MSI UNITED KINGDOM REPRODUCTIVE CHOICES

# Early Medical Abortion at home: two-year success analysis report

## Introduction

Over 200,000 women access abortion care each year in the UK[1], a third of women will have an abortion at some point in their lives[2].

In March 2022, following extensive debate and scrutiny, MPs and Peers voted to make at-home abortion care permanently legal for pregnancies under 10 weeks. The cross-party support for at-home abortion care (also known as early medical abortion at home and telemedicine) marked a major step forward for gender equality and reproductive rights. It came into effect in August 2022. As we reach the two-year anniversary of this safe, popular service being officially made permanent, we reflect on why offering this option is so important as part of providing high quality abortion care.

Thanks to those parliamentarians, thousands of individuals across England and Wales[3] have been able to legally access NHS-funded abortion care in the privacy and comfort of their own homes. The option of legal, regulated home care means that in-person appointments are only required when clinically necessary (or if necessary for safeguarding reasons). This allows individuals who are unable to safely attend a clinic in person to access their abortion care through a regulated provider instead of resorting to ending their pregnancies by alternative means.

Although early medical abortion at home was initially introduced during the COVID-19 pandemic, it has long been recommended by clinical experts as best practice in abortion care to offer this option. Back in 2019, the National Institute for Clinical Excellence (NICE) recommended "providing abortion assessments by phone or video call, for women who prefer this[4]." The Faculty of Sexual and Reproductive Health (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG) supported the amendment to the Health and Social Care Act 2022 which made this service a permanently legal option for those who continue to prefer remote consultations and/or home access post-pandemic.

Peer-reviewed evidence, including the largest ever abortion study of over 50,000 procedures[5], has repeatedly found early medical abortion at home to be effective, safe, and to be preferred by a majority of women. In one study, 89% of women who used the service said they would prefer home access should they ever need abortion care again[6]. The World Health Organisation (WHO) recommends offering this

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[1] Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)
[2] 1 in 3 women have an abortion, Imogen Goold, Professor of Medical Law, Oxford University Faculty of Law
[3] The Scottish government made early medical abortion at home legal during the pandemic and has highlighted the success of the service within the Scottish Women's Health Strategy.
[4] NICE Guideline, Abortion Care (NG140)
[5] Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study, British Journal of Obstetrics and Gynaecology
[6] Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic, British Medical Journal

option in the global Abortion Care Guideline[7], and world-leading British research was referenced during the US Food and Drug Administration (FDA)'s decision to allow medication by mail in the US[8].

Two years on from the service becoming permanent, we have taken the opportunity as clinical leaders to reflect upon the success of the service, on why flexible access matters for so many women, and on how abortion providers are ensuring they continue to deliver the high-quality care that women deserve.

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## What is early medical abortion at home?

Medical abortion[9] involves taking two sets of pills: mifepristone and misoprostol. Before the pandemic, the first pill had to be taken in a clinical setting.[10]. This restriction was never based on any clinical need but rather the stipulations built into the Abortion Act 1967 which was passed when abortion care was different, and before medical abortion even existed.

Since 2018, it has been legal to take the second set of pills at home; the direction of travel in best practice abortion care has long been towards greater flexibility in access. When the government temporarily allowed both sets of pills to be taken at home and allowed remote consultations, abortion providers were able to tailor our services around individual needs, instead of forcing everyone to attend a clinic in person regardless of whether it is in their best interests to do so. In March 2022, Parliament voted across party in support of an amendment to the Health and Social Care Act which made this option permanently legal[11]. This formally came into effect in August 2022.

The early medical abortion at home service means that qualified health advisers can provide the pre-abortion consultation over the phone, and that abortion medication can be posted in discreet packaging to the recipient's usual place of residence, or it can be collected from a nearby clinic or centre. During the abortion care pathway, clinicians (and, where appropriate, safeguarding professionals) make an informed judgement about whether an in-person appointment is advisable, and if necessary, encourage or insist on in-person attendance.

These service pathways are designed in line with published clinical guidance from RCOG and NICE, and abortion providers are accountable to NHS commissioners, the Care Quality Commission (CQC), NHS England, and the Department of Health and Social Care (DHSC). Providers are subject to CQC

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[7] Abortion care guideline (who.int)

[8] Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation, US Food and Drug Administration

[9] A medical abortion terminates the pregnancy using prescribed medicines, as opposed to a surgical abortion which involves an operation. 'Early' medical abortion takes place during the first trimester.

[10] Since 2018, it has been legal to take the second pill at home in England and Wales, following a modernisation of the regulations in England and Wales. In Scotland, it has been legal to take the second pill at home since 2017.

[11] Health and Care Bill: Government Amendment (a) in lieu of Lords Amendment 92 - Commons' votes in Parliament - UK Parliament

inspections[12], statutory requirements, DHSC licensing conditions[13], and intercollegiate guidelines on safeguarding children and young people.

Anyone accessing abortion care is given the medical and legal information they need in order to make the best and safest decision for themselves. As with any aspect of healthcare, providers, commissioners, and clinical leaders are continually evaluating abortion service design and making improvements to ensure that quality and safety standards continue at the high level that women deserve.

