Royal College of Obstetricians & Gynaecologists

FSRH The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

FACULTY OF PUBLIC HEALTH

BSACP BRITISH SOCIETY OF ABORTION CARE PROVIDERS

Involvement of the Police and External Agencies following Abortion, Pregnancy Loss and Unexpected Delivery

Guidance for healthcare staff

Statement from the General Medical Council (GMC)

The GMC considers that the general principles and standards in this document are consistent with its own professional standards, including those set out in “Confidentiality: good practice in handling patient information” (2017, updated in 2018).

Introduction

Healthcare professionals working in women's health rarely need to liaise with the police. Unless a statute requires it (for example with female genital mutilation), a healthcare professional is under no general obligation to report a crime in Great Britain. Rather, they must abide by their professional responsibility to justify any disclosure of confidential patient information or face potential fitness to practice proceedings. Where healthcare professionals do involve the police it should be in the patient's best interests or needed to protect others – for example where there is a risk of death or serious harm. This guideline sets out recommendations and guidance on the professional and legal obligations to respect confidentiality following an abortion, pregnancy loss or unexpected / unattended delivery.

Concern has been raised regarding increasing numbers of police investigations following later gestation abortion and pregnancy loss, and the impact this can have on patients who may be especially vulnerable and who have suffered the distress of a later gestation loss.[1-3] The Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Sexual and Reproductive Healthcare (FSRH) have stated that it is never in the public interest to investigate a patient who is suspected of ending their own pregnancy, a view endorsed by over 60 organisations and professionals.[4-6] Controversy and publicity following criminal trials and the imprisonment of a woman in 2023 who procured a late gestation abortion has raised awareness that patients may be at risk of having their confidentiality breached by clinical staff.[7-11] Regulators would expect registered healthcare practitioners to act in line with professional standards, and action could be taken against staff under civil or even criminal law.[12] This guideline sets out best practice and the standards expected of registered healthcare professionals.

Recommendations

Do not call the police or external agencies if the woman divulges, or you are suspicious, that she may have sought to end her own pregnancy unless she has given explicit consent to do so, or you consider it justified in her best interests if she lacks mental capacity to give consent, or you can justify that to do so is necessary to protect her safety or the safety of others (for example the risk of death or serious injury following an assault on the woman).

Do not divulge information to the police or external agencies without the patient's consent unless you are concerned for her safety or the safety of others (e.g. other family members).

Healthcare professionals and organisations must be able to justify any disclosure of confidential information in the event of subsequent legal or regulatory complaint. In considering whether there is a valid justification for breaching confidentiality to protect the safety of others, the "safety of the fetus" is not a valid reason because in law the fetus does not have personhood status.

Do not take blood tests or other samples at the request of the police unless you are sure the patient has given their fully informed consent, or there is a court order instructing you to do so.

Where police request information and state that the patient has given consent, healthcare professionals and organisations must satisfy themselves that this consent is valid, not taken whilst she was feeling under pressure and that she had mental capacity to make the decision. She should be advised that she has the right to take her own legal advice to ensure that she is making an informed decision.

Only information that is relevant to the stated need of the investigation should be released where it is agreed to share information following a request for disclosure of the patient's records. The request for information should be specific, so that a proportionate response can be made without having to divulge all the medical records. In most cases, information is best conveyed through a statement from a senior clinician rather than a print-out of unedited notes. For cases involving a Coronial enquiry, the senior clinician can seek advice from the Coroner's officer, or pathologist as appropriate, to ensure they have the information needed for, but proportionate to, their enquiry. For cases involving a police investigation, where agreement cannot be reached as to what information is proportionate, a request should be made to Court for a judge to decide what disclosure is necessary. This is managed by the police investigating officer and provides legal protection for all parties.

Where faced with a police or Coroner's enquiry, clinicians should seek the advice of senior staff in their organisation prior to communicating with any external agency unless they have an overriding concern over the safety of the woman or others. This may include their organisation's data protection officer, Caldicott guardian, legal services and their own defence organisation where appropriate.

Organisations should have clear policies and procedures to ensure that requests for medical records or statements from staff are managed in line with their duties of confidentiality and proportionality. The Caldicott Guardian has overall responsibility for all requests and should retain oversight of the organisation's responses. They should ensure the organisation maintains a robust and consistent response, and should ensure that a record is kept of all requests with reporting to an oversight committee for monitoring.

Where there are safeguarding concerns for the safety of the patient, or any other family member including children, this should be managed through the organisation's safeguarding and child protection procedures. These processes are beyond the scope of this guidance.

