Abortion Review

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WHY DO WOMEN HAVE LATE ABORTIONS?

By Jennie Bristow, Editor, Abortion Review

'Late abortion' has become the subject of intense media and policy interest over recent years. Whether it is to do with discussions of 4-D ultrasound images of 'walking' fetuses, advances in neonatal medicine and 'fetal viability', or simply because of the emotive character of the abortion debate today, many commentators raise public concerns about the ethics of allowing women to have abortions at up to 24 weeks' gestation. At a policy level, the emphasis is on increasing women's access to abortion services in the first trimester of pregnancy, with the aim that women who have abortions do so early on.

There is much to be said for improving access to abortion in the early stages of pregnancy – above all, that it is a better experience for women. The development of procedures such as Early Medical Abortion (EMA), which is a safe, straightforward and cost-effective procedure for abortion at 63 days' gestation and under, allows women a greater choice of methods and gives abortion providers greater ability to meet demand in the first few weeks. The fact that, since 2003, there has been a relative increase in abortions at gestations of under 10 weeks compared with those that take place later in the first trimester, is welcome.

But whatever the improvements to Britain's early abortion service, women continue to need access to abortion services later on in pregnancy. It remains the case that 'late abortions' – those that occur after 13 weeks of pregnancy - account for approximately 11 percent of all abortions. Furthermore, 1.4 percent of all abortions occur after 20 weeks.

Why do women have late abortions? Despite all the debate about the ethics of abortions after 13 weeks of pregnancy, this question is rarely asked. But a significant new study, conducted by the Centre for Sexual Health Research at the University of Southampton and the School of Social Policy, Sociology and Social Research at the University of Kent, has thrown some much-needed light on this issue.

The study asked 883 women who had had second-trimester abortions what they felt were the reasons for the delay – and found that, as with all women seeking abortion today, their decisions and experiences are based on a range of complicated 'real life' factors. Just as the decision to have an abortion is rarely made in ideal circumstances, the timing of a woman's abortion cannot always be tailored to best practice standards.

No single reason

One key finding from this study is that there is no single reason why women have abortions in the second trimester. Indeed, 13 different reasons were selected by at least one fifth of the respondents, ranging from delays in confirming the pregnancy to uncertainty about whether to have an abortion to delays in accessing the abortion services.

These findings mirror the experience of those who work in abortion services: namely, that every woman is different, and her reasons for seeking abortion – at whatever stage of the pregnancy – are many and varied. The Southampton/Kent study also indicated the extent to which individual women can experience a range of factors that, cumulatively, lead to a delay in having an abortion. For example, they may not realise they are pregnant until relatively late on in the pregnancy – at which point they may struggle for a while with the decision to have an abortion, and then find themselves having to wait for the procedure.

Specific reasons reported for delays over whole sample

Reason	Percentage
I was not sure about having the abortion, and it took me a while to make my mind up and ask for one	41
I didn't realise I was pregnant earlier because my periods are irregular	38
I thought the pregnancy was much less advanced than it was when I asked for the abortion	36
I wasn't sure what I would do if I were pregnant	32
I didn't realise I was pregnant earlier because I was using contraception	31
I suspected I was pregnant but I didn't do anything about it until the weeks had gone by	30
I was worried how my parent(s) would react	26
I had to wait more than 5 days before I could get a consultation appointment to get the go-ahead for the abortion*	24
My relationship with my partner broke down/changed	23
I was worried about what was involved in having an abortion so it took me a while to ask for one	22
I didn't realise I was pregnant earlier because I continued having periods	20
I had to wait more than 7 days between the consultation and the appointment for the abortion*	20
I had to wait over 48 hours for an appointment at my/a doctor's surgery to ask for an abortion	20

Respondents could give more than one reason
**Adjusted for missed appointments*

Inside this issue:
Immigration, Catholicism and abortion in the UK, by Jon O'Brien
Do 'pre-prematurity' survivors offer new evidence about fetal viability? by Laura Riley

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> Women's indecision about having an abortion is a crucial point

Delays in decision-making

Perhaps the most striking finding of this study is the extent to which the delay in obtaining an abortion arose, not from factors within the abortion service such as lack of appointments, but from women's delay in seeking an abortion in the first place. Significantly, half of the women involved in this study were at 13+ weeks' gestation by the time they first asked for an abortion.

Why did it take them so long? The Southampton/Kent report discussed five 'stages of delay' along the pathway to abortion:

Suspicion of pregnancy

A large proportion of the women took several weeks even to suspect they were pregnant - half were over seven and a half weeks' gestation when they first suspected they were pregnant, whilst one quarter were over 11 weeks 2 days' gestation. Many did not suspect they were pregnant because they had irregular periods, because their periods continued while they were pregnant, or because they were using contraception. This was particularly the case for women who had had abortions at over 18 weeks' gestation; and half the women who had an abortion at 21+ weeks had reached a gestation of at least 18 weeks 2.5 days prior to taking a pregnancy test.

Given that contraception does sometimes fail (and most people assume that it won't), and that continued periods are usually a sign that a woman is *not* pregnant, it is hardly surprising that a number of women find themselves 'caught out' by a pregnancy they were fairly confident would not happen.

