The National Advisory Board on
Social Welfare and Health Care Ethics ETENE

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TIME LIMITS FOR ABORTION

On 12 December 2012, the Ministry of Social Affairs and Health has requested a statement from the National Advisory Board on Social Welfare and Health Care Ethics ETENE on the time limits for abortion, particularly from the ethical perspective. The request states that according to the Government Programme, the need for changing the legislation regarding the time limit for abortions must be investigated.

When processing the matter, the Advisory Board has heard as an expert Oskari Heikinheimo, Head of Department, who is also chair of the working group on Current Care guidelines for abortion. Katri Koskinen, rehabilitation psychologist from the Järvenpää Training Centre of the Finnish Association of People with Physical Disabilities, was also heard.

The Act on Induced Abortion (239/1970) entered into force on 24 March 1970. The criteria for carrying out an abortion are set out in section 1 of the Act. Five out of the six paragraphs refer to a direct health risk to or illness of the mother or child or to the Criminal Code. As concerns social criteria, it is stated that an abortion can be carried out upon a woman's request when, considering the living conditions and other circumstances of the woman or her family, giving birth to and caring for a child would pose a significant strain to the woman.

The time limits for abortion are determined in section 5 of the Act. When the criteria are fulfilled, the abortion must be performed at the earliest stage possible. For reasons other than physical defect or illness of the woman, the pregnancy may not be terminated after week 12. The National Supervisory Authority for Welfare and Health may grant permission for abortion to be carried out at a later stage, although no later than week 20. Under section 5a of the Act, it is possible to extend this period. If a severe illness or physical defect of the fetus has been diagnosed via ultrasound, tests on amniotic fluid, serological examinations or through other reliable means, the abortion can be carried out at a later stage, although no later than week 24. Section 5a of the Act was enacted in 1992.

In Finland, abortion is part of public health care and advisory services on contraception are a part of the process. Before carrying out an abortion, the person must be provided with an account of the significance and effects of abortion.

The number of abortions has remained stable, with approximately 10,500 cases or 8 to 9 per mille women aged 15 to 49 undergoing one each year. Compared to, for example, Sweden and the United Kingdom, the figure is low, as in these countries the proportion of women undergoing abortion is double. The number of so-called teen pregnancies has reduced significantly in the 2000s.

In 92% of the cases, the abortion was performed due to the above-described social reasons, which alone do not justify abortion after week 20. The age of the mother (under 17 or over 40) was the reason in 6%, fetal defect in 3%, having given birth to four or more children in 2% and the mother's illness in 0.5% of the cases.

In terms of gestation, abortions carried out in Finland are distributed as follows: 93% were performed in the first 12 weeks of pregnancy. Between 2005 and 2010, 40 to 65 abortions per year, or 0.5% of all abortions, were performed in week 20 or 21, in which case the procedure is based on a decision on account of special reasons issued by the National Supervisory Authority for Welfare and Health. Each year, 20 to 50 abortions are carried out in weeks 22 to 24 out on account of severe illness or physical defect of the fetus, amounting to 0.2 to 0.5% of all cases.

Even though no notable changes can be said to have taken place in the occurrence of the cases, the methods used have changed radically in the past decade or so. In 2000, vacuum curettage was used in 90 per cent of the cases; today, its share has dropped to 14 per cent. The primary method used is medical abortion.

One reason for the discussion on the length of the period during which it is acceptable to perform an abortion appears to be that in some cases the fetus may have shown signs of independent vital functions. In standard conditions, the fetus would not survive at this stage, but medical procedures may succeed in keeping alive a fetus with a gestational age of 24 weeks.

As is evident from the above regulations and figures characterising the current situation, only 7 per cent of cases exceed the primary time limit deemed acceptable in legislation and less than 1% of the cases exceed the 20-week mark. Out of the last mentioned, 25 per cent had severe heart defect, 19 per cent chromosomal abnormality, 11 per cent kidney abnormality, 10 per cent failure in closure of the neural tube and 8 per cent hydrocephalus. 26 per cent had other severe structural abnormalities. Some of the fetuses would have died after birth.

Reasons why the abortion had been delayed until after week 20 included the following: fetal abnormality could not be detected at an earlier stage, fetal abnormality had not been detected in previous scans, the abnormality had developed after week 20, further tests had been necessary or results from tests had not been received, or the person had not undergone prior scans.

If a decision was made to reduce the time limit, the scans would have to be moved forward, which would, at least to some extent, lead to a lessening of quality, a more hectic pace of doing things and a narrowing of opportunities to investigate the matter further. Lack of information may lead to an increase in the number of abortions in cases where further tests might change the parents' opinion in the matter. A likely consequence is an increase in the number of deaths of severely ill newborns and, on the whole, an increase in perinatal mortality.

Overall, the objective of fetal scans is not abortions but improving the quality of information available for the planning of future actions. The scans are voluntary. From the perspective of decision-making within families, it is recommendable to have some time to adjust and think about the matter.

In the view of the Advisory Board, most importantly families must be provided with appropriate information on how to live with possible disabilities, what are the restrictions that they bring and what kind of support is available. The level of support in case the scan is positive must be increased from the present. Based on a comparison of the different perspectives, the Advisory Board finds that there are no grounds to reduce the time limit but instead every effort should be made to act so that the decisions can be made before reaching the time limit established. Abortions performed in weeks 22 to 24 have been perceived and will continue to be perceived as an extreme method of interfering in the course of a pregnancy.

On behalf of the Advisory Board

Chairman Markku Lehto

General Secretary Leila Jylhänkangas

FOR YOUR INFORMATION

Ministry of Health and Social Services/Department for Social and Health Services
Ministry of Social Affairs and Health/Minister of Health and Social Services