

Position paper: why there is no case for reducing the abortion time limit

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About MSI Reproductive Choices UK

MSI Reproductive Choices (formerly Marie Stopes International) is a global organisation delivering reproductive health services across 36 countries. MSI Reproductive Choices UK has been supporting reproductive health choices for over 40 years. We provide NHS-funded and self-funded abortion, contraception, vasectomy care and specialist counselling through our network of local clinics across England.

Summary of our position on reducing the abortion time limit

There is no evidence base for reducing the abortion time limit and the clinical and ethical consensus, supported by the World Health Organisation (WHO)¹, is that the current UK abortion time limit of 24 weeks should not be reduced. Doing so would represent a major rollback for reproductive choice and gender equality.

This has been the consensus across the healthcare sector since the early 1990s² There are sporadic calls for abortion time limits to be reduced but these are from a vocal minority of campaigners who oppose abortion and seek to reduce the time limit as part of a wider anti-choice agenda. For example, the recent parliamentary amendment to the Criminal Justice Bill (NC15) is backed by the anti-abortion campaign group Right to Life. Such campaigns do not reflect medical opinion³ or public opinion⁴.

In this position statement, we set out why **there should be no reduction in the abortion time limit**, and why reducing the time limit would risk criminalising the most vulnerable and marginalised women.

Current abortion law and time limits

Under the Abortion Act 1967⁵, abortion is only legal in Britain as long as one of the below criteria is met. If none of the following conditions are met, the person seeking the abortion (as well as those who carry it out) can face prosecution and jail.

The conditions which make abortion legal are:

¹ "Women with cognitive impairments, adolescents, younger women, women living further from clinics, women who need to travel for abortion, women with lower educational attainment, women facing financial hardship and unemployed women were disproportionately impacted by gestational age limits," [Abortion Care Guideline, World Health Organisation, March 2022](#)

² [Human Fertilisation and Embryology Act 1990, Section 37, Amendment of law relating to termination of pregnancy.](#)

³ [Best Practice in Abortion Care, Royal College of Obstetricians and Gynaecologists \(RCOG\), March 2022](#)

⁴ YouGov tracker [shows that](#) support for reducing the time limit is around 20-23% of the British public. The percentage of Brits who support reducing the time limit has been falling consistently over the last five years.

⁵ [Abortion Act 1967 \(legislation.gov.uk\)](#)

- Ground A: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that the pregnancy is under 24 weeks and that continuing with it would involve risk, “greater than if the pregnancy were terminated” to the physical or mental health of the pregnant person
- Ground B: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that the pregnancy is under 24 weeks and that continuing would involve risk which is “greater than if the pregnancy were terminated” to the physical or mental health of other children in the family
- Ground C: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that “the termination is necessary to prevent grave permanent injury” to the pregnant person’s physical or mental health,
- Ground D: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that the continuing the pregnancy would involve risk to the pregnant woman’s life, “greater than if the pregnancy were terminated”. When seeking abortion on these grounds, there is no requirement that the pregnancy be under 24 weeks.
- Ground E: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that there is a “substantial risk” of a foetal anomaly. When seeking abortion on these grounds, there is no requirement that the pregnancy be under 24 weeks.
- Ground F: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that the that the termination is necessary to save the pregnant person’s life. When seeking abortion on these grounds, there is no requirement that the pregnancy be under 24 weeks.
- Ground G: Two doctors have signed the appropriate forms to confirm that they believe “in good faith” that an abortion is necessary to “prevent grave permanent injury to the physical or mental health” of the pregnant person. When seeking abortion on these grounds, there is no requirement that the pregnancy be under 24 weeks.

The vast majority of abortion procedures are signed off by doctors on the grounds that the pregnant person is physically or mentally unable to cope with continuing the pregnancy (Ground C).

Read more about time limits and abortion access [here](#).

Abortion beyond 22 weeks’ gestation

89% of abortions in England and Wales take place under 10 weeks’ gestation and 1% take place over 20 weeks⁶. In the rare event that an abortion is necessary to save the life of the pregnant person or in the event that there is a serious risk of a foetal anomaly, abortion is permitted over 24 weeks gestation. 0.1% of abortion procedures take place over 24 weeks. These cases involve extremely difficult decisions for all involved, especially for women who have to decide whether to terminate a wanted pregnancy due to an unexpected health risk.

