ABORTION IS HEALTHCARE



Media guidelines for reporting on abortion in Britain

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These guidelines were created by Jade Hammond and Ikamara Larasi on behalf of Level Up, 2024.

Inspired by media guidelines created by the Abortion Dream Team in Poland, and building on generations of global abortion organising, Level Up has created these guidelines to change the way the British media talks about abortion.

Level Up is a feminist community campaigning for gender justice in the UK. Our mission is to interrupt gender injustice in the UK by strategically targeting cultural moments. Our vision is a world where people of all genders are loved and liberated from bodily and systemic violence.

These guidelines have been developed in consultation with:

Abortion Dream Team BPAS

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INTRODUCTION

In these guidelines, we use the language of "abortion", to refer to "ending a pregnancy using either medicines (medical abortion) or an operation (surgical abortion)", as defined by the Royal College of Obstetricians and Gynaecologists¹. It is important to note, however, that in medical language "abortion" can cover both induced (therapeutic) abortions and spontaneous abortions (miscarriage)².

Nearly one in three pregnancies end in abortion in England and Wales³, and two in seven in Scotland⁴. Abortion is an essential everyday healthcare intervention, and a lack of safe and timely access to it is defined by the WHO as a critical public health and human rights issue.

Yet, people might be surprised to learn that abortion is technically illegal in **England, Scotland and Wales due to a** Victorian law that passed before women won the right to vote. It is made available through the Abortion Act 19676, which made abortion legal as long as specific criteria are met, meaning elements of the law are still in place. Restricting access to abortion stigmatises this healthcare procedure and has a real-life, devastating impact on the people who need one. It forces more people to seek other means of accessing the healthcare procedure they need, whether that is using safe but illegal abortion pills from reputable providers such as Women on Web or Women Help Women, or more dangerous and unsafe methods that increase the risk of harm.

Abortion has been partially decriminalised in Northern Ireland. When speaking about the legal status of abortion, it is important to distinguish between Northern Ireland and the other three countries due to the difference in law and legal jurisdiction.⁷

Media discourse influences how people think and talk about abortion.

The language that journalists use when reporting on this healthcare procedure has the power to:

- Reduce shame and stigma
- Lower barriers in access to legal support – factual information can raise public awareness of abortion care instead of focusing on potential criminalisation
- Build a society that shows compassion towards people who need an abortion.

Newspapers often publish misinformation that does the opposite.

Language used often reinforces stigma⁸, encourages polarised debate, sensationalises people who are criminalised, and delays people's access to a healthcare procedure.

These guidelines were designed for journalists to ensure that abortion is reported with compassion, accuracy and sensitivity – and that they reflect access to abortion as a vital need and critical public health issue. They were created with support from abortion service providers, journalists, campaigners, and medical experts.

FACTS ABOUT ABORTION



Abortion is common.

Three in ten pregnancies end in abortion globally⁹. In 2021, a total of 228,627 abortions were carried out across England, Scotland and Wales, with 214,869 in England and Wales¹⁰, and 13,758 in Scotland¹¹.



Abortion is healthcare.

Comprehensive abortion care is included in the list of essential healthcare services published by WHO in 2020. It is a simple intervention that can be effectively managed by a wide range of health workers using medication or a surgical procedure¹²



Abortion is safe.

Abortion is around 14 times safer than childbirth which poses significant risk.¹³ And people in Britain support abortion¹⁴. Polling by YouGov found that 87% of people in Britain think abortion should be allowed.



Restricting abortion causes harm.

Restricting access to abortion does not decrease the number of people who end their pregnancies. It simply forces more people to seek other means of accessing the healthcare procedure they need.



People are confident in their decision.

Research shows that 95% of people say having an abortion was the right decision for them, and the most common emotion reported is relief.

BEST PRACTICE REPORTING TIPS

When reporting on abortion, remember...

1. Abortion is a common and essential healthcare procedure

With this in mind, it's important to platform those who provide and access abortion care, and cite reputable sources and high-quality evidence. Be mindful that some anti-abortion lobby groups disguise themselves as impartial service providers, often termed 'crisis pregnancy centres', in order to spread medical misinformation. Consider the voices you platform and ensure transparency about the views and organisations they represent – audiences deserve context.

Anti-abortion lobbyists, without empirical evidence or peer-reviewed data for statements, should not be added for 'balance'. If they are included, context needs to be given on who they are and how they are qualified to comment on a subject. Their statements and statistics also need to be fact-checked. News outlets often forget to mention how common abortion is, and the broad public and political support for it. See the facts on the previous page.

