

# PSHE

Association



## **FERTILITY & PREGNANCY CHOICES**

Guidance, lesson plans and resources

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## TEACHER GUIDANCE

Please read and consider this guidance first, before teaching the lessons.

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This guidance accompanies our series of three lessons for key stage 4 or key stage 5 students, focusing on fertility and pregnancy choices, including abortion. The lessons address how fertility changes over a person's lifetime and the factors that may affect male and female fertility and healthy pregnancy, as well as the different routes someone might take to becoming a parent. Students also explore the options available in the event of an unplanned pregnancy and reflect on the reasons different people make different decisions with regard to their next steps. Finally, students examine the facts, myths and laws surrounding abortion and where to access medical services and emotional support.

These lessons should be taught as part of wider learning on families and parenting, within a comprehensive PSHE education programme. You may wish to use them alongside the [Family Life](#) lesson pack. Please read and consider this guidance first, before teaching the lessons.

### Preparing to teach

#### Why teach about fertility and pregnancy choices?

As the Department for Education's [statutory guidance on relationships and sex education and health education](#) outlines, young people have the right to factually accurate, impartial information on all choices in relation to

fertility and pregnancy, and this includes abortion and the law surrounding it.

According to the NHS, around 1 in 7 couples may have difficulty conceiving<sup>1</sup>. Students should therefore understand the factors that can affect fertility to ensure they can make informed decisions related to becoming a parent in the future. They should also be aware of factors which may affect the health of a pregnancy and have an understanding that miscarriage is estimated to affect between 1 in 5<sup>2</sup> and 1 in 8<sup>3</sup> pregnancies.

Students should understand their options in the event of an unplanned pregnancy, including abortion. Roughly 1 in 5 conceptions leads to an abortion in England and Wales<sup>4</sup>, so it is important that students know where they can seek help and support if needed, as myths, misinformation and stigma in relation to abortion can leave young people ill-informed and without appropriate support. They should also know where to access help, support and further guidance in relation to fertility, pregnancy and abortion, both now and in the future.

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<sup>1</sup> <https://www.nhs.uk/conditions/infertility/>

<sup>2</sup> <https://www.brook.org.uk/your-life/miscarriage/>

<sup>3</sup> <https://www.nhs.uk/conditions/miscarriage/>

<sup>4</sup> <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

## Safeguarding pupils with increased vulnerabilities

You may not know about the family background or any current issues affecting your students, but prepare for and teach all lessons on the basis that there could be at least one member of the class who is personally affected by the lesson content. Not only is it likely that there will be students in your class from a variety of families, including students who have been adopted or fostered, it is also possible that a student has had a personal experience with an unplanned pregnancy or miscarriage. Making the lesson safe for those students will help to ensure the lesson is safe for everyone.

Safeguards to put in place include:

- Alert relevant pastoral and safeguarding staff about the topic you will be covering and encourage them to discuss the lesson content with any students who are accessing support for related issues. It can be helpful to alert parents too – ensuring they know how to provide appropriate support.
- Give these student(s) a chance to withdraw from the lesson if appropriate (without being expected to justify their absence to their peers). Consider how to follow up the missed lesson with the student(s), as this learning may be especially relevant to them.
- Signpost sources of support before, during and after the lesson.

While there may be clear physical or emotional indicators that a student is vulnerable to the issues discussed,

sometimes there will be no such indicators. Some young people work hard to keep their problems hidden, so ensure your lessons are universally safe and never make assumptions about the wellbeing or resilience of particular students.

## Ensuring inclusivity

It is important that lessons addressing fertility, pregnancy and parenthood choices are inclusive for all students and that all students recognise their own circumstances and experiences reflected in the learning. This is supported by the DfE statutory guidance, which states that secondary schools must teach, 'the facts and the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way. All pupils should feel that the content is relevant to them and their developing sexuality'<sup>5</sup>.

Lesbian, gay, bisexual, trans and gender questioning young people (or those with LGBT+ family members) may find lessons relating to fertility, pregnancy and parenthood choices particularly sensitive. It is likely that there are students in your class who are LGBT+, or who may be later in life. These lessons have been written to be inclusive and relevant to young people whatever their sexual orientation or gender identity, ensuring that they receive information that is relevant to them now, or may be relevant to them in the future.

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<sup>5</sup> <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

A trans man can become pregnant if 'he did not transition physically (i.e. he transitioned socially but did not have surgery), or he transitioned physically but retained his ovaries and uterus when he had surgery'<sup>6</sup>. It is important for all students to understand this and it is reflected in the wording of the lesson plans. For students for whom this is, or will one day be, personally relevant, this is crucial learning given the potential medical considerations/implications for them. But for all students, a fully inclusive approach helps to increase empathy and reduce prejudice-based bullying.

### Additional considerations

Whilst the lessons acknowledge the debates about abortion and pregnancy-related choices, it is recommended that you liaise with colleagues teaching RE/ Philosophy and Ethics before teaching these lessons to ensure that they complement the teaching in these subjects. This may include learning specifically about the religious, moral or ethical issues related to the topic.

### Creating a safe learning environment

A safe learning environment helps students feel comfortable with sharing their ideas without attracting negative feedback, and avoids possible distress and disclosures in a public setting. It also helps teachers to manage discussions on sensitive issues confidently. It is good practice to:

- work with students to establish ground rules about how they will behave in PSHE lessons, such as;

- Everyone has the right to be heard and respected.
- We will use language that won't offend or upset other people.
- We will comment on what was said, not the person who said it.
- We won't share our own, or anyone else's, personal experiences.
- We won't put anyone on the spot and we have a right to pass.
- We won't judge or make assumptions about anyone.
- We will use the correct terms, and if we don't know them, we'll ask the teacher.
- make a box or envelope available in which students can place anonymous questions or concerns, to avoid having to voice them in front of the class
- provide balanced, factually accurate information and differing views to help students clarify their own opinions
- be sensitive to the needs and experiences of individuals – there may be students from a variety of family backgrounds, including looked after young people, or young people who have been adopted, or had personal experience of pregnancy or abortion
- distance the learning from students to discourage personal disclosures in the classroom and to keep the learning environment safe

<sup>6</sup> <https://phscreening.blog.gov.uk/2020/03/13/pregnant-men-best-care/>

- always work within the school's policies on safeguarding and confidentiality
- make students aware of sources of support, both inside and outside the school
- link PSHE education into the whole school approach to supporting student wellbeing

Further guidance on creating a safe learning environment is available from the [PSHE Association](#).

### Signposting support

It is essential that in all PSHE education lessons, appropriate support is signposted.

#### Support for students

Ensure students know where they can find help and further advice, if they are concerned, both now and in the future. This includes highlighting trusted adults in school, such as their tutor, head of year, the Designated Safeguarding Lead, the school nurse and other teaching staff. Reassure students that staff are always willing to listen to their concerns. When signposting support, it is important not only to inform students of where they can access it, but also to help them understand why they might seek support for themselves, or others, when they might seek support, how to do so and what will happen next if they do.