In these rare and difficult cases, we support an information-led approach. Everyone should be given accurate, non-stigmatising information about their own health, their own pregnancy, and about the implications of any foetal anomalies which are detected. **We trust women to consider the relevant information and make the decision that is right for them, for their own families, and their own lives.**

Foetal anomalies and abortion time limits

The exception to the 24-week time limit includes pregnancies in which a foetal anomaly has been detected, but it is for doctors to interpret and approve whether an individual’s experience meets these

⁶ [Abortion statistics, England and Wales: 2021](#)

criteria. Foetal anomalies are often not detected until 20-22 weeks' gestation, forcing individuals and families to make complex, often heartbreaking decisions in an incredibly short space of time. Reducing the time limit would force people to make difficult, complex decisions before they have all the information and would risk some feeling they have no option but to end an otherwise wanted pregnancy.

It is essential that women and others facing these decisions are able to ask questions openly and honestly without fearing stigma or legal repercussions.

Foetal viability

The 24-week limit (with legal exceptions as described above) is based on what medical evidence determines to be the point of foetal viability. Sadly, the survival rate for a child born at 24 weeks is only 5%. There has been no change in the evidence base around viability or foetal "pain", despite occasional claims and insinuations to the contrary.

The Royal College of Obstetricians and Gynaecologists (RCOG) led an evidence review in 2022⁷ which was carried out by neurologists, paediatricians, consultants in foetal medicine, gynaecologists, and other experts. The review, published in December 2022, concluded that there no case for changing the time limit. In addition to RCOG, opponents of reducing the time limit include Royal College of Midwives, the Faculty of Sexual and Reproductive Healthcare, and the British Medical Association.

Devastating impact on abortion access

Abortion is essential healthcare. This is recognised the by the NHS, RCOG, the Royal College of Midwives, the WHO, and the UK Parliament itself, with the majority of MPs being pro-choice.

Attempts to reduce the time limits are not supported by clinical evidence and are all linked to non-clinical, ideological groups. **Reducing the time limit would have a devastating impact on abortion access and gender equality.**

Although the vast majority of abortion procedures take place well under 22 weeks, with over 86% carried out before 10 weeks, the minority that do need an abortion between 22 and 24 weeks are often facing incredibly difficult circumstances.

As a leading abortion provider, we offer care up to 24 weeks. The most common circumstances that we see leading to an abortion at 22 weeks' gestation or later are:

- Domestic abuse (for example, a partner repeatedly preventing a woman from attending appointments)
- Pregnancy unidentified until the second trimester (for example, in young women and girls under 18 who have experienced abuse or assault)
- Unexpected health risks to the pregnant person in a wanted pregnancy
- Foetal anomaly (which are often not detected until 20 weeks or later and which can be fatal).

These are not people who would be likely to continue with a pregnancy if denied access to safe, regulated, legal abortion care. Should the time limit be reduced, vulnerable women and girls would be left with few practical options for ending their pregnancy safely and many would end up at risk of prosecution.

⁷ [Fetal Awareness: Updated review of Research and Recommendations for Practice | RCOG](#)

Disproportionate penalty

Abortion remains within criminal law in Britain. Anyone accused of ending their pregnancy outside the legal parameters of the Abortion Act 1967 can face investigation, prosecution, and jail under the Offences Against the Persons Act 1861 and/or the Infant Life Preservation Act 1929. The maximum penalty is life imprisonment although this full sentence is very rare.

In recent years there has been a rise in investigations for ending pregnancies outside the terms of the Abortion Act 1967, with six women appearing in court in the past two years.

Informed choice and high-quality reproductive healthcare

We support an information-led approach to reproductive choice. Women deserve to access healthcare and talk about their reproductive needs without fearing their questions or concerns could be used against them in a police investigation.

We provide accurate, evidence-based information available for anyone seeking reproductive healthcare services and so do the NHS, the Royal Colleges, and other trusted health organisations. We trust women to consider that information and make the right choices for their own bodies, their own families, and their own lives.