JUSTICE FOR BABY LILY

Why the Pills by Post abortion policy must end

Society for the Protection of Unborn Children

www.spuc.org.uk

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TIMELINE OF THE PILLS BY POST POLICY

- 30 March 2020: The Secretary of State for Health and Social Care approves two temporary measures in England affecting the regulation of abortion during the Coronavirus public health crisis. These measures allow women to self-administer medical abortions at home, without meeting with a medical professional in person. BPAS had openly and vigorously campaigned for this policy[1] and launched their telemedicine service a few days later.
- 31 March 2020: Similar approvals are made by the Health Minister in Wales and the Chief Medical Officer in Scotland.
- May 2020: *The Sun* newspaper reports that police in the Midlands are probing the death of an unborn baby after a woman took "pills by post" abortion drugs while 28-weeks pregnant.[2] BPAS admits that it is investigating eight more cases where women took pills past the ten-week limit. It is to be presumed that Carla Foster is one of these cases. Clare Murphy, of BPAS, said: "The swift establishment of a telemedical early medical abortion service at the start of this crisis has been a phenomenal achievement in women's healthcare, enabling women to safely access the care they need at home… We are aware of a vanishingly small number of pregnancies which were treated beyond the ten-week gestational band, with just one over 24 weeks."
- July 2020: *The Sun* further reports that police have launched a murder probe following the death of a new-born baby after taking abortion pills sent in the post.[3]
- October 2020: A mystery client investigation finds that women are being sent pills in the post without proper checks.
- November 2020: The Department of Health and Social Care (DHSC) launches a consultation on making the policy permanent.
- February 2021: A report of Freedom of Information requests to the Care Quality Commission and NHS Hospital and Ambulance Trusts reveal that complications have shot up since pills by post was introduced.
- October 2021: A further FOI investigation finds that 5.9% of women require unplanned hospital treatment following a medical abortion.
- February 2022: DHSC announces that the DIY abortion scheme will come to an end in August 2022.
- March 2022: MPs vote on an amendment to the Health and Social Care Bill to make remote abortion at home permanent. Later, Clare Murphy, Chief Executive of BPAS, said: "We are absolutely delighted that **following work by BPAS** and clinicians across the sector earlier this year, MPs voted to follow the evidence and listen to women – supporting the continuation of this essential service. Having been in place since March 2020, we know that early abortion at home is safe, effective and an important option for women. BPAS has provided our Pills by Post service to more than 125,000 women so far, and we look forward to continuing this service into September and beyond." [4]
- June 2023: Carla Foster is sentenced after being found guilty of inducing the abortion of baby Lily at 32-weeks gestation. Within minutes of the judgement being handed down, BPAS launches a campaign website, with a mechanism to contact MPs calling for decriminalisation of abortion.[5]

INTRODUCTION

Measures allowing women to self-induce medical abortions at home, without meeting with a medical professional in person, were first approved at the beginning of the coronavirus pandemic. In the more than three years since this "pills by post" policy has been in place, evidence of the risk it poses to women, and the difficulties of regulating it, has been mounting. The consequences of the policy were drawn to public attention when Carla Foster, a mother from Staffordshire, was sentenced to imprisonment after it was found that she lied to abortion provider BPAS to obtain abortion drugs well past the legal limit for abortion. Her daughter Lily was born dead at 32-34 weeks' gestation.

Abortion providers have used this case and others to argue that abortion should be decriminalised (removed from the criminal law). SPUC believes that it is the policy allowing abortion providers to send abortion drugs to women in the post without proper checks that needs repealing, not the criminal law on abortion. In this briefing, we lay out the failures of this policy, and why it must end.

BACKGROUND TO THE POLICY

Remote abortion (also known as home or DIY abortion) is when women are approved for an abortion via a remote consultation, i.e. by telephone or video call. The drugs used for a "medical"(chemical) abortion are then posted to the woman, who self-administers them and aborts the baby at home.

Since August 2018, misoprostol, the second stage of the abortion pill process, had been available outside a medical setting; women could take the pills home to administer themselves. This change took place first in Scotland, then Wales and finally in England in December 2018.

In March 2020, The Secretary of State for Health and Social Care approved the following two temporary measures in England affecting the regulation of abortion during the Coronavirus public health crisis:

- Women and girls will be able to take both pills for early medical abortion up to 10 weeks in their own homes, without the need to first attend a hospital or clinic.
- Registered medical practitioners (doctors) will be able to prescribe both pills for the treatment of early medical abortion up to 10 weeks from their own homes.

