Country Profile: United Kingdom of Great Britain and Northern Ireland

Region: Northern Europe

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- OP
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Download data
Concluding Observations:

- CEDAW
- CEDAW
- CRC
- CRC
- CEDAW
- CRC
- CRPD

Persons who can be sanctioned:

- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Abortion at the woman's request

| United Kingdom of Great Britain and Northern Ireland | Not Specified |
| Guernsey (United Kingdom of Great Britain and Northern Ireland) | Not Specified |
| Isle of Man (United Kingdom of Great Britain and Northern Ireland) | Yes |
| Jersey (United Kingdom of Great Britain and Northern Ireland) | Not Specified |
### Legal Ground and Gestational Limit

#### United Kingdom of Great Britain and Northern Ireland

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Abortion Act, 1967 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

**Source document:** WHO Safe Abortion Guidance (page 103)

**Additional notes**

The Abortion Act 1967 states that in determining whether the continuance of a pregnancy would involve a risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family or whether the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

**Related documents:**
- Abortion Act, 1967 (page 1)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Abortion Act, 1967 (page 1)</td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks: no limit specified**

**Related documents:**
- Abortion Act, 1967 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

**Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.**

**Source document:** WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Rape</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Abortion Act, 1967 (page 6)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Incest**

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)

**Intellectual or cognitive disability of the woman**

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)

**Mental health**

Yes

**Related documents:**
- Abortion Act, 1967 (page 1)

**Gestational limit**

Weeks: no limit specified

**Related documents:**
- Abortion Act, 1967 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Physical health**

Yes

Abortion is not an offence when the pregnancy has not exceeded its twenty-fourth week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman. It is also not an offence when the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, with no gestational limit specified. The Abortion Act 1967 states that in determining whether the continuance of a pregnancy would involve a risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family or whether the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, account may be taken of the pregnant woman’s actual or reasonably foreseeable environment.
### Health

**Gestational limit**

Weeks: no limit specified

- Abortion Act, 1967 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document:** WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

- **Source document:** WHO Safe Abortion Guidance (page 103)

**Additional notes**

Abortion is not an offence when the pregnancy has not exceeded its twenty-fourth week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman. It is also not an offence when the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, with no gestational limit specified. The Abortion Act 1967 states that in determining whether the continuance of a pregnancy would involve a risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family or whether the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, account may be taken of the pregnant woman’s actual or reasonably foreseeable environment.

**Related documents:**

- Abortion Act, 1967 (page 6)

### Life

**Gestational limit**

Weeks: no limit specified

- Abortion Act, 1967 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document:** WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

- **Source document:** WHO Safe Abortion Guidance (page 103)
Other

The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family.

Related documents:
- Abortion Act, 1967 (page 1)

Additional notes

The Abortion Act 1967 states that in determining whether the continuance of a pregnancy would involve a risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family or whether the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, account may be taken of the pregnant woman's actual or reasonably foreseeable environment. The gestational limit is 24 weeks.

Guernsey (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

Related documents:
- Guernsey Abortion Law 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

Yes

Related documents:
- Guernsey Abortion Law 1997

Gestational limit

Weeks: 24

- Guernsey Abortion Law 1997

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

Rape

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Guernsey Abortion Law 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of
### Incest

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>Not specified</td>
<td>Guernsey Abortion Law 1997 (page 6)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman, and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document:** WHO Safe Abortion Guidance (page 102)

### Intellectual or cognitive disability of the woman

<table>
<thead>
<tr>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
<td>Guernsey Abortion Law 1997 (page 6)</td>
</tr>
</tbody>
</table>

### Mental health

<table>
<thead>
<tr>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Guernsey Abortion Law 1997</td>
</tr>
</tbody>
</table>

#### Gestational limit

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No limit specified</td>
<td>Guernsey Abortion Law 1997</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

**Source document:** WHO Safe Abortion Guidance (page 102)

### Physical health

<table>
<thead>
<tr>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Guernsey Abortion Law 1997</td>
</tr>
</tbody>
</table>

#### Gestational limit

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Status</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No limit specified</td>
<td>Guernsey Abortion Law 1997</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.
Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family.

Abortion is permissible at gestational ages not exceeding 12 weeks when the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family.

Abortion is permissible at gestational ages not exceeding 12 weeks when the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family.
WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

---

**Foetal impairment**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

**Gestational limit**

**Weeks:** No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that (c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour; (d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

---

**Rape**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

**Gestational limit**

**Weeks:** 23

United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

---

**Incest**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)
### Intellectual or cognitive disability of the woman

**No**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

### Mental health

**No**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

### Physical health

**No**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

### Health

**Yes**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

### Gestational limit

**Weeks:** 23

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document:** WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

---

**Gestational limit**

**Weeks:** No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

**Source document:** WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

### Additional notes

**Life**

In determining whether the continuation of a pregnancy would involve a risk to the health of the woman account may be taken of her actual or reasonably foreseeable environment.

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

#### Gestational limit

**Weeks:** No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

**Source document:** WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

**Other**

Other lawful intercourse (distinct from rape and incest)

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

### Jersey (United Kingdom of Great Britain and Northern Ireland)

#### Economic or social reasons

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

**Source document:** WHO Safe Abortion Guidance (page 103)

**Foetal impairment**

Yes

**Related documents:**
### Rape

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

### Incest

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document:** WHO Safe Abortion Guidance (page 102)

### Intellectual or cognitive disability of the woman

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

### Mental health

- **Yes**

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)
<table>
<thead>
<tr>
<th>Physical health</th>
</tr>
</thead>
</table>

**Gestational limit**

Weeks: No limit specified

- Termination of Pregnancy Law, 1997 (page 6)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document**: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

- **Source document**: WHO Safe Abortion Guidance (page 103)

---

**Health**

Not specified

- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- Termination of Pregnancy Law, 1997 (page 6)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document**: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

- **Source document**: WHO Safe Abortion Guidance (page 103)

---

**Life**

Yes

**Related documents:**

- Termination of Pregnancy Law, 1997 (page 6)

---

**Gestational limit**

Weeks: No limit specified

- Termination of Pregnancy Law, 1997 (page 6)
The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

**Source document:** WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

### Northern Ireland (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Northern Ireland Guidance for medical profession, 2019 (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Northern Ireland Guidance for medical profession, 2019 (page 1)</td>
<td></td>
</tr>
<tr>
<td>- Criminal Justice Act, 1945 (page 3)</td>
<td></td>
</tr>
<tr>
<td>- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

#### Gestational limit

**Weeks:** No limit specified

- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 6)
- Northern Ireland Guidance for medical profession, 2019 (page 8)

**WHO Guidance**

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

### Additional notes

According to the new time-bound legal position that governs abortion access from 22 October 2019 to 31 March 2020 (‘the interim period’) doctors remain under a duty to act where a woman’s life or health is at risk in accordance with the common law interpretation of the law. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected.
Incest

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 1)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Intellectual or cognitive disability of the woman

No

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 1)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Mental health

No

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 1)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

According to the new time-bound legal position that governs abortion access from 22 October 2019 to 31 March 2020 ('the interim period') doctors remain under a duty to act where a woman’s life or health is at risk in accordance with the common law interpretation of the law. The guidance states that Common law has interpreted ‘preserving the life of the woman’ to mean that if a doctor is of the reasonable opinion that the probable consequence of the continuation of the pregnancy is to make a woman a ‘physical or mental wreck’ that will have ‘real and serious’ effects that would be ‘permanent or long term’, then the doctor is ‘operating for the purpose of preserving the life of the woman’.

