



## Call for Urgent Action by Parliament to Protect Women's Essential Reproductive Rights

Women and girls\* are facing traumatic and prolonged criminal investigations following pregnancy loss and abortion in numbers never seen before. Six women have appeared in court over the past two years charged with ending their own pregnancy. Prior to this, only three convictions have been reported of an illegal abortion since the current law was introduced in 1861. In the last Parliament there were several attempts to restrict access to essential abortion care. These unprecedented attacks on women's reproductive rights have no place in a compassionate, caring society that strives for equality, fairness and tolerance.

We call on Parliament as a matter of urgency to ensure women in England and Wales have the same protection as those in Northern Ireland by removing them from the threat of prosecution in relation to their own pregnancy. Women in countries including Ireland, France, Canada, Australia and New Zealand do not face the threat of prosecution.

## Prosecutions and the Law

In 2024:

- [A court in England](#) heard how a teenager was arrested at midnight and held in custody for 19 hours on suspicion of ending her own pregnancy. [The court heard she was “completely broken”](#) by the judicial process, **“having gone through the trauma of the stillbirth, to have to relive the events seven years later”** and that the investigation had had an [“enormous and profound effect”](#) on her. Even the prosecution had stated that she was [“vulnerable”, in a very difficult situation and that it was difficult not to feel sympathy.](#)
- Another young woman appeared in court charged with ending her own pregnancy as a teenager. [That case was dropped](#), but not before her photos, address and details of her pregnancy were reported widely in the media after an investigation lasting three years. In court her barrister described how she had “suffered so extensively” while she was grieving and that a psychiatric examination had confirmed that the proceedings had had a profound effect on her.
- A trial is scheduled for 2025 for a woman alleged to have ended her own pregnancy. She had to start a [crowdfunding campaign](#) as she had faced devastating debt to defend herself.

In 2023 a woman was jailed for 28 months for an illegal abortion, separating her from her child who [the judge said](#) had “special needs which means that he is particularly reliant upon your love and support.” She was released only after the Court of Appeal found she deserved [“compassion not punishment”](#), having served over a month in prison during which time no communication with her children was allowed.

Part of the abortion law can be [traced back to 1623](#). The current law, introduced in 1861, was passed 67 years before women were able to vote, in an era when large crowds gathered to watch public executions. The 1967 Abortion Act comes from a time when if a woman wanted a sterilisation she would have needed to get the permission of her husband; it was long before home pregnancy tests and ultrasound scans were developed and 21 years before medical abortion drugs first became available.

**Women should not face judgement based on values from eras that were completely different from today’s society.**

Multiple [professional bodies](#) and a large majority of the public believe that it is never in the public interest to prosecute women for ending their own pregnancy. A recent [completely independent YouGov poll](#) found only 21% of the public believed women should face prosecution for having an abortion beyond the legal time limits, with 64% of women under 40 agreeing that women should not be prosecuted. Independent polling for the 2024 election showed that [criminalising abortion was a red line for voters](#), with 67% completely ruling out voting for a party proposing this even if they liked other policies.

## Criminal Investigations

There has been a [surge in the number of investigations of women](#) suspected of an illegal abortion, [including after premature labour and miscarriage](#). Even if charges are not brought, the impact of investigation is profound. Many cases do not proceed to a prosecution, but it can take years before the case is dropped.

[BBC](#) and [Sky News](#) investigations found evidence of women falling under suspicion of illegally ending a pregnancy following natural pregnancy loss. [The impact](#) of the prolonged investigation on one woman’s mental health was profound:

*“I still don't sleep properly because I'm still constantly worrying about being taken away. I think without the support of my family, I wouldn't still be here.”*

Several women and girls have been held in custody following a traumatic pregnancy loss, with one describing how [police guarded her on the ward following surgery](#), not even being allowed to close the door of the toilet when a male officer was on duty. In several cases [children have been removed from their family](#) and contact banned or severely restricted, including cases where the child was breastfeeding. Bail conditions have included the order for a young woman [not to have direct or indirect contact with any children](#) under the age of five, effectively barring her from many career options or family gatherings. Others are permitted only limited, supervised contact. In many cases mobile phones and personal computers are seized, isolating the woman from her support network at a time of trauma and subjecting her to a “digital strip search” including checking for [data from menstrual tracking apps](#). [Forensic samples](#) (including blood, hair and nails) are taken to check for the presence of abortion drugs, but prosecutions are pursued [even following a negative result](#). In many cases [those needing an abortion later in pregnancy](#), including those who were convicted, [are victims of abuse and violence](#).

