you think the gestational limit should decreased to?** Total number of respondents answering this question: 47

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	19	19	8	1
5 weeks	11%	100%	13%	100%
6 weeks	5%	-	-	-
10 weeks	5%	-	-	-
14 weeks	11%	-	25%	-
15 weeks	11%	-	13%	-
16 weeks	42%	-	25%	-
18 weeks	16%	-	13%	-
21 weeks	-	-	13%	-

% of respondents answering question per category

Respondents asked to select a week between 5 weeks and 21 weeks gestation, weeks that were not selected by respondents are not listed in table above.

Provision of services

26. Jersey has a small health care workforce when compared to other jurisdictions. Given workforce constraints and the need to provide safe services, we know that we will not be able to provide terminations after 12 weeks and 6 days in Jersey after the amended law comes into force (except for some urgent medically recommended terminations, as is currently the case).

27. **Question: Do you agree that we should amend the law to permit terminations beyond the current 12-week 6 day limit even if we are not yet able to provide later terminations in Jersey?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree. The limit should be increased in law even if Jersey is not yet able to provide later terminations in Jersey	68%	3%	54%	-
No – I don't agree. There law should not permit something that cannot be delivered in Jersey	32%	95%	44%	100%
Don't know	1%	2%	2%	-

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% of respondents answering question per category

Pre-termination consultation

28. The law currently says that a women must consult two doctors before having a termination even when that termination is early in her pregnancy. The amended law will set out that a woman seeking a termination on any grounds [i.e. up to 21 weeks and 6 days gestation] will only be required to have one consultation with a health care professional before having a termination.

29. **Question.** Do you agree that a woman who is no more than 21 weeks and 6 days pregnant, only needs to consult with one health care professional prior to having a termination? Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree, the person should only be required to consult with the doctor performing the termination	55%	2%	40%	-
No – I don't agree. The person should be required to consult with at least 2 doctors in all circumstances	19%	86%	28%	100%
No – I don't agree. The woman should be	25%	8%	22%	-

required to consult with at least two doctors only if the procedure is <u>not</u> an early medical termination (meaning the woman is ten or more weeks pregnant)				
Don't know	1%	5%	10%	-

% of respondents answering question per category

Early medical termination

30. The amended law will set out that a woman must have one in-person consultation with a doctor, nurse or midwife before having an early medical consultation (although a doctor must decide whether to prescribe the necessary medicine to the woman).
31. Requiring the women to have one in-person consultation – as opposed to allowing consultation via phone or video as per the UK Law – supports the professional to better identify possible risks.
32. Allowing the woman to consult in-person with a nurse or midwife – as opposed to only allowing her to consult in-person with a doctor – makes better use of the knowledge and expertise of Jersey's health care professionals and may support more timely access to termination services.

33. **Question: Do you agree the consultation should be in-person as opposed to via phone or video?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree, the consultation for early medical termination should be in-person	65%	83%	66%	100%
No – I don't agree, the law should allow the consultation for early medical termination consultation to be via phone or video	32%	6%	32%	-
Don't know	4%	11%	2%	-

% of respondents answering question per category

34. **Question. Do you agree that the consultation can be with a doctor, nurse or midwife?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree, the law should allow for the consultation for early medical termination to be with a doctor, nurse or midwife	80%	17%	66%	66%
No – I don't agree, the law should only allow the early medical termination 11%consultation to be with a doctor.	18%	71%	34%	33%
Don't know	1%	11%	-	-

% of respondents answering question per category

Taking the abortion pill in presence of doctor

35. The amended law will set out that where the doctor agrees that an early medical termination is a safe and effective treatment for the woman, the woman may take the abortion pill at home or another appropriate place (for example, a friend's home or a women's shelter) in accordance with the doctor's instructions. Currently, the woman must take the abortion pill in front of the doctor.