Taking a pregnancy test

Around a third of respondents took over two weeks between suspecting they were pregnant and taking a pregnancy test. Forty-five percent of these women suspected they were pregnant but 'didn't do anything about it until the weeks had gone by'. Others said they were 'not sure about what they would do if they were pregnant', or raised fears about the reactions of their parents and partners.

Facing up to an unplanned pregnancy involves making one of two tough decisions – to have an abortion, or to raise a child whom you hadn't intended to have at this point in your life, if at all. While it may seem less than rational to policy-makers that women might delay confirming their pregnancy, thereby narrowing their choices about what to do about it, one can empathise with this reaction in a real life context.

Deciding to have an abortion

Once their pregnancy was confirmed, around half the respondents took one week or less between taking their test and then making the decision to have an abortion. Among those who took over one week, the most commonly-cited reason (by 65 percent of these respondents) was 'I was not sure about having the abortion, and it took a while to make up my mind and ask for one'. Reasons for this indecision included concerns about what was involved in having an abortion, and difficulties in agreeing a decision with their partner.

The impact of women's indecision about having an abortion is a crucial point for policy-makers and service providers to understand. For many women, abortion is not the obvious solution to an unplanned pregnancy, but a difficult decision that can involve worrying about the procedure itself, taking into account the views of one's partner or parents, a desire to have a baby when the time and conditions are not 'quite right', and worries about the rights and wrongs of abortion.

Women's abortion decisions are not made in a vacuum, but depend upon broader changes and complications in their lives and relationships. So for example, in the Southampton/Kent study, women whose partners changed their minds about having a baby were more likely to have over one week's delay in deciding to have an abortion – expressing the turmoil that would have followed this change of heart.

First asking for an abortion

Interestingly, the Southampton/Kent study found that once women have made up their minds to have an abortion, they are quick to act on that decision. For half of the women the time between making the decision and asking for an abortion was two days or less. This indicates that what women need, once they have decided to have an abortion, is the kind of abortion service that will allow them to act on that decision as quickly as possible.

Obtaining an abortion

In this study, a relatively large proportion of respondents (60 percent) perceived a delay between requesting an abortion and having the procedure. Twenty-three percent waited over three weeks - beyond the minimum standard recommended by the Royal College of Obstetricians and Gynaecologists (RCOG). Why?

Some of the reasons for delay during this stage were clearly service-related. For example, 30 percent of women said that 'The person I first asked for an abortion took a long time to sort out further appointments for me', and 24 percent said 'There were confusions about where I should go to have the abortion.' This suggests a certain amount of confusion about the provision of abortion on the part of the first health professional approached – which, for 62 percent of the sample overall, was their own GP.

Another significant reason for delay given by women who had had an abortion at 18+ weeks, as opposed to 13-17 weeks, was: 'The person I first asked made it hard for me to get further appointments'. As the authors of the Southampton/Kent study note, at this stage of pregnancy, any delay related to the provision of services clearly carries the possibility of turning a second-trimester abortion into a 'very late' abortion.

However, some of the reasons women reported for delays between deciding to have an abortion and obtaining one were *not* related to service provision, but rather related to the woman's continuing indecision about the abortion procedure. In particular, women reported fears about what was involved in having an abortion, and/or having second thoughts which led to missed appointments. So having decided to have the abortion, women at this stage may still balk at going through with it.

This continuing indecision provides a challenge for service providers, particularly if women are already at a relatively advanced stage of pregnancy when they first present for an abortion. While abortion is legal up to 24 weeks, this does not mean that it will always be possible for women to obtain an abortion at this stage, due to constraints of time, space and staff at those clinics that provide a late abortion service. The impact of missed or cancelled appointments for women seeking a late abortion is significant, as every appointment they miss takes them closer to the 24-week 'time limit'.

The key point, however, is that it is not the place of the abortion provider or the policy-maker to push women into making her decision before she is ready to do so. However desirable it is that abortions should be 'early abortions' rather than 'lates', and however challenging it is to provide a service that is flexible enough to take account of women's fears and indecision, such flexibility is what an abortion service must provide if it is to allow women a genuine choice.

What should be done about late abortions?

At a policy level, there is a recognition that Britain needs an abortion service that can cope with abortions in the second trimester. In 2005, the Chief Medical Officer stated that Primary Care Trusts should ensure that services are available for abortions up to 24 weeks' gestation, and made several recommendations for the late abortion service (abortion at 20-23 completed weeks). It is clear from the findings of the Southampton/Kent study that focusing simply on early abortion is not an option – women need access to an abortion service that can meet their needs beyond the first 12 weeks of pregnancy.

As the authors of the Southampton/Kent study suggest, the extent to which many delays in seeking abortion are 'woman-related' rather than 'service-related', to do with delays in suspecting and confirming pregnancy and deciding to have an abortion, means that there is a limit to how much abortion providers can hope to reduce the extent of late abortion through changes to the service.

The study's authors make some broader recommendations to do with education about the signs and symptoms of pregnancy, and working to improve GPs' understanding of abortion procedures in order to ameliorate some of women's fears and speed up referral delays, and these recommendations are useful.

