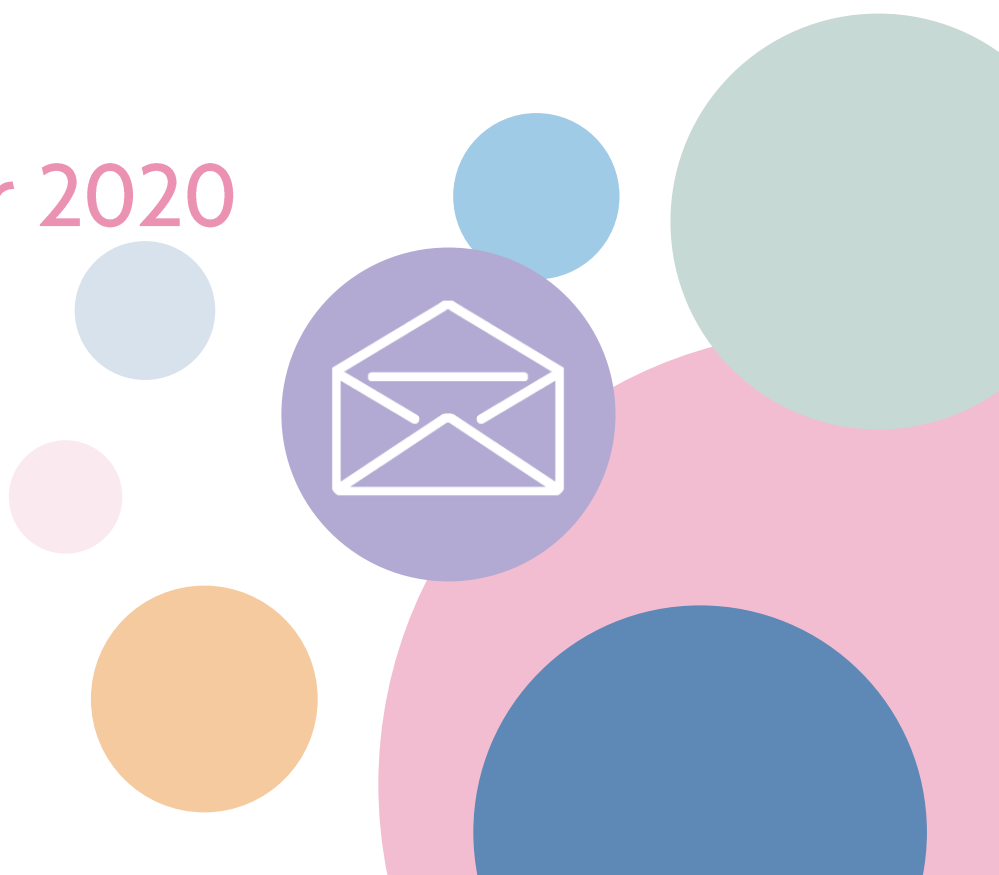


Pills by Post

Telemedical Abortion at the
British Pregnancy Advisory
Service (BPAS)

September 2020



Summary

The change in regulation to enable BPAS to provide telemedical abortion to clients in the early stages of their pregnancy was essential during lockdown. Telemedicine provides accessible, safe, and effective abortion care, and enables us to support some of the most vulnerable clients who were previously unable to access in-clinic care. This regulatory change should be retained so that we can continue to provide this high standard of care in future.

While other healthcare services have been suspended or seen significant increases in waiting times over this period, access to abortion has been maintained and waiting times for abortion care have fallen significantly, with high levels of satisfaction. National data shows abortions are being provided earlier than ever before, with a record 86% of terminations performed before 10 weeks' gestation in the first six months of 2020. This minimises the risk of complications and ensures that no woman has to remain pregnant longer than necessary.

Impact of COVID-19

- The COVID-19 outbreak has led to changes to clinical guidelines and licensed premises for Early Medical Abortion (EMA). In line with these changes, the most common form of abortion treatment currently available to women in Great Britain is telemedical EMA.
- There has been a rapid expansion in telephone and video call assessment, now accounting for 97% of consultations for abortion care.

