

What's wrong with DIY at-home abortion?

Key points to make to your MP



Key point 1: At-home abortion is not safe and simple. It is not just like any other medical procedure.

A Finnish study found 15.6% of women who took abortion pills went to hospital for bleeding described by the authors as a haemorrhage, approximately one fifth of whom required treatment.¹ And these were women who took the pills under medical supervision. At-home abortion means the woman is on her own dealing with pain and bleeding and having to make her own assessment of whether she needs medical help or not.

DIY at-home abortion is a mental and physical ordeal for a woman, particularly if she sees her tiny baby. This is what one woman said: “in hindsight I wished I hadn’t looked but I did, and that was probably the most traumatic thing I’ve ever seen or done”.²

Key point 2: The public and GPs are not in favour of at-home abortion.

- 71% of adults in England say they are concerned about women having a medical abortion at home after a phone or video consultation with a doctor.
- 84% of adults in England say they are concerned about women finding it distressing potentially having to dispose of the terminated pregnancy either into the toilet or sanitary pads.³
- 86% of GPs in the UK say they are concerned about women having a medical abortion past the legal limit of ten weeks into gestation.
- 82% of GPs in the UK say they are concerned about the possibility of abortion pills being falsely obtained for another person with a telemedicine abortion appointment where the doctor has not seen the woman in person.⁴

Key point 3: Bias in the guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG).

It might be expected that the RCOG would draw up guidelines based on independent research, enabling them to make a professional and accurate judgement of the risks to women of at-home abortion. This was not the case.

Two of the five authors of the guidance⁵ are from organisations which provide abortion and have a strong motivation to promote at-home abortion:

- Dr Jonathan Lord, Medical Director, Marie Stopes UK
- Dr Patricia Lohr, Medical Director, British Pregnancy Advisory Service

Among the studies cited in the RCOG guidance, a number are authored by people affiliated to or employed by organisations with a strong vested interest in abortion. These include leading US abortion provider Planned Parenthood

¹ Niinimäki M et al. (2009) Immediate Complications After Medical Compared with Surgical Termination of Pregnancy. *Obstet Gynecol* 114:795–804

² Purcell, C., Cameron, S., Lawton, J., Glasier, A. and Harden, J. (2017) Self-management of first trimester medical termination of pregnancy: a qualitative study of women’s experiences. *BJOG: An International Journal of Obstetrics and Gynaecology*, 124

³ Savanta ComRes poll December 2020 <https://comresglobal.com/polls/spuc-england-polling/>

⁴ <https://comresglobal.com/polls/spuc-gps-polling/>

⁵ <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion>

and also Gynuity Health Projects which “has been at the forefront of efforts to increase women’s access to medical abortion in settings throughout the world”.⁶

Key point 4: At-home abortion is impossible to regulate properly.

It is virtually impossible for abortion providers to know the true circumstances of the women they are speaking to on the phone. A mystery client investigation reported on 26 women who each made two or three phone calls, taking no more than an hour, to one of three British abortion providers.

Each woman, none of whom was pregnant:

- gave a false name,
- gave a fictional medical history and gestational age and
- was not registered at the GP surgery she gave to the abortion provider.

All 26 were sent abortion pills through the post. At-home abortion is wide open to abuse.

Key point 5: Those in favour of DIY abortion say that it is unnecessary for women to attend a clinic to take a pill.

SPUC is clear that taking abortion pills at a clinic is just as wrong as taking them at home. Wherever the abortion takes place, an unborn baby is killed and there are risks to the mother’s wellbeing. However, the risks for women are greater if she is carrying out the whole abortion process at home.

For those MPs who may be in favour of abortion, but who do not want DIY abortion to be made a permanent policy, it is worth pointing out that a clinic consultation before an abortion has never been just about taking the pills.

When a woman attends a clinic:

- The gestation of the pregnancy can be established by an ultrasound scan (a crucial consideration when the pills can only be used up to a certain gestation).
- The time of drug ingestion is known accurately in relation to gestational age and she can be assessed to determine if a medical abortion is suitable for her.
- Consent can be gained.
- She is seen alone, which could, in theory, help to ensure that she is not being coerced.

Key point 6: DIY abortion risks increased abortion coercion for women experiencing domestic abuse.

Removing abortion from a medical setting increases the opportunity for abusive partners to force women into having an abortion. When only a telephone consultation is needed to certify a woman for abortion, there is no way of knowing if the woman is alone, and that she is making a free choice to ask for the abortion pills.

This was demonstrated in the mystery client investigation mentioned above. A volunteer posed as a woman being coerced by her abusive partner into making the call to get pills to have an abortion at home. When the volunteer made her calls to the abortion provider, another volunteer posing as her abusive partner was sitting next to her prompting her to give the “right” answers. The abortion provider taking the call did not discover that the woman she was talking to was being coerced.

In addition, studies on domestic abuse have actually suggested that there should be greater efforts to ask women if they are subject to domestic abuse when they present for an abortion.⁷ DIY at-home abortion removes the opportunity for a healthcare professional to detect domestic abuse.

GPs and the public are both worried about the risk of coercion. 86% of GPs in the UK say they are concerned about women being at risk of being coerced into an abortion by a partner or family member with a telemedicine abortion appointment where the doctor has not seen the woman in person.⁸ Answering the same question, 84% of adults in England said they were concerned.⁹

⁶ <https://gynuity.org/programs/medical-abortion> accessed 9/2/2021

⁷ <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.11.3.163.27500> p166

⁸ As above.

⁹ As above.

