Why some women need later abortion

An evidence-based briefing

This briefing has been produced by ‘Voice for Choice’ — the coalition of organisations working alongside the All Party Parliamentary Pro-Choice and Sexual Health Group. Voice for Choice members are: Abortion Rights, Antenatal Results and Choices (ARC), bpas, Brook, Doctors for a Woman’s Choice on Abortion, Education for Choice, fpa, Marie Stopes International, Pro-Choice Forum and Reproductive Health Matters.

A crucial issue for women

The 1967 Abortion Act has saved the lives and health of hundreds of thousands of women and to this day remains fundamental to women’s autonomy and equality. In countries where abortion is criminalised, tens of thousands of women die every year through unsafe abortion, while countless others suffer significant morbidity.

Women and men will always need to be able to control their fertility. No method of contraception is 100 per cent effective and access to expert contraceptive advice and the full range of contraceptive methods is often inadequate. An audit of contraceptive services has shown that some Primary Care Trusts were spending as little as 18 pence per woman per year on contraception. People are not infallible and can make mistakes with contraception. It is estimated that around half of pregnancies in the UK are unintended. If faced with an unintended pregnancy, the woman involved is in the best position to make the decision about whether or not to continue with the pregnancy, in consultation with her doctor, as it involves her body and her life.

In Britain, the right to have an abortion is consistently well supported by three quarters of the public. Support from medical professionals also remains very strong. An overwhelming majority (67 per cent) of doctors at the British Medical Association Conference in 2007 voted in favour of removing the need for two doctors’ signatures in the first 13 weeks and upholding the 24-week time limit (73 per cent).

In recent years the issue of ‘later abortions’ has become the subject of intense media and policy interest. Fuelled by the development of 4D ultrasound images of fetuses ‘smiling’ and ‘walking in the womb’ and the increasingly emotive nature of the arguments against abortion, concerns have been raised about the ethics of continuing to allow abortion up to 24 weeks. Although the vast majority of abortions (89 per cent) take place in the first 13 weeks, women continue to need to access abortion services later on in pregnancy.

This briefing paper has been produced to provide evidence-based information on why some women need later abortions.
Abortion is not available on demand

The law in Great Britain does not allow abortion on demand. There are specific legal criteria that must be met before a woman can have an abortion. The procedure must be agreed by two doctors and carried out by a doctor in a government-approved hospital or clinic. In addition, a number of factors mean that access to abortion is by no means guaranteed and can be very difficult for women.

Barriers to access

‘I did a home test on Thursday, couldn’t get an appointment with my GP until Tuesday. I didn’t get a hospital appointment for a further three weeks. I was in shock when I had a scan and it said I was 20 weeks.

Although a great deal of progress has been made in recent years in improving access to abortion services, some women can still face serious barriers. Some women face anti-choice healthcare professionals who delay them, or refuse to refer them, despite professional guidance stating that healthcare professionals with a conscientious objection to abortion must refer a woman to a colleague who is prepared to help her. There is also evidence of a shortage of doctors carrying out abortions, which further restricts women’s access. In some areas a lack of sufficient NHS provision or a lack of timely access to services continue to create delays of six to eight weeks, forcing some women to have a later abortion or to raise hundreds of pounds to pay for independent or private sector fees, which could cause further delays.

‘The doctor I went to see refused to give me a referral letter… it was horrifying because she just said it was too late… I was... 20 weeks’

Northern Ireland

The 1967 Abortion Act does not cover Northern Ireland. Abortion is only legal in Northern Ireland in exceptional circumstances, but current guidance is unclear and provision is at times determined by the moral views of individual health care professionals. Consequently, the vast majority of women cannot access abortion services in Northern Ireland and have to travel to Britain, where they have to pay for a private abortion. Raising the money to meet the costs of the procedure, travel and accommodation can lead to many women having later abortions, particularly those on low incomes or who are receiving benefits.
Why do some women need later abortions?

The decision to have an abortion is one which women never take lightly, particularly when the decision has to be made later in pregnancy. Less than two per cent of abortions take place after 20 weeks, and they are needed by women who face exceptional and very difficult circumstances.

Some women simply do not realise they are pregnant

‘I continued to have periods up ‘til I was four months not knowing I was pregnant’

Research shows that many women having later abortions did not recognise the signs of pregnancy until quite an advanced stage, or put recognisable signs of pregnancy down to other physiological factors peculiar to them, such as a history of erratic periods. This is particularly the case for younger women, pre- and peri-menopausal women and for women who have been using contraception consistently and correctly.

