BPAS
British Pregnancy Advisory Service

Pills by Post

English Government's public consultation on continuing the home use of both pills for early medical abortion – response guide

December 2020

Home use of both pills for early medical abortion up to 10 weeks gestation

English public consultation – template response

Background to the consultation

In March 2020, as a result of the impact of Covid-19, the English, Scottish, and Welsh governments changed abortion regulations to enable women in the first ten weeks of pregnancy to administer the medications for an Early Medical Abortion at home.

This was a safe, effective, and accessible method of continuing abortion services during the coronavirus pandemic, supported by Medical Royal Colleges, abortion providers, and parliamentarians.

The original approval to legalise telemedicine was limited to the time period of the coronavirus pandemic. After work by BPAS, the Royal College of Obstetricians and Gynaecologists, Diana Johnson MP, and other organisations, the government committed to running a public consultation on whether or not to keep this arrangement in place permanently.

This consultation will determine whether abortion can be provided in a safe, effective, accessible way in future. It will decide whether this revolutionary change will remain part of evidence-based women's healthcare, or if women's care options are constrained.

What telemedicine means to us

BPAS is fully committed to the continuation of telemedical abortion care, and we need your support to ensure that it remains in place.

The change in regulation allowing provision of telemedical abortion services to clients in the early stages of their pregnancy was essential during lockdown and is necessary to provide the best possible care in future.

Telemedicine provides accessible, safe, and effective abortion care – enabling women to make the right choice for them no matter their circumstances.

It is supported by clinicians, regulators, providers, and women. Of clients who received Pills by Post who expressed a preference in a follow-up survey, more than 80% would choose the same method again.

Responding to the consultation

Responses to the consultation must be submitted via the government's online consultation tool.

You can access the consultation here.

The deadline for submissions is 23:59 on 26th February 2021.

The consultation has 11 questions. You do not need to respond to every question – but we have provided information for each in this document.

Contacting us

If you have any further questions about this guide, or the consultation, you can get in touch with our policy team at rachael.clarke@bpas.org or on 07985 351751.

Guide to responding

Question 1 - Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to safety?	Selection
Yes it has had a positive impact	**X**
Yes, it has had a negative impact	
It has not had an impact	
I don't know	

If necessary, please provide text to support your answer:

- Abortion is a very safe procedure at all gestations, and in all instances safer than continuing a pregnancy to term. Telemedical care has enabled providers to deliver a safe, effective, and accessible abortion service.
- Abortion is safer and better for women the earlier it is performed – and telemedicine has resulted in a drop in average gestation and abortions being performed earlier than every before. According to recent DHSC data, since the introduction of telemedicine, 30% of abortions now happen before 6 weeks' gestation, compared to only 13.5% in the same period in 2019.
- BPAS data from April – July 2020 shows that complications for Early Medical Abortions declined compared to the same period in 2019. The risk of continuing pregnancy after treatment fell by three-quarters to 0.28%, down from 1.12% - potentially as the result of women being able to choose the best time for them to start the procedure, rather than having to fit it around their commitments in addition to the in-clinic appointment for the first medication
- The same data shows that the risk of major complication fell by 2/3rds from 0.09% to 0.03%
- During the Covid-19 pandemic, the temporary approval has enabled roughly 60,000 women to receive telemedical care – minimising travel, reducing non-essential attendance at clinics, and reducing risk to abortion service providers. Without this change, roughly 340 women a day would have been forced to travel to and wait in clinics, putting them at risk of contracting or spreading Covid-19.

Question 2 – Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to accessibility?	Selection
Yes, it has had a positive impact	**X**
Yes, it has had a negative impact	
It has not had an impact	
I don't know	

If necessary, please provide text to support your answer:

- Before this change, women had to attend a licensed clinic which may be a long distance from their home, requiring public transport to access, needing women to take time off work, pay for childcare, and often bring a partner or friend with them. This meant that abortion care often had quite a high cost to women. Telemedicine has removed these barriers.
- Women who lived in more rural or remote areas may previously have struggled to access care because of insufficient public transport or lack of access to private transport. This is no longer an issue.
- Some women with medical conditions – particularly mental health problems such as agoraphobia – were previously unable to attend clinics and would, until now, be

unable to access legal abortion care.

- Women on Web – an online abortion pill provider based in The Netherlands who previously provided pills to women in Great Britain who were unable to otherwise access abortion care (in breach of the Offences Against the Person Act 1861) report that prior to the change in regulation, they received – on average – 2 requests a day for abortion pills. Since the change in regulation, this has stopped entirely. Women are now able to access safe, legal, and effective care within the existing care system.