## Other Concerns

Although the British system is quite different to that of the USA, the American Supreme Court ruling that overturned Roe v Wade in 2022 has [emboldened anti-abortion activists in the UK](#) with evidence that US based anti-abortion groups are [increasing their spending in the UK](#) and [seeking to influence MPs](#). In the 2024 general election a [new anti-abortion](#) group fielded Parliamentary candidates in 22 constituencies. [There has been a steady rise in women being harassed by protesters at abortion clinics](#). In 2024 three amendments, using similar language and tactics that have [recently been used in America](#), were tabled in Parliament which would have restricted abortion access for some of the most vulnerable groups. The current law does not reflect modern values. The most recent [British Social Attitudes survey \(BSA\)](#) shows strong support for abortion in Britain, with 76% agreeing that the law should support a woman having an abortion if she decides on her own she does not wish to have a child. This is also supported by the majority of individuals from each religious background and has increased steadily since the survey began in 1983.

## Action Needed

To address the trauma and cruelty that women and girls are being subjected to by criminal investigations following a pregnancy loss or suspected abortion, we urgently call on Parliament:

- To support immediate action to **remove women from the threat of prosecution in relation to their own pregnancy**. This would give women and girls in England and Wales the same protection as in **Northern Ireland** and many other countries including, Ireland, France, Canada, Australia and New Zealand.
- To allocate time within the next 1-2 years to enable a new Bill to be introduced to modernise the current abortion legislation. [Abortion is essential healthcare](#) that [about a third of women will need](#) – it should be managed through the same robust regulatory and quality monitoring processes as all other healthcare.

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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.

## Organisations

	<u>Royal College of Obstetricians &amp; Gynaecologists</u>
	<u>Royal College of General Practitioners</u>
	<u>Royal College of Anaesthetists</u>
	<u>Royal College of Psychiatrists</u>
	<u>Royal College of Nursing</u>
	<u>Royal College of Midwives</u>
	<u>Faculty of Sexual &amp; Reproductive Healthcare</u>
	<u>Faculty of Public Health</u>
	<u>British Society of Abortion Care Providers</u>
	<u>British Maternal and Fetal Medicine Society</u>
	<u>British Medical Association</u>
	<u>Unison</u>
	<u>Wellbeing of Women</u>
	<u>Brook</u>
	<u>Mumsnet</u>
	<u>End Violence Against Women Coalition</u>

	<u>Women's Aid</u>
	<u>Antenatal Results and Choices</u>
	<u>Karma Nirvana</u>
	<u>Maternity Action</u>
	<u>Birthrights</u>
	<u>Right to Equality</u>
	<u>Engender</u>
	<u>Humanists UK</u>
	<u>Center for Reproductive Rights</u>
	<u>The Fawcett Society</u>
	<u>Reproductive Justice Initiative</u>
	<u>Liberty</u>
	<u>Doctors for Choice</u>
	<u>British Pregnancy Advisory Service</u>
	<u>National Unplanned Pregnancy Advisory Service</u>
	<u>MSI Reproductive Choices</u>