36. **Question: Do you agree with the proposed update?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree, the law should allow the woman to take that abortion pill at home (or another place that the doctor agrees is appropriate) if she is having an early medical termination	68%	8%	62%	-
No – I don't agree, the law should only allow for the woman to take the tablet(s) in front of a doctor.	29%	81%	32%	100%
Don't know	4%	11%	6%	-

% of respondents answering question per category

Termination beyond 21 weeks and 6 days

37. The amended law will provide that terminations beyond 21 weeks and 6 days will be lawful in certain limited circumstances. These circumstances include the termination is necessary to save the life of the woman OR the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the woman. This broadly accords with the current law.

38. In addition, the amended law will provide that that terminations are permitted at any point in pregnancy:
- if the termination is necessary to save another foetus
 - there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy. [The current law only permits termination in the case of serious foetal anomalies up to 24 weeks gestation]
39. **Question: Do you agree with that terminations should be permitted at any point in pregnancy to save another foetus?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes	79%	13%	80%	33%
No	6%	63%	2%	67%
Don't know	15%	24%	18%	-

% of respondents answering question per category

40. **Question: Do you agree that terminations should be permitted at any point in pregnancy in the case of serious foetal anomalies?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes	72%	3%	74%	-
No, I don't agree	6%	84%	4%	100%

No, this should remain at only up to 24 weeks gestation	15%	8%	16%	-
Don't know	7%	5%	6%	-

% of respondents answering question per category

Requirement for a doctor to consult with another doctor

41. The amended law will provide that, for terminations at more than 21 weeks and 6 days, the doctor carrying out the termination must consult with another doctor with relevant medical knowledge, for example, a specialist in foetal abnormalities), prior to performing the termination. The other doctor may be based in Jersey or elsewhere (i.e., the consultation may be via video link with the other doctor being provided copies of scans and test results). The amended law will provide for consultation with another doctor, as opposed to examination by another doctor.

42. **Question: Do you agree with the proposed amendment?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Total no. of respondents in each category	136	63	50	3
Yes – I agree, the law should require the doctor who is carrying out the termination to consult with another doctor who has appropriate medical knowledge	84%	81%	86%	100%
No – I don't agree, the law	13%	10%	14%	

should not require doctor carrying out the termination to consult with any other doctor (i.e., only one doctor's opinion is needed)				
Don't know	4%	10%	-	

% of respondents answering question per category

Offences

43. The amended law will provide that offences related to terminations that do not accord with the law will not apply to the woman. A number of new offences will be introduced and these will only apply to persons performing a termination or procuring a termination for someone else.

44. **Question: Do you agree that that a person will commit an offence if they perform a termination on a woman which does not accord with the law? (For example: a relative of the woman or a health care practitioner other than one permitted in law to perform terminations).** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Yes – should be an offence	81%	95%	92%	100%
No – should not be an offence	11%	-	4%	
Don't know	8%	5%	4%	

% of respondents answering question per category

45. **Question: Do you agree that a person will commit an offence if they knowingly assist with a termination on a woman which does not accord with the law? (For example, a health care practitioner assisting with a termination they know does not accord with the law).** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Yes – should be an offence	76%	97%	90%	100%
No – should not be an offence	14%	2%	6%	
Don't know	10%	2%	4%	

% of respondents answering question per category

46. **Question: Do you agree that a person will commit an offence if they persuade (or attempt to persuade) or cause a woman to have a termination which can include using threat, force or coercion or through the procurement and supply of termination medicine?** Total number of respondents answering this question: 252

	Individuals who believe a person should be able to have a termination in Jersey	Individuals who do not believe a person should be able to have a termination in Jersey	Professionals	Organisations
Yes – should be an offence	96%	98%	96%	100%
No – should not be an offence	2%	2%	-	
Don't know	1%	-	4%	

% of respondents answering question per category

Section 5: Summary of decisions

47. Following analysis of the survey responses the Minister for Health and Social Services has made the following decisions regarding the law drafting instructions to be issued to the Law Drafting Office:

