

# SPUC guide to responding to the Scottish Government's consultation on Future Arrangements for Early Medical Abortion at Home



## About this guide

The Scottish Government has launched a consultation to find out whether people think that DIY home abortions should be made permanent in Scotland.

This briefing is intended to help you respond to the consultation, and to give suggestions about answering the questions.

It is very important that as many pro-life people in Scotland as possible respond to this consultation. We must send a strong message to the Scottish Government that allowing home abortions is a terrible policy that should not be continued.

**The consultation is running from 30 September to 5 January. Please complete the Scottish Government's questionnaire as soon as you can. Please encourage others to do the same.**

## Background to this consultation

In March 2020 the Scottish Government allowed pregnant women to take both sets of pills for an early medical abortion (mifepristone and misoprostol) in their own homes. These are DIY abortions.

The abortion pills are posted to women after a telephone or video consultation with a doctor or nurse. Women do not need to first attend a hospital or clinic in person for an appointment. This is known as "pills through the post" abortion or "telemedicine" abortion.

Now that these new arrangements have been in place for six months, the Scottish Government has launched a consultation to seek views on whether or not to make DIY home abortions permanent.

## Who can respond to the consultation?

Any members of the public can respond to this consultation.

The Scottish Government says the consultation is to "allow abortion providers and other health professionals, women who have accessed abortion services and the general public the opportunity to comment and submit evidence".

If you have any relevant professional or personal experience, please include this in the consultation.

## How do I respond to the consultation?

### Online

You can respond to the consultation here: <https://consult.gov.scot/population-health/early-medical-abortion-at-home/> You can save and return to your responses while the consultation is still open.

Please ensure that you send your completed consultation before the closing date of 5 January 2021.

### By post

You can also use the paper Respondent Information Form and post your submission to the consultation. A Respondent Information Form accompanies this briefing. Please post the completed form to:

Abortion Consultation  
Health Protection Division  
Scottish Government Area 3E  
St Andrew's House  
Regent Road Edinburgh  
EH1 3DG

## Special note on DIY abortions

SPUC's position is that the DIY home abortion scheme must be stopped immediately.

It is also important to remember that while there are added risks for women from DIY abortions, every abortion is a risk to the mental and physical health of women. And every completed abortion kills an unborn baby.

Abortions carried out with medical supervision are as equally wrong as abortions carried out with no medical supervision. However, for the purpose of this consultation we are asking pro-life people to put the case to the Scottish Government of the dangers to women from home abortions.

# Guidance on answering questions

Please note:

1. We have reproduced the questions from the consultation in the following boxes.
2. We have made suggestions for comments. Please put your comments in your own words.
3. Please include your own personal or professional experience in your comments and/or your own thoughts.

## Question 1

**Question 1.** What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on women accessing abortion services? Please answer with regards to the following criteria:

**a) safety**

- No impact
- Positive impact
- Negative impact
- The impacts are mixed
- I don't know

**b) accessibility and convenience of services**

- No impact
- Positive impact
- Negative impact
- The impacts are mixed
- I don't know

**c) waiting times**

- No impact
- Positive impact
- Negative impact
- The impacts are mixed
- I don't know

**Comments (optional):**

Select “negative impact” for a) and leave b) and c) blank.

Points you could include in your comments:

- **Home abortion is a painful and traumatic experience for women.** Carrying out a DIY abortion at home is a painful and traumatic experience for women, who are often alone.
- **Women may take the abortion pills past the 10-week limit.** There have been reports of women in England taking abortion pills past the 10-week limit including some past the legal 24-week limit. It seems inevitable that the same is happening or will happen in Scotland.
- **Vulnerable women can be forced into taking abortion pills.** With the spike in domestic abuse during lockdown, many women will have been forced into ordering abortion pills. Abused women could be coerced into carrying out the abortion with only their abuser present. Such women would be unable to phone for medical help because the abuser would hear.

## Question 2

**Question 2.** What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for those **involved in delivering abortion services**? (For example, this could include impacts on workforce flexibility and service efficiency.)

### a) safety

- No impact
- Positive impact
- Negative impact
- The impacts are mixed
- I don't know

**Comments (optional):**

**You do not need to answer this question. If answering online select 'I don't know'**

## Question 3

**Question 3.** What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?

**Comments:**

**This is the most important question in the consultation. Here are some points you can use:**

Risks to women carrying out a DIY abortion include:

- **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. In one UK study more than 50% of women having abortions after 13 weeks needed subsequent surgical intervention.<sup>1</sup>
- **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. Taking the second dose incorrectly increases complications for the woman and she may require surgery. As many as half of all recommended protocols for prescription drug use are not followed, or not followed correctly.<sup>2</sup>

<sup>1</sup> Oral mifepristone 600 mg and vaginal gemeprost for mid-trimester induction of abortion. An open multicenter study. UK Multicenter Study Group. *Contraception* 1997;56:361–6.

