



Care not criminalisation

BPAS briefing on the need to retain telemedical abortion care

Summary

In March 2020, the governments of England, Scotland, and Wales changed the law to allow telemedical abortion care for the first time – allowing women to have a consultation with a qualified nurse or midwife, and to receive their medication in the post rather than having to attend a clinic.

The government is now considering whether to make this change permanent.

BPAS has provided 50,000 telemedical abortions since this change. Evidence has shown telemedical abortion care to be safe, effective, and accessible. It has also shown that the positive impact has disproportionately affected disadvantaged women – who no longer have to afford time of work, childcare, or transport to clinics, or risk prosecution by opting for illicit medication purchased online as their only accessible option.

[BPAS supports making telemedical abortion care permanently available across the UK.](#)

What telemedicine is

Telemedicine is simply a description for a medical consultation and care that takes place over the phone or internet, rather than face-to-face. The pandemic has seen many more services, including GP appointments and maternity care, provided using telemedicine – and abortion care has been no different.

BPAS's Pills by Post service, which provides medical abortion up to 10 weeks' gestation, was launched in April 2020 to provide nurse- and midwife-led consultations over the telephone or by video call, with medication posted to a woman's home address.

As part of treatment, women have a full consultation with a qualified nurse or midwife, are accessed for their safety at home, may be called in for an ultrasound scan or further tests, have their medical notes reviewed and assessed by two doctors, and if suitable for home treatment have their medication, instructions, pain relief, and follow-up instructions posted to her home address. BPAS runs a 24-hour aftercare line staffed by medical professionals who are available to answer any questions and provide support and care for women.

Accessibility

Before the most recent change in regulation, women who needed an abortion at any gestation were required – by law – to attend a clinic to take the first pill of an early medical abortion. It was illegal to take that abortion pill at home even if prescribed by a doctor.

We know that for many women, being required to take medication in a clinic was difficult. Clinics can be far from a client's home, they need to take time off work, associated travel and childcare costs can be high, appointments can be lengthy because of the legal requirement for two doctors to authorise the abortion, and because of the timing of in-person treatment, a woman cannot choose when she passes her pregnancy.

These difficulties are particularly acute for women in more rural and remote parts of England, and for women who are from more deprived areas of the country – and has led to women risking imprisonment by accessing illicit abortion medication online.

National statistics show that the more deprived a woman is, the more likely she is to need access to abortion care. This has worsened during the pandemic, with the poorest women now more than twice as likely to need an abortion as the richest women, compared to only 57% more likely prior to the pandemic.

We also know that as a result of the pressures of attending a clinic, less well-off women would have greater delays in accessing care – increasing their risk of complications. Since the introduction of telemedicine, clients from more deprived areas have had a 46% greater reduction in gestation at treatment than clients from the least deprived areas, and a 22% greater reduction in waiting times. These changes are as a direct result of the shift to more accessible telemedical care.

Similarly, the greater distances involved for women from the most rural areas can make in-person access to care all the more difficult. As a result, since the change, women in the most rural areas are 5 percentage points more likely to access our Pills by Post service than women in urban areas – even when having the same early medical abortion treatment. Telemedicine has also led to greater falls in waiting times for these women (30% more than for women in urban areas) and a 12% greater reduction in gestation at the time of treatment.

Improved provision

Since telemedicine was introduced, across the BPAS service, waiting times have fallen by more than a week. Particularly for women in areas with a clinic open a day or two a week, this simply would not be possible without telemedicine. Shorter waiting times mean that abortions can be accessed at earlier gestations, minimising the risk of complications.

At a national level, a [large cohort study](#) that looked at more than 50,000 abortions before and after the change found that more than 40% of treatments were provided at ≤ 6 weeks' gestation compared to 25% before the change. The change has enabled care to be delivered in a more timely fashion – improving individual client experience and the provision of the abortion service as a whole.

Safety and effectiveness

A recent [large cohort study](#) based on data from England and Wales recently published by the British Journal of Obstetricians and Gynaecology has found that when evaluating more than 50,000 abortions before and after the regulatory change, that telemedical abortion provision is effective, safe, acceptable, and improves access to care.

The study found that there were no differences in success rates between the pre- and post-telemedicine groups (98.2% vs 98.8%) and no differences in the prevalence of serious adverse events (0.04% vs 0.02%).

In the telemedicine-hybrid group, the effectiveness for abortions conducted using telemedicine was 99.2% compared with 98.1% in the traditional group.

Conclusion

Telemedicine provides accessible, safe, and effective abortion care – enabling all women to make the right choice for them. The change in regulation to enable BPAS to provide telemedical abortion services to clients in the early stages of their pregnancy was essential during the pandemic, and is necessary to provide the best possible care in future.