



# RCOG policy briefing

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Royal College of  
Obstetricians  
and Gynaecologists

Bringing to life the best  
in women's health care

## The proposed abortion amendments by Nadine Dorries and Frank Field in the Health & Social Care Bill

These amendments have yet to be published but there has been much discussion in the media about them.

The amendments are designed to reduce the number of abortions in England and Wales. The Royal College of Obstetricians and Gynaecologists (RCOG) agrees that the abortion rate in the UK is high and should be lowered. However, the amendments are a retrograde step and not in the best interests of women.

The proven way to lower abortions is by empowering individuals. This is done by offering better access to contraception care on the NHS and through better sex and relationships education in schools.

### Amendment 1:

The amendment to transfer the role of counselling to independent providers has the potential to delay the procedure, even after the decision to have the abortion has been made by the individual and after two doctors have agreed that the abortion can proceed.

Evidence shows that the risks for women increase with gestation which is why the majority of abortions occur with the first 12 weeks.

There is a lack of clarity over the definition of the word 'independent'. There is concern that the amendment may mean anti-abortion groups are contracted to provide counselling. The advice they provide will not be impartial.

Objective, unbiased counselling must be provided to women before the abortion as set out in the current clinical guidelines. There are systems in place within the present system to provide women seeking abortions with counselling. Not all women may want counselling and it should not be mandatory.

All current NHS service providers such as bpas and Marie Stopes meet national quality standards set by the Department of Health. Charities such as Brook and fpa provide non-directional counselling. The system, as it stands, works well.

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## Amendment 2:

As a medical body with expertise in drafting clinical guidelines in women's health, the RCOG is best placed to develop professional advice for doctors on abortion service provision. It is important to ensure that guidelines for doctors are developed by the professionals.

The RCOG will continue to work with the Department of Health, the NHS, other Royal Colleges and organisations such as NICE to ensure that clinical guidelines on abortion services remain safe, are evidence-based and place women at the very centre of care.

## RCOG position

The Health and Social Care Bill is a large and complex piece of legislation. Important decisions need to be made about clinical leadership, competition, patient involvement and the education and training of doctors. Focusing on amendments which have nothing to do with the main body of the Bill is disruptive and furthers the agenda of anti-abortion groups.

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