FSRH

Royal College of Obstetricians & Gynaecologists

Abortion and Abortion Care Factsheet

To support Relationships and Sex Education in secondary schools

Supported by

Public Health England

PSHE Association

SEX EDUCATION FORUM
working together for quality sex and relationships education

Who is the factsheet for?

This is a factsheet for professionals in schools and colleges to use to inform discussions with students about abortion care.

It aims to ensure that professionals involved in educating young people have an accurate, up-to-date source of factual information about abortion and abortion care in the UK.

About the factsheet authors

The factsheet has been produced by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Sexual and Reproductive Healthcare (FSRH), two medical professional membership bodies who work together to support good standards of health care.

The RCOG is the professional body for doctors specialising in obstetrics and gynaecology, representing 16,000 members, fellows and associates globally. It works to improve women's healthcare by setting standards for women's health, providing doctors with training and lifelong learning and advocating for women's health in the UK and around the world.[1]

The FSRH is the membership body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. It provides national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole of the UK in whatever setting it is delivered.[2]

RCOG and FSRH believe that all children and young people are entitled to education about reproductive health and sexual health (including abortion).

They support the Sex Education Forum principles for good Relationships and Sex Education (RSE) which include commitments to ensure that RSE:

- Gives a positive view of human sexuality, with honest and medically accurate information, so that pupils can learn about their bodies and sexual and reproductive health in ways that are appropriate to their age and maturity.
- Is based on reliable sources of information, including information about the law and legal rights, and distinguishes between fact and opinion.

To find this factsheet online go to:
www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/

[1] RCOG. www.rcog.org.uk
[2] FSRH. www.fsrh.org

Why is factual information about abortion needed?

One in five conceptions lead to a woman having an abortion in England and Wales. In 2017, there were around 200,000 abortions in England and Wales, making it one of the most common procedures funded on the NHS[3]. This represents around 3,800 abortions each week on average [or around 16,600 each month]. However, although it is a common procedure, myths, misinformation and stigma around abortion can leave people ill-informed.

1 in 5
conceptions lead to a woman having an abortion

What is abortion?

An abortion is a way of ending a pregnancy, either by using medicine (prescribed drugs) or through a surgical procedure which removes the pregnancy from the womb. Abortion is also referred to as 'termination of pregnancy'.

There are two main types of abortion: medical abortion (the "abortion pill") – taking medication to end the pregnancy, and surgical abortion – a minor procedure to remove the pregnancy. There should generally be a choice of method offered. For more detail about the different methods of abortion visit NHS Choices[4] or RCOG Patient Information leaflet "Information about abortion care."[5]

How can abortion care be defined?

Abortion care is not just about the procedure that ends the pregnancy. It is also about supporting individuals around the decision, the choice of method of abortion and contraception after an abortion, when needed.

The global non-governmental organisation IPAS defines abortion care as consisting of safe, affordable, high-quality services, including abortion, post-abortion care and family planning. Services should be responsive to each woman's particular circumstances and needs.[6]

Supporting this, the RCOG provides a best practice guide. The guide indicates key aspects of abortion care, making clear that:

- A pre-abortion consultation should include factual information about the safety of abortion procedures.
- The most appropriate abortion methods/regimes (surgical or medical) should be determined and discussed with the woman and the most appropriate procedure should be undertaken.
- Before leaving the facility, women should receive contraceptive information and if, desired, the contraceptive method of their choice.[7]

[3] Department of Health and Social Care. June 2018. Abortion Statistics England and Wales 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf
[4] NHS Choices. Abortion, What Happens. August 2016. https://www.nhs.uk/conditions/abortion/what-happens/
[5] RCOG. Information about abortion care. February 2012. https://www.rcog.org.uk/en/patients/patient-leaflets/abortion-care/
[6] IPAS. Comprehensive abortion care, accessed January 2019. http://www.ipasdevelopmentfoundation.org/comprehensive-abortion-care.html
[7] RCOG. Best practice in comprehensive abortion care, Best Practice Paper no2, June 2015. https://www.rcog.org.uk/globalassets/documents/guidelines/best-practice-papers/best-practice-paper-2.pdf

What is the law on abortion?

In England, Scotland and Wales, the law on abortion is governed by the Abortion Act 1967. By law, only a registered doctor can terminate a pregnancy and any treatment for the termination of pregnancy must take place in an NHS hospital, NHS agency (approved independent sector places under NHS contract), or private premises approved by the Secretary of State for Health. In many cases, care in clinics is provided by nurses, supervised by doctors.

A woman can have an abortion or termination of pregnancy if two doctors decide, "in good faith", that one or more of the grounds specified in the Abortion Act are met.