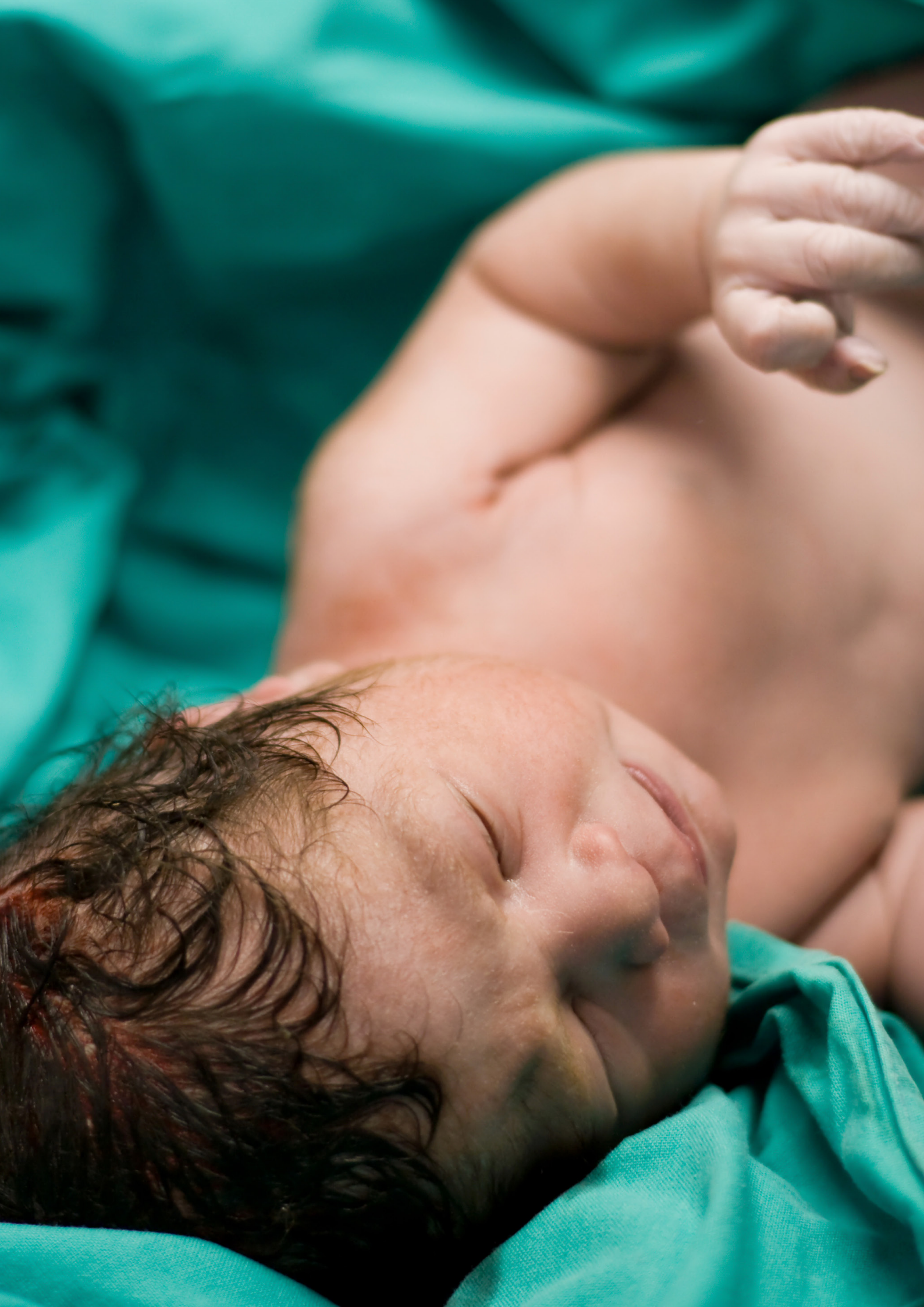
Similar approvals were made the next day by the Health Minister in Wales and the Chief Medical Officer in Scotland. Abortion giant, Marie Stopes UK swiftly launched a "telemedicine" abortion service, followed a few days later by BPAS' (British Pregnancy Advisory Service) "pills by post".

Despite public opposition in Government consultations, the policy was made permanent in 2022.

While there are not definitive figures for the number of pills by post abortions, taking both abortion drugs at home is now the most common procedure, accounting for 52% of all abortions in 2021.[6]

A FAILED POLICY

A good measure on whether a policy is effective is whether it delivers its objective in line with the law. While any law permitting abortion is unjust, it is now clear that the pills by post policy is failing even to provide the stated objective of safe and lawful abortion. This failure is exposing women to prosecution, as well as to the inherent dangers of unlawful abortion.



CASE STUDY: CARLA AND LILY FOSTER

On 12 June 2023, the Crown Court at Stoke on Trent sentenced Carla Foster, a 44-year-old mother of three, to 28 months' imprisonment for the "offence of administering poison with intent to procure a miscarriage." (The sentence was subsequently reduced to 14 months and was suspended.)