Highlight organisations where students can access support and report concerns:

[www.childline.org.uk](http://www.childline.org.uk) – for students to seek advice on a wide range of concerns

[www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant](http://www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant) – for help and support in relation to pregnancy

[www.brook.org.uk/topics/pregnancy](http://www.brook.org.uk/topics/pregnancy) – for help and support in relation to pregnancy

[www.nhs.uk/conditions/miscarriage](http://www.nhs.uk/conditions/miscarriage) – for further information and guidance in relation to miscarriage

[www.nhs.uk/conditions/infertility](http://www.nhs.uk/conditions/infertility) – for further information and guidance in relation to fertility

[www.nhs.uk/conditions/abortion](http://www.nhs.uk/conditions/abortion) – for further information and guidance in relation to abortion

#### Subject knowledge support for teachers

Additional information and relevant links for teachers can be found in the fertility and pregnancy knowledge organiser (at the end of this guidance), as well as in the [abortion factsheet](#) from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Faculty of Sexual and Reproductive Healthcare (FSRH).

#### Links to PSHE Association Programme of Study and DfE statutory guidance for RSE and Health education

The table below shows the learning opportunities from the relevant PSHE education core themes at KS4 which are met by these lessons. It also highlights where elements from the statutory guidance for relationships and sex education (RSE) and health education are met through the lesson content. Learning should always take place within a spiral programme of knowledge, skills and attribute development, where prior learning is revisited, reinforced and extended in developmentally-appropriate contexts.

Learning opportunity from PSHE Association Programme of Study

Department for Education:  
Statutory guidance for RSE and Health education

### Key stage 4

*Students should have the opportunity to learn:*

#### Core theme: Health and wellbeing

**H30.** about healthy pregnancy and how lifestyle choices affect a developing foetus

**H31.** that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors

**H32.** about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy

**H33.** about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice

#### Core theme: Relationships

**R24.** the physical and emotional responses people may have to unintended pregnancy; the different options available; whom to talk to for accurate, impartial advice and support

**R25.** the importance of parenting skills and qualities for family life, the implications of young parenthood and services that offer support for new parents and families

**R26.** the reasons why people choose to adopt/foster children

**R27.** about the current legal position on abortion and the range of beliefs and opinions about abortion

*Pupils should know:*

#### Relationships and sex education

*Topic: Intimate and sexual relationships, including sexual health*

- the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.
- the facts around pregnancy including miscarriage.
- that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).

## Key stage 5

*Students should have the opportunity to learn:*

### Core theme: Relationships

**R14.** to understand the implications of unintended pregnancy and young parenthood; to recognise the advantages of delaying conception, whilst acknowledging the changes in fertility with age

**R18.** to access the pathways available in the event of an unintended pregnancy and understand the importance of getting advice and support quickly



# LESSON 1 Fertility and routes to parenthood

This is the first of three lessons for key stage 4 and 5 students focusing on fertility and pregnancy choices. This lesson teaches students about how fertility changes over time, and the different ways that people can become parents. Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme, as part of wider learning on families and parenting.



## Learning objective

To learn about how fertility changes over time and about the different routes to becoming a parent



## Learning outcomes

By the end of the lesson students will be able to:

- explain how fertility changes over a person’s lifetime and some of the factors affecting this
- explain how to maintain a healthy pregnancy
- describe different routes to parenthood



## Climate for learning

Make sure you have read the accompanying teacher guidance before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, inclusion, communication and handling questions effectively. Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive.



## Resources required

**Box/envelope** for anonymous questions



**Flip chart paper and pens**



**Resource 1:** Graph

[1 per student requiring additional support]



**Resource 2:** Routes to parenthood

[1 per pair]



**Resource 3:** Options [1 per pair]



**Resource 3a:** Additional notes



## Key words

Fertility, pregnancy, conceive, infertility, In vitro fertilisation (IVF), Intrauterine insemination (IUI) surrogacy, donor, fostering, adoption

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules.	5 mins
2. Baseline assessment	Students complete a mind map about fertility.	10 mins
3. Fertility changes	In pairs, students analyse how fertility changes with age and the impact this might have on someone’s fertility-related choices.	5 mins

4. What affects fertility?	Students identify factors that affect someone's fertility and discuss how to maintain a healthy pregnancy.	10 mins
5. Routes to parenthood	In groups, students analyse what routes to parenthood different characters might take and consider the support available to them.	20 mins
6. Endpoint assessment	Students return to their mind maps and add key learning from the lesson.	5 mins
7. Signpost support	Signpost students to relevant support.	5 mins

## Baseline assessment



### Introduction



Negotiate or revisit ground rules for the lesson and introduce the learning objective and outcomes. Explain that although students might not be thinking about parenthood yet, it is important for them to have the knowledge to make an informed decision about when, if and how to start a family in the future.



### Baseline assessment activity



Ask students to complete a mind map with 'fertility' in the middle. Use the following prompts to guide them:

- What is fertility?
- What might increase a person's fertility?
- What might decrease a person's fertility?
- What help is available for someone who requires advice and support in relation to their fertility?

As this is a baseline assessment, they should work on their own, without any prompting or examples.

Afterwards, ask students to share their ideas as a class with you. This will allow you to gauge students' current knowledge, understanding and beliefs, as well as what they can remember from their Science lessons. Once completed, make sure students have added their names to their mind maps and put them to one side, as these will be revisited at the end of the lesson to demonstrate progress.

## Core activities



### Fertility changes



Explain that fertility relates to a person or couple's ability to conceive a child. Show students the graph on slide 13 showing how fertility changes over time. In pairs, ask them to discuss the following questions:

1. What does this suggest about someone's fertility?
2. What similarities and differences are there between male and female fertility?
3. How might this impact someone's choices around becoming a parent?
4. What else should people keep in mind when making decisions in relation to fertility in the future?

**Take feedback, drawing out key learning:**

1. *Fertility decreases with age. Female fertility gradually declines in the 30s, particularly after the age of 35 years old. After menopause (when menstruation stops) they are no longer able to conceive. The menopause usually occurs between 45 and 55 years of age as oestrogen levels fall. Menopausal symptoms can begin months or years before periods stop and can sometimes last for years after periods stop. Symptoms can include hot flushes, night sweats, difficulty sleeping, low mood or anxiety, reduced sex drive, vaginal dryness and discomfort during sex.*
2. *While male and female fertility both decline with age, the decline in female fertility happens earlier in life and the decline is more rapid than male fertility.*
3. *If a woman (or trans man) wants to conceive a baby naturally, they have an increased chance of doing so before they reach their mid-30s. A trans man can become pregnant if he did not transition physically (i.e. he transitioned socially but did not have surgery), or he transitioned physically but retained his ovaries and uterus when he had surgery<sup>1</sup>. While male fertility does decrease with age, this decline is not to the same extent as female fertility. However, both need to think about if or when they would like to have a family and take their fertility into account when they plan for the future.*
4. *Other factors to consider when making choices in relation to fertility and when to start a family might include: impact on lifestyle; financial considerations; career aspirations; family or other support networks; religious or cultural beliefs; other life goals, such as travel; that it may take a long time to conceive a baby, even before fertility starts to decline (therefore if someone desires a large family, they may need to start trying to have a baby earlier on in their life).*

<sup>1</sup> <https://phscreening.blog.gov.uk/2020/03/13/pregnant-men-best-care/>

**Support:** 

Provide students with **Resource 1: Graph** and ask them to complete the accompanying questions.