However, perhaps the most important issue to address regarding late abortion is the cultural prejudice about why women have late abortions in the first place. There is so much debate at the current time about the 'ethics' of 'allowing'

Women do not 'choose' to have a late abortion rather than an early one

women to have abortions beyond 12 weeks/20 weeks/add-preferred-time-limit-here weeks, as though women take such decisions lightly. Even within the pro-choice movement, there is an attempt to draw a legal distinction between abortions in the first trimester and those that happen later.

Yet as the Southampton/Kent study clearly shows, when it comes to why women seek abortions and at what stage they do so, there are no such hard-and-fast distinctions. Just as women who 'choose' to have abortions in the first trimester would rather not be pregnant in the first place, women do not 'choose' to have a late abortion rather than an early one. They end up in these circumstances because of any number of personal factors, and struggle with their decision, sometimes for weeks on end. A progressive abortion service is one that respects this decision-making process, and gives women the ability to act on their decisions as quickly and appropriately as possible.

The report *Second-Trimester Abortions in England and Wales*, by Roger Ingham, Ellie Lee, Steve Clements and Nicole Stone, is available to download from www.psychology.soton.ac.uk/cshr or by e-mail: cshr@soton.ac.uk.

New **BPAS** publication

EARLY MEDICAL ABORTION:
A GUIDE FOR PRACTITIONERS

More than 40% of BPAS clients who request abortion in the early stages now opt for Early Medical Abortion (EMA), and report high levels of satisfaction with the service we provide. This new publication draws upon our experience to provide key information about EMA, and to offer a best practice guide to running an Early Medical Abortion service.

Contents include:

- What is EMA?
- Who uses EMA, and why?
- The EMA procedure
- How safe is it?
- What women should expect
- Side effects and contraindications
- Who can provide EMA?
- EMA and the law
- Providing an EMA service: a best practice guide

For further information about BPAS' provision of EMA, or to request a copy of the Guide for Practitioners, please contact the Clinical Department, BPAS Head Office, 4th Floor, Amec house, Timothy's Bridge Road, Stratford-upon-Avon, CV37 9BF. Telephone: 01789 265018. Email: susan.wyatt@bpas.org

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- *New guidance issued by the National Institute for Health and Clinical Excellence (NICE) sets out interventions to 'halt' rising numbers of sexually transmitted infections and to 'prevent' teenage pregnancy.*
- *UK Life League activist Veronica Connolly has failed to have a conviction for sending pictures of aborted fetuses overturned.*
- *More than one woman in 10 who is married or in a long-term relationship has had an abortion, according to a survey commissioned by Schering Healthcare.*
- *Advance provision of emergency contraception leads to prompter usage, finds a study in the American Journal of Obstetrics and Gynecology.*
- *A study in the BJOG has dismissed the perception that teenage girls with unwanted pregnancies have been less careful about contraception than older women.*
- *The Royal Cornwall Hospitals Trust has apologised for temporarily denying women the 'abortion pill'.*
- *Girl Guides are to be trained as 'peer educators' to run sessions covering sex, contraception, abortion and abuse.*

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> Even devout Catholics believe 'the church has no right to try to control their private lives'

IMMIGRATION, CATHOLICISM AND ABORTION IN THE UK

By Jon O'Brien, President, Catholics for a Free Choice

As an Irish Catholic I know it would make Henry VIII lose his cool, if not his head. After successfully carrying out the Reformation and foiling Guy Fawkes, the British establishment now faces the possibility that Roman Catholicism will become the dominant religion in Britain.

Media reports earlier this year breathlessly told us that a great exodus of immigrants from Eastern Europe means that the number of Catholics in the UK has risen to new and unseen heights. Figures for 2005 show that there were 4.2 million Catholics in England and Wales but anecdotal reports suggest far more as both legal and illegal immigrants seek work and opportunities that their native economies do not offer. At present, both Catholic and Anglican churches report about one million regular churchgoers. With the new arrivals, Catholicism may become the leading religion.

The media relied on reports from priests and Catholic diocese workers so it is difficult to put real figures on any of this. Naturally, the irregular status of some immigrants means they prefer to keep a low profile. However, if it is the case that the Catholic voting population is set to surge, one wonders what will be the impact on public policy issues that relate to sexual and reproductive health. This is a fair question, as the Catholic hierarchy has been such a conservative critic of progressive policy on issues like contraception and abortion.

Official statistics tell us that 300,000 Poles have arrived in the UK since 2004. According to Polish authorities, the real number could be in the region of 600,000. For anybody who has been watching the bizarre actions of Polish President Lech Kaczynski and his twin brother, Law and Justice Party leader Jaroslaw Kaczynski, the idea of such an uber-traditionalist voting bloc is a scary one, especially for those concerned with preserving personal liberties and the separation of church and state. Gay rights, contraception, sex education and abortion are all on the brothers' rather extensive hit list in their regressive campaign to restore Poland to a more 'traditional' era.

