Society for the Protection of Unborn Children – Written Evidence (LBC0040)

Please note that this document includes content about abortion that some readers may find distressing

SPUC submission to the House of Lords Covid-19 Committee Inquiry on Life Beyond Covid

The Society for the Protection of Unborn Children is a leading UK pro-life organisation. We have worked for the over 50 years to protect unborn children and their mothers from abortion. We are particularly concerned about how the current pandemic has led to changes being made to abortion regulations allowing non-medically supervised abortions to take place in women's homes.

Organisations that support abortion are calling for remote use of abortion pills to continue after the pandemic. The Government has also announced that it will be carrying out a consultation on making the provision of remote abortions permanent.

This submission will argue that the home abortions provision is not a positive consequence of the pandemic, and should not be made permanent.

The case against remote abortion

Abortion providers state that the provision of remote abortion is a positive change in health and social care services that should continue when services normalise. We would counter that it is a dangerous and badly thought through policy, which has already had a detrimental effect on women's health.

Physical risks in allowing women to take abortion pills at home

Carrying out an abortion at home is not straightforward and there are specific dangers for women, including:

- **Taking the abortion pills at the "wrong gestation".** Abortion pills are designed to be taken up to ten weeks of pregnancy, as they are less effective, and more harmful for the woman, when taken later in gestation. Many pregnant women do not know their gestation until they have a dating scan. When women guess, they tend to underestimate their gestation. Usually the last menstrual period (LMP) is used to estimate gestational age, but LMP alone is not the best obstetric estimate because it assumes a 'regular' menstrual cycle.[1] Studies report that approximately

[1] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/methods-

one half of women do not accurately recall their LMP. The consequences for women misjudging their pregnancy dates could be severe. In one UK study more than 50 per cent of women having abortions after 13 weeks (so only a few weeks difference) needed subsequent surgical intervention.[2] There is also no way to ensure the woman does not delay taking the drugs.

- **Not adhering to the precise time intervals between the two stages of the abortion. The** timing between taking Mifepristone (the first pill) and taking Misoprostol (the second dose) is critically important in the effectiveness of the regimen and directly affects how likely the woman is to experience a failed drug-induced abortion and require surgery. Misoprostol is recommended to be taken 24 to 48 hours after taking Mifepristone, otherwise its effectiveness is lowered.[3] Guidance from BPAS and Marie Stopes UK does give precise instructions on the timings, but there is nothing to stop a woman taking the second stage of drugs outside the recommended hours if she is not under medical supervision. Research has shown that, unsurprisingly, women prefer a short time frame between the pills,[4] and so may be inclined to take the second dose less than 24 hours after the first. But this leads to a significant increase in complications with one study finding that nearly one out of every three to four women who took buccal Misoprostol shortly after the Mifepristone failed to abort.[5] (While SPUC would not consider the continued life of a baby to be a "failure", a woman still intending to end a pregnancy would then undergo a surgical abortion in a medical setting – negating any "benefit" of a home abortion).
- **Generally taking the drugs incorrectly.** Non-adherence to the recommended protocol for use of a drug is high, as much as 50% for secondary non-adherence.[6] That is, as much as half of all recommended protocols for prescription drug use are not followed, or not followed correctly. For Mifepristone/Misoprostol this is a particular problem, because more than for most medications, its recommended protocol is fairly precise, and departure from it will increase the rate of incomplete abortion, with its attendant harm to women.
- Complications. The BPAS website[7] lists a litany of "Significant, unavoidable or frequently occurring risks". Common side effects include "nausea, vomiting, diarrhoea, headache, dizziness, fever/chills." The risk of

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for-estimating-the-due-date

[2] "For medical abortion after 13 weeks of gestation, surgical evacuation may be required either at the time for retained placenta or later for persistent retained products of conception. Quoted rates for surgical intervention vary widely between studies and across different regimens, from 2.5% in one study up to

[3] 4 https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf

[4] 5 https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2014/03/medical-management-of-first-trimester-abortion

[5] https://www.ncbi.nlm.nih.gov/pubmed/17707719

[6] Secondary non-adherence relates to failure to use, or incorrect use of a drug once acquired, whereas primary non-adherence refers to failure to fill a doctor's prescription at all. Hovstadius B & Petersson G (2011) Non-adherence to drug therapy and drug acquisition costs in a national population – a patient-based register study. BMC Health Services Research 11:326.

[7] https://www.bpas.org/abortion-care/abortion-treatments/the-abortion-pill/remote-treatment/

Retained products of conception is 2 in 100 below 9 weeks and 3 in 100 between 9-10 weeks' gestation. Risk of Infection is 2 in 1,000. More serious complications include:

- Continuing pregnancy (less than up to 1 in 100, up to 3 in 100 between 9 and 10 weeks' gestation).
- • Haemorrhage – very heavy bleeding (2 in 1,000).
- • Undiagnosed ectopic pregnancy (1 in 7,000).
- • Death (1 in 100,000).
- • Psychological problems (variable).

