

Factsheet (Secondary School)

1. History of UK Abortion Law

Abortion is a devolved issue in the United Kingdom. This means that each country has the power to decide their own law.

Abortion in England and Wales is governed by 3 main laws:

1. [Offences Against the Persons Act 1861](#)¹
2. [Infant Life Preservation Act 1929](#)²
3. [Abortion Act 1967](#)³

Sections [58](#)⁴ and [59](#)⁵ of the Offences Against the Persons Act underpin all UK Abortion law. This law establishes the taking of a life in the womb as an offence against a person. Anyone who attempts to “procure a miscarriage” or provide any “poison” or “instruments” to perform an abortion could receive a sentence of life imprisonment.

The 1929 Infant Life Preservation Act was written to provide an exemption for “[destroying the life of a child capable of being born alive](#)” (i.e performing an abortion). This is to “preserve the life of the mother”.

The 1967 Abortion Act was written to provide further exemptions and grounds for performing an abortion. It states that an abortion can be legally carried out by a registered medical practitioner in an approved premises, if two medical practitioners are of the opinion, formed in good faith, that the abortion is justified under one or more of grounds A to G:

That the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated (Abortion Act, 1967 as amended, section 1(1)(c))

Ground B: That the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman (section 1(1)(b))

Ground C: That the pregnancy has not exceeded its 24th 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 (section 1(1)(a))

Ground D: That the pregnancy has not exceeded its 24th 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 any existing child(ren) of the family of the pregnant woman (section 1(1)(a))

¹ <https://www.legislation.gov.uk/ukpga/Vict/24-25/100/contents>

² <https://www.legislation.gov.uk/ukpga/Geo5/19-20/34/section/1>

³ <https://www.legislation.gov.uk/ukpga/1967/87/section/1>

⁴ <https://www.legislation.gov.uk/ukpga/Vict/24-25/100/section/58>

⁵ <https://www.legislation.gov.uk/ukpga/Vict/24-25/100/section/59>

Ground E: 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 (section 1(1)(d))

Ground F: To save the life of the pregnant woman (section 1(4))

Ground G: To prevent grave permanent injury to the physical or mental health of the pregnant woman (section 1(4))

If, however, an abortion is performed outside the above mentioned grounds, then an offence has been committed under the Infant Life Preservation Act 1929 and the Offences Against the Persons Act 1861. The maximum sentence of which is life imprisonment.

2. Early Human Development

It is easy to imagine that the developing human at early stages of life is not much more than a group of cells, dividing. It can be hard to picture what a human might look like only three weeks old, but even at this point- your heart was beating. In fact, the most rapid period of development is going on during the first ten weeks of life where we each grew from a single cell into a tiny human body with all the organs you have today.

Fertilisation

At fertilisation, a new and unique human being comes into existence with its own distinct genetic code. Twenty-three chromosomes from the mother and twenty-three chromosomes from the father combine to result in a brand-new and totally unique genetic combination. The mother doesn't share a genetic code with her unborn child, from fertilisation, he/she has a separate code that is all its own. There is enough information in this first cell - the zygote to control human growth and development for the rest of his/her life.

Eight days from fertilisation

About eight days after fertilisation, the baby (called a blastocyst) implants in the lining of the uterus. He/she emits chemical substances that weaken the mother's immune system within the uterus so that their tiny body is not rejected by the mother.

Three weeks from fertilisation

Between 16 and 21 days after fertilisation, the heart begins to beat, pumping blood throughout the body, and the brain begins dividing into three primary sections (forebrain, midbrain, and hindbrain).

Four weeks after fertilisation

Arms and legs begin taking shape at four weeks, and the baby is now surrounded and protected by the amniotic sac.

Five weeks after fertilisation

Kidneys appear during the fifth week, and the external portions of the ear begin to differentiate. Hands and wrists are also beginning to take shape.