However such fears about Catholic views are based on many presumptions, most of which are just plain wrong:

- *Catholics have to do what the pope tells them.* It is a popular misconception that whatever the pope says on a serious topic is infallible and must be followed—it is not. Infallible statements are only made in very limited and narrow circumstances. For example on the abortion issue and, contrary to what many believe, the teaching on abortion, is not infallible and no serious theologian claims it is.
- *Catholics do what the pope tells them.* Dissent from church teaching is permissible and there is a long tradition of disagreement with official teachings, interpretation of teachings and the way those teachings are expressed. The *sensus fidelium*, or sense of the faithful, is also a valid source of truth in the church, and rightly guides the beliefs and actions of Catholics. So while most such discussions are among theologians, ordinary Catholics the world over show by their actions that they have soundly rejected the church's ban on contraception, and on the topic of abortion, in some countries and on some questions, only a minority of Catholics agree with church leaders. Catholics have abortions and use contraception - when they have access to it - at much the same rate as those of other religious traditions.
- *Catholics are supposed to tell others what to do.* Wrong again. Despite the efforts of the hierarchy to conform public policies to its teachings, Catholic tradition clearly demands that Catholics respect the views of other faith groups and the church accepts the principle of church-state separation. Catholics 'should recognise the legitimacy of differing points of view about the organisation of worldly affairs and show respect for their fellow citizens', advises one pastoral letter, and Vatican II clearly recognises that the political community and the church are independent of each other. However it is true that some church officials have sought to use their power to influence public policy against reproductive health services.

What do Catholics actually believe?

Noted sociologist and Catholic priest Andrew Greeley has released many surveys of Catholic opinion showing how Catholics disagree with many core church teachings. Among Catholics, only 19% in America, 18% in Poland and 17% in Italy believe that premarital sex is always wrong. On abortion, only 37% in the USA, 31% in Poland and 12% in Italy believe it is always wrong. Only 22% of Poles have a great deal of confidence in church leadership, and a 2002 survey showed that 56% of Catholics in Poland said that the church's involvement in politics was too great.

Even devout Catholics believe 'the church has no right to try to control their private lives.' As Greeley concluded in a 2001 report on Ireland, 'If sex and authority are what Catholicism is about - and many will contend that they are - then the Irish are no longer Catholic. But neither is anyone else.' (*America*, 12 March 2001)

Polling in the UK shows a small majority of Catholics support abortion if the fetus has a serious defect and a third do if the family has a low income. It is feasible that an immigrant population used to abortion being a major method of family planning and perhaps more attuned to the harsh realities of a tough economy could increase support for abortion rights among Catholics in the UK.

However, when the Catholic hierarchy and its supporters on the right seeks to legislate its religious beliefs into civil law, it tends to no longer have the power it once did. Witness changes in favour of gay rights and abortion rights in Spain and Portugal in recent times, despite fierce lobbying by the hierarchy. And the hierarchy is all too aware of this relative weakness. Only a handful of hard-line bishops in the USA supported a move to deny the sacrament of communion to pro-choice Catholic politicians in the 2006 elections, leading to the whole issue becoming a complete failure. Regardless of what the bishops say, Catholics are using their consciences when it comes to moral decision-making - just as the hierarchy insists we do.

Indeed, the recent surge in mass attendance in Britain may not sustain itself and may be a temporary search for a sense of community and social services that are available to newly arrived immigrants. In Poland, where 90% are Catholic, fewer than half attend mass at least once a week. There is also the probability that many of the immigrants coming to Britain may be the younger, city dwelling, more educated set, and not the same people who support the current Polish government or its conservative Catholic ways.

If the people over at the *Universe*, the UK's conservative Catholic newspaper, think that these new immigrants will lead the charge to a fundamentalist Catholic Britain, they may be in for a big disappointment. However, those who support reproductive rights should not take the liberal society they currently enjoy for granted. There is no doubt that the much deflated anti-choice movement in Britain will be working hard to recruit new members and activists, and will likely be propagandising at a Catholic church near you.

Jon O'Brien is the president of Catholics for a Free Choice.
www.CatholicsForChoice.org

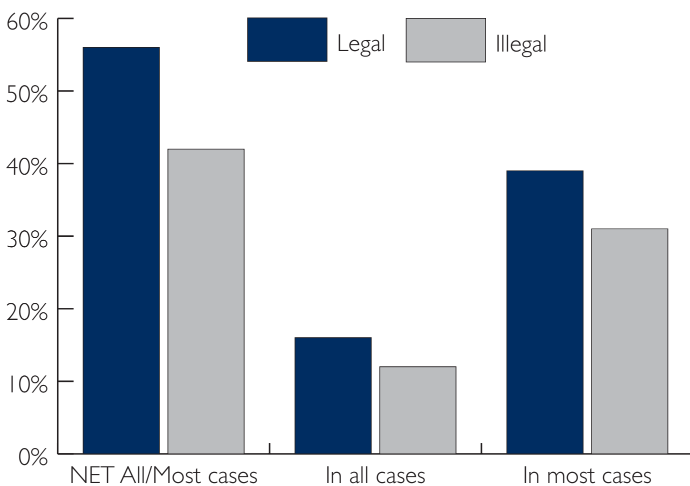
US PUBLIC 'LESS POLARISED' ON ABORTION

Public opinion on abortion has taken a gradual turn towards moderation, a poll for ABC News/Washington Post found in March.

