BPAS
Centre for Reproductive
Research & Communication

Centre for Reproductive Research & Communication

Annual Report 2025/26

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Director's Message

Welcome to the 2025/26 Annual Report of the Centre for Research & Communication (CRRC) at the British Pregnancy Advisory Service (BPAS).

This year marks the first full year of implementing BPAS's Integrated Research and Innovation Strategy (2025-2030). When we launched the Strategy in March 2025, we set out an ambitious vision: to embed research and innovation at the heart of BPAS while establishing the organisation as a recognised leader in abortion and reproductive health research.

As a clinician and researcher, I have long believed that the best evidence is generated in partnership with the people who deliver and receive care. That belief underpins our approach to research at BPAS. Our ambition is not simply to do more research, but to create an organisation where evidence informs everyday practice, where patients and staff help shape the questions we ask, and where the knowledge we generate improves care within BPAS while informing clinical practice and policy beyond our organisation.

Looking back over the past year, I am proud of the progress we have made towards that vision. Across BPAS, colleagues have embraced opportunities to contribute to research, service evaluation and innovation, working alongside patients, academics and healthcare partners. This report showcases research addressing important questions in abortion care, evaluations that are improving our services, and collaborations that will strengthen our work for years to come. Just as importantly, we have established the governance, partnerships and infrastructure needed to embed research and innovation across BPAS for the long term.

One theme runs throughout this report: collaboration. None of this work happens in isolation. It depends on the willingness of patients to share their experiences, the enthusiasm of colleagues across BPAS to engage with research alongside their clinical and operational roles, and the expertise and commitment of our academic, clinical and community partners. I am deeply grateful to everyone who has contributed their time, knowledge and enthusiasm over the past year.

While we have made significant progress, much remains to be done. Many important questions in abortion and reproductive healthcare remain unanswered, and inequalities in access to care persist. As we enter the second year of our Strategy, we will build on the foundations established this year to deliver rigorous, impactful research and innovation that improves patient care, informs clinical practice and shapes policy in the UK and beyond.

I hope this Annual Report provides a valuable insight into the work of the CRRC and the many colleagues, collaborators and patients whose contributions are helping to shape the future of abortion and reproductive healthcare.

Dr Patricia A. Lohr

Director of Research and Innovation
British Pregnancy Advisory Service

Our Strategy

Our Vision

BPAS will be an organisation where everyone can engage in research and innovation, and all voices are heard and valued. We will be recognised as leaders in abortion and reproductive health research, generating evidence that drives meaningful change and improvements within BPAS and beyond.

Our Strategic Aims

Engage

We will build relationships that support high-quality research and innovation. By strengthening staff engagement, improving patient participation in research, and fostering external collaborations, we will lay a strong foundation to achieve our goals.

Embed

We will have a culture at BPAS where research and innovation are integral to everything we do, ensuring these practices are sustained, standardised, and continuously improve care and operations across the organisation.

Involve

We will ensure that patients, staff, and partners are actively involved in shaping our research and innovation activities. By integrating diverse perspectives, we willl make our work more relevant, inclusive, and responsive to the needs of those we serve.

Impact

We will ensure BPAS research influences clinical practices, policies, and standards at a national and sector-wide level. solidifying BPAS's role as a leader in abortion and reproductive healthcare research.

This Annual Report is organised around the four strategic aims of the Integrated Research and Innovation Strategy. Although presented separately, the aims are closely interconnected, and many of the activities described contribute to more than one. Throughout the report, impact is also considered an outcome of all our work, reflecting our commitment to ensuring that research and innovation lead to improvements in patient care, clinical practice and policy.

Engage

We will build relationships that support high-quality research and innovation. By strengthening staff engagement, improving patient participation in research, and fostering external collaborations, we will lay a strong foundation to achieve our research and innovation goals.

Building Strategic Partnerships

Developing strategic partnerships is central to this strategic aim. During 2025/26, we established a framework to identify and develop long-term, reciprocal partnerships based on shared objectives, complementary expertise and mutual benefit. Using this framework, we strengthened relationships with academic institutions, creating new opportunities for collaborative research, researcher development and knowledge exchange.

University College London

Our partnership with the Institute for Women's Health at University College London (UCL) supports collaborative research, researcher development, and academic engagement. Examples of collaborative work from this year are highlighted below.