Gestational limit

Weeks: No limit specified

- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 8)
- Northern Ireland Guidance for medical profession, 2019 (page 8)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Additional notes

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 1)
- Criminal Justice Act, 1945 (page 3)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 6)
- Northern Ireland Guidance for medical profession, 2019 (page 8)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)
## Gestational limit

**Weeks: No limit specified**

- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 8)
- Northern Ireland Guidance for medical profession, 2019 (page 8)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

*Source document: WHO Safe Abortion Guidance (page 102)*

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

*Source document: WHO Safe Abortion Guidance (page 103)*

### Additional notes

According to the new time-bound legal position that governs abortion access from 22 October 2019 to 31 March 2020 ('the interim period') doctors remain under a duty to act where a woman's life or health is at risk in accordance with the common law interpretation of the law. The guidance states that Common law has interpreted 'preserving the life of the woman' to mean that if a doctor is of the reasonable opinion that the probable consequence of the continuation of the pregnancy is to make a woman a 'physical or mental wreck' that will have 'real and serious' effects that would be 'permanent or long term', then the doctor is 'operating for the purpose of preserving the life of the woman'.

---

### Related documents:

- Northern Ireland Guidance for medical profession, 2019 (page 1)
- Criminal Justice Act, 1945 (page 3)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 6)

### Gestational limit

**Weeks: No limit specified**

- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 8)
- Northern Ireland Guidance for medical profession, 2019 (page 8)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

*Source document: WHO Safe Abortion Guidance (page 102)*

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

*Source document: WHO Safe Abortion Guidance (page 103)*

### Additional notes

According to the new time-bound legal position that governs abortion access from 22 October 2019 to 31 March 2020 ('the interim period') doctors remain under a duty to act where a woman’s life or health is at risk in accordance with the common law interpretation of the law. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected.

---

### Related documents:

- Northern Ireland Guidance for medical profession, 2019 (page 1)
- Criminal Justice Act, 1945 (page 3)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 6)
Additional Requirements to Access Safe Abortion

United Kingdom of Great Britain and Northern Ireland

Authorization of health professional(s) | Yes
---|---

**Related documents:**
- Abortion Act, 1967 (page 1 see note)

**Number and cadre of health-care professional authorizations required**
- 2
- Registered Medical Practitioner

The requirement for authorization by two registered medical practitioners does not apply in an emergency.

- Abortion Act, 1967 (page 1 see note)
- Abortion Act, 1967 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Additional notes**

The requirement for authorization by two registered medical practitioners does not apply in cases of emergency.

Authorization in specially licensed facilities only | Not specified
---|---

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy
Judicial authorization for minors

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Abortion Act, 1967 (page 6)
- R (Axon) V Secretary of State for Health, 2006
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

Judicial authorization in cases of rape

Not applicable

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Police report required in case of rape

Not applicable

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

No

Related documents:
- R (Axon) V Secretary of State for Health, 2006 (page 1)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

Source document: WHO Safe Abortion Guidance (page 105)
### Additional notes

In *Axon v Secretary of State for Health*, the court held that it is lawful for healthcare professionals to provide an abortion to women under the age of 16 without the parental knowledge or consent provided they are satisfied that she understands all aspects of any advice and treatment, she cannot be persuaded to inform her parents or allow the health professional to do so, her health is likely to suffer unless she receives treatment and it is in her best interests to receive treatment without parental consent.

#### Spousal consent

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)
- *R (Axon) v Secretary of State for Health*, 2006
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

#### Ultrasound images or listen to foetal heartbeat required

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 19)

#### Compulsory counselling

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Source document:** WHO Safe Abortion Guidance (page 46)

#### Compulsory waiting period

**No**

**Related documents:**
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 23)
### Mandatory HIV screening test

**Source document:**  [WHO Safe Abortion Guidance](#) (page 107)

**Related documents:**

- [Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy](#) (page 26)

### Other mandatory STI screening tests

No

**Related documents:**

- [Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy](#) (page 26)

### Prohibition of sex-selective abortion

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- [Abortion Act, 1967](#) (page 6)
- [Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy](#)
- [Offences against the Person Act, 1861](#)

### Restrictions on information provided to the public

Yes

**Related documents:**

- [Advertising and Non Broadcast Codes 12 Medicines, Medical devices, Health-related and Beauty Products](#) (page 7)

**List of restrictions**

Marketing communications for services offering advice on unplanned pregnancy must make clear if the service does not refer women directly for a termination. Given that terminations are lawful only in some circumstances [...] marketers may wish to seek legal advice.

- [Advertising and Non Broadcast Codes 12 Medicines, Medical devices, Health-related and Beauty Products](#) (page 7)
### Restrictions on methods to detect sex of the foetus

No data found

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

---

### Other

#### Guernsey (United Kingdom of Great Britain and Northern Ireland)

**Authorization of health professional(s):** Yes

- **Related documents:**
  - Guernsey Abortion Law 1997

**Number and cadre of health-care professional authorizations required**

2

- Recognised Medical Practitioner
  - Guernsey Abortion Law 1997

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

---

**Authorization in specially licensed facilities only**

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Related documents:**
  - Guernsey Abortion Law 1997 (page 6)

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

**Source document:** WHO Safe Abortion Guidance (page 106)

---

### Judicial authorization for minors

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Related documents:**
  - Guernsey Abortion Law 1997 (page 6)

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
<table>
<thead>
<tr>
<th><strong>Judicial authorization in cases of rape</strong></th>
<th><strong>Not applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a &quot;chilling effect&quot; (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2.</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 104)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police report required in case of rape</strong></th>
<th><strong>Not applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a &quot;chilling effect&quot; (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2.</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 104)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Parental consent required for minors</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
<td></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>Guernsey Abortion Law 1997 (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Spousal consent</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
<td></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>Guernsey Abortion Law 1997 (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ultrasound images or listen to foetal</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
</table>
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

Source document: WHO Safe Abortion Guidance (page 19)

**Compulsory counselling**

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

Source document: WHO Safe Abortion Guidance (page 46)

**Compulsory waiting period**

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

Source document: WHO Safe Abortion Guidance (page 107)

**Mandatory HIV screening test**

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

Source document: WHO Safe Abortion Guidance (page 88)

**Other mandatory STI screening tests**

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.
### Prohibition of sex-selective abortion