**What affects fertility?**



Divide the class into small groups and give each some flipchart paper and pens. Give them 30 seconds to write down everything they can think of that might affect someone's fertility. After 30 seconds has passed, read the following list/project it for students to see (without the notes in brackets). Tell them that they get a point for every factor listed. Once they have added up their points, briefly explain how each factor affects fertility<sup>2</sup>:

<sup>2</sup> <https://www.nhs.uk/conditions/infertility/>

- **Age** – [fertility declines with age]
- **Sexually Transmitted Infections (STIs)** – [left unchecked and untreated, some STIs can have a lasting impact on fertility, particularly chlamydia and gonorrhoea]
- **Smoking** – [affects someone's chances of conceiving and can reduce semen quality]
- **Alcohol** – [excess or binge drinking can affect sperm and egg production, making it harder to conceive]
- **Anabolic steroids** – [long-term misuse of anabolic steroids can reduce sperm count and sperm mobility]
- **Other drugs or medicines** – [medicines, such as those used in chemotherapy, can sometimes severely reduce sperm production. Illegal drugs, such as cannabis and cocaine, can seriously affect fertility and make ovulation more difficult]
- **Weight** – [being overweight or obese reduces fertility; in females, being overweight or severely underweight can affect ovulation. A healthy diet and exercise regime can contribute towards maintaining a healthy weight]
- **Environmental factors** – [exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in males]
- **Stress** – [in severe cases, stress may affect ovulation and sperm production]

Although students may suggest caffeine consumption as a factor, there is no evidence to suggest caffeinated drinks are associated with fertility problems<sup>3</sup>. Similarly, men also sometimes try wearing loose fitting underwear to help fertility because higher temperatures in the scrotum can reduce semen quality. However, it is not clear whether wearing loose fitting underwear improves fertility<sup>4</sup>. Some studies suggest that sperm quality is affected by mobile phones carried in trouser pockets, however, the evidence for this is inconclusive.

Additionally, female fertility problems may be due to conditions such as endometriosis, or because the ovaries do not produce eggs regularly, or because the fallopian tubes are damaged or blocked and the sperm cannot reach the eggs<sup>5</sup>. Medical or surgical interventions may be required in such circumstances.

Ask students to think-pair-share which of these factors might also affect the healthy development of a pregnancy and take some feedback.

Then explain that there are various things that can help ensure a healthy pregnancy, for example, avoiding drinking alcohol, smoking, taking certain medicines or other drugs. Regular, low impact exercise and a healthy diet can also support a healthy pregnancy. Some STIs can affect the health of the developing foetus, so it is also recommended to have an STI check. For further information, please visit: <https://www.nhs.uk/conditions/pregnancy-and-baby/health-things-you-should-know-pregnant/>.

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<sup>3</sup> <https://www.nhs.uk/conditions/infertility/>

<sup>4</sup> <https://www.nice.org.uk/guidance/cg156/ifp/chapter/Trying-for-a-baby>

<sup>5</sup> <https://www.nice.org.uk/guidance/cg156/ifp/chapter/Fertility-problems>



## Routes to parenthood



In pairs, give students a copy of **Resource 2: Routes to parenthood** and **Resource 3: Options**. Ask them to use the information about the different options people have for starting a family, listed in Resource 3, to note down what route each character/couple in Resource 1 might take. Explain that there might be multiple options for each scenario in the table.

Ask students for feedback, using the information below and **Resource 3a: Additional notes** to help you guide the discussions and respond to questions.

Key learning:

- Rachel and Steven might consider IUI, IVF, adoption, fostering, decide not to have a child
- Oliver and Zane might consider adoption, fostering, surrogacy, co-parenting
- Graham might consider adoption, fostering, surrogacy
- Asha and Chidi might consider natural conception, decide not to have a child
- Lian might decide not to have a child, or might consider co-parenting, IUI, or freezing her eggs
- Mariam and Zara might consider IUI, IVF, adoption, fostering, co-parenting

It is important that students understand that there is no 'right' way to start a family and that there is no guarantee that any of the routes to parenthood will always successfully lead to parenthood (see **Resource 3a: Additional notes**). The route that individuals or couples take is entirely up to them and dependent on personal circumstances and preferences. Deciding not to have a child is also just as valid a choice as choosing to become a parent. Sharing the statistics in **Resource 3a: Additional notes** will help to highlight this.

Finally, ask each pair to list at least five sources of support: who or where might the people in the scenarios go to in order to find out more information or to seek help, guidance and support? *Examples might include family, friends, support groups, online resources (e.g. NHS website), GP, fertility clinics, local council (e.g. regarding fostering), adoption services, etc.*

### Support:



Ask students to focus on scenarios 1, 2 and 5 – these will ensure a range of routes to parenthood are explored.

### Challenge:



Ask students to consider what they think the biggest factor in influencing the decision in each scenario might be (e.g. lifestyle, desire to be a biological parent, age of couple).

## Plenary/Assessment of learning



### Reflecting on today's learning and endpoint assessment

Ask students to revisit the answers they wrote to the four prompt questions about fertility at the start of the lesson. Using a different colour pen, ask students to add any additional information they have learnt in response to each question. They may also want to edit their original ideas as a result of the lesson. This will provide information about students' progress and identify any gaps in learning that still need to be addressed in future lessons.



## Signposting support



Ensure that students know where they can seek help and advice both now and in the future if they are concerned about fertility or becoming a parent. Students wishing to seek further guidance can:

- Speak to a tutor, head of year, school nurse or other trusted member of staff in the school
- Contact Childline [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Visit [www.nhs.uk/conditions/infertility](http://www.nhs.uk/conditions/infertility)

## Extension activity

Ask students to choose two of the 'routes to parenthood' and explain why they feel the characters should choose or not choose any of the options available to them. Alternatively, ask students to choose one of the characters above and advise them what they think would be their best option and why.

## LESSON 2 Pregnancy outcomes

This is the second of three lessons for key stage 4 and 5 students focusing on fertility and pregnancy choices. This lesson teaches students about the possible outcomes in the event of an unplanned pregnancy and how to access advice and support. Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme, as part of wider learning on families and parenting.



