



Royal College
of Midwives

**Position
statement**

abortion

Our position

- Every woman should have control over her own body and her fertility.
- Every woman should have the right to exercise choice over all aspects of her maternity care, including whether to have a baby or not.
- Abortion procedures should be regulated in the same way as all other procedures related to women's healthcare.
- Every woman has the right to be given the necessary resources to make an informed choice on whether to continue her pregnancy, within the opportunities provided by the law.
- It is within the scope of midwifery practice in the UK for midwives to work with women who are considering whether to terminate their pregnancy or who have made the decision to do so. Midwifery practice must always comply with the legal framework relevant to the provision of such services.
- All midwives should be prepared to care for women before and after a termination in a maternity unit under obstetric care.
- The rights of midwives or maternity support workers to hold a position of conscientious objection, as described in the 1967 Abortion Act, should be recognised but should only apply to 'hands-on' involvement in the procedure of terminating pregnancy.
- Access to safe abortion services is a fundamental healthcare issue for women wherever they live.
- Women who access abortion services, and the staff who provide them, should not be subjected to harassment and abuse in the course of doing so. The RCM therefore supports the establishment of safe access zones around abortion services.

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Background

Abortion in the UK is gradually becoming less politicised and increasingly viewed as a key contributor to public health. Public discussion is focusing less on who should be able to have an abortion, and more on how it can be performed safely, accessibly and to high clinical standards. In 2021 there were over 200,000 abortions in the UK, 99% of which were funded by the NHS. The vast majority of abortions were performed very early in pregnancy (in England and Wales, 89% under 10 weeks; in Scotland, 84% under nine weeks gestation).



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Abortion Act 1967

Under the Abortion Act 1967, a pregnancy may be lawfully terminated by a registered medical practitioner in approved premises, if two medical practitioners are of the opinion, formed in good faith, that the abortion is justified under one or more of grounds A to G.

Abortions must be carried out in a hospital or approved premises (including women's homes prior to 10 weeks of pregnancy in England and Wales, and 12 weeks of pregnancy in Scotland), and must be notified to the Chief Medical Officer of the relevant nation in line with relevant regulations.

Midwives are able to provide abortion care as part of a multidisciplinary team, in line with instructions by a registered medical practitioner. Most commonly, midwives may be involved in providing consultations to women, undertaking pre-treatment checks, and issuing medication based on a doctor's prescription.

Ground	Definition
Ground A	That the continuation of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
Ground B	That the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
Ground C	That the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
Ground D	That the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman.
Ground E	That there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
Ground F	To save the life of the pregnant woman.
Ground G	To prevent grave permanent injury to the physical or mental health of the pregnant woman.

England, Wales and Scotland

All women in England, Wales and Scotland can access an abortion if their circumstances fulfil the terms of the Abortion Act 1967. Abortion services should therefore be easily available and healthcare providers should be committed to ensuring that women can access the services they need, when they are needed, in order to reduce the possibility of associated health risks. Women's choice is pivotal to good quality and responsive reproductive health and maternity care services, including choosing whether or not to proceed with a pregnancy. Every woman has the right to be given the necessary information to make an informed choice and every midwife has a duty of care to ensure that women receive all appropriate information and advice

before antenatal screening, even if this may result in a decision to terminate pregnancy. This is also applicable to midwives giving family planning information and advice.

It is important to note that in England and Wales an abortion performed outwith the conditions of the Abortion Act remains a criminal offence, subject to a jail sentence. The underpinning legislation remains sections 58 and 59 of the 1861 Offences Against the Person Act (OAPA) which criminalises the woman having an abortion and the person providing it. (Abortion is a common law offence in Scotland.) The RCM supports the campaign to remove abortion from criminal law.