Delivering quality abortion care for patients with complex needs

Patients with medical complexity and/or significant co-morbidities can face challenges accessing timely abortion care, which often needs to be provided in NHS hospitals where local services are limited. To improve access, NHS England introduced a national service specification in 2021 to increase local capacity to provide abortion care for these patients up to 23+6 weeks' gestation.

As collaborators in the NIHR Reproductive Health Policy Research Unit at UCL, we contributed to one of the Unit's first studies. Led by Professor Rebecca French (London School of Hygiene & Tropical Medicine), the study brought together co-investigators from BPAS and other partner organisations to evaluate implementation of the NHS England service specification for abortion care for patients with medical complexity and significant co-morbidities. The CRRC contributed to the study's design, delivery, analysis, and dissemination. BPAS also supported recruitment of staff with experience of providing abortion care for patients with complex clinical and social needs to participate in qualitative interviews.

The study generated 11 recommendations for commissioners, providers and policymakers to improve care pathways for patients with complex needs, with the aim of supporting more timely access to high-quality abortion care and improving patient experience.

Evaluating the London Measure of Unplanned Pregnancy in abortion care

The London Measure of Unplanned Pregnancy (LMUP) is a validated six-item measure of pregnancy intention developed by Dr Geraldine Barrett. Although the LMUP has been evaluated in antenatal care and early pregnancy assessment units, it has not previously been implemented or evaluated in abortion care.

Through our partnership with UCL, BPAS Telehub Lead Nurse Charlotte Glynn secured an Entry Level Scholarship from Wellbeing of Women and the College of Sexual and Reproductive Healthcare. Jointly supervised by BPAS and Professor Jennifer Hall and Dr Geraldine Barrett (UCL), the scholarship supported this mixed-methods study exploring the feasibility and acceptability of implementing the LMUP in abortion care.

The LMUP was piloted at BPAS, alongside focus groups with nurses and midwives, and interviews with patients to explore experiences of using the measure in routine care. The findings will inform future implementation of the LMUP in abortion services and contribute to the evidence base on integrating measures of pregnancy intention across reproductive healthcare settings.

In addition, Dr Patricia Lohr was awarded an honorary academic contract with UCL, creating further opportunities for collaboration between our organisations.

The Open University

Researchers within the CRRC have collaborated with colleagues at the Open University on research projects and knowledge exchange activities for many years. Building on these established relationships, funding through the Open University's Open Societal Challenges Challenge Us! scheme laid the foundations for a broader strategic partnership, including new collaborative research proposals, researcher development and ongoing knowledge exchange.

Exploring staff and patient views of an AI chatbot to support home medical abortion

The CRRC partnered with researchers from the Open University on a scoping study exploring the feasibility and acceptability of integrating an artificial intelligence (AI) chatbot into BPAS's medical abortion care pathway. Building on our established collaboration, the project brought together researchers, patients and staff to explore how AI could support medical abortion at home while generating evidence to inform the future development of digital services at BPAS.

Using surveys, interviews and co-design workshops with patients and staff, the study explored how an AI chatbot could enhance the experience of medical abortion at home, improve access to aftercare and support clinical services by responding to common patient questions. It also identified important opportunities and challenges for implementation.

The project created opportunities for staff and patient involvement throughout the research process - it supported the appointment of Kathryn Piper, BPAS Support Services Coordinator, as a funded research intern. Working alongside researchers from BPAS and the Open University, Kathryn contributed to the project while developing research skills and experience.

The findings are informing the future development of digital services within BPAS and have led to continued collaboration with the Open University, including the development of new research proposals and protocols.

Facilitating external research

Supporting external researchers to undertake studies at BPAS is a core function of the CRRC. During 2025/26, we continued to support researchers from academic and clinical institutions by providing robust governance, access to patients and services, and operational support throughout study delivery.

Reproductive Borders and Bordering Reproduction

People from ethnic minority and migrant communities experience significant inequalities in access to maternal and reproductive healthcare. The CRRC is supporting researchers at King's College London, the University of Bristol and the University of Sussex on the AHRC-funded Reproductive Borders and Bordering Reproduction study. This is examining the institutional, legal and experiential barriers to maternal and reproductive healthcare experienced by ethnic minority and migrant women and birthing people.

