



**The Royal College of Midwives**  
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## **The Royal College of Midwives' comments Severe Fetal Impairment Abortion (Amendment) Bill**

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education, and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to comment on this bill and our views are set out below.

The RCM supports the decriminalisation of abortion and believes that abortion should be regulated in the same way as other medical treatments. Every woman should have control over her own body and her fertility. In all other areas of medicine, the principle of informed consent is paramount. Each individual has the autonomy to make decisions regarding their own healthcare. Women should not have different standards applied to their reproductive health.

The RCM urge the Northern Ireland Assembly to vote against the passage of the Severe Fetal Impairment Abortion (Amendment) Bill. The RCM believes that abortion should be permitted in cases where the fetus would die in utero or shortly after birth, and where the fetus would suffer a severe impairment including a mental or physical disability which is likely to limit either the length or quality of the child's life, without gestational limit. This is in line with the legal obligations set down by section 9 *Northern Ireland (Executive Formative) Act 2019* to implement the recommendations made by paragraphs 85 and 86 of the CEDAW report.

The RCM would caution against limiting the availability of abortion to circumstances of fatal fetal abnormality. Medical evidence shows that determinations of which conditions will constitute a 'fatal' abnormality are complicated and can leave clinicians and women in difficult situations, particularly where the threat of criminal law still applies. Allowing only 'fatal' diagnoses thus risks forcing women to carry an extremely sick child to term.

Opponents of abortion often raise emotive arguments about how children born with particular disabilities can still have a good life. '[T]his obscures the emotional anguish and practical difficulties experienced by women who receive a diagnosis of fetal anomaly in an otherwise

wanted pregnancy, and who cannot see their way to raising a child with a serious disability.’<sup>1</sup> ‘Women’s reasons for terminating a pregnancy on grounds of fetal anomaly may include the emotional and financial cost of raising a disabled child; the effect on a woman’s ability to care for her existing children; and the feeling that it is cruel to have a child that will need constant medical intervention and may live in pain.’<sup>2</sup>

Furthermore, the Royal College of Obstetricians and Gynaecologists reports that ‘there is increasing evidence that the fetus never experiences a state of true wakefulness in utero and is kept, by the presence of its chemical environment, in a continuous sleep-like unconsciousness or sedation. This state can suppress higher cortical activation in the presence of intrusive external stimuli.’<sup>3</sup> As such, there is no exiting scientific basis for placing limitations on the availability of abortion the above circumstances.

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<sup>1</sup> BPAS. *Termination of pregnancy for fetal anomaly*. Retrieved 27 November 2019 from <https://www.bpas.org/get-involved/campaigns/briefings/fetal-anomaly/>.

<sup>2</sup> Ibid.

<sup>3</sup> RCOG (2019). *Fetal Awareness: Review of Research and Recommendations for Practice*. Retrieved 27 November 2019, from <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/fetal-awareness---review-of-research-and-recommendations-for-practice/>.