FSRH The Faculty of Sexual & Reproductive Healthcare

Royal College of Obstetricians & Gynaecologists

RCOG and FSRH key messages on safe abortion

1. Purpose and scope

This document sets out some of Royal College of Obstetricians and Gynaecologist's (RCOG) and Faculty of Sexual and Reproductive Health's (FSRH) key messages and positions regarding safe abortion care.

Safe abortion is essential healthcare and a human right. Unintended pregnancies are common and affect people of all backgrounds around the world. Between 2015 and 2019, there were approximately 121 million unintended pregnancies per year, with 73 million of these ending in abortion.[1][i] For a variety of reasons, pregnant people,[2] women and girls also require abortion care for intended pregnancies.

Restrictive laws and a lack of knowledge about the legal framework for abortion by the public and healthcare professionals alike, result in many pregnant people, women and girls seeking unsafe abortions. An estimated 25 million unsafe abortions occur every year, making it one of the leading causes of maternal mortality and morbidity worldwide.[ii] However, abortion related deaths are largely preventable by providing access to contraception, safe abortion care (performed in line with clinical best practice), and timely post-abortion care.

Not only is safe abortion essential healthcare, the RCOG and FSRH considers women and girls' ability to determine their own sexual and reproductive health a key principle for ensuring the human rights of all. Denying pregnant people safe abortion care may lead to violations of their right to life,[iii] their right to health,[iv] their right to privacy[v] and can in some cases amount to cruel, inhumane or degrading treatment.[vi]

Women and girls should have the right to choose what they do with their own bodies. The RCOG and FSRH are committed to advocating for safe abortion care globally for everyone who needs it.

1. It should be noted that unsafe abortion statistics are likely to be underestimates as in most context the practice is illegal and shrouded in stigma and deaths from unsafe abortions are likely to be under-reported.

2. Although the vast majority of abortions globally are provided to women, RCOG and FSRH acknowledge that other people (such as trans men and non-binary people) can also experience pregnancy and abortion. In recognition of this, both 'women and girls' and 'people' who have abortions are used interchangeably in this paper.

Abortion care is healthcare

2. Abortion care is healthcare

Safe abortion saves lives

Unsafe abortions are among the leading causes of maternal mortality and morbidity worldwide.[vii] The risk of dying from an unsafe abortion is highest for people in Africa, where nearly half of all abortions happen in potentially dangerous circumstances.[viii] Almost every injury and death from unsafe abortion is preventable with the use of effective contraception, provision of safe abortion, and timely post-abortion care. The legal status of abortion does not affect the number of women and girls seeking one, but the prevalence of unsafe abortion is greatest in countries with restrictive abortion laws.[ix]

Abortion is healthcare

Safe abortions are an essential part of sexual and reproductive health; they should be an integrated component of sexual and reproductive healthcare and be available as part of routine health services. Abortions can be safely provided by healthcare professionals such as midwifes and nurses and should be safe, legal, high quality and accessible (i.e. affordable and local). Safe abortion care should be guaranteed as part of a human rights-based framework to health.

Abortions are safe when carried out following WHO or RCOG Guidelines

Safe abortions should be readily available and affordable for all who need them. Abortions following WHO or RCOG guidelines and use recommended methods appropriate to the pregnancy duration are safe. Major complications and mortality due to abortions are rare at all stages of a pregnancy and, if performed in line with clinical best practice, are safer than continuing a pregnancy to term.

Safe abortion benefits healthcare systems

The cost of treating complications from unsafe abortions can place a significant burden on health systems, especially in resource-low environments.[x] Safe abortion not only saves lives, but also saves money.

The role of healthcare professionals in providing safe abortion care

3. The role of healthcare professionals in providing safe abortion care

Healthcare professionals can be influential advocates to improve access to safe abortion around the world

Abortion services should be available to all women and girls to the fullest extent that the law allows. Abortion care should also be available at primary care level, with systems in place for referrals to higher-care levels when required.[xi] Pregnant people should also be allowed to self-refer to abortion care services.[xii] Healthcare professionals can play a key role in ensuring this is the case. They should know what the law allows in their country and be clear about the circumstances for when abortions are legal. Where highly restrictive abortion laws put the lives of women and girls at risk, healthcare professionals can be strong advocates in raising awareness about the risk this poses to health and rights and in advocating for reform.

In countries where abortion is lawful, healthcare professionals have a duty of care to women, girls and pregnant people who are seeking an abortion and must not allow their personal beliefs to delay access to abortion care[xiii]

While in many countries healthcare professionals have the right to refuse to take part in abortions due to personal beliefs, all healthcare providers have an obligation to make appropriate referrals to ensure a woman's access to legal abortion services is not delayed.[xiv] Healthcare professionals must provide information on the legality of abortion and where abortion care can be obtained; they must not refuse care in cases of an emergency and can only refuse direct participation in the procedure. There are never grounds for providers to refuse to provide post-abortion care.

