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Welsh Government

Consultation – summary of response

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.

September 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: Termination of pregnancy arrangements in Wales

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Introduction

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 9 weeks and 6 days gestation in their own homes, following a telephone or e-consultation with a clinician, without the need to first attend a hospital or clinic. This arrangement was put in place during the pandemic to reduce the risk of transmission of Covid-19 and ensure continued access to abortion services. It is currently time limited for two years, or until the pandemic is over, whichever is earliest.

A copy of the press release announcing the temporary measure is available at https://gov.wales/wales-approves-home-abortions-during-coronavirus-crisis

The Welsh Government launched its consultation on whether to make permanent the current temporary approval allowing for home use of both pills, mifepristone and misoprostol, for Early Medical Abortion at Home (EMAH) for all eligible women in Wales. The consultation ran from 1 December 2020 until 23 February 2021. The consultation considered a range of options including to make the new arrangements permanent, 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 provision of the Coronavirus Act 2020 expire, whichever is earlier. The scope of the consultation did not extend to other abortion-related matters, including the wider legal framework.

During the consultation period, regular meetings were held with clinicians to monitor and receive feedback on the change in practice.

In total, we received 1,567 responses to the consultation. The organisation *Right To Life UK* delivered a standard campaign response template from its members through its website. There were 1,188 copies of this standard response. These responses are treated as one response for the purpose of our consultation analysis. The *Right To Life* and some other organisations responses raised detailed points on what it considers to be right or wrong about abortion, however, these fall outside the scope of the consultation.

We received responses from the following organisations: The Board of Community Health Councils in Wales, British Medical Association, British Pregnancy Advisory Service, Church in Wales, Royal College of Obstetricians and Gynaecologists, Decolonising Contraception, Care.org.uk, Hywel Dda University Health Board, Cardiff and Vale University Health Board, Betsi Cadwaladr University Health Board, Aneurin Bevan University Health Board, Swansea Bay University Health Board, Cwm Taf University Health Board, Powys Teaching Health Board, Brook, National Secular Society, Royal Pharmaceutical Society, The Christian Medical Fellowship, The Faculty of Sexual & Reproductive Healthcare, Wales Humanists, Women's Health Cross-Party Group, Right To Life UK, Society for the Protection of Unborn Children, IPAC, Brighton and Sussex University Hospitals, Thornhill Church,

Maryburgh Free Church, University South of Wales, Royal College of Nursing, Her Voice, Emmanuel Evangelical Church, Christian Concern, Catholic Medical Association (UK) , Royal College of Midwives, Bristol Medical School, Society of Radiographers, Durham University, The Christian Institute, Anscombe Bioethics Centre, Evangelical Alliance Wales, Cartrefi Cymru, ARCH, Doctors for Choice UK,

Each response to the consultation received was reviewed and what follows are the key themes that emerged from the responses to each question. Welsh Government will now consider all the evidence before making a decision on next steps.

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.

The responses that considered the impact of the temporary approval positively included:

It has enabled providers to deliver a safe, effective, and accessible abortion service in difficult conditions and reduced risk of COVID transmission.

It has allowed freedom of choice, reduced the stigma associated with abortion and enabled women to access abortion services without fear of judgement or protest.

Respondents described abortion as a personal experience and the temporary approval had offered those accessing the provision dignity, privacy and the ability have an abortion in comfort.

The provision had reduced barriers many women face when accessing abortion services including time constraints and childcare needs. The service provided better access for those who are disabled. The service also reduced the barriers faced by women who live in rural areas access, travel time and the associated costs.

Clinicians and professional bodies emphasised the temporary approval had reduced waiting times and enabled women to access an abortion at an earlier gestation. This reduces the risk of complications and enabled clinicians to triage patients more efficiently which reduced the time and resources placed upon the service.

The temporary approval reduces the risk of women accessing illegal and potentially dangerous abortion pills via unregulated online websites.

Some responses raised concerns about the temporary approval which included:

Concerns about the general safety of those having an abortion at home such as accessing medical care if it is required.

Respondents raised questions about safeguarding, particularly for those who might be facing coercion or domestic abuse. They also raised safeguarding concerns for younger girls accessing the provision.

Respondents raised concern about knowing the gestation of the pregnancy and the

risks around ectopic pregnancy.

Respondents asked how the provision can ensure women are able to access mental health support.

Some respondents asked how clinicians can ensure the woman accessing the provision is fully informed and that the pills were not being used by somebody else.

Some respondents asked if the provision enabled clinicians to provide suitable contraception advice.

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.

The responses that considered the impact of the temporary approval positively on services included:

The temporary approval had enabled clinics to determine the most effective use of workforce and accessibility needs locally.

The temporary approval had led to an efficient triage system of patients. This had improved the efficiency of service delivery as clinics are able to have control over the flow of patients and the appropriate level of provision required based on the patient. More time and resources had been directed towards women with complex needs.

Enabled providers to focus on using the money/resources saved to improve service provision for later gestations or more complex care, contraception and STI testing.

The provision of medication and information in this way had led to reduced follow up appointments.

Responses that raised concerns included:

Level of responsibility placed on the woman.

Concerns as to whether the clinicians could provide full information and advice to the woman accessing the provision.

Would the clinicians be able to know whether the women was coerced or suffering domestic abuse?