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

  **Related documents:**
  - Guernsey Abortion Law 1997 (page 6)

  **WHO Guidance**

  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

  Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

  **Source document:** WHO Safe Abortion Guidance (page 88)

### Restrictions on information provided to the public

- **No data found**

  **WHO Guidance**

  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

  States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

  **Source document:** WHO Safe Abortion Guidance (page 107)

### Restrictions on methods to detect sex of the foetus

- **No data found**

  **WHO Guidance**

  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

  A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

  **Source document:** WHO Safe Abortion Guidance (page 103)

### Other

### Isle of Man (United Kingdom of Great Britain and Northern Ireland)

- **Yes**

  **Related documents:**
  - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

  **Number and cadre of health-care professional authorizations required**

  2

  **Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN**

  From the start of the 24th week of the gestation period, the medical practitioner attending the woman must take such specialist medical advice as appears to the practitioner to be appropriate, that —
Authorization in specially licensed facilities only

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) the termination is necessary to prevent grave long-term injury to her health;</td>
</tr>
<tr>
<td>(b) the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated;</td>
</tr>
<tr>
<td>(c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour;</td>
</tr>
<tr>
<td>(d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.</td>
</tr>
</tbody>
</table>

Judicial authorization for minors

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) the termination is necessary to prevent grave long-term injury to her health;</td>
</tr>
<tr>
<td>(b) the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated;</td>
</tr>
<tr>
<td>(c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour;</td>
</tr>
<tr>
<td>(d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.</td>
</tr>
</tbody>
</table>

Judicial authorization in cases of rape

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
</tbody>
</table>
Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2

Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

Parental consent is only required in cases where the woman is below 16 years of age and in the opinion of the relevant professional or pharmacist attending her, she does not have sufficient maturity and intelligence to understand the nature and implications of the proposed treatment. In such cases the medical practitioner attending the woman must obtain the consent of the parent or guardian of, or another person acting in loco parentis in relation to, the woman; and must be satisfied that the decision to consent to the termination of the pregnancy is being taken in good faith and in the best interests of the woman.

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 11)
<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
</tbody>
</table>

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

### Ultrasound images or listen to foetal heartbeat required

- **Source document:** WHO Safe Abortion Guidance (page 105)
- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019

### Compulsory counselling

- **Yes**
- **Related documents:**
  - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

### Compulsory waiting period

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019

### Mandatory HIV screening test

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

- **Source document:** WHO Safe Abortion Guidance (page 19)

### States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly

- **Related documents:**
  - United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

- **Source document:** WHO Safe Abortion Guidance (page 46)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

- **Source document:** WHO Safe Abortion Guidance (page 107)
<table>
<thead>
<tr>
<th>Section</th>
<th>Yes/No</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</td>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>Yes</td>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</td>
<td></td>
<td>Source document: Preventing Gender-Biased Sex Selection (page 17)</td>
</tr>
<tr>
<td>Additional notes</td>
<td></td>
<td>However, if, for example, the family history indicates a predisposition to a genetic disorder particularly associated with one gender rather than the other, a termination of a foetus of that gender would not be precluded.</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>No</td>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019 (page 11)</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</td>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Restrictions on methods to detect sex of the foetus</td>
<td>No data found</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
<td>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 103)</td>
<td></td>
<td>The pregnant woman is ordinarily resident in the Island or requires the provision of those services in an emergency, in the opinion formed in good faith, of the registered medical practitioner treating her.</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Related documents:</td>
</tr>
<tr>
<td>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</td>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
</tbody>
</table>
### Jersey (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Law, 1997  (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

**Number and cadre of health-care professional authorizations required**

2

Registered Medical Practitioner who is Authorized to carry out Terminations

In cases of foetal impairment, one of the medical practitioners authorizing the abortion must be a pediatric specialist.

- Termination of Pregnancy Law, 1997 (page 6 see note)
- Termination of Pregnancy Law, 1997 (page 6)

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

#### Additional notes

In cases of foetal impairment, one of the medical practitioners authorizing the abortion must be a pediatric specialist.

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Law, 1997  (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

**Source document:** WHO Safe Abortion Guidance (page 106)

#### Additional notes

There is no requirement for an abortion to be performed in an approved place in cases where the termination is deemed necessary to save a woman’s life.

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Law, 1997  (page 6)</td>
<td></td>
</tr>
</tbody>
</table>

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

| Judicial authorization in cases of rape | Not applicable |
Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 104)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2.2.</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spousal consent</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ultrasound images or listen to foetal heartbeat required</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
<td></td>
</tr>
</tbody>
</table>
### Compulsory counselling

**Yes**

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Source document:** WHO Safe Abortion Guidance (page 46)

**Additional notes**

There is a requirement of counselling in cases where a woman seeks an abortion because her condition causes her distress.

### Compulsory waiting period

**Yes**

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

**Waiting period**

First consultation
7 DAYS

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

**Source document:** WHO Safe Abortion Guidance (page 107)

**Additional notes**

The waiting period requirement applies in cases where the woman’s condition causes her distress.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

### Mandatory HIV screening test

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

### Other mandatory STI screening tests

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.
Prohibition of sex-selective abortion

- **Not specified**
  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

Restrictions on information provided to the public

- **No data found**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

**Source document:** WHO Safe Abortion Guidance (page 107)

Restrictions on methods to detect sex of the foetus

- **No data found**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

Other

In cases where the woman’s condition causes her distress: On the day the termination is carried out, the woman is ordinarily resident in Jersey or has been resident in Jersey for the period of 90 days immediately preceding that day.

**Related documents:**
- Termination of Pregnancy Law, 1997 (page 6)

Northern Ireland (United Kingdom of Great Britain and Northern Ireland)

**Authorization of health professional(s)***

- **Yes**

**Related documents:**
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 5)

**Number and cadre of health-care professional authorizations required**

1

Doctor (Specialty Not Specified)
<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</td>
</tr>
<tr>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.</td>
</tr>
<tr>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not applicable</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</td>
</tr>
<tr>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not applicable</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a &quot;chilling effect&quot; (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2</td>
</tr>
<tr>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 104)</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Parental consent required for minors       | When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.                                                                                                                                | WHO Safe Abortion Guidance (page 104)                                                                | Criminal Justice Act, 1945 (page 6)  
Northern Ireland Guidance for medical profession, 2019  
Reference Guide to Consent for Examination, Treatment or Care, 2003 |
| Spousal consent                            | When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.                                                                                                                                | WHO Safe Abortion Guidance (page 105)                                                                | Criminal Justice Act, 1945 (page 6)  
Northern Ireland Guidance for medical profession, 2019  
Reference Guide to Consent for Examination, Treatment or Care, 2003 |
| Ultrasound images or listen to foetal heartbeat required | When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.                                                                                                                                                                                                 | WHO Safe Abortion Guidance (page 105)                                                                | Criminal Justice Act, 1945 (page 6)  
Northern Ireland Guidance for medical profession, 2019  
Reference Guide to Consent for Examination, Treatment or Care, 2003 |
| Compulsory counselling                     | No                                                                                                                                                                                                                                                                                                                                          | WHO Safe Abortion Guidance (page 19)                                                                 |                                                                                                        |
Compulsory waiting period

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Criminal Justice Act, 1945 (page 6)
- Northern Ireland Guidance for medical profession, 2019

Mandatory HIV screening test

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Criminal Justice Act, 1945 (page 6)
- Northern Ireland Guidance for medical profession, 2019

Other mandatory STI screening tests

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Criminal Justice Act, 1945 (page 6)
- Northern Ireland Guidance for medical profession, 2019

Prohibition of sex-selective abortion

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

Source document: WHO Safe Abortion Guidance (page 5)

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

Source document: WHO Safe Abortion Guidance (page 107)

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

Source document: WHO Safe Abortion Guidance (page 88)
Clinical and Service-delivery Aspects of Abortion Care

Restrictions on information provided to the public

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Criminal Justice Act, 1945 (page 6)
- Northern Ireland Guidance for medical profession, 2019
- Offences against the Person Act, 1861

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

Source document: WHO Safe Abortion Guidance (page 107)

Additional notes

The Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland (2016) issued by the Department of Health, Social Services and Public Safety states: “It is not unlawful to inform a woman of services available in other jurisdictions. However, whether it is lawful to ‘promote or advocate’ the use of these services has not been considered by the Northern Ireland Courts.”