Background

Abortion care is a core service underpinning women's health and wellbeing. All patients should be able to access abortion services easily and without fear of penalty or harassment.[5] Several women have recently faced prosecution for ending their pregnancies, and police have launched dozens of investigations into suspected breaches of the law.[11 13 14] In some cases the law has been used to investigate women and girls who lost their pregnancies through natural causes, with reports that this has led to distress, isolation and post-traumatic stress disorder for the individuals involved.[1 3 15] In one instance police were called after a woman had an emergency caesarean when staff found misoprostol on examination, leading the judge to comment after the case came to court, "this case in my judgement beggars belief. There can be no conceivable public interest in pursuing it".[10]

Organisations and individuals who breach data protection legislation could face prosecution, or be at risk of action through civil litigation or common law. With regards to confidentiality, staff are expected to act in line with the professional standards and guidance as set out by their respective regulators. Confidentiality is one of the fundamental requirements of good professional practice. If patients think that their personal information might be disclosed without their consent, they may avoid seeking medical help or not report all the information needed to manage their care.[16] Treating abortion as a crime influences the decisions women make; they should be able to access healthcare without fear as a basic right.[17 18] Breaches of confidentiality may also undermine the trust between patients and healthcare practitioners, and could bring the regulated healthcare professions into disrepute.[19] In response to press enquiries following the prosecution and jailing of a woman convicted of an illegal abortion in June 2023, the General Medical Council (GMC) stated that its guidance makes clear that doctors must make the care of their patients their first concern. It added that it "would be concerned if any patient in need of medical care felt unable to seek help because they feared being reported to the police".[12]

Guidance from Medical Regulator and Professional Bodies

The RCOG and FSRH have stated that it is never in the public interest to investigate or prosecute women for ending their pregnancy.[5] In 2022, 67 medical leaders and legal professionals representing a wide range of organisations wrote to the Director of Public Prosecutions stating that, "it is never in the public interest to charge women who end their own pregnancy, and that no woman should face investigation or prosecution for ending a pregnancy or experiencing unexpected or unexplained pregnancy loss."[4] A wide range of organisations have public positions calling for abortion law reform to decriminalise abortion and regulate it as for all other healthcare within medical regulation and governance processes.[20]

Core Principles

The GMC has comprehensive guidance on confidentiality, good medical practice and handling patient information.[16] The guidance sets out the professional standards expected of medical professionals and provides a framework to support them in their decision making. There is no legal or professional duty to report a suspected crime other than where required by law (e.g. to report terrorism or female genital mutilation). Therefore, the guidance outlines the principles and professional standards that professionals need to take into account in considering whether disclosure may be justified. Medical professionals must decide whether, in any specific case, the prevention of serious harm or the protection of the public is, on balance, justified in the public interest. It should be noted that the GMC guidance does not cover any specific clinical circumstance such a pregnancy loss.

The GMC summary of the duties of medical professionals (GMC - Good Medical Practice) emphasise that patients must be able to trust healthcare professionals with their lives and health, with confidentiality being central to this trust. If patients think their personal information will be disclosed without consent they may avoid seeking medical help, or be reluctant to report all relevant information. The GMC's confidentiality guidance[16] outlines the main principles that are expected, including:

- **Manage and protect information**. Make sure any personal information you hold or control is effectively protected at all times against improper access, disclosure or loss.
- **Comply with the law**. Be satisfied that you are handling personal information lawfully.

In most cases explicit consent to share information is required from the patient. Consent must be valid, which means that the patient should have capacity to make a voluntary decision based on relevant information.[21] Limited exceptions apply where:

- the disclosure is of overall benefit to a patient who lacks the capacity to consent, or
- a statute or other law mandates the disclosure. For example, this is sometimes relevant if the woman is known to have suffered or be at risk of abuse or neglect, or
- the disclosure is justified in the public interest: "you must not disclose personal information to a third party such as a solicitor, police officer or officer of a court without the patient's explicit consent, unless it is required by law, or ordered by a court, or can be justified in the public interest" [paragraph 93].[16]

Disclosure without Consent

Public interest

The GMC guidance details where disclosure may be necessary without consent, for example to protect individuals or society from risks of serious harm, such as from serious communicable diseases or serious crime. The guidance states that this would only be "in exceptional cases where a patient has refused consent" and that "the benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential" [paragraph 64].[16]

Given that the professional bodies and representatives responsible for women's health (including the RCOG, FSRH and RCM) have explicitly stated that it is never in the public interest to investigate women for ending a pregnancy,[4-6] any such disclosure on public interest grounds would be subject to challenge.