The poll found that basic opinions are unchanged from the averages in ABC News/Washington Post polls since 1995, with 56% of Americans saying that abortion should be generally legal and 42% saying it should be generally illegal. But more now take the middle two positions - that abortion should be legal in most cases, but not all, or illegal in most cases, but not all. Seventy percent take one of those two views, the most ever - 39% on the 'mostly legal' side, 31 percent 'mostly illegal'. That leaves 28% who now take the more extreme positions - that abortion should be legal or illegal in all cases (16% and 12%, respectively) - the fewest ever in ABC/Post polls, down from a high of 43 percent in 2004, and nine points below the long-term average.

Abortion should be..

ABC News/Washington Post Poll



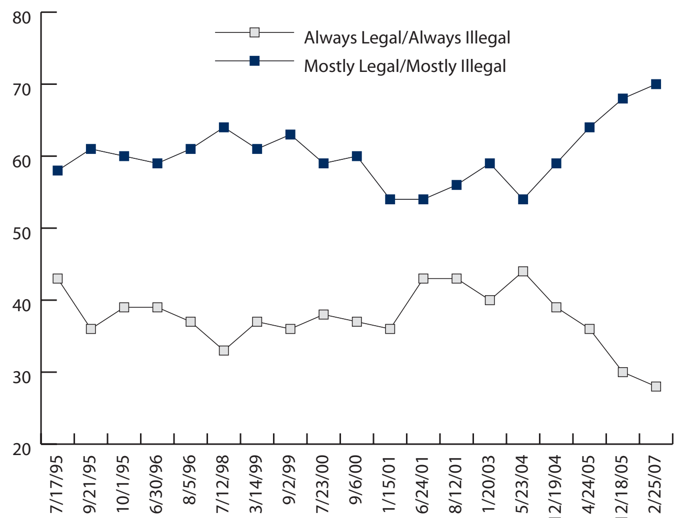
The findings of this poll provide a useful counter to the widespread belief that the tide of opinion in the USA is becoming more aggressively anti-abortion. Certainly, there are continued political and legislative attempts to restrict women's access to abortion in the USA: at the same time as the results of the ABC/Post poll were published, other news articles announced that South Carolina lawmakers are considering legislation that would force women seeking abortions to see an ultrasound image of their fetus, and that anti-abortion lawmakers are pushing in the Florida Legislature that would make doctors, school nurses 'or any health provider' who finds that a girl under 16 is pregnant inform the police.

But while public opinion is not strongly supportive of abortion, nor is it strongly opposed. As the ABC/Post poll indicates, the dominant public view is one of ambivalence about abortion – seeing it as something that is not always right, but not always wrong.

The number of Americans who say abortion should be legal in all cases (16%) is down 11 points from its peak of 27 percent in 1995. At the same time, the 12% who say abortion should be flatly illegal is down eight points from its high, 20% in 2001 and 2004. As these have fallen, 'mostly legal' and 'mostly illegal' responses have risen.

Extreme vs. Moderate Positions on Aborion

ABC News/Washington Post Poll



Analysing the poll, Patrick Moynihan and Gary Langer write that the trend towards the middle since 2004 has occurred disproportionately among some groups, including women, evangelical white Protestants and Catholics.

Women and men have essentially the same views on abortion - at the extreme and moderate positions alike - and both have shifted toward the centre. Among women, compared with mid-2004, 19% fewer now take one of the two more extreme positions - that abortion should be legal in all cases (17%, down from 26%) or that it should always be illegal (11%, down from 21%). The change among men has been less pronounced, with 12% fewer taking either more extreme stance. Twelve percent of men say abortion should be illegal in all cases, down from 20%; and 16% say it should be legal in all cases, compared with 20 percent in 2004.

Evangelical white Protestants, the most broadly anti-abortion group, also have moved toward the centre. Fifteen percent now say abortion should be illegal in all cases, down from 31% in 2004. Among Catholics, preference for abortion to be legal in all cases has declined from 26% in 2004 to 10% now - with a corresponding rise in the number who say it should be legal in most cases, but not all.

	Evangelical white Protestants		Catholics	
	Now	**2004**	**Now**	**2004**
Legal in all cases	6%	11%	10%	26%
Illegal in all cases	15%	31%	13%	17%

The ABC/Post poll finds a similar trend in relation to partisan differences. Democrats are more likely than Republicans to think abortion should be legal in all cases (22% v 9%) or most cases (45% v 30%), while Republicans are almost twice as likely to say abortion should be illegal in most (40% v 21%) or all (18% v 10%) cases. But the 45% of Democrats who now say abortion should be legal in most, not all, cases is up from 35% since mid-2004, and the number of Republicans who say it should be illegal in most but not all cases is now 40%, up from 32%.

In England in 2005, 46.9% of conceptions to women aged 15 - 17 ended in abortion

Moynihan and Langer explain that no single poll question can capture the complexity of views on abortion, and that there is much to explore in what 'mostly' legal or illegal should mean. Previous ABC/Post polls have shown that attitudes on abortion are heavily dependent on rationales, with broad support for legal abortion in some instances (for example, when the woman's life or health are in danger) but majority opposition in others - notably, when abortions are done solely to end an unwanted pregnancy. At the same time, in an ABC/Post poll in 2005, 61% said they wanted to see the Supreme Court uphold *Roe v Wade*, the decision that established current abortion law in the USA. And while 42% wanted the court to make abortions harder to get than they are now, the rest wanted the availability of abortions the same (45 percent) or less restricted (11 percent).

