

Abortion factsheet

To support the teaching of Relationships and Sex Education in secondary schools

Purpose of this factsheet

This factsheet is to assist teachers in schools and colleges teaching about abortion as part of Relationships and Sex Education.

Abortion is a sensitive issue that should be approached carefully with students, in a factual yet caring manner. Young people need to be educated about all the options open to them in situations of pregnancy. This should include ethical and medical perspectives about unborn life and the potential physical, emotional, and mental consequences of abortion.

It is vital to remember that any student in your lesson could have been affected by abortion – a family member, a friend, or directly themselves. They could also be affected by miscarriage or stillbirth, which are obviously traumatic. The language you use really matters!

Key terms

1. **Fertilisation:** the point when the sperm and egg fuse.
2. **Zygote:** the first stage of a new organism. A single cell structure, formed from the union of sperm and egg that will then divide to form an embryo.
3. **Embryo:** 'an unborn human, especially in the first eight weeks from conception, after implantation but before all the organs are developed.'¹
4. **Fetus/Foetus:** 'an unborn human more than eight weeks after conception.'²
5. **Viability:** the point at which a child is capable of life outside the womb.
6. **Pro-life:** a term to describe people who believe that because the embryo/fetus is a separate human from its earliest stages, it deserves a high level of care and protection.
7. **Pro-choice:** a term to describe people who believe that the pregnant woman ought to be able to choose whether to keep or end her pregnancy.

What is the abortion debate about?

Abortion is the deliberate ending of a human life before birth.

Pro-life sources tend to prefer to call this human an 'unborn baby', while pro-choice sources tend to use the terms 'embryo' or 'fetus'. All these terms are accurate, but one is informal, while the others are technical. The terms are interchangeable but politically loaded. Although using one or another in the lesson doesn't imply the promotion of either view, it could be good to use a mixture of the terms in a lesson.

Since 1967, when the law changed in Britain (2019 in Northern Ireland) to permit abortions in certain circumstances, there have been over 10 million abortions in England, Scotland, and Wales.³ Today, around one in four pregnancies in the UK end in abortion.⁴

The abortion debate in the UK is based upon competing values and claims, about which people on either side of the argument often feel very passionate. On one side is the right to life of the unborn; on the other is the woman's right to bodily autonomy. It is important to remember that most of your students will be 'somewhere in between', where they will agree with abortion in the extreme and rare situations often cited – such as rape or incest or where the mother's life is in danger – but not with abortion being used as an alternative or back-up to contraception. There is also a (decreasing) memory of the time before 1967, when many women died or became seriously ill having had a 'back-street' abortion. Those who intended good at the time wanted to bring a halt to women dying because they did not feel able to continue with a pregnancy.

People who are '**pro-life**' tend to argue that all human beings are equal, and therefore we have to give unborn children the same legal protection as born children. They hold that factors such as dependency on a mother, size, level of development, or environment do not negate the unborn's fundamental human rights. They also point out that abortion can be harmful to women; for example, some studies suggest that it can increase mental health risks in some women.⁵

People who are '**pro-choice**' usually argue that, at least at the earliest stages of development, the fetus has no (or lesser) moral value, and therefore women should be entitled to make autonomous decisions about whether they want to keep or destroy it.

Some people on either side tend to see the rights of the child or the mother as absolute, whereas others tend to balance competing rights in varying ways.

It is important to consider the perspective of the father in all this, too. Legally, the decision to abort rests with the mother and her medical team (as long as it is within the legal framework). But she is not the only person affected. Support from the father can be very significant in a woman's choice about whether to terminate a pregnancy. It is also important to remember the reality of reproductive coercion – this can go both ways: either coercion to become pregnant or to have an abortion. This could be something that the students also feel very strongly about, depending on where they are in this debate.

When does human life begin?

