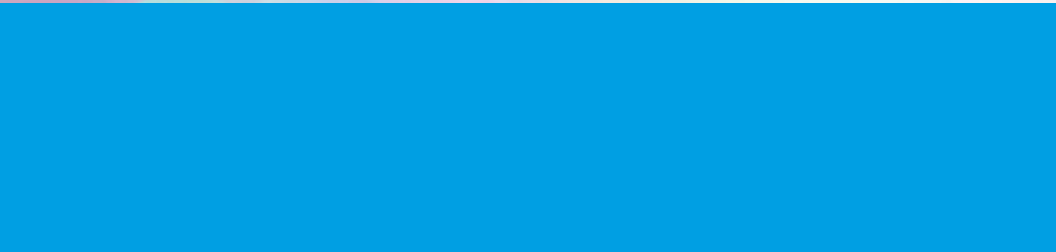


RCN Termination of Pregnancy (Induced Abortion)

POSITION STATEMENT



Background

The Royal College of Nursing (RCN) is the voice of nursing across the UK and is the largest professional union of nursing staff in the world. The RCN promotes the interests of nursing staff and patients on a wide range of issues and helps shape health care policy by working closely with the UK Government and other national and international institutions, trade unions, professional bodies and voluntary organisations.

The current legislation which governs the issues of how a termination of pregnancy takes place comes from the Abortion Act 1967, which was revised and updated in the Human Fertilisation and Embryology Act 1990. The Act covers England, Scotland and Wales but does not apply to Northern Ireland*. This and other related legislation and regulations can be found on [Legislation.gov.uk](http://legislation.gov.uk) and on the [Department of Health website](#). It is critical therefore for nurses and midwives to have a sound understanding of the legislation, depending on where they practice.

The Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990) was originally passed to end dangerous and illegal abortions and set out conditions and safeguards for women which included specifying where abortions could take place, and under what circumstances. It was also intended to protect professional practitioners involved in providing services to women.

The Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990, provides access to abortion, under certain circumstances:

- a. that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
- b. that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
- c. that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
- d. that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

RCN Position Statement

(Agreed via RCN Governance process in February 2013)

It is recognised that there are differing points of view on the issues surrounding abortion.

In the midst of these debates are women, men, nurses, midwives and health care assistants who are involved in termination of pregnancy. The RCN aims to support its members in providing the very highest standards of compassionate care possible for women who choose to have a termination of pregnancy, and are committed to providing considerate/empathetic support to those nurses, midwives and health care assistants who work to provide safe and quality care.

Whether pregnancy is planned or unplanned, the RCN believes that every woman should have the right to choose how to deal with this life event, within current legislation. The RCN believes that termination of pregnancy and contraception are necessary and integral to the provision of a comprehensive sexual and reproductive health care service, and support the current legislation.

We equally acknowledge and respect those nurses, midwives and health care assistants who have a conscientious objection within current legislation. See Conscientious Objection in Appendix 1

Note

This position statement applies to England, Scotland and Wales, as the Act in this context does not relate to Northern Ireland.

In Northern Ireland, the law relating to the termination of pregnancy is contained in sections 58 and 59 of the Offences Against the Person Act 1861, and in section 25 of the Criminal Justice Act (Northern Ireland) 1945 as those provisions have been interpreted to date by the courts.

“The law in Northern Ireland is different from that of Great Britain. In Northern Ireland it is lawful to perform a termination of pregnancy only if:

- it is necessary to preserve the life of the woman, or
- there is a risk of real and serious adverse effect on her physical or mental health, which is either long-term or permanent
- it is for a medical practitioner to assess, on a case by case basis, using their professional judgement as to whether the individual woman’s clinical circumstances meet the grounds for a termination of pregnancy in Northern Ireland. (DHSSPSNI 2016, p.5).

The Department of Health, Social Services and Public Safety (DHSSPSNI) has information on the current legislation in Northern Ireland DHSSPSNI - March 2016 Guidance for health and social care professionals on termination of pregnancy in Northern Ireland <https://www.health-ni.gov.uk/publications/guidance-hsc-professionals-termination-pregnancy-northern-ireland>

Note Terminology: Abortion – is the expulsion of a fetus showing no signs of life before the 24th week of pregnancy. Abortion can occur spontaneously, in which case it is usually called a miscarriage. Abortions that are medically or surgically induced are normally referred to as induced abortion or termination of pregnancy. The preferred term is Termination of Pregnancy.