Whether complications would go unnoticed

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?

Responses from clinical and professional bodies:

Before appointment triage mitigates risk

Adequate follow up appointments, 2 weeks after abortion to confirm with the women

There is low risk to haemorrhage and as women are able to access the provision much earlier there reduced risk of complications

Risk of safeguarding is reduced because women are able to talk more freely over phone and video with clinicians , they are no longer intimidated by attendance at a clinic or medical consultation and the role of multi-disciplinary team has better supported safeguarding cases.

The reduced barriers to accessing abortion care in a timely manner has significantly reduced risks

Some responses raised concerns about risks associated with:

Wrongly estimated gestation periods

Missed ectopic/molar pregnancy

General management of the medications

Can coercion or abuse be monitored?

Access to medical care if required

Suitable safeguards for under 18s

Question 4: In your experience, have other NHS Wales services been affected by the temporary approval? If so, which?

Responses from the service were positive of the changes and the impact on service delivery:

The temporary service has reduced the need for inpatient beds and surgical services because women feel more confident to deal with their abortion in their own home

Temporary approval has enabled hard-pressed clinical staff to concentrate on other aspects of providing medical care.

Midwifery, EPAU and Gynaecology services will have all been affected by the temporary approval. Reducing the number of service users requiring appointments or inpatients.

Members of the Royal College of Nursing Wales asked responded that they had not experienced any effects of the temporary approval on other NHS Wales services

The reduction in gestation stage means more women are able to access early medical abortion, reducing the need for surgical services and releasing capacity for other medical procedures. Complications have also reduced, which has reduced the number of women needing to be admitted or have a surgical procedure.

Some other respondents assumed the temporary approval may have affected:

Emergency services and mental health services

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.

The clinical community and professional bodies:

Felt the EMA process should not routinely require this. The triage process is a good time to ask appropriate safeguarding questions and if in any doubt, always bring those Women in for `face to face` review.

Considered this step to effectively restrict access to services, delays early abortion into a later and more problematic phase, and exposes women to stigma and shame

Abortion services continue to provide in-person care where telephone consultations raise safeguarding concerns such as safety or privacy at home, ability to consent, or wider safety concerns surrounding existing children or statutory concerns such as Female Genital Mutilation

Based on evidence from the past year, forcing clinic attendance is likely to result in reduced safeguarding disclosures and increasing numbers of vulnerable women and girls turning to illegal, unregulated sources of abortion medication online.

Respondents who felt this was beneficial raised concerns about:

Missing an ectopic pregnancy

Accurate gestation assessment

Accessing support/counselling

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?

Responses that felt the change would have a positive impact included:

It would have a positive impact on all communities as it reduces the risk to travel and to arrange escorts. Staff would have more time to spend in face to face consultations with those who really need it.

For those who are unable to leave the house without the assistance of others are now able to carry out the procedure without having to inform others as it can be completed independently.

There is still a stigma attached to termination and therefore for many people they feel better at not having to sit in a busy clinic. Patients who are older appear to appreciate it more. People with physical disabilities it allows them to access the treatment needed locally without having to travel great distances.

Concerns included:

A conscientious objection to abortion could be compromised for any hospital staff who become involved in posting out abortion pills to women

Disabled pregnant women are likely to require special care

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?

Many respondents' highlighted equity and access to abortion provision:

Making these changes permanent would greatly increase access for women living in poverty and those in rural communities.

The courier service has proven very positive results so far as, the women do not have to leave their house therefore, no need to travel which could incur costs for petrol, taxi, buses, trains or simply relying on someone to bring them to clinic. Some women have very limited funds, also childcare costs.

National abortion statistics show that women in more deprived circumstances are more likely to need to access abortion services. We also know from national statistics that they are more likely to rely on benefits, less likely to have access to private transport, more likely to work in jobs with poor benefits or zero-hour contracts where sick pay is minimal or non-existent, and less likely to be able to afford childcare. If women are required to attend clinics, more deprived women will be put in the most difficult position.

Question 8: Should the temporary measure enabling home use of both pills for EMA be made permanent, 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 other:

1. **Respondents.**

   Although the majority of responses answered ‘other’ these came from the Right to Life campaign and when asked to provide details were against abortion in general. As abortion is a legal healthcare entitlement available to women, these responses will not form part of the scope of this consultation.

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 positive effects could be increased, or negative effects be mitigated?

2. **Respondents**

   The arrangements will allow Welsh speaking women to access care in Welsh more easily, as the service would not be restricted by availability of Welsh-speaking providers in their geographical area.

   Offer all treatment leaflets in Welsh and all other languages as, in Wales we are diverse and have many ethnicities, those women miss out on a treatment leaflet unless, they have a family member who can translate for them, which they then lose their confidentiality

   Provided e-consults and telephone consultations continue to be offered in English and Welsh, this should not impact on language treatment. Patients should be offered the choice of English or Welsh consultations and be handled by the appropriate Staff member to manage.

Q10: Please also explain how you believe the proposed arrangements could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

3. Responses to this question were similar to question 9.

Q11: 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:

The majority of response to this question came from pro-life individuals and presented their views against abortion generally. As previously stated, the scope of the consultation did not extend to other abortion-related matters, including the wider legal framework.

Some responses reiterated concerns with safety and safeguarding which have already been documented in the questions above.