

# WHAT YOU NEED TO KNOW



## ABORTION AND DISABILITY



THE **SOCIETY FOR THE PROTECTION OF UNBORN CHILDREN** IS THE UK'S LEADING PRO-LIFE CAMPAIGNING ORGANISATION AND THE OLDEST PRO-LIFE GROUP IN THE WORLD

This leaflet explores the issue of abortion for foetal disability in the UK

### What is the law regulating abortion for disability in the UK?

Under the 1967 Abortion Act, abortion is legal in Britain if two doctors decide in good faith that one or more of the grounds specified in the Abortion Act are met. Under Ground E abortion is permissible if "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".

There is no gestational limit for this ground, meaning that abortions can be performed past the usual 24-week limit, and indeed, up to birth.

### How many babies are aborted under Ground E?

In 2019, 3,183 babies were aborted under Ground E in England and Wales.<sup>1</sup> 1,102 of these were performed at 20 weeks' gestation and over.

211 babies were aborted under this ground in Scotland.<sup>2</sup>

### What kind of disabilities do these babies have?

There is no official definition for "seriously handicapped". Medical conditions do not have to be fatal, or even uncorrectable. The 2019 abortion statistics for England and Wales mention Down's syndrome as a medical condition for 656 babies aborted under Ground E. Spina bifida is mentioned 118 times, and cleft lip and palate 17 times.

### Discrimination

The Equality Act 2010 protects the rights of disabled people after they have been born, but the 1967 Abortion Act allows them to be killed before they are born.



## Screening

Screening for disabilities is now a routine part of prenatal care, and the NHS states that “if diagnostic tests show your baby has a condition, this can lead to a decision about whether you want to continue or end the pregnancy.”<sup>3</sup>

The number of babies born with Down’s syndrome fell by 30% in NHS hospitals which had introduced a new, more accurate form of screening.<sup>4</sup>

Many women have reported feeling pressured by doctors to choose abortion when their baby is diagnosed with a disability. Recent studies identify problematic interactions between parents and doctors.<sup>5</sup> Common experiences include being told that their child “was incompatible with life (87%), would live a life of suffering (57%), would be a vegetable (50%), or would ruin their family (23%)”.<sup>6</sup> Many doctors still seem to have misinformed views about disability, and may have negative and judgmental attitudes towards couples who wish to continue a pregnancy, and as a consequence fail to provide the necessary support.<sup>7</sup>

Information given to women following a foetal disability diagnosis can also be lacking. In a Swedish study, 25.6% of women who opted for termination for foetal malformation reported that the “information provided was not adequate to enable a decision”.<sup>8</sup>

## Case Study: Domenica

“Our youngest daughter, Domenica, has Down’s Syndrome. And this condition is overwhelmingly the most common form of disability which, if detected, is considered grounds for termination. Indeed, mothers-to-be come under insidious pressure from medics to terminate, as some who refused have later related.

“We didn’t know that Domenica was carrying a third copy of the 21st chromosome until she was born. But when she emerged with the visible signs of Down’s (floppy, with almond-shaped eyes and a distended tongue) to the evident dismay of the medical staff, we were soon given the bleakest prognosis for her quality of life. She would ‘suffer’ from her condition; she might never talk, or even walk.

“It was all rubbish. Now 24, Domenica has a vast vocabulary. She has qualified as a Zumba instructor. She works two half days a week in the kitchens of Brighton’s Grand Hotel. And she has a capacity for sheer joy, to an extent that I have not witnessed in any other human being.”

“This is not unusual among people with Down’s, though. In 2011 the American Journal of Medical Genetics published a paper entitled ‘Self-perceptions from people with Down’s Syndrome’, based on a survey of 300 people with the condition, aged 12 and over.

“The authors concluded: ‘99 per cent of people with DS indicated that they were happy with their lives, 97 per cent liked who they are, and 96 per cent liked how they look.’ You wouldn’t get anything like such positive feelings from a similar questionnaire among ‘normal’ people.”

