

SPUC Guide to
responding to the
Welsh Government's
consultation on
“Termination of Pregnancy
arrangements in Wales:
Making permanent the
temporary approval
allowing home use of
both pills for Early Medical
Abortion up to 9 weeks
and 6 days gestation”.



About this guide

The Welsh Government has launched a consultation to find out whether people think that DIY home abortions should be made permanent in Wales. 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 in Wales as possible respond to this consultation. We must send a strong message to the Welsh Government that allowing home abortions is a terrible policy that should not be continued.

This consultation will close on 22 February 2021. Please complete the questionnaire as soon as you can. Please encourage others to do the same.

Background to this consultation

During the Covid-19 pandemic, the Welsh Government introduced a temporary approval in Wales, enabling women and girls to take both pills for Early Medical Abortion (EMA) up to nine weeks and six days' gestation in their own homes, without the need to attend a hospital or clinic. 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 first 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 Welsh Government is now seeking views on whether the current temporary approval allowing eligible women in Wales to take both doses of abortion pills at home, (mifepristone and misoprostol), should be made permanent.

Who can respond to the consultation?

Any members of the public can respond to this consultation. The Welsh Government "recognises the sensitivities around the issue of abortion, and the strongly held views on all sides of the debate. This is why we recognise the need to fully consult on this issue to allow health professionals, providers, women who have accessed abortion services and the general public the opportunity to comment and submit evidence through this consultation".

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

This consultation applies only to Wales.

How do I respond to the consultation?

This consultation will close on **23 February 2021**. You may respond online, by email or by post.

Online

Please complete the online questionnaire on the consultation pages of the Welsh Government website:
<https://gov.wales/termination-pregnancy-arrangements-wales>

Email

Please complete the consultation response form and send it to:
WomensHealth@gov.wales

Post

Please complete the consultation response form and send it to:
Women and Children's Health Branch
Welsh Government
Cathays Park
CF10 3NQ

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 Welsh Government of the dangers to women from home abortions.

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 approval has had a positive impact on the provision of abortion services for women accessing these services with particular regard to safety, accessibility and convenience of services? Please provide your reasons.

You only need to answer this question in regard to *safety*.

Here are some points which you can include in your response. (Please note that Question 3 raises a similar issue.)

- **Regulating DIY abortions.** A key safety issue is that DIY abortion is impossible to regulate effectively. In England, police have investigated the deaths of a newborn baby¹ and a baby at 28 weeks gestation² after their mothers took abortion pills sent in the post well past the legal limit. A mystery shopper exercise also revealed that abortion providers are sending women abortion pills without proper checks.³ These lax practices put women at risk.
- **Vulnerable women can be forced into taking abortion pills.** With the spike in domestic abuse during lockdown, many women will 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.

¹ <https://www.thesun.co.uk/news/12273020/newborn-death-pills-by-post/>

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

Question 2

Question 2. Do you consider that the temporary measure has had a positive impact on the provision of abortion services for those involved with service delivery? This might include greater workforce flexibility, efficiency of service delivery, value for money etc. Please provide your reasons.

You do not need to answer this question.

Question 3

Question 3. What risks do you consider are associated with the temporary measure? If you consider that there are risks, can these risks be mitigated?

Risks to women carrying out a DIY abortion include:

- **Taking the abortion pills at the “wrong gestation”.** 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 abortions after 13 weeks needed subsequent surgical intervention.⁴
- **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.⁵
- **Emotional distress.** Carrying out a DIY abortion at home is a painful and traumatic experience for women, who are often alone. 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.

⁴ 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.

⁵ Hovstadius 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

Question 4

Question 4. In your experience, have other NHS Wales services been affected by the temporary approval?

You do not need to answer this question.

Question 5

Question 5. Outside of the Covid-19 pandemic, do you consider there are benefits 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? Please outline those benefits.

Answer yes.

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:

- **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.⁶
- **Domestic abuse** is strongly associated with abortion. Intimate partner violence (IPV) is a risk factor for abortion all over the world.^{7,8,9,10,11} 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.¹² 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.

⁶ <https://www.fda.gov/media/112118/download>

⁷ 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.

⁸ 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.

⁹ Coker AL (2007) Does physical intimate partner violence affect sexual health? A systematic review. *Trauma, Violence, and Abuse* 8:149-177.

¹⁰ 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.

¹¹ 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.

¹² <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.11.3.163.27500> p 166

Question 6

Question 6. 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 on people with a disability or on people from different ethnic or religious backgrounds?

When answering this question, we suggest that you focus on pregnant women and people with a religious background.

Pregnancy

- **Disabled pregnant women are likely to need special care.** Disabled pregnant women may also be more vulnerable to exploitation under the DIY abortion scheme. The following points on the risks for pregnant women would apply equally to disabled pregnant women.
- **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.¹³ 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.
- **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.¹⁴ 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.

¹³ <https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/>

¹⁴ 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

Question 7

Question 7. 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 people from more economically disadvantaged areas or between geographical areas with different levels of disadvantage?

Points you could make include:

Pregnancy

- **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.”¹⁵
- **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.

¹⁵ 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 8

Question 8. Should the temporary measure enabling home use of both pills for EMA:

- 1) Become a permanent measure?
- 2) Remain unaffected (i.e. be time limited for two years and end two years after the Coronavirus Act came into force (25 March 2022), or end on the day on which the temporary provision of the Coronavirus Act 2020 expires, whichever is earlier).
- 3) Other [please provide details]?

Select 3 and write “End immediately”.

Points to 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 surgical 18 – 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 Welsh Government should undertake** a public information campaign to inform all women of the risks they run in having an abortion.

At the time of writing, the following questions are on the online consultation form, but not the paper consultation form.

Question 9

Question 9. We would like to know your views on the effects that the Termination of pregnancy arrangements in Wales would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

You do not need to answer this question, unless you have any specific insights to give.

Question 10

Question 10. We would like to know your views on the effects that the Termination of pregnancy arrangements in Wales would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

You do not need to answer this question, unless you have any specific insights to give.

Question 11

Question 11. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

You can respond to this question if you have any personal experience or knowledge you would like to add.



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