Task shifting increases access to safe abortion

Abortion is often not a complex procedure. A range of providers, including nurses and midwives, can deliver abortion care safely in a number of settings. As with many other medical procedures, adherence to best practice standards will ensure that the most effective and the safest care is delivered.[xv] To expand access, abortion and post-abortion care should be a mandatory part of medical training for doctors, midwives and nurses globally.

Healthcare professionals must be protected

Healthcare professionals need the certainty that they can provide essential healthcare, including abortion and post-abortion care, without the fear of prosecution and harassment. Intimidation or harassment of staff who are providing sexual and reproductive healthcare is unacceptable and measures should be taken to protect these services (for example, introducing buffer zones).

Increasing access to safe abortion

4. Increasing access to safe abortion

There are a range of steps that all governments and national health services can and should take to expand safe abortion access in their countries.

As a form of healthcare, abortion should never be subject to criminal sanctions and should not be regulated by criminal law

Making abortion illegal does not stop pregnant people from seeking abortions, but it does result in them obtaining abortions that are potentially unsafe, putting them at risk of complications, disability and death. To save lives, abortion should not be subject to criminal sanctions for patients, healthcare professionals and others who are assisting in accessing abortion care. It should be subject to regulatory and professional standards, in line with other medical procedures, placing sexual and reproductive health, rights and autonomy at the heart of abortion regulations. There should be no legal time limit for abortions that are performed to safeguard the health and safety of pregnant people, women and girls.

Abortions are common but often highly stigmatised

In many countries and contexts, abortion is stigmatised, surrounded by negative and often harmful attitudes. Stigma is experienced by both those who seek abortions and abortion care providers and creates a significant barrier to safe abortion access. Stigma can be reduced and minimised. Firstly, it is essential to place people who require an abortion at the heart of abortion policies, emphasizing it is their health and their choice. Abortion services should be integrated as part of reproductive health services, while ensuring women and pregnant people opting for abortion are treated with respect and dignity.

Removing medically unnecessary barriers to abortion, such as court orders, parental permission, doctor approvals and mandatory waiting periods, will help to debunk abortion myths that contribute to stigma. Stigma experienced by abortion care providers needs to be recognised and addressed, including by acting against bullying and harassment, and offering counselling and other support to prevent burnout for staff. Decriminalising abortion is also key to reducing stigma experienced by both providers and those seeking abortions.

Barriers to safe abortion are exacerbated for vulnerable and marginalised populations

Pregnant people in vulnerable situations or from marginalised groups, including trans men and non-binary people, tend to be disproportionately negatively affected by the barriers to safe abortion. Those with low income or living in poverty, adolescents, women with disabilities, survivors of sexual and domestic violence, and women from ethnic minorities, refugees and other displaced persons may be particularly vulnerable to inequitable access to safe abortion services.[xvi] Service provision must be designed to ensure that it reaches the

most marginalised populations and addresses their particular health needs in a dignified and respectful way.

The introduction of telemedicine for early medical abortion provides a safe and effective pathway, facilitating a patient-centred approach to care

Telemedicine allows those needing an abortion to do so in their own home without needing to physically see a healthcare professional or visit an abortion clinic. A tele-consultation can determine eligibility according to best practice guidance. Evidence shows that telemedicine can help to provide an efficient system, ensuring women access to abortion care early in their pregnancy. Where eligible, people should always be given the option to choose this service.

WHO guidelines show that self-management of abortion during the first trimester using mifepristone and misoprostol in combination, or when mifepristone is not available using misoprostol only, is safe

WHO Guidelines on self-management of abortion stipulate that it is safe and critical in expanding safe abortion care. It reduces transport costs, increases privacy and the ability to manage stigma and enables abortions to be performed sooner.[xvii] For a self-management regime to be successful, the following need to be in place:

- Information provision for people about self-managing abortion must be clear and comprehensive and counselling should be offered on request
- Healthcare providers and health systems more broadly must be supportive, equipped and willing to care for individuals self-managing their abortion if needed or requested
- Quality assured medication must be available in the right dosage and with sufficient stocks
- And finally, the legislative and policy framework in a country need to be adjusted to allow for self-managed abortion[xviii]

Governments have a responsibility to ensure adequate provision of medicine, supplies and equipment, must put in place infrastructure and ensure adequate financing to allow for safe abortion and post-abortion provisions

Additionally, governments should put in place measures to stop intimidation and harassment of those using or working at abortion services, including introducing buffer zones and other measures where necessary, and the enforcement thereof. To expand abortion access, Governments must ensure that abortion care is a mandatory part of medical training for doctors, midwives and nurses.