Dominic Lawson, *The Times*<sup>9</sup>

## How does abortion for disability affect parents?

There is a solid body of evidence showing that when an abortion is undertaken for reasons of foetal abnormality the after-effects can be particularly traumatic.<sup>10,11,12</sup>

Most women undergoing such procedures experience a range of difficult emotions including sadness, meaninglessness, loneliness, tiredness, grief, anger and frustration.<sup>13</sup>

Studies have found:

- Prior to late termination, women report feeling guilt, fear, anguish, unreality, relief, desperation, emptiness, and other conflicting emotions. 40% of women had only negative emotions.<sup>14</sup>
- a majority of men and women experienced negative emotional responses and somatic complaints, including problems in their sexual relationships.<sup>15</sup>
- Among women, 40% experienced coping problems lasting more than 12 months.
- grief and post-traumatic symptoms remain between 2 and 7 years after the event.<sup>16</sup>
- traumatic stress at 4 years was not significantly different to that experienced at 14 days.<sup>17</sup>
- the neural activation pathways underlying grief in women who terminated their pregnancies because of foetal abnormality are the same as those involved in physical pain.<sup>18</sup>

More recent prospective research has identified adverse experiences following abortion for foetal anomaly. At four months, 8.8% experienced grief, 45.8% showed symptoms of posttraumatic stress, 12.2% exhibited psychological malfunctioning, and 27.9% had depression.<sup>19</sup> These symptoms declined over the following year.

- <sup>1</sup> Department of Health and Social Care, Abortion Statistics, England and Wales: 2019, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/891405/abortion-statistics-commentary-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891405/abortion-statistics-commentary-2019.pdf)
- <sup>2</sup> Public Health Scotland, Termination of pregnancy Year ending December 2019
- <sup>3</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/screening-tests-in-pregnancy/>
- <sup>4</sup> <https://www.thetimes.co.uk/article/new-test-brings-big-fall-in-birth-downs-babies-c89krkjc>
- <sup>5</sup> Holt LE (2017) Parental opinions about prenatal genetic screening and selective abortion for Down Syndrome. *Electronic Theses and Dissertations*. Paper 2675. See <https://doi.org/10.18297/etd/2675> Accessed 20 June 2020.
- <sup>6</sup> Janvier A *et al.* (2012) The Experience of Families With Children With Trisomy 13 and 18 in Social Networks. *Pediatrics* 130(2):293-298.
- <sup>7</sup> Rubeis G & Steger F (2019) A burden from birth? Non invasive prenatal testing and the stigmatization of people with disabilities. *Bioethics* 33:91-97.
- <sup>8</sup> Asplin N *et al.* (2013) Pregnant women's perspectives on decision-making when a fetal malformation is detected by ultrasound examination. *Sex Reprod Healthcare* 4:79-84.
- <sup>9</sup> <https://www.dailymail.co.uk/debate/article-7906023/DOMINIC-LAWSON-surprising-Im-feeling-sympathy-Rebecca-Long-Bailey.html>
- <sup>10</sup> Koponen K *et al.* (2013) Parental and professional agency in terminations for fetal anomalies: analysis of Finnish women's accounts. *Scand J Disability Res* 15(1):33-44.
- <sup>11</sup> Lafarge C *et al.* (2013) Women's experiences of coping with pregnancy termination for fetal abnormality. *Qualitative Health Res* 23(7):924-936.
- <sup>12</sup> Coleman PK (2015) Diagnosis of fetal anomaly and the increased maternal psychological toll associated with pregnancy termination. *Issues in Law and Medicine* 10(1):3-23.
- <sup>13</sup> Asplin N *v* (2014) Pregnancy termination due to fetal anomaly: Women's reactions, satisfaction and experiences of care. *Midwifery* 30:620-627.
- <sup>14</sup> Andersson IM *et al.* (2014) Experiences, feelings and thoughts of women undergoing second trimester medical termination of pregnancy. *PLOS One* Dec 29, DOI:10.1371.
- <sup>15</sup> White-Van Mourik MCA *et al.* (1992) The psychosocial sequelae of a second-trimester termination of pregnancy for fetal abnormality. *Prenatal Diagnosis* 12:189-204.
- <sup>16</sup> Korenromp MJ *et al.* (2005) Long-term psychological consequences of pregnancy termination for fetal abnormality: a cross-sectional study. *Prenatal Diagnosis* 25:253-260.
- <sup>17</sup> Kersting A *et al.* (2005) Trauma and grief 2-7 years after termination of pregnancy because of fetal anomalies – a pilot study. *J Psychosomatic Obstet & Gynecol* 26(1):9-15.
- <sup>18</sup> Kersting A *et al.* (2009) Neural Activation Underlying Acute Grief in Women After the Loss of an Unborn Child. *Am J Psychiatry* 166:1402-1410.
- <sup>19</sup> Korenromp MJ *et al.* (2009) Adjustment to termination of pregnancy for fetal anomaly: a longitudinal study in women at 4, 8, and 16 months, *Am J Obstet & Gynecol* 160:e1-7.

Are you struggling after an abortion experience?  
Call us today on our Helpline **0345 603 8501**



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