More than 95 per cent of biologists agree that human life begins at **fertilisation**⁶ when the genetic material from the sperm and egg fuse. At this point, the **zygote** has its own genetic code and is a separate human life from that of either its mother or its father.

Here are some landmarks of fetal development:

- At 16-22 days, the heart starts developing.⁷
- By six weeks (and maybe before), brain waves are detectable.⁸
- Around ten weeks, there is medical evidence that sensations such as pain begin to be felt.⁹

Pictures and videos of fetuses at different stages of development can be found at <https://ehd.org>.

The survival rates for premature babies have increased significantly as medical care has improved.¹⁰ For example, in 2021, Curtis Means was named by Guinness World Records as the most premature baby ever to survive, having been born at 21 weeks and one day's gestation.¹¹

Why does it matter when human life begins?

Many people believe that there is something uniquely significant about human life compared to other animals. We have national and international agreements on how humans may treat one another. These state that it is not permissible to deliberately end the life of another human. This means that it matters whether the embryo or fetus is to be considered human or not.

Most people maintain that the beginning of life is a scientific question and that it is vital to discuss because there are moral obligations associated with human life.¹²

Others hold that the point at which a life becomes morally significant is not clear-cut. They would be more inclined to think that abortion is, therefore, a choice that only the pregnant woman can make.

You may find it helpful to think through some of the following ethical and moral questions:

- What is it that makes human beings valuable?
- Are all human beings equal?
- Should it ever be permissible to end the life of a human being?
- Should ending the life of an unborn baby be permissible in some situations?
- Do humans have dignity and value only when they can live independently of other people?
- Is it morally acceptable to harm an unborn baby through drug or alcohol abuse?

What is abortion?

There are two main types of abortion procedure in the United Kingdom.

1. Medical abortion

- A medical abortion involves the woman taking two drugs. The first, **mifepristone**, is taken by mouth. After a day or two, mifepristone kills the embryo/fetus, mostly by stopping the supply of nutrients and oxygen through the placenta. The second, **misoprostol**, is taken up to 48 hours later, either by mouth or as a vaginal tablet. Misoprostol causes the womb (uterus) to expel the embryo/fetus.
- If the pregnancy has gone beyond 20 weeks or so, the death of the baby is brought about with an injection of potassium chloride. This is recommended for all terminations over 21 weeks.¹³ Labour is then induced to expel the fetus.

2. Surgical abortion

There are two methods of surgical abortion:

- 'Vacuum aspiration' (usually up to 14-15 weeks); also known as 'suction abortion'. This technique involves opening the neck of the womb (the cervix) and using a suction pump to suck out the fetus and placenta, ending life in the process.
- 'Dilatation and evacuation' (usually between 13 and 24 weeks, but also up to birth in some cases). The fetus is too big to be removed using suction, so it must first be pulled apart by forceps and removed in pieces, ending life in the process.

What is the law on abortion?

Abortion is only legal in the following circumstances (given in the Abortion Act 1967,¹⁴ and later amended by the Human Fertilisation and Embryology Act 1990):¹⁵

- 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.¹⁶

Two medical practitioners must sign off on any abortion on approved premises. Every abortion is recorded (though women can request that the information not be shared with their GP). The form used for this lists the grounds slightly differently from the Act. This is why you may hear about the number of abortions performed under 'Ground E' in any given year. The grounds on these forms are that:

- A. The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- C. 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.
- D. 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.
- E. 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.

EMERGENCY ONLY Termination was immediately necessary:

- F. To save the life of the pregnant woman.
- G. To prevent grave permanent injury to the physical or mental health of the pregnant woman.¹⁷

Doctors may refuse to take part in the process of abortion if they feel it is against their conscience to do so, except where it is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.¹⁸

An ectopic pregnancy occurs outside the womb/uterus and is generally a surgical emergency. It needs surgery to remove it, but this is not considered illegal and does not require any of the documentation for standard termination of pregnancy.

There are over 200,000 abortions in the UK each year. Of these:

- 98 per cent are performed on mental health grounds (Ground C).