Pills by Post

- BPAS's telemedical EMA service, Pills by Post, was launched on 8th April to provide nurse- and midwife-led consultations over the telephone or video call, with medication posted to a woman's home address where she was suitable for treatment.
- In the first quarter of telemedical provision, BPAS provided **16,910 Pills by Post treatments**. This accounts for **80% of our total EMA caseload**.
- The remainder of our clients having EMA attended a BPAS clinic for further checks including additional safeguarding, an ultrasound scan, or to ensure that they had the capacity to consent to treatment.

Impact on clients

- In a service evaluation conducted 14-21 days after treatment, **97% of clients said they were satisfied or very satisfied with their experience with BPAS**.
- **80% of clients who expressed a preference would opt for having a telephone consultation and Pills by Post again** if they needed another abortion in the future.

Impact on service

- In line with national figures, demand for abortion during COVID-19 peaked early in lockdown owing to delayed demand and pre-existing waiting lists. **During April 2020, we provided 23% more abortions than in March 2020**.
- In the first quarter of the Pills by Post service, the median national waiting time to treatment for an Early Medical Abortion was **2 days - a reduction of more than 50%** on the same period last year.
- In the first quarter of the Pills by Post service, the median gestational age at treatment was **6⁺² weeks, compared to 7⁺¹ weeks for EMA clients in the same period in 2019**.

Background

About us

The British Pregnancy Advisory Service (BPAS) is a reproductive healthcare charity that offers pregnancy counselling, abortion care, miscarriage management, contraception and testing for sexually transmitted infections (STI) to 100,000 women each year.

Prior to and throughout the COVID-19 pandemic, we have advocated for the ability of women to access abortion care in a way that does not endanger their health or that of their family, and to ensure that the law does not stand in the way of clinical developments.

COVID-19

Novel coronavirus (SARS-COV-2) is a new strain of coronavirus causing COVID-19, first identified in Wuhan City, China in late 2019. Other coronavirus infections include the common cold, Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Transmission within the UK was first documented in February 2020.

On 16th March 2020, all four nations of the UK introduced guidance on social distancing which asked people to avoid non-essential travel and contact with others, in addition to introducing 'shielding' for people with certain underlying conditions which advised them that they should not leave their house for 12 weeks.

On 23rd March 2020, all four nations of the UK entered lockdown which formalised the bans on non-essential travel and contact with others.

Clinical guidance

On 21st March 2020, in response to the risk to abortion providers and people seeking abortion care, the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, the Faculty of Sexual and Reproductive Healthcare, and the British Society of Abortion Care Providers produced clinical guidance for the provision of abortion care during the COVID-19 pandemic.

This guidance recommends a pathway for the provision of Early Medical Abortion with a focus on telemedicine to minimise risk and maintain provision of abortion as a time-sensitive, essential service. Specifically, it recommends:

- ▣ Providing remote consultation via video or telephone call and limiting in-clinic care.
- ▣ Limiting ultrasound provision to only where necessary – such as symptoms or history of ectopic pregnancy, the presence of an IUD or IUS, or uncertainty about the date of last menstrual period.

Changes to licensed premises

Under the Abortion Act 1967, abortion treatment may only be provided in NHS hospitals and on premises licensed for the purposes by the Secretary of State for Health and Social Care.

At the beginning of the outbreak, women with pregnancies up to 10 weeks' gestation were able to take the second part of an Early Medical Abortion (misoprostol) at home but had to attend a hospital or clinic to take the first medication (mifepristone).

On 30th March 2020 in England (and 31st March in Scotland and Wales), women's homes were licensed to allow home use of mifepristone. In England and Wales, this licensing applies only to the use of mifepristone up to 9 weeks and 6 days gestation. The change is time-limited and there will be a public consultation in late 2020 on retaining the measure permanently.

The BPAS service

Pills by Post

Early Medical Abortion (EMA) is a safe and effective method of termination during the first 10 weeks of pregnancy. It consists of taking two medications – mifepristone and misoprostol – 24-48 hours apart. This method accounted for 79% of all abortions in England and Wales in the first six months of 2020.

Prior to the most recent regulatory change, mifepristone had to be taken in a hospital or licensed abortion clinic – with clients being allowed to take the second medication, misoprostol, home and administer it there up to 9 weeks and 6 days' gestation. As a result, until the change in regulation, BPAS was not legally able to provide a true telemedical service.