The GMC outlines what healthcare professionals must consider when disclosing information in the public interest, and states that disclosure is only appropriate where "failure to disclose the information would leave individuals or society exposed to a risk so serious that it outweighs the patient's and the public interest in maintaining confidentiality" [paragraph 68].[16] The GMC does not give any list of what it considers to be a serious crime. However it does give examples of where the public interest test for disclosure may be met – for example in a violent crime where someone is prepared to use weapons or put others at risk. Given the position statements of the professional bodies responsible for women's health, it is our position that disclosure in the context of pregnancy loss or suspected abortion is unlikely to be justifiable using this rationale.[5 20]

The GMC guidance also states that in deciding whether the public interest test is met, medical professionals have a duty to consider the potential harm and distress to the patient, for example in their future engagement with healthcare services and the potential harm to trust in medical professionals generally. Reports from cases where women have been investigated following an abortion or pregnancy loss have described harm such as post-traumatic stress disorder, isolation following confiscation of mobile phone and computer, and healthcare providers being unable to contact the patient to offer ongoing care, counselling or debriefing.[1 3 15 22-24]

Capacity

All patients over the age of 16 are assumed to have capacity to consent. The law and the GMC are clear that "you must not assume a patient lacks capacity to make a decision solely because of their age, disability, appearance, behaviour, medical condition (including mental illness), beliefs, apparent inability to communicate, or because they make a decision you disagree with" [para 41].[16] Where the patient is found to lack capacity according to the Mental Capacity Act 2005 test, then confidential information can only be disclosed if it would be of overall benefit to them. Detailed guidance is provided in paragraphs 41-49 of the GMC guidance on confidentiality.[16]

Disclosures required by or permitted by law

There may be rare situations where there are genuine concerns over the safety of the patient or of others (e.g. young people within the family who are also at risk) where disclosure without consent may be appropriate for their protection (or the interests of others who are vulnerable) if they are at risk of death or serious harm.[25] For example, this may be the case where disclosure is made of intimate partner violence. Where there are significant safeguarding concerns for the safety of the patient, or any other family member such as young people within the household, this should be managed through the organisation's safeguarding and child protection procedures. These processes are beyond the scope of this guidance but may involve referral for Multi-Agency Risk Assessment Conferences (MARAC) and require urgent action to bring those at risk into a place of safety. The charity SafeLives, which works with organisations to transform the response to domestic abuse, states that "in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing."[26]

Child Protection and the Fetus

In law the fetus has no legal rights until it is born and has an existence separate from its mother, only then gaining legal "personhood". Pregnant women are entitled to make autonomous decisions even if healthcare professionals disagree with those decisions, including the right to decline to engage with healthcare professionals during the antenatal, intrapartum and postnatal periods. The principle of autonomy is protected under Article 8 of the European Convention on Human Rights and the Human Rights Act 1998. In Northern Ireland a judicial review stated, "There are no grounds for concluding, and no convincing ones have been put forward, that the common law in Northern Ireland is any different to that in England and Wales. While the foetus does not have a right to life under Article 2 in Northern Ireland, pre-natal life here is given protection under certain statutes [para 108]."[27] Advice to clinicians on their responsibilities in reporting to coroners / procurator fiscal is given in the 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."[28]

The Child Death Review Statutory and Operational Guidance (England) makes it clear that a "child" is defined as a live-born baby and does not include stillbirths, late fetal loss or terminations of pregnancy of any gestation.[29] The statutory guidance specifically states that "cases where there is a livebirth after a planned termination of pregnancy carried out within the law are not subject to a child death review". The secretariat of the Child Death Overview Panels (CDOP), the National Child Mortality Database Programme (NCMD), issued an alert to the CDOPs after it became aware that Joint Agency Reviews (JAR) had been triggered in cases where women had accessed abortion care and delivered at more advanced gestation than anticipated.[30] They reminded CDOPs that these cases should be referred to the abortion care provider to manage and investigate under the NHS Patient Safety Incident Response Framework (PSIRF), with concerns that JAR and CDOP processes could compromise the care, and add to the distress, of women in difficult circumstances. They stated that, "there is no requirement for the CDOP to collect information on the case or report it to NCMD. This is the case, regardless of the gestation of the fetus and whether it has been established as being live born."

