1 ABORTION

This factsheet looks at abortion practice and provision in Northern Ireland. It outlines the legal background, professional and public attitudes, and consequences for the women who live there.

Key facts

- Abortion is legal in Northern Ireland in some circumstances.
- The majority of women have to travel to England or other European countries to have an abortion.
- Women from Northern Ireland are not entitled to a free NHS abortion in England.

History of abortion law in Northern Ireland

- **The 1861 Offences Against The Person Act**

This act, which provides the foundation for Northern Ireland's abortion laws, became law on 1 November 1861. It classifies abortion as a felony and makes it a criminal offence to have an unlawful abortion or to perform one. The 1861 Offences Against The Person Act still remains in force throughout the UK. It is widely accepted by legal experts that use of the term "unlawful" in respect of abortion implies that some abortions could be lawful.

- **The 1945 Criminal Justice (Northern Ireland) Act**

The 1861 act was modified in Great Britain by the 1929 Infant Life (Preservation) Act, subsequently enacted in Northern Ireland in 1945 as the Criminal Justice (Northern Ireland) Act. This act allows the abortion of a "child capable of being born alive" only where the woman's life would otherwise be put at risk.

Because of the reference to a "child capable of being born alive", it was generally assumed that this act focused on abortion after the 28th week of pregnancy. Confusion arose as to whether it was legal or illegal to perform a similar abortion in the first 27 weeks of pregnancy.

- **The 'Bourne Judgement' of 1938**

In England in 1938, Dr Alex Bourne performed an abortion on a 14-year-old who had been raped. He deliberately challenged the law in order to clarify the legal position and in the subsequent trial, brought evidence that if the young woman had been forced to continue with the pregnancy, she would have become a mental and physical wreck.

Dr Bourne was acquitted and the judgement passed into English case law, thus extending the grounds for a lawful abortion to include risk to the physical and mental wellbeing of the mother. There were no further changes to the law until the 1967 Abortion Act was introduced in England, Wales and Scotland, but this act does not extend to Northern Ireland.

Abortion practice in Northern Ireland

In 1998, the Department of Health, Social Services and Public Safety (DHSSPS) published the first ever official statistics on abortions performed in Northern Ireland.

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Table 1 shows the number of women having abortions in Northern Ireland between 2000 and 2006.

Table 1: Discharges from hospital where primary diagnosis was abortion

	Missed abortion	Spontaneous abortion	Medical abortion	Other abortion	Total	
2000/01	1057	1383	83	8	2531	
2001/02	1033	1443	71	3	2550	
2002/03	942	1271	76	2	2291	
2003/04	1059	1270	67	1	2397	
2004/05	1131	1108	64	0	2303	
2005/06	1182	1077	80	0	2339	

Source: Hospital Information Branch

The terminology used in the above table is explained by DHSSPS as follows:

Missed abortion - the retention of a dead foetus before 24 completed weeks of gestation, with no signs of abortion

Spontaneous abortion – the expulsion of the products of conception without deliberate interference.

Medical abortion – the interruption of pregnancy for legally acceptable, medically approved indications.

Other/unspecified abortion – includes cases where an abortion occurs as a result of medical or personal intervention, e.g. where the person requires treatment for a life-threatening condition and as a consequence, an abortion occurs. Significantly, there are no available statistics to indicate which women have access, why, and at what stage of pregnancy.

In early 2012 the Minister for DHSSPS asked officials to develop options for introducing a new data collection and reporting system on termination of pregnancies. As a result of their investigations, concerns were raised around the reliability of previously published data on abortions in Northern Ireland.

Following those concerns, in May 2012, DHSSPS instructed the Health and Social Care Board (HSCB) to undertake an audit of the clinical coding related to abortions in Northern Ireland. The audit clarified the structure of the terminology within the UK National Clinical Coding Standards ICD-10 4th Edition Reference Book, in relation to coding practice for code 'O04 – medical abortion'. The structure of the terminology used within the UK National Clinical Coding Standards ICD-10 4th Edition Reference Book is as follows:

- **Abortion:** The term abortion means the expulsion or extraction of all (complete) or any part (incomplete) of the placenta or membranes (products of conception) without an identifiable foetus or without a live-born, or stillborn, infant, before the 24th completed week of gestation. This covers a range of codes within the ICD-10

structure and includes 'missed miscarriages'[1] (the retention of a dead foetus before 24 completed weeks of gestation, with no signs of abortion), spontaneous abortions (known miscarriages) and terminations of pregnancy.