## Why home access matters

In all healthcare, choice matters, and especially so in the field of reproductive healthcare, which is deeply personal and often stigmatised. Women's views are very clear: there is strong support for offering at-home abortion care.

Peer-reviewed studies show that a majority of women who used a telemedicine service preferred telemedicine to in-clinic treatment[14], while FSRH has found that most women across the country supported the decision to keep home access legal[15]. When the legislation was debated in Parliament, there was careful and rigorous scrutiny of the clinical evidence from Britain and abroad. But ultimately it was the voices of women that mattered most. Up and down the country, women (and, of course, the many men who support reproductive rights) wrote to their MPs, letting them know how important the option of home access abortion care is to them.

Anyone who needs or chooses an abortion should have the option of home access where clinically appropriate, but the service is especially crucial for those who find it difficult to attend a clinic in person. Reasons why in-person appointments can be difficult (or in some cases, impossible) include domestic abuse, disability, travel costs, caring or work responsibilities, childcare costs, and privacy concerns. Without a legal option for accessing regulated, NHS-funded abortion care remotely, those who cannot safely attend a clinic in person have previously felt they had no choice but to order unregulated pills online or end their pregnancies using alternative methods. Not only does this put vulnerable people at risk of clinical complications, but it also puts them at risk of criminal prosecution and even jail; abortion is only legal in Britain if two doctors have signed off the procedure to confirm it meets one the legal criteria set out in the Abortion Act 1967[16].

In addition to the personal risks, when people are left with few safe options but to end their pregnancies outside the formal system, none of the support built into the services is available. Licensed providers offer the full abortion care pathway, regardless of whether the pills are taken at home or in-clinic. This involves a full consultation with a healthcare worker in order to establish whether home access is clinically appropriate and whether there is a safeguarding need which requires face-to-face support or whether remote access is the safest option. When accessing regulated abortion services, those at risk of abuse, coercion, or in need of a safeguarding intervention can be referred into support services within their local community, with the involvement of authorities such as social services or the police if appropriate. MSI Reproductive Choices UK offers free counselling from a professional registered with the British

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[12] All inspections, Abortion Services, CQC
[13] Guidance: Abortion: procedures for approval of independent providers, DHSC
[14] Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic, British Medical Journal (BMJ)
[15] Majority of women in the UK want medical abortion at home to be allowed permanently beyond the pandemic - Faculty of Sexual and Reproductive Healthcare, December 2021
[16] Abortion Act 1967 (legislation.gov.uk); Offences against the Person Act 1861 (legislation.gov.uk)

Association for Counselling and Psychotherapy (BACP) who will be fully trained and qualified to provide the uniquely specialist support needed before, during, or after an abortion.

Before early medical abortion at home was legal, anyone unable to attend a clinic in person was forced to end their pregnancies without any of the above support. Thanks to the legalisation of at home access, research has found online abortion pill purchases have dropped to almost zero[17], while providers report that safeguarding disclosures have increased. This is partly accounted for by disclosures from women who previously would not be accessing care within the regulated system at all, and partly due to an increase in disclosures associated with telephone consultations, which can give more opportunities for privacy.

## Women's experiences

On reviewing the effectiveness of at home abortion care over the past two years, we have analysed testimonies from women and others who benefitted from this option. It is crucial that policymakers and clinical decisionmakers actively listen to women's views. Women are disproportionately likely to experience restrictions and judgement regarding their health choices and often report needing to advocate for themselves far more than men do to get the same quality of treatment or to feel heard by healthcare professionals.

Many people have shared their experiences with early medical abortion at home through a variety of channels including the government's public consultation, as direct feedback with the NHS or their abortion provider, through social media, and as part of peer-reviewed studies[18]. Having the choice between home or in-clinic treatment is important for anyone accessing abortion care, but especially so for those who would be unable to access regulated, NHS abortion care if forced to attend in person.

### Disabled women

Transport can be notoriously difficult for people with disabilities and travelling for abortion care can be additionally tough given the stigma and time-sensitive nature of the treatment. Many women with disabilities have shared that taking both pills at home gave them privacy and dignity during the procedure, made it easier for carers, partners, or friends to support them, and in some cases explicitly said that mandatory in-person attendance would be a major, potentially prohibitive barrier to access.

Public Health England reports that "in England, disabled people experience twice the rate of sexual assault, domestic abuse and stalking than non-disabled people"[19]. The combination of disability and abuse makes the option of home abortion access absolutely essential in order to protect disabled women from reproductive coercion.

### Domestic abuse

Many women in abusive relationships are unable to safely leave the house in order to travel to a clinic and complete an abortion without the abusive partner finding out where they have gone. This can put women in very serious danger and play a role in supporting reproductive coercion from their partner. It is

[17] Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis

[18] Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic, British Medical Journal

[19] Disability and domestic abuse, Public Health England

more common to be coerced into continuing an unwanted pregnancy than ending one[20][21] but in either situation, access to non-judgemental advice from regulated healthcare providers and qualified support networks is essential. Women can only be protected from reproductive coercion by improved access to sexual and reproductive healthcare, provided with the flexibility to meet their individual needs.