BPAS's Pills by Post service consists of:

- A consultation with a nurse or midwife which includes a pregnancy options discussion (continuing the pregnancy, pursuing adoption, or having an abortion), assessment of safety at home, medical history, assessment of gestational age by last menstrual period, determination of the need for an ultrasound, a treatment options discussion, and a discussion about ongoing contraception.
- Additional safeguarding for under-18s including a video call with BPAS nurses and midwives, questions designed to assess the likelihood of Child Sexual Exploitation, and discussion of the requirement to have a responsible adult over the age of 18 present in the house while they undergo the termination.
- The review of notes and assessment by two separate doctors who will either ask for further information or provide the legally-required signatures and prescribe the medication.
- The prescription being sent to our pharmacy partner who dispatches mifepristone and misoprostol, codeine for pain management (where not contraindicated), a low-sensitivity pregnancy test to take three weeks after treatment to confirm success, and, where requested, a supply of the progestogen-only pill. Clients can track the parcel, it is 'signed for', and delivered in plain packaging. It is also possible for clients to collect this package from a BPAS clinic if they are unwilling or unable to receive post.
- Online and video instructions, and access to BPAS's 24-hour aftercare line staffed by BPAS nurses and midwives who answer medical queries and provide help and assistance to clients.

Other services

BPAS continues to provide surgical abortion services under 10 weeks' gestation where indicated, and both medical and surgical between 10 weeks' gestation and the legal limit of 24 weeks. In line with updated clinical guidance, clients have a remote consultation before being booked in for treatment. Scans are routinely provided as part of treatment at later gestations.

33% of all BPAS clients received an ultrasound scan in the first quarter of Pills by Post.

Targets and Key Performance Indicators

Waiting times. NICE, RCOG, and Department of Health and Social Care guidance have a target of two weeks between first contact from a client and treatment. **During the first quarter of Pills by Post, this waiting time was 2 days** – a more than 50% reduction on the same period last year.

Service capacity. The introduction of teleconsultations as standard (now accounting for 97% of consultations, compared to 20% prior to COVID-19) has increased the number of appointments available at the same time as preserving dedicated local services for women.

Gestation. Increased ease of access has meant that in the first quarter of Pills by Post, compared to the same quarter in 2019, median gestation has fallen (for clients having Pills by Post) from 7⁺¹ weeks to 6⁺² weeks. Service-wide, median gestation has fallen from 7⁺⁴ weeks to 6⁺⁴ weeks.

Safeguarding and client care

Domestic abuse and abortion services

COVID-19 and the associated lockdown measures have, according to reported crimes and domestic abuse organisations, exacerbated both the scale and severity of domestic abuse. Under these measures, women have been at risk of being subjected to increased coercive behaviour – preventing them from hiding unwanted pregnancies from their partners or family members, and increased violence – placing them in physical danger related to their pregnancy choices.

BPAS asks every woman who contacts us whether they feel safe at home. As a result, domestic abuse is an issue regularly disclosed to our clinical staff.

We are also under an obligation to consider what may happen if a woman opts to continue with her pregnancy rather than having an abortion. Many of the safeguarding referrals that our team make are about the impact on existing or future children of the home situation of our clients.

The impact of COVID-19

We have long known that the living circumstances of some women do not allow them to access an abortion clinic in person. As a result, the largest online provider of (illegal) abortion medication reports that around 25% of queries from Great Britain are as a result of domestic abuse preventing access to legal services.

Since Pills by Post was launched, these requests to illegal services have ceased and women are now able to access care within the regulated healthcare system.


Women supported by BPAS

In the first quarter of Pills by Post, **just under 10% of BPAS clients underwent an enhanced safeguarding risk assessment** – a 12% increase compared to March 2020.

These are undertaken as a result of a woman's personal circumstances, information disclosed to BPAS staff, the involvement of social services, concerns about human trafficking or modern slavery, legal requirements such as risk or presence of FGM, or the fact that they were under 18 years of age when presenting.

This proportion suggests teleconsultations are not a barrier to identifying safeguarding concerns, and indeed some women may find it easier to disclose when in the privacy and familiarity of their own surroundings as opposed to a clinical environment.

Some examples of situations that have been evaluated by our safeguarding teams as part of the Pills by Post scheme include:

-  A woman who had a history of abuse from the father of her pregnancy, and had recently managed to leave him and involve police.