- **Medical abortion:** The term medical abortion, within the confines of the use of the ICD-10 code 'O04 – Medical Abortion', equates to (i) the interruption of a live pregnancy for legally acceptable, medically approved conditions, (ii) re-admissions with retained products of conception following a previous termination of pregnancy, missed miscarriage or a spontaneous abortion that had been treated in the first admission with an evacuation of the products of conception and (iii) a patient who had a termination of pregnancy and had retained products of conception in the same episode that required surgical treatment.

- **Termination of pregnancy:** For the purposes of the audit and any future issuing of statistical information, 'termination of pregnancy' defines any patient who has a live pregnancy terminated for legally acceptable, medically approved conditions. This is a subset of the term 'medical abortion'.

Given the clarification contained within the above definitions, DHSSPS accepted that people requesting statistical information on the number of abortions in Northern Ireland should be provided with the subset of data for 'termination of pregnancy'. As a result, the revised figures on termination of pregnancies carried out in Northern Ireland are as follows:

Table 2: Post-audit termination of pregnancy statistics

Year	Medical Abortion	Termination of Pregnancy
2006/07	76	57
2007/08	76	47
2008/09	71	44
2009/10	64	36
2010/11	73	43
2011/12	56	35
2012/13	75	51

Source: HSC Board

From 1 April 2013, following an update to the National Clinical Coding Standards on termination of pregnancy, the way in which a medical abortion is defined was amended. All HSC Trusts in Northern Ireland confirmed that the following definitions were applied from 1 April 2013 in the identification of medical abortions and terminations of pregnancy during 2013/2014.

Medical abortion: Within the confines of ICD-10 code O04, this refers to the interruption of a live pregnancy for legally acceptable, medically approved indications. It also includes readmission with retained products of conception following a previous medical termination of pregnancy.

Termination of pregnancy (medical): This is defined by any patient who has a live pregnancy terminated for indications that are legally acceptable and medically

approved in Northern Ireland. Medical termination of pregnancy is a subset of medical abortion.

It is important to note that the following figures from 2013/2014 present a break (B) in the series as the definitional changes applied mean that:

- Readmissions with retained products of conception following a missed miscarriage or a spontaneous abortion that had been treated in the first admission with an evacuation of the products of conception are no longer part of the definition of medical abortion.
- Retained products of conception in the same episode as the termination that required surgical treatment must be considered a complete termination of pregnancy.

Table 2.1 – Termination of pregnancy figures post-1 April 2013

Year	Medical abortion	Termination of pregnancy
2013/2014 (B)	25	23

Table 3: Termination of pregnancy by Health & Social Care Trust

Year	Belfast	Northern	South Eastern	Southern	Western	Total
2008/09	13	4	16	5	6	44
2009/10	9	7	12	8	0	36
2010/11	14	12	4	9	4	43
2011/12	15	3	13	2	2	35
2012/13	13	11	17	2	8	51
2013/2014 (B)	14	<10	<10	<10	<10	23

Source: HSC Trusts

Table 4: Termination of pregnancy by age

Year	24 & under	25 - 29	30 & over	Total
2008/09	9	8	27	44
2009/10	6	9	21	36
2010/11	7	10	26	43
2011/12	8	4	23	35
2013/13	14	11	26	51
2013/2014 (B)	4	8	11	23

Source: HSC Trusts

Legal developments

DHSSPS

In May 2001, FPA in Northern Ireland took the historic step of initiating legal action against DHSSPS. FPA asked the courts to advise DHSSPS that it was failing in its

statutory duty to ensure that all women had equal access to reproductive healthcare services. In a landmark ruling on 13 June 2001, FPA won the right to the first judicial review of medical practices relating to abortion and the provision of abortion services in Northern Ireland.