BPAS is facilitating one of the case studies, which is exploring how people with uncertain migration status navigate barriers to accessing abortion care. The study also includes ethnographic research across two BPAS clinics and one telemedicine hub, including observations of in-person and telemedicine consultations. BPAS is facilitating access to clinical services, supporting recruitment of staff and patients to participate in interviews, and contributing to the project through membership of the Study Advisory Board.

The study will co-produce practical toolkits with people with lived experience and develop recommendations for policy and practice to reduce inequalities and improve equitable access to maternal and reproductive healthcare.

Human Developmental Biology Resource

Since 2009, BPAS has supported the MRC-Wellcome-funded Human Developmental Biology Resource (HDBR), one of the world's leading resources for research into human development. With patients' written consent, BPAS facilitates the donation of fetal tissue to the HDBR, enabling researchers in the UK and internationally to undertake ethically approved studies investigating human development, the origins of congenital anomalies and human disease.

This year, BPAS facilitated 162 tissue donations to the HDBR. Reflecting the strength of this longstanding collaboration, members of the CRRC now serve as Co-Investigators on the HDBR project and contribute to its strategic direction through membership of the Steering Committee.

The HDBR continues to provide an invaluable resource for research into human development and disease, with BPAS playing a key part in supporting this internationally recognised research infrastructure.

Delivering Collaborative Research

Alongside our strategic partnerships and support for externally led research, the CRRC actively contributes to collaborative programmes addressing important questions in abortion and reproductive healthcare. Working with academic, clinical and policy partners across the UK and internationally, these collaborations bring together complementary expertise to generate evidence that informs clinical practice, policy and future service development.

Contragestive Time: Pregnant Uncertainties in Fertility Control

In October, we were proud to announce our collaboration on Contragestive Time: Pregnant Uncertainties in Fertility Control, a pioneering five-year research programme funded through a prestigious Wellcome Trust Discovery Award. Contragestives are a proposed new approach to fertility control that would work during the overlooked window after ovulation and before early abortion is possible. Although emerging technologies have the potential to make this possible, there are currently no licensed contragestive methods available in the UK.

The study brings together clinicians, social scientists, lawyers, philosophers and advocates to explore the scientific, social, ethical, legal and clinical dimensions of contragestives. The programme will examine concepts of early pregnancy and reproductive timing, challenge existing legal and regulatory frameworks, evaluate the feasibility of new clinical approaches, and engage with the public and policymakers to shape the future of fertility control.

BPAS is one of nine partner organisations contributing to the programme and is involved across several work packages spanning clinical research, qualitative and social science research, policy and advocacy, and public engagement. Working alongside colleagues from Birkbeck University of London, the University of Bristol, the University of Sussex, Manchester Metropolitan University, King's College London, the London School of Hygiene & Tropical Medicine, King's College Hospital NHS Foundation Trust and Take Two Health, we will help generate the evidence needed to inform future clinical practice, policy and reproductive healthcare.

How far is too far: Creating an evidence base to support safe provision of medication abortion for people living far from emergency services

Most abortions in the UK are medical. While haemorrhage requiring blood transfusion is a rare complication, there is limited evidence on its incidence, timing and risk factors. This evidence gap can create barriers to accessing medical abortion for people living in remote and rural areas, where policies may require patients to remain close to emergency services.

The CRRC recently joined the international case-control component of this study as co-investigators. Led by Professor Wendy Norman at the University of British Columbia, the study brings together researchers from Canada, the UK, Australia and Sweden to investigate the clinical and demographic factors associated with post-medical abortion haemorrhage requiring blood transfusion. BPAS will contribute data from patients receiving medical abortion in England and Wales and undertake analyses of BPAS data as part of the international collaboration.

As part of the project, the CRRC will recruit a BPAS nurse to join the research team for six months, providing practical experience in applied clinical research and supporting research capacity building within BPAS.

The findings will inform clinical guidance on the safe provision of first trimester medical abortion for people living far from emergency services, helping to improve equitable access while maintaining patient safety.

Developing the next generation of researchers

Developing the next generation of researchers is central to the CRRC's mission. We support BPAS staff and external colleagues through mentorship, academic supervision, and opportunities to design, deliver and disseminate research.

Dr Rachel Arkell

In 2025, Dr Rachel Arkell successfully completed her SeNSS (ESRC)-funded PhD at the University of Kent, undertaken in collaboration with BPAS. Her socio-legal research examined risk communication, patient choice and shared decision-making relating to medication use during pregnancy.