Related documents:
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 18)

No data found

Restrictions on methods to detect sex of the foetus

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Other

Clinical and Service-delivery Aspects of Abortion Care

United Kingdom of Great Britain and Northern Ireland

National guidelines for induced abortion

No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

WHO Guidance
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional notes

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3-Recommendation.

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:

- British National Formulary, 2014 (page 4)

Pharmacy selling or distribution

No
Mifepristone is approved for inpatient or specialist team administration only.

- British National Formulary, 2014 (page 4)
- https://abortion-policies.srhr.org/documents/countries/

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

---

#### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, for gynaecological indications</td>
<td>British National Formulary, 2014 (page 4)</td>
</tr>
</tbody>
</table>

#### Misoprostol allowed to be sold or distributed by pharmacies or drug stores

Yes, with prescription only

- British National Formulary, 2014 (page 4)

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

---

#### Where can abortion services be provided

- Primary health-care centres
  - Not specified
    - Abortion Act, 1967 (page 6)
    - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

- Secondary (district-level) health-care facilities
  - Yes
    - Abortion Act, 1967 (page 2)

- Specialized abortion care public facilities
  - Not specified
    - Abortion Act, 1967 (page 6)
    - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

- Private health-care centres or clinics
  - Not specified
    - Abortion Act, 1967 (page 6)
    - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

- NGO health-care centres or clinics
  - Not specified
    - Abortion Act, 1967 (page 6)
    - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

- Other (if applicable)
  - Any treatment for the termination of pregnancy must be carried out in an NHS hospital or in a place approved by the Secretary of State for that purpose. Women with pregnancies not exceeding nine weeks and six days who have taken Mifepristone at a clinic may carry out the second stage of treatment (taking Misoprostol) at home (the place where they have their permanent address or usually reside).

The restriction regarding NHS hospitals and approved places does not apply where a registered practitioner is of the opinion, formed in good
faith, that to save the life or prevent grave permanent harm to the health of the pregnant woman it is necessary to carry out the termination in another place.

- Abortion Act, 1967
- United Kingdom Approval home use second stage early medical abortion DoH, 2018 (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

**Additional notes**

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
<th>Primary health-care centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary (district-level) health-care facilities</th>
<th>No data found</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specialized abortion care public facilities</th>
<th>No data found</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Private health-care centres or clinics</th>
<th>No data found</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NGO health-care centres or clinics</th>
<th>No data found</th>
</tr>
</thead>
</table>

| Other (if applicable) | No data found |

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

Source document: WHO Safe Abortion Guidance (page 57)

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 25)
WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

Source document: WHO Safe Abortion Guidance (page 62)

Additional notes

Insurance to offset end user costs

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Other (if applicable)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

Source document: WHO Safe Abortion Guidance (page 18)

Related documents:

- Abortion Act, 1967 (page 1)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 13)
- Royal College of Nursing of the United Kingdom v Department of Health and Social Security (page 1)
- WHO Safe Abortion Guidance (page 62)

Who can provide abortion services

Nurse

Yes

In 1981 the House of Lords considered the requirement under the 1967 Abortion Act that an abortion should be performed by a registered medical practitioner in RCN v DHSS [1981], a case involving second-trimester medical terminations. Three of the five judges found that a registered medical practitioner must “accept responsibility for all stages of the treatment for the termination of the pregnancy” and must “be available to be consulted or called on for assistance from beginning to end of the treatment.” But a “the doctor need not do everything with his own hands; the requirements of the subsection are satisfied when the treatment for termination of a pregnancy is one prescribed by a registered medical practitioner carried out in accordance with his directions and of which a registered medical practitioner remains in charge throughout.” (10)

The Department of Health accordingly advises as follows: “…in relation to medical terminations, the courts have decided that provided the RMP personally decides upon, initiates and takes responsibility throughout the process, the protection offered by the Act will apply to the RMP and to any other person participating in the termination under his or her authority. Certain actions may therefore be undertaken by registered nurses or midwives provided they are fully trained and where the provider has agreed protocols in place. For example, a nurse or midwife may administer the drugs used for medical abortion once these have been prescribed by a doctor.” (4)

No official guidance was found which supports an interpretation of the 1981 judgment to the effect that trained registered nurses and midwives may perform abortions by surgical methods under the kind of supervision the 1981 judgment sets out.

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 13)
- Royal College of Nursing of the United Kingdom v Department of Health and Social Security (page 1)

Midwife/nurse-midwife

Yes

In 1981 the House of Lords considered the requirement under the 1967 Abortion Act that an abortion should be performed by a registered medical practitioner in RCN v DHSS [1981], a case involving second-trimester medical terminations. Three of the five judges found that a registered medical practitioner must “accept responsibility for all stages of the treatment for the termination of the pregnancy” and must “be available to be consulted or called on for assistance from beginning to end of the treatment.” But a “the doctor need not do everything with his own hands; the requirements of the subsection are satisfied when the treatment for termination of a pregnancy is one prescribed by a registered medical practitioner carried out in accordance with his directions and of which a registered medical practitioner remains in charge throughout.” (10)

The Department of Health accordingly advises as follows: “…in relation to medical terminations, the courts have decided that provided the RMP personally decides upon, initiates and takes responsibility throughout the process, the protection offered by the Act will apply to the RMP and to any other person participating in the termination under his or her authority. Certain actions may therefore be undertaken by registered nurses or midwives provided they are fully trained and where the provider has agreed protocols in place. For example, a nurse or midwife may administer the drugs used for medical abortion once these have been prescribed by a doctor.” (4)

No official guidance was found which supports an interpretation of the 1981 judgment to the effect that trained registered nurses and midwives may perform abortions by surgical methods under the kind of supervision the 1981 judgment sets out.