The judicial review took place in the High Court in Belfast on 21 and 22 March 2002. On 7 July 2003, Mr Justice Brian Kerr presented his judgement. While he found that DHSSPS was not failing in its statutory duty to issue guidelines, he thought it would be prudent to do so.

However, Mr Justice Kerr clearly stated that abortion is legal in Northern Ireland in certain circumstances. They are as follows:

- The continuance of the pregnancy threatens the life of the mother, or would adversely affect her mental or physical health.
- The adverse effect on her mental or physical health must be a “real and serious” one, and must also be “permanent or long-term”.
- In most cases, the risk of the adverse effect occurring would need to be a probability, but a possibility might be regarded as sufficient if the imminent death of the mother was the potential adverse effect.
- It will always be a question of fact and degree whether the perceived effect of a non-termination is sufficiently grave to warrant terminating the pregnancy in a particular case.

On 28 July 2003, papers were lodged by FPA at Belfast High Court to appeal the outcome of the judicial review. The appeal was heard between 24 and 26 July 2004. On 4 October 2004, Belfast Court of Appeal ruled that DHSSPS had failed to perform its duties under Article 4 of the Health and Personal Social Services of Northern Ireland Order 1972, to secure provision of integrated health and personal social services to women seeking lawful termination of pregnancy in Northern Ireland. In 2005, in response to the court’s ruling, DHSSPS instigated a formal investigation into the provision of termination services in Northern Ireland.

Following the investigation, DHSSPS subsequently produced draft guidance for health professionals on termination of pregnancy in Northern Ireland and released it for consultation in January 2007. On 22 October 2007, the Northern Ireland Assembly debated the content of the proposed guidelines and voted to reject them. However, the Minister for DHSSPS reminded the Assembly that he had been ordered by the courts to produce guidance. The guidance document was revised and released for consultation again in July 2008. A Health Committee meeting was convened on 17 October 2008 to consider the guidance document, at which FPA was asked to present evidence. New revised guidance, which explained the existing law, was published in March 2009, almost eight years after FPA initiated the initial judicial review in 2001.

In June 2009, the Society for the Protection of Unborn Children (SPUC) sought a judicial review claiming that the guidance document was illegal on seven grounds, including a misinterpretation of the law. The judicial review was heard in October 2009, with judgment given in November 2009. The court significantly ruled that the guidance document was not an erroneous interpretation of the law. However, the

court ruled that the sections which dealt specifically with non-directive counselling and conscientious objection failed to give clear guidance and ordered the immediate withdrawal of the guidance document.

An interim guidance document with the two questionable sections removed was released for health professionals in February 2010. Following its release, SPUC sought another judicial review, questioning the legality of DHSSPS actions in releasing the guidance document with the two questionable sections removed, rather than removing the guidance document in its entirety. SPUC's application for leave hearing took place in May 2010, with leave granted by the Court. The interim guidance document was removed by DHSSPS in June 2010. In July 2010, the two sections were rewritten and a new revised guidance document was released for consultation. The consultation period ran for 12 weeks and ended on 22 October 2010. By June 2011 the guidance had still not been published.

Over the next nine months FPA wrote on several occasions to DHSSPS requesting that the guidance be published without delay. By March 2012 the guidance had still not been published and in September 2012, FPA sought leave for a further judicial review which was granted with a hearing set for January 2013. On the morning of the hearing DHSSPS indicated that DHSSPS was committed to publishing the document and a draft would be submitted to the Northern Ireland Executive within 14 days. In April 2013 a re-drafted guidance document was circulated for consultation with a closing date of 9 October 2013.

Another judicial review of the DHSSPS was launched in November 2015 with regard to a Co. Antrim woman who initiated legal action over alleged failure to issue finalised guidelines on abortion. The woman claimed ongoing delays in the Department of Health providing the revised guidance to medical professionals has compounded the trauma of having an abortion.