The original sentencing Judge, Mr Justice Pepperall, found that Ms Foster, knowing that she was over 24-weeks pregnant, told a BPAS operative that she was seven weeks into pregnancy. She was then posted abortion pills. Mr Pepperall said:

"On 9 May, you took mifepristone. That same day you conducted internet searches suggesting that you were 28 weeks pregnant. You then took the misoprostol at around 1pm on 11 May. Two emergency calls were made for medical attention that afternoon and evening. Paramedics attended at 4.25pm in response to a report that you might be having a miscarriage. You gave the paramedics false information and, not realising that you were pregnant, they left. The second call was made at 6.39pm shortly before your daughter, Lily, was stillborn. Paramedics attended at 7pm but all attempts at resuscitation failed and Lily was pronounced dead at 7.45pm. Further internet searches that evening suggested that you believed that you were 30 weeks pregnant...

"Post-mortem examination confirmed that the pregnancy was between 32-34 weeks' gestation at the time of this offence. There was no sign of natural disease or trauma that could explain her death. In police interview, you falsely maintained that the pregnancy was less advanced than you plainly knew it was."

The abortion left Ms Foster deeply scarred. Mr Pepperall said: "I accept that you feel very deep and genuine remorse for your actions. You are wracked by guilt and have suffered depression. I also accept that you had a very deep emotional attachment to your unborn child and that you are plagued by nightmares and flashbacks to seeing your dead child's face."

Within minutes of the sentence being handed down, BPAS launched a campaign website, with a mechanism to contact MPs calling for decriminalisation of abortion.

Key points from this case:

- Carla Foster was able to obtain the abortion pills by giving false information over the phone to a BPAS operative.
- BPAS sent her the pills without correctly confirming the gestation of the pregnancy, or ensuring her welfare.
- A near full-term, viable baby was killed by abortion pills, two months after the legal abortion limit, and over five months later than the pills are authorised to be used under this policy.

None of this would have happened if Carla Foster had been seen and examined in person. The pills by post policy resulted in an illegal and dangerous late term abortion, exposed a traumatised woman to prosecution and left baby Lily dead. BPAS are using this tragic case, which happened because of their own failings, and a policy they championed, to try and change the law.

Carla Foster's case is not unique. Bethany Cox appeared in court in August 2023 charged with child destruction and procuring her own miscarriage "by poison/use of instrument". According to abortion rights campaigners, this is the fourth such prosecution in eight months.[7] They admit that before this, only three women were put on trial for carrying out their own abortion in the last 160 years. The problem is clearly not the existing abortion law, but a recent one – the policy change in 2020, which made it possible for these illegal late term abortions to occur.

FAILING 1: ABORTIONS PAST THE LEGAL LIMIT

As the Carla Foster case and other prosecutions show, a severe failing of the pills by post policy is that babies are being aborted late in pregnancy, including over the 24-week legal limit. It was also reported that the National Network of Designated Health Care Professionals recorded cases of women taking abortion pills when "too far along in their pregnancy, resulting in a small number of aborted babies being born alive.

"As a result, a whistle-blower from one ambulance service told GB News that their ambulance trust has spent £7,000 on making special mannequins to train staff when confronted with this difficult situation."[8]

BPAS itself admits that remote abortion carries the "risk" of a live birth.[9]

> "If you are treated without an ultrasound scan to date your pregnancy – the gestation of your pregnancy may be later than realised (less than 1 in 1,000). This can mean the abortion treatment fails, or these is more pain or bleeding, you may see a recognisable foetus or in extreme circumstances a live birth (1 in 10,000)."

However, these very late term abortions are not the only issue. While the legal limit for most abortions is 24 weeks, remote abortion at home is limited to 10-weeks' gestation, because the risk of an incomplete abortion and the incidence of harmful side-effects increases with each week of gestation.

The Department of Health and Social Care (DHSC) revealed[10] that it had been notified by abortion provider organisations that in the first six months of 2020 alone, 52 women across England and Wales had been prescribed the drugs for abortion at home even though the gestational age was beyond the 10-week legal limit.

A response to a Freedom of Information request to the Care Quality Commission in January 2021 revealed 19 serious incidents involving the delivery of a fetus with a gestation greater than expected (GGTE); 11 of which were cases in which the woman had used the pills-by-post process. Of the 19 total cases, 13 were over 20 weeks.[11]

The reasons women are taking abortion pills over ten weeks include:

- Deliberate deception.
- Women incorrectly calculating the gestation of the pregnancy (The American College of Obstetricians and Gynaecologists note that only half of women accurately recall their last menstrual period (LMP), with 40% of women having over 5 days' discrepancy between their LMP and ultrasound estimation).[12]
- Abortion providers have been found sending pills to clients even despite clear discrepancies in their LMP estimates, and even when the pills could only arrive after the 10-week limit.[13]
- Women delaying taking the pills. One young woman, Natalia, recounts how she couldn't bear to take them for three weeks after receiving them, resulting in worse pain and bleeding.[14]