Risks to the mother's mental health can be interpreted in different ways, ranging from serious conditions, such as schizophrenia, to minor concerns, such as unhappiness or even the fact that the baby is a girl. It is extremely rare for a specific mental disorder to be cited as a reason for the abortion, suggesting that many doctors use the 'mental health grounds' as a catch-all clause allowing abortion for various reasons.

- Around 1.5 per cent of all abortions take place because the unborn child has a disability (Ground E). Although these are supposed to include only serious disabilities, some babies are aborted because of relatively minor conditions like cleft lip. Many are aborted for Down syndrome.
- Abortions are very rarely performed to save the life of the mother (only a tiny fraction of 1%).¹⁹

The time limit of 24 weeks' gestation on some abortions is based on the medical understanding of when the baby is considered likely to be able to survive by itself outside of the womb (**viability**). However, this limit was set in 1990. The point of viability outside the womb is now considered to be 22 weeks' gestation, although some babies have survived even earlier.

It is important to remember that most arguments made on both sides (pro-life and pro-choice) are the extremes of the spectrum. Pro-life people usually use examples such as late abortions for Down syndrome or cleft lip, while pro-choice people usually use examples such as rape or when the mother's life is in danger. The vast majority of abortions fall in the middle. They typically happen earlier in the pregnancy and for social or economic reasons.

Legal abortions	Breakdown	Numbers
All legal abortions	All legal abortions	214,256
Statutory grounds	A (alone or with B, C or D)	89
Statutory grounds	B (alone)	14
Statutory grounds	B (with C or D)	6
Statutory grounds	C (alone)	209,939
Statutory grounds	D (alone or with C)	836
Statutory grounds	E (alone or with A, B, C or D)	3,370
Statutory grounds	F or G	2
Gestation weeks	2 to 9	190,216
Gestation weeks	10 to 12	10,504
Gestation weeks	13 to 19	10,850
Gestation weeks	20 and over	2,686

Table 1: Numbers of abortions by statutory grounds and by gestation in 2021. Source: <https://gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021>

Students may find it helpful to consider why abortion numbers have continued to rise in recent years, despite the widespread availability of reliable contraception, and what social or economic factors may make an individual woman more or less likely to consider an abortion.

This is where students start having those more mature conversations about right-to-life, consequences of choices, current British culture/society and so on.

What are the consequences of having an abortion?

Physical consequences include:

- Immediate – pain, bleeding, and potential damage to the womb.
- Later – the risk of preterm birth in future pregnancies increases the more abortions a woman has.²⁰ This means the woman may give birth to future babies before they are fully developed, with the risks this causes to the baby's health and life.

Emotional consequences

Studies show that although many women feel relieved to have an abortion, most women who have an abortion have negative feelings afterwards, often a sense of guilt.²¹

Women who have had abortions, on average, suffer worse mental health issues than women who continue with an unwanted pregnancy, even after taking prior mental health into account.²²

What alternatives are there in pregnancy?

It should never be a shock to anyone if pregnancy results from sexual intercourse – no contraception is guaranteed to succeed 100 per cent of the time, and some contraceptives have very high failure rates. The best choice a person can make in order not to get pregnant is not to have sex until they are ready to be a parent.

Some people wait until they are married before they start a sexual relationship, including many Christians, Jews and Muslims. However, sometimes women find themselves pregnant when it is unplanned – for example when they have suffered sexual abuse or have felt pressured into having sex. This can be an extremely unsettling or upsetting time, and women should always be aware that they can confidentially discuss their situation with their GP or pregnancy crisis counsellors on the telephone or in person.

When women are initially refused an abortion, the large majority keep their baby. Of these, studies show that 96 per cent are later glad that they did not get an abortion.²³

An alternative to abortion, if someone is unable to look after their baby, is fostering or adoption. The baby will be welcomed into another home where they will be looked after and cared for. There are far more parents hoping to adopt a baby than there are babies available for adoption. Most women who place their child for adoption after an unwanted pregnancy are eventually glad they did so rather than having an abortion.²⁴

Where can I find help if I am pregnant?

