

PRIME MINISTER

INFANT LIFE (PRESERVATION) ACT 1929

You were concerned that, following medical advances which mean that 28 week old children can now be saved, in one part of a hospital foetuses aged between 24 and 28 weeks could be aborted, while in another part strenuous efforts would be made to save such premature babies.

I attach a note from DHSS which explains that this should not happen. The eight private sector nursing homes approved to carry out abortions over 20 weeks' gestation have voluntarily agreed to cease carrying out terminations after 24 weeks; and practice in the NHS would mirror this. The DHSS note makes the point that it is unlawful to abort any foetus capable of being born alive, except where this is to preserve the life of the mother.

Mark Addison

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14 November 1985

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

Mark Addison Esq
Private Secretary
10 Downing Street

13 November 1985

Dear Mark

INFANT LIFE (PRESERVATION) ACT 1929

Thank you for your letter of 28 October.

As you know, the report on Fetal Viability and Clinical Practice drawn up by the Royal College of Obstetricians and Gynaecologists (among others) recommended that the gestational age at which a fetus is considered viable should be changed from 28 to 24 weeks. Gynaecologists who perform terminations of pregnancy within the NHS should take account of that recommendation in their clinical practice, as the President of the RCOG has sent copies of the report to all Fellows and Members in this country.

In the light of this, the number of abortions performed after 24 weeks in the NHS - already very small - is likely to fall. I understand that the majority of these very late abortions currently performed in the NHS are on grounds of suspected fetal abnormality incompatible with the fetus being born alive. These abnormalities sometimes cannot be detected at an early stage in pregnancy and, therefore, some terminations of fetuses with abnormalities which result in non-viability will continue to be done after 24 weeks. Such terminations are likely to take place in hospitals which also have neonatal care facilities where efforts are being made to save premature babies. But I am advised that there should be no question of viable fetuses being aborted in one part of the hospital and kept alive in another as indeed it is unlawful to abort any fetus capable of being born alive, the only exception being where the abortion is for the purposes of preserving the life of the mother.

In the private sector no abortion over 24 weeks should now be carried out following the Department's recent agreement to that effect with those specialist private nursing homes approved for late abortions. I am copying this letter to Joan MacNaughton (Lord President's office) and Clare Pelham (Home Office).

Yours sincerely

Elizabeth

Elizabeth Mothersill
Private Secretary

Net-Health: Warnock

Feb '82

