



Let's change the Act

Briefing on the review of Abortion Law in Scotland

1. Let's change the Act

The Let's change the Act campaign is a coalition of over 40 leading medical bodies, women's and human rights organisations, legal experts and trade unionists – including the Royal College of Obstetricians and Gynaecologists, the College of Sexual and Reproductive Healthcare, Scottish Women's Aid, Rape Crisis Scotland, Engender, Scottish Trades Union Congress (STUC) and Amnesty International Scotland.

We call for the full decriminalisation of abortion, alongside a modernised health-based system of abortion care in line with international health and human rights standards.

2. About the Abortion Law Review

The Abortion Law Review Expert Group was established in 2024 to examine the current law on abortion and to provide recommendations, if needed, to Scottish Ministers. The remit for these recommendations was to make "abortion services first and foremost a healthcare matter". Membership therefore comprised leading health experts including the Women's Health Champion, the Deputy Chief Medical Officer, the Royal College of Obstetricians and Gynaecologists (RCOG), the College of Sexual and Reproductive Healthcare, the Scottish Abortion Care Providers network and the British Pregnancy Advisory Service. The group also comprised legal experts from the Law Society of Scotland and a range of universities, and civil society representation.

An ancillary Advisory Group of civil society organisations, including violence against women and abortion rights specialists, fed into the process, in line with the remit of the review.

Over the course of a year, the Expert Group undertook a comprehensive review of the law and sought evidence from a wide range of sources, including submissions from groups that do not support abortion.

The Group's [findings and recommendations](#) were published in November 2025.

We are aware of misinformation, circulated by anti-abortion groups, that is being used to discredit the Scottish Government's review and may misrepresent the level of support for abortion rights in Scotland to decisionmakers. These groups want to radically restrict abortion access in Scotland, an objective that directly contradicts the remit of the review that was established by Scottish Ministers.

3. Our key asks for MSPs

Let's change the Act is therefore calling on MSPs to support the report's evidence-based recommendations, to listen to clinical expertise and the position of professional health bodies, and to reject distorted misinformation from those who seek to restrict access to abortion.

In doing so, we highlight our campaign's core messages and ask that MSPs:

1. Recognise that abortion is routine, essential healthcare

Abortion is a vital component of women's healthcare, with around one in three women in Scotland accessing this care in their lifetime. [In June 2025, 97% of the Scottish public agreed women should have the right to an abortion.](#) Yet, unlike other routine medical care, abortion continues to be treated as a regulatory outlier, governed by criminal law, rather than the evidence-based regulatory frameworks applied to all other forms of healthcare.

2. Modernise Scotland's abortion laws in line with best practice health standards

Both the United Nations and World Health Organisation advocate for modernisation of abortion law. Across the world, including in New Zealand, Australia and Europe, abortion law has been removed from the criminal justice system to increase safe, evidence-based, person-centred care. All relevant professional healthcare bodies in the UK, including the British Medical Association and RCOG recommend decriminalisation of abortion.

3. Stand against attempts at regression on women's health and rights

[Organised and internationally funded anti-abortion groups are operating in Scotland](#) with the explicit goal of securing rollbacks on abortion provision and women's access to healthcare. Some of these actors were involved in the overturn of *Roe v. Wade*, ending woman's constitutional right to abortion in the US in 2022, [to devastating effect.](#) Misinformation shared since publication of the Scottish Government's Abortion Law Review report aligns with the strategies of such groups.

4. The law

Current framework

Abortion in Scotland is governed primarily by the Abortion Act 1967. Control over abortion law was devolved to the Scottish Parliament in 2016.

The Abortion Act 1967 sets out the range of parameters within which abortion is permitted. These are not based on medical best practice. This includes the requirement that two doctors must approve an abortion, restrictions on midwife and nurse-led care, and restrictions that dictate that women can only access abortion if they can justify their decision on certain grounds.

When the 1967 Act was passed only 4.5% of Members of the UK Parliament were women and neither the Equal Pay Act nor Sex Discrimination Acts had been introduced.

Medical advances and healthcare best practice have also evolved significantly.

In 1967, all abortions were done surgically with women staying in hospital for up to a week.

In 2024:

- 97% of abortions in Scotland used medical methods
- The majority took place in the woman's home
- 20% in 2024 took place before 6 weeks
- 93% occurred before 12 weeks
- 99% before 20 weeks.

Almost 60 years on from introduction of the Abortion Act, updates to the law are therefore urgently needed to reflect the reality of modern abortion care provision and progressive social change.

Proposed changes

Let's change the Act welcomes the Expert Group report, and the changes it recommends. We support full decriminalisation of abortion and the replacement of the Abortion Act 1967 with a modern, health-based framework for care. The proposed changes would have a significant impact on abortion stigma and the rights, dignity, and autonomy of women and girls across Scotland.

Under the Expert Group's proposals the scope of provision would remain broadly the same, but access would become more patient-centred, with outdated restrictions lifted. For example, removal of the requirement for two doctors to authorise every abortion – which the World Health Organisation and RCOG have recognised as arbitrary and outdated – would reduce delays, free up clinical capacity, and allow doctors, nurses, and midwives to focus on providing better care.

Under the proposed model:

- There would be **no change to the 24-week time limit**, or to provision beyond 24 weeks in exceptional circumstances

- Nurses and midwives would be able to authorise the prescription of abortion medication in line with **international best practice**.
- Non-consensual or coerced abortion **would remain criminalised** at any gestation
- The **12-week limit on telemedical abortion care**, agreed by the Scottish Parliament in 2020, **would remain in place**

5. Anti-abortion misinformation

Since the release of the Abortion Law Review report in Scotland, misinformation has been spread by anti-abortion access groups. This misinformation has been amplified in some media.

Two particular erroneous arguments have been circulated in the media and on social media:

1. “Reform would lead to sex-selective abortions”

There is no evidence to suggest that modernisation of abortion law would materially change the current situation on sex selective abortion, or lead to any increase.

[Research in the UK](#) has found that sex-selective abortion is extremely rare. The same research demonstrates that women from communities where this has been an historic consideration, overwhelmingly recommend education and support as the most effective mode of prevention.

We are concerned that messaging carries racist undertones by inferring that women from certain ethnic minority communities cannot be trusted to make decisions about their own pregnancies.

2: “The proposed changes would allow abortion up to birth”

There is no proposal to allow unrestricted abortion later in pregnancy.

The existing 24-week time limit would remain, and later abortions would continue to be allowed only in rare and specific circumstances, in the same way they are now.

For further information please:

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