Child Protection and Existing Children

There is no evidence that a decision to have a late gestation abortion has any bearing on any existing children. Most of those having an abortion already have children,[31] and evidence shows that there are no significant differences between those presenting in the first trimester and those beyond 20 weeks in number of past pregnancies, heavy drinking, use of recreational drugs, or mental or physical health history.[32] [33] Many of the women presenting over 20 weeks gestation are mothers ending a pregnancy out of a concern for the best interests of their existing children. A later gestation abortion or pregnancy loss is not of itself a reason to be concerned about child protection.

Where there are concerns over the welfare and safety of any existing children, although there is currently no general legal requirement on those working with children in England to report known or suspected child abuse or neglect, the statutory guidance Working Together to Safeguard Children says "anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so."[34] While statutory guidance does not impose a legislative requirement to report abuse, it creates an expectation that those working with children will comply with the guidance unless there are exceptional circumstances. In addition, professional regulators and bodies require healthcare organisations and professionals to report concerns about a child's safety or well-being and

to safeguard vulnerable adults. Regulators would expect healthcare staff to act in line with professional standards and to assess whether disclosure is appropriate in each individual case. Wherever possible, disclosure should be with the patient's consent, unless there are compelling reasons not to.

Proportionate Release of Information

The GMC states that when disclosing information about a patient, disclosures should be kept "to the minimum necessary" [paragraph 10d].[16] This principle of proportionality is also central to the Data Protection Act 2018. Police may request medical notes under a data access request, but the same principles of proportionality and consent to disclosure apply. Information that could be prejudicial or is especially sensitive (e.g. past sexual and reproductive history, counselling notes) should only be divulged with explicit consent or if ordered by a Crown Court judge. A full print-out of the whole medical record would have to be justified as proportionate should a complaint be made to the Information Commissioner's Office, and the penalties for breaching the Data Protection Act can be severe. Usually, if there is patient consent, a statement with timeline of events from the clinician responsible for the patient is the best format as this can be proportionate, focussed and maintains professional responsibility and integrity. Furthermore, focussed statements are likely to be more helpful to judicial investigators than a print out of the whole-notes.

If agreement for proportionate disclosure is not possible between the patient, the clinician and their organisation and the police, the police should be asked to make an application for a Production Order under the Police and Criminal Evidence Act 1984 to a Crown Court Judge. The service provider should state in their submission (usually provided directly to the police) what they consider to be proportionate and ask for the judge's direction as to what disclosure they require. These are usually managed through written submissions.

Courts have powers to order disclosure of information and the GMC is clear that doctors must disclose information if ordered to do so by a judge. However, GMC guidance states that "you should only disclose information that is required by the court. You should object to the judge or the presiding officer if attempts are made to compel you to disclose what appears to you to be irrelevant information" [paragraph 91][16].

Given that these are complex issues, advice should be sought from a Caldicott or data guardian, a legal adviser and/or a defence organisation before any disclosure is made. Care should be taken to ensure that, where it is stated that consent has been given, the consent is genuinely informed and not taken when under duress or distressed. Wherever possible, patients should only consent after they have received their own legal advice – they may feel especially vulnerable and isolated and therefore may not be able to give informed consent for disclosure directly to the police. They may feel threatened that any children of theirs may be taken into care or placed under child protection programmes unless they are seen to be compliant. Having sought help from the NHS and emergency services, they might perceive the system as hostile. Therefore acting as an advocate for them, explaining the process and listening to their concerns, and challenging other agencies where necessary can be therapeutic and help to restore their trust in healthcare services.

Blood and Forensic Samples

Clinicians may be asked to take blood or other forensic samples (for example pregnancy remains) by the police. The Faculty of Forensic and Legal Medicine (FFLM) reiterates the GMC guidance that "doctors must be satisfied that they have a patient's consent" and that failure to obtain consent "could mean that the healthcare professional might face legal action (civil or criminal), a complaint to their employer and/or the GMC or their regulatory body".[35] The FFLM's curriculum includes competencies to obtain appropriate consent and notes that healthcare professionals must be aware that the patient may subjectively feel coerced to consent and that it is necessary to ensure that consent is consistent and voluntary.[36] Clinicians need to be especially careful before taking any samples that they have the consent of the patient, that it is in their best interests, that they understand who will have access to the results and how they will be shared, and that they do not feeling pressured or coerced to do so by a police investigation. The same principles as outlined above for disclosure apply here, and it is unlikely a public interest defence to take samples without consent would be valid. Consent is also needed for the retention of tissue from pregnancy remains or following a post-mortem on a fetus, and for genetic testing. Even when somebody has been arrested, informed consent is still essential; the FFLM uses an example of arrest under the Offences Against the Person Act 1861 in one of its FAQs on police requests for tests.[37]

A much fuller outline of the key elements of the law that are relevant to the use and disclosure of patient information is given in the legal annex of the GMC confidentiality guidance.[16]

Other Guidance and Resources

Although the GMC guidance outlined above is the most detailed and widely cited from the healthcare regulators, the other healthcare regulators outline similar expectations of the professionals for whom they set standards. All of the GMC, the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) expect similar standards of confidentiality, and expect healthcare professionals to act in line with their professional standards.