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 13)
- Royal College of Nursing of the United Kingdom v Department of Health and Social Security (page 1)
In 1981 the House of Lords considered the requirement under the 1967 Abortion Act that an abortion should be performed by a registered medical practitioner in RCN v DHSS [1981], a case involving second-trimester medical terminations. Three of the five judges found that a registered medical practitioner must “accept responsibility for all stages of the treatment for the termination of the pregnancy” and must “be available to be consulted or called on for assistance from beginning to end of the treatment.” But a “the doctor need not do everything with his own hands; the requirements of the subsection are satisfied when the treatment for termination of a pregnancy is one prescribed by a registered medical practitioner carried out in accordance with his directions and of which a registered medical practitioner remains in charge throughout.” (10)

The Department of Health accordingly advises as follows: “...in relation to medical terminations, the courts have decided that provided the RMP personally decides upon, initiates and takes responsibility throughout the process, the protection offered by the Act will apply to the RMP and to any other person participating in the termination under his or her authority. Certain actions may therefore be undertaken by registered nurses or midwives provided they are fully trained and where the provider has agreed protocols in place. For example, a nurse or midwife may administer the drugs used for medical abortion once these have been prescribed by a doctor.” (4)

No official guidance was found which supports an interpretation of the 1981 judgment to the effect that trained registered nurses and midwives may perform abortions by surgical methods under the kind of supervision the 1981 judgment sets out.

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)
Guernsey (United Kingdom of Great Britain and Northern Ireland)

### National guidelines for induced abortion

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**Additional notes**

The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Source document: WHO Safe Abortion Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3-Recommendation.

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

**Country recognized approval (mifepristone / mife-misoprostol)**

No data found
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

*Source document*: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

*Source document*: WHO Safe Abortion Guidance (page 13)

<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

*Source document*: WHO Safe Abortion Guidance (page 54)

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
</tr>
</thead>
</table>

**Related documents:**
- Guernsey Abortion Law 1997

**Primary health-care centres**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Secondary (district-level) health-care facilities**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Specialized abortion care public facilities**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Private health-care centres or clinics**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**NGO health-care centres or clinics**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Other (if applicable)**
Princess Elizabeth Hospital (or such other place as the States may by Ordinance specify) or a place approved by the Board.
- Guernsey Abortion Law 1997

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

*Source document*: WHO Safe Abortion Guidance (page 18)

| National guidelines for post-abortion care |

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

*Source document*: WHO Safe Abortion Guidance (page 75)
### Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
</tbody>
</table>

### Contraception included in post-abortion care

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

**Source document:** WHO Safe Abortion Guidance (page 62)

### Insurance to offset end user costs

No data found

### Who can provide abortion services

**Related documents:**
- Guernsey Abortion Law 1997

**Nurse**
- Not specified
  - Guernsey Abortion Law 1997 (page 6)

**Midwife/nurse-midwife**
- Not specified
  - Guernsey Abortion Law 1997 (page 6)
Extra facility/provider requirements for delivery of abortion services

**Doctor (specialty not specified)**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Specialist doctor, including OB/GYN**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Other (if applicable)**
Approved Registered Medical Practitioners
- Guernsey Abortion Law 1997

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

**Source document:** Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

---

### Referral linkages to a higher-level facility

**Not specified**
- Guernsey Abortion Law 1997 (page 6)

**Availability of a specialist doctor, including OB/GYN**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Minimum number of beds**
Not specified
- Guernsey Abortion Law 1997 (page 6)

**Other (if applicable)**

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

**Source document:** WHO Safe Abortion Guidance (page 75)

---

Isle of Man (United Kingdom of Great Britain and Northern Ireland)

### National guidelines for induced abortion

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**Source document:** WHO Safe Abortion Guidance (page 75)

**Additional notes**

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

---

### Methods allowed

**Vacuum aspiration**
There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining
various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

**Dilatation and evacuation**

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

**Combination mifepristone-misoprostol**

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

**Misoprostol only**

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

**Other (where provided)**

![WHO Guidance]

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

- **Source document**: WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3-Recommendation.

- **Source document**: WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

- **Source document**: WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

- **Source document**: WHO Safe Abortion Guidance (page 14)

---

**Country recognized approval (mifepristone / mife-misoprostol)**

No data found

![WHO Guidance]

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

- **Source document**: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

- **Source document**: WHO Safe Abortion Guidance (page 13)

---

**Country recognized approval (misoprostol)**

No data found

![WHO Guidance]

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

- **Source document**: WHO Safe Abortion Guidance (page 54)

---

**Where can abortion services be provided**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 7)

**Primary health-care centres**
National guidelines for post-abortion care

Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
</tbody>
</table>

Additional notes

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Additional notes

Terminations of pregnancy are to take place in a national health hospital, meaning “a hospital vested in the Department for the purposes of the National Health Service Act 2001” or in other premises approved for the purpose by the Department of Health and Social Care.

Source document: United Kingdom Isle of Man Abortion Reform Act, 2019 (page 7)

WHO Guidance
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

**Contraception included in post-abortion care**

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

*Source document: WHO Safe Abortion Guidance (page 57)*

**Insurance to offset end user costs**

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

*Source document: WHO Safe Abortion Guidance (page 62)*

**Who can provide abortion services**

There are clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

*Source document: WHO Safe Abortion Guidance (page 18)*

**Financing of abortion services**

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

*Source document: WHO Safe Abortion Guidance (page 18)*

**Related documents:**

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

**Nurse**

Yes

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

**Midwife/nurse-midwife**

Yes

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

**Doctor (specialty not specified)**

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

**Specialist doctor, including OB/GYN**

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

**Other (if applicable)**

Medical practitioner

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral linkages to a higher-level facility</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>• United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
<tr>
<td><strong>Availability of a specialist doctor, including OB/GYN</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>• United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
<tr>
<td><strong>Minimum number of beds</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>• United Kingdom Isle of Man Abortion Reform Act, 2019</td>
</tr>
<tr>
<td><strong>Other (if applicable)</strong></td>
</tr>
</tbody>
</table>

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

Source document: WHO Safe Abortion Guidance (page 75)

Jersey (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
</tr>
</thead>
</table>

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Additional notes

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Methods allowed

Vacuum aspiration

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Dilatation and evacuation

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Combination mifepristone-misoprostol

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Misoprostol only

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion
### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

**Country recognized approval (mifepristone / mifepristone / mifepristone / misoprostol)**

| Country recognized approval (mifepristone / mifepristone / mifepristone / misoprostol) | No data found |

**Related documents:**

- Termination of Pregnancy Law, 1997 (page 8)

**Primary health-care centres**

<table>
<thead>
<tr>
<th>Primary health-care centres</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
</tbody>
</table>

**Secondary (district-level) health-care facilities**

<table>
<thead>
<tr>
<th>Secondary (district-level) health-care facilities</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Termination of Pregnancy Law, 1997 (page 8)</td>
</tr>
</tbody>
</table>

**Specialized abortion care public facilities**

<table>
<thead>
<tr>
<th>Specialized abortion care public facilities</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
</tbody>
</table>

**Private health-care centres or clinics**

<table>
<thead>
<tr>
<th>Private health-care centres or clinics</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
<tr>
<td>Location</td>
<td>Availability</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Termination of Pregnancy Law, 1997 (page 6)

Other (if applicable)

“Approved place” means – (a) any hospital maintained or controlled by the States or any administration thereof; and (b) any institution for the time being registered under the Nursing and Residential Homes (Jersey) Law 1994 as a nursing home where terminations may be carried out.