Rebecca Blaylock

Research and Engagement Lead Rebecca Blaylock is undertaking an NIHR/Wellbeing of Women Doctoral Fellowship at the London School of Hygiene & Tropical Medicine, co-supervised with BPAS. Her research examines the impact of telemedical abortion on access to care and equity in England and Wales.

Rebekah Goodman

Keele University Master's student Rebekah Goodman completed a project evaluating venous thromboembolism (VTE) risk assessment and treatment within BPAS abortion services. She presented her findings internally at BPAS, with the work informing recommendations for service improvement.

Dr Adhishree Sunilkumar

As part of a foundation-year placement from Norwich Medical School, Dr Adhishree Sunilkumar contributed to a service evaluation of conscious sedation for vacuum aspiration and dilatation and evacuation.

Kathryn Piper

Support Services Coordinator Kathryn Piper completed a research internship through the Open University's Open Societal Challenges programme, contributing to the collaborative AI chatbot project. The internship provided experience across the research process, from study design and ethics to participant engagement and dissemination.

Charlotte Glynn

BPAS Telehub Lead Nurse Charlotte Glynn was awarded a Wellbeing of Women/College of Sexual & Reproductive Healthcare Entry Level Scholarship to evaluate implementation of the London Measure of Unplanned Pregnancy (LMUP) within abortion care. Jointly supervised by BPAS and University College London, the project supported Charlotte's development as a clinical researcher.

Improving internal engagement

A research-active organisation depends on creating opportunities for staff to engage with research. During the year, we strengthened awareness of research across BPAS by incorporating research into staff induction, establishing regular engagement with executive and operational leaders, and creating clear pathways for colleagues to propose research and evaluation ideas.

Interest from across the organisation continued to grow, with 29 research and evaluation enquiries received from BPAS colleagues during the year. These included project ideas, service evaluations, evidence requests and requests for methodological support, demonstrating increasing recognition of research as a tool for improving patient care and organisational practice.

Increasing patient participation

Enabling patients to participate in research is central to our Strategy. During 2025/26, we reviewed the process for seeking patients' permission to be contacted about future research, recognising that a clear and consistent permissions pathway is essential to increasing opportunities for patients to participate in research and supporting staff to discuss research confidently.

Working with colleagues from across BPAS, we mapped the patient pathway to identify when and how research opportunities are introduced. Through focus groups with frontline staff and key stakeholders, we explored current practice, identified barriers and opportunities for improvement, and developed recommendations for a more consistent and patient-centred approach. We also sought feedback from patients to better understand their experiences and ensure that the proposed changes reflected their views.

This work resulted in five recommendations to strengthen the research permissions process. These will be implemented during 2026/27 through a revised permissions pathway, staff training and improved monitoring, with the aim of making research opportunities more accessible to patients and increasing participation in both BPAS-led research and the external studies that BPAS supports.

Strengthening communication

Effective communication is also essential to building a research-active organisation. During 2025/26, the CRRC worked closely with the BPAS Communications team to increase the visibility of research and innovation across the organisation. Regular updates were shared through the staff intranet and internal communications channels, including the BPAS bulletin, to highlight research activities, celebrate achievements, promote opportunities for involvement and demonstrate how research contributes to improving patient care.

Research findings and activities were also shared more widely through conference presentations, publications, blogs and external communications, ensuring that evidence generated by and with BPAS reached clinicians, researchers, policymakers and the wider public.

Involve

We will ensure that patients, staff, and partners are actively involved in shaping our research and innovation activities. By integrating diverse perspectives, we will make our work more relevant, inclusive, and responsive to the needs of those we serve.

James Lind Alliance Priority Setting Partnership for Abortion Care Research

In December 2025, BPAS launched the first James Lind Alliance (JLA) Priority Setting Partnership (PSP) dedicated to abortion care research, working closely with partners and stakeholders across the abortion care sector. The PSP will bring together patients, carers, healthcare professionals and support organisations to identify the ten most important unanswered research questions in abortion care across the UK.

Guided by a Steering Group that combines lived experience, clinical, academic and organisational expertise, the partnership is co-funded by BPAS, the British Society of Abortion Care Providers (BSACP), MSI Reproductive Choices and the National Unplanned Pregnancy Advisory Service (NUPAS), with in-kind support from the Royal College of Midwives and the College of Sexual & Reproductive Healthcare.

