Abortion Rights Coalition of Canada

Fact Check on UCP Policy Resolution #29

November 15, 2025

Policy Resolution #29	Fact Check
"Cease public funding for third-trimester abortions, except in cases where the physical health of the mother is at serious risk."	The resolution is based on the anti-abortion myth that abortions in Canada are commonly occurring up to the ninth month of pregnancy for any reason at all. This false and repugnant belief must never become government policy. Third-trimester abortions are very rare,* and almost all are done because the fetus is incompatible with life and will not survive after birth. Pregnant persons in this tragic situation may experience impacts on their physical health but mental health impacts can be especially horrible since being forced to carry a doomed pregnancy to term is traumatizing. Excluding mental health trauma as grounds for insurance coverage is cruel. In trying to separate physical health from mental health, the resolution ignores the long-accepted definition of health by the World Health Organization: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". **652 abortions at 21+ weeks were done in 2020 in Canada, about 0.7% of all abortions that year. The majority of those would have occurred between 21 and 24 weeks.*
Rationale "Alberta remains one of the only jurisdictions in the developed world without limitations on the public funding of late-term abortions, placing us alongside regimes like North Korea."	North Korea banned abortion in 1993 but the law was loosely enforced. The government cracked down on it in 2015 and again in 2024. This history can be found on Wikipedia and several reputable news services including Radio Free Asia here and here, Newsweek, and the Lowy Institute. Yet, anti-abortion activists continually repeat the false notion that North Korea has no abortion laws. The inclusion of this rote piece of propaganda casts doubt on the credibility of the entire resolution.
"This resolution does not seek to restrict access to third-trimester abortions outright but rather to establish a responsible, values-based funding policy."	The subtext of this statement is that women are irresponsible and lack values because too many have third-trimester abortions for non-medical or even trivial reasons. Again, this false, offensive, and misogynist belief must never be enshrined in government policy.
"Medical evidence confirms that later-term abortions are painful to the fetus and carry significantly higher risks to maternal health."	The American College of Obstetricians and Gynaecologists says: "The science conclusively establishes that a human fetus does not have the capacity to experience pain until after at least 24–25 weeks." Even at that point and later, it is impossible to know if fetuses can experience pain in the same way that people do, as pain is also a subjective experience that depends on consciousness. Whether and how fetuses feel pain is still under debate by reputable scientists. Regardless, most doctors who do abortions after 24 weeks in Canada inject a drug to ensure fetal demise before the abortion to increase patient safety. There is zero evidence that a third-trimester abortion carries any more risk to the patient than childbirth – and probably less because live birth is not the goal. Full-term pregnancy and childbirth are far riskier

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	than abortion because risks tend to increase the longer you stay pregnant, and most abortions are done early. The many risks of pregnancy and childbirth are well-known and can be serious or fatal. **Maternal mortality** from childbirth is 14 times higher than for abortion, but being and staying pregnant is 35-39 times deadlier than abortion. The overall maternal mortality rate in Canada is about 8 to 12 deaths per 100,000 live births (although deaths are likely underreported), and deaths from abortion are so rare they are virtually unheard of. **Complications:** A 2023 McGill study of over 800,000 Quebec women found that 3.2% experienced serious complications in childbirth, such as severe hemorrhage or severe preeclampsia. In contrast, about 2% of abortion patients in the U.S. experience complications, mostly minor. While no data exists on complication rates for later abortions in Canada, in 2020 the complication rate was 2.6% for all hospital abortions, 9.5% of which were at 17 weeks or later.
"By limiting taxpayer funding to medically necessary cases in the third trimester, this policy encourages earlier decision-making when abortion is safer for the mother and less ethically contentious."	This phrasing repeats the misogynist fallacies refuted above. Terminations for reasons of fatal fetal anomalies are always medically necessary. Further, decisions about these cases cannot be made until after 15 weeks gestation when an amniocentesis test can confirm a potential anomaly. Families may then need time to explore and consider their options, and then find and book services if they decide to terminate. This can take them well into the third trimester. The resolution tries to set a dangerous precedent of deciding which abortions are medically necessary and which are not. Are legislators going to make this call? Or will they consult with Obstetricians/Gynecologists and the Alberta College of Physicians and Surgeons? In fact, all abortions are medically necessary. In 1995, the Alberta government under Ralph Klein learned a lesson when they tried to defund abortion. Klein put abortion funding to a free vote in the provincial Parliament after intense pressure from the anti-choice movement. The Progressive Conservative caucus voted to insure only "medically necessary" abortions (i.e., to save the woman's life) and asked the Alberta College of Physicians and Surgeons to define those. The College refused to go along and said that all abortions were medically necessary. The provincial government dropped the issue and continued insuring all abortions at hospitals.
"It also reflects the reasonable expectations of the majority of Albertans, who support a more balanced and principled approach to public healthcare spending."	The resolution is a thinly-disguised extremist anti-choice agenda, which Albertas do not support. A 2019 survey found that 78.5% of Albertans strongly support a woman's right to make abortion decisions for herself. Further, it is unspeakably cruel to force vulnerable women to pay a small fortune out-of-pocket for a much-needed later abortion because their fetus is dying. It could also lead to serious adverse health outcomes, including risk of death if forced to give birth. The resolution has nothing to do with a "balanced or principled approach" to public healthcare spending.