Gestational limit

48. Whilst retaining the current end of 12th week limit did not receive significant levels of support across all respondents (21% of individuals who believe a person should be able to have a termination in Jersey; 60% of individual who do not believe people should be able to have terminations in Jersey; 46% of professionals = 34% of all respondents), there was some divergence of views on whether to increase the gestational limit for terminations (other than medically necessary or recommended terminations) from end of 12th week of pregnancy to 21 weeks and 6 days, particularly amongst individuals and professionals.
49. Whilst 56% of individuals who believe a person should be able to have a termination in Jersey supported the proposed increase, this decreased to 42% of professionals and 5% of individuals who do not believe people should be able to have terminations in Jersey supported the proposals (= 40% of all respondents), with a further 6% of all respondents saying the limit should increase to more than 21 week and 6 days (i.e. 46% of all respondents supporting a limit of at least 21 weeks and 6 days)
50. In summary, the Phase 2 consultation did not suggest significant levels of agreement as to the gestational limits for termination which echoed the findings of the Phase 1 consultation.
51. Considering this, the Minister has decided to retain:
- a. the proposed increased gestational limit of 21 weeks and 6 days for non-medically necessary or recommended terminations, and
 - b. the proposed power of the Assembly to amend the gestation limits by Regulations.

Amending the law despite limitations on the provision of later stage terminations in Jersey

52. As with matters related to gestational limits, the survey indicated some divergence of views on whether the law should be amended to permit later stage terminations despite limitations on our ability to safely provide in Jersey.
53. Whilst 68% of individuals who believe a person should be able to have a termination in Jersey support the principle of amending the law, this decreased to 54% of professionals and 3% of individuals who do not believe people should be able to have terminations in Jersey supported the proposals (= 48% of all respondents).
54. In light of this, the Minister has decided to retain the proposed increased gestational limit of 21 weeks and 6 days for non-medically necessary or recommended

terminations despite the limitations on the provision of those terminations in Jersey. This Minister has made this decision on the basis that legalising later stage terminations helps to remove associated stigma.

Numbers of pre-termination consultation

55. The survey also indicated some divergence of views on whether the law should be amended to provide that a woman who is no more than 21 weeks and 6 days pregnant only needs to consult with one health care professional prior to having a termination.
56. Of individuals who believe a person should be able to have a termination in Jersey, 55% agreed with the one consultation proposal in all cases (with a further 25% agreeing in the case of early medical terminations). This dropped to 40% of professionals in all cases (with a further 22% in the case of early medical terminations), with only 2% of individuals who do not believe people should be able to have terminations in Jersey supporting the one consultation proposals (with a further 25% agreeing in the case of early medical terminations). This means that:
- a total of 38% of all respondents support one consultation for all terminations up to 21 weeks and 6 days, with an additional 18% of all respondents supporting one consultation for early medical terminations (ie. a total of 56% of all respondents supporting on consultation for early medical terminations)
 - a total of 38% of all respondents supporting two consultations for all terminations (although this drops to 16% of respondents if individuals who do not believe people should be able to have terminations in Jersey are excluded)
57. Reflecting on the Phase 2 consultation feedback coupled with accepted good practice in other jurisdictions, the Minister has determined that the requirement to only consult with one health care professional should be retained but, that the law should include a power to increase the numbers of consultation by Order in the event of any emerging evidence of need.

Other amendments

58. In addition to the change referenced above, it is anticipated that the Minister may also be making other changes to the draft law drafting instructions (as issued as part of this consultation) to clarify certain matters where there is ambiguity as to intent.

Appendix 1: On-line consultation survey

This appendix sets out the consultation survey in full.

Intro page to survey

This survey asks your views on proposed changes to the [Termination of Pregnancy \(Jersey\) Law 1997](#).

