

SPUC guide to responding to the Department of Health and Social Care's consultation on “Home use of both pills for early medical abortion up to 10 weeks gestation” in England



About this guide

The Department of Health and Social Care has launched a consultation to find out whether people think that DIY home abortions should be made permanent in England. This briefing is intended to help you respond to the consultation, and to give suggestions about answering the questions. It is very important that as many pro-life people as possible respond to this consultation. We must send a strong message to the Government that allowing home abortions is a terrible policy that should not be continued.

The consultation is running from 26 November 2020 and closes at 11:59pm on 26 February 2021.

Please complete the questionnaire as soon as you can. Please encourage others to do the same.

Background to this consultation

In March 2020 the Government allowed pregnant women to take both sets of pills for an early medical abortion (mifepristone and misoprostol) in their own homes. These are DIY abortions. The abortion pills are posted to women after a telephone or video consultation with a doctor or nurse. Women do not need to attend a hospital or clinic in person for an appointment. This is known as “pills through the post” abortion or “telemedicine” abortion.

This measure was supposedly put in place to reduce the risk of transmission of COVID-19, and along with other pandemic legislation has a time limit of two years, or until the pandemic is over – whichever is earliest. The Westminster Government is now seeking views on whether to make permanent the current temporary measure allowing for home use of both pills for medical abortion up to 10 weeks’ gestation for all eligible women or whether, after the pandemic, the previous policy on abortion provision should be reinstated.

Who can respond to the consultation?

Any members of the public can respond to this consultation.

The Government says it “would welcome feedback from anyone with an interest or view on whether or not to make permanent the current temporary measure allowing for home use of both pills for early medical abortions (EMA) up to 10 weeks’ gestation for all eligible women”.

If you have any relevant professional or personal experience, please include this in the consultation.

This consultation applies only to England.

How do I respond to the consultation?

Online

You can respond to the consultation here: <https://consultations.dhsc.gov.uk/5f624dc5a9019563c2099cda>

You can save your response at any point and come back to complete it later.

Please respond to the consultation before 11:59pm on 26 February 2021.

Special note on DIY abortions

SPUC's position is that the DIY home abortion scheme must be stopped immediately. It is also important to remember that while there are added risks for women from DIY abortions, every abortion is a risk to the mental and physical health of women. And every completed abortion kills an unborn baby. Abortions carried out with medical supervision are as equally wrong as abortions carried out with no medical supervision. However, for the purpose of this consultation we are asking pro-life people to put the case to the Government of the dangers to women from home abortions.

EMA = early medical abortion

Guidance on answering questions

Please note:

1. We have reproduced the questions from the consultation in the following boxes.
2. We have made suggestions for comments. Please put your comments in your own words.
3. Please include your own personal or professional experience in your comments and/or your own thoughts.

Question 1

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?

- a) Yes, it has had a positive impact
- b) Yes, it has had a negative impact
- c) It has not had an impact
- d) I don't know

[If necessary, please provide text to support your answer].

Select b.

Points you could include in your comments:

- **Home abortion is a painful and traumatic experience for women.** Carrying out a DIY abortion at home is a painful and traumatic experience for women, who are often alone.
- **Women may take the abortion pills past the 10-week limit.** There have been reports of women in England taking abortion pills past the 10-week limit including some past the legal 24-week limit. (See also question 7.)
- **Vulnerable women can be forced into taking abortion pills.** With the spike in domestic abuse during lockdown, many women may have been forced into ordering abortion pills. Abused women could be coerced into carrying out the abortion with only their abuser present. Such women would be unable to phone for medical help because the abuser would hear.

Question 2

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?

- a) Yes, it has had a positive impact
- b) Yes, it has had a negative impact
- c) It has not had an impact
- d) I don't know

[If necessary, please provide text to support your answer]

You do not need to answer this question. Select "I don't know".

Question 3

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?

- a) Yes, it has had a positive impact
- b) Yes, it has had a negative impact
- c) It has not had an impact
- d) I don't know

[If necessary, please provide text to support your answer]

We suggest answering b.

Points you could include in your comments:

- With a telemedicine consultation, it is impossible to ensure that women are alone when they make the call. A woman may not be able to speak confidentially without an abuser or coercive family member hearing.
- Women may have to go through the traumatic abortion experience with only an abuser present at home.

Question 4

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.

- a) Yes, it has had a positive impact
- b) Yes, it has had a negative impact
- c) It has not had an impact
- d) I don't know

[If necessary, please provide text to support your answer]

You do not need to answer this question. Select "I don't know".

Question 5

Question 5. Have other NHS services been affected by the temporary measure?