In the UK, a poll conducted by Ipsos MORI on behalf of BPAS, which was released at the end of last year, found a similar trend towards the centre ground. For example, 63% of respondents agreed that if a woman wants an abortion she should not have to continue with her pregnancy – a figure that has remained unchanged since 2001. However, the proportion of people who agreed very strongly fell from 19% in 2001 to 13% in 2006; while the proportion who disagreed very strongly fell from 6% in 2001 to just 3% in 2006.

On both sides of the Atlantic, the apparent shift towards a more 'moderate' position on abortion does not mean that the pro-choice arguments have been won. Indeed, this shift in many ways make the debates more complex, throwing up discussions about the particular circumstances in which people have abortions, the 'time limit', and the various procedures used. However, it does indicate the extent to which the abortion debate has moved on, and the need for the pro-choice movement to engage with these developments.

Views on Abortion Grow Less Polarized: analysis by Patrick Moynihan and Gary Langer, ABC News, 9 March 2007; *Attitudes to Abortion: summary of findings,* Abortion Review, 28 November 2006; *Bill would mandate ultrasound before abortion,* ABC News, 16 March 2007; *Bill would make Florida doctors call police on young pregnant girls,* International Herald Tribune, 9 March 2007. Graphs courtesy of ABC News.

MORE TEENAGE PREGNANCIES END IN ABORTION, STATISTICS SHOW

Teenage girls living in deprived areas are four times more likely to fall pregnant than those living in more affluent areas, official data from the UK Office for National Statistics (ONS) has shown.

The figures for England and Wales, released in February 2007, reveal that 70.9 per 1,000 girls aged 15-17 in deprived areas conceive compared with 16.2 per 1,000 in richer areas. The difference was even greater when just under-16s were considered.

The ONS statistics also show fewer teenagers in deprived areas have abortions. In the least deprived areas, 71% of pregnancies in under-18s end in abortion, compared with 39% in the most deprived. Among girls under 16, the proportions were 77% and 50%.

Provisional figures for 2005 show that in England, 46.9% of conceptions to women aged 15-17 ended in abortion, compared to 42.4% in 1998. For those aged 13-15, 57.4% of conceptions ended in abortion, compared to 52.9% in 1998.

The ONS figures also show that the overall conception rate in under 18s remained virtually stable from 42,198 in 2004 to 42,187 in 2005. But there has been a 4% rise in the number of under-16s falling pregnant - increasing from 7,615 pregnancies in 2004 to 7,917 in 2005. The government wants to halve the conception rate in under-18s in England by 2010.

Gill Frances, chair of the Independent Advisory Group on Teenage Pregnancy, said: 'We are really pleased with the excellent progress being made by more than 80% of local authorities, who are proving that teenage pregnancy can be reduced. That success needs to be driven forward nationwide.'

But she attacked those Primary Care Trusts (PCTs) that are making cuts to their contraceptive services, sometimes closing clinics. 'We are extremely concerned about the ongoing closure of community family planning services which prevent young people getting contraceptive help to prevent unplanned teenage pregnancy. This has partly been to offset financial deficits, but also because teenage pregnancy has not been considered a priority,' Frances said.

Anne Weyman, Chief Executive of fpa, said: 'Teenage pregnancy is a complex social issue requiring long-term strategic solutions. fpa would like to see more community based personal development and sexual health programmes for the most at-risk young people. Since the start of the Teenage Pregnancy Strategy, reproductive choices within this age group have widened. Fewer young women have become pregnant and others are making responsible decisions about whether to continue with a pregnancy or not. Yet again, fpa repeats its familiar call for mandatory comprehensive sex and relationships education in schools.'

Table 1: Under 18 Conceptions for England: 1998-2005

Year	Number of conceptions under 18	Under 18 conception rate*	Percent leading to legal abortion
1998	41,089	**46.6**	42.4
1999	39,247	**44.8**	43.5
2000	38,699	**43.6**	44.8
2001	38,461	**42.5**	46.1
2002	39,350	**42.6**	45.8
2003	39,553	**42.1**	46.1
2004	39,593	**41.5**	46.0
2005**	39,683	**41.1**	46.9

Source: Office for National Statistics, 2007
**per thousand females aged 15-17*
***provisional*

Ann Furedi, Chief Executive of BPAS, said: 'We're delighted to see the overall fall in conceptions to under-18s in England, although the picture is still patchy regionally. We're working hard in our contraception clinics so that the fall in teenage conceptions can be sustained.

'These positive statistics are evidence that offering young people practical information and contraceptive choice allows them to take charge of all their life choices - in education, work and family life - it's not just about sexual health. However, due to local NHS funding deficits, community sexual health services have been acknowledged by sexual health professionals to be "in crisis". Providing better sex and relationship education for young people would be great - but young people must be able to access free sexual healthcare services to back this up.'