Before completing this survey, you should read the *Proposed law changes report* or the accompanying *Summary*

This is the second phase of public consultation on the termination of pregnancy law. In late 2023, the Minister for Health and Social Services held a 12-week consultation on law [Phase 1 consultation] with feedback from that Phase 1 consultation shaping the proposals set out in this second phase of consultation.

This survey does not ask questions about matters where clear support for a specific change was established in the Phase 1 consultation. For example, it does not ask about:

- the removal of the current requirement for a woman to be 'distressed' in order to have the termination (other than a termination which is recommended for medical reasons). This is because 74% of Phase 1 respondents said termination should be available without justification of need up to a certain point in pregnancy
- the removal of the current criminal liability for a woman who has a termination that does not accord with the law. This is because only 20% of Phase 1 respondents said the woman, in addition to the person performing the termination, should be criminally liable for a termination that does not accord with the law
- the introduction of the ability to create safe access zones around termination clinics to protect users from abuse and harassment. This is because 80% of Phase 1 respondents were in favour of safe access zones.

This survey only seeks input from people living in Jersey. It will take approximately 15 minutes to complete.

Responses to the survey will help inform the draft law presented to the States Assembly in December 2025. A high-level summary of responses will be published in a feedback report but this will not include respondents' names (the survey is anonymous)

The survey will close on 14 April. For further information on the proposed changes to the law, visit gov.je/terminationofpregnancy

Privacy statement: This survey is designed for you to provide anonymous feedback on future changes to the law. In the event that the information you provide does constitute personal data, the information you supply will be used solely for the purpose of planning and policy development. The information is retained in line with Data Protection (Jersey) Law 2018 and HCJ information governance policies and procedures. The data is secure at all times and accessible only to those who are responsible for developing policy changes.

To find more information about how we process personal data, please visit Health and Care Jersey's privacy policy: www.gov.je/HCSPrivacy

[Part 2: about you]

The answers you provide will remain anonymous; we are collecting this information to understand the categories of people responding to this survey.

- **Q. Are you answering as an individual or on behalf of an organisation?**
 - As an individual (skip next 2 questions)
 - On behalf of an organisation

- **Q. What is the name of the organisation?**

- **Q. Do you give permission for your responses to be attributed to your organisation in the published consultation feedback report?**
 - Yes
 - No [then skip to consultation Qs]

- **Q. Do you live in Jersey?**
 - Yes
 - No

- **Q. Do you believe a person should be able to have a termination in Jersey?**
 - Yes
 - No

- **Q. What age-group are you in?**
 - Under 16
 - 16 to 19
 - 20 to 24
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64
 - 65+

- **Q. What is your gender?**
 - Female
 - Male
 - Other
 - Prefer not to say

- **Q. Do you work, or have you ever worked, in an organisation that provides termination of pregnancy services or related care (i.e. GP, contraceptive, sexual health, counselling, sexual assault, domestic violence, or legal services)? We ask this question as we want to understand professional views.**
 - Yes

- No
 - Prefer not to say
- **Q. Do you have any personal experience of termination of pregnancy services and care (not gained professionally through work)?**

Personal experience may include if you have had or considered having a termination or if you have supported someone who has had or has considered having a termination.

 - Yes – I have personal experience
 - Yes- I have closely supported someone else
 - No – I do not have personal experience
 - Prefer not to say
- **Q. Are you a health and care professional? (e.g. doctor, registered nurse, allied health professional or pharmacist/pharmacy technician)**
 - Yes
 - No
 - Prefer not to say
- **Q. Please select the response that best describes your role. I am a:**
 - Doctor
 - Registered nurse or midwife
 - AHP (physiotherapist, paramedic, occupational therapist, clinical psychologist etc.)
 - Pharmacist/pharmacy technician
 - Social worker
 - None of the these

CONSULTATION QUESTIONS

Termination on any grounds

The proposed update to the law will set out that:

A woman may have a termination on any grounds up to 21 weeks and 6 days gestation [i.e. she can decide to have a termination for any reason without justification of need]

The current limit for a termination in Jersey is 12 weeks and 6 days where the reason for that termination is that the pregnancy is causing the woman distress.