Preventing unintended pregnancies reduces unsafe abortion

5. Preventing unintended pregnancies reduces unsafe abortion

Ensure contraception access for all

Unplanned pregnancies can be reduced by ensuring that everyone, including men and boys, are educated and equipped to avoid them. This can be achieved by ensuring they have access to a choice of contraception, including condoms, long-acting reversible contraceptives and emergency contraception,[xix] as well as comprehensive sexuality education.[xx]

Access to comprehensive sexuality education

Comprehensive sexuality education (CSE) must be based on unbiased and evidence-based information and be provided in line with human rights standards. CSE is critical to guaranteeing the rights of all children and young people, and empowering them to make positive health and lifestyle choices. It can also contribute to reducing unplanned pregnancies and risks to girls' health, and positive public health outcomes.[xxi]

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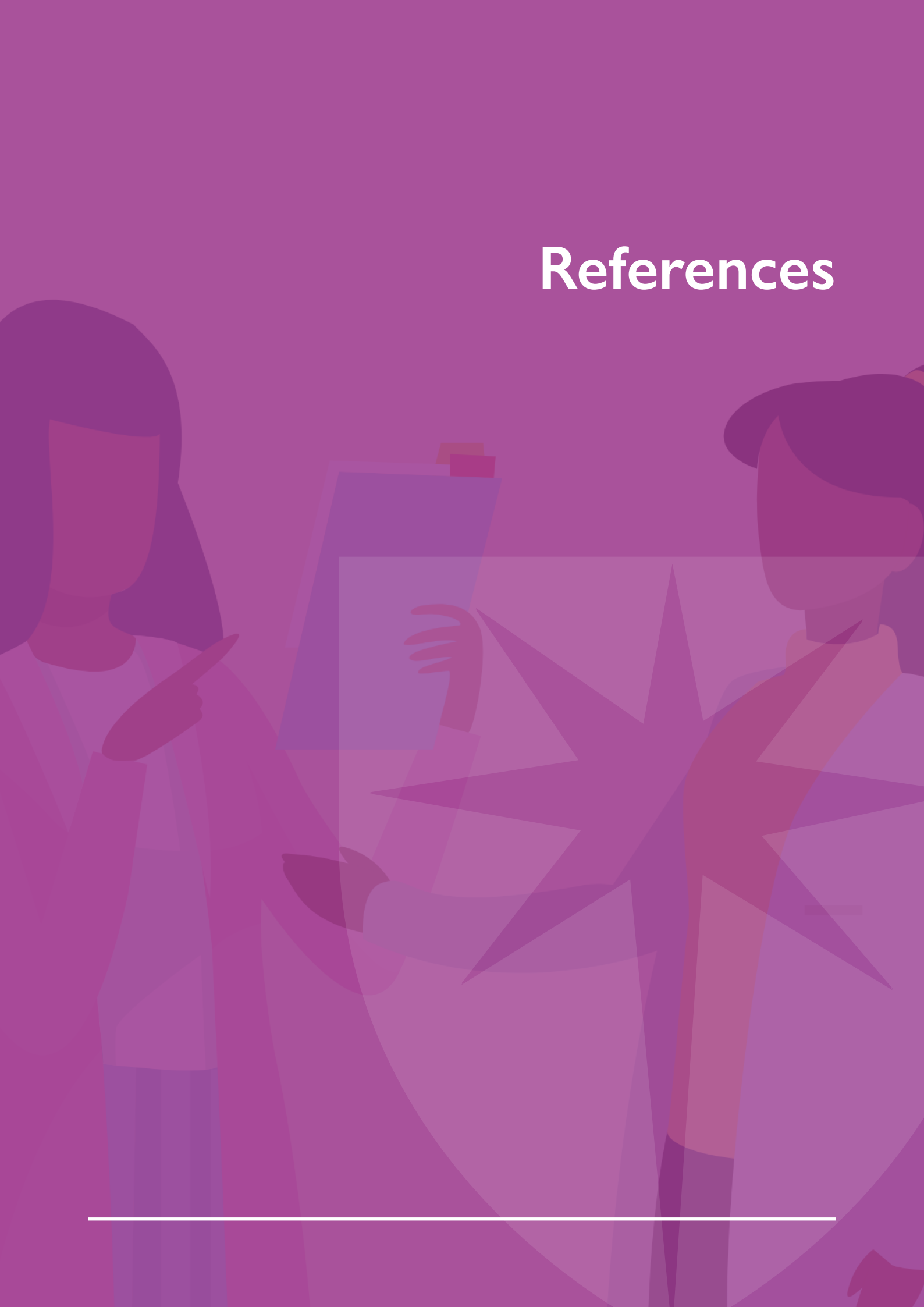

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