

bpas submission to Pregnancy and Maternity Discrimination inquiry by Women and Equalities Committee, April 2016

The British Pregnancy Advisory Service is a charitable reproductive healthcare service which sees 70,000 women each year for advice about unplanned pregnancy or a pregnancy they cannot continue, and abortion care if they decide to end that pregnancy. We have a dedicated care pathway for women undergoing abortion for foetal anomaly, and also provide miscarriage management services. The vast majority of our care is provided under contract to the NHS.

Concerns about job security and ability to cope financially with a period off work at low pay are among factors cited by some women when considering whether to continue an unplanned pregnancy, which can be made more acute in the absence of a company enhanced maternity pay scheme. Recent research shows less than half of employers offer such a package (Wolters, Kluwer and Croner, Specialist report: March 2015). Bpas welcomes the government response to recommendation 1b. However while a company's decision to offer an enhanced maternity scheme may be a "commercial one" as stated in the government's response, it is the women who are unable to take their pick from a range of jobs at a range of companies offering different packages who suffer as a result. While the UK has the longest period of maternity leave of all OECD countries, with mothers able to take up to 52 weeks of leave compared to an OECD average of 19 weeks, the UK also has the shortest length of well paid parental leave in Europe. We do think it is imperative that the government work with employers to see how they can improve the situation for new mothers – particularly those on low incomes.

In addition, bpas sees women suffering from severe pregnancy sickness, or Hyperemesis Gravidarum, who feel unable to take the extended periods off work associated with the condition, and who consider abortion to be their only option. Last year, bpas and the charity Pregnancy Sickness Support undertook research into women's experience of abortion for hyperemesis, and the factors that influenced their decision. (I could not survive another day: April 2015) These included the inability to look after existing children, or function in any way that would enable them to continue their normal routines. A quarter of women surveyed were worried about losing their job, and cited concerns about their ability to cope financially on low levels of sick pay. There were also concerns that because of the way SMP is calculated, the fact that they were receiving sick pay at the time of the reference week would have a huge knock on effect on what they could expect to receive during maternity leave. We do think there needs to be greater awareness among employers of the profound impact severe pregnancy sickness can have on women, and we hope that this could be explored as part of recommendation 2C.

We support the provision of a single comprehensive on-line site, drawing on appropriate advice sector expertise, so that employers and individuals can easily find out about their rights, responsibilities and good practice in relation to pregnancy and maternity in the workplace.

Even with better information and implementation of their rights and benefits, many pregnant working women will still decide abortion is the right decision for them in the situation they find themselves in, while others will miscarry. We urge the committee to take into account the needs of ALL pregnant women when considering the issues they face. It is unjust to accord pregnant women different legal protections on the basis of their pregnancy intentions or outcomes. bpas believes women attending abortion consultation and treatment should be able to access this as paid time off in the same way as antenatal appointments are treated, and that time to recover should be treated as pregnancy-related sickness and not count towards overall sick leave, should they wish. This should also be made explicit in law for women undergoing miscarriage. The committee should also urge the government to reflect how its own policy on abortion

treatment discriminates against working pregnant women. The World Health Organisation recommends that all women undergoing Early Medical Abortion, now the most common form of abortion, should be able to take the second medication, misoprostol, at home, after it has been dispensed by a medical professional. (WHO, Safe Abortion: 2012) This reduces the need for multiple clinic appointments, and enables women to control the timing of when they miscarry, enabling them to avoid taking unnecessary time off work if they feel unable to do so. Home use of misoprostol is safe and effective, and practiced across Europe and the United States. However although the government has the power to allow pregnant women to do this without changing the law, it has refused to do so on the basis that abortion is a sensitive issue and those opposed to abortion may be angered by it. This is an unacceptable approach. As this consultation has asked for how areas of existing legislation could be implemented more effectively, this seems a good example of where improvements to pregnant working women's lives could easily be made with no additional costs to health services but huge benefits for women.