21 weeks and 6 days is the proposed new limit because:

- the end of the 22nd week of pregnancy is broadly agreed to be the point at which life is not viable i.e. generally, a baby that is born prematurely on or before the end of the 22nd week will not live, and
- Jersey General Hospital does not currently provide the specialist procedure which is recommended for termination of pregnancy from 21 weeks and 6 days gestation. People who require a termination beyond this point are usually referred to the UK.

Q. Do you agree that termination should be permitted on any grounds up to 21 weeks and 6 days gestation?

- Yes – I agree. The limit should be increased to 21 weeks and 6 days
- No – I don't agree. The limit should remain at 12 weeks and 6 days
- No – I don't agree. The limit should be increased to more than 21 weeks and 6 days
- No – I don't agree. The limit should be decreased to less than 21 weeks and 6 days
- Don't know

[If 'no increased / decreased' , then scale question, 'What do you think the gestational limit should be? – response options in weeks 6 weeks, 7 weeks etc.]

Provision of services

Jersey has a small health care workforce when compared to other jurisdictions. Given workforce constraints and the need to provide safe services, we know that we will not be able to provide terminations after 12 weeks and 6 days in Jersey after the amended law comes into force (except for some urgent medically recommended terminations, as is currently the case).

There will be a difference between what is permitted in law and what is provided in Jersey because we do not currently have the facilities and skills required to safely deliver later stage terminations in Jersey.

Q. Do you agree that we should amend the law to permit terminations beyond the current 12-week 6-day limit even if we are not yet able to provide later terminations in Jersey?

- Yes – I agree. The limit should be increased in law even if Jersey is not yet able to provide later terminations in Jersey
- No – I don't agree. There law should not permit something that cannot be delivered in Jersey?
- Don't know

Pre-termination consultation

The law currently says that a women must consult two doctors before having a termination even when that termination is early in her pregnancy.

The proposed updated law will set out that a woman seeking a termination on any grounds [i.e. up to 21 weeks and 6 days gestation] will only be required to have one consultation with a health care professional before having a termination, although this does not stop the doctor requiring more than one consultation if the doctor has concerns. In addition to a consultation with the health care professional, the woman must be provided information about how to access counselling.

Removing the requirements for consultation with two health care professionals removes potential delay in accessing to termination services and reduces the costs associated with additional consultation.

Q. Do you agree that a woman who is no more than 21 weeks and 6 days pregnant, only needs to consult with one health care professional prior to having a termination?

- Yes – I agree, the person should only be required to consult with the doctor performing the termination
- No – I don't agree. The person should be required to consult with at least 2 doctors in all circumstances
- No – I don't agree. The woman should be required to consult with at least two doctors only if the procedure is not an early medical termination (meaning the woman is ten or more weeks pregnant)
- Don't know

Early medical termination

An early medical termination is a termination that takes place when the woman is no more than 9 weeks and 6 days pregnant

The proposed update to the law will set out that:

A woman must have one in-person consultation with a doctor, nurse or midwife before having an early medical consultation (although a doctor must decide whether to prescribe the necessary medicine to the woman)

Requiring the women to have one in-person consultation – as opposed to allowing consultation via phone or video as per the UK Law – supports the professional to better identify possible risks, for example that the woman's pregnancy is more advanced than she believes or that the woman may be subject to coercion. (Note: the amended law will allow the Minister to permit consultation via phone or video in the event of pandemic or other similar circumstances)

Allowing the woman to consult in-person with a nurse or midwife – as opposed to only allowing her to consult in-person with a doctor – makes better use of the knowledge and expertise of Jersey's health care professionals and may support more timely access to termination services. This is important because although terminations of pregnancy are safe, they are at their lowest risk when undertaken early in the pregnancy.

