

Written evidence submitted by The British Pregnancy Advisory Service (CVD0024)

The British Pregnancy Advisory Services (BPAS) is a British reproductive healthcare charity that offers pregnancy counselling, abortion care, miscarriage management, contraception and STI testing to 100,000 women each year via our clinics in England, Wales, and Scotland.

We advocate for women's reproductive choice, the provision of accurate and balanced information, and the right to make their own choices about their bodies and treatments including during pregnancy and birth.

Summary

We are making this submission to highlight how disabled women's access to legal abortion care has significantly improved during the pandemic because of the **amendments to the abortion law in England, Scotland, and Wales which enables women to receive pills for Early Medical Abortion remotely rather than having to attend a clinic.**

This is a positive change which has been disproportionately beneficial for those who find it difficult to travel significant distances to attend clinic appointments, including women with disabilities. As a result of the introduction of this service, demand for online abortion pills has fallen, which means that women in Great Britain who cannot access in-clinic care are no longer risking up to life imprisonment by using medication illegally.

Telemedical abortion care is in line with best practice internationally and recommended by the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the British Society of Abortion Care Providers. **This change has been immensely successful and well-received, and women should continue be allowed to access early abortions remotely post-pandemic.**

The change to the law

The Abortion Act 1967 provides the framework for legal abortions in England, Scotland, and Wales. One of the requirements of a legal abortion is that it is performed in an NHS hospital or on a premises licensed for the purpose by the Department of Health and Social Care.

Under modern clinical practice, Early Medical Abortions are provided using two medications which can be safely taken at home with few serious side-effects and a high level of efficacy. Remote provision is supported by clinical bodies and was one of the recommendations of the recent Royal College of Obstetricians and Gynaecologists' *Better for Women* report.

The law, however, requires that the Secretary of State for Health and Social Care must specifically approve women's homes as a premises at which a lawful abortion can take place before remote provision of this care is legal. This is based not on clinical practice or safety, but on the law as passed in 1967.

Prior to March 2020, the law enabled women to take the second medication (misoprostol) at home, but required them to attend a licensed premises to take the first medication (mifepristone).

From 24th March 2020, the law was amended to allow abortion providers in England to provide mifepristone and misoprostol for a woman to end her pregnancy at home up to 9⁺⁶ weeks' gestation.

Abortion providers and medical bodies are clear that this form of provision is safe, efficacious, and preferable for many women. However, **the Department of Health and Social Care has suggested that this change the law may be time-limited in the same way as other Coronavirus-specific changes.** We believe that this would be the wrong decision for women, and in particular those with conditions which make travelling to access in-clinic care extremely challenging.

The impact on women

BPAS provides a Specialist Placement Service to find appointments and treatment for women with complex medical conditions. This includes women with severe mental health conditions, including agoraphobia, and women with mobility-restricting disabilities, such as muscular dystrophy, which make travelling what can be significant distances to clinics care incredibly difficult. Difficulties finding suitable appointments can push women from needing a first trimester abortion to needing treatment in the second trimester. These delays present physical challenges and stress for women and, although abortion is very safe, increases procedural risks which increase as gestational age advances.

For some women, the requirement to attend a clinic for treatment was an insurmountable barrier. The Medicines and Healthcare Products Regulatory Agency (MHRA) has reported seizing almost 10,000 sets of abortion pills heading to addresses in Britain in recent years. Of those women who contacted **the largest online pill provider – Women on Web – 1 in 10 said they could not access in-clinic care due to their health conditions. Any woman who uses abortion pills purchased online risks up to life imprisonment.**

Since the introduction of telemedical abortion care, Women on Web report that they have not sent any sets of abortion medication to Great Britain because women can now access legal care from their own homes.

In a survey of more than 125 women who received abortion medication by post from BPAS, more than 60% of women would have found it difficult to access abortion care if telemedical care was not an option. More than 90% of the women said that telemedical abortion care should continue to be available after lockdown ends.

July 2020