The woman had to travel to England in 2013 to terminate twins with fatal foetal abnormalities as doctors in Northern Ireland said they could not carry out the abortion due to uncertainty around the law. Shortly after initiating judicial proceedings the woman found out that she was carrying another unviable pregnancy. This time she was able to have an abortion in a hospital in Northern Ireland, with consultants assessing that continuing the pregnancy would have serious consequences to her mental health. Judicial review proceedings have, at the time of this update, been adjourned to allow more time for both sides to finalise their cases. It was also indicated that the applicant may seek to widen her challenge to include the full Stormont Executive, based on the issues cutting across departmental lines.

At the time of this update, the guidance document has still not been published. The Health Minister stated in November that he intended to bring the guidelines before the Executive "shortly".

Department of Justice and Northern Ireland Human Rights Commission

On 5 December 2013, the Justice Minister confirmed that his department would prepare a consultation document, for publication in 2014, looking at proposals to

amend the criminal law on abortion to allow for termination of pregnancy in cases of fatal fetal abnormality. The paper would also address the issue of pregnancy as a result of sexual crime. A consultation paper was published on 8 October 2014 with the objective of presenting proposals to adjust the law enabling women to choose to terminate a pregnancy in the event of a diagnosis of fatal fetal abnormality. The paper also set out a number of questions relating to sexual crime, which needed to be addressed before developing policy on that issue.

From November 2013 the Northern Ireland Human Rights Commission (NIHRC) repeatedly advised the Department of Justice (DOJ) that the existing law violates the human rights of women and girls. In December 2014 NIHRC initiated legal proceedings against the DOJ as a last resort.

As a result of responses to the consultation and other wider developments (namely the legal proceedings against the DOJ and publicity around the Sarah Ewart case[2] (whose bid to overturn the law is at the centre of the judicial review) the Minister stated that there was sufficient evidence to suggest that a case could be established for a limited legislative change to the law. The minister specified that in the limited circumstances of a fatal fetal abnormality, which is likely to cause death either before birth, during birth or in an initial period after birth, and where no treatment other than palliative care could be offered to improve the chances of survival, the health and wellbeing of the woman must take priority and the law should be clear and offer certainty.

With regard to the consultation on extending the law to instances of pregnancy as a result of sexual crimes, the DOJ concluded that many of the questions posed in part 2 of the consultation remain to be resolved, and more detail would be needed to allow for further consideration as to how the law might be reformed or framed in this respect. The Department stated that it would consider this further but did not bring forward legislative proposals in relation to sexual crimes in the mandate.

The NIHRC viewed the consultation as falling short of making the changes that were necessary in law; the consultation addressed cases of fatal fetal abnormality and did not deal with serious malformation of fetus. The consultation sought public opinion on cases of sexual crime including rape and incest without putting forward proposals to change the law.

In February 2015 the NIHRC successfully applied for leave to judicially review the law on termination of pregnancy in Northern Ireland at the High Court.

In April 2015 the Justice Minister stated his intent to proceed to ask the Executive for its approval to bring forward legislation to the Assembly which would allow for termination of pregnancy in cases of fatal fetal abnormality. He also proposed that there should also be a clause which would allow for a right of conscientious objection in respect of any termination of pregnancy, except where there is a risk to the life of the woman or of injury to her physical or mental health which is likely to be either long term or permanent. The conscience clause would allow for a health professional to opt out of the termination procedure but not a woman's aftercare.

In May 2015 First Minister Peter Robinson, in what was considered a complete U-turn from his party's previous position of supporting a free vote on changes to the

legislation, rejected the Justice Minister's recommendations to make limited extension to the law. Instead he suggested that the way forward was the publication of the draft guidelines by the DHSSPS, which was in complete contrast to the Democratic Unionist Party's (DUP) previous position where they stated that "guidelines only explained the law as it currently stands, and to suggest that guidelines can solve the issue [of fatal fetal abnormality] is nonsense".

The NIHRC's judicial review was heard in June 2015 with third party intervenors providing written submissions to support the case, including FPA, Amnesty International and Sarah Ewart, whose fatal fetal abnormality case was at the centre of the Commission's judicial review. A ruling is expected before the end of 2015.

Also in June 2015, an amendment to tighten abortion law was proposed by the DUP chair of the Justice Committee. This amendment proposed that abortions could only be performed legally on NHS properties, unless the case was an emergency. This would impact Northern Ireland's Marie Stopes clinic being able to provide women with medical terminations by means of a pill within the first nine weeks of pregnancy. A petition of concern was submitted to block the amendment which led to its defeat in the assembly.

