Executive Summary

Abortion Rights is the national pro-choice campaign. We campaign to defend and extend women’s rights and access to safe, legal abortion. We oppose any attack on the 1967 Abortion Act including any attempt to lower the legal abortion time limit. Women’s rights should be advanced, not driven back.

2017 marks 50 years after the introduction of safe, legal abortion in Britain. Yet, women in the UK still face many barriers to accessing abortion services. Abortion Rights urges all parties to commit to the advancement of women’s rights by pledging to support and improve access to abortion. As we move towards the general election, our manifesto outlines key areas that if addressed would give support so clearly needed to the 1 in 3 women in the UK who will have an abortion by the time they are 45\(^1\).

We call for politicians and policy makers to review 5 key areas which are central in the aim of removing current obstructions to women’s reproductive rights:

1. Equal Access for All

We urge all parties to commit to equal access to abortion for women throughout the UK, including Northern Ireland. End the variation in services, identify gaps in provision and training, and make provision available up to the legal gestational limit. We call for a review of licencing legislation and the Abortion Act 1967 to bring the availability and use of medical abortion pills in line with use in other countries.

2. Accurate Information

We urge all parties to commit to ending the use of directive and shaming health information by reviewing Crisis Pregnancy Centres. Cut public funding and ties with the NHS for organisations offering partisan and directive counselling. We call for patients to be informed if GPs at their practice will refuse referral to abortion services, and for monitoring to ensure no areas are without sufficient referring GPs.
3. Harassment and Intimidation

We urge all parties to commit to reviewing the circumstances which allow harassment and intimidation outside abortion clinics to continue. Ensure that women are allowed to access information and abortion care free from intimidation, as is the expectation for all forms of healthcare.

4. Education

We urge all parties to commit to including non-directive and non-shaming information about abortions in the sex and relationships education curriculum, and to ensure that visiting organisations provide accurate information to school pupils.

5. Comprehensive Reproductive Health

We urge all parties to commit to reviewing the current provision and funding for women-centred healthcare services and providing the whole range of reproductive health advice, information, and care easily accessible and in one place.
1. Equal Access for All

We believe in equal access to abortion care for all women, regardless of geographical location or their ability to afford travel. All abortion services ought to be provided within a reasonable distance.

Royal College of Obstetricians and Gynaecologists have warned that there is a growing shortage of doctors who are trained to provide surgical abortion up to the legal limit\(^2\). This leads to vast swathes of the country where women have to travel to different cities for surgical abortion appointments.

Medical Abortions accounted for 55% of all abortions in England and Wales in 2015\(^3\). The vast majority (80%) of abortions performed at under 10 weeks gestation are carried out with the use of abortion pills\(^4\).

We call for a review to allow abortion pills to be administered in a wider range of clinical settings, by a wider range of clinical practitioners.

There is no evidence that home-based medical abortion is less effective, safe or acceptable than clinic-based medical abortion.\(^5\)

Allow the pills to be taken at home rather than just in clinic. The United States, France and Sweden have all changed their laws to allow this to happen\(^6\). It’s time the UK caught up.

Taking the pills at home would be a welcome comfort for women having an early medical abortion. It would allow her to plan when she will pass the pregnancy, when she has work, childcare, and all other day to day commitments to consider.

Abortion Rights urges all Parties to commit to:

**End the Postcode Lottery**

- Bring an end to varying gestational limits across NHS Trusts and standardise healthcare.
- Commitment to map out gaps in abortion provision throughout the UK, including Northern Ireland.
• Commit to train and make abortion providers available up to the legal gestational limit. End the scandal of women travelling hundreds of miles to access a medical procedure.

Decriminalise Abortion

• Review licencing legislation and the Abortion Act 1967 to allow medical abortion pills to be administered by a wider range of clinical practitioners.

• Review licencing legislation and the Abortion Act 1967 to allow medical abortion pills to be taken in the comfort of women’s own homes.

2. Accurate Information

Crisis Pregnancy Centres (CPCs) exist to offer counselling, discussion, or information around pregnancy, usually when the pregnancy is unplanned or unwanted. They are independent of the NHS and unregulated.

A 2014 report by Brook⁷ found that the majority of centres visited were providing misleading information about the health outcomes of abortion. Examples include falsely linking abortion and breast cancer, and suggesting that abortion causes infertility – a myth that causes further unwanted pregnancies. Their use of “inappropriate language and emotional manipulation” were among other worrying findings.

It’s paramount that all information given by organisations offering pregnancy counselling is accurate, complete, and unbiased.

Despite many CPCs having an anti-abortion bias – ran by anti-abortion religious groups, or by anti-abortion organisations such as Life – several CPCs receive public funding such as Lottery funding. Some are even located within GP Practices or NHS hospital grounds, and there are many instances of CPCs being recommended to women by NHS practitioners⁸.