Nursing and Midwifery Council (NMC). The NMC publishes "The Code" which sets out the professional standards that nurses, midwives and nursing associates must uphold.[38] This includes:

5 – Respect people's right to privacy and confidentiality. As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

> 5.4 - share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality.

10.5 – Take all steps to make sure that records are kept securely.

17.2 – Share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information.

20.4 – Keep to the laws of the country in which you are practising.

The NMC outlines their approach to taking account of context when concerns are raised about an individual's fitness to practice.[39]

Health and Care Professions Council (HCPC). The HCPC regulates 15 health and care professions including paramedics, practitioner psychologists, radiographers and operating department practitioners. It sets out the ethical framework within which their registrants must work.[40] This includes that confidential information can only be disclosed if:

- the practitioner has permission to disclose
- the law allows this
- it is in the service user's best interests or it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people

NHS. Any organisation that collects, analyses, publishes or disseminates confidential health and care information must follow the code of practice on confidential information.[41] The code helps organisations put the right structures and procedures in place so that front-line staff follow the confidentiality rules. NHS England's transformation directorate has produced guidelines for sharing information with the police.[42] These state that health and care organisations will only share the minimum amount of data the police require, and that it may be appropriate to challenge a request from the police. It advises staff to follow the guidance of the GMC and reiterates that consent should be obtained from the patient unless there is an overriding public interest. It also confirms that a police request form (often referred to as DP7 or DP9 forms, previously section 29 forms) can provide useful information to support decision making about disclosure, but does not override confidentiality requirements.

British Medical Association (BMA). The BMA has published a "confidentiality and health records toolkit".[43] This provides a comprehensive overview of the issues, including more complex cases such as where capacity to consent is limited. The principles are the same as those outlined above – that where consent to disclosure is not obtained, only if there is an overriding public interest can a disclosure be made to the police. The BMA's view is that this would only be necessary in the context of the detection of serious crime which has a high impact on the victim such as murder, rape and violent assault.

The Royal College of Nursing (RCN). The RCN has published clinical guidance for registered nurses, midwives, nursing associates, healthcare support workers, nursing and midwifery students and trainee nursing associates working in abortion care.[44] This outlines best practice and includes sections on conscientious objection, consent and confidentiality.

Medical Defence Organisations. The main medical defence organisations provide advice and resources to their members and should be consulted where appropriate.

Provenance

This best practice paper was commissioned by the RCOG abortion taskforce and developed by the policy and public affairs division of RCOG using their governance, with key stakeholders invited to review the final draft. The abortion taskforce includes officers of RCOG, FSRH and BSACP, and observers from RCM, RCN, DHSC, NIO, BMA, GMC, NHSE, CQC, providers and commissioners.

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Jonathan Lord	Chair, guideline working group; co-chair RCOG abortion taskforce and BSACP
Emma Cave	Professor of Healthcare Law, Durham Law School; Chair General Medical Council's Good Medical Practice Advisory Forum
Maria Lewandowska	Research Fellow SACHA: Shaping abortion for change, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine
Tracey Masters	Consultant in Sexual & Reproductive Health, Homerton University Hospital NHS Foundation Trust; co-chair BSACP
Ailish McEntee	Named Midwife for Safeguarding Adults and Children / PREVENT Lead / Child Sexual Abuse and Exploitation Lead, MSI Reproductive Choices UK
Emma Milne	Associate Professor in Criminal Law and Criminal Justice, Durham Law School; Secretary of the Socio-Legal Studies Association (SLSA)
Lesley Regan	Chair, RCOG abortion taskforce; past president RCOG
Sally Sheldon	Professor of Law, Bristol Law School / University of Technology, Sydney
Vanessa Wright	Associate specialist in women's health, Royal Cornwall Hospitals NHS Trust; forensic medical examiner (previously SERCO and Devon & Cornwall Police)

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Although most abortion care is provided to women, other people whose gender identity does not align with the sex they were assigned at birth can also experience pregnancy and abortion. For simplicity of language this document uses the term women and female pronouns, but this should be taken to also include people who do not identify as women but who are pregnant.

