

Joint Medical Briefing for Health & Care Bill -Telemedicine for Early Medical Abortion

March 2022

The Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners, the Royal College of Midwives, the Royal Pharmaceutical Society, the Faculty of Sexual and Reproductive Healthcare and the British Medical Association are together asking MPs to support the amendment to the Health and Care Bill which will copy the existing approval allowing telemedical abortion care – as written and implemented by the DHSC – into primary legislation, when the Bill returns to the House of Commons. This amendment will retain the telemedicine for early medical abortion (EMA) service that has been in place for the last two years as a continued choice for women who wish to access this vital health service at home.

Key points

The telemedicine service, which has been recommended by NICE as best practice in abortion care, has proven to be a safe and effective way of allowing women to have more control and choice in accessing an early medical abortion. Women have also clearly indicated their support for the service to be a permanent option in their healthcare, with 89% reporting that they would opt to have treatment at home again if they needed another abortion.

Studies into the implementation of early medical abortion service via telemedicine have found the service to be an effective way of giving medical care to women. Evidence shows the service has increased the safety of abortion services as women have been able to access an abortion much earlier in their pregnancy, along with providing a more accessible care pathway for women in vulnerable situations such as abusive relationships as they do not have to physically travel to a clinic.

Telemedicine care for EMA has been one of the few success stories of the pandemic, where barriers have been removed to allow women to access an essential form of healthcare, and it is imperative that this vital health service is permanently implemented. Women who wish to have a face-to-face appointment for an early medical abortion will still be able to receive one, the provision of telemedicine is about allowing choice in healthcare and allowing women to choose whether they would like to travel into a clinic or take the medication in the privacy of their own home.

The Academy of Medical Royal College's [released a statement in support](#) of the permanent implementation of telemedicine, in recognition of the overwhelming medical evidence that telemedicine is safe. We are concerned by [warnings](#) that a failure to make this service permanently available will force women to access illegal methods of abortion unnecessarily. **There is no medical justification for the decision by the Department of Health and Social Care to withdraw this service at the end of August 2022, and we ask all MPs to support this amendment when the Health and Care Bill returns to the House of Commons.**

Background

In March 2020, as a result of COVID-19, the UK Government changed abortion regulations to allow women to take mifepristone – the first medication in an early medical abortion – at home. Data published by the Department of Health and Social Care found taking both medications for an EMA at home had become the most common abortion care procedure – accounting for 47% of all abortions during the period April to December 2020.

There is overwhelming evidence that telemedicine for EMA has created a safer and more effective service. Over 125,000 women in England and Wales have now had an early medical abortion at home and data shows that

complications related to abortion have actually decreased since this service was introduced. [A study of more than 50,000 abortions before and after the change in England and Wales, published by the British Journal of Obstetrics and Gynaecology in February 2021](#), concluded that telemedical abortion provision is ‘effective, safe, acceptable, and improves access to care’.

Furthermore, waiting times for abortion care have also reduced and women have been able to receive care much earlier in their pregnancy, with the average waiting time for abortion treatment reducing from 10.7 days to 6.5 days.

Despite the clear medical evidence, in February 2022 the Department of Health and Social Care announced that the telemedicine service will be removed by the end of August, in line with other regulations that were introduced during the pandemic. However telemedical abortion care has been a success of the pandemic which has allowed women more choice and safety in their healthcare and should not be removed for non-medical reasons.

Furthermore the approval of telemedicine is a devolved issue, and telemedicine continues to be legal in Wales and Scotland. If England chooses to remove telemedicine, women in the UK would be subject to four different abortion laws.

Women’s experiences of telemedicine

[Research published by the British Medical Journal](#) looking at women’s experiences of using telemedicine has shown that 83% of women who have used a remote consultation for EMA found it ‘very acceptable’ and **89% said that they would opt to have treatment at home again if they needed another abortion**. In December 2021 [an independent poll](#) of more than 1100 women across the UK showed that a clear majority (65%) want telemedicine for early medical abortion to remain as a permanent option. This compares to only 15% who do not support.

Allowing the home use of abortion pills improves access to care, especially for vulnerable women. Many women face barriers in attending face-to-face services, for example due to lack of transport arrangements, disability, child-care responsibilities, or abusive relationships. Remote access to abortion services in England is vital in ensuring that these women can access care. [A study examining](#) requests of access to online pills before and during the pandemic found an increase of requests of nearly 30% in Northern Ireland where telemedicine was not approved, as women were forced to access healthcare online due to being unable to travel into a clinic.

[NICE best practice guidance on abortion care](#) pre-pandemic recommends “providing abortion assessments by phone or video call, for women who prefer this”. The removal of telemedicine will mean that every woman, regardless of her own personal circumstances, health needs and safeguarding concerns will be forced to attend a clinic or hospital for an abortion. This will mean that there will be no legal abortion care available to women who are unable to attend a clinic, and it will criminalise any woman who chooses to take the first medication of an early medical abortion at home.

Safeguarding

Safeguarding of women and girls who are seeking to access an abortion is of paramount importance to healthcare providers. For a woman seeking to access an early medical abortion she must have consulted with a licensed abortion clinic or hospital before receiving her medication, which includes speaking to a doctor, nurse or midwife who would go through appropriate safeguarding protocols. There is evidence that telemedicine is helping safeguarding, with abortion providers reporting having seen a major uplift in safeguarding disclosures, including from survivors of domestic and sexual violence.