

RCOG and FSRH statement on decriminalisation of abortion, August 2022

The RCOG and FSRH are calling on the UK Government to decriminalise abortion across the UK. This should initially be applied to women accessing abortion services, to ensure they are no longer in fear of criminal sanctions for accessing essential healthcare services.

Abortion care is a core service underpinning women's health and wellbeing. All women should be able to access abortion services easily and without fear of penalty or harassment. Unfortunately, this will never be the case while abortion services remain subject to legal requirements and criminal sanctions.

Although the 1967 Abortion Act legalises terminations in England, Wales and Scotland up to 24 weeks, neither the 1861 Offences Against the Person Act nor the Infant Life (Preservation) Act 1929 were ever repealed. This means that any woman who has an unregulated abortion or tries to terminate their pregnancy without supervision from doctors is acting unlawfully and can face up to life imprisonment.

This legislation criminalises women, who are often already vulnerable and in desperate situations, over a healthcare issue and can deter them from seeking aftercare for fear of repercussions. The current punitive approach hampers the ability of doctors to provide supportive care and removes women's autonomy to make their own decisions about their own bodies.

In a poll conducted by YouGov in 2019, just 14% of the general population said they were aware of the law, which carries the harshest penalty in the world. It is safe to assume that many women who use online pills to end a pregnancy do not realise they are risking prosecution and imprisonment.¹

This is not just a theoretical possibility. There are several women currently being prosecuted for ending their pregnancies while police have launched dozens of investigations into suspected breaches of the law in the past 10 years. In some cases the 1861 law has been used to investigate women and girls who lost their pregnancies through natural causes.²

It is our belief that prosecuting a woman for ending their pregnancy will never be in the public interest. We also support calls for custodial sentences for any woman to be used only in the most exceptional circumstances, given the significant disruption this can cause to families and wider society. For example, research has shown that when a mother is sentenced, only five per cent of children remain in their own homes.³ (Prison Reform Trust, 2000; Prison Reform Trust, 2012b).

¹ <https://www.bpas.org/about-our-charity/press-office/press-releases/overwhelming-majority-of-public-do-not-support-current-criminal-punishment-for-abortion-in-great-britain-as-growing-numbers-of-women-seek-abortion-pills-online/>

² <https://www.theguardian.com/world/2022/jul/02/women-accused-of-abortions-in-england-and-wales-after-miscarriages-and-stillbirths>

³ Prison Reform Trust, Women in Prison (2012)

It should be noted that the number of women seeking to access abortion outside of the existing law has reduced significantly since the introduction of telemedicine for early medical abortion (EMA) in 2020. For many years, Women on Web (a global digital community that answers thousands of email requests daily from women needing help accessing abortion care) received up to five requests per day from women in England, Scotland and Wales who could not access in-clinic care and needed help in terminating their pregnancy. These included women who lived significant distances from clinics and were reliant on public transport, women with disabilities, those who feared detection by a coercive partner or family member, and those who were unable to face protesters on the street outside. When telemedicine for EMA was introduced, regular requests for help from British women reduced to virtually zero.⁴

The opposite is now being seen in the US, following the decision of the Supreme Court to overturn *Roe vs Wade*. Telehealth abortion providers have reported a huge surge in inquiries as restrictive State laws force more women to turn to mail-order pills to end their pregnancies.⁵ It seems likely that women are being driven to stockpile abortion pills as well as emergency contraception and longer lasting contraception in a bid to be able to retain autonomy over their own bodies. Time and time again it is clear that restrictive laws do not prevent women needing to access abortion – they simply make it more difficult and potentially more dangerous.

While the drop in the number of British women contacting Women on Web is testament to the success of telemedicine for EMA, there will always be some women who access abortion outside the current law. This is not as a result of inadequate safeguarding. On the contrary, safeguarding of women and girls is of paramount importance to abortion providers and work is ongoing across the sector, in partnership with child health and safeguarding organisations, to ensure that women and girls can access abortion care safely and legally, in the way that best meets their individual needs. Furthermore, abortion providers are experts in providing their patients with the information and support they need.

However, it remains that, even with the best possible standards of safeguarding in place, there will be cases of women and girls terminating their pregnancies past the current legal limit. Many of these women are extremely vulnerable, for example victims of domestic abuse and women with a history of mental health problems, and the operation of the current law means that rather than being provided with the care, compassion, safeguarding and support they need, they are being criminalised. Efforts would be better focused on ensuring these women can access the sexual and reproductive healthcare (SRH) they need. For example, while all women can face barriers accessing contraception through lack of SRH services and difficulty getting an appointment that fits around work, childcare and other family commitments, for women who are socioeconomically disadvantaged or have difficulties accessing the health system the barriers can become insurmountable. Vulnerable women not registered with a GP can find it extremely difficult to access long-lasting contraception, to help prevent unplanned pregnancies. They can also struggle to both navigate the system to access emergency contraception and find the money to pay if they fail to find a service that provides emergency contraception free of charge.⁶

To ensure that pregnancy loss can be managed as a healthcare issue with care and compassion, not as a potential crime, **the RCOG and FSRH are calling on the UK Government to decriminalise abortion across the UK**. This should initially be applied to women accessing abortion services, to ensure they are no longer in fear of criminal sanctions for accessing essential healthcare services. In the interim, any pending or current prosecutions should be suspended.

⁴ <https://www.bpas.org/about-our-charity/press-office/press-releases/overwhelming-majority-of-public-do-not-support-current-criminal-punishment-for-abortion-in-great-britain-as-growing-numbers-of-women-seek-abortion-pills-online/>

⁵ <https://www.ft.com/content/10a8e71c-a4f6-40ad-8631-adbe5d221db3>

⁶ For more information on tackling barriers to SRH please see [Better for Women](#)

Decriminalisation would mean that abortion, like any other healthcare procedure, would be subject to regulatory and professional standards, in line with other medical procedures, rather than criminal sanctions. Abortion services should continue to be tightly regulated, and their staff responsible to their professional regulators; however, abortion – for women, and eventually for doctors and other healthcare professionals – should be treated as a health, rather than a criminal issue.

Background

In 2017, the RCOG Council voted unanimously to support the removal of criminal sanctions associated with abortion in the UK, following a consultation with its membership. In taking this step the RCOG became the first UK medical College to support decriminalisation – one that is now supported by many others.