Question 3 - Do you consider that the temporary measure has had an impact on the provision of abortion services for women and girls accessing these services with particular regard to privacy and confidentiality of access?	Selection
Yes, it has had a positive impact	**X**
Yes, it has had a negative impact	
It has not had an impact	
I don't know	

If necessary, please provide text to support your answer:

- Abortion providers ask all women whether they are able to talk confidentially – and provide in-person care to clients who are unable to discuss their wishes privately from home
- Requiring women to attend a clinic and pass their pregnancy on a specific day can force them to disclose their medical care to people they may otherwise not wish to involve – such as their workplace or childcare
- Women who are in coercive relationships who may have found it particularly difficult to access a clinic without an abusive partner knowing can now access help confidentially – pregnancy is sadly often used to tie a woman to a relationship
- More than half of women who had an abortion in 2019 had to attend a clinic or hospital that was targeted by anti-abortion protesters. These women often report being watched, observed, and being made the feel guilty. Multiple women report knowing a protester outside the clinic – compromising their privacy. Telemedicine reduces the number of women exposed to this damaging activity.

Question 4 - Do you consider that the temporary measure has had an impact on the provision of abortion services for those providing services? This might include greater workforce flexibility, efficiency of service delivery, value for money etc.	Selection
Yes it has had a positive impact	**X**
Yes, it has had a negative impact	
It has not had an impact	
I don't know	

If necessary, please provide text to support your answer:

- Abortion providers report that the change in regulation enables them to provide high quality care that is appropriate to the woman they are treating – rather than requiring everyone to attend a clinic for prolonged periods while the requirements of the Abortion Act are met
- According to detailed large-scale analysis, the change in regulation has led to a reduction in gestation at time of treatment, coupled with no changes to complication rates. Analysis indicates that this will, in the medium to long term,

reduce the costs of providing an early medical abortion service – enabling CCGs to focus on using money to improve service provision eg for later or more complex care, contraception, or STI testing
- Some NHS providers have previously required women to attend multi-day appointments, or receive a referral which is contrary to NICE guidance so that their HSA1 abortion form can receive one signature – as the abortion service is run by a single doctor. They report that the change in regulation has allowed them to do this work behind the scenes – so women are not delayed or forced to attend unnecessary appointments in order to access care.
- Although guidance was updated at the same time to recommend a 'scan as indicated' model for women early in pregnancy, this is not something governed by this consultation. Government should not play a role in clinical best practice, and specifically not implement rules which result in requiring women early in pregnancy to undergo transvaginal scanning.

Question 5 - Have other NHS services been affected by the temporary measure?	Selection
Yes	
No	**X**
I don't know	

If necessary, please provide text to support your answer:

- BPAS data from April – July 2020 shows that complications for Early Medical Abortions declined compared to the same period in 2019. The risk of continuing pregnancy after treatment fell by three-quarters to 0.28%, down from 1.12% - potentially as the result of women being able to choose the best time for them to start the procedure, rather than having to fit it around their commitments in addition to the in-clinic appointment for the first medication
- The same data shows that the risk of major complication (usually the only kind of complication that need hospital care) fell by 2/3rds from 0.09% to 0.03%
- Existing DHSC provisions ensure that independent abortion care providers (who provide roughly 75% of all abortion care in England) provide follow-up care for women who access care with them. They have 24-hour aftercare phone line staffed by trained clinical staff, they provide in-clinic appointments for women with suspected incomplete abortions or retained products of conception, and they provide post-abortion counselling where a woman requires it. Telemedicine has not changed this.
- The reduction in gestation means more women are able to access early medical abortion, reducing the need for surgical services and releasing capacity for other medical procedures

Question 6 - What information do you consider should be given to women around the risks of accessing pills under the temporary measure if their pregnancy may potentially be over 10 weeks gestation?

You do not need to answer this question. If you choose to do so, we suggest including:

- Abortion providers include this information in discussions with clients in the same way as other kinds of risks and complications of abortion treatment. Doctors and nurses are the best people to determine what they need to discuss with their patients, not the government.
- The risk of this complication is very low – according to a large-scale analysis of abortion provision before and after the change in regulation, 0.04% of abortions

appeared to have been provided at over 10 weeks' gestation. More recent assessments indicate that the risk within the BPAS service is lower, at around 1 in 3285. This is roughly 14 times lower than the risk of a pregnancy ending in stillbirth.

- The large-scale analysis of care pre- and post-regulatory change reports that all post-10 week abortions were completed at home without additional medical complications. The risk to women should on no account be overstated.