The risks for abortions over the 10-week limit include:

- In one UK study more than 50% of women having abortions after 13 weeks needed subsequent surgical intervention.[15]
- Another study concluded that medical abortion through telemedicine at more than 9 weeks of gestation is associated with a higher risk of same-day or day-after clinical visits for concerns related to the procedure, and this risk increases with gestational age.[16] Surgical intervention alone was 22.6% for the more than 9 weeks gestational-age group and 12.5% for less than 9 weeks.
- A third study found that for telemedicine abortions with a gestational age over 13 weeks, the completion rate was just 48%, and 45% required surgical intervention.[17]

FAILURE 2: IMPOSSIBLE TO REGULATE

While there are many reasons why women might take the abortions drugs over the 10-week limit, the Carla Foster case makes it clear that it is possible deliberately to give false information to abortion providers in order to obtain the drugs illegally. It could be argued that in defending Ms Foster and protesting the fact that she was brought to trial, despite the fact that she lied to one of their operatives, BPAS is therefore encouraging, or at least condoning, other women similarly to lie to get around the democratically decided abortion law.

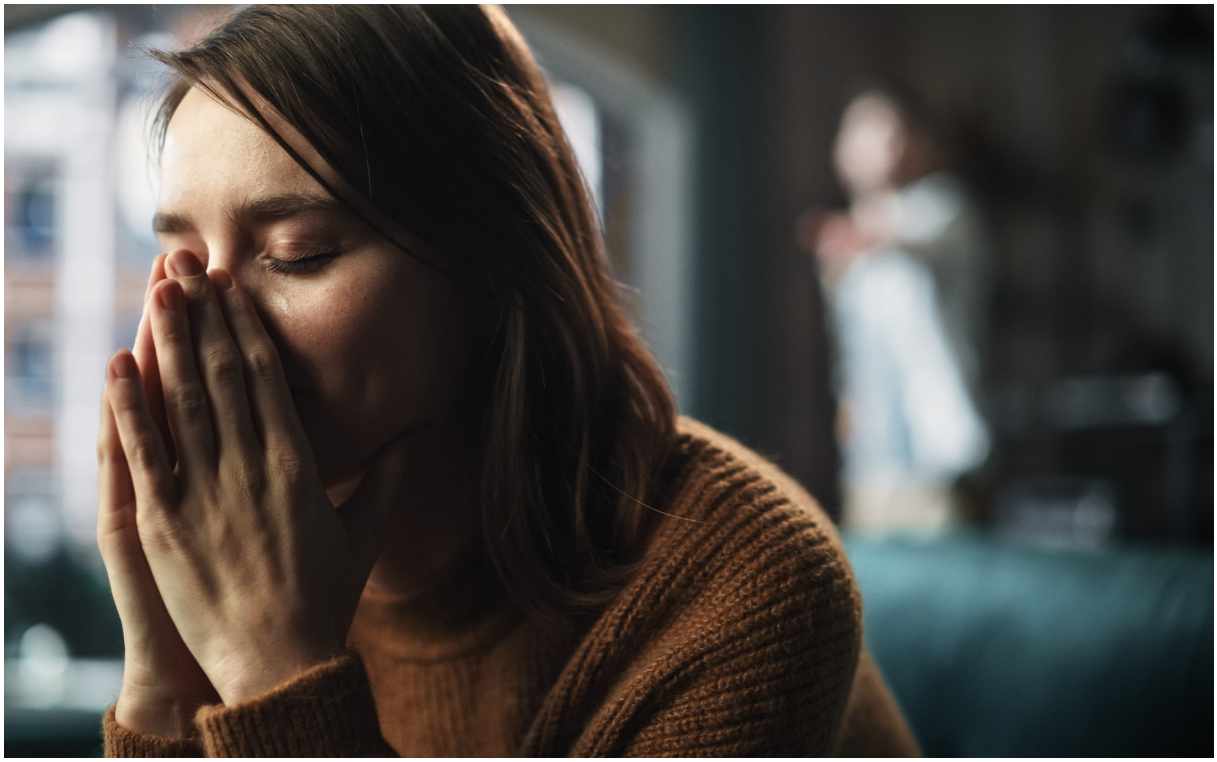
More worryingly, it is possible for women to obtain the drugs falsely for other people. Georgia Day was given a suspended sentence after lying to a BPAS operative to obtain abortion pills for her lover, who wanted to trick his pregnant girlfriend into taking them.[18]

A mystery shopper exercise found evidence that it was possible to obtain the pills for other people, as well as other serious failings in the pills by post policy.