Q. Do you agree the consultation should be in-person as opposed to via phone or video?

- Yes – I agree, the consultation for early medical termination should be in-person
- No – I don't agree, the law should allow the consultation for early medical termination consultation to be via phone or video
- Don't know

Q. Do you agree that the consultation can be with a doctor, nurse or midwife?

- Yes – I agree, the law should allow for the consultation for early medical termination to be with a doctor, nurse or midwife
- No – I don't agree, the law should only allow the early medical termination consultation to be with a doctor.
- Don't know

Taking the abortion pill in presence of doctor

The proposed update to the law will set out that:

Where the doctor agrees that an early medical termination is a safe and effective treatment for the woman, the woman may take the abortion pill at home or another appropriate place (for example, a friend's home or a women's shelter) in accordance with the doctor's instructions.

Currently, the woman must take the abortion pill in front of the doctor.

Q. Do you agree with the proposed update?

- Yes – I agree, the law should allow the woman to take that abortion pill at home (or another place that the doctor agrees is appropriate) if she is having an early medical termination
- No – I don't agree, the law should only allow for the woman to take the tablet(s) in front of a doctor.
- Don't know

Terminations beyond 21 weeks and 6 days

Terminations beyond 21 weeks and 6 days will be lawful in certain limited circumstances.

These circumstances include the termination is necessary to save the life of the woman OR the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the woman. This broadly accords with the current law.

The amended law will also provide that terminations are permitted at any point in pregnancy if:

- the termination is necessary to save another foetus
- there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy. [The current law only permitted in the case of serious foetal anomalies only up to 24 weeks gestation]

Q. Do you agree with that terminations should be permitted at any point in pregnancy to save another foetus

Yes / no/ don't know

Q. Do you agree that terminations should be permitted at any point in pregnancy in the case of serious foetal anomalies

- Yes
- No, I don't agree
- No, this should remain at only up to 24 weeks gestation
- don't know

The proposed update to the law will set out that:

For terminations at more than 21 weeks and 6 days, the doctor carrying out the termination must consult with another doctor with relevant medical knowledge, for example, a specialist in foetal abnormalities), prior to performing the termination. The other doctor may be based

in Jersey or elsewhere (i.e. the consultation may be via video link with the other doctor being provided copies of scans and test results)

This is an update from the current law, where there is a requirement for two doctors to *examine* the woman in person.

Removing the requirement for both doctors to examine the woman allows for specialist doctors, who are not based in Jersey, to provide their opinion which supports safe delivery of highly specialist services.

Q. Do you agree with the proposed update?

- Yes – I agree, the law should require the doctor who is carrying out the termination to consult with another doctor who has appropriate medical knowledge
- No – I don't agree, the law should not require doctor carrying out the termination to consult with any other doctor (i.e. only one doctor's opinion is needed)
- Don't know

Offences

The amended law will introduce several new offences and will remove criminal liability from the woman seeking the termination.

A person will commit an offence if they:

1. perform a termination a woman which does not accord with the law. For example: a relative of the woman or a health care practitioner other than one permitted in law to perform terminations.
2. knowingly assist with a termination on a woman which does not accord with the law. For example: a health care practitioner assisting with a termination they know does not accord with the law
3. persuade (or attempt to persuade) or cause a woman to have a termination which can include using threat, force or coercion or through the procurement and supply of termination medicine.

Q. Do you agree with offence 1, set out above - performing a termination that does not accord with the law?

- yes – this should be an offence under the amended law
- no – this should not be an offence under the amended law
- don't know

Q. Do you agree with offence 2, set out above - performing a termination that does not accord with the law?

- yes – this should be an offence under the amended law
- no – this should not be an offence under the amended law
- don't know

Q. Do you agree with offence 3, set out above - performing a termination that does not accord with the law?

- yes – this should be an offence under the amended law

- no – this should not be an offence under the amended law
- don't know