Case Law

The following court cases clearly demonstrate the inconsistency of abortion provision (albeit restrictive) in Northern Ireland.

The 'K' case (October 1993)
'K' became pregnant at 14 years old. She lived in a children's home, was suspected of substance abuse and had physically and verbally abused staff. She was adamant that if she did not have an abortion, she would kill herself and/or the baby. She had cut her wrists with broken glass, seemed to be starving herself and punched her stomach repeatedly in attempts to miscarry.

As K was a ward of court, it was for the courts to decide if she should have an abortion. K's mother had not seen her since she was five years old. She refused social workers' requests to meet with her pregnant daughter, but went to court to state her opposition to the abortion. K's father, who had maintained contact with his daughter, indicated that the abortion should proceed.

The judge concluded that an abortion would be in the best interests of K, but no doctor could be found in Northern Ireland to carry out the operation. Although those consulted had no conscientious objection, they were wary of the girl's mother initiating legal proceedings given the uncertainty of the law. At the time of the court hearing, K had been admitted to hospital with appendicitis. On being discharged, she had to travel to England to obtain a private abortion.

The 'A' case (January 1994)
In the case of 'A', a 24-year-old with a low IQ, the judge, despite the absence of any real threat of suicide by A, ruled that an abortion should be made available. The doctors involved agreed to perform the operation.

The 'S' case (October 1995)
'S' was 17 years old and 12 weeks pregnant. She was described in court as being mentally handicapped. The case came before the court by application of the Western Health and Social Services Board, which had previously made the girl a ward of court. This was significant because S lived with her mother, who the judge described as very caring and having the best interests of her daughter at heart.

A gynecologist and two psychiatrists (none of whom were identified by name) gave evidence that if the pregnancy continued, S would suffer severely and a mental breakdown was a strong possibility. The judge ruled that termination was clearly in the girl's best interests. The abortion was subsequently carried out in Northern Ireland.

The 'A&B vs Secretary of State for Health' case (May 2014)
'A & B' are daughter and mother and residents in Northern Ireland. They launched a judicial review challenge in the High Court in Manchester to a policy of the Secretary of State which determines that abortions on the NHS in England should not be available for residents of Northern Ireland.

The claim arises from the fact that Claimant A (who was a minor at the time) had to travel to England in October 2012 with her mother, Claimant B, who struggled to part-raise funds for her daughter to have a termination privately in England. The Secretary of State's policy is to have regard to the legal position in Northern Ireland in refusing to allow women resident in Northern Ireland to have terminations on the NHS in England.

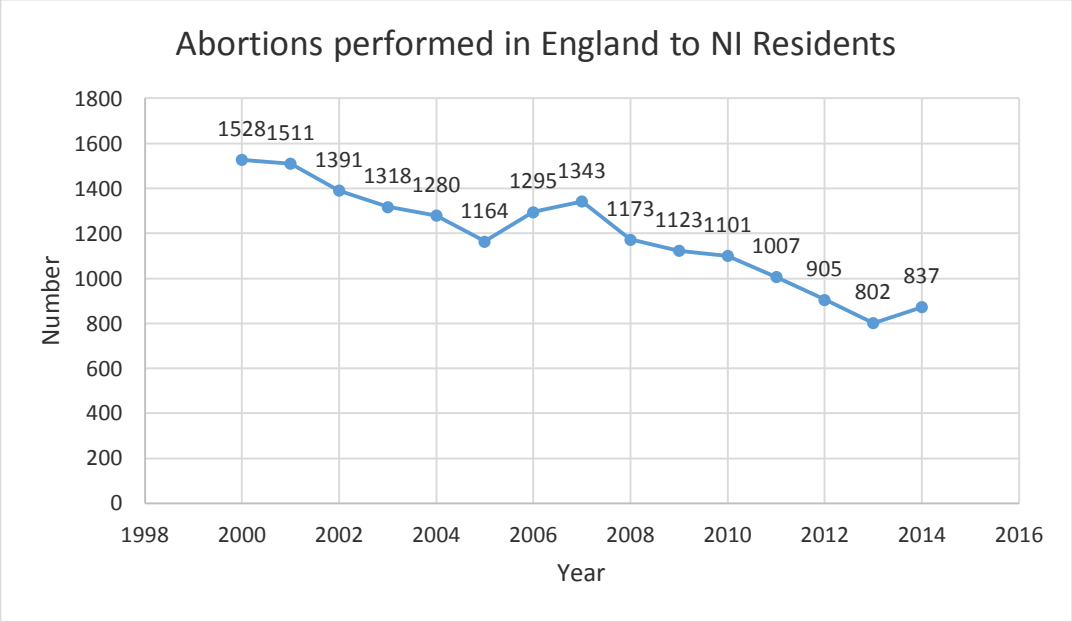
The Claimants argued that it was irrational for the Secretary of State not to provide such an important service to residents of part of the UK and that they had been discriminated against simply because of their place of residence.
The claimants lost the application but sought permission to appeal to the Court of Appeal. The appeal was dismissed but lawyers for A & B are considering taking the case to the European Court of Human Rights.