### Learning objective

To learn about the possible outcomes in the event of an unplanned pregnancy



### Resources required

**Box/envelope** for anonymous questions



**Post-it notes**



**Resource 1:** Pregnancy test  
[1 per student]



**Resource 2:** Scenarios  
[1 per class]



### Key words

Pregnancy, adoption, abortion, miscarriage, influence



### Learning outcomes

By the end of the lesson students will be able to:

- identify the range of options available in the event of an unplanned pregnancy
- describe the range of emotions someone might feel in the event of an unplanned or unwanted pregnancy
- evaluate the different influences that might affect decisions about pregnancy
- recognise that miscarriage can occur and where to access support in the event of a miscarriage
- describe where and how to access impartial advice and support in relation to pregnancy



### Climate for learning

Make sure you have read the accompanying teacher guidance before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, inclusion, communication and handling questions effectively. Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive. It is also possible that a student has had a personal experience with an unplanned pregnancy or miscarriage. Making the lesson safe for those students will help to ensure the lesson is safe for everyone.

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules.	5 mins
2. Baseline activity	Students analyse their knowledge, understanding and beliefs about unplanned pregnancy by reviewing a scenario about a young couple facing an unplanned pregnancy.	10 mins

3. Options	Students list the factors that might influence the decisions made about an unplanned pregnancy.	10 mins
4. Scenarios	In groups, students evaluate the influences present in different scenarios.	10 mins
5. Next steps	Students analyse what the next steps might be for the characters in the scenarios.	5 mins
6. Miscarriage, advice and support	Teacher explains what a miscarriage is and where to seek advice and support.	5 mins
7. Endpoint assessment	Students return to the baseline scenario and advise the characters about their next steps.	10 mins
8. Signpost support	Signpost students to relevant support and how to access sexual health services.	5 mins

## Baseline assessment



### Introduction



Negotiate or revisit ground rules for the lesson. Introduce the learning objective and outcomes and explain that today's lesson explores the possible outcomes of an unplanned pregnancy.



### Baseline assessment activity



Give students **Resource 1: Pregnancy test** which describes the moment two young people, Amalie and Dan, find out that Amalie is pregnant. Independently, ask students to respond to the four prompt questions surrounding the scenario:

- How might Amalie be feeling?
- How might Dan be feeling?
- What options do they have?
- What might their next steps be?

Take some class feedback, as this will give you an indication of students' current understanding, beliefs and attitudes relating to the topic. Use this to prioritise and adapt discussions in the lesson.

## Core activities



### Options



Explain that in the case of an unplanned pregnancy, there are three possible options:

- Become a parent – continue the pregnancy and raise the child, either as a single parent or a couple.



- Have an abortion (also known as a 'termination') – the pregnancy is ended either by taking medication or having a surgical procedure.
- Relinquish the child for adoption – once an adoption order is made, the adopters become the child's legal parents and the birth parents no longer have any legal rights in relation to the child. This is the least common choice for people to make when pregnant.

In pairs, ask students to try to come up with ten different factors that might influence the decisions someone makes about an unplanned pregnancy. Then take some feedback, creating a whole class list.

*Factors might include: their own attitude towards and feelings about having a baby, their partner's attitude towards and feelings about having a baby, their relationship status, the opinions of their family and friends, community attitudes, financial considerations, their religion, their culture, their plans for the future, career goals or aspirations, their personal goals or aspirations, worries about their education or employment, physical or mental health.*

### Support:



Ask students to come up with five factors that might influence the decision someone makes about an unplanned pregnancy.

### Challenge:



Ask students to discuss which factors are internal influences (own thoughts and feelings) and which are external (coming from others). What do they think might have the greatest impact: external or internal influence?



### Scenarios



Divide the class into six groups and assign each group a scenario from **Resource 2: Scenarios**. Explain that each character has just discovered they are (or their partner is) pregnant – the pregnancy in each case was not planned. Ask each group to discuss and write down:

1. What might their character's initial reaction to the pregnancy be?
2. What might influence their character's decision going forward?
3. Which influence might their character prioritise above all others?

Ask each group to feedback on their scenario. Explain that someone might feel a range of emotions upon discovering they are/their partner is pregnant and what is important is that they have someone to talk to and that they get the support they need.

Students may suggest the following influences for each character:

- Zarah – influences might include: her own education/career aspirations, the future of their relationship, their finances
- Louie – influences might include: his girlfriend's decision, their finances, his parents
- Klaudia – influences might include: her support networks, her religion, community and family attitudes towards her
- Jana – influences might include: her impression that a baby might 'fix' the relationship with Darren, her mum
- Dalia – influences might include: her partner, their finances, personal and professional aspirations of them both
- Frankie – influences might include: family and peer attitudes, support networks, personal goals

Different people will have different influences and different reasons for coming to the decisions they do – personal circumstances, age, support networks, aspirations, finances and so on may all play a role. There may be considerable differences in students' opinions regarding which influence someone might prioritise above others, for example parental support may be identified as a very strong influence for some, but not for others. However, while other people, such as the partner, may express their views, it is important to emphasise that the final decision rests with the individual who is pregnant and that nobody should be pressured into doing something they do not want to do.

## Challenge:

Ask students to script the opening of a conversation between one of the characters and their parent/carer/trusted adult. How might they begin the conversation? What words would they use?



## Next steps



Then, ask students to discuss and write down a three-point action plan of next steps that their character might take. This could include who the character might speak to, who they might turn to for emotional support, what conversations they might need to have, or where they might go for further help and advice.

Ask each group to feedback their three-point plans and create a whole class mind map of ideas.

*Next steps might include:*

- *Discussing options with their partner*
- *Getting moral support from a friend*
- *Researching their options in greater depth*
- *Speaking to a parent, carer, teacher or other trusted adult*
- *Contacting their GP or another medical professional*
- *Visiting a sexual health clinic*
- *Seeking support and further guidance online, e.g. via Childline, the NHS website, Brook etc.*

## Support:

Encourage students to identify sources of support from the images on slide 15.



## Miscarriage, advice and support



Explain to students that should someone decide to continue with a pregnancy, in some cases a miscarriage can occur. Miscarriage is the spontaneous loss of a pregnancy before the foetus is mature enough to survive outside the uterus. Miscarriage is estimated to affect between 1 in 5<sup>1</sup> and 1 in 8 pregnancies<sup>2</sup>, the majority of which occur in the first trimester (0-12 weeks). Miscarriage is not the fault of the mother - there are many reasons why a miscarriage may happen, such as a chromosomal abnormality, although the cause is often not

<sup>1</sup> <https://www.brook.org.uk/your-life/miscarriage/>

<sup>2</sup> <https://www.nhs.uk/conditions/miscarriage/>

identified. People who have experienced a miscarriage may go through a variety of emotions, including grief, loss and bereavement. It can have a profound emotional effect not only on the mother but also on their partner and other family members. For further advice and support in relation to miscarriage, visit:

- [www.nhs.uk/conditions/miscarriage](http://www.nhs.uk/conditions/miscarriage)
- [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

## Plenary/Assessment of learning



### Endpoint assessment



Ask students to return to **Resource 1: Pregnancy test**. At the bottom of the page, ask them to write a paragraph of advice to Amalie and Dan explaining what they could do next and where they could go to access further help and support. Ask them to share their ideas in small groups, and then ask each group to decide what they think is the single most important piece of advice they could give someone in Amalie and Dan's position. Ask each group to write this on a post-it and stick it on the board. Briefly summarise these for the class. This is an opportunity for you to gather evidence of the learning that has taken place and to inform your planning for subsequent teaching.