Northern Ireland

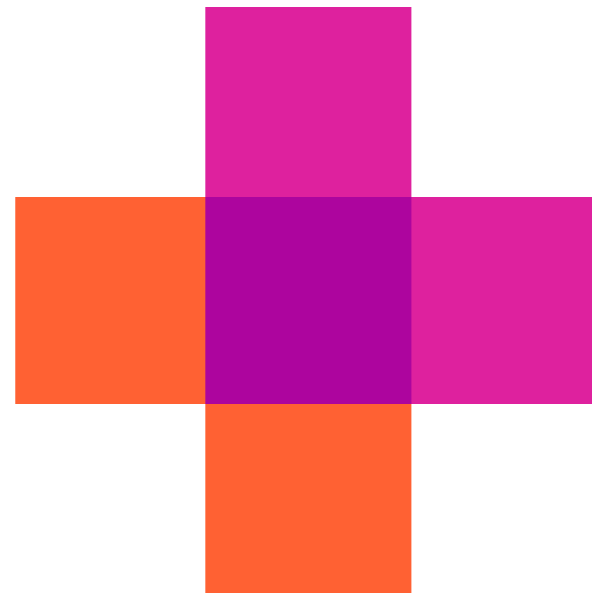
In the absence of an established Executive for Northern Ireland, the Westminster Parliament passed law in 2019 to decriminalise abortion in Northern Ireland, and require the UK Government to impose a new legal framework via regulation. This was done in 2020, allowing access to abortion up to 12 weeks gestation without conditions, and thereafter in specified circumstances broadly similar to the provisions of the Abortion Act 1967.

However, Northern Ireland's Health Minister was resistant to commissioning abortion services in

line with these regulations. In response, the UK Government laid the Abortion (NI) Regulations 2021 to give the Secretary of State the power to direct Northern Ireland's Ministers, departments and agencies to commission abortion services. Consequently, in December 2022 the Secretary of State for Northern Ireland used his powers to formally commission abortion services in Northern Ireland. This is intended to stop the practice of women having to travel to the UK for abortion services, paid for by the UK Government.

The Isle of Man

The Isle of Man Abortion Reform Act 2019 decriminalised abortion. The framework permits termination on any grounds within the first 14 weeks of pregnancy, and beyond that in specified circumstances similar to the provisions of the Abortion Act 1967. Terminations are available on-island, including early medical abortion and early surgical treatment. Women are funded to travel to England for services that are not available on-island, including later terminations.



Guernsey and Alderney

Abortion is decriminalised and available up to 24 weeks, and thereafter to prevent serious injury to health or life. The Abortion (Guernsey) (Amendment) Law 2021 removed the legal requirement for abortions to take place within a named facility – allowing for greater use of medical termination – and reduced the requirement for medical certification from two doctors down to one. Nurses and midwives are authorised to administer medical abortion, which is provided on Guernsey in the first 14 weeks. Surgical terminations are provided on the mainland.

Jersey

Abortion is lawful in the first 12 weeks if a woman is in 'distress' and requests it; in the first 24 weeks in case of fetal abnormalities; and at any time to save the woman's life. Early abortion is provided on the island.

Conscientious objection

Healthcare staff have the right to refuse to participate in the abortion procedure if they have a genuine conscientious objection to it. Guidance from the General Medical Council (GMC) makes clear that while an individual doctor's objection to active participation in an abortion should be respected, women must be able to access services and so a practitioner who refuses to perform a procedure must refer the woman to a doctor who can meet her needs.

The scope of what is considered participation in abortion was clarified by the UK Supreme Court in 2014, following a case brought by two midwives who claimed their right to conscientious objection was breached by being asked to answer telephone calls to book women in for care, or to supervise staff providing that care. The Supreme Court defined 'participate' as "taking part in a hands-on capacity: actually performing the tasks involved in the course of treatment". Therefore midwives cannot opt out of duties that are adjacent or indirectly facilitative of abortion.

Early medical abortion

Early medical abortion is safe, acceptable to women, and has played a major role in bringing the vast majority of terminations down to under ten weeks of pregnancy. It has also led to greater midwifery involvement in termination of pregnancy in England, Scotland and Wales.

Since 2017 in Scotland, and 2018 in Wales and England, women have been able to take the second of the two abortion pills, misoprostol, at home. During the COVID-19 pandemic, a special licence allowed for both pills (mifepristone and misoprostol) to be

taken at home with assessment via telemedicine. This temporary licence is now permanent and in legislation in England and Wales in the first 10 weeks of pregnancy, and remains in place in Scotland for the first twelve weeks of pregnancy.

In Northern Ireland, women are permitted in the first 10 weeks of pregnancy to take misoprostol (the second medication in an early medical abortion) at home. They are not currently permitted to take mifepristone (the first medication) at home, and must attend an NHS site or licensed premises.

Safe access zones

Since the introduction of early medical abortion, we understand from service providers that more midwives are working in abortion services. They deserve to carry out their professional responsibilities without fear of harassment or abuse,




as do the women who are legally accessing those services. For that reason the RCM is supporting parliamentary action across the UK to create safe access zones around all abortion services.



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