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RCOG guidelines recommend getting round legal abortion limit by killing baby first and removing it later

posted on 29 June 2020 16:46

The Royal College of Obstetricians and Gynaecologists has released new guidelines for healthcare professionals providing abortions

during the Coronavirus pandemic. The measures, which include deliberately leaving a dead baby inside a woman, are truly abhorrent, said SPUC's Alitheia Williams.

Kill first, remove later

The guidelines talk about performing feticide – actively killing the baby by lethal injection – and then removing the body later.

If a woman has Covid-19 and her “clinical condition prevents abortion, and she risks exceeding the gestation limit, feticide should be performed in collaboration with local fetal medicine services if necessary, to enable delay in the procedure to evacuate / empty the uterus,” the guidance says.

“Put simply, this means ending the life of the unborn baby in the sixth month of pregnancy, and then leaving the dead body inside the woman for an indeterminate amount of time,” Alitheia Williams of the Society for the Protection of Unborn Children said. “Abortion is legal up to birth for suspected disability and cases when the mother’s life is threatened, so that’s not what we’re talking about here. In order to be concerned about legal limits, the RCOG must be talking about the abortion of a healthy baby to a healthy woman, just before the legal limit of 24 weeks. To be carrying out an abortion this late in pregnancy for clearly non-medical reasons is bad enough, but to deliberately carry out an incomplete abortion, leaving the woman carrying a dead baby for however long? That’s truly abhorrent.”

Making sure the baby is dead

RCOG guidelines on feticide state: “Where a decision to abort a pregnancy after 21 weeks and 6 days is taken, feticide should be routinely offered...in cases where...the abortion is not for fetal abnormality and is being undertaken after 21 weeks and 6 days of gestation, failure to perform feticide could result in a live birth and survival, which contradicts the intention of the abortion.”^[1]

Feticide is carried out through a lethal injection to the baby's heart.

The RCOG maintains that a foetus cannot feel pain before 24 weeks gestation. However, in a recent study published by the *Journal of Medical Ethics*, two researchers, one of whom identifies as pro-choice, agreed that unborn babies can feel some kind of pain by 12 weeks. They both recommend some kind of analgesia for late term abortions – something that does not happen in Britain.

What will this do to women?

SPUC's Alithea Williams said: "The guidance on feticide is the most shocking aspect of this guidance. The idea of a woman having to carry a dead baby was used by those campaigning to legalise abortion in Ireland and Northern Ireland, but these abortion providers are advocating deliberately bringing such a horrendous situation about. The psychological affect this could have on a woman is just unimaginable. However, there are other very worrying aspects to this guidance. In particular, lessons are clearly not being learnt from the case of the remote abortion that took place at 28 weeks. On the contrary, the RCOG continues to extol the remote abortion regime. They acknowledge that it is possible that a small number of these medical abortions may have been carried out not in accordance with the law but they sweep this away as being simply an unfortunate inevitable consequence and of no importance. In reality, it is a major flaw within the law."

She concluded: "It is deeply disturbing that a respected medical body could publish guidance like this. It is clearly more interested in supporting an extreme abortion agenda than in providing real care for women."

[1] https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf

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SPUC ProLife
3 Whitacre Mews
Stannary Street
London
SE11 4AB
Tel: 020 7091 7091
information@spuc.org.uk

SPUC Scotland
82 Union Street
Glasgow
G1 3QS
Tel: 0141 221 2094
info@spucscotland.org

SPUC N.Ireland
12-16 Castle Lane
Belfast
BT1 5DA
Tel: 02890 233061
belfast@spuc.org.uk