The investigation was carried out to assess concerns about the safety and practice of telemedicine abortions at home. During June and July 2020, a team of volunteers made calls to three independent sector abortion organisations, British Pregnancy Advisory Service (BPAS), Marie Stopes UK (MSUK), and National Unplanned Pregnancy Advisory Service (NUPAS). 26 sets of calls were completed for a variety of personas, client roles being acted by volunteers. The investigators received 26 treatment packs (pills by post) for women who do not exist and are thus not registered by the NHS, and based on a set of false personal and medical data: BPAS 13, MSUK 11, and NUPAS 2.

Key findings of the investigation were:

- All 26 mystery clients were able to obtain abortion pills using false information for a client who does not exist on the NHS register.
- Valid NHS numbers for the clients were not obtained by the abortion providers for any of the clients. NHS are therefore vulnerable to paying for abortion pills to be sent to patients who do not exist on the NHS register.
- Telemedicine abortions are entirely reliant on client information about gestational age. In some cases, the clients altered the date of her last period between calls, and this was accepted without question. It is therefore very easy for women to deliberately or mistakenly misdirect the abortion provider into prescribing the abortion drugs in cases when it is neither legal nor safe.
- It is also clearly possible that the woman presenting on a call to a provider is not the same as the woman taking the posted pills. One of the volunteer personas was of a mother of a pregnant 15-year-old. She does not want her daughter to go through the system and so she makes a call to the service provider, pretends to be seven weeks pregnant and asks for the abortion pills at-home. When received, she administers these to her daughter.
- Abortion providers are operating as if abortion on-demand for any reason is legal. Clients gave a number of legally invalid reasons for wanting an abortion and these were accepted without question by the abortion providers.[19]



FAILURE 3: COERCION AND ABUSE

One of the first problems raised with remote abortion was the potential for coercion and abuse. When a woman attends an abortion clinic, she is seen alone, to ensure that she is not being pressured into abortion. This, in theory at least, provides some protection for women. With a telemedicine system, there is no way to ensure that the woman is alone when she has the appointment. An abuser could be present for and in control of every step of the abortion process.

Abortion providers themselves raised this concern when the policy was introduced. At a webinar at the beginning of the pandemic by the British Society of Abortion Care Providers (BSACP), concerns were raised by abortion providers about domestic violence being "missed through the phone if the partner is next to them." The only response from the telemedicine advocates leading the call was an exhortation to "[try] to mitigate against this," an acknowledgement that "other places must have been struggling with [this]," and a suggestion, taken from Twitter, that women could use a code phrase if they wanted. The lack of any substantive answer at the time (and since) did not deter the promotion of telemedicine abortion, even despite these internal concerns within the industry.[20]

All relevant stakeholders are concerned about the risk of coerced abortion.

- 77% of women think that doctors should be legally required to verify in person that women are not under pressure to abort[21]
- 86% of women[22] and 90% of female GPs[23] surveyed were concerned specifically about coerced abortion via telemedicine.

What evidence is there of pills by post facilitating coercion and abuse?

- A major BBC-commissioned poll on reproductive coercion found that 15% of women aged 18-44 in the UK had experienced pressure to terminate a pregnancy.[24] 5% had experienced physical violence with the

intention to force a miscarriage. Significantly, 3% of women had been given something (tablets/substance) to cause an abortion without their knowledge or consent. This had more than doubled from 2% in women aged 35-44 to 5% in women aged 18-24. Since this is apparently a rapidly increasing phenomenon in the age group which is most likely to have had an abortion in the last 2 years (since the introduction of telemedicine), this dramatic increase may well be related to the increased facilitation of coerced abortion by telemedicine abortion.[25] Notably, all three indices of coerced abortion were least prevalent in Northern Ireland, which until recently prohibited abortion, and which did not allow telemedicine abortion during the pandemic.

- A survey of over 1,000 sexual and reproductive health providers by the Faculty of Sexual and Reproductive Healthcare specifically highlighted widespread concern "In particular… about domestic abuse", and

  > "their limited ability to identify signs of domestic abuse through remote consultations… As evidence… clearly shows, the lack of face-to-face consultations is having detrimental impacts on SRH care of vulnerable groups. Without face-to-face consultations, opportunities to pick up on safeguarding issues, domestic abuse and teenage pregnancy are lost… we call on for [sic] a reversal of closures and gradual reinstatement of face-to-face consultations" [26]

- The mystery client investigation detailed on the previous page found insufficient safeguarding against coercion. 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 she made the call to the abortion provider, another volunteer posing as her partner was sitting next to her prompting her to give the "right" answers. The abortion provider taking the call did not pick up that the client was being coerced.