- a) Yes, it has had a positive impact
- b) No
- c) I don't know

[If necessary, please provide text to support your answer]

You do not need to answer this question. Select "I don't know".

Question 6

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?

Important note: Women should be given full information about the risks of abortion carried out at any gestation and under any circumstances. Women over ten weeks pregnant should be offered counselling so that she has the opportunity to think about keeping her baby and avoid an abortion which she could regret for the rest of her life.

Other points you could make here include:

- Abortion pills are designed to be taken up to ten weeks of pregnancy, as they are less effective, and more harmful for the woman, when taken later in gestation.
- In one UK study more than 50% of women having medical abortions after 13 weeks needed subsequent surgical intervention.¹
- The abortion complication rate also increases rapidly with each week of gestation, one study finding a 38% increase for each week.² Recent research shows that 16.3% of women who had medical abortions at 57-63 days and 20.5% of those who had medical abortions at 64-76 days made an unscheduled return visit because of concerns about complications.³ For 77-100 days the figure rose to 22.5%.⁴
- Pain for the unborn baby. Some researchers believe that pain sensation may occur before the 10th week of gestation (and possibly as early as the 6-7th weeks), due to maturation of particular neural structures as well as the lack of pain inhibition mechanisms.⁵
- By ten weeks, the unborn baby is an inch and a half long, and clearly recognisable. This may cause more distress for women passing the baby alone at home.

¹ Oral mifepristone 600 mg and vaginal gemeprost for mid-trimester induction of abortion. An open multicenter study. UK Multicenter Study Group. *Contraception* 1997;56:361–6.

² Bartlett LA *et al.* (2004) Risk factors for legal induced abortion-related mortality in the United States. *Obstet Gynecol* 103:729–737.

³ Larsson A & Ronnberg A-KM (2019) Expanding a woman's options to include home use of misoprostol for medical abortion up until 76 days: an observational study of efficacy and safety. *Acta Obstet Gynecol Scand.* 98:747–752.

⁴ Endler M *et al.* (2018) Safety and acceptability of medical abortion through telemedicine after 9 weeks of gestation: a population-based cohort study. *BJOG* 126:609–618.

⁵ Sekulic S *et al.* (2016) Appearance of fetal pain could be associated with maturation of the mesodiencephalic structures. *J Pain Res* 9:1031-1038.

Question 7

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?

- a) Yes, benefits
- b) Yes, disadvantages
- c) No
- d) I don't know

[If necessary, please provide text to support your answer]

Select a.

Important note: Abortions carried out with medical supervision are as equally wrong as abortions carried out with no medical supervision. However, for the purpose of this consultation we want the Government to be fully aware of the dangers to women from home abortions. To answer this question, we suggest highlighting the risks to women from not attending a clinic.

Risks to women carrying out a DIY abortion without visiting a clinic include:

- **Not adhering to the precise time intervals between the two stages of the abortion.** The timing between taking Mifepristone (the first pill) and taking Misoprostol (the second dose) is critically important. Taking the second dose incorrectly increases complications for the woman and she may require surgery. As many as half of all recommended protocols for prescription drug use are not followed, or not followed correctly.⁶
- **Missing an ectopic pregnancy.** If a woman is only having a consultation over the phone, an ectopic pregnancy can be missed. Ectopic pregnancy is life-threatening and women should not take abortion pills. In a report from the American Food and Drug Administration, 97 ectopic pregnancies were reported after women took Mifepristone. The initial consultation had missed the ectopic pregnancy.⁷
- **Emotional distress.** Many studies show that women experience emotional distress after an abortion and other studies show mental health problems for women after abortion. Home abortions may lead to more adverse psychological consequences, in part because a woman may be alone when she aborts and may also see the foetus who is expelled.

Other risks which must be considered:

- **Regulating DIY abortions.** DIY abortion is impossible to regulate effectively. In England, police have investigated the deaths of a newborn baby⁸ and a baby at 28 weeks gestation⁹ after their mothers took abortion pills sent in

⁶ Hovstad B & Petersson G (2011) Non-adherence to drug therapy and drug acquisition costs in a national population – a patient-based register study. *BMC Health Services Research* 11:326

⁷ <https://www.fda.gov/media/112118/download>

⁸ <https://www.thesun.co.uk/news/12273020/newborn-death-pills-by-post/>

⁹ <https://www.thesun.co.uk/news/11690506/police-probe-death-of-unborn-baby-after-woman-has-illegal-abortion-by-post-at-28-weeks-four-weekspast-limit>

the post well past the legal limit. A mystery shopper exercise also revealed that abortion providers are sending women abortion pills without proper checks.¹⁰

- **Domestic abuse** is strongly associated with abortion. Intimate partner violence (IPV) is a risk factor for abortion all over the world.^{11,12,13,14,15} Removing the provision of abortion pills from a medical setting increases the opportunity for abusive partners to force women into having abortions.
- **Missing the opportunity to detect domestic abuse.** Studies on domestic abuse have suggested that there should be greater efforts to ask women if they are subject to domestic abuse when they present for an abortion.¹⁶ Remote abortion removes the opportunity for a healthcare professional to detect domestic abuse. Women are given no opportunity to discuss their pregnancy confidentially with a doctor.