‘I didn’t think too much about having missed periods as I’d experienced this before for about eight months… I was tested for [polycystic ovary syndrome] but it turned out it was stress related. (I) assumed following a negative test, that my lack of period was stress related’

The denial of pregnancy signs

Some women go into denial, a powerful psychological mechanism, when faced with an unplanned pregnancy. A woman may not be able to accept that she is pregnant and will only do so when it cannot physically be ignored. Denial can also be associated with traumatic circumstances such as rape.

‘When I found out I was pregnant I just wanted to forget about it. But I contacted my GP to be referred to have a termination. But why I left it so long was I hoped it would go away and I didn’t have to make a decision’

Changes in personal circumstances

For some women a wanted pregnancy becomes unwanted because they have had a significant change in their personal circumstances, which makes them unable to continue with their pregnancy. This may be because of domestic violence, the loss of a partner or a serious problem with an existing child.

In a recent study, which explored why women have later abortions, 23 per cent of respondents said their relationship with their partner had broken down or changed following confirmation of the pregnancy.
Late identification of problems in the pregnancy

‘My baby has Edward’s syndrome and they have told me because I’m nearly 24 weeks I have to decide quickly if I want a termination otherwise a panel of experts has to meet to decide whether I can have it or not’.

It remains impossible to diagnose many fetal abnormalities before the mid-pregnancy anomaly scan, which is sometimes not available until 21–22 weeks. Identification of a problem at this scan will almost always mean further tests are required.

Despite the fact that Clause E in the current law allows for abortion post-24 weeks when there is a risk of severe disability, there is anecdotal evidence that many clinicians are very cautious about approving the procedure after this point. As a result, some people have the added pressure of having to make a very painful decision without being able to take the time they may need. Any lowering of the time limit would be likely further to increase the pressure on women to make this extremely difficult decision without sufficient time.

‘We were referred to another hospital and after a difficult two day wait we were given the awful diagnosis that the baby had ruptured posterior urethral valves. We were told we could continue with the pregnancy regardless, terminate or wait for three weeks for a follow up scan. We were in a state of shock but decided to wait for further news’.

Are there new scientific developments that call for a review of the upper time limit for legal abortions?

The current calls for a reduction in the upper time limit for abortion and the ensuing debate have been dominated by the misleading claim that there have been dramatic scientific breakthroughs in recent years. There have indeed been developments in fetal medicine, but none that requires a reappraisal of the viability of the fetus, and none that would make anyone more qualified to make a choice about a pregnancy than the woman concerned.

The following are some of the issues that have been raised:

• **4D scanning techniques.** The publication of images of the fetus available via 4D ultrasound scans have prompted calls for a reduction in the existing time limit, but while these can give parents memorable pictures, they do not add significantly to the medical knowledge about fetal development provided by conventional ultrasound.

• **Fetal viability.** The viability of fetuses before 24 weeks has not significantly changed since the last legal review in 1990, when legislation was passed to reduce the upper time limit for abortion from 28 to 24 weeks. Survival rates are currently 0 per cent at 21 weeks, 1 per cent at 22 weeks and 11 per cent at 23 weeks. Very severe disabilities are often associated with those babies that survive at the threshold of viability and may be as high as 67 per cent at 23 weeks. Recent scientific enquiries, such as that conducted by the Nuffield Council of Bioethics and the second EPICure study, have not found any significant change in outcomes at the borderline of viability.
The EPI Cure study

The table below shows data obtained through the first EPI Cure study, which included all babies born at or below 25 weeks' gestation in the UK and Ireland over a ten-month period in 1995.

**Summary of Outcomes among Extremely Preterm Children**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>22 weeks</th>
<th>23 weeks</th>
<th>24 weeks</th>
<th>25 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Died in delivery room</td>
<td>116 (84)</td>
<td>110 (46)</td>
<td>84 (22)</td>
<td>67 (16)</td>
</tr>
<tr>
<td>Admitted for intensive care</td>
<td>22 (16)</td>
<td>131 (54)</td>
<td>298 (78)</td>
<td>357 (84)</td>
</tr>
<tr>
<td>Died in Neonatal Intensive</td>
<td>20 (14)</td>
<td>105 (44)</td>
<td>198 (52)</td>
<td>171 (40)</td>
</tr>
<tr>
<td>Survived to discharge</td>
<td>2 (1)</td>
<td>26 (11)</td>
<td>100 (26)</td>
<td>186 (44)</td>
</tr>
<tr>
<td>Deaths post-discharge</td>
<td>0</td>
<td>1 (0.4)</td>
<td>2 (0.5)</td>
<td>3 (0.7)</td>
</tr>
<tr>
<td>Lost to follow-up</td>
<td>0</td>
<td>3 (1)</td>
<td>25 (7)</td>
<td>39 (9)</td>
</tr>
</tbody>
</table>

