**Statement in response to amendment NC15 to the Criminal Justice Bill (reduction of the abortion time limit to 22 weeks)**

In recent discussions, there has been some confusion and misinterpretation of survival figures for babies born at the extremes of viability. The British Association of Perinatal Medicine (BAPM) would like to provide clarity around survival for babies born at the limits of viability, using the most recent research published in the British Medical Journal.1

**This research has found that of 727 births at 22 weeks gestation in 2020-21:**

* **57% were stillborn**
* **5% survived to discharge from the neonatal unit**
* **All of those who survived had at least one morbidity likely to require lifelong care.**

**NC15**

NC15 is a proposed amendment to the Criminal Justice Bill which would reduce the abortion time limit in all but exceptional circumstances from the current 24 weeks to 22 weeks.

**Pertinent information**

Since 2019, following a change in national guidance, the absolute numbers of babies surviving at 22 weeks has increased three-fold as more babies receive survival focused care. However, the survival rates have not changed significantly.

When survival figures are presented as a proportion, it is important to interpret these based on the denominator used. The most recently published figures in the BMJ medicine provides survival figures and five different denominators including i) all births (which includes stillbirths) ii) babies alive at the onset of labour iii) live births iv) babies receiving survival focused care v) babies admitted to neonatal care.

Given this is a debate considering abortion limits, the appropriate denominator to use in this case is all births.

Of 727 births born at 22 weeks, sadly only 5% (39 babies) survived to discharge from the neonatal unit. This low survival rate is due in part to the high rates of still birth as only 43% (319/727) were born alive. All survivors have a high risk of disability, with at least one morbidity including bronchopulmonary dysplasia (preterm infant lung disease requiring oxygen therapy), retinopathy of prematurity (preterm infant eye disease associated with impaired vision and blindness), severe brain injury or severe necrotising enterocolitis (preterm bowel disease) and are likely to require lifelong care. Survival improves considerably for babies born at 23 and 24 weeks. Figures for 2020-21 births: of 892 births at 23 weeks, 62% (559/892) were born alive and 25% (222/892) survived to discharge from neonatal care. Of 993 births at 24 weeks, 70% (700/993) were born alive, and 49% (483/993) survived to discharge from neonatal care.

This data is summarised in the table below for clarity:

|  |  |  |
| --- | --- | --- |
| Gestation | % of all births born alive | % all births surviving to discharge from neonatal care |
| 22 weeks | 43% | 5% |
| 23 weeks | 62% | 25% |
| 24 weeks | 70% | 49% |

The 5% survival at 22 weeks therefore remains significantly lower than the survival rates at 23 and 24 weeks.

**About BAPM**

The British Association of Perinatal Medicine (BAPM) is a professional association and registered charity with more than 2000 members.

Established in 1976, BAPM improves standards of perinatal care by supporting all those involved in perinatal care to optimise their skills and knowledge, promote high quality, safe and innovative practice, encourage research, and speak out for the needs of babies and their families.

BAPM members predominantly work in neonatal care which includes the care of pre-term babies after birth. We do not routinely look after women considering abortion, therefore any further position on this topic beyond the information included in this statement is beyond the scope of our expertise.

**Reference**

1. <https://bmjmedicine.bmj.com/content/2/1/e000579>