

Written evidence submitted by Jane Lamprill to the Criminal Justice Bill Public Bill Committee (CJB28)

Dear Chair & Committee Members

Thank you for your invitation to submit evidence in regard to the above Bill.

I am not a lawyer, so please accept my apologies in advance, should I have misunderstood anything.

Executive summary – reason for evidence - child protection concerns

Please find enclosed some serious child protection concerns with evidence and references. And if I may, some practical suggestions as requested.

1. Encouraging or assisting serious self-harm & intimate image consent.
2. Proposed abortion amendments 1 and 2.
3. Multi-agency public protection arrangements (as affecting children).
4. Proposed reduction of CPN age limit to 10 years.

My background

I am a UK-based child & family healthcare professional. I also give practical & ethical research advice. I did six years as lay office-holder for a financial regulator & I'm passionate about child welfare, transparency and good governance.

Current roles (my views are my own)

Paediatric Research Advisor, Specialist Health Writer; and
Grant Review Ethics Expert & Research Monitor, Horizon Europe.

Thank you & yours sincerely

Jane Lamprill

	Criminal Justice Bill - aims	Comments (Words in bold for clarity)	Suggestions
1	<p><u>Clauses 11-13</u> The introduction of a broader offence of encouraging or assisting serious self-harm and new offences relating to the taking of intimate images without consent</p>	<p>1. <u>Assisting serious self-harm</u> I suggest this could also be applicable for those assisting women with unlawful home abortions?</p> <p>2. <u>Taking of intimate images</u> Suggest clarification around intimate image distribution, and to be certain that the consent is fully informed.</p>	<p><u>Self-abortion</u> Please see (2g) below (p4).</p> <p><u>Intimate images</u> Suggest to amend text ‘ ... new offences ... the taking and/or the distribution by any means, of intimate images without prior written informed consent.’</p>
2	<p><u>New clauses 1 and 2 amendments</u> “For the purposes of the law related to abortion, including sections 58 and 59 of the Offences Against the Person Act 1861 and the Infant Life (Preservation) Act 1929, no offence is committed by a woman acting in relation to her own pregnancy.”</p>	<p>1. As a healthcare professional, I am appalled by the proposed new amending clauses. If made law, they would allow women – without impunity - to abort their babies any time up until birth.</p> <p>2. I completely agree that women should receive counselling rather than a prison sentence if their medical abortions <i>accidentally</i> happen to be over the legal 10 week limit.</p> <p>3. Risk of back-street abortions But - these amendments could give the ‘green light’ and encourage mothers (or their abusive partners) to perform DIY abortions outside a clinical setting. This could lead to the deaths of mothers and many healthy babies, who would otherwise have survived with good hospital care. ^[1]</p> <p>Evidence - There are catastrophic consequences if the proposed two new amendments were made law:</p>	<p>May I earnestly request that these new amendments are rejected? Please see written evidence below.</p> <p><i>Allowing women to abort their healthy babies up to the time of birth - is</i></p> <ul style="list-style-type: none"> • <i>grossly unethical</i> • <i>very dangerous; and</i> • <i>open to serious abuse.</i>

a. **The mother could die** when aborting pregnancies herself. E.g. from severe bleeding, allergic reaction to abortion measures, or womb infections if not all of the baby has been removed.

b. Consequences of ignoring Medabon* medical abortion safety instructions ^[2]

The warnings below are taken from the manufacturer's information: Summary of Medicinal Product Characteristics (SmPC).

4.3 Contraindications

"This product SHOULD NEVER [drug company CAPS] be prescribed in the following situations:

- pregnancy not confirmed by gynaecological examination, ultrasound scan or biological tests,
- *pregnancy beyond 63 days of amenorrhoea [9 weeks since date of last missed period]*
- Confirmed or suspected extra-uterine pregnancy" [This is very rare, but the fetus can form outside the womb, which if undetected can be fatal].

** Medabon Combipack of Mifepristone 200 mg tablet and Misoprostol 4 x 0.2 mg Vaginal tablets*

c. The baby could have an **excruciating death**. It is known that later gestation babies *can feel pain*. E.g when surgeons operate on babies in the womb to close a malformed spine (spina bifida), they give the fetus a pain killing injection. ^[3]

For serious safety reasons, medical abortions of pregnancies beyond 10 weeks should never be performed by the mother (or anyone else).