There are also risks to women going through an abortion at home alone, especially if the presence of an abuser makes it difficult to get help. One woman with a 'very controlling' partner told a newspaper:

> "'Two hours after I took the tablets, I started bleeding. I didn't look because I knew it would really upset me.
>
> 'About six hours later the pain was unbearable. I was lying on my bathroom floor, curled in a ball. I was sweating, my temperature was 39.8, I couldn't move.
>
> 'I had diarrhoea, I was being sick, I was shivering, shaking, sweating. I thought I was going to die.
>
> 'The next day I felt really sick, faint and dizzy. I'm still bleeding even now, a few weeks on. **Because my partner is here and doesn't know what I did, I've not been able to ring anyone for any advice.**
>
> 'I felt ill for four or five days afterwards. My partner thought I had Covid. I dread to think of how many teenage girls have gone through this during the pandemic.'[27]

FAILURE 4: AT-HOME ABORTIONS ARE PUTTING WOMEN'S HEALTH AT RISK

Health risks with the pills by post protocol were identified very early on. An e-mail leaked from an NHS regional chief midwife, sent in May 2020, detailed a litany of concerns regarding telemedicine abortion, including the delivery of infants up to 30 weeks' gestation, resuscitation for major haemorrhage, a murder investigation for a live-born baby, and ruptured ectopic pregnancies. These all occurred within the space of a few weeks, within one region.[28]

A critical issue of concern about at-home abortions is the absence of any clinical assessments or aftercare; it is all up to the woman herself. She must determine if her abortion has been completed and if not, she is now the one responsible for seeking further medical intervention.[29]

Now that the policy has been in place for over three years, the evidence on whether the pills by post protocol is causing more complications and other health risks to women can be examined.

What do the official statistics say?

The Department of Health and Social Care (DHSC) states that complications were reported, in 161 out of 123,219 abortions in January to June 2022, a complications rate of 0.26%.

This is broadly in line with the numbers reported in previous years but as the DHSC says, these data on complications should be treated with caution. The forms that record complications are usually completed and submitted to the DHSC by providers as soon as the abortion pills have been given to or posted to the woman; before the treatment is used and *thus before any complications arise*. The DHSC says for at-home abortions, complications are less likely to be recorded.

What do the manufacturers of the pills and abortion providers say?

Independent public health consultant Kevin Duffy has summarised the rates of abortion pill "failure" (continuing pregnancy or, more likely, "retained products of conception" necessitating surgical intervention) given by the manufacturers of abortion pills and the abortion providers who distribute them. They are summarised here:[30]

ORGANISATION	STATED RATE OF FAILURE (MEDICAL ABORTION)
BPAS	3 IN 100
MSI RC	4 IN 100
MARIE STOPES AUSTRALIA	5 IN 100
RANBAXY	4 TO 7 IN 100
LINEPHARMA	UP TO 7 IN 100
NHS	7 IN 100

What do studies say?

- The **New York Times** recently published a piece summarising the findings from 101 studies covering 124,000 first trimester abortions performed in 26 countries over the last 30 years. The reporters state:

  > "And while the pills are about 95 percent effective, about 3 to 5 percent of patients need an additional procedure to remove remaining tissue or terminate the pregnancy."[31]

- A study by Endler et al. (2019) of a Women on Web telemedicine abortion trial found that surgery was needed for 12.5% of women with a gestational age of less than 9 weeks, and 22.6% for women with a gestational age of over 9 weeks.[32]
- A large Swedish study has suggested that a shift to home abortions is the reason complications for medical abortion have doubled in six years. The study, published in BMC Women's Health, concludes: "The rate of complications associated with medical abortions [at less than 12 weeks' gestation] has increased from 4.2% in 2008 to 8.2% in 2015. The cause of this is unknown but it may be associated with a shift from hospital to home medical abortions."[33]

Freedom of information data

Analysis of Freedom of Information requests from 17 hospitals, 2 ambulance services and the Care Quality Commission (CQC), published in February 2021, revealed:[34]

- **11 illegal cases** with serious complications being investigated by the CQC of women taking the pills beyond 10 weeks.
- **4 illegal cases** with serious complications being investigated by the CQC where women took these pills beyond 24 weeks.
- Data suggesting complication rates had risen from **1.7 women per 1000 to 7.5 women per 1000**.
- On average **39 calls a month being made to 999 ambulance services** from distressed women having taken these pills.

- On average **20 ambulances per month** being sent to attend these women.
- **495 women a month attending hospital** due to incomplete abortion.
- **250 women a month requiring surgery** to remove "retained products of conception".

A further investigation published in October 2021 made FOI requests to the 127 NHS Trusts and Foundation Trusts which provide acute hospital services. This investigation found:[35]

- 5.9% of women having an induced medical abortion are subsequently treated at an NHS hospital for complications arising from an incomplete abortion with retained products of conception (RPOC).
- 3.0% of women require a surgical evacuation of retained products of conception.
- 2.3% of women having an induced medical abortion are subsequently treated at an NHS hospital for haemorrhage.