Many good charities provide help for women to talk through options for keeping their babies and help with newborn baby care, for example, by giving clothes, nappies, and food.

Other organisations help women think through the options of fostering and adoption.

Post-abortion counselling and support for women who want to talk when they have had an abortion is also widely available. Some charities, such as [Rachel's Vineyard](#), also offer support and counselling for men affected by abortion.

[Life Charity](#), [Pregnancy Centres Network](#), and the [NCT Network](#) provide some of the above services to pregnant women and their families.

Acknowledgements

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References

¹ Oxford English Dictionary.

² Oxford English Dictionary. Note: we have used the spelling 'fetus' throughout as it is the spelling most commonly used in technical contexts.

³ 10 million lives lost to abortion to be commemorated in minute of silence across the UK. *Right to Life*. 22 September 2022. <https://bit.ly/RtL10mil>

⁴ Office for National Statistics. Conceptions in England and Wales: 2020. 14 April 2022. <https://bit.ly/ONS20stats>

⁵ See Fergusson D, Horwood L and Boden J. Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence (2013) *Aust N Z J Psychiatry* 2013 September;47(9):819-27. <https://pubmed.ncbi.nlm.nih.gov/23553240>

⁶ See Jacobs S. Biologists' Consensus on 'When Life Begins' SSRN (*Social Science Research Network*). 2018 <https://bit.ly/3pNPZeJ>

⁷ First of our three billion heartbeats is sooner than we thought. *Oxford University*. 2016. <https://bit.ly/3JKALrM>

⁸ Borkowski WJ and Bernstine RL. Electroencephalography of the fetus. *Neurology*. 1955, May;5(5):362-5. <https://doi.org/10.1212/WNL.5.5.362>. PMID: 14370391.

⁹ See Derbyshire S and Bockmann J. Reconsidering fetal pain *Journal of Medical Ethics*. 2020;46:3-6. <https://jme.bmj.com/content/46/1/3> NB, this paper states that this happens from twelve weeks: this is dating from the start of the mother's last menstrual period (LMP), whereas the ten-week figure counts from fertilization.

¹⁰ See Dance A. Survival of the littlest: the long-term impacts of being born extremely early. *Nature*. 2020 Jun;582(7810):20-23. <https://pubmed.ncbi.nlm.nih.gov/32488165>

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¹² *Op. cit.* Jacobs S. Biologists' Consensus.

¹³ Termination of Pregnancy for Fetal Abnormality. *Royal College of Obstetricians and Gynaecologists*. May 2010. <https://bit.ly/3XCE1BK>

¹⁴ Abortion Act 1967. <https://legislation.gov.uk/ukpga/1967/87>

¹⁵ Human Fertilisation and Embryology Act 1990. <https://legislation.gov.uk/ukpga/1990/37>

¹⁶ Abortion Act 1967, Section 1(1). <https://legislation.gov.uk/ukpga/1967/87/section/1>

¹⁷ See DHSC. Form HSA4: abortion notification (2020). <https://bit.ly/42Eejyw>

¹⁸ Abortion Act 1967, Section 4. <https://legislation.gov.uk/ukpga/1967/87/section/4>

¹⁹ See DHSC. Abortion statistics, England and Wales: 2020. 4 January 2022. <https://bit.ly/44dgZUI>

²⁰ See Swingle HM, Colaizy TT, Zimmerman MB, *et al.* Abortion and the risk of subsequent preterm birth: a systematic review with meta-analyses. 2009. *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews*. York (UK): Centre for Reviews and Dissemination (UK); 1995. <https://ncbi.nlm.nih.gov/books/NBK78374>

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²⁴ *Ibid.*