These grounds are:

A. The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.

B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

C. The pregnancy has not exceeded its 24th week and 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.

D. The pregnancy has not exceeded its 24th week and 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.

E. 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.

The vast majority of abortions are carried out under Ground C.

The Act also permits abortion to be performed in an emergency if one doctor is of the opinion formed "in good faith" that an abortion is immediately necessary:

F. To save the life of the pregnant woman.

G. To prevent grave permanent injury to the physical or mental health of the pregnant woman.

Currently, abortion is allowed in Northern Ireland only under very limited circumstances – when there is a significant and long-term threat to a woman's physical or mental health. Following the referendum of 2018, abortion law in the Republic of Ireland will be amended, to allow for the regulation of abortion. Previously, the law prohibited abortion in almost all cases. The Abortion Act 1967 also does not apply in the Isle of Man, Jersey or Guernsey. Some women from these areas who wish to have an abortion travel to mainland Britain or another European country for the procedure.

For facts on abortion worldwide, please refer to the World Health Organization.[8] Abortion law is complex and differs from country to country; for more information on abortion policies globally, please refer to the United Nations (DESA).[9]

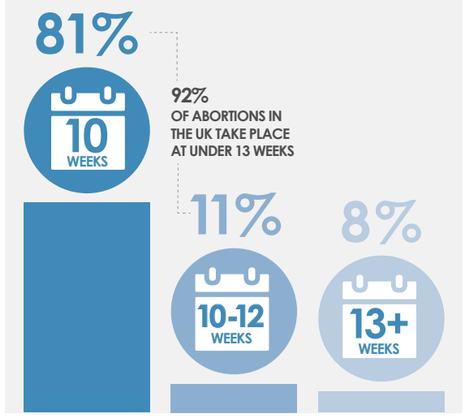
[8] For more information on abortion worldwide see the leaflet produced by the Guttmacher Institute for the World Health Organisation, 'Facts on Induced Abortion worldwide', accessed January 2019. https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide
[9] United Nations Department of Economic and Social Affairs Population Division. 'Abortion Policies and Reproductive Affairs Around the World', 2014. http://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf

Timing of abortion in England, Wales and Scotland

The vast majority of abortions take place early in pregnancy. Annual statistics for England and Wales produced by the Department of Health show that in 2017 90% of abortions took place at under 13 weeks with 77% at under 10 weeks. In Scotland, 72.1% of abortions occur under 9 weeks.[10]

Early abortions are safer and more straightforward for the woman than later abortions, and women are encouraged to seek an abortion as early as possible in pregnancy.

In England and Wales only 0.1% of abortions took place at 24 weeks or later and in Scotland 1.3% took place at 18 weeks or after.[11]



There are many reasons why some women have abortions later in pregnancy. These include a woman not realising she is pregnant until a relatively late date; the woman's circumstances changing so that she now feels she cannot continue even though the pregnancy was originally wanted; and pregnancies where the baby may have problems or abnormalities, some of which can only be picked up later in the pregnancy (for example at the 20-week scan).

Expert care is provided by doctors or midwives for later abortions and even at these later gestations an abortion will be safer than carrying the pregnancy to the full gestation.

Opting out of abortion care

The Abortion Act 1967 has a "conscientious objection" clause, which permits any healthcare professional to refuse to participate in any treatment authorised by the Act if it conflicts with their religious or personal beliefs. This clause does not apply where it is necessary to save life or prevent "grave permanent injury" to the woman's health. Doctors who have a conscientious objection to abortion must tell women of their right to see another doctor and refer women for further care without delay.

[10] NHS National Services Scotland. May 2018. Termination of Pregnancy, Year Ending December 2017. https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2018-05-29/2018-05-29-Terminations-2017-Report.pdf; Department of Health and Social Care. June 2018. Abortion Statistics England and Wales 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf
[11] NHS National Services Scotland. May 2018. Termination of Pregnancy, Year Ending December 2017. https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2018-05-29/2018-05-29-Terminations-2017-Report.pdf; Department of Health and Social Care. June 2018. Abortion Statistics England and Wales 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf

Pregnancy decisions

A doctor or nurse cannot make anyone have an abortion, or prevent them from having one, as the choice is up to the individual woman. The woman should receive accurate and impartial information.[12]

Counselling is not mandatory but if a woman requests or requires additional support in making a decision, she should be offered non-directive counselling with a trained professional.

Following a consultation, if a woman decides she wants to continue the pregnancy, she will be referred to see a midwife for antenatal care. (If the woman was to change her mind again before the legal limit the midwife can refer her back to the abortion service).

Is abortion free?