This document was refreshed in January 2018, the position statement remains the same.

Useful further reading

Abortion Act
www.opsi.gov.uk/acts/acts1967/PDF/ukpga_19670087_en.pdf

DH statistics
<https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales>

RCOG (2011) The Care of Women Requesting Induced Abortion - Evidence-based Clinical Guideline Number 7 Royal College of Obstetricians and Gynaecologists.
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/>

RCGP Position Statement on Abortion April 2012 go to <http://www.rcgp.org.uk/policy/rcgp-policy-areas/abortion-position-statement.aspx>

Department of Health, Social Services and Public Safety (DHSSPSNI) March 2016

Guidance for health and social care professionals on termination of pregnancy in Northern Ireland <https://www.health-ni.gov.uk/publications/guidance-hsc-professionals-termination-pregnancy-northern-ireland>

Royal College of Nursing 2017 Termination of Pregnancy Guidance
<https://www.rcn.org.uk/professional-development/publications/pub-005957>

NMC Code 2015
<https://www.nmc.org.uk/standards/code/> and <https://www.nmc.org.uk/standards/code/conscientious-objection-by-nurses-and-midwives/>

Appendix 1

Termination of pregnancy: Conscientious Objection: RCN Guidance

Legislation recognises that health care workers may have religious, moral or personal objections to abortion. Section four of the original Abortion Act (1967) (Scotland, England and Wales) states that individuals were under no obligation to “participate in any treatment authorised by [the Act] to which [they have] a conscientious objection”. The Act does not apply to Northern Ireland*.

In 1990 the Human Fertilisation and Embryology Act (HFE Act) section 38 stated that “No person who has a conscientious objection to participating in any activity governed by this Act shall be under any duty, however arising, to do so”. However, this is limited to the termination procedure only and not to care provided before and/or after the procedure is carried out (Human Fertilisation and Embryology Authority (HFEA) Code of Practice 6th edition, Page 18, 2003).

The most recent HFEA Code of Practice 2017 discusses treating people fairly:

1. “No person who has a conscientious objection to participating in any activity governed by this Act shall be under any duty, however arising, to do so.
2. In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.
3. In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in a particular activity governed by this Act shall be sufficient evidence of that fact for the purpose of discharging the burden of proof imposed by subsection (2) above.”

*HFEA Code of Practice 2017
(p.262 8th Edition)*

As a nurse and/or a midwife who conscientiously objects under this legislation, you are reminded that you are accountable for whatever decision you make and could be called upon to justify your objection; therefore it is vital that any concerns or objections are discussed with your manager at

the earliest opportunity. Section 38 of the 1990 Act also states that “In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it” (HFEA Code of Practice 6th Edition, p.18, 2003).

It also states that “In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he (she) has a conscientious objection to participating in a particular activity governed by this Act shall be sufficient evidence of that fact for the purpose of discharging the burden of proof” (HFEA Code of Practice 6th Edition, p.18, 2003).

The **Human Fertilisation and Embryology Authority** has further useful information on the subject, including the Code of Practice.

Can I refuse to care for a woman who is about to undergo or has already undergone a termination of pregnancy?

No, for the reasons stated above. Nor could you refuse to take part in an emergency during the procedure itself if you are present and the woman’s safety and well being is at risk. At all times the safety of the woman is paramount.

Voicing conscientious objection

If you have a conscientious objection to abortion you should discuss the issue with your manager and confirm your objection in writing. The issue should be dealt with sensitively, so that nurses, midwives, patients/clients and women can establish a successful therapeutic relationship.

Article 4(2) of the Abortion Act 1967 and Article 38(2) of the HFE Act 1990 state that: “In any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.” However, in Scotland the burden of proof does not rest with the healthcare professional who is objecting, if they swear an oath before a court of law explaining that they have an objection.

Emergency contraception

Emergency contraception is not considered to be an abortifacient by the World Health Organisation (WHO) and conscientious objection does not apply.