## Leaders, Experts & Representatives

### Medical

Miss Raneë Thaker	President, Royal College of Obstetricians & Gynaecologists (RCOG)
Professor Dame Lesley Regan	Chair, RCOG Abortion Task Force & Wellbeing of Women
Professor Kamila Hawthorne	Chair, Royal College of General Practitioners (RCGP)
Dr Claire Shannon	President, Royal College of Anaesthetists (RCoA)
Dr Trudi Seneviratne OBE	Registrar, Royal College of Psychiatrists (RCPsych)
Dr Janet Barter	President, Faculty of Sexual & Reproductive Healthcare (FSRH)
Professor Kevin Fenton CBE	President, Faculty of Public Health (FPH)
Professor Phil Banfield	Council Chair, British Medical Association (BMA)
Dr Tracey Masters	Co-chair British Society of Abortion Care Providers (BSACP), Consultant in Sexual and Reproductive Health
Dr Jonathan Lord	Co-chair RCOG abortion taskforce, Consultant Gynaecologist
Dr Edgar Dorman	Co-chair RCOG abortion taskforce, Consultant Obstetrician and Gynaecologist
Dr Patricia Lohr	Co-chair British Society of Abortion Care Providers (BSACP)
Professor R Katie Morris	Professor and Honorary Consultant Maternal Fetal Medicine, President British Maternal & Fetal Medicine Society (BMFMS)
Professor Sharon Cameron	Consultant Gynaecologist & Honorary Professor
Dr Jan Wise	Past Medical Ethics Committee Chair, British Medical Association (BMA)
Dr Andrew Green	Medical Ethics Committee Chair, British Medical Association (BMA)
Dr Caroline Scherf	Secretary BSACP, Consultant in Sexual Health
Mr Alan Treharne	Treasurer BSACP, Consultant Gynaecologist
Dr Amanda Davies	Chair Wales BSACP committee, Consultant in Sexual and Reproductive Health
Dr Sarah Wallage	Co-chair Scottish Abortion Care Providers (SACP), Consultant in Sexual and Reproductive Health
Dr Sinead Cook	Chair of FSRH Scotland Committee, Consultant in Sexual and Reproductive Health
Dr Georgina Forbes	Specialist doctor in Sexual and Reproductive Health (SRH)

### Legal

Professor Emma Cave	Professor of Healthcare Law, Durham University
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Professor Sally Sheldon	Professor of Law, University of Bristol
Professor Sheelagh McGuinness	Professor of Law, University of Bristol
Professor Rosamund Scott	Professor of Medical Law and Ethics, Kings College London
Professor Fiona de Londras	Barber Professor of Jurisprudence, University of Birmingham
Professor Atina Krajewska	Professor of Law, University of Birmingham
Professor Mairead Enright	Professor of Feminist Legal Studies, University of Birmingham
Professor Emily Jackson FBA, OBE	Professor of Law, London School of Economics
Professor Marie Fox	Queen Victoria Chair of Law, University of Liverpool
Dr Elizabeth Chloe Romanis	Associate Professor in Biolaw, Durham University
Dr Jordan A. Parsons	Assistant Professor in Medical Ethics and Law, University of Birmingham Medical School
Dr Emma Milne	Associate Professor in Criminal Law and Criminal Justice, Durham University
Dr Zoe L Tongue	Lecturer in Law, University of Leeds
Dr Magdalena Furgalska	Lecturer in Law, University of York
Dr Emily Ottley	Lecturer in Law, University of Winchester
Anthony Metzger KC	Barrister, Goldsmith Chambers
Dr Charlotte Proudman	Barrister, Goldsmith Chambers
Dr Keina Yoshida	Barrister, Center for Reproductive Rights
Shila Keshvari	Partner, Edward Fail Bradshaw & Waterson

#### Public Health / Human Rights / Women's Equality & Support

Professor Wendy V. Norman	Honorary Associate Professor, London School of Hygiene and Tropical Medicine (LSHTM)
Dr Pam Lowe	Senior Lecturer in Sociology and Policy, Aston University
Dr Rebecca French	Associate Professor in Sexual and Reproductive Health, London School of Hygiene and Tropical Medicine (LSHTM)
Professor Kaye Wellings	Professor of Sexual and Reproductive Health, London School of Hygiene and Tropical Medicine (LSHTM)
Professor Lesley Hoggart	Professor of Social Policy Research, Open University
Maria Lewandowska	Honorary Research Fellow in Reproductive & Sexual Health, London School of Hygiene & Tropical Medicine (LSHTM)
Rebecca Meiksin	Research Fellow in Reproductive and Sexual Health, London School of Hygiene & Tropical Medicine (LSHTM)

Dr Ona McCarthy	Assistant Professor, London School of Hygiene and Tropical Medicine (LSHTM)
Dr Rishita Nandagiri	Lecturer in Global Health and Social Medicine, King's College London
Dr Joe Strong	Leverhulme Early Career Fellow, Queen Mary University of London (QMUL)
Dr Sydney Calkin	Reader in Geography, Queen Mary University of London (QMUL)
Jane Fisher	Director, Antenatal Results and Choices
Marge Berer	Newsletter editor, International Campaign for Women's Right to Safe Abortion
Kerry Abel	Chair of Abortion Rights
Manna Mostaghim	Trustee, Reproductive Justice Initiative, National Executive Member of Abortions Rights
Andrea Simon	Executive Director, End Violence Against Women Coalition
Nikki Pound	Women's Policy Officer, Trades Union Congress (TUC)