### Signposting support



Ensure that students know where they can seek help and further advice both now and in the future, in relation to unplanned pregnancy. Students wishing to seek further guidance can:

- Speak to a tutor, head of year, school nurse or other trusted member of staff in the school
- Contact GP surgery or local sexual health clinic
- Contact Childline [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Visit [www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant](http://www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant)
- Visit [www.brook.org.uk/topics/pregnancy](http://www.brook.org.uk/topics/pregnancy)
- Visit [www.nhs.uk/SERVICE-SEARCH/sexual-health](http://www.nhs.uk/SERVICE-SEARCH/sexual-health)

## Extension activity

Select some local support services and provide students with links to them. Ask students to research and create a short fact-file about one of the services, ensuring the following are included:

- Name of service and location
- Contact details and opening times
- Services they provide

These could form part of a 'support services' display.

## LESSON 3 Pregnancy choices: abortion

This is the last of three lessons for key stage 4 and 5 students focusing on fertility and pregnancy choices. This lesson teaches students about the laws related to abortion, addresses myths and misconceptions and explores options for help and support. Neither this, nor any of the other lessons, is designed to be taught in isolation, but should always form part of a planned, developmental PSHE education programme, as part of wider learning on families and parenting.



### Learning objective

To learn about the laws related to abortion and support available



### Resources required

**Box/envelope** for anonymous questions



**Resource 1:** Forum post  
[1 per student]



**Resource 2:** Fact or fiction?  
[1 per pair]



**Resource 2a:** Fact or fiction? Alternative  
[1 per student requiring additional support]



**Resource 2b:** Fact or fiction?  
Teacher answers and notes



**Resource 3:** Help and support  
[1 per pair]



**Resource 4:** Support options  
[1 per student requiring additional support]



### Key words

Abortion, termination, pro-life, pro-choice



### Learning outcomes

By the end of the lesson students will be able to:

- identify key legal considerations in relation to abortion
- explain why there are strongly held views on either side of the abortion debate
- explain where and how to access medical services and emotional support



### Climate for learning

Make sure you have read the accompanying teacher guidance before teaching this lesson, which includes guidance on establishing ground rules, the limits of confidentiality, inclusion, communication and handling questions effectively. Remember to keep in mind that students will come from a variety of family backgrounds, which may include those who have been adopted or fostered, and who may find some discussions particularly sensitive. It is also possible that a student has had a personal experience with an unplanned pregnancy, miscarriage or abortion. Making the lesson safe for those students will help to ensure the lesson is safe for everyone.

Activity	Description	Timing
1. Introduction	Introduce learning objectives and outcomes and reinforce ground rules.	5 mins
2. Baseline activity	Independently, students respond to a forum post by a young couple who want to have an abortion.	10 mins
3. Fact or fiction?	In pairs, students assess whether a variety of statements about abortion are true or false.	15 mins

4. Abortion influences	Brief explanation by teacher about the debates surrounding abortion.	10 mins
5. Help and support	Students review sources of help and support in relation to abortion.	10 mins
6. Reflection and endpoint assessment	Class return to forum post from the start of the lesson and provide advice based on their learning.	5 mins
7. Signpost support	Reinforce the options available for sources of support.	5 mins

## Baseline assessment



### Introduction



Negotiate or revisit ground rules for the lesson, particularly ground rules about respecting others' views and commenting on what was said, not who said it. Introduce the learning objective and outcomes and explain that today's lesson will explore the facts and laws relating to abortion (which is also known as termination) and the help and support available.



### Baseline assessment activity



Ask students to read the post made by a young couple seeking an abortion in **Resource 1: Forum post**. Ask students to complete the sentences in the response boxes underneath, writing down everything they think or believe in relation to abortion. As this is a baseline assessment, they should work on their own, without any prompting or examples.

Circulate the room while students are completing the activity. This will allow you to gauge students' current understanding and any common ideas or misconceptions, some of which will be addressed in the next activity. Once completed, make sure students have added their names and put these to one side, as these will be revisited at the end of the lesson.

## Core activities



### Fact or fiction?



In pairs, ask students to complete **Resource 2: Fact or fiction?** analysing the validity of different statements and myths related to abortion. You could use a thumbs up/thumbs down approach to class feedback. After each statement, share the answers and the supporting information, using **Resource 2b: Fact or fiction? Teacher answers and notes**.

#### Support:



Ask students to complete a simplified version of the activity, using **Resource 2a: Fact or fiction?** Alternative.

#### Challenge:



For any statement that students have judged to be 'fiction', ask them to add what the true statement should be in the 'challenge' column.



## Abortion influences



Ask students to list what they think might influence someone's views about abortion and take some feedback.

*Opinions on abortion might be influenced by: someone's family, friends, or peers; their personal values; their culture; their religion; the strength and/or nature of their relationship with their partner; their plans for the future; the legal status of abortion; the media.*

Explain to students that some people support the practice of abortion and others oppose it. Often this is because both sides of the debate are representing competing beliefs (sometimes, but not always, linked to religious belief); about the rights of the foetus (often referred to as "pro-life"), e.g. the right to life; and the rights of the pregnant woman (or trans man) (often referred to as "pro-choice") e.g. the right to choose what happens to their body. While it is a controversial and contentious issue, both sides believe they are supporting very important and valuable rights on either side. It is important to emphasise that everyone is entitled to their own opinions about these rights and should be allowed to make the decision that they feel is best for them.



## Help and support



In pairs, ask students to complete the table in **Resource 3: Help and support**, identifying possible people, groups, or organisations who may be able to provide the type of help and support stated. Explain that the same person/group may be added more than once in different places.

*Take feedback, highlighting the following sources of support:*

- *Parents, family members or friends can provide listening and empathy and may be able to provide emotional support strategies*
- *Someone's partner can provide listening and empathy and may be able to provide emotional support strategies*
- *Teachers or other trusted adults can provide listening and empathy, take steps to safeguard the person if they are at risk, and may be able to provide emotional support strategies*
- *GPs and other medical professionals can provide medical advice, conduct a medical assessment, provide accurate, reliable, non-biased information, take steps to safeguard the young person if they are at risk, refer someone for an abortion*
- *Counsellors can provide listening and empathy, and therapeutic support*
- *Advice lines, charities, specialist organisations can provide listening and empathy, emotional support strategies and, depending on the organisation, may provide reliable, non-biased information*

### Support:



Provide students with the sources of support suggestions in **Resource 4: Support** to help them complete the table.

### Challenge:



Ask students to identify who they think the top three sources of support most beneficial to young people are and to explain their choices.

## Plenary/**Assessment of learning**



### Reflecting on today's learning and endpoint assessment

Working on their own, ask students to return to the forum post from the start of the lesson. Ask them to create a new reply, giving advice to the couple based on what they have learnt this lesson.