Beverley Hughes, minister for children, young people and families, said she was pleased that the figures show teenage pregnancy rates overall were continuing to fall. But she said: 'We know we cannot be complacent. There is still much we want to do and we have ambitious goals to reduce teenage pregnancy rates even further. The figures show a wide variation in performance across the country and this demonstrates how critical local delivery is. We know what works and have given guidance to local authorities and PCTs, setting out the key ingredients for a successful strategy.'

Under-18 and under-16 conception statistics 1998-2005, Office for National Statistics data, 22 February 2007; *Deprivation teen pregnancy boost,* BBC News, 22 February 2007

DO 'PRE-PREMATURITY' SURVIVORS OFFER NEW EVIDENCE ABOUT FETAL VIABILITY?

By Laura Riley, Press and Public Policy Manager, BPAS

According to the British Association of Perinatal Medicine (BAPM), the definition of 'very' low birthweight is where the baby weighs less than 1,500 grams. In England and Wales in 2005, there were 8,045 live births where the baby weighed under 1,500g, making up just 1.2% of the total of 645,835 of live births that year. In England and Wales in 2005, there were 1,565 stillbirths where the baby weighed at below 1,500 grams, making up 44.9% of the total of 3,483 stillbirths in that year. (1) As one would expect, the major factor in birthweight is the length of gestation. The BAPM defines a 'premature' baby as being born before 37 weeks, and an 'extremely' premature baby as being born between 24 and 28 weeks.

The survival, then, of an American IVF baby, Amillia Taylor, born weighing only a reported 284g on 24 October 2006 after just under 22 weeks in the womb (2), provoked headlines across the world. After several months in hospital and some life-threatening health scares, Amillia has been allowed home with a supplementary oxygen supply. In the wake of her survival, the British media discovered another 'miracle baby', Millie McDonagh, born at Tameside General hospital weighing a comparatively substantial 567g, after a pregnancy of 22 weeks and six days. (3) Millie's twin had died at birth, but she was rushed to the specialist neonatal unit at St Mary's Hospital in Manchester. After four months there, Millie has been allowed to go home, with supplementary oxygen.

Extreme prematurity and low birthweight are reported to be more prevalent in the UK than anywhere else in Europe, and to be occurring increasingly frequently. (4) If this is the case, neonatal care teams can expect to make increasing numbers of difficult decisions about the care of babies at the threshold of viability facing uncertain outcomes. Partly in response to this, in November 2006, the Nuffield Council on Bioethics produced its report *Critical care decisions in fetal and neonatal medicine: ethical issues*. (5) Its recommendation was that babies born at or before 22 weeks should not be resuscitated and should only be given intensive care as part of a pre-arranged research study. For those born between 23 and 25 weeks, it proposed a sliding scale of intervention. As gestational age rises, it recommended that there should be an increased expectation that intensive care should routinely be given, in consultation with parents.

The Nuffield report relied on published work such the EPICure study in the UK. (6) This showed that there is no evidence of any increase in survival at gestations of 22 weeks or less, and survival at 23 weeks is still rare. The percentage of babies born alive in 1995 between 22 to 23 weeks who survived to leave hospital was 1%; at 23 to 24 weeks it was 11%; at 24 to 25 weeks, 26%; and 25 to 26 weeks, 44%. (7) Severe long-term disability is frequent in premature infants that survive, and may be as high as 67% at 23 weeks, 38% at 24 weeks, and 20% at 25 weeks. (8,9) Professionals have noted that survival rates may be slightly higher now, but the EPICure study provides the only UK nationwide data available.

An article in the BJOG by the EPICure study group in December 2006 found that 'since 1995, there is good evidence of improved survival, but it is not clear whether or not the number of survivors with severe adverse outcomes has changed'. (10) The authors go on to state that data on a new cohort of births at less than 27 completed weeks is currently being collected in English maternity units. Data collection around the time of birth will be more detailed than it was in 1995, in order to explore better the relationship between perinatal factors and later outcomes.

The available research raises some interesting questions, but can offer us few answers. A University of Florida research group seeking predictors for outcome for extremely low birthweight babies published a paper in *Pediatrics* in 2006, looking at the rate of one-year survival of 5,076 extremely low birthweight babies (300g-1000g at birth) born in Florida between 1996 to 2000. (13) They found that extremely premature baby girls were 1.7 times more likely to survive than baby boys; and African-American baby girls were 2.1 times as likely to survive as white boys. Record-breaking baby Amillia Taylor was one such African-American baby girl. However, the study only reported on infant mortality and quality of life or other outcomes were not assessed. Overall, the one-year survival rates of 60–62% for the 5,076 extremely low birthweight infants studied did not change during the five year period of the research. For the Floridian infants, the survival rate at over 500g or less was 14% or less (n = 716). Survival rates at 501 to 600g and 601 to 700g were 36% and 62%, respectively. The survival rate reached over 85% for infants of over 800g.

Discussion of the management of infants at the threshold of viability is frequently conflated with issues around later abortion by a minority of journalists, recently prompting headlines such as 'Amillia shows 24 weeks is too late to abort'. (11) Anti-choice campaigners inside and outside Parliament continue to exploit these topics, alongside other contested concepts around fetal sentience, in their political focus on later abortion. (12) However, in November 2006 an attempt by Conservative backbencher Nadine Dorries MP to propose a 21-week limit was conclusively voted down by the House of Commons, by 187 votes to 108.