Using the James Lind Alliance's established methodology, patients, carers and healthcare professionals are working together through national surveys, evidence reviews and consensus workshops to identify shared research priorities. This collaborative approach ensures that future research reflects the questions that matter most to those who receive, provide and support abortion care.

The final ten research priorities will be agreed at a national consensus workshop in November 2026 and published shortly afterwards. Together, they will establish the first nationally agreed research agenda for abortion care in the UK, helping to guide future research investment, funding and collaboration.

The PSP represents a major step towards ensuring that future abortion care research is shaped collaboratively by patients, carers and healthcare professionals, directly supporting BPAS's commitment to meaningful involvement in research and innovation.

Figure 1. Organisations represented within the PSP, including funding partners, Steering Group members and collaborating organisations.

Developing the foundations for involvement

During the year, we reviewed how patients, staff and stakeholders are currently involved in research and innovation activities and identified opportunities to strengthen and standardise these approaches. Stakeholder mapping was completed to better understand existing relationships and identify opportunities to broaden involvement, while work also began to scope a digital platform that will support accessible and sustainable involvement activities across BPAS.

To support involvement in research, patient and public involvement (PPI) was incorporated into the revised BPAS Research Policy. Work also began on developing standard operating procedures, guidance and training to support consistent approaches across the organisation. While much of this work will be implemented during 2026/27, it established the foundations for a more coordinated and sustainable approach to involvement.

Strengthening the patient voice

The work undertaken during 2025/26 also demonstrated that meaningful involvement extends beyond research alone. The principles developed through the CRRC's work on patient and public involvement informed the development of BPAS's wider Patient Voice approach, recognising the importance of involving patients in shaping services, research and organisational priorities.

Building on this work, Patient Voice has now become a BPAS organisational objective, with the CRRC coordinating implementation across the organisation. During 2026/27, this work will focus on developing a Patient Voice Strategy, establishing governance arrangements, expanding opportunities for involvement and embedding patient perspectives more consistently across research, innovation and service development.

Embed

We will have a culture at BPAS where research and innovation are integral to everything we do, ensuring these practices are sustained, standardised, and continuously improve care and operations across the organisation.

Strengthening Research Governance

During 2025/26, the CRRC conducted a comprehensive review of BPAS's research governance framework, enabling the organisation to strengthen oversight from Board level through to individual research projects.

The Research, Innovation, Campaigns and Advocacy (RICA) Committee was established as a subcommittee of the Board of Trustees, providing strategic oversight. Operational oversight is provided by the newly established Research Approvals Group (RAG), which replaced the former Research and Ethics Committee. The RAG reviews research proposals to ensure they have received the necessary external ethical approvals, meet regulatory requirements, are appropriately indemnified, are operationally feasible and are suitable for BPAS to support.

The governance review also resulted in a comprehensive revision of the BPAS Research Policy, establishing a clear and consistent framework for the management of research across the organisation. The revised policy clarifies governance responsibilities and approval pathways and introduced a structured Capacity and Capability review process. Supporting documentation, including standardised application forms, review criteria and reporting templates, was developed to reflect policy requirements.

We also developed a Research Governance Audit Framework to provide a structured approach to monitoring compliance with the BPAS Research Policy and the Research Approval Group's Terms of Reference. The framework introduced a standardised annual audit process, supporting continuous quality improvement and strengthening organisational oversight of research governance.

Together, these developments provide the governance infrastructure needed to support the continued growth of research and innovation at BPAS and establish strong foundations for embedding research into routine organisational practice.

Using Evaluation to Improve Services

Alongside its research portfolio, the CRRC continued to expand its programme of internal service evaluations, working in partnership with clinical and operational colleagues to generate evidence that informs service development and continuous improvement across BPAS.

Contraceptive counselling and methods after medical abortion via telemedicine

Offering contraceptive counselling and a choice of contraceptive methods after abortion is an important component of high-quality abortion care. As telemedicine has become the predominant model for early medical abortion, the CRRC evaluated how changes in service delivery have influenced contraceptive counselling, method choice and contraceptive use following abortion.

Using routinely collected clinical data from more than 45,000 BPAS patients alongside a follow-up survey conducted six weeks after treatment, the evaluation examined uptake of contraceptive counselling, anticipated and actual contraceptive use, barriers to accessing preferred methods, and differences between remote and in-person models of care. The findings identified opportunities to improve equitable access to contraception, particularly for patients seeking long-acting reversible contraception following medical abortion.

