

## MRC/CSO Social and Public Health Sciences Unit Consultation Response

<b>Title of consultation</b>
Consultation on future arrangements for early medical abortion at home
<b>Name of the consulting body</b>
Scottish Government
<b>Link to consultation</b>
<a href="https://consult.gov.scot/population-health/early-medical-abortion-at-home/">https://consult.gov.scot/population-health/early-medical-abortion-at-home/</a>
<b>Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?</b>
The Unit has relevant expertise in the area of abortion research, in particular through leadership of the SASS project (Sexuality and Abortion Stigma Study) and current PhD research.
<b>Our consultation response</b>
<p><b>Question 1. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on women accessing abortion services? Please answer with regards to the following criteria:</b></p> <p>a) <b>safety</b></p> <ul style="list-style-type: none"><li>I don't know</li></ul> <p><b>Comments (optional):</b> We do not have data specific to this issue.</p> <p>b) <b>accessibility and convenience of services</b></p> <ul style="list-style-type: none"><li><b>Positive impact</b></li></ul> <p>Our earlier research in Scotland suggested that self-management at home can improve accessibility and convenience of abortion services, and that many women prefer this flexibility and control (Purcell et al 2017). This may be particularly so for those living in remote and rural areas where both access and privacy may be constrained (Heller, Purcell et al 2016). However, not everyone seeking EMA has the option to do this at home. We would emphasise the importance, therefore, of offering home self-management as an option, with clear continued availability of in-clinic provision for those who prefer not to be at home (for example where safety may be a concern).</p> <p>c) <b>waiting times</b></p>

- **I don't know**

**Comments (optional):**

We do not have data specific to this issue.

**Question 2. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for those involved in delivering abortion services? (For example, this could include impacts on workforce flexibility and service efficiency.)**

- **The impacts are mixed**

**Comments (optional):**

While we do not have data specific to the Covid-19 context, our earlier research on providers' experiences in Scotland (Purcell, Cameron et al 2017) suggests that those working in abortion services (in all job roles) need adequate support when changes in provision are introduced, to mitigate concerns. This would include support in the shift from face-to-face to remote assessment. The latter can bring a new set of challenges, including continued feelings of responsibility for patients who are no longer in their immediate care. While this currently applies to many aspects of healthcare, challenges may be more pronounced for those working in a field which continues to be associated with stigma, and where there may be specific concerns relating to intimate partner violence. Our earlier findings also suggest that, since providers are typically keen to support pregnant people in the abortion process, the increased flexibility offered by home use would likely be viewed as beneficial.

**Question 3. What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?**

**Comments:**

Whilst self-managed EMA is known to be very safe, our research (Wilson-Lowe forthcoming; Purcell et al 2017) suggests that pregnant people need to be provided with sufficient information on what to expect from home self-managed EMA. Data from both these studies highlight a gap in experiential information on what the abortion process itself would be like, which caused distress for some, typically when pain and bleeding were perceived to be more severe than expected. A further risk at present relates to limitations on privacy introduced by social distancing/ lockdown policies. While safe for many, some individuals seeking abortion may struggle to find a private space at home to conduct a phone consultation, or subsequently to manage the physicalities of the EMA process (requiring easy access to a toilet etc).

These risks could be mitigated by, wherever possible, continuing to offer the option of in-clinic care for those who choose it.

**Question 4. Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?**

- **I don't know**

We do not have data specific to this issue.

**Question 5. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality?**

- **Yes**

**If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.**

Abortion is known to be patterned by relative deprivation in Scotland. Our pre-covid research has highlighted issues of socioeconomic inequality associated with abortion in Scotland (Purcell et al 2014; Purcell, Riddell et al 2017; Heller, Purcell et al 2016). This is particularly the case in relation to travel for abortion, as well as other factors such as caring responsibilities and time away from paid employment. Any measures, telemedicine included, which offer those seeking abortion more flexibility and control over when to undergo EMA – and to improve accessibility of abortion in general – thus have potential to positively impact socioeconomic equalities.

**Question 6. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities?**

- **Yes**

**If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.**

Preliminary findings from our ongoing research (Wilson-Lowe et al forthcoming) on women in Scotland's support seeking / use of online spaces around the time of abortion indicate that the current arrangements would benefit those living in remote and rural areas. Specific benefits overlap with those noted under Q5, and would likely relate to time away from work and family, and additional stress caused by the need for travel. This is supported by findings from our paper specific to this issue (Heller, Purcell et al 2016), which echoes the additional consideration of privacy concerns (due to involvement of local health professionals), which could be circumvented by telemedical provision of EMA. Moreover, our research suggested that some pregnant people from remote/rural areas may proceed with pregnancies they feel unable (or do not want) to continue, precisely because local access is limited, only to finally seek treatment at a later gestation (Purcell et al 2014). Self-managed EMA/telemedicine supports timely access, and thus has the potential to eliminate some of the need for later abortions.

**Question 7. How should early medical abortion be provided in future, when COVID-19 is no longer a significant risk? [select one of the options below]**

- a. a) Current arrangements (put in place due to COVID-19) should continue – in other words allowing women to proceed without an in person appointment and take mifepristone at home, where this is clinically appropriate.**

Current arrangements should continue, with the caveat that pregnant people should be able to choose their preferred method for early abortion, whether that be home self-managed EMA, in-clinic EMA, or surgical/MVA. Our body of research gives a strong indication that the best outcomes emerge where the pregnant person has felt in control and (if applicable) where decisions have been jointly made with health professionals. Those seeking abortion should be provided with a range of options and advised as to which treatment suits their social and healthcare needs. Information on what these options are in Scotland should be clearly and readily available online and from health services.

### References:

Purcell et al 2017 Self-management of first trimester medical termination of pregnancy: a qualitative study of women's experiences, BJOG

<https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.14690>

Purcell, Riddell et al 2017 Women's experiences of more than one termination of pregnancy within two years: a mixed-methods study, BJOG

<https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.14940%4010.1111/%28ISSN%291471-0528.TERMINATIONOFPREGNANCYCARE>

Purcell, Cameron et al 2017 The changing body work of abortion: a qualitative study of the experiences of health professionals, Sociology of Health and Illness

<https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-9566.12479>

Heller, Purcell et al 2016 Barriers to accessing termination of pregnancy in a remote and rural setting: a qualitative study, BJOG

<https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.14117>

Purcell et al 2014 Access to and experience of later abortion: accounts from women in Scotland, Perspectives on Sexual and Reproductive Health

<https://onlinelibrary.wiley.com/doi/pdf/10.1363/46e1214>

Wilson-Lowe (forthcoming) Talking about abortion online: how and why are women using the Internet for support? Unpublished PhD Thesis, University of Glasgow

### When was the response submitted?

14<sup>th</sup> December 2020

### Find out more about our research in this area

<https://www.sassproject.org.uk/>

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/relationships/fisr/>

### Who to contact about this response

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