Contraception included in post-abortion care

No data found see note

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.
### Insurance to offset end user costs

No data found

### WHO Guidance

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

### Who can provide abortion services

- **Related documents:**
  - Termination of Pregnancy Law, 1997 (page 8)

- **Nurse**
  - Not specified

- **Midwife/nurse-midwife**
  - Not specified

- **Doctor (specialty not specified)**
  - Not specified

- **Specialist doctor, including OB/GYN**
  - Not specified

- **Other (if applicable)**
  - Approved Registered Medical Practitioners
    - Termination of Pregnancy Law, 1997 (page 8)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

### Extra facility/provider requirements for delivery of abortion services

- **Referral linkages to a higher-level facility**
  - Not specified

- **Availability of a specialist doctor, including OB/GYN**
  - Not specified

- **Minimum number of beds**
  - Not specified
National guidelines for induced abortion

Northern Ireland (United Kingdom of Great Britain and Northern Ireland)

Yes, guidelines issued by the government

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 5)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 18)

WHO Guidance

The standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Additional notes

The 2019 timebound guidance for health professionals states that: “If a health professional does choose to offer an abortion service to women during the interim period, they should do so in line with their professional competence and guidance from their professional body. For example, as set out earlier, this may be in the circumstances in which a small number of procedures are currently performed under the current common law provisions. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected. Clinical guidance is available from the National Institute of Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG).” The Clinical professional guidelines on the provision of abortion by the RCOG guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion and the NICE guidelines are available at: https://www.nice.org.uk/guidance/ng140/chapter/Recommendations

Methods allowed

Vacuum aspiration

Not specified

Dilatation and evacuation

Not specified

Combination mifepristone-misoprostol

Not specified
example, as set out earlier, this may be in the circumstances in which a small number of procedures are currently performed under the current common law provisions. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected. Clinical guidance is available from the National Institute of Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG)." The Clinical professional guidelines on the provision of abortion by the RCOG guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion and the NICE guidelines are available at: https://www.nice.org.uk/guidance/ng140/chapter/Recommendations

- Northern Ireland Guidance for medical profession, 2019
- Northern Ireland Guidance for medical profession, 2019 (page 5)

**Misoprostol only**

Not specified

The 2019 timebound guidance for health professionals states that: "If a health professional does choose to offer an abortion service to women during the interim period, they should do so in line with their professional competence and guidance from their professional body. For example, as set out earlier, this may be in the circumstances in which a small number of procedures are currently performed under the current common law provisions. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected. Clinical guidance is available from the National Institute of Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG)." The Clinical professional guidelines on the provision of abortion by the RCOG guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion and the NICE guidelines are available at: https://www.nice.org.uk/guidance/ng140/chapter/Recommendations

- Northern Ireland Guidance for medical profession, 2019
- Northern Ireland Guidance for medical profession, 2019 (page 5)

**Other (where provided)**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

- **Source document:** WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3-Recommendation.

- **Source document:** WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

- **Source document:** WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

- **Source document:** WHO Safe Abortion Guidance (page 14)

### Country recognized approval (mifepristone / mifepristone)

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- Northern Ireland Guidance for medical profession, 2019

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

- **Source document:** WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

- **Source document:** WHO Safe Abortion Guidance (page 13)

**Additional notes**

The 2019 timebound guidance for health professionals states that: "It is recognised that during the interim period some women may continue to attempt to purchase medical abortion pills online. Under medicine legislation, abortion pills are prescription only medicines, the sale and supply of which is unlawful without a prescription. The medicines legislation is not affected by these changes. Women who may require
Country recognized approval (misoprostol)

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 4)

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Northern Ireland Guidance for medical profession, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Additional notes

The 2019 timebound guidance for health professionals states that: “It is recognised that during the interim period some women may continue to attempt to purchase medical abortion pills online. Under medicine legislation, abortion pills are prescription only medicines, the sale and supply of which is unlawful without a prescription. The medicines legislation is not affected by these changes. Women who may require medical help following use of medical abortion pills bought on the internet will be able to seek medical assistance as needed within Northern Ireland. With the repeal of sections 58 and 59 of the Offences Against the Person Act 1861, there will be no offence to consider reporting. Health professionals will not be under any duty to report an offence.”

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 4)

Where can abortion services be provided

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 4)

Primary health-care centres

Not specified

- Northern Ireland Guidance for medical profession, 2019

Secondary (district-level) health-care facilities

Not specified

- Northern Ireland Guidance for medical profession, 2019

Specialized abortion care public facilities

Not specified

- Northern Ireland Guidance for medical profession, 2019

Private health-care centres or clinics

Not specified

- Northern Ireland Guidance for medical profession, 2019

NGO health-care centres or clinics

Not specified

- Northern Ireland Guidance for medical profession, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)
National guidelines for post-abortion care

Additional notes
The 2019 timebound guidance for health professionals states that given the urgent timescales the authorities are working to, and in the absence of a legal abortion framework in which services could operate, there are no plans for additional services to be routinely available in Northern Ireland before 31 March 2020. For example, there is no expectation that general practitioners (GPs) will prescribe medication for early medical abortion. The UK Government has therefore made the following arrangements to support women resident in Northern Ireland wishing to access services in England.

Related documents:
- Northern Ireland Guidance for medical profession, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Where can post-abortion care services be provided

Primary health-care centres
No data found

Secondary (district-level) health-care facilities
No data found

Specialized abortion care public facilities
No data found

Private health-care centres or clinics
No data found

NGO health-care centres or clinics
No data found

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care

Not specified
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Northern Ireland Guidance for medical profession, 2019
Insurance to offset end user costs

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

Source document: WHO Safe Abortion Guidance (page 62)

Additional notes

The 2019 timebound guidance for health professionals states that: “If a health professional does choose to offer an abortion service to women during the interim period, they should do so in line with their professional competence and guidance from their professional body. For example, as set out earlier, this may be in the circumstances in which a small number of procedures are currently performed under the current common law provisions. In addition, healthcare professionals may also choose to treat a woman where a fatal or serious fetal anomaly has been detected. Clinical guidance is available from the National Institute of Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG).” The Clinical professional guidelines on the provision of abortion by the RCOG guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion and the NICE guidelines are available at: https://www.nice.org.uk/guidance/ng140/chapter/Recommendations

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 5)

Induced abortion for all women

The 2019 timebound guidance for health professionals states that: “From 22 October 2019, women should be informed that all travel, and where needed accommodation, will be funded and the current criteria in relation to low income or receipt of benefits will no longer be applied.” Further, “The UK Government’s Department of Health and Social Care has established a central booking service (CBS) that is run by the British Pregnancy Advisory Service (BPAS). Women from Northern Ireland can call a single telephone number to make an appointment with the most appropriate provider, based on: the woman’s requirements her medical condition, and provider availability. The number is 0333 234 2184. All treatment is funded free of charge. The package of care available includes:

- a consultation including impartial information/advice, and where needed, counselling with an abortion provider in England, including an assessment of whether the legal grounds for an abortion in England are met;
- an abortion procedure;
- HIV and sexually transmitted infection tests; and choice of contraception from the abortion provider.