A large Swedish study[8] has suggested that a shift to home abortions is the reason complications for medical abortion have doubled in six years. The study, published in BMC Women's Health, concludes: "The rate of complications associated with medical abortions [at less than 12 weeks' gestation] has increased from 4.2% in 2008 to 8.2% in 2015. The cause of this is unknown but it may be associated with a shift from hospital to home medical abortions."

Dr Greg Pike, Research Fellow at Bios Centre, writes: "Simplistic assertions that medical abortions are 'safe' do no justice to the real experiences of women. The question must be asked, 'safe from what?'. Clearly most women who have a medical abortion are not safe from the very common and distressing experiences of pain, bleeding, nausea, chills, fever, vomiting, diarrhea, dizziness and weakness, each of which can be severe. Neither are women safe from having experienced all of this only to find they must then have a surgical procedure to complete the abortion – at rates perhaps between 6% and 10% (figures that are to be considered common according to accepted criteria). Neither are women safe from serious adverse events like blood loss requiring transfusion or infection – at rates that could be up to the 1% mark.

The psychological risks of home abortion

• The trauma of disposing of the unborn baby. The BPAS guidance says: "You can decide how you wish to dispose of the pregnancy remains. They can be flushed down the lavatory or wrapped in tissue, placed in a small plastic bag and put in the dustbin."

• The psychological impact of passing a recognisable baby at home. A woman may be alone when she aborts and may also see the baby who is expelled.

One woman said:

"I'm certain abortion was the right choice, but lockdown gave me time to torture myself with thoughts of a baby that will never exist. Perhaps my daughter (I'm convinced it was a girl) would have grown up to marry Boris Johnson Junior who'd have been around her age or even become prime minister herself. I'll

[8] https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0645-6

never know…It seemed like every time I turned on the news, I saw images of new mothers. They'd had their babies during a worldwide crisis, while I'd flushed mine down the loo. While I'm grateful my family have escaped the worst of the virus, I still feel I've lost someone during the pandemic, but it's not a loss I can openly mourn."[9]

Regulating remote abortion

SPUC was concerned from the outset that it would be impossible to ensure that abortions were carried out in accordance with the law once women were not required to see a doctor in person. These fears were proved correct when "The Sun" newspaper reported that a baby had been stillborn after a woman took abortion pills she had been sent in the post by BPAS at 28 weeks gestation – 18 weeks after the recommended medical limit for abortion pills, and four weeks past the legal limit.[10] BPAS admitted that they were investigating eight more cases of pills being taken after the 10 week limit.

An investigation by Christian Concern has also revealed that the pills are being sent to women in the post without even basic checks being carried out.[11]

We are also worried about the potential for false acquisition of abortion drugs. There is no way to ensure that abortion pills sent through the post are used by the intended recipient.

Home abortion and Domestic Abuse

• Domestic abuse is strongly associated with abortion. Intimate partner violence (IPV) is a risk factor for abortion all over the world.[12] [13] [14] [15] [16] [17], A WHO multi-country study found that women with a history of IPV had increased odds of unintended pregnancy and almost three times the risk of abortion.[18] Removing

[9] https://metro.co.uk/2020/05/20/coronavirus-home-abortion-12709374/
[10] https://www.thesun.co.uk/news/11690506/police-probe-death-of-unborn-baby-after-woman-has-illegal-abortion-by-post-at-28-weeks-four-weeks-past-limit/
[11] https://christianconcern.com/news/undercover-investigation-exposes-diy-abortion-service-breaking-the-law/
[12] Hedin LW & Janson PO (2000) Domestic violence during pregnancy: the prevalence of physical injuries, substance use, abortions and miscarriages. Acta Obstetricia et Gynecologica Scandinavica 79:625-630.
[13] Taft AJ & Watson LF (2007) Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women. Australian and New Zealand Journal of Public Health 31(2):135-142.
[14] Coker AL (2007) Does physical intimate partner violence affect sexual health? A systematic review. Trauma, Violence, and Abuse 8:149-177.
[15] Fanslow F, Silva M, Whitehead A & Robinson E (2008) Pregnancy outcomes and intimate partner violence in New Zealand. Australian and New Zealand Journal of Obstetrics and Gynaecology 48:391-397.
[16] Silverman JG, Decker MR, McCauley HR, Gupta J, Miller E, Raj A & Goldberg AB (2010) Male perpetration of intimate partner violence and involvement in abortions and abortion-related conflict. American Journal of Public Health 100 (8):1415-1417.