### Signposting support



Ensure that students know where they can seek help and advice both now and in the future if they are concerned about unplanned pregnancy or abortion. Students wishing to seek further guidance can:

- Speak to a tutor, head of year, school nurse or other trusted member of staff in the school
- Speak to their GP or local sexual health clinic
- Visit [www.brook.org.uk/topics/pregnancy](http://www.brook.org.uk/topics/pregnancy)
- Contact Childline [www.childline.org.uk](http://www.childline.org.uk) 0800 1111
- Visit [www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog](http://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog)

# RESOURCES

## Fertility and pregnancy choices

### KS4-5

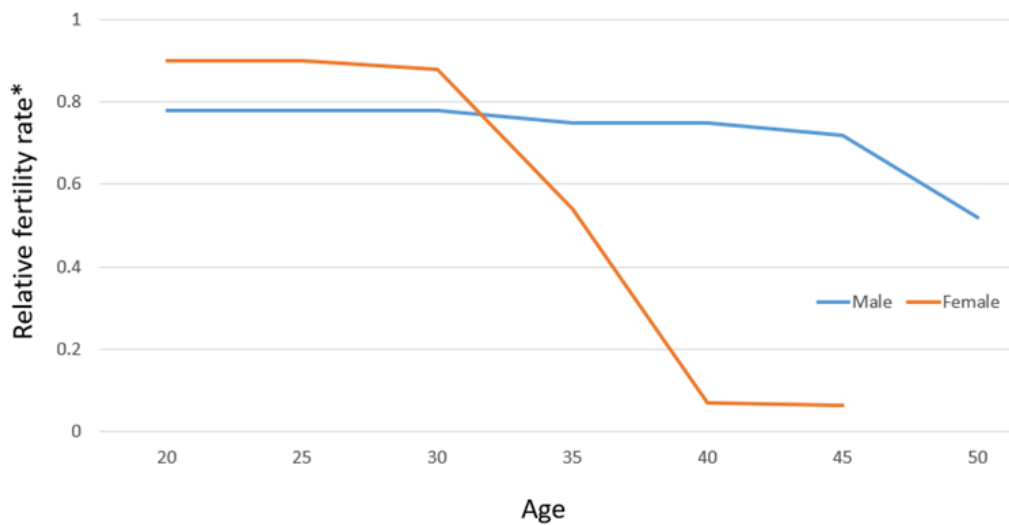
<b>#1 Fertility and routes to parenthood .....</b>	<b>25</b>
<b>#2 Pregnancy outcomes .....</b>	<b>29</b>
<b>#3 Pregnancy choices: abortion.....</b>	<b>31</b>



## RESOURCE 1 Graph

Look at the graph<sup>1</sup> below and answer the following questions:

1. Does fertility go up or down as someone gets older?
2. Whose fertility changes earlier – male or female?
3. Is someone more or less likely to have a baby when they are older?



\*relative fertility rate indicates likelihood of conception

<sup>1</sup> visual representation created using data from <https://www.britishfertilitysociety.org.uk/fei/at-what-age-does-fertility-begin-to-decrease>

## RESOURCE 2 Routes to parenthood

	Route(s) to parenthood
<p><b>Rachel and Steven</b></p> <p>Rachel and Steven have been together for many years. They spent their 30s focusing on their careers, spending time socialising with friends and family and travelling as much as possible. Now both 40 years old, they feel ready to start a family. However, they have been trying to conceive for over a year and have not fallen pregnant.</p>	
<p><b>Oliver and Zane</b></p> <p>Oliver and Zane spend a lot of time with their nieces, nephews and friends' children; they love kids of all ages and agree that now is the time to start a family of their own. They just aren't sure where to begin!</p>	
<p><b>Graham</b></p> <p>Graham has always wanted children of his own and is keen to start a family. He thought he would have a partner by now, but he has not found someone he would like to have a family with. He has decided to raise a child alone instead.</p>	
<p><b>Asha and Chidi</b></p> <p>27-year-old Asha and 25-year-old Chidi want a large family and recently bought a family-sized home together. Although their families keep asking when they are going to get pregnant, they are not sure whether they should wait a few years before they start, as they are both doing really well in their respective jobs.</p>	
<p><b>Lian</b></p> <p>Most of Lian's friends have children and she feels like she might be missing out. She knows she won't be fertile forever so thinks she should act now. However, she is not in a relationship and isn't sure children are really for her.</p>	
<p><b>Mariam and Zara</b></p> <p>Mariam and Zara would like to have children. Zara has always wanted to carry a child herself and Mariam is very supportive of this, but they are not sure if that's a possibility or what their other options might be.</p>	

## RESOURCE 3 Options\*

### 1. Decide not to have a child

**2. Natural conception** – a male and female achieving pregnancy through vaginal sex.

**3. Intrauterine insemination (IUI)** – also known as artificial insemination, this involves inserting sperm into the uterus via a thin plastic tube passed through the cervix. Sperm is collected and the fastest moving sperm are selected.

**4. In vitro fertilisation (IVF)** – fertility medication is taken to encourage the ovaries to produce more eggs than usual. Eggs are then removed from the ovaries and fertilised with sperm in a laboratory. A fertilised egg (embryo) is then returned to the uterus to grow and develop.

**5. Co-parenting** – when two or more people decide to conceive and parent children together. A co-parent will not have sole custody of the child, and there are many details to be worked out, such as what role each parent will take, how financial costs will be split, and the degree of involvement each will have with raising the child.

**6. Adoption** – the legal process by which a child who cannot be brought up within their birth family becomes a full, permanent and legal member of their new family. Adopters become the child's legal parents with the same rights and responsibilities as if the child was born to them.

**7. Fostering** – providing a child with a home while they are unable to live with their own family. Many children in foster care will return home or go to live with family members. A fostered child remains the legal responsibility of the council and/or their birth parents and foster carers receive support from a social worker.

**8. Surrogacy** – when a woman carries a pregnancy for a couple who cannot maintain a pregnancy themselves. In some cases, the eggs of the mother or a donor are used, while in other cases the surrogate's egg is fertilised with the sperm of the father. The baby does not legally become the couple's until a parental order has been issued after the child's birth. Until this order is issued the surrogate has the right to keep the baby.

**9. Egg freezing** – similar to the process of IVF, this involves collecting a female's eggs, freezing them and using them at a later date.

\*Whilst many of these routes to parenthood can be successful, they may come with additional challenges. For example, they can be emotionally/ physically demanding, and costly. They have variable success rates and are not always guaranteed to produce children. So, different routes should be fully researched and explored before a couple or an individual makes their decision.