From 22 October 2019, if the NIEF Act changes have come into effect all travel and, if needed accommodation, will be funded through the scheme (this is currently only available on a means-tested basis for low-income patients). The CBS can only refer to services in England. Further information is also available on gov.uk

- Northern Ireland Guidance for medical profession, 2019 (page 4)
- United Kingdom Northern Ireland Abortions performed in England for women from Northern Ireland DoH 2018 (page 1)

Abortion complications

Not specified

Private health coverage

Not specified

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

Source document: WHO Safe Abortion Guidance (page 18)

Additional notes

The UK Government’s Department of Health and Social Care has established a central booking service (CBS) that is run by the British...
Pregnancy Advisory Service (BPAS). Women from Northern Ireland can call a single telephone number to make an appointment with the most appropriate provider, based on: the woman’s requirements her medical condition, and provider availability. The number is 0333 234 2184. All treatment is funded free of charge. The package of care available includes:

- a consultation including impartial information/advice, and where needed, counselling with an abortion provider in England, including an assessment of whether the legal grounds for an abortion in England are met;
- an abortion procedure;
- HIV and sexually transmitted infection tests; and choice of contraception from the abortion provider.
- From 22 October 2019, if the NIEF Act changes have come into effect all travel and, if needed accommodation, will be funded through the scheme (this is currently only available on a means-tested basis for low-income patients). The CBS can only refer to services in England. Further information is also available on gov.uk

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>United Kingdom Northern Ireland Abortions performed in England for women from Northern Ireland DoH 2018 (page 1)</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Northern Ireland Guidance for medical profession, 2019 (page 3)</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Northern Ireland Guidance for medical profession, 2019</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Northern Ireland Guidance for medical profession, 2019</td>
</tr>
</tbody>
</table>

---

### Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Referral linkages to a higher-level facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Availability of a specialist doctor, including OB/GYN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (if applicable)</th>
</tr>
</thead>
</table>

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

**Source document**: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

**Source document**: WHO Safe Abortion Guidance (page 75)
Conscientious Objection

United Kingdom of Great Britain and Northern Ireland

Public sector providers

Related documents:
- Abortion Act, 1967 (page 5 )
- Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (page 1 )

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

- Abortion Act, 1967 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

This does not apply where it is necessary to save life or prevent grave permanent injury to the woman’s physical or mental health.

In a 2014 judgment the Supreme Court considered whether the right to conscientious objection amounted to a right to object to any involvement with patients in connection with the termination of pregnancy to which a person has a conscientious objection. The Supreme Court found that the section of the Abortion Act 1967 on conscientious pertains to “the acts made lawful by section 1” of the Act, not “the host of ancillary, administrative and managerial tasks that might be associated with those acts.”

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Private sector providers

Related documents:
- Abortion Act, 1967 (page 5 )
- Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (page 1 )

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

- Abortion Act, 1967 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.
Provider type not specified

Additional notes

This does not apply where it is necessary to save life or prevent grave permanent injury to the woman’s physical or mental health.

In a 2014 judgment the Supreme Court considered whether the right to conscientious objection amounted to a right to object to any involvement with patients in connection with the termination of pregnancy to which a person has a conscientious objection. The Supreme Court found that the section of the Abortion Act 1967 on conscientious pertains to “the acts made lawful by section 1” of the Act, not “the host of ancillary, administrative and managerial tasks that might be associated with those acts.”

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

• Abortion Act, 1967 (page 6)

Neither Type of Provider Permitted

Related documents:
• Abortion Act, 1967 (page 5)
• Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (page 1)

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

• Abortion Act, 1967 (page 6)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Additional notes

This does not apply where it is necessary to save life or prevent grave permanent injury to the woman’s physical or mental health.

In a 2014 judgment the Supreme Court considered whether the right to conscientious objection amounted to a right to object to any involvement with patients in connection with the termination of pregnancy to which a person has a conscientious objection. The Supreme Court found that the section of the Abortion Act 1967 on conscientious pertains to “the acts made lawful by section 1” of the Act, not “the host of ancillary, administrative and managerial tasks that might be associated with those acts.”

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

Who Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Related documents:

- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Related documents:

- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Related documents:

- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy
Neither Type of Facility Permitted

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Abortion Act, 1967 (page 6)
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Guernsey (United Kingdom of Great Britain and Northern Ireland)

Public sector providers

Related documents:
- Guernsey Abortion Law 1997

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- Guernsey Abortion Law 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

Private sector providers

Related documents:
- Guernsey Abortion Law 1997

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- Guernsey Abortion Law 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.
abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Guernsey Abortion Law 1997</td>
<td></td>
</tr>
</tbody>
</table>

**Individual health-care providers who have objected are required to refer the woman to another provider**

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

• Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Guernsey Abortion Law 1997</td>
<td></td>
</tr>
</tbody>
</table>

**Individual health-care providers who have objected are required to refer the woman to another provider**

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

• Guernsey Abortion Law 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

<table>
<thead>
<tr>
<th>Public facilities</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no</td>
</tr>
</tbody>
</table>
### Private facilities

<table>
<thead>
<tr>
<th>Facility type not specified</th>
</tr>
</thead>
</table>

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Related documents:**
  - Guernsey Abortion Law 1997 (page 6)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

- **Source document:** WHO Safe Abortion Guidance (page 106)

### Facility type not specified

<table>
<thead>
<tr>
<th>Neither Type of Facility Permitted</th>
</tr>
</thead>
</table>

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Related documents:**
  - Guernsey Abortion Law 1997 (page 6)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

- **Source document:** WHO Safe Abortion Guidance (page 106)

### Isle of Man (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
<th>Public sector providers</th>
</tr>
</thead>
</table>

- **Related documents:**
  - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 10)
Individual health-care providers who have objected are required to refer the woman to another provider

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Source document:** WHO Safe Abortion Guidance (page 106)

**Additional notes**

No relevant professional or pharmacist shall be under any legal duty, whether arising by contract or any statutory or other legal requirement, to participate in any treatment or counselling authorised by this Act if that person has a conscientious objection to participating in such treatment or counselling except when the treatment is necessary to save the life of a woman or to prevent grave permanent injury to the health of a woman... A relevant professional or pharmacist who has a conscientious objection must (a) without delay inform the woman who requests abortion services that she has a right to see another relevant professional or pharmacist (as the case requires); and (b) ensure she has sufficient information to enable her to exercise the right mentioned in paragraph (a). (6) Any relevant professional or pharmacist whose failure to act in this manner results in the woman suffering injury or the loss of her life (or both) commits an offence. Maximum penalty — (a) (on information): a fine or 2 years’ custody; or (b) (summary) 12 months’ custody or a level 5 fine.
Neither Type of Provider Permitted

United Kingdom Isle of Man Abortion Reform Act, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

No relevant professional or pharmacist shall be under any legal duty, whether arising by contract or any statutory or other legal requirement, to participate in any treatment or counselling authorised by this Act if that person has a conscientious objection to participating in such treatment or counselling except when the treatment is necessary to save the life of a woman or to prevent grave permanent injury to the health of a woman.. A relevant professional or pharmacist who has a conscientious objection must (a) without delay inform the woman who requests abortion services that she has a right to see another relevant professional or pharmacist (as the case requires); and (b) ensure she has sufficient information to enable her to exercise the right mentioned in paragraph (a). (6) Any relevant professional or pharmacist whose failure to act in this manner results in the woman suffering injury or the loss of her life (or both) commits an offence. Maximum penalty — (a) (on information): a fine or 2 years’ custody; or (b) (summary) 12 months’ custody or a level 5 fine.