[18] 7 Pallitto CC, García-Moreno C, Jansen HAFM, Heise L, Ellsberg M & Watts C (2013) Intimate

abortion pills from a medical setting increases the opportunity for abusive partners to force women into having abortions.

• Missing the opportunity to detect domestic abuse. Studies on domestic abuse have actually suggested that there should be greater efforts to ask women if they are subject to domestic abuse when they present for an abortion.[19] Remote abortion removes the opportunity for a healthcare professional to detect domestic abuse. Women are given no opportunity to discuss pregnancy confidentially with a doctor.

Case study:
A 39 –year- old woman said that her partner is 'very controlling' and she cannot see a future with him. She contacted an abortion clinic without his knowledge.

'I was asked on the phone before I went to the clinic what my reasons were for having a termination, but that was it,' she says.

'At the clinic, they offered me the tablets to take away, but I said to send them through the post. I wasn't ready. It all seemed so fast. I was expecting to speak to lots of people, to be offered counselling.

'It didn't feel like a medical procedure. It took me less time to sort out than to do my Asda shopping.'

After suffering agonising pain (see quote above) she says: 'The next day I felt really sick, faint and dizzy. I'm still bleeding even now, a few weeks on. Because my partner is here and doesn't know what I did, I've not been able to ring anyone for any advice."

Clearly the consultation did not flag up the domestic abuse, and the fact that the abortion took place at home where the abusive partner was meant the woman was unable to seek medical advice.

Other worries about abortion going forward

Eroding the dignity of unborn life

This DIY abortion scheme further erodes this dignity of human life before birth. This could have profound societal effects in the coming years, especially as there have been renewed attempts to decriminalise abortion.

The mental health impact on women of remote abortion

There is a large body of research investigating the adverse psychological impact of abortion, both in terms of emotional distress as well as mental health consequences like depression, anxiety, post-traumatic stress disorder, and substance abuse. [20,21,22,23,24,25,26]

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partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. Int J Gynaecology Obstetrics 120:3-9.
[19] https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.11.3.163.27500 p 166

Most research that is directed at women's experiences of abortion and their mental health afterwards does not distinguish between the method of abortion, but in one French study comparing surgical versus medical abortion, PTSD scores were higher in the medical abortion group, even though these women had less advanced pregnancies[27]. It is therefore at least probable that the increased percentage of medical abortions taking place during lockdown will have led to increased adverse mental health consequences.

In addition, remote abortion at home may lead to more adverse psychological consequences, in part because a woman may be alone when she aborts and will also likely see the foetus that is expelled. Moreover, her sense of personal responsibility may be heightened in that she takes a more active role unlike with a surgical abortion.

All these factors, combined with the general stresses of lockdown, means we should be prepared for an explosion of mental health consequences linked to home abortion.

What we would like to see in life beyond Covid

During the pandemic there has been an awakening to the value of human life. We have read about acts of heroism on the part of healthcare professionals and ordinary people. Yet, that concern for human life has not extended to the unborn population of this country.

During this health crisis there has been a constant flow of information about the virus, its effects, the precautions people need take and so on. Yet there has been no public health information about telemedicine abortion provision.

Three key actions the pro-life community wants to see beyond Covid:

1. The dangerous DIY home abortions abandoned straight away.

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[20] American Psychological Association (2008) *Report on the Task Force on Mental Health and Abortion*. Washington DC.

[21] Charles VE *et al.* (2008) Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception* 78:436-450.

[22] Major B *et al.*(2009) Abortion and Mental Health: Evaluating the Evidence. *American Psychologist* 64(9):863-890.

[23] Coleman PK (2011) Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. *The British Journal of Psychiatry* 199(03):180-186.

[24] Cameron S (2010) Induced abortion and psychological sequelae. *Best Practice & Research Clinical Obstetrics and Gynaecology* 24:657-665.

[25] Casey PR (2010) Abortion among young women and subsequent life outcomes. *Best Practice & Research Clinical Obstetrics and Gynaecology* 24:491-502.

[26] Steinberg JR & Rubin LR (2014) Psychological aspects of contraception, unintended pregnancy, and abortion. *Policy Insights from the Behavioral and Brain Sciences* 1(1):239-247.

[27] Rousset C *et al.* (2011) Posttraumatic stress disorder and psychological distress following medical and surgical abortion. *Journal of Reproductive and Infant Psychology* 29(5): 506-517.

2. The Care Quality Commission to be mandated to inspect independent abortion providers providing 'pills through the post' and 'telemedicine' abortions.
3. The Government to report fully to both Parliament and the public on the full impact of remote abortion on the health and wellbeing of the women in this country.

16 July 2020