Six weeks after fertilisation

An EEG (electroencephalogram) can detect brain waves. This is the legal standard for

determining if someone is alive after birth. The heartbeat can be heard with an ultrasonic stethoscope, the baby responds reflexively to stimulus [touch] and may be able to feel pain. Bone ossification begins at this point as well.

Seven weeks from fertilisation

Startle responses can be observed after this week, and in female babies ovaries are now identifiable. Fingers and toes are now distinctly separated, and knee joints are present.

Eight weeks from fertilisation

Every organ present in an adult body is now present and in place. Ninety percent of the structures found in an adult human being can now be found in this tiny baby which is only about an inch and a half long. The brain, at this point, makes up almost half of the baby's total body weight, and 75% of 8-week embryos demonstrate right-hand dominance [they will be right handed after birth]. Intermittent breathing motions (though there is no air present in the uterus) occur, the kidneys begin producing urine, and male testes are releasing testosterone. As the skin thickens, it loses much of its transparency.

Nine weeks from fertilisation

The eyelids close at this point, and the baby is now capable of sucking their thumb, swallowing amniotic fluid, grasping objects and responding to touch. The uterus can be recognised in female babies and external genitalia become more recognisable.

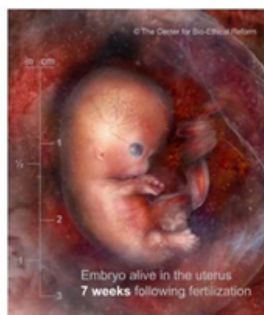
Ten weeks from fertilisation

Fingernails, toenails and unique fingerprints all appear. This is the week most parents will see their baby on an ultrasound scan. The baby is big enough to fit in the palm of your hand and will kick, wiggle and turn somersaults.

6 Weeks



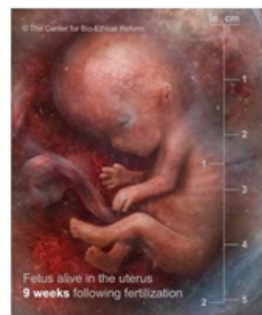
7 Weeks



8 Weeks



9 Weeks



10 Weeks



From this point onward, the baby simply needs time to grow larger and for their respiratory, circulatory, digestive and other systems to mature to the point where they could support the baby without being directly supported by the mother's body.

The baby goes through mental development that allows them to recognise their mothers voice, favourite tv program theme tunes and most frequently eaten foods. They begin to respond to light and sound from outside the uterus, all to prepare themselves for life outside the womb.

The baby initiates labour by stimulating the adrenal cortex to secrete a hormone that induces the mother's uterus to begin contracting. It is the baby who determines when it's time to be born.

This information on human development is only a glimpse of all the changes and growth we go through before birth. More information can be found at www.ehd.org along with video clips of each stage of development.

3. Abortion Procedures

There are two main abortion procedures in the UK:

Medical Abortion: Early Medical Abortion (EMA) up to 9 weeks and 5 Days (Gestational age from last menstrual period). Late medical abortion up to around 13 weeks.

Surgical Abortion: Up to 14 weeks vacuum aspiration.

From 14-24 weeks Dilation and Evacuation.

After 24 weeks Feticide injection and delivery.

Medical abortion - Abortion pills

Medical abortion involves the mother taking two medications. The first medication is mifepristone. This blocks the hormone progesterone, which sustains the pregnancy, from being produced. The baby is starved of the nutrients produced by the uterus that he/she needs to develop and grow in the early stages of pregnancy, so the baby dies.

The second medication, misoprostol is taken one or two days later. If the baby is less than 10 weeks old, this can be done at home. These tablets will strip the lining of the uterus down and cause contractions to deliver the uterus lining along with the baby. Sometimes this process is incomplete and a surgical abortion is needed to remove any parts of the baby or placenta that still remain within the mother's womb.