- A client signposted to a refuge and given police information after disclosing family abuse as a result of sexual history.
- A woman whose controlling and abusive partner was temporarily living with her as a result of the lockdown and was unaware of her pregnancy.
- A girl under the age of 16 who was attempting to attend an appointment but not being allowed to leave the house by her mother who was opposed to the abortion.
- A woman, certain of her decision to terminate, who reported that her partner was controlling and that she wanted to leave him.

Hearing women's views

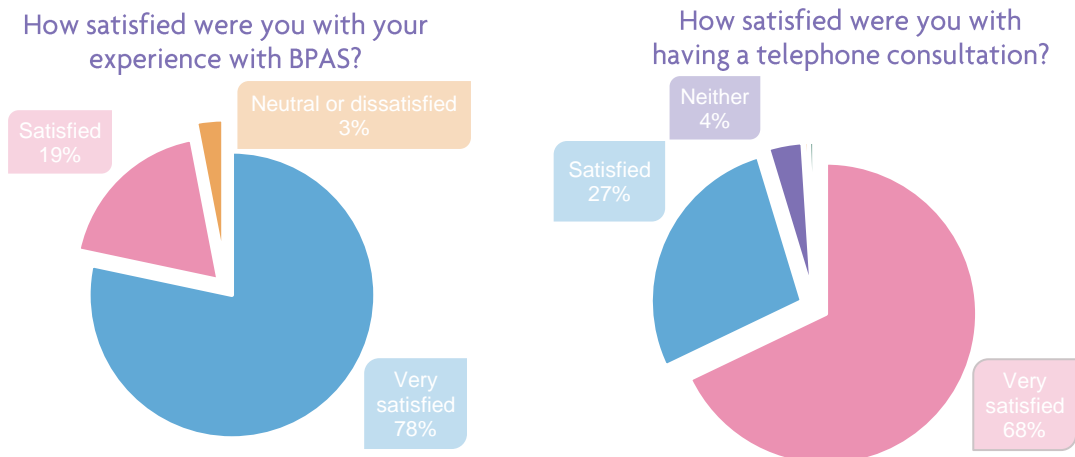
Service evaluation

BPAS continuously evaluates all of our services to ensure they meet women's needs. As part of the roll-out of the Pills by Post service, BPAS established a specific service evaluation protocol for clients to feed back their experiences in the weeks following their abortion.

1333 BPAS clients were recruited to share their experiences of changes to the BPAS service during the pandemic, being recruited from May to July 2020. The full service evaluation will be published in a medical journal in autumn 2020.

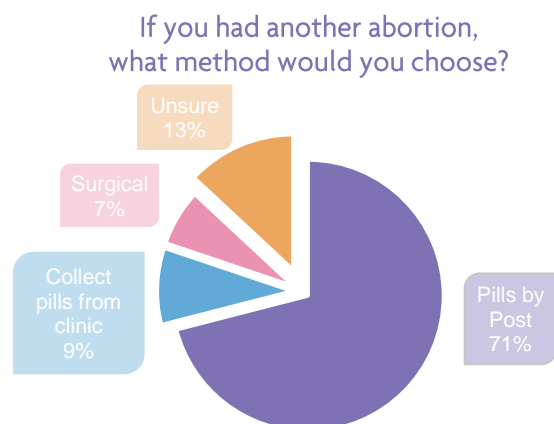
In addition to the evaluation process with set questions for comparison, we have also asked clients to share with us their experiences in their own words.

Key findings



In clients' own words

- **"I am an NHS frontline worker** and having time off from my normal duties during this time would have been really difficult! I REALLY appreciate this service."
- **"Currently having to spend lockdown with my strict parents (who had no idea about my pregnancy)** and I don't drive and so it would've been impossible to get to a clinic."



- “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** so would have had to rely on public transport or taxis. As I did this **without my husband’s knowledge** as well, it would have been difficult to explain where I was going & why I was going for so long. The pills by post made my life a lot easier at this difficult time.”
- “As a **single parent to my daughter** without the pills by post service I would have found it very difficult to visit the clinic without being able to bring my daughter along so the pills by post service was extremely helpful for me.”
- “It allows women to go through 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 considering the availability of BPAS and telemedicine.”

The clinical impact

Scan as indicated

Guidance that routine scanning is not necessary to provide a safe and effective abortion service has been in place since 2011 in RCOG’s Guidance for the Care of Women Requesting Induced Abortion.