Question 8

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?

For example, what is the impact of being able to take both pills for EMA at home on people with a disability or on people from different ethnic or religious backgrounds?

The preamble to this question refers to protected characteristics under the Equality Act 2010. The protected characteristics relevant to the pro-life position are pregnancy and religion or belief.

Points you can make in your answer include:

Pregnancy

- **DIY abortions can increase abuse for pregnant women.** Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth.¹⁷ Abusers who know that women can get abortion pills through the post will be able to cover up their abuse more easily. High levels of abuse have been recorded during the pandemic.

¹⁰ <https://christianconcern.com/news/undercover-investigation-exposes-diy-abortion-service-breaking-the-law/>

¹¹ Hedin LW & Janson PO (2000) Domestic violence during pregnancy: the prevalence of physical injuries, substance use, abortions and miscarriages. *Acta Obstetrica et Gynecologica Scandinavica* 79:625-630.

¹² Taft AJ & Watson LF (2007) Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women. *Australian and New Zealand Journal of Public Health* 31(2):135-142.

¹³ Coker AL (2007) Does physical intimate partner violence affect sexual health? A systematic review. *Trauma, Violence, and Abuse* 8:149-177.

¹⁴ Fanslow F, Silva M, Whitehead A & Robinson E (2008) Pregnancy outcomes and intimate partner violence in New Zealand. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 48:391-397.

¹⁵ Silverman JG, Decker MR, McCauley HR, Gupta J, Miller E, Raj A & Goldberg AB (2010) Male perpetration of intimate partner violence and involvement in abortions and abortion-related conflict. *American Journal of Public Health* 100 (8):1415-1417.

¹⁶ <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.11.3.163.27500> p 166

¹⁷ <https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/>

- **Pregnant women who are abused are at greater risk from abortion.** In a study of London clinics, there was a six times higher rate of intimate partner violence (IPV) in women undergoing abortion compared with women receiving antenatal care.¹⁸ Women seeking abortion are in a higher risk category for domestic abuse, and victims of abuse are at risk of being forced into abortion. Home abortion both removes the opportunity for detecting abuse via a private consultation in a clinic or hospital, and makes it easier for abusers to force a woman into abortion.

Religion or belief

- A conscientious objection to abortion could be compromised for hospital staff who become involved in posting out abortion pills to women. For example, staff who are otherwise not involved in abortion could be asked to prepare packages containing abortion pills.

Question 9

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?

Points you could make include:

- Poverty can drive women towards abortion. Statistics from the Department of Health and Social Care reveal that “Women living in more deprived areas are more likely to have abortions than women living in less deprived areas. The rate in the most deprived decile is 26.1 per 1000 women. This is more than double the rate in the least deprived decile of 12.0 per 1000 women.”¹⁹
- Abortion is not a solution for poverty. There is a risk that abortion pills by post will be promoted as being especially important for women in deprived areas. The ease and speed of getting abortion pills will mean that women who are considering abortion for financial reasons have less time to make their decision. Critically, DIY abortion could mean that women do not get the help they need to deal with their circumstances.

¹⁸ Wokoma TT *et al.* (2014) A comparative study of the prevalence of domestic violence in women requesting a termination of pregnancy and those attending an antenatal clinic. *BJOG* 121:627-633

¹⁹ Abortion Statistics, England and Wales: 2019, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891405/abortion-statistics-commentary-2019.pdf

Question 10

Question 10. Should the temporary measure enabling home use of both pills for EMA [select one of the below].

- a) Become a permanent measure?
- b) End immediately?
- c) 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?
- d) 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?
- e) Other [please provide details]?

Select b.

Question 11

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?

Points you could make here include:

- Taking abortion pills at home is promoted as being safe and simple, but it is fraught with risks and complications, as well as being traumatic for women.
- Complications after medical abortion are four times higher than after surgical²⁰ – 20% compared with 5%.
- Allowing women to perform their own abortions at home should be stopped immediately.
- Many of the risks to women from DIY abortions are the same as with abortions carried out under medical supervision.
- The Government should undertake a public information campaign to inform all women of the risks they run in having an abortion.

²⁰ Niinimäki M *et al.* (2009) Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. *Obstet Gynecol* 114:795-804



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