While GPs remain able to conscientiously object to referring patients to abortion services, it’s important that patients are informed which GPs will refer them and which won’t. Without this information, women risk unnecessary delays, wasted time, and wasted resources.
Inaccurate information and delayed referral prevents people from making informed decisions about abortion. Currently abortion is legal up to 24 weeks' gestation (in most cases) and is safer and less invasive when performed earlier in pregnancy. Delay in accessing abortion due to misinformation takes away choice. This has the greatest impact on the most vulnerable.

Abortion Rights urges all Parties to commit to:

Prohibit Directive and Shaming Health Information

- Ensure all information provided by CPCs is accurate and based on Royal College of Obstetricians & Gynaecologists (RCOG) and World Health Organisation (WHO) information and guidelines.

- Commit that no public funding is to be given to organisations giving partisan, directive crisis pregnancy counselling.

- Ensure no NHS service promotes, recommends, or signposts organisations giving partisan, directive crisis pregnancy counselling.

- Monitor GP conscientious objections to ensure this does not lead to gaps in services for women.

3. Harassment and Intimidation

We believe women should have unrestricted access to healthcare. It is not acceptable that anti-choice groups stand outside of clinics with the aim of harassing women to prevent them exercising their choice about their own bodies.

In a 2015 study by Aston University, it was found that for women accessing abortion care, actions outside clinics drew a great deal of public attention to their private healthcare decision. This, in itself, was a significant cause of emotional distress.

Independent providers of NHS England abortion provision are targeted across the country. In Scotland, nearly all abortions are carried out in NHS general hospital or sexual health settings, yet increasingly they too are
seeing anti-choice gatherings. The situation is getting worse.

Many of these gatherings use methods of American anti-choice organisations, including graphic images of “aborted foetuses”, grossly misrepresentational of abortion care procedures. They film women going into clinics – this year has seen instances of live streaming footage on Facebook. This puts potentially vulnerable women at risk, as well as breaching their privacy.

These groups present their activities as “protests” or “prayer vigils”. In doing so they misleadingly call on protected freedoms of speech and “peaceful assembly” to harass and emotionally blackmail those accessing this health service. By labelling this a protest, the Police feel they have no powers to end the intimidation and bullying of women and often say they cannot help.

Even in so called “prayer vigils” outside clinics, anti-choice gatherings block women from entering, force them to take factually incorrect leaflets, and small plastic foetuses. They shout “Mum” to them as they leave. They follow clinic staff down the street and call them “murderer”.

Abortion clinic staff are also made to face angry and upset families of patients, who demand to know why their loved one has been made to walk through such a gauntlet.

This would not be acceptable for anyone accessing any other type of healthcare service in the UK, or indeed for any other provider of NHS services.

**Abortion Rights urges all Parties to commit to:**

**Stop Harassment and Intimidation**

- Review why this harassment is allowed to continue.
- Ensure women are able to access their legal right for information and abortion, free from intimidation.
4. Education

We welcome recent moves to make relationships and sex education (RSE) compulsory. This is an opportunity to ensure that the new curriculum includes adequate teaching about all pregnancy options – including abortion.

Abortion is a highly relevant subject to many young people: just under half of pregnancies in those under the age of eighteen end in abortion\(^\text{10}\). While safer sex and contraception tend to feature prominently in sex education, abortion is often discussed inadequately or not at all.

For young people who become pregnant, it is vital to be properly informed about the options available to make important choices about their future. For most young people in the UK, abortion is an option which is legally available and accessible. They are entitled to know how to access services when they need them.

Young people may feel unable to discuss an unplanned or unwanted pregnancy with their parents or other adults, making them particularly vulnerable to the inaccurate and misleading information about abortion widely found online and disseminated by anti-abortion organisations (as discussed above).

In addition, some anti-abortion organisations provide talks to thousands of school pupils, providing information in a biased manner. It is therefore crucial that young people are given accurate and impartial information about abortion as part of the school curriculum.

Young people deserve all the information for them to make informed choices about their reproductive health and futures.

**Abortion Rights urges all Parties to commit to:**

**Give Young People Accurate Information**

- Include non-directive and non-shaming information about abortion in the curriculum for relationships and sex education.
- Ensure all literature provided by outside organisations and visiting
education providers is accurate according to information and guidelines published by the RCOG and WHO.

5. Comprehensive Reproductive Health

We believe that a woman’s access to advice, information, and services for her contraception needs should be inextricably linked to her pregnancy options, including abortion care.

Presently, provision for contraception and abortion are not funded by the same bodies. This inevitably leads to gaps in provision.

Centrally funded women-centred health care services would ensure no woman falls through the gaps if her contraception fails, or if supplied contraception following abortion care is not suited to her and her lifestyle.

Abortion Rights urges all Parties to commit to:

Funding & Provision

- Review current provision and funding for women-centred healthcare services to provide the whole range of reproductive health advice, information, and care – easily accessible under one roof.
Notes