Even before the pandemic hit, BPAS was in the process of implementing a service improvement plan to permit scanning to be provided ‘as indicated’ rather than ‘as routine’ in early pregnancy. Evidence shows most women are able to accurately date their pregnancy and can experience scanning – particularly transvaginally in early pregnancy – as physically uncomfortable and emotionally challenging.

With the added risk posed by COVID-19 to clients and providers, updated clinical guidance recommended a revised pathway in which scans were provided only to those women who needed them and BPAS was able to accelerate existing plans.

Ectopic pregnancies

Women seeking abortions are exposed to ultrasound scanning at an earlier stage than those who intend on continuing their pregnancies. In routine maternity care, the first ultrasound scan does not take place until 12 weeks.

An important part of telemedical consultation for abortion services is assessing a woman for likelihood of ectopic pregnancy – including the taking of obstetric history, questions about abdominal pain or bleeding during this pregnancy, and risk factors for ectopic pregnancy.

Any woman who is symptomatic of an ectopic pregnancy or who has a risk factor for an ectopic pregnancy will be assessed with an ultrasound scan and referred to an Early Pregnancy Assessment Unit if required.

Reduced complications

Abortion is a low-risk procedure which in all instances is safer than continuing the pregnancy to term. However, the requirements of the Abortion Act 1967 have historically required that in order to obtain accessible care, women must settle for higher risks of unpleasant side-effects such as nausea and vomiting, and of minor complications such as continuing pregnancy.

By lifting the requirement for women to attend a clinic where they must take the first set of medications on the premises, women have been given greater control over the timing of the medication use. This appears to facilitate optimum intervals. Pills by Post ensures that clients

can end their pregnancy at the best time for them, and so minimises the risk of complications, in particular continuing pregnancy.

In the first quarter of Pills by Post, key complications for Early Medical Abortions provided by BPAS dropped significantly. **The risk of a continuing pregnancy after treatment fell by three-quarters** to 0.28%, down from 1.12% in the same period in 2019. The risk of an incomplete abortion fell from 1.2% to 1.09%, and **the risk of haemorrhage requiring transfusion declined by more than 2/3rds** from 0.07% to 0.02%.

Overall, **the risk of major complication fell by 2/3rds** from 0.09% to 0.03%, and **the risk of a minor complication fell by 40%** from 3.2% to 1.96%.

Reduced complication rates are not only better for clients, but also better for both the wider abortion service and the NHS.

The Royal College of Obstetricians and Gynaecologists have confirmed that no women have died as a result of the changes to clinical management of Early Medical Abortions.

Provision beyond COVID-19

Our plans

BPAS has been proud to provide a safe, effective, and accessible service to women during the COVID-19 pandemic. The transformation of our service has been essential to protecting women's health at this difficult time, and has minimised the risk to both abortion providers and clients of contracting or transmitting coronavirus.

It is also clear that this is a superior service for women, reducing waiting times, the average gestation at which women are treated, and enabling women to better combine their healthcare needs with other responsibilities in their lives. For women who are in challenging circumstances which may restrict their ability to attend a clinic, this service has proved a lifeline.

At a time when the NHS is under severe strain, the ability to provide a better service that women prefer at a lower cost is a rare combination and one which we hope to realise.

As noted above, BPAS had already started to move towards scanning only as indicated as a service improvement prior to the COVID-19 pandemic. No matter the change in regulation around the location where a woman can administer the first pill in an Early Medical Abortion, BPAS will not be reverting to routine scanning, which is not clinically indicated, can be invasive (particularly if transvaginal, as is often the case in early pregnancy), and physically and emotionally challenging for clients.

Public consultation

At this point in time, home administration of mifepristone for Early Medical Abortions is legal, but this legislative provision is time-limited in England and Wales.

The Government in Westminster has committed to a public consultation to decide whether the new regulations enabling telemedicine for abortion care should remain in place once the laws around COVID-19 expire. We are expecting the consultation to launch later in the year.

The evidence of the positive impact of this service is overwhelming, and the ability to provide a more cost-effective, woman-centred framework in the future is within our grasp. It is imperative that everyone involved in the provision of this vital area of women's reproductive healthcare makes their voices heard. We strongly urge everyone with an interest in good abortion services to respond when the consultation is published. Without your support, we risk losing telemedicine for good.