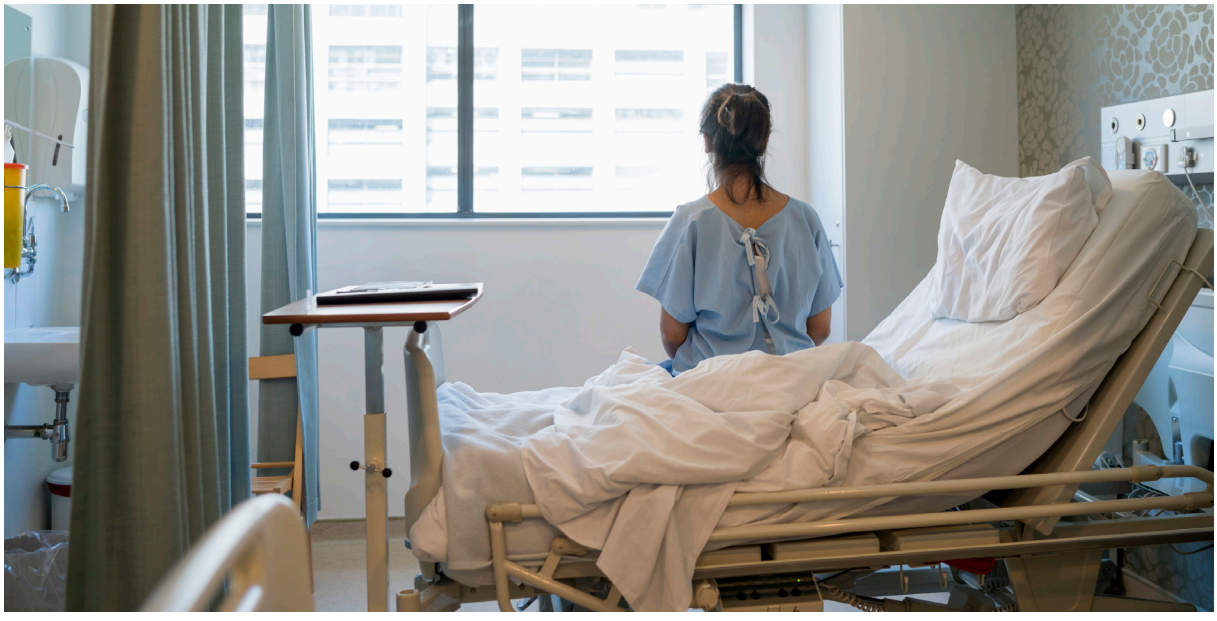
To conclude, the medical abortion failure rate reported by Marie Stopes Australia in 2020 was 5%, meaning that **one in 20 of women** being treated with abortion pills in its facilities needed additional medical intervention to address complications arising from an incomplete abortion.

This rate is at the lower end of the estimated ranges from Ranbaxy and Linepharma, the manufacturers of the abortion pills used by providers in England and Wales. Five per cent is broadly consistent with findings from the detailed investigation by the New York Times and the FOI Investigation across the NHS hospitals.

This means is that at least **one in 20** of those women who self-manage their abortion at home will suffer complications arising from treatment failure. These women will need to seek medical help, usually at their local NHS hospital, or continue to suffer ongoing bleeding and risk infection.

Extrapolating from the published DHSC data up to June 2022 it can be estimated that:

- Since the beginning of 2019, across England and Wales, at least 590,000 women have self-managed their abortions at home. Assuming a treatment failure rate of 5%, **29,000 women** will have suffered complications and needed medical intervention at their local NHS hospital.
- **25 women will need hospital intervention every day** because of failed medical abortion at home.
- This estimate indicates as many as **4,600 complications** in the same period in which the DHSC reported just 161; a huge difference by a multiple of almost 30x.[36]



FOCUS: ECTOPIC PREGNANCIES

Since ectopic pregnancies (where the embryo implants in the fallopian tube) were previously assessed for by physical examination and ultrasound, the removal of these provisions leaves women at increased risk of an unidentified ectopic pregnancy, which can rupture, resulting in life-threatening internal haemorrhage. The WHO says that medical abortion can make undiagnosed ectopics particularly difficult to identify, since the symptoms of a ruptured ectopic (pain and bleeding) and a medical abortion can be so similar.[37]

Australian doctors have published reports of delayed identification of ectopics (and other complications) due to lack of ultrasound prior to surgical abortion, one resulting in rupture requiring massive transfusion protocol and emergency removal of the fallopian tube.[38]

In the UK, while data is limited, concerns were being raised prior to the pandemic about undiagnosed or misdiagnosed ectopics leading to serious harm, with the RCOG vice president emphasising how crucial early diagnosis and treatment were to saving lives.[39]

NICE guidance on ectopic pregnancy insists that any pregnant woman with pain and bleeding should be assessed in person – but these are exactly the symptoms of medical abortion.[40] They note that a third of women with ectopics have no known risk factors, and hence all women should have an ectopic excluded. Bleeding after medical abortion typically lasts two weeks, and sometimes longer, masking ectopic symptoms for a significant period of time.