The evaluation has informed the work of the BPAS Contraception Model of Care Working Group. It has also established a baseline for monitoring future service improvements, supporting discussions with commissioners about improving access to post-abortion contraception, and identifying priorities for future service development and evaluation.

Evaluating the safety and acceptability of conscious sedation for abortion up to 17+6 weeks of gestation

Conscious sedation is used in abortion care to provide a state of relaxation and comfort while patients remain awake and responsive. It offers advantages in managing pain and anxiety while allowing a shorter recovery time than general anaesthesia.

Following the introduction of conscious sedation at BPAS in 2015 for surgical abortion up to 13+6 weeks' gestation, the service has been progressively expanded, including for patients undergoing abortion up to 17+6 weeks' gestation. The CRRC therefore undertook an evaluation to assess the safety and acceptability of providing conscious sedation at this higher gestational age across BPAS services.

The evaluation confirmed that conscious sedation is a safe and acceptable option for surgical abortion up to 17+6 weeks' gestation. It also highlighted opportunities to better support patients in managing anxiety and pain before and during treatment and identified priorities for future prospective research comparing conscious sedation with alternative analgesia options.

In consultation with clinical and operational colleagues, the findings informed 11 recommendations to improve data quality, staff training, clinical guidance and patient information. The team is also preparing the findings for publication in peer-reviewed journals to share learning with the wider sector.

Establishing Research Champions

The CRRC developed a Research Champion programme to support the integration of research into everyday practice across BPAS. The programme was informed by stakeholder engagement undertaken during development of the 2025–2030 Integrated Research and Innovation Strategy, which identified strong support from both staff and patients for greater visibility of research, improved communication about research opportunities, and greater involvement in research activities. Patients also highlighted the value of having local Research Champions as accessible points of contact to raise awareness of research and support participation.

Working closely with operational and clinical leaders, the CRRC developed the Research Champion role, including outlining its responsibilities, governance arrangements, implementation plan and evaluation framework. Following organisational approval, a six-month pilot will commence in 2026/27 across clinic and telemedicine services. The pilot will evaluate the feasibility, acceptability and impact of the programme before wider implementation across BPAS.

Building Research Capability Through Staff Training

Developing a research-active organisation requires colleagues across BPAS to have the knowledge, skills and confidence to engage with research in ways that are appropriate to their roles. To support this, the CRRC undertook a scoping exercise to understand organisational research training needs and propose an approach to building research capability across BPAS.

The scoping exercise drew on engagement with operational, clinical and support services, focus group discussions with colleagues who had previously participated in research, consultation within the CRRC, and discussion with the Learning and Development team. This work identified the need for a tiered and accessible approach to research training that could meet the needs of staff with different levels of research experience while aligning with existing organisational learning and development activities.

The findings informed the development of a phased implementation plan, including a Research and Evaluation Handbook, an online Research Toolkit, interactive Research in Focus sessions, and introductory e-learning modules. Implementation of the programme will begin during 2026/27 to strengthen research capability and support wider participation in research and evaluation across BPAS.

Informing National Initiatives

Contributing to the national Maternal Care Bundle

The Maternal Care Bundle, published in 2026, sets best practice for maternity clinical care to be adopted by NHS providers and commissioners in England, with the aim of reducing maternal mortality and morbidity, as well as health inequalities. BPAS contributed to Element 1 of the Bundle, focused on venous thromboembolism (VTE). We provided support with data analysis, offered clinical expertise and ensured patient needs and experiences were represented.

Informing discussions on the decriminalisation of abortion

We're incredibly proud that our study exploring the accuracy of self-reported last menstrual period date for under 16's was cited by Baroness Gerada in the House of Lords debate on decriminalisation of abortion. This fed into the debate on safeguarding related to access to telemedical abortions for young people.

Impact

We will ensure BPAS research influences clinical practices, policies, and standards at a national and sector-wide level, solidifying BPAS's role as a leader in abortion and reproductive healthcare research.

Publications, conferences and talks

Communicating and sharing the research conducted by the CRRC is a vital part of our work – it is how change happens. We have published 13 publications in 7 different journals over the past year – see a full list at the end of this section.