## RESOURCE 3a Additional notes

- 1. Decide not to have a child** – People choose not to have children for many reasons including: no desire to be a parent, impact on lifestyle, cost of raising a child, impact on overpopulation/climate change, responsibility of raising a child, impact on quality of life, mental or physical health concerns. Childlessness at age 30 has increased – nearly half (49%) of women born in 1989 (who turned 30 in 2019) were childless<sup>1</sup>.
- 2. Natural conception** – Around 1 in 7 couples may have difficulty conceiving naturally. About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days).
- 3. Intrauterine insemination (IUI)** – This may be performed with a partner's sperm or donor sperm (known as donor insemination), e.g. in the case of people who need donated sperm but have no female fertility problems. It is less invasive than IVF, but its success rate is lower.
- 4. In vitro fertilisation (IVF)** – IVF is a more invasive procedure than IUI, but has a higher success rate. There is greater control with IVF as the fertilisation of the egg can be checked and the best embryo(s) can be selected to be put back in the uterus. This can be performed with partner's sperm or donor sperm, own eggs or donor eggs.
- 5. Co-parenting** – Co-parenting arrangements can be made between two single people, a single person and a couple, or two couples. If people decide to co-parent, each person may have their own partner, so it is possible that a child has more than two parents or carers. However, in the UK a child can only have two legal parents, even if more adults are involved in their up-bringing. For further information visit <https://www.stonewall.org.uk/help-advice/parenting-rights/%E2%80%8Bco-parenting-0>.
- 6. Adoption** – People aged 21 or over can adopt (there is no upper age limit) and can be single, married, in a civil partnership, an unmarried couple (same sex and mixed sex), or the partner of the child's parent. There are different rules for private adoptions, adoptions from abroad and adoptions of looked-after children.
- 7. Fostering** – To become a foster parent, a person must be: at least 21 years old, a UK resident or have indefinite leave to remain, be able to take care of a child or young person, often on a full-time basis. The length of a foster placement can range from one night to many years, or until the child is an adult.
- 8. Surrogacy** – Surrogacy is legal in the UK, but it is illegal to advertise for surrogates. No financial benefit other than reasonable expenses can be paid to the surrogate. Surrogacy can be a route to having a child biologically related to the father.
- 9. Egg freezing** – in 2016, just 18% of IVF treatments using someone's own frozen eggs were successful. There are many reasons someone may choose to freeze their eggs, including having medical treatment that may cause infertility (e.g. chemotherapy). For more information please visit: [www.hfea.gov.uk/treatments/fertility-preservation/egg-freezing/](http://www.hfea.gov.uk/treatments/fertility-preservation/egg-freezing/).

<sup>1</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/childbearingforwomenbornindifferentyearsenglandandwales/2019>

## RESOURCE 1 Pregnancy test

How might Amalie be feeling?

How might Dan be feeling?



What options do they have?

What might their next steps be?

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## RESOURCE 2 Scenarios



Zarah is 18 years old. She has been working really hard to get good A-level results and has a place at a great university in another city for next year. She has been with her boyfriend since Year 11 and they have a strong relationship, although he now works full-time so they don't see each other as regularly.

Louie's girlfriend wants to keep the baby, but he doesn't feel ready to be a father and isn't sure how he will afford to financially support a family either. He knows his parents are going to be really angry – his Dad even gave him a lecture about safe sex when he first started dating! He's going to be so disappointed.

Klaudia is 15 years old and doesn't know who to contact about her options – she's never even had to make her own GP appointment before! Her family are very religious and she wasn't supposed to have sex before marriage. She thinks they will ask her to leave home if she tells them that she's pregnant.

Jana's mum had her when she was young and raised her alone. She never wanted Jana to do the same thing. Jana and her ex-boyfriend Darren were dating for a year, but broke up 3 months ago after lots of arguments. Jana is hoping the pregnancy might bring them back together.

Dalia is in a new relationship and doesn't know how her partner will react to the news. Both of them work full time and have been saving money up, but they want to use this to go on holidays and buy a flat together. Dalia thinks that the wrong decision might end the relationship, but she doesn't know what the right decision is.

Frankie finally feels like their life is coming together; they have found a group of really good, supportive friends at college, they are studying subjects they care about and getting on really well with their parents. Frankie thinks this all might go away if they reveal they are pregnant.

## RESOURCE 1 Forum post



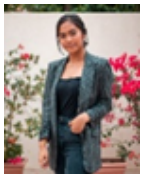
My partner and I just found out we've conceived and I'm 6 weeks pregnant... but we don't want to continue the pregnancy. We don't even want anyone to know what's happened, but we're only 16 and aren't sure I can have an abortion unless we tell our parents. What should we do?



I expect you and your partner must be feeling...



The first thing you should do is...



The laws around abortion say that...



To get some more advice, help or support you could...

**RESOURCE 2** Fact or fiction?

	<b>Fact or fiction?</b>	<b>Challenge</b>
1. It is only possible to get an abortion if the GP agrees to make a referral.		
2. Abortions should be carried out in the first 24 weeks of pregnancy.		
3. Abortion can be accessed free from the NHS.		
4. Two doctors must agree to the abortion.		
5. The couple who have conceived must both agree to the abortion for it to be carried out.		
6. Under 16 years old, parental permission must be given for an abortion to go ahead.		
7. Abortion is a safe procedure.		
8. Counselling must be provided before an abortion can go ahead.		
9. Having an abortion will not affect the chances of having a baby in the future.		
10. Taking emergency contraception, e.g. the morning-after pill, is a method of abortion.		



**RESOURCE 2a** Fact or fiction? Alternative

	<b>Fact or fiction?</b>
1. Abortions should be carried out in the first 24 weeks of pregnancy.	
2. Abortion is free from the NHS.	
3. The couple who have conceived must both agree to the abortion for it to be carried out.	
4. Under 16 years old, parental permission must be given for an abortion to go ahead.	
5. Abortion is a safe procedure.	

**Fact or fiction? Teacher Answers**

<p>1. It is only possible to get an abortion if the GP agrees to make a referral.</p>	<p><b>Fiction</b> – There are three main ways to get an abortion on the NHS: someone can self-refer by contacting an abortion provider directly, or they can speak to a GP and ask for a referral to an abortion service, or they can contact a sexual health clinic and ask for a referral to an abortion service<sup>1</sup>. The choice to have an abortion is up to the woman (or trans man) – a medical professional should provide accurate, non-biased information, and cannot make, or prevent anyone from having one. If a doctor has a ‘conscientious objection’ to abortion, they must refer the woman to further care and inform them of their right to see another doctor<sup>2</sup>.</p>
<p>2. Abortions should be carried out in the first 24 weeks of pregnancy.</p>	<p><b>Fact</b> – The pregnancy should not have exceeded its 24th week (although abortions may be performed after 24 weeks in certain circumstances, for example, if the pregnant woman (or trans man)’s life is at risk or the child would be born with severe disabilities<sup>3</sup>). Current evidence suggests that the foetus is unable to feel pain under 24 weeks<sup>4</sup>. The vast majority of abortions take place early in pregnancy. In 2019, 82% of abortions were performed under 10 weeks in England and Wales<sup>5</sup> and in 2018, 73% of abortions were performed under 9 weeks in Scotland<sup>6</sup>. Medical experts advise that “women who choose to access an abortion are encouraged to do so as early as possible in the pregnancy as early abortions are safer and more straightforward than later abortions”<sup>7</sup>.</p>
<p>3. Abortion can be accessed free from the NHS.</p>	<p><b>Fact</b> – Although some may choose to pay for private treatment, in England, Scotland and Wales, abortions are available free of charge on the NHS<sup>8</sup>.</p>
<p>4. Two doctors must agree to the abortion.</p>	<p><b>Fact</b> – A woman (or trans man) can have an abortion or termination of pregnancy if two doctors decide that one or more of the grounds specified in the Abortion Act are met.</p> <p>“These grounds are:</p> <ul style="list-style-type: none"> <li>• The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.</li> <li>• The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.</li> <li>• The pregnancy has not exceeded its 24th week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman, or of any existing child(ren) of the family of the pregnant woman.</li> <li>• There is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously disabled.</li> <li>• The Act also permits abortion to be performed in an emergency if one doctor is of the opinion that an abortion is immediately necessary:             <ul style="list-style-type: none"> <li>• To save the life of the pregnant woman.</li> <li>• To prevent grave permanent injury to the physical or mental health of the pregnant woman.”<sup>9</sup></li> </ul> </li> </ul>
<p>5. The couple who have conceived must both agree to the abortion for it to be carried out.</p>	<p><b>Fiction</b> – While many couples will want to discuss their options together, “women do not need their partner’s agreement to have an abortion, although some will want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have been unsuccessful”<sup>10</sup>.</p>