A 2019 NICE review on medical abortion prior to ultrasound confirmation found minimal research – "very low quality evidence" – on whether telemedicine caused more missed ectopics, though said this was a "critical" outcome.[41] The primary study available found ectopics in ten (0.87%) women not having an ultrasound, and 0/1502 women who had an ultrasound.[42]

An e-mail leaked from an NHS regional chief midwife detailed a litany of concerns regarding telemedicine abortion, including "women attending ED with significant pain and bleeding related to the process through ruptured ectopics".[43]

Additional health risks:

- **Codeine phosphate:** BPAS, MSUK, and NUPAS include codeine phosphate tablets for pain relief in their pills by post abortion packs. This is significant for several reasons
  - Service providers often describe the pain of a medical abortion to be equivalent to that experienced during a heavy period, dysmenorrhea. However, NICE guidance for treatment of dysmenorrhea is to use a NSAID like ibuprofen – co-codamol is not often prescribed because of its addictive nature.
  - Codeine phosphate is a Class B controlled drug liable to abuse and so it is rarely prescribed alone and prescribing it for pain relief is inappropriate and unsafe, and inconsistent with NICE guidance.[44]
  - BPAS provides 28x15mg (420mg), NUPAS 120mg, and MSUK 60mg of codeine phosphate; the maximum safe daily dosage is 240mg.[45] Taking all 28 tablets supplied in the BPAS treatment pack at once would be a toxic dose. When taken together with alcohol it would be extremely dangerous. There is a significant risk that one of these vulnerable women might intentionally use these codeine tablets for an overdose.

- **No screening for STIs.** The routine sexually transmitted infection screening recommended by the RCOG is missed with telemedicine, potentially leading to more untreated STIs. UK Department of Health data show that the proportion of women not receiving chlamydia screening doubled in 2020 compared to previous years, likely as a result of telemedicine.[46]

FAILURE 5: THE PSYCHOLOGICAL IMPACT OF HOME ABORTION

BPAS lists "psychological problems" under "Significant unavoidable or frequently occurring risks" on its abortion pills by post page.[47]

Most research that is directed at women's experiences of abortion and their mental health afterwards does not distinguish between the method of abortion. However, there clearly are particular characteristics of each method that might be expected to lead to different experiences. For example, a medical abortion is a drawn-out process that involves a degree and type of physical suffering quite different to a surgical abortion, the complications are more frequent, and completing the process at home is very different to doing so in a medical setting. This latter point is one that may lead to more adverse psychological consequences, in part because a woman may be alone when she aborts and will also likely see the baby that is expelled. The BPAS guidance says: "You can decide how you wish to dispose of the pregnancy remains. They can be flushed down the lavatory or wrapped in tissue, placed in a small plastic bag and put in the dustbin."

In addition, her sense of personal responsibility may be heightened in that she takes a more active role in the abortion, unlike with a surgical abortion.

In a study by Hedqvist *et al.*, one woman described her feelings about her emotional response this way:

> "It was very hard when a big lump came out when I was in the shower. I had not understood that it would be so obvious when the embryo came, had a shock. Felt like pushing. Did not know what to do with the lump, would have wanted information before about how it can be and what to do with the embryo. The pain, you can take, the hard part was to see the embryo."[48]

Other women have shared their story of the particular impact of an at-home abortion. Kirsty said:

> "The at-home abortion is being made to make you think you're doing it in the comfort of your own home without, you know, having to travel to a clinic or a hospital. But then you've got the memory of the loss of your child in your own home forever. So now, to me, my home is not my home, my happy safe place. It's the place where it took away my child. If I could go back, my decision would be completely different. And I would never want—I would never want my worst enemy to feel the way I'm feeling now, because it's the worst feeling in the world."[49]

CAMPAIGN WITH US TO END PILLS BY POST

This briefing aims to set out of the failings of the pills by post abortion policy. You can use it to campaign with us to end this deadly policy. Campaign actions include:

- Informing others
- Writing to your MP
- Holding public meetings

Please see our communications or the SPUC website to join in with current campaign actions.

ENDNOTES:

1. https://twitter.com/BPAS1968/status/1251122018793205760
2. https://www.thesun.co.uk/news/11690506/police-probe-death-of-unborn-baby-after-woman-has-illegal-abortion-by-post-at-28-weeks-four-weeks-past-limit/
3. https://www.thesun.co.uk/news/12273020/newborn-death-pills-by-post/
4. https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-comment-on-the-continuation-of-at-home-early-medical-abortion-care-in-england-and-wales/
5. https://bpas-campaigns.org/campaigns/time-to-act/
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