Royal College of Obstetricians and Gynaecologists 2025 World Congress

At the 2025 Royal College of Obstetricians and Gynaecologists World Congress, we were pleased to contribute to a session organised by the British Society of Abortion Care Providers (BSACP) on the topic of contragestives. In addition to Dr Patricia Lohr, the panel featured Professor Sally Sheldon from the University of Bristol and Clare Murphy, Chief Executive Officer of Feed and former BPAS CEO. The session explored why the UK may be left behind as this new technology for controlling fertility is developed.

ChallengeUS! Showcase

In June 2025, Dr Patricia Lohr, Chloe Hanse and project intern Kathryn Piper joined our Open University co-investigators Professor Lesley Hoggart and Dr Koula Charitonos at the ChallengeUs! Showcase hosted by the Open Societal Challenges at The Open University. The event brought together inspiring, impact-driven organisations from across sectors and shared learning from exciting projects. We were proud to showcase our study funded through the scheme: 'Improving the care experience for medical abortion patients with a digitally enabled AI chatbot.'

10th Annual British Society of Abortion Care Providers Conference

The team contributed to the 2025 BSACP conference programme through a range of oral and poster presentations of our work. The conference provided an excellent opportunity to share research, exchange knowledge, and engage with colleagues dedicated to advancing abortion care in the UK.

The CRRC line-up at the conference included:

- Dr Patricia Lohr spoke alongside other BSACP co-founders in celebration of BSACP's 10-year anniversary on the organisation's activities from the last 5 years and plans for the future.
- Research and Engagement Lead, Chloe Hanse, delivered an invited talk on the use of artificial intelligence in abortion care. Chloe also had a poster presentation on 'Contraception use after medical abortion: findings from BPAS patients at time of abortion consultation, and 6 weeks after'.
- Rebecca Blaylock, Research and Engagement Lead, presented an oral abstract on 'How has the introduction of telemedicine impacted the accessibility and equity of abortion services at a population level in England and Wales'. We're proud that Rebecca was awarded 'Best Oral Abstract' for her presentation.
- Vik Harvey, midwife and manager of BPAS's Aftercare Team, presented a poster on a project that grew directly from frontline practice and was supported by the CRRC team: 'Using the SOCRATES mnemonic in pain assessments: A case note review at BPAS'.
- Hannah McCulloch, Evaluation Researcher, presented an oral abstract called 'Can menstrual dating safely guide eligibility for no-test medical abortion in under-16s?'.

- Two students who supported CRRC projects had oral abstracts at the conference. Rebekah Goodman presented on ‘Venous thromboembolism risk identification and prophylaxis amongst abortion patients at BPAS’ and Adhishree Sunilkumar on ‘Safety and Effectiveness of Conscious Sedation for Vacuum Aspiration and Dilatation and Evacuation up to 17+6 Weeks of Gestation’.

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About the CRRC

Research has been integral to BPAS's mission since the organisation was founded in 1968. In 2019, BPAS established the Centre for Reproductive Research & Communication (CRRC) to bring together its clinical, health services and social science research within a multidisciplinary centre dedicated to advancing abortion and reproductive healthcare, policy, and public discourse.

The CRRC is home to BPAS's Research and Innovation team. Working across the organisation and in partnership with patients, clinicians, academics and healthcare organisations, we lead and support research and evaluation that improves patient care, informs clinical practice, and shapes policy. We identify research priorities, secure funding, conduct collaborative research, evaluate services, build research capability, and support the translation of evidence into practice. We also enable research led by external researchers by facilitating access to BPAS data, patients, staff and clinical services.

Embedded within BPAS, the CRRC is uniquely positioned to identify important questions arising from clinical practice and to work collaboratively with patients, clinicians and academic partners to generate evidence that improves care, informs policy and advances reproductive healthcare.

Meet the team

Patricia Lohr, Director of Research and Innovation

Dr Patricia A. Lohr is Director of Research and Innovation at BPAS and Director of the Centre for Reproductive Research & Communication (CRRC). She is a clinician-researcher whom has contributed to national and international policy and clinical guidance. Patricia is Associate Editor of BMJ Sexual & Reproductive Health, Expert Advisor to NICE, and co- founder and Co-Chair of the British Society of Abortion Care Providers. Alongside her research and clinical leadership, Patricia has played a key role in developing abortion education and professional training in the UK and internationally. You can find Patricia Lohr's profile on ORCiD here.