The reality for women in Northern Ireland

The absence of clear, unambiguous legislation means that many Northern Ireland women have to travel to England to obtain a private abortion (see Figure 1 and Tables 5 and 6). However, these figures, based on clients' addresses, are an underestimation. It is widely accepted that many women give false addresses for fear of detection.

The figure is probably nearer 2,000 per year. It is significant that more women are having an abortion in the first nine weeks of pregnancy; 73% of abortions in 2014 compared to 39% in 2001 – the year the judicial review process was initiated. It is probably valid to assume that health professionals and women were more aware of FPA's helpline, counselling, information and support service as a result of the widespread publicity surrounding the legal proceedings.

Figure 1: Abortions performed in England to Northern Ireland residents 2000-2014



Source: 2000 & 2001 - Office for National Statistics Abortion Statistics Series AB 2001 -2014 - Department of Health Abortion Statistics Statistical Bulletin

Table 5: Abortions performed in England to Northern Ireland residents, 2004-2014, by stage of pregnancy

Week of pregnancy	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
9 weeks & under	737	697	816	696	605	664	772	709	697	562	611
10 -12 weeks	362	298	298	463	401	312	188	174	109	115	118
13-19 weeks	163	146	156	152	141	126	126	108	87	99	93
20+ weeks	18	23	25	32	26	21	15	16	12	26	15
Total	1280	1164	1295	1343	1173	1123	1101	1007	905	802	837

Source: Department of Health Abortion Statistics Statistical Bulletin

Table 6: Abortions performed in England to Northern Ireland residents, 2004-2014, by age

Age	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Under 16	17	21	23	28	18	13	19	19	16	5	10
16-17	79	61	78	76	68	73	65	50	49	39	42
18-19	129	124	112	131	110	99	79	91	79	62	55
20-24	332	360	361	386	338	326	304	268	247	210	219
25-29	257	245	301	298	262	250	259	226	194	184	197
30-34	238	180	193	205	181	180	155	170	162	155	145
35-39	157	111	147	162	139	125	141	121	110	95	115
40 & over	71	62	80	57	57	57	79	62	48	52	54
Total	1280	1164	1295	1343	1173	1123	1101	1007	905	802	837

Source: 2000 & 2001 - Office for National Statistics Abortion Statistics Series AB
2001 -2011 - Department of Health Abortion Statistics Statistical Bulletin

FPA's pregnancy choices information and support service is non-directive, non-judgmental and provides detailed information on all options. In 2013/14, 312 counselling sessions were booked (Table 7). Of these, 111 women at the time of counselling decided to terminate their pregnancy (Tables 8 to 11).