		<p>d. It is completely unethical and grossly immoral to abort a late stage healthy fetus. Especially if he/she has a good chance of survival, even if premature. ^(1, 4) There may of course be difficult circumstances.</p> <p>e. What will happen to babies' remains? Surely the Government cannot issue guidelines on how to dispose of a dead baby? Distress to refuse collection workers?</p> <p>f. Feticide <i>(You may find these facts distressing)</i> Guidance [<i>not legally binding</i>] from the Royal College of Obstetricians and Gynaecologists states that from 22 weeks gestation, the foetal heart should be stopped prior to abortion. E.g. by injecting potassium chloride directly into the heart. This is to prevent the baby being delivered partially dismembered, and still alive. ^[5]</p> <p>g. Could any (non-qualified person) helping the mother to have the proposed amendment late abortion, be found guilty of the new crime of encouraging or assisting serious self-harm, especially if the mother dies during the attempt?</p>	<p><i>Care counselling and support should be given to Mum, rather than offering abortion as a first choice. There are many couples desperate to adopt.</i></p> <p><i>Clearly, mothers cannot perform feticide themselves prior to late gestation self-abortions.</i></p> <p><i>I suggest there must be water-tight legislation to criminalise anyone assisting women to self-abort their babies.</i></p>
3	<p><u>Clause 30?</u> Provisions to make certain offenders convicted of coercive or controlling behaviour automatically subject to multi-agency public protection arrangements</p>	<p>1. Great idea but will sufficient funding, staffing and child protection training for councils etc. be provided?</p>	<p><i>Could a judge prevent public and child protection arrangements from drifting, by mandating clearly defined interim reporting deadlines?</i></p>

		2. Will the needs of children be a first priority in public protection arrangements, especially if a parent/legal guardian is the offender?	<i>May I stress the importance of mandating clear communications between police/agencies to ensure children are continually protected?</i>
5	<u>Clause 67</u> Amended powers to tackle anti-social behaviour ... lowering the minimum age at which a Community Protection Notice (CPN) can be imposed to 10 years old	<ol style="list-style-type: none"> 1. What evidence is provided for the need to lower the CPN age to 10-year-olds? 2. Is this proportionate? 3. Will the child receive extra counselling and support? 4. Will parents/guardians likewise be given support? 	<i>If CPNs of last resort are imposed on such young children, may I suggest that legally-binding child protection measures must be in place prior to the CPN's implementation.</i>

Please see below for references and links

	References	Info	Comment
1	Premature birth statistics Pregnancy Hub, Tommy's. (A baby medical research charity founded by St Thomas Hospital London)	<p>Chances of survival following preterm birth</p> <p>“Medical advances mean that we are getting better at treating preterm babies but the chances of survival still depend on gestational age (week of pregnancy) at time of birth.</p> <ul style="list-style-type: none"> • Less than 22 weeks is close to zero chance of survival • 22 weeks is around 10% • 24 weeks is around 60% 	

		<ul style="list-style-type: none"> • 27 weeks is around 89% • 31 weeks is around 95% • 34 weeks is equivalent to a baby born at full term” 	
2	Medabon - Summary of Product Characteristics Manufacturer’s instructions and warnings	Combipack of Mifepristone 200 mg tablet and Misoprostol 4 x 0.2 mg vaginal tablets Active Ingredient: misoprostol, mifepristone	Medical abortion medications
3	Fetal surgery for open spina bifida The Obstetrician and Gynaecologist Sacco A et al. Vol 2 (4) October 2019 PDF page 9 https://pubmed.ncbi.nlm.nih.gov/31787844/	“In line with the evidence discussed, surgery is typically planned to take place between 23+0 and 25+6 weeks of gestation” “An intramuscular injection of analgesia and muscle relaxant is administered to the fetus”.	Late gestation fetuses can feel pain. If they need an operation before birth, they are given pain killers prior to their surgery.
4	UN Convention on the Rights of the Child November 1989 Preamble PDF page 3	“Bearing in mind that, as indicated in the Declaration of the Rights of the Child, “the child, by reason of his physical and mental immaturity, needs <i>special safeguards and care, including appropriate legal protection, before as well as after birth</i> ”,	Children need appropriate legal protection and care before birth.
5	Abortion Statistics England and Wales’s annual statistics to June 2021, being the latest complete dataset available.	“For abortions at 22 weeks and over, feticide is recommended by the Royal College of Obstetricians and Gynaecologists, prior to the evacuation of the uterus, to stop the fetal heart.	

		In 2021, of the 1,330 abortions performed at 22 weeks and over, 63% were reported as preceded by a feticide and a further 34% were performed by a method whereby the fetal heart is stopped as part of the procedure”	

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