In England, Scotland and Wales, abortions are available free of charge for those who are eligible for NHS healthcare. However, some women choose to pay a fee to have private treatment.

Is abortion safe?

Abortion is extremely safe in a UK setting; there are very few serious complications and the earlier in pregnancy an abortion takes place, the safer it is. In many countries where abortion is not legal, women resort to self-induced abortion or abortion care provided by an unregistered healthcare professional - also known as "backstreet abortion". This can be extremely unsafe, with thousands of women in these countries dying each year from unsafe abortion.

Myth Busters

Abortion does not result in future infertility.

Fertility returns immediately after abortion. If a woman does not want to be pregnant again immediately, she will be offered a choice of contraception after the abortion.

Abortion does not increase the risk of miscarriage, ectopic pregnancy or a low placenta in future pregnancies.

There may be a slightly higher risk of future premature birth. However, NHS Choices, summarising medical research, emphasises that the risk is low.[13]

Abortion does not increase the risk of developing breast cancer.

It is has been demonstrated many times, by large-scale surveys in several countries, that there is no link between abortions and breast cancer. Two strong studies documented by the American Cancer Society found, after adjusting for known breast cancer risk factors, that induced abortions and miscarriage had no overall effect on the risk of breast cancer.[14]

Abortion does not cause mental illness.

Successive studies and research reviews have demonstrated that the experience of abortion makes little or no difference to women's mental health. Research includes an extensive systematic review of research evidence, conducted by the Academy of Royal Medical Colleges in 2011[15] and referenced by NHS Choices.[16]

Current evidence suggests that the fetus is unable to feel pain under 24 weeks.

In 2010, a working party set up by the RCOG presented a clear conclusion: In reviewing the neuroanatomical and physiological evidence in the fetus, it was apparent that connections from the periphery to the cortex are not intact before 24 weeks of gestation and, as most neuroscientists believe that the cortex is necessary for pain perception, it can be concluded that the fetus cannot experience pain in any sense prior to this gestation.[17]

Emergency contraception, taken after unprotected sex, is not a method of abortion.

Pregnancy only starts when a fertilised egg implants in the wall of the womb.

The emergency contraceptive pill works by delaying the release of an egg so no fertilisation happens; the emergency copper intra-uterine device (IUD) works by either preventing fertilisation of an egg or preventing the implantation of the fertilised egg. Emergency contraception is only used before implantation. The emergency contraception pill (containing ulipristal) can be taken up to 5 days after unprotected sex. Earlier use is more effective. The IUD can sometimes be inserted more than 5 days after unprotected sex.

A systematic review reported by NHS Choices found that the IUD is over 99% effective in emergency situations, which is more effective than the emergency contraceptive pill.[18]

[12] NHS Choices, Abortion. August 2016. https://www.nhs.uk/conditions/abortion/. NHS Choices highlight that impartial information and support is available from a woman's GP or another doctor at their GP practice, from a counselling service at the abortion clinic and from organisations such as the FPA, Brook (for under-25s), BPAS, Marie Stopes UK and NUPAS. The need to be aware of so-called "crisis pregnancy centres" that claim to provide impartial advice but often do not is emphasised.
[13] NHS Choices. August 2012. https://www.nhs.uk/news/pregnancy-and-child/multiple-abortions-link-to-premature-births
[14] American Cancer Society. Accessed January 2019. https://www.cancer.org/cancer/cancer-causes/medical-treatments/abortion-and-breast-cancer-risk.html
[15] Academy of Royal Medical Colleges, Induced abortion and mental health a systematic review of the mental health outcomes of induced abortion, including their prevalence and associated factors. Developed for the Academy of Medical Royal Colleges by National Collaborating Centre for Mental Health, London. December 2011. https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced_Abortion_Mental_Health_1211.pdf
[16] NHS Choices. December 2011. https://www.nhs.uk/news/mental-health/abortion-does-not-raise-mental-health-risks/
[17] RCOG. Fetal Awareness, Review of Research and Recommendations for Practice. March 2010. https://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf
[18] NHS Choices 'Emergency contraception: coil 99.9% effective' May 2012. https://www.nhs.uk/news/medication/emergency-contraception-coil-999-effective/

Is abortion confidential?

All women seeking abortion have the right to confidentiality, including those who are under 16.

Any young person, regardless of age, can give valid consent to medical treatment providing they are considered to be competent - i.e. able to understand a health professional's advice and the risks and benefits of the treatment options. All women under 16 years of age are encouraged to involve their parents or another supportive adult. At any age, it is only in exceptional circumstances, where the woman or another person is at risk of serious harm, that information may be disclosed to someone else without the patient's agreement.

Women do not need their partner's agreement to have an abortion, although some will want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have been unsuccessful.