Table 7: Stage of pregnancy in weeks (when counselling session was booked), 2012/2013 & 2013/2014*

Stage of pregnancy	2012/2013		2013/2014	
	Number	% of total number attending FPA	Number	% of total number attending FPA
8 weeks and under	338	78	251	80.4
9-12 weeks	39	13	33	10.6
13-15 weeks	7	3	5	1.6
16-19 weeks	5	1	4	1.3
20 weeks and over	2	1	8	2.6
Unknown	7	3	11	3.5
Total	398	100	312	100

** includes follow-up appointments, women continuing with pregnancy, women undecided and post abortion counselling sessions.*

Table 8: Marital status of women travelling to England from Northern Ireland FPA for an abortion, 2012/2013 & 2013/2014

Marital status	2012/2013		2013/2014	
	Number	% of total number attending FPA	Number	% of total number attending FPA
Single	153	61	60	54
Separated	4	1.6	7	6.3
Married	32	12.7	13	11.7
Unknown	1	0.4	0	0
Divorced	3	1.2	0	0
With partner	58	23.1	31	30
Widowed	0	0	0	0
Total	251	100	111	100

Table 9: Age of women travelling to England from Northern Ireland FPA for an abortion, 2012/2013 & 2013/2014

Age	2012/2013		2013/2014	
	Number	% of total number attending FPA	Number	% of total number attending FPA
Under 16	7	2.8	7	6.3
16-19	39	15.5	17	15.3
20-24	74	29.5	28	25.2
25-29	48	19.1	20	18
30-34	40	15.9	23	20.8
35-39	28	11.2	10	9
40+	15	6	6	5.4
Total	251	100	111	100

Table 10: Women travelling to England from Northern Ireland FPA for an abortion, supported by a male partner, 2012/2013 & 2013/2014

Male involvement	2012/2013		2013/2014	
	Number	% of total number attending FPA	Number	% of total number attending FPA
Yes	141	56.2	79	71.2
No	110	43.8	32	28.8
Total	251	100	111	100

Table 11: Women travelling to England from Northern Ireland FPA for an abortion alone or accompanied, 2012/2013 & 2013/2014

Travel	2012/2013		2013/2014	
	Number	% of total number attending FPA	Number	% of total number attending FPA
Accompanied	161	64.1	62	55.9
Alone	90	35.9	49	44.1
Total	251	100	111	100

In summary:

- The majority of women were under nine weeks pregnant when the counselling session was booked (Table 7).
- The majority of women who decided to terminate their pregnancy were single (54%) and in the 20-24 age group (25.2%) (Tables 8 and 9).
- Some did not have the support of a male partner (28.8%) (Table 10).
- Some are forced to make the journey alone for financial or personal reasons (44.1%) (Table 11). Some women have never previously been out of Northern Ireland.

Securing an abortion in England costs around £600 if the woman is under 14 weeks pregnant, rising to around £2,000 if the pregnancy is further advanced. This includes medical fees and travel expenses. Women unable to afford abortions in England either continue the pregnancy or may risk unsafe amateur abortions. If accompanied by a friend, relative or partner, the cost can increase by around £200 to cover additional travel and accommodation expenses.

Revised Department of Health guidelines issued in 1999 state that women in the earlier stages of pregnancy (under 16 weeks) are usually not required to stay overnight in the clinic after a termination, provided they are assessed by medical staff as suitable for discharge. This means that, in theory, women can travel from, and return to, Northern Ireland on the same day. However, as clinic appointments are always early morning, it is not always possible to make suitable travel arrangements – in many cases, an overnight stay will still be needed prior to the procedure. If the woman is over 16 weeks pregnant, she will be required to stay in the clinic overnight following the procedure.

References

1. CKS Clinical Knowledge Summaries
http://www.cks.nhs.uk/miscarriage/background_information/definition

2. Sarah Ewart case
http://www.belfasttelegraph.co.uk/news/northern-ireland/mothers-tragic-abortion-story-could-spark-reappraisal-of-rules-for-northern-ireland-medics-29648562.html

http://www.irishnews.com/news/2015/06/15/news/northern-ireland-abortion-law-failing-women--136673

Other FPA Northern Ireland factsheets:

- Legal position regarding contraceptive advice and provision to young people
- Relationships and sexuality education in schools
- Sex and the law
- Sexual behaviour and young people
- Sexual health and people with learning disabilities
- Sexual orientation
- Sexually transmitted infections
- Teenage pregnancy

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