Correspondence should be addressed to:

Policy enquiries / suggestions for updates: policy@rcog.org.uk

Abbreviations

BMA	British Medical Association
BSACP	British Society of Abortion Care Providers
CDOP	Child Death Overview Panel
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
DPA	Data Protection Act 2018
FFLM	Faculty of Forensic and Legal Medicine
FSRH	Faculty of Sexual and Reproductive Healthcare
GMC	General Medical Council
HCPC	Health and Care Professions Council
ISP	Independent Service Provider
JAR	Joint Agency Review
MARAC	Multi-Agency Risk Assessment Conferences
MDT	Multi-disciplinary Team
NCDP	National Child Mortality Database Programme
NICE	National Institute of Health and Care Excellence
NHS	National Health Service
NHSE	NHS England
NMC	Nursing and Midwifery Council
PSIRF	Patient Safety Incident Response Framework
PTSD	Post-traumatic stress disorder
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCOG	Royal College of Obstetricians and Gynaecologists
TOP	Termination of pregnancy
WHO	World Health Organization

References

1. Das S. Women accused of illegal abortions in England and Wales after miscarriages and stillbirths. *The Observer* 2022 02/07/2022. https://www.theguardian.com/world/2022/jul/02/women-accused-of-abortions-in-england-and-wales-after-miscarriages-and-stillbirths

2. Lord J, Regan L. Triumphs and trials with the UK abortion law: The power of collaboration in abortion reform. *International Journal of Gynecology & Obstetrics* 2024 doi: 10.1002/ijgo.15331 https://wileyonlinelibrary.com/journal/ijgo

3. Williams Z. The women being prosecuted in Great Britain for abortions: 'Her confidentiality was completely destroyed'. *The Guardian* 2023 10/11/2023. https://www.theguardian.com/world/2023/nov/10/the-women-being-prosecuted-in-great-britain-for-abortions-her-confidentiality-was-completely-destroyed

4. [67 Organisations & Professionals]. Letter to Director of Public Prosecutions. London, 2022. https://www.tht.org.uk/sites/default/files/2022-07/Letter%20to%20DPP%20on%20abortion%20prosecutions.pdf

5. Royal College of Obstetricians and Gynaecologists (RCOG), Faculty of Sexual & Reproductive Healthcare (FSRH). RCOG and FSRH statement on decriminalisation of abortion, August 2022. In: Royal College of Obstetricians and Gynaecologists (RCOG), ed. Position Statement. London, 2022. https://www.rcog.org.uk/media/ly1lmvge/rcog-fsrh-joint-decrim-abortion-position-statement-august-2022.pdf

6. [Multi-agency submission to Parliament]. Decriminalising Abortion. Criminal Justice Bill - Cross-party amendment briefing. . London, 2024. https://bills.parliament.uk/bills/3511/publications

7. Sheldon S, Lord J. Care not Criminalisation: Reform of British Abortion Law is Long Overdue. *Journal of Medical Ethics* 2023;49(8) doi: 10.1136/jme-2023-109405 [published Online First: 14/07/23]. https://jme.bmj.com/content/early/2023/07/13/jme-2023-109405

8. Thomas T. Outrage at jail sentence for woman who took abortion pills later than UK limit. *The Guardian* 2023 12/06/23. https://www.theguardian.com/world/2023/jun/12/woman-in-uk-jailed-for-28-months-over-taking-abortion-pills-after-legal-time-limit

9. Lay K. Jailing over late abortion 'a dark day for women's health'. *The Times* 2023 14/06/23. https://www.thetimes.co.uk/article/jailing-over-late-abortion-a-dark-day-for-womens-health-s5s2bwcnd#:~:text=The%20jailing%20of%20a%20woman,pregnancy%20during%20lockdown%20in%202020.

10. Seaward T. CPS drops prosecution of Oxford mum accused of 'procuring miscarriage'. *Oxford Mail* 2022 9/12/22. https://www.oxfordmail.co.uk/news/23181446.cps-drops-prosecution-oxford-mum-accused-procuring-miscarriage/

11. Katie Gibbons. 100 women and girls investigated over 'illegal abortions'. *The Times* 2023 10/12/2023. https://www.thetimes.co.uk/article/100-women-and-girls-investigated-over-illegal-abortions-h6njmgwnf

12. Clugston H. Illegal abortions: General Medical Council warns doctors should think carefully before reporting women to police. *National World*. https://www.nationalworld.com/contact-us

