

Position Statement

Role of Coroners in relation to abortion care

BSACP Position

BSACP opposes the involvement of coroners in the investigation of fetal or neonatal death after abortion care in all but exceptional circumstances.

BSACP opposes the **routine** involvement of coroners in stillbirth but in the event this is implemented, our position is that there must be exemption for cases of abortion care.

Background

BSACP advocates for best practice care and considers reflection and learning following adverse incidents to be essential elements of professional practice. We believe that where a serious incident investigation is appropriate, learning is best achieved through the organisations' serious incident framework, such as the [Patient Safety Incident Response Framework \(PSIRF\)](#) for the NHS in England, and where necessary involving the [Maternity and Newborn Safety Investigations \(MNSI\)](#). Deep learning, sustained improvement and effective system change is most likely in a no-blame, non-adversarial system that understands local systems. At present coroners "do not have jurisdiction to conduct an investigation concerning a foetus or a stillborn child, as where there has not been an independent life, there has not legally been a death" ([Chief Coroner's Guidance No.45](#)).

Our position statement was drafted in response to the [National maternity and neonatal investigation](#), whose [terms of reference](#) include a review of the legal framework regarding the role of Coroners in relation to stillbirths. There is a proposal that stillbirths (including after abortion care) are referred to a coroner, regardless of cause or gestation.

Issues

BSACP is aware of several cases where coroners have been involved following stillbirth after abortion care. These cases have been traumatic for the patients involved, delayed or prevented learning from cases, and diverted resources.

Coronial involvement risks being especially traumatic for vulnerable groups who may fear the involvement of the judiciary in the most intimate and distressing event of their life, making detection of their vulnerabilities harder. Although coroners have no

current mandate to investigate stillbirth, if this were extended (as is the case for neonatal deaths), there is no right to anonymity for the patient. BSACP knows of cases where confidentiality has been breached as a direct result of coronial investigation, which in some situations could place the patient in danger.

The current guidance for clinicians is outlined in the multiagency position statement published by RCOG - [Position statement following Chief Coroner's Guidance no. 45, "Stillbirth and Live Birth Following Termination of Pregnancy". Advice for clinicians following abortion care at later gestation.](#) Members should continue to follow this guidance at present.

27 February 2026