Rebecca Blaylock, Research and Engagement Lead

Rebecca is a is a multi-disciplinary researcher who currently focuses on how structural forces and intersectional inequalities impact people's trajectories to and experiences of abortion care. Rebecca has degrees from the University of Cambridge and Imperial College London, and is currently undertaking a doctoral fellowship at the London School of Hygiene and Tropical Medicine (LSHTM). You can find Rebecca Blaylock's profile on ORCiD here.

Chloe Hanse, Research and Engagement Lead (November 2024 - February 2026)

Chloe is a mixed methods researcher with expertise in reproductive health, justice, and rights. She holds an MSc in Gender, Development, and Globalisation from the London School of Economics (LSE). You can find Chloe Hanse’s profile on ORCiD here.

Lucy Hocking, Research & Engagement Lead (April 2026 - present)

Lucy is a mixed-methods health researcher with a focus and interest in women’s health, abortion and reproductive health. She is skilled in qualitative and quantitative research and evaluation methods, including interviews, surveys, focus groups, and literature reviews. Lucy holds a Biomedical Science degree from the University of Reading and a Master’s in Child Public Health from Swansea University. You can find Lucy Hocking's profile on ORCiD here.

Po Ruby, Evaluation Researcher

Po is a multidisciplinary researcher and evaluation specialist. Her research aims to improve reproductive health outcomes and healthcare services, particularly for people living with disability and chronic illness. With a BA in Medical Anthropology from the School of Oriental and African Studies (SOAS) and an MSc in Public Health from the London School of Hygiene and Tropical Medicine (LSHTM), she has worked internationally on ethnographic studies, clinical trials, and mixed-methods evaluations. You can find Po Ruby's profile on ORCiD here.

Charlotte Glynn, Research and Innovation Nurse

Charlotte is a registered nurse with a strong background in contraception and sexual health and a clear passion for women's health. She holds a BA in English Literature from Queen Mary University of London and an MSc in Adult Nursing from the University of Nottingham. In 2025, Charlotte joined the CRRC as a Research and Innovation Nurse, where she leads work exploring the role of nurses and midwives in surgical abortion care. You can find Charlotte Glynn's profile on ORCiD here.

Nicole Gray, Research Administrator

Nicole is a biomedical scientist with a passion for women's health. Nicole has worked at BPAS for over two years, working both in the research team and as a Healthcare Assistant in BPAS clinics. Her work reflects a commitment to advancing women's health through both evidence-based knowledge and direct clinical practice. You can find Nicole Gray's profile on ORCiD here.

Caitlin McArthur, Research and Evaluation Assistant

Caitlin has a clinical background in sexual health and contraception, having previously worked as a Physician Associate in NHS Integrated Sexual and Reproductive Health services in West London. Caitlin holds an undergraduate degree in Reproductive Biology from the University of Edinburgh and a Postgraduate Diploma in Physician Associate Studies from the University of Surrey. You can find Caitlin McArthur's profile on ORCiD here.

Kathryn Piper, Research Intern

Kathryn is an experienced healthcare professional with a strong interest in service improvement and the integration of technology in reproductive healthcare. Alongside her practical experience, she is currently contributing to research on the potential of AI technology to enhance BPAS services for both patients and staff.

Affiliate Members

Dr Kate Whitehouse

Kate is an American-trained doctor, double board-certified in Obstetrics & Gynaecology and Complex Family Planning. She has over a decade of expertise in abortion care and sexual health research (SRH) as an academic clinician, Medical Officer at the WHO, and working in independent sector abortion care in Britain.

Hannah McCulloch

Hannah McCulloch is a mixed methods researcher with nearly a decade of experience in sexual and reproductive health (SRH) research. She holds an MSc in Public Health from the London School of Hygiene & Tropical Medicine and has worked across academic, NHS, NGO, and femtech settings in the UK and internationally.

Partners and Collaborators

Research is a collaborative endeavour. We would like to thank all of our partners and collaborators for their support, expertise and shared commitment to improving reproductive health research and innovation. We are proud to work alongside organisations that share our ambition to generate evidence that informs policy, practice, and patient care.

Thank you to our BPAS colleagues and external collaborators for their contributions to our service evaluations and research projects this year.

BPAS
Centre for Reproductive
Research & Communication

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bpas.org/crrc

Or read our page on LinkedIn at
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