Since March 2020, this entire process can be done at home by the mother without being seen by a doctor or nurse in advance. A phone call less than 30 minutes long can ensure abortion medication is sent to her home. The mother delivers the dead baby at home and can either dispose of the body in the toilet or the waste bin.

Surgical Abortion- Vacuum Aspiration

Before either surgical abortion procedures, the mother will be asked to use a medication to soften the cervix. Up to 14 weeks, a surgical abortion is performed by inserting increasingly large rods to stretch the cervix to allow a thin, sharp suction tube to be introduced into the womb. Powerful suction (10-20 times stronger than the average household vacuum) is applied to tear the baby's body apart and allow it to be removed into the suction machine. A curette (curved blade) is then used to scrape the uterus to ensure all parts of the baby and placenta have been removed. This procedure is done under either general anaesthesia so that the mother is completely unconscious, conscious sedation so the mother is awake but relaxed, or local anaesthetic so the mother is awake but the cervix is numb.

Surgical Abortion- Dilation and Evacuation

From 14-24 weeks an abortion is performed by dilating the cervix and inserting forceps into the womb. The abortion provider cannot see what they are grasping with their forceps but these are used to pull the limbs from the baby to remove them through the cervix. The skull is too large to remove in one piece at this gestation, so it must be crushed and removed in pieces.

If a Dilation and Evacuation is being performed after 22 weeks gestation, it will be necessary to administer a feticide injection a day in advance of the procedure. This is done with a needle being inserted into the mother's abdomen either into the waters surrounding the baby, or directly into the baby's heart. The potassium chloride injected induces a heart attack and kills the baby. It can take up to 20 minutes for the baby to stop moving, for their heartbeat to stop and for the baby to die..

24 weeks-40 weeks

Abortion after 24 weeks is performed initially similarly to Dilation and Evacuation. The baby however is not dismembered by forceps but rather delivered like in a natural birth. This is usually done in a hospital and the parents are given the opportunity to hold their aborted baby and soon after, cremate or bury them.

4. Abortion Statistics

The following statistics were collected from the latest (June 2021) Dept. of Health figures for abortions in the UK. As can be seen, the annual figures for abortions in England and Wales are at an all time high. The figures and further information can be found in full on the Department of Health website ⁶.

- There were a total of 214,869 abortions in 2021, including non-residents. For women resident in England and Wales there were 214,256 abortions. This is the highest number recorded
- 42.6% of women undergoing abortions had had one or more previous abortions
- There were 1,125 abortions to girls under the age of 16
- Of these, 321 were to girls under the age of 15
- There were 3,370 disability-selective abortions in 2021
- 859 of these were for Down's syndrome
- 40 of these were for cleft/lip palate
- 276 took place after 24 weeks gestation
- There were a total of 2,686 abortions carried out at 20-week gestation and over
- 88 "selective termination" procedures were performed, where a twin, triplet or more were aborted in the womb.
- 98.5% of abortions are funded by The Department of Health. The number of abortions funded by the NHS performed by private abortion providers, such as BPAS and Marie Stopes, reached a record high of 165,400, this represents 77.2% of abortions

⁶ <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2019>

- 87.3% of abortions were medical abortions
- 12.7% of abortions were surgical abortions
- Complications were reported in 330 out of 214,256 cases in 2021, a rate of one in every 649 abortions

Since Covid 19 the statistics for home abortions, sometimes referred to as DIY abortions are recorded by the Dept. of Health as follows:

Full or partial home abortions are now the most common procedure, accounting for 149,993 abortions (70.0%) to residents of England and Wales, and 11,249 abortions (81.8% of total) in Scotland.

Medical abortions overall accounted for 87.3% of abortions to residents of England and Wales, and 99.4% of all abortions in Scotland.

5. Human Rights

The Universal Declaration of Human rights⁷ was established to prevent crimes against humanity. These rights are afforded to every human being without discrimination.