The second EPI Cure study, which took place during 2006, found no significant change in the rates of survival for babies born before 24 weeks' gestation.

**Select Committee inquiry**

During 2007, the House of Commons Science and Technology Select Committee conducted an inquiry into the scientific developments related to the Abortion Act 1967, including the issues of fetal viability and the legal time limit for abortion. After considering a wealth of evidence from a variety of expert organisations, including the British Association of Perinatal Medicine, the committee concluded that there had not been any significant change in fetal viability which would require the current time limit for abortion to be reduced. The committee stated:

‘...We reach the conclusion, shared by the RCOG and the BMA, that while survival rates at 24 weeks and over have improved they have not done so below that gestational point. ...We have seen no good evidence to suggest that fetal viability has improved significantly since the abortion time limit was last set, and seen some good evidence to suggest that it has not.’

This conclusion was supported by the government in its response to the Select Committee’s report.

**Summary**

Women’s right to legal abortion is very well supported in Britain. Only a very small proportion of women need later abortions. Those who do, have compelling reasons for needing them, often facing extremely difficult and exceptional circumstances. A woman is in the best position to weigh up all the factors and make the decision about her pregnancy. Decisions about later abortions are never taken lightly by anyone involved.

Contrary to recent press coverage, there have been no scientific breakthroughs that give cause for a reduction of the current legal time limit. Rather, restrictions in women's legal rights would leave some women in a desperate position. Removing access to legal, safe abortion up to 24 weeks of pregnancy will force women, often in desperate circumstances, to continue with the pregnancy against their will or potentially to seek an unsafe abortion. In 1967, Parliament decided these alternatives were not acceptable.

The anti-abortion lobby — which is totally opposed to a woman’s right to choose on abortion — has focused activities on the upper time limit, with the aim of confusing public and political opinion on abortion. We must not turn the clock back by criminalising the small number of women who find themselves needing later abortions.
there had not been any significant change in the rates of survival for babies born before 24 weeks' gestation during 2006, found no significant change in the rates of survival for babies born at or below 25 weeks' gestational age. The second EPICure study, which took place during 1995, included all babies born at or below 25 weeks' gestational age as never taken lightly by anyone involved. Decisions about later abortions are never taken lightly by anyone involved. The factors and make the decision about her pregnancy. The EPICure study was supported by the RCOG and the BMA, that while opposed to a woman's right to choose on abortion in Northern Ireland following a judicial review ruling in 2004.

27) At the time of writing the second EPICure study has yet to be published. Results were presented to the Royal College of Paediatrics and Child Health Annual Spring Meeting on 15 April 2008.


References


5) Abortion law in England, Wales and Scotland is based on the Abortion Act 1967 and Section 37 of the Human Fertilisation and Embryology Act (1990). Abortion is legal up to 24 weeks’ gestation only where continuing the pregnancy involves a greater risk to the physical and mental health of the woman or her existing children than having an abortion. Abortion is legal at any time if there is a risk to the life of the woman, evidence of severe fetal abnormality or risk of grave physical or mental injury to the woman.


10) Op cit no 6

11) At the time of writing the Department for Health, Social Services and Public Safety (DHSSPS) in Northern Ireland was considering the guidance on abortion in Northern Ireland following a judicial review ruling in 2004


13) Op cit no 6


15) Op cit no 6

16) Op cit no 6

17) Op cit no 14

18) Personal communication with ARC helpline


20) ARC News, December 2004

21) Referring to these images, the former President of the Royal College of Obstetricians and Gynaecologists 2004–2007, Professor Allan Templeton, commented: “Observing these developments and physiological movements is not changing anything about the time of viability”


27) At the time of writing the second EPICure study has yet to be published. Results were presented to the Royal College of Paediatrics and Child Health Annual Spring Meeting on 15 April 2008.


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