2. People who have abortions need compassion, not judgement.

Using sensationalist language to describe people who have had an abortion, and speculating on their reasons why, reinforces public perception that some people deserve compassion and others don't. This prevents more people from accessing the healthcare they need.

For example, in 2023, multiple newspapers described a woman who was criminalised for having an abortion in England as a "jailed abortion mum", "abortion-row mum" and "abortion scandal mum," and speculated on the reasons behind her decision. Everyone deserves access to reliable medical information and access to healthcare, regardless of age, class, disability, gender identity, marital status, race, religion/belief and sexual orientation.

Unless a media organisation is publishing a personal account of someone who has had an abortion, they cannot know an individual's reasons. Speculation reinforces abortion stigma.

Equally, take care not to let anti-abortion rhetoric slip into articles. Repeating the language of anti-abortion lobbyists without pointing out medical inaccuracies reinforces stigma and misconceptions about abortion¹⁷¹⁸. Use the individual's name, when permission is given, without sensationalist synonyms.

3. Signpost people to organisations who will support them to explore their options.

Adding a link to crisis pregnancy helplines or 'counselling' centres exposes pregnant people to medical misinformation. These anti-abortion organisations target those who are considering abortion. Their tactics are to obstruct, delay, or deter people from accessing abortion. While signposting to CPCs seems to have reduced since BBC Panorama¹⁹ exposed what they are, it's still critical to note. Direct people to organisations like BPAS, MSI Reproductive Choices UK, Brook or the Royal College of Obstetricians and Gynaecologists for accurate medical information and access to information about all of their options.

4. Use relevant, representative images.

Newspapers sometimes use photos of heavily pregnant people, foetuses, babies, disembodied bumps, and people in despair alongside their news stories on abortion. These images reinforce stigma and ignore the fact that abortion is associated with a full spectrum of emotion, not just sadness, and that more than 90% of abortions take place in the first 12 weeks, before most people are "showing". Use realistic and representative images, for example a pregnancy test or abortion pills.

5. Report people's personal experiences of abortion.

Everyone who has accessed an abortion has a different experience, and a deeply personal story that is theirs to tell. Quoting verified medical voices and lived experience voices is the best way to make sure abortion is treated as the everyday essential healthcare intervention that it is.

6. Healthcare providers and activists are under severe time pressures.

Remember that healthcare providers and activists alike are under severe time pressures and their priority will always be people who need access to abortion. Before contacting someone for a comment make sure to do your research on the law and abortion access. Most providers and activists will not put you in contact with someone who has had an abortion, especially those who may be additionally marginalised, regardless of how good a story you think it might make...

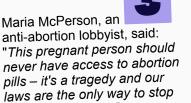
WHAT NOT TO DO

DAILY NEWS



ABORTION SCANDAL MUM SLEPT WITH 3 DIFFERENT MEN 1

BY: JOURNALIST WHO HASN'T READ THESE GUIDELINES



it happening again."



4



Sensationalist headline that includes reasons for having an abortion.



Including unrealistic photos that show people in despair, or heavily pregnant.

3

Using quotes from niche anti-abortion activists that legitimise medical misinformation.

4

Signposting to crisis pregnancy helplines, which are often run by anti-abortion groups.

REPORTING CHECKLIST

ALWAYS MAKE SURE ...

| Have you used facts, statistics and research to present accurate information about the realities of abortion in Britain, including the context that the majority of the public support abortion? |
|--|
| Have you created opportunities for those who provide abortions to talk about why they choose to deliver this vital health service? |
| Have you used accurate, sensitive and compassionate language to describe someone who has had an abortion? |
| Have you avoided platforming anti-abortion lobbyists, and sparking a moral debate about an essential everyday healthcare intervention? |
| Have you removed any speculation about why someone might have had an abortion, and made sure to include only the information that they have consented to share? |
| Have you signposted to a reputable organisation like MSI Reproductive Choices UK, BPAS, Brook, or the Royal College of Obstetricians and Gynaecologists at the end of your article? |
| Have you included realistic, representative images alongside your article? |

KEY CONTACTS SESOURCES

KEY CONTACTS

British Pregnancy Advice Service (BPAS)

The UK's leading abortion care specialists www.bpas.org/

Brook

Sexual health and wellbeing experts www.brook.org.uk/

MSI Reproductive Choices UK

Sexual and reproductive health service provider across England

www.msichoices.org/

NUPAS

Offering abortion and sexual health advice, care and treatment within a safe non-judgmental environment.

www.nupas.co.uk/irish-overseas/

RESEARCH PAPERS

Elizabeth G Raymond, and David A Grimes

The comparative safety of legal induced abortion and childbirth in the United States.