13. Clugston H. Illegal abortions: dozens of women investigated by police for ending their pregnancies in England and Wales. *National World* 2023. https://www.nationalworld.com/news/crime/illegal-abortions-police-investigate-dozens-of-women-ending-pregnancies-england-wales-4185441

14. Creasy S. Urgent Question: To ask the Secretary of State for Justice if he will make a statement on section 58 of the Offences against the Person Act 1861. In: UK Parliament 15/06/, ed. London: Hansard, 2023:15/06/2023 - Column 440. https://hansard.parliament.uk/commons/2023-06-15/debates/E4D63B08-4128-46D3-AFCD-EF8D377275EC/AbortionOffencesAgainstThePersonAct#contribution-CAF7BBA5-5BFC-4162-A4B1-725246427DF8

15. Oppenheim M. Woman kept in police cell for 36 hours after stillbirth due to suspicions she had 'illegal abortion'. *Independent* 2022 05/07/22. https://www.independent.co.uk/news/uk/home-news/woman-police-custody-stillborn-birth-b2111991.html

16. General Medical Council (GMC). Confidentiality: good practice in handling patient information. In: General Medical Council (GMC), ed. Ethical guidance for doctors. London: GMC, 2017. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality

17. Afzal N. Abortion should be turned from a criminal justice issue into a public health one. *BMJ* 2023;381:p1508. doi: 10.1136/bmj.p1508 https://www.bmj.com/content/bmj/381/bmj.p1508.full.pdf

18. Johnson D. Great Britain's laws need urgent reform to end the criminalisation of abortion. *BMJ* 2023;382:p1557. doi: 10.1136/bmj.p1557 https://www.bmj.com/content/bmj/382/bmj.p1557.full.pdf

19. Lewandowska M. Until restrictive abortion laws change, women will continue to suffer. *BMJ* 2023;382:p1517. doi: 10.1136/bmj.p1517 https://www.bmj.com/content/bmj/382/bmj.p1517.full.pdf

20. [33 Organisations]. Reforming Abortion Law. London: [33 Organisations], , 2023. https://www.fsrh.org/documents/joint-sector-position-on-reforming-abortion-law/reforming-abortion-law-position-statement.pdf

21. General Medical Council (GMC). Decision making and consent. In: General Medical Council (GMC), ed. Ethical guidance for doctors. London: GMC, 2020. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

22. Al-Othman H. Laura's story: jailed for having an abortion in Britain. *Sunday Times* 2022 07/08/2022. https://www.thetimes.co.uk/article/a6b76dfe-14f5-11ed-a669-519b582f91b7?shareToken=10150471652dcab89831065557241e60

23. Clugston H. Abortion UK: police investigate 17 women for illegal abortions in England and Wales - as US states impose bans. *National World* 2022 29/06/22. https://www.nationalworld.com/news/crime/abortion-uk-police-investigate-women-illegal-abortions-england-wales-us-states-bans-3749526

24. Al-Othman; H, Al-Khalaf; L. Women still on trial over abortions. *The Sunday Times* 2022 17/07/22. https://www.thetimes.co.uk/article/british-women-taken-to-court-over-abortions-6qgr0grn9

25. General Medical Council (GMC). Protecting children and young people: The responsibilities of all doctors. In: General Medical Council (GMC), ed. Professional Standards. London: GMC, 2018. https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/protecting-children-and-young-people

26. Safe Lives. Frequently asked questions Multi-Agency Risk Assessment Conferences (MARAC). In: Violence SLED, ed. Bristol: Safe Lives, , 2014. https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf

27. High Court of Justice in Northern Ireland. The Northern Ireland Human Rights Commission's Application [2015] NIQB 96. In the matter of an application for judicial review by the Northern Ireland human rights commission. In the matter of the law on termination of pregnancy in Northern Ireland. . In: Queen's Bench Division (Judicial Review), ed. Neutral Citation No [2015] NIQB 96. Belfast: High Court of Justice in Northern Ireland, , 2015. https://www.judiciaryni.uk/sites/judiciary/files/decisions/The%20Northern%20Ireland%20Human%20Rights%20Commission%E2%80%99s%20Application.pdf

28. Royal College of Obstetricians and Gynaecologists (RCOG), British Maternal & Fetal Medicine Society (BMFMS), British Society of Abortion Care Providers (BSACP), et al. 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. . In: Royal College of Obstetricians and Gynaecologists (RCOG), ed. Position Statement. London: RCOG, 2023. https://www.rcog.org.uk/media/ny1pc5ml/position-statement-coroners-guidance-no-45.pdf