Peer-reviewed studies[22] and reports from gender-based violence charities such as Rape Crisis England and Wales[23] have found that having a consultation over the phone allowed many women greater privacy than attending a clinic in person. The option of in-person care and face-to-face appointments remain available whenever preferred or required. MSI Reproductive Choices UK has highly regulated systems in place, which are subject to continual evaluation and improvement, designed to assess whether each individual is best supported and safeguarded by in-person conversations, remote access, or a combination of both.

Different options are safest for different individuals, which is why maximising the options available is recommended best practice for effective safeguarding.

**Caring and work responsibilities**

Many of those who need or choose to end a pregnancy are in low paid, inflexible work, or have caring responsibilities. 57% of those accessing abortion care are mothers[24]. With rising childcare costs and a challenging economy, many are unable to afford the time off work, especially those on zero hours contracts or those who would not feel comfortable sharing the details of their reproductive health with their employer.

Forcing in-person attendance at a clinic when there is no clinical need creates an unnecessary barrier to care which disproportionately impacts women on the lowest incomes. Allowing the option of home access has been an important step towards addressing the well-documented healthcare inequalities across income and gender that the government has committed to addressing in the Women's Health Strategy[25] and which FSRH has analysed in detail, with supporting recommendations, in the Hatfield Vision[26].

**Testimonies**

- "[The service] allows women to go through [what can be] a very hard and upsetting experience in the total comfort of their homes rather than in a hospital. It makes the treatment even more accessible to women. I've never felt as lucky for living in the UK as in this circumstance."

- "It would have been very difficult and expensive for me to attend a clinic as the nearest is very far away from my home and I currently cannot drive."

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[20] Reproductive Coercion: A Systematic Review - Karen Trister Grace, Jocelyn C. Anderson, 2018 (sagepub.com)
[21] Safeguarding for reproductive coercion and abuse | BMJ Sexual & Reproductive Health
[22] Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study, British Journal of Obstetrics and Gynaecology; Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic, British Medical Journal
[23] 'Rape Crisis England & Wales calls on MPs to back at-home abortion care', March 2022
[24] Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)
[25] First Women's Health Strategy for England to tackle gender health gap - GOV.UK (www.gov.uk)
[26] FSRH Hatfield Vision July 2022 - Faculty of Sexual and Reproductive Healthcare

- "It would have been difficult to explain where I was going and why I was going for so long. The service made my life a lot easier at this difficult time."

- "As a single parent, without this service I would have found it very difficult to visit the clinic… so the service was extremely helpful for me."

**Safe, regulated care**

Abortion is one of the most heavily regulated areas of healthcare, despite being one of the safest and most common. Abortion providers are accountable through regulatory inspections by the CQC[27] and through NHS service specifications, and services are provided in line with published guidance from RCOG (including RCOG's published statement on ensuring safe care for under 18s), NHS England and the DHSC. MSI Reproductive Choices UK regularly evaluates and improves our abortion service, which includes making sure that the right pathway is chosen for each individual. We support clients to either attend in person or to access care remotely, depending on their personal circumstances and needs.

## Conclusion

Two years on from being made permanently available, our analysis continues to show that Early Medical Abortion at home is a successful, well-run, popular service. This option has been an essential part of operating high quality healthcare services. Offering greater choice and flexibility is necessary for keeping women safe and reducing health inequalities, especially for women on low incomes and/or with disabilities. Different access routes are safest for different personal circumstances, which is why offering as many options as possible is recommended best practice in safeguarding.

Peer-reviewed evidence repeatedly shows that the at-home service is effective, safe, and preferred by a majority of women. As we continue to evaluate and improve women's healthcare, there will be opportunities for innovation in abortion services. The legal and regulatory framework should support, not hinder, best practice improvements in reproductive healthcare. It is to the credit of parliamentarians that there was strong cross-party support for keeping home use legal when the legislation was debated, scrutinised, and put to a vote in 2022.

Home access is not right for everyone. Choice is essential in providing high quality abortion care, and that includes the choice between medical abortion at home, medical abortion in-clinic, or surgical treatment. The abortion sector continues to offer this choice and over 50% of all abortion care in England involves face-to-face contact[28]. However, for those who do need or prefer to take both pills at home, the early medical abortion at home service has made access to a safe, legal NHS-funded abortion with a regulated provider possible for many women who would otherwise be forced to resort to unlicensed online providers and alternative methods.

Over two years ago, Parliament voted in support of this legislation following extensive debate and careful scrutiny. The vote marked a major, cross-party step forward for gender equality and for reproductive rights. Thanks to those MPs and Peers, thousands of women continue to exercise their right to have an abortion in the privacy and comfort of their home, should they wish to do so. We invite you to join us in celebrating and protecting that right.

[27] CQC inspection ratings - MSI Reproductive Choices UK (msichoices.org.uk)
[28] Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)