1. <https://www.nhs.uk/conditions/abortion/>

2. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

3. <https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

4. <https://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf>

5. <https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

6. <https://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/>

7, 8, 9 & 10: <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

**Fact or fiction? Teacher Answers (continued)**

<p>6. Under 16 years old, parental permission must be given for an abortion to go ahead.</p>	<p><b>Fiction</b> – Although someone under 16 may be encouraged to speak to their parents, they have the right to confidentiality and can give their consent to an abortion themselves, as long as they are considered competent (i.e. able to understand a health professional's advice and the risks and benefits of the treatment options<sup>11</sup>). At any age, it is only in exceptional circumstances, where the woman (or trans man), or another person is at risk of serious harm, that information may be disclosed to someone else without the patient's agreement<sup>12</sup>.</p>
<p>7. Abortion is a safe procedure.</p>	<p><b>Fact</b> – Abortion is extremely safe in the UK, where it is carried out in a medical facility and by medical professionals. Abortions are safest when carried out as early as possible in pregnancy<sup>13</sup>.</p>
<p>8. Counselling must be provided before an abortion can go ahead.</p>	<p><b>Fiction</b> – Counselling is not compulsory. However, all women (or trans men) requesting an abortion can discuss their options with, and receive support from, a trained pregnancy counsellor if they wish<sup>14</sup>.</p>
<p>9. Having an abortion will not affect the chances of having a baby in the future.</p>	<p><b>Fact</b> – Fertility returns immediately after an abortion and having an abortion does not increase the risk of miscarriage, ectopic pregnancy or a low placenta in future pregnancies<sup>15</sup>.</p>
<p>10. Taking emergency contraception, e.g. the morning-after pill, is a method of abortion.</p>	<p><b>Fiction</b> – Pregnancy only starts when a fertilised egg implants in the lining of the uterus. The emergency contraceptive/morning after pill works by delaying the release of an egg so no fertilisation happens.<sup>16</sup> The two main methods of abortion are taking medication to end the pregnancy, and surgical abortion – a minor procedure to remove the embryo/foetus.</p>

11. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

12. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

13. <https://www.nhs.uk/conditions/abortion/>

14. <https://www.nhs.uk/conditions/abortion/>

15. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

16. <https://www.pshe-association.org.uk/curriculum-and-resources/resources/abortion-factsheet-fsrh-rcog>

## RESOURCE 3 Help and support

<b>Support available</b>	<b>Who could help?</b>
Provide medical advice	
Can refer someone for an abortion	
Provide listening and empathy	
Provide emotional support strategies	
Can conduct a medical assessment	
Provide therapeutic (psychological) support	
Provide accurate, reliable, non-biased information	
Take steps to safeguard the person if they are at risk	

## RESOURCE 4 Support options



Parents	Partner
Other family members	Teachers
Other trusted adults	GP
Counsellor	Nurse
Friends	Advice lines
Charities	Online support services



Parents	Partner
Other family members	Teachers
Other trusted adults	GP
Counsellor	Nurse
Friends	Advice lines
Charities	Online support services

# KNOWLEDGE ORGANISER



## Key words

<b>Pregnancy</b>	The term used to describe the period in which a foetus develops inside the uterus (typically 40 weeks)
<b>Fertility</b>	The ability to produce offspring
<b>Abortion</b>	A procedure to end a pregnancy, sometimes known as a termination of pregnancy
<b>Miscarriage</b>	The loss of a pregnancy

## Routes to parenthood

### Natural conception

Pregnancy achieved through sexual intercourse.

### Intrauterine insemination (IUI)

Also known as artificial insemination, this involves inserting sperm into the uterus via a thin plastic tube passed through the cervix.

### In vitro fertilisation (IVF)

Fertility medicine is taken to encourage the ovaries to produce more eggs than usual. Eggs are then removed from the ovaries and fertilised with sperm in a laboratory. A fertilised egg (embryo) is then returned to the uterus to grow and develop.

### Co-parenting

When two or more people decide to conceive and parent children together.

### Adoption

The legal process by which a child who cannot be brought up within their birth family become full, permanent, legal members of their new family.

### Fostering

Providing a child with a home while they are unable to live with their own family (the child remains the legal responsibility of the council and/or their birth parents).

### Surrogacy

When someone carries and gives birth to a child for a couple who cannot biologically have a child themselves.

## Fertility

### How does fertility change?

#### Females

fertility gradually decreases with age and declines in the 30s, particularly after 35-years old.

#### Males

fertility decreases with age but to a lesser extent.

### What factors affect fertility?

Sexually Transmitted Infections (STIs), smoking, alcohol, anabolic steroids, other drugs or medicines, weight, age, environmental factors (e.g. exposure to pesticides, solvents and metals), stress.

## Maintaining a healthy pregnancy

- Do not smoke or drink alcohol
- Avoid certain medicines
- Have an STI check
- Ensure a healthy diet is followed and know which foods to avoid
- Do some safe pregnancy exercise
- Attend medical appointments

## External support services

### Fertility, pregnancy & abortion

- [www.nhs.uk/conditions/pregnancy-and-baby](http://www.nhs.uk/conditions/pregnancy-and-baby)
- [www.brook.org.uk/topics/pregnancy](http://www.brook.org.uk/topics/pregnancy)
- [www.nhs.uk/conditions/infertility](http://www.nhs.uk/conditions/infertility)
- [www.nhs.uk/conditions/abortion](http://www.nhs.uk/conditions/abortion)

### Miscarriage

- [www.nhs.uk/conditions/miscarriage](http://www.nhs.uk/conditions/miscarriage)
- [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

### Childline

[childline.org.uk](http://childline.org.uk) 0800 1111