Obstetrics and gynecology vol. 119,2 Pt 1 (2012): 215-9. doi:10.1097/AOG.0b013e31823fe923

www.pubmed.ncbi.nlm.nih.gov/22270271/

MBRRACE-UK

Latest MBRRACE-UK figures for maternal and perinatal mortality in the UK are published.

www.ndph.ox.ac.uk/news/latest-mbrraceuk-figures-for-maternal-and-perinatalmortality-in-the-uk-are-published

Bixby Center for Global Reproductive Health

The Turnaway Study

www.ansirh.org/sites/default/files/ publications/files/turnaway_study_brief_ web.pdf

Reproduction Justice Intitiative

Abortion in the UK - Experiences of African, Caribbean and Asian People

www.welevelup.org/wp-content/ uploads/2023/09/Abortion-in-the-UK_ Decolonising-Contraception_2022.pdf

GLOSSARIES, GUIDELINES, KEY FACTS AND STATISTICS

Abortion Dream Team

I want to write about abortion without stigma: A guide for people working in the media.

www.aborcyjnydreamteam.pl/en/dopobrania/jak-pisac-o-aborcji-bez-stygmy/

Alliance 4 Choice

Writing about abortion

www.alliance4choice.com/writing-about-abortion

Doctors for Choice UK

www.doctorsforchoiceuk.com/

Level Up

Dignity For Dead Women: Media guidelines for reporting domestic abuse deaths

www.welevelup.org/wp-content/ uploads/2022/06/Media-Guidelines-V2-1. pdf

MSI Reproductive Choices UK

Abortion and your rights - Understanding the UK laws on abortion, and your rights. www.msichoices.org.uk/abortion-services/abortion-and-your-rights/

Office for Health Improvement & Disparities

Abortion statistics, England and Wales: 2021

www.gov.uk/government/statistics/ abortion-statistics-for-england-and-wales-2021/abortion-statistics-england-and-wales-2021

Public Health Scotland

Termination of pregnancy statistics -Year ending December 2021

www.publichealthscotland.scot/ publications/termination-of-pregnancystatistics/termination-of-pregnancystatistics-year-ending-december-2021/

Royal College of Obstetricians and Gynaceologists

A-Z of Medical Terms
www.rcog.org.uk/for-the-public/a-z-of-medical-terms/

World Health Organisation

Abortion Fact Sheet www.who.int/news-room/fact-sheets/detail/abortion

REFERENCES

- https://www.rcog.org.uk/for-the-public/ a-z-of-medical-terms/
- https://www.publichealthscotland.scot/ publications/termination-of-pregnancystatistics/termination-of-pregnancystatistics-year-ending-december-2021/
- 3. https://www.gov.uk/government/ statistics/abortion-statistics-forengland-and-wales-2021/abortionstatistics-england-and-wales-2021
- 4. https://www.publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2021/
- 5. https://www.who.int/news-room/fact-sheets/detail/abortion
- 6. https://www.msichoices.org.uk/ abortion-services/abortion-and-yourrights/
- 7. https://www.alliance4choice.com/fag2020
- 8. https://www.ippf.org/resource/how-talkabout-abortion-guide-stigma-freemessaging
- 9. https://www.who.int/news-room/fact-sheets/detail/abortion
- 10. https://www.gov.uk/government/ statistics/abortion-statistics-forengland-and-wales-2021/abortionstatistics-england-and-wales-2021

- 11. https://publichealthscotland.scot/ publications/termination-of-pregnancystatistics/termination-of-pregnancystatistics-year-ending-december-2021/
- 12. https://www.who.int/news-room/fact-sheets/detail/abortion
- 13. Estimated mortality rates associated with live births and legal induced abortions in the United States in 1998-2005. https://pubmed.ncbi.nlm.nih.gov/22270271/
- 14. https://ygo-assets-websites-editorialemea.yougov.net/documents/ YouGov_-_Abortion_Oct_2023.pdf
- 15. https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf
- 16. https://www.ansirh.org/sites/default/ files/publications/files/turnaway_study_ brief_web.pdf
- 17. https://ippf.medium.com/can-we-stop-defaulting-to-mother-when-talking-about-people-seeking-abortions-faa63ffe2636
- 18. https://www.ippf.org/resource/how-talkabout-abortion-guide-stigma-freemessaging
- 19. https://www.bbc.co.uk/programmes/m001f7wj

