

Helen Whately MP, Minister of State for Care

The Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care

Department of Health and Social Care

39 Victoria Street

London

SW1H 0EU

14th May 2021

Dear Ministers,

Back in March 2020, you changed abortion regulations to allow telemedical early medical abortion care. This has meant that women across England have been able to continue to access abortion care during the pandemic by having medication posted to them following a telephone consultation with a qualified nurse or midwife.

The impact of this change has been significant and overwhelmingly positive. A study of more than 50,000 abortions before and after the change in England and Wales, recently published by the British Journal of Obstetrics and Gynaecology¹ concluded that telemedical abortion provision is 'effective, safe, acceptable, and improves access to care'. Evidence shows that access to a hybrid model of care that includes telemedical abortion care has reduced waiting times and allowed pregnancies to be terminated at the earliest gestations, making the procedure safer. The study also found that there is no difference in the safety and efficacy of telemedical abortion care compared to in-clinic care.

Telemedical care also removes access barriers across the board. We know that for many, being required to take medication in a clinic is difficult. Clinics can be far from a client's home, they may need to take time off work, associated travel and childcare costs can be high. Some women are disproportionately likely to encounter difficulties when required to attend a clinic for treatment – including those with caring responsibilities, victim-survivors of sexual violence and domestic abuse, teenagers, those on low incomes or in insecure work, LGBTI people, disabled women, Black and minoritized women, migrant women, homeless women, women with mental health or substance use issues, and women with insecure immigration status. The ability to provide the option of telemedicine as part of a full, holistic service enables providers to tailor care to individual clients and their needs and allows women to access healthcare no matter their circumstances.

As you consider whether to make permanent the regulations that allow for telemedical abortion care, we ask that you place women, girls, and all people who need abortion care at the heart of

¹ Aiken, ARA, Lohr, PA, Lord, J, Ghosh, N, Starling, J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG 2021; <https://doi.org/10.1111/1471-0528.16668>. 00: 1– 11.



your decision-making. In a BPAS evaluation of client satisfaction, 97% of clients were satisfied or very satisfied with their experience, and 80% of clients reported that receiving pills via post or telephone consultation and pill collection from a clinic is their preferred method of care² – figures which are supported by other major abortion providers. To revoke the regulations that allow for this care would be to ignore these voices. With clinical bodies and evidence showing that early medical abortion care is safe effective, there is no clinical argument for reinstating restrictions. All that revoking telemedical abortion care would do is service to make access to abortion more difficult and distressing – for entirely political purposes.

We hope the Department of Health and Social Care will recognise the positive step telemedical abortion care is for the progress of women’s health policy-making in the UK and will choose to stand with women and all those who need abortion care by making regulations that allow for telemedical abortion services to become permanent.

Yours Sincerely,

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| Abortion Rights UK | Maternity Action |
| Amnesty International (UK) | MSI Reproductive Choices |
| Birthrights | National Education Union (NEU) |
| British Medical Association | National Union of Students (NUS) |
| British Pregnancy Advisory Service | NUPAS |
| British Society of Abortion Care Providers | Rape Crisis England & Wales |
| Brook | Royal College of Midwives |
| Doctors for Choice UK | Royal College of Obstetricians & Gynaecologists |
| End Violence Against Women Coalition | Safe Abortion Action Fund |
| Faculty of Sexual and Reproductive Healthcare (FSRH) | Sister Supporter |
| Fawcett Society | Stonewall |
| Humanists UK | Vagina Museum |
| International Planned Parenthood Federation | Women’s Aid Federation of England |

² Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: a cross-sectional evaluation. Contraception. 2021 May 8;S0010-7824(21)00143-8. doi: 10.1016/j.contraception.2021.04.027. Epub ahead of print. PMID: 33974918.