Question 7 - Outside of the pandemic do you consider there are benefits or disadvantages in relation to safeguarding and women's safety in requiring them to make at least one visit to a service to be assessed by a clinician?	Selection
Yes, benefits	
Yes, disadvantages	**X**
No	
I don't know	

If necessary, please provide text to support your answer:

- Every woman is asked by abortion providers whether they are safe at home. This is a routine part of abortion care, no matter how or where care is provided.
- Some women seeking access to services are in relationships or home environments where their behaviour and travel are monitored – meaning travelling to an abortion clinic is difficult or dangerous. Telemedicine enables these women to access abortion care without risking their personal safety.
- Women in difficult circumstances are now more likely to seek regulated care and support in the knowledge that they will not be forced to travel to a clinic to access that help – the online pill provider Women on Web, which frequently received requests from women in coercive or controlling relationships, reports these women are now able to access legal care.
- Abortion services continue to provide in-person care where telephone consultations raise safeguarding concerns such as safety or privacy at home, ability to consent, or wider safety concerns surrounding existing children or statutory concerns such as Female Genital Mutilation
- Abortion providers report that providing care remotely led to increases in the number of women disclosing problems at home. BPAS reported that in the first three months of their Pills by Post service, 10% of clients underwent an enhanced safeguarding risk assessment – a 12% increase compared to March 2020.
- Clinicians providing abortion services report that telemedicine has made women more willing to disclose concerns about safety when in the privacy and familiarity of their own surroundings, as opposed to a clinical environment

Question 8 - To what extent do you consider making permanent home use of both pills could have a differential impact on groups of people or communities?

- **Age –** younger women and girls under 18 are disproportionately likely to lack the ability to travel for care as a result of lack of access to private transport, or the money to travel on public transport. During the pandemic there were also sizeable numbers of student-age women living at home with their parents and seeking to conceal their pregnancy and abortion. Telemedical abortion services increase accessibility for this group, and enable them to better preserve their privacy.

- **Pregnancy or on maternity leave** – This consultation should focus on the needs of pregnant women – and their ability to access care without unwarranted and non-evidence based intervention or regulation by the government.
- **Disability** – Women with both physical disabilities and certain mental health issues may struggle to access in-person medical care, particularly where they don't have their own means of transport or require an escort to attend a clinic. Some women may be unable to travel at all. Without telemedicine, there is a real risk that these women are forced to turn to illegal online options because they cannot access care within the formal healthcare system.
- **Race and Religion/Belief -** Members of all communities in the UK access abortion services, even where their cultural or religious background disagrees with abortion access. These women are disproportionately likely to need to access care privately and without the need to travel – which is only ultimately available via telemedicine.
- **Sex** – 1 in 3 women will access abortion care during their life. The legal provisions surrounding the accessibility of care are a fundamental part of women's healthcare and the exercise of women's rights in this country. Abortion should not be subject to unnecessary, politically-driven restrictions which are not in place for other forms of gender-neutral healthcare. Women have the right to access abortion, and should have the right to access high-quality, evidence-based care.

Question 9 - To what extent do you consider that making permanent home use of both pills for EMA would increase or reduce the difference in access to abortion for women from more deprived backgrounds or between geographical areas with different levels of disadvantage?

- National abortion statistics show that women in more deprived circumstances are more likely to need to access abortion services. We also know from national statistics that they are more likely to rely on benefits, less likely to have access to private transport, more likely to work in jobs with poor benefits or zero-hour contracts where sick pay is minimal or non-existent, and less likely to be able to afford childcare. If women are required to attend clinics, more deprived women will be put in the most difficult position.
- Abortion providers report that women on lower incomes may often struggle to access clinics – asking providers to delay appointments until they are next paid so that they can afford to travel. This delays their appointments and increases average gestation – increasing their risk of complications. This is supported by Scottish abortion figures which show that women in more deprived circumstances are disproportionately likely to have later abortions.

Question 10 - Should the temporary measure enabling home use of both pills for EMA [select one of the below]	Selection
Become a permanent measure?	**X**
End immediately?	
As set out in the current temporary approval, be time limited for 2 years or end when the temporary provisions of the Coronavirus Act 2020 expire, whichever is earlier?	
Be extended for one year from the date on which the response to this consultation is published, to enable further data on home use of both pills for EMA and evidence on the temporary approval's impact on delivery of abortion services to be gathered?	
Other	

Question 11 - Have you any other comments you wish to make about whether to make home use of both pills for EMA a permanent measure?

- If you have accessed telemedical abortion care, share your experience here
- Telemedicine provides accessible, safe, and effective abortion care – enabling women to make the right choice for them.
- Waiting times are shorter, gestations are lower, and services have greater capacity
- It is supported by clinicians, regulators, providers, and women. Of clients who received Pills by Post who expressed a preference in follow-up surveys, more than 80% would choose the same method again.
- Abortion care should be evidence-based and reflect the best possible care available to women. Telemedicine is key to providing up to date, high quality care going forward.