29. HM Government. Child Death Review Statutory and Operational Guidance (England). In: Cabinet Office, ed. London, 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859302/child-death-review-statutory-and-operational-guidance-england.pdf

30. Sleap V. IMPORTANT NOTICE: Legal abortion presenting as unattended stillbirth in the community. In: National Child Mortality Database Programme (NCMD), ed. Bristol: Child Mortality Analysis Unit, , 2020. https://www.ncmd.info/

31. Department of Health & Social Care (DHSC). Abortion statistics in England and Wales. In: Government of the United Kingdom, ed. London: Department of Health & Social Care (DHSC), , 2022. https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales

32. British Pregnancy Advisory Service (BPAS). Why women present for abortions after 20 weeks. In: British Pregnancy Advisory Service (BPAS), ed. Stratford-upon-Avon: British Pregnancy Advisory Service (BPAS), , 2017. https://www.bpas.org/media/2027/late-abortion-report-v02.pdf

33. Foster DG, Kimport K. Who Seeks Abortions at or After 20 Weeks? *Perspectives on Sexual and Reproductive Health* 2013;45(4):210-18. doi: https://doi.org/10.1363/4521013 https://onlinelibrary.wiley.com/doi/abs/10.1363/4521013

34. HM Government. Working together to safeguard children. In: HM Government, ed. Statutory guidance on inter-agency working to safeguard and promote the welfare of children. London: Department for Education, , 2020. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

35. Faculty of Forensic & Legal Medicine (FFLM). Consent from patients who may have been seriously assaulted. In: Faculty of Forensic & Legal Medicine (FFLM), ed. London: Faculty of Forensic & Legal Medicine (FFLM), , 2022. https://fflm.ac.uk/wp-content/uploads/2022/08/Consent-from-patients-who-may-have-been-seriously-assaulted-Dr-B-Butler-Aug-2022.pdf

36. Faculty of Forensic & Legal Medicine (FFLM). Licentiate of the Faculty of Forensic & Legal Medicine (General Forensic Medicine) (LFFLM - GFM) Regulations, Syllabus and Information for Candidates. In: Faculty of Forensic & Legal Medicine (FFLM), ed. London: FFLM, 2020. https://fflm.ac.uk/wp-content/uploads/2020/06/LFFLM-GFM-Regulations-Final-10.06.2020.pdf

37. Faculty of Forensic & Legal Medicine (FFLM). Frequently Asked Questions (FAQs) on Police Requests for Tests from Detainees in Custody for Sexually Transmitted Infections. In: Faculty of Forensic & Legal Medicine (FFLM), ed. London, 2022. https://fflm.ac.uk/wp-content/uploads/2022/08/FAQs-on-Police-Requests-for-Tests-from-Detainees-in-Custody-for-STIs-Dr-B-Butler-and-Dr-A-Hamm-Aug-2022.pdf

38. Nursing & Midwifery Council (NMC). The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates. . In: Nursing & Midwifery Council (NMC), ed. Standards. London: NMC, , 2015. https://www.nmc.org.uk/standards/code/read-the-code-online/

39. Nursing & Midwifery Council (NMC). Taking account of context. In: Nursing & Midwifery Council (NMC), ed. Understanding Fitness to Practise. London: NMC, , 2021. https://www.nmc.org.uk/ftp-library/understanding-fitness-to-practise/taking-account-of-context/

40. Health & Care Professions Council (HCPC). Standards of conduct, performance and ethics. In: Health & Care Professions Council (HCPC), ed. Your duties as a registrant. London: HCPC,

2016. https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf

41. Health and Social Care Information Centre (HSCIC). Code of practice on confidential information. In: Digital N, ed. Exeter: Health and Social Care Information Centre (HSCIC), , 2014. https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/code-of-practice-on-confidential-information

42. NHS England (NHSE). Sharing information with the police. In: NHS England (NHSE), ed. Information governance guidance. London: NHSE Transformation Directorate, 2022. https://transform.england.nhs.uk/information-governance/guidance/sharing-information-with-the-police/

43. British Medical Association (BMA). Confidentiality and health records toolkit. In: British Medical Association (BMA), ed. Advice and support - Ethics. London: BMA, 2021. https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/confidentiality-and-health-records-toolkit

44. Royal College of Nursing (RCN). Termination of Pregnancy and Abortion Care. In: Royal College of Nursing (RCN), ed. Professional Development. London: RCN, 2024. https://www.rcn.org.uk/Professional-Development/publications/rcn-termination-of-pregnancy-and-abortion-care-uk-pub-011-285