Related documents:

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

United Kingdom Isle of Man Abortion Reform Act, 2019

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

No relevant professional or pharmacist shall be under any legal duty, whether arising by contract or any statutory or other legal requirement, to participate in any treatment or counselling authorised by this Act if that person has a conscientious objection to participating in such treatment or counselling except when the treatment is necessary to save the life of a woman or to prevent grave permanent injury to the health of a woman.. A relevant professional or pharmacist who has a conscientious objection must (a) without delay inform the woman who requests abortion services that she has a right to see another relevant professional or pharmacist (as the case requires); and (b) ensure she has sufficient information to enable her to exercise the right mentioned in paragraph (a). (6) Any relevant professional or pharmacist whose failure to act in this manner results in the woman suffering injury or the loss of her life (or both) commits an offence. Maximum penalty — (a) (on information): a fine or 2 years’ custody; or (b) (summary) 12 months’ custody or a level 5 fine.

Public facilities

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

United Kingdom Isle of Man Abortion Reform Act, 2019

WHO Guidance
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

**Private facilities**

*Not specified*

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

**Facility type not specified**

*Not specified*

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

**Neither Type of Facility Permitted**

*Not specified*

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- United Kingdom Isle of Man Abortion Reform Act, 2019

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

**Jersey (United Kingdom of Great Britain and Northern Ireland)**

**Public sector providers**

Related documents:

- Termination of Pregnancy Law, 1997 (page 7)

**Individual health-care providers who have objected are required to refer the woman to another provider**

*Not specified*

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of or prevent grave permanent injury to the physical or mental health of a pregnant woman, regardless of conscientious objection.

Related documents:
- Termination of Pregnancy Law, 1997 (page 7)

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- Termination of Pregnancy Law, 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of or prevent grave permanent injury to the physical or mental health of a pregnant woman, regardless of conscientious objection.

Related documents:
- Termination of Pregnancy Law, 1997 (page 7)
Medical practitioners have a duty to participate in treatment which is necessary to save the life of or prevent grave permanent injury to the physical or mental health of a pregnant woman, regardless of conscientious objection.

<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Termination of Pregnancy Law, 1997 (page 7)</td>
</tr>
</tbody>
</table>

**Individual health-care providers who have objected are required to refer the woman to another provider**

- **Not specified**

  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

  - Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

- Source document: WHO Safe Abortion Guidance (page 106)

**Additional notes**

Medical practitioners have a duty to participate in treatment which is necessary to save the life of or prevent grave permanent injury to the physical or mental health of a pregnant woman, regardless of conscientious objection.

<table>
<thead>
<tr>
<th>Public facilities</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

- Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Private facilities</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

- Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Facility type not specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Termination of Pregnancy Law, 1997 (page 6)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

- Source document: WHO Safe Abortion Guidance (page 106)
Neither Type of Facility Permitted

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Termination of Pregnancy Law, 1997 (page 6)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfillment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Public sector providers

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Northern Ireland (United Kingdom of Great Britain and Northern Ireland)

Additional notes

The Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland (2016) states: “There is no statutory right to have a conscientious objection to participation in a termination of pregnancy in Northern Ireland.” However, the Guidance further states: “Except in an emergency situation, no-one with moral/religious objections should be compelled to participate in a termination of pregnancy, or handle fetal remains resulting from a termination of pregnancy. Trusts should put in place measures to accommodate personal views of staff as far as practicable.”

Private sector providers

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)
WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

The Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland (2016) states: “There is no statutory right to have a conscientious objection to participation in a termination of pregnancy in Northern Ireland.” However, the Guidance further states: “Except in an emergency situation, no-one with moral/religious objections should be compelled to participate in a termination of pregnancy, or handle fetal remains resulting from a termination of pregnancy. Trusts should put in place measures to accommodate personal views of staff as far as practicable.”

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)

Specific Provider Type (NIP)

Provider type not specified

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)

Local statutory guidance

Neither Type of Provider Permitted

Neither Type of Provider Permitted

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

Related documents:
- Northern Ireland Guidance for medical profession, 2019 (page 6)
- Guidance for Health and Social Care Professionals on Termination of Pregnancy, 2016 (page 11)

Additional notes

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)
The Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland (2016) states: “There is no statutory right to have a conscientious objection to participation in a termination of pregnancy in Northern Ireland.” However, the Guidance further states: “Except in an emergency situation, no-one with moral/religious objections should be compelled to participate in a termination of pregnancy, or handle fetal remains resulting from a termination of pregnancy. Trusts should put in place measures to accommodate personal views of staff as far as practicable.”

### Public facilities

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Northern Ireland Guidance for medical profession, 2019

### Private facilities

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Northern Ireland Guidance for medical profession, 2019

### Facility type not specified

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Northern Ireland Guidance for medical profession, 2019

### Neither Type of Facility Permitted

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Northern Ireland Guidance for medical profession, 2019
**Indicators**

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

### Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) | No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable | No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection) | No data

### Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio | 9 (2015)

3.1.2 Proportion of births attended by skilled health personnel | No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods | No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group | 12.5 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population | No data

3.c.1 Health worker density and distribution | No data

### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex | No data

### Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex | No data
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.1</td>
<td>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</td>
<td>No data</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>5.6.1</td>
<td>Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</td>
<td>No data</td>
</tr>
<tr>
<td>5.6.2</td>
<td>Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education</td>
<td>No data</td>
</tr>
<tr>
<td>5.a.1 (a)</td>
<td>Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1</td>
<td>Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
<tr>
<td>8.5.2</td>
<td>Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>10.2.1</td>
<td>Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>10.3.1</td>
<td>Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
<td>No data</td>
</tr>
<tr>
<td>16.1.3</td>
<td>Proportion of population subjected to physical, psychosocial or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2</td>
<td>Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.3</td>
<td>Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>16.3.1</td>
<td>Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
<td>No data</td>
</tr>
</tbody>
</table>
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

16.6.2 Proportion of the population satisfied with their last experience of public services

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

- Percentage of married women with unmet need for family planning: No data
- Percentage of births attended by trained health professional: 99 (1998)
- Percentage of women aged 20-24 who gave birth before age 18: 2 (2009-2013)
- Total fertility rate: 1.8 (2016)
- Legal marital age for women, with parental consent: 16 (2009-2017)
- Gender Inequalities Index (Value): 0.12 (2017)
- Gender Inequalities Index (Rank): 25 (2017)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2016)</td>
</tr>
<tr>
<td>Median age</td>
<td>40.0 (2015)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>83.1 (2017)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.032 (2015)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>49.2 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>28.5 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05 (2017)</td>
</tr>
</tbody>
</table>