BPAS
Centre for Reproductive Research & Communication

Event Briefing

Autonomy, trust and surveillance — the role of technology in reproductive healthcare

This is a summary of the event that took place on 8th November 2021.

Welcome and Introduction

Clare Murphy (Chief Executive, BPAS) welcomed delegates to the event. She explained the aim of event to explore the role of technology in both advancing and restricting women's choices about their reproductive health. She highlighted the 50th anniversary of the *Predictor* pregnancy test in the UK and reflected that, despite being half a century later, the conversations and panic around women using technologies themselves remains the same.

Dr Patricia Lohr (BPAS Medical Director and Director of the Centre for Reproductive Research & Communication) introduced the Centre for Reproductive Research & Communication (CRRC). The CRRC exists to develop and deliver a research agenda that furthers access to evidence-based reproductive healthcare and choices. The Centre generates evidence to inform policy, practice and public discourse. We draw on BPAS' work as a reproductive healthcare provider to inform our agenda and work in collaboration and through strategic partnerships to achieve our mission. The Centre has five workstreams: abortion, contraception, infertility/IVF, pregnancy and birth, and sexual health.

Panel 1 - Reproductive technology in women's hands: A history of moral panic

Professor Emily Jackson (London School of Economics) introduced the first panel of the day.

Jesse Olszynko-Gryn (University of Strathclyde) used *Predictor*, an early home pregnancy test, to re-examine the doctor-patient relationship in Britain in the 1960s and 1970s. He showed how the rise of self-testing contributed to a realignment of the power dynamics among women, doctors, and pharmacists. Dr Olszynko-Gryn argued that the humble home pregnancy test kit merits a place—alongside the birth control pill and abortion law reform—in histories of health consumerism and reproductive choice in the twentieth century.

Dr Aimee Middlemiss (London School of Economics) presented qualitative research exploring how and why women use foetal Dopplers at home following warnings issued by some charities, and a Private Member's Bill in the House of Commons in 2017 and an attempt to ban their sale for private use. In these efforts, pregnant women are represented as using the devices frivolously and ineffectively, and as threatening the unborn foetus. Dr Middlemiss expressed that they are often a considered response to anxiety in pregnancy, especially after previous pregnancy loss and argued that moral panic about Doppler use oversimplifies and decontextualises this marketised technology. It also privatises women's decision making about its use, whilst offering no alternative support in anxious pregnancies.

Panel 1 (continued)

Rebecca Blaylock (CRRC, BPAS) explained how telemedical early medical abortion (EMA) was introduced across mainstream abortion services in England, Scotland, and Wales during the early stages of the COVID-19 pandemic. Ms Blaylock discussed factors which prevented this service innovation being introduced earlier, how the service was implemented in the independent abortion sector, and what we know about the safety, efficacy, and acceptability of telemedical EMA. Ms Blaylock explored some contemporary concerns about telemedical EMA which centre on safeguarding and misestimation of gestational age, and argued that some groups of clients who potentially have the most to gain from this new service may have their access restricted because of concerns for their safety and wellbeing.

Panel 2 - Contraception and Control

Dr Patricia Lohr (CRRC, BPAS) chaired the second morning panel.

Dr Carrie Purcell (University of Glasgow) presented previous work on the uptake of long-acting reversible contraception (LARC) after abortion. Through qualitative interviews with patients and healthcare providers, Dr Purcell examined aspects of timing, intention, choice of LARC and conflicting priorities of patients and abortion providers. Dr Purcell highlighted that, while abortion may be a theoretically and practically convenient time to address contraception, it is by no means an easy time to do so and requires considerable effort and expertise to be managed effectively.

Dr Krystale Littlejohn (University of Oregon) explored themes from her book 'Just Get on the Pill.' Dr Littlejohn used in-depth qualitative interviews to introduce the concept of 'gendered compulsory birth control' which describes the social pressures women feel to take responsibility for contraception. She argued that the gendered division of labour for birth control is unjust and encroaches on women's ability to exercise bodily autonomy.

Dr Heather Angus-Leppan (The Royal Free London NHS Foundation Trust), using valproate as a case study, noted how many women stop their medication use during pregnancy, due to associated risks and teratogenic effects. Dr Angus-Leppan explained how the pregnancy prevention programme separates valproate out from other reproductive choices and overrules informed and individualised decision-making. Those taking valproate are required to use LARC under the pregnancy prevention programme - there are no exceptions for patients who are not heterosexual or not sexually active. Dr Anggus-Leppan highlighted the dangers of switching from valproate to less effective medications yet noted the shortcomings of risk information provision.

Panel 3 - Testing and trust: Screening technologies in pregnancy

Professor Ellie Lee (University of Kent) hosted our final panel discussion.

Rachel Arkell (University of Kent and CRRC, BPAS) introduced an emerging policy framework on alcohol and pregnancy which focusses on abstinence from drinking alcohol. This policy has lead to pregnant women self-reporting alcohol consumption in maternity care. Ms Arkell explained that policy makers are suggesting screening new-born's meconium to test and record maternal alcohol consumption. She highlighted that these suggestions assume risk of harm at low-levels of consumption, for which there is a lack of evidence. Ms Arkell expressed how 'screening' of this nature risks undermining the relationship between pregnant people and their healthcare providers.

Catherine Bowden (University of Manchester) discussed the screening of carbon monoxide to encourage smoking cessation in pregnant women. Given the societal pressure attached to smoking in pregnancy, some women may not admit they smoke during antenatal appointments. Ms Bowden argued that it is hard for women to trust their midwife where a carbon monoxide test feels like a lie detector. She concluded that mistrust disempowers patients and impacts on their ability to act as autonomous individuals. This can have a negative impact on the outcomes of future pregnancies.

Dr Patricia Lohr (CRRC, BPAS) discussed the history of ultrasound scanning in abortion care and questioned whether it is still necessary. She explained that regimens have improved, data suggests clients provide an accurate date of their last menstrual period and there is a low prevalence of ectopic pregnancies in the abortion seeking population. She presented evidence from studies in Mexico, the US and Moldova which show that women felt positively towards having an abortion without an ultrasound. Dr Lohr expressed that it is important to consider how ultrasound is used in abortion care and that is should not undermine the trust between patient and provider.

Keynote Address

Meg Crane, inventor of the *Predictor* pregnancy test, joined the event to share how *Predictor* came to be and the resistance she faced from the pharmaceutical industry. She reflected on how far women's health has come, but expressed concern about the roll back of reproductive rights in the US. She commended the work of researchers advancing technology in the reproductive healthcare field.

Closing remarks

Dr Patricia Lohr thanked the speakers for their presentations and the attendees for their contributions to the discussions.

To learn more about the work we do at the CRRC, visit our website, follow us on Twitter and sign up to our newsletter!