Article 3 states *Everyone has the right to life, liberty and the security of person.*

A question central to the abortion debate is this - "is a fetus a human?" and "if they are human, should they have human rights?"

To know what species something is, we must look at the species of the parents. As the parents in this case are human, the fetus is therefore human.

But "is the fetus alive?". By the very nature of the fact that the fetus is growing and developing it is scientifically accurate to say that they are alive.

A fetus, therefore, is a living, growing human being. So is abortion a human rights violation?

Some may argue it is not, because although the fetus might be human, they are not "persons".

Article 6 of the declaration of human rights states that *Everyone has the right to recognition everywhere as a person before the law.* Article 2 states that *Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.* This means personhood is not based on one specific characteristic or human function but is based on one thing that every human being has in common. Their humanity.

So what happens when there is a conflict between two peoples rights.

There are 2 kinds of human rights, alienable and inalienable rights. Alienable rights are external rights and based on our abilities, these are given from an outside source for example - the right to drive at 18, the right to fly a plane, the right to drink. These rights can change and should be given fairly to all and only withdrawn for the good of many.

⁷ https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

Inalienable rights are rights that cannot be taken away and are based on your humanity, not your ability. Three such examples are the right to life, liberty and property.

But what happens when two inalienable human rights come into conflict? For example between property and liberty? Take, for example, the slave trade. The slave owners' right to property, and the slaves' right to liberty.

There is a hierarchy of rights. When two rights come into conflict one must go with the more fundamental right. The right to liberty comes before property when there is conflict, and in order to have liberty one must first have the right to life. The right to life takes precedent above all other rights.

So how does this relate to abortion? What happens when a woman's choice conflicts with a child's right to life? Consider this analogy:

Imagine there is a professional fencer, he is in the ring practising for a tournament. Does he have the right to choose to use his sword for practice? Yes, because he isn't going to cause anyone harm. Now imagine he is no longer in a fencing ring, but is in a school classroom with small children running about. Can he choose to take out his sword and practise his fencing? No. His right to choose what he does with his body stops when it infringes upon someone else's right to life. In the same way, shouldn't a mother's right to choose stop when it infringes on her unborn child's right to life?

6. Difficult circumstances

There are many difficult circumstances that individuals use to justify abortion. One of the most common questions asked is "What about rape? Should a woman be forced to carry a pregnancy to term if she has been raped?". Most will agree that rape is one of the worst crimes that could be committed against a woman, and the rapist should be locked up for his crime, but should the innocent unborn child receive a more severe penalty than the rapist? Should they receive the death sentence for the rapist's crime?

Rape is a trauma and the woman who has suffered it must be treated with care, kindness and support. If the woman has been made pregnant by rape, some would assume that the most caring action is to abort the baby. This doesn't take into account two things. Firstly, that this baby is not "the rapist's baby" but also the woman's baby. Assuming her desire would be for its destruction through abortion might be overlooking her feelings towards the pregnancy. Secondly it neglects to realise that abortion is in itself a trauma. The Royal College of Psychiatrists study published in the British Journal of Psychiatrists 2 Jan 2018 "Abortion and mental health" concluded that 81% of women will suffer mental health problems following an abortion. Statistically speaking, it is not the kindest or more caring action to exacerbate one trauma with another. Abortion following rape.

Many will base their response on the idea that the unborn child isn't a human being in the same sense that a born child is. This draws us back to the central question "what are the unborn?". As [science has confirmed](#) that the unborn is human, and if we consider all humans "persons" (as the universal declaration of human rights confirms), then what essential difference is there between a child inside the womb and outside the womb that would justify

killing them then and not now? Differences of size, level of development, environment, and degree of dependency are not good justifications for taking an innocent life. It is therefore safe to conclude that regardless of the difficult circumstances surrounding a person's birth, whether by rape, in poverty, by a teenage parent, or even if the child has a disability, there is no circumstance that would justify intentionally killing an innocent human being.