Whatever the politicised comment would have us believe, sporadic media reports about 'miracle' survivors of extreme prematurity and low birthweight can contribute little to the debate about late abortion.

(1) *Birth Statistics 2005*. Office of National Statistics, series FM1, no.34.

(2) 'Premature baby to stay for checks', BBC News, 3 February 2007.

(3) 'Baby beats 100 to 1 survival odds', BBC News, 1 March 2007.

(4) 'Britain tops premature baby league table', *Sunday Telegraph,* 8 January 2007.

(5) *Critical care decisions in fetal and neonatal medicine: ethical issues*. Nuffield Council on Bioethics, 16 November 2006.

(6) See http://www.nottingham.ac.uk/human-development/Epicure/Publications/Page11a.htm

(7) 'The EPICure Study: Outcomes to discharge from hospital for infants born at the threshold of viability'. Costeloe K, Hennesy E, and Gibson, AT. 2000. *Pediatrics* 106(4):659- 671.

(8) 'The EPICure study: growth and associated problems in children born at 25 weeks of gestational age or less'. NS Wood et al. 2003 (November). *Archives of Diseases in Childhood,* Fetal and Neonatal Edition 88(6): F492-50.

(9) 'Changing prognosis for babies of less than 28 weeks' gestation in the north of England between 1983 and 1994'. Tin W, Wariyar U, Hey E. 1997. *British Medical Journal* 314:107-11.

(10) 'EPICure: facts and figures: why preterm labour should be treated'. Costeloe K; EPICure Study Group. BJOG, 2006 Dec;113(s3):10-12.

(11) 'Amillia shows 24 weeks is too late to abort', *Sunday Telegraph*, 25 February 2007.

(12) 'Tory MP pursues abortion restrictions', *Abortion Review*, October 2006.

(13) 'Racial and Gender Differences in the Viability of Extremely Low Birth Weight Infants: A Population-Based Study'. Steven B. Morse, MD, MPHa, et al. *Pediatrics*, January 2006 volume 117, number 1.

Information bulletin

ABORTION RIGHTS CAMPAIGN: ADD YOUR VOICE TO THE PRO-CHOICE MAJORITY!

On International Women's Day, Abortion Rights launched a new initiative to mark 40 years of safe, legal abortion in Britain and push for modern legislation. The campaign, which is backed by many MPs, Peers, doctors, nurses, sexual health organisations, trade unions and students, is calling for:

- Women, not doctors, to make the abortion decision
- An end to unacceptable delays in service provision
- An end to minority anti-choice attacks dominating the debate

Abortion Rights also launched a new 'speak out' campaign website www.prochoicemajority.org.uk where you can publicly declare your support for a woman's right to choose or add your own abortion story. 'Speak out' websites in the USA and elsewhere have been influential in shaping the abortion debate - shifting media attention back on to women.

For further information about the campaign, please visit: www.abortionrights.org.uk.

To add your voice to the pro-choice majority, please visit: www.prochoicemajority.org.uk

EDUCATION FOR CHOICE: ABORTION: DILEMMAS AND DECISIONS

A one-day training course on abortion issues for professionals working to support young people around unintended pregnancy in health, education and youth work settings.

For more information:
E-mail training@efc.org.uk
Web: www.efc.org.uk/forprofessionals/training
Phone: 020 7249 3535

MARIE STOPES INTERNATIONAL: GLOBAL CONFERENCE ON ABORTION

On 23-24 October 2007, Marie Stopes International will hold a major international conference at the Queen Elizabeth II Conference Centre in Westminster to mark the 40th anniversary of the Abortion Act in the UK. The conference, *Safe Abortion – Whose right? Whose choice? Who cares?* will confront both international and national issues associated with unsafe abortion, focusing on rights, advocacy and funding.

For more information, please contact Tony Kerridge on +44 (0)20 7574 7353 or Diana Thomas on +44 (0)20 7574 7416, or email press@mariestopes.org.uk. If you are interested in attending this event, please contact Laura Brownlee on 0207 324 4372, or email laura.brownlee@neilstewartassociates.co.uk.

BROOK TRAINING AND CONFERENCES

Brook's training programme includes five training courses for professionals. These courses are available as open training to all on pre-set dates, or can be run in-house within your organisation. Brook also holds conferences at least three times a year, based around topical issues.

Forthcoming conferences

8 June 2007: Young people, teenage pregnancy & sexual health, Newquay
28 June 2007: Do the right thing: On relationships and sexual health for young people with learning disabilities, Nottingham

For more information, see:
http://www.brook.org.uk/content/M1_Brooktrainingconferences.asp

Abortion Review is circulated to over 1000 subscribers consisting of health care professionals and advice agencies. If you would like to tell them about a key point of interest relating to abortion and sexual health or would like to promote a training event or seminar within the publication, please contact the marketing department on 01789 265009 or email abortionreview@bpas.org

Example of current campaign. Please contact marketing@bpas.org for more details.