

Position Statement Abortion



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The RCM believes that:

- 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 relating to women's healthcare.
- Every woman has the right to be given the necessary information to make an informed choice regarding her decision as to continuation of the pregnancy or not.
- Every woman has the right to be given the necessary information to make an informed choice regarding the opportunities provided within the law to terminate pregnancy.
- 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 and who have made the decision to terminate their pregnancy. 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 direct involvement in the procedure of terminating pregnancy.
- Access to safe abortion services is a fundamental healthcare issue for women wherever they live.
- Women who are citizens of the UK should have equitable access to all aspects of reproductive healthcare. Accordingly, the provision of abortion services in Northern Ireland should be brought into line with the rest of the UK.

Background and context

There are around 200,000 abortions every year in Britain. Sexual health policy supports the provision of abortion, and 98% of abortions are funded by the NHS. An increasingly large proportion of abortions take place in the first trimester, around 8% of women require access to abortion in the second trimester and less than 0.1% of all abortions take place after 24 weeks' gestation.

Government policy has come to recognise abortion as an important part of public health. In England the 2013 *Framework for Sexual Health in England* recommends that women who request an abortion should have early access to services, as the earlier in pregnancy an abortion is performed the lower the risk of complications.

That abortion has become widely available, publicly funded and recognised as a public health need is in keeping with the principle that women should be able to control their fertility and plan their families in accordance with what they want to do and achieve.

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 accessible and health care providers should be committed to ensuring that women can access services as early as possible 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.

Despite the mainstream availability of abortion services, abortion remains a criminal offence, subject to a jail sentence. The underpinning legislation in England, Wales and Northern Ireland (in Scotland abortion is a common law offence) remains sections 58 and 59 of the 1861 *Offences Against the Person Act* (OAPA) which criminalises a woman having an abortion and a person providing it.

Whilst the 1967 *Abortion Act* in England, Scotland and Wales (but not in Northern Ireland where the Act does not apply) permits abortion under certain conditions, it does not replace the OAPA. Under the terms of the 1967 Act, an abortion must be carried out no later than the twenty-fourth week of the pregnancy and must be:

- performed by a doctor
- authorised by two doctors
- done in good faith
- carried out in a hospital or other approved place.

As the 1967 Act does not apply in Northern Ireland, abortion is only permissible where it can be clearly demonstrated that the woman will suffer 'real or serious, long term or permanent damage to her physical or mental health'. There is no provision in law for termination of pregnancy on the basis of foetal abnormality or where pregnancy occurs as a result of a criminal act such as rape or incest.

The continued criminalisation of abortion in the UK may drive women to access abortion services which are neither safe nor legal, and which may prove harmful or even fatal. Accordingly, the RCM supports the campaign to remove abortion from criminal law.

The 1967 Act limits the scope of conscientious objection to healthcare staff who refuse to participate in the abortion procedure. 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 restriction of the right of conscientious objection to care directly related to the abortion was reaffirmed by the UK Supreme Court in December 2014, following a case brought by two midwives who believed their right to conscientious objection was breached by being asked to answer telephone calls to book women in for care and delegate to or supervise staff providing that care to women. The Supreme Court defined 'participate' as "taking part in a hands-on capacity: actually performing the tasks involved in the course of treatment".

Because the 1967 Act does not apply in Northern Ireland, there is no statutory right to conscientious objection to participation in abortion for healthcare staff there. The Department of Health, Social Services and Public Safety (DHSSPS) issued *Guidance on Termination of Pregnancy in Northern Ireland* in March 2016 which provides information, advice and guidance to healthcare professionals in Northern Ireland.

References

British Pregnancy Advisory Service (2015) Abortion: Trusting women to decide, and doctors to practise www.bpas.org.uk

Brook (2015) Brook position statement – abortion www.brook.org.uk

Royal College of General Practitioners (2012) RCGP Position Statement on Abortion www.rcgp.org.uk

DHSSPS (2016) Guidance on Termination of Pregnancy in Northern Ireland HSS (MD) 8/2016



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