How do people feel after having an abortion?

Complications of abortion are rare, but women who have had an abortion are provided with information about follow-up care including signs to look out for, such as prolonged or heavy bleeding or symptoms of infection, which might require medical attention.

Every individual will have their own feelings after an abortion. These may include relief and sadness or be a mixture of emotions. A woman's feelings may be influenced by the circumstances that led to her pregnancy (both planned and unplanned), and how she is supported before, during and after the abortion.

Women with an unplanned pregnancy are no more likely to suffer mental health problems whether they have an abortion or whether they continue with the pregnancy and have the baby. However, women with previous or current mental health problems (such as depression or psychosis) are more likely to experience negative feelings after an unintended pregnancy, but nonetheless this may also be the case - whether they continue or end the pregnancy. Women with mental health issues may therefore require some additional health care support. The risk of negative mental health outcomes is low when the woman makes an informed decision, free from pressure and coercion.

Preventing future unintended pregnancy

Before the abortion women should have the opportunity to discuss future contraception. Many methods of contraception can be provided or fitted at the time of the abortion.

Resources

We recommend the following organisations as providers of good quality factual information on sexual and reproductive healthcare, which schools and colleges can usefully also refer to:

- **Brook**[19] provides facts about abortion, ranging from abortion law and statistics in the UK to facts pertaining to abortion and religion.[20]
- **Family Planning Association**[21] which provides an Abortion Factsheet. This covers a range of similar areas including policy and guidance and abortion law specific to each UK nation.[22]
- **NHS Choices** who provide an accurate overview of abortion. This includes information on how to get an abortion, when an abortion can be carried out, advice on deciding to have an abortion and potential risks of an abortion.[23]
- **The Sex Education Forum**[24], hosted at the National Children's Bureau, has evidence-based advice on RSE in schools, including guidance on how to design a comprehensive RSE programme, which includes learning about sexual and reproductive health. Use of their 'Curriculum Design Tool' helps put into context learning about abortion and related issues such as fertility and conception, within a broader programme of of learning.[25]

Useful Links

1. FSRH & RCOG. Abortion Factsheet webpage
https://www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/

2. IPPF resource
https://www.ippf.org/resource/How-educate-about-abortion-guide-peer-educators-teachers-and-trainers

3. RCOG's Patient Information leaflet "Abortion Care - what you need to know"
https://www.rcog.org.uk/en/patients/patient-leaflets/abortion-care/

4. FPA's Patient information leaflet "Abortion - your questions answered"
http://www.fpa.org.uk/sites/default/files/abortion-your-questions-answered.pdf

5. Education for Choice. Factsheet about abortion for young people including more on why women have abortions and where young people can go for help
https://www.brook.org.uk/shop/product/abortion-faqs1

6. Brook and FPA Guidance for Commissioners on providing decision-making support within the pregnancy pathway
https://www.fpa.org.uk/sites/default/files/decision-making-support-abortion.pdf

7. BPAS. Descriptions of abortion procedures available at different points in pregnancy
https://www.bpas.org/abortion-care/abortion-treatments/

8. Department of Health. Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health
https://webarchive.nationalarchives.gov.uk/20121202102522/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086916.pdf

9. Cancer Research UK. 'Pregnancies that end in miscarriage or abortion do not increase a woman's risk of developing breast cancer'. Press release
https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2004-03-26-pregnancies-that-end-in-miscarriage-or-abortion-do-not-increase-a-womans-risk-of-developing-breast

10. Academy of Medical Royal Colleges. Systematic review of evidence - abortion and mental health
http://www.aomrc.org.uk/reports-guidance/induced-abortion-mental-health-1211/

[19] Brook, Pregnancy. Accessed January 2019. https://www.brook.org.uk/your-life/category/pregnancy
[20] Brook, Facts about abortion. Accessed January 2019. https://www.brook.org.uk/our-work/facts-about-abortion
[21] Family Planning Association. Accessed January 2019. https://sexwise.fpa.org.uk/unplanned-pregnancy/abortion-your-questions-answered
[22] Family Planning Association. Abortion factsheet. August 2016. https://www.fpa.org.uk/factsheets/abortion
[23] NHS Choices - Abortion. August 2016. https://www.nhs.uk/conditions/abortion/
[24] Sex Education Forum. Accessed January 2019. https://www.sexeducationforum.org.uk/
[25] Sex Education Forum, Curriculum Design Tool, May 2018. https://www.sexeducationforum.org.uk/resources/advice-guidance/curriculum-design-tool-0

FSRH

Royal College of Obstetricians & Gynaecologists

www.rcog.org.uk
www.fsrh.org

Published 2019