<sup>2</sup> 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

- **Missing an ectopic pregnancy.** If a woman is only having a consultation over the phone, an ectopic pregnancy can be missed. Ectopic pregnancy is life-threatening and women should not take abortion pills. In a report from the American Food and Drug Administration, 97 ectopic pregnancies were reported after women took Mifepristone. The initial consultation had missed the ectopic pregnancy.<sup>3</sup>
- **Emotional distress.** Many studies show that women experience emotional distress after an abortion and other studies show mental health problems for women after abortion. Home abortions may lead to more adverse psychological consequences, in part because a woman may be alone when she aborts and may also see the foetus who is expelled.

#### **Other risks which must be considered:**

- **Regulating DIY abortions.** DIY abortion is impossible to regulate effectively. In England, police have investigated the deaths of a newborn baby<sup>4</sup> and a baby at 28 weeks gestation<sup>5</sup> after their mothers took abortion pills sent in the post well past the legal limit. A mystery shopper exercise also revealed that abortion providers are sending women abortion pills without proper checks.<sup>6</sup>
- **Domestic abuse** is strongly associated with abortion. Intimate partner violence (IPV) is a risk factor for abortion all over the world.<sup>7,8,9,10,11</sup>. Removing the provision of 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 suggested that there should be greater efforts to ask women if they are subject to domestic abuse when they present for an abortion.<sup>12</sup> Remote abortion removes the opportunity for a healthcare professional to detect domestic abuse. Women are given no opportunity to discuss their pregnancy confidentially with a doctor.

<sup>3</sup> <https://www.fda.gov/media/112118/download>

<sup>4</sup> <https://www.thesun.co.uk/news/12273020/newborn-death-pills-by-post/>

<sup>5</sup> <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/>

<sup>6</sup> <https://christianconcern.com/news/undercover-investigation-exposes-diy-abortion-service-breaking-the-law/>

<sup>7</sup> Hedlin LW & Janson PO (2000) Domestic violence during pregnancy: the prevalence of physical injuries, substance use, abortions and miscarriages. *Acta Obstetrica et Gynecologica Scandinavica* 79:625-630.

<sup>8</sup> 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.

<sup>9</sup> Coker AL (2007) Does physical intimate partner violence affect sexual health? A systematic review. *Trauma, Violence, and Abuse* 8:149-177.

<sup>10</sup> 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.

<sup>11</sup> 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.

<sup>12</sup> <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1576/toag.11.3.163.27500> p 166

## Question 4

**Question 4.** Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID19) on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

- Yes
- No
- I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

The protected characteristics relevant to the pro-life position are “pregnancy” and “religion or belief”.

### Pregnancy

- **DIY abortions can increase abuse for pregnant women.** Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth.<sup>13</sup> Abusers who know that women can get abortion pills through the post will be able to cover up their abuse more easily. High levels of abuse have been recorded during the pandemic.
- **Pregnant women who are abused are at greater risk from abortion.** In a study of London clinics, there was a six times higher rate of intimate partner violence (IPV) in women undergoing abortion compared with women receiving antenatal care.<sup>14</sup> Women seeking abortion are in a higher risk category for domestic abuse, and victims of abuse are at risk of being forced into abortion. Home abortion both removes the opportunity for detecting abuse via a private consultation in a clinic or hospital, and makes it easier for abusers to force a woman into abortion.

### Religion or belief

- **A conscientious objection to abortion** could be compromised for hospital staff who become involved in posting out abortion pills to women. For example, staff who are otherwise not involved in abortion could be asked to prepare packages containing abortion pills.

<sup>13</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/domestic-abuse-pregnant/>

<sup>14</sup> Wokoma TT *et al.* (2014) A comparative study of the prevalence of domestic violence in women requesting a termination of pregnancy and those attending an antenatal clinic. *BJOG* 121:627-633

## Question 5

**Question 5.** Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality?

- Yes
- No
- I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

### Points you could make include:

- **Poverty can drive women towards abortion.** Statistics from Public Health Scotland have revealed that women living in Scotland's most deprived areas are more than twice as likely to undergo an abortion compared to women living in Scotland's least deprived areas.<sup>15</sup>
- **Abortion is not a solution for poverty.** There is a risk that abortion pills by post will be promoted as being especially important for women in deprived areas. The ease and speed of getting abortion pills will mean that women who are considering abortion for financial reasons have less time to make their decision. Critically, DIY abortion could mean that women do not get the help they need to deal with their circumstances.

<sup>15</sup> <https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2019-05-28/2019-05-28-Terminations-2018-Report.pdf>

## Question 6

**Question 6.** Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities?

- Yes
- No
- I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

### Points you could make include:

- Complications from medical abortion sometimes require emergency medical treatment, which can be difficult to access for women living in rural or island communities. For this reason, DIY abortions should not be allowed in remote areas. Indeed, DIY abortions should not be permitted in any part of Scotland.
- A large Finnish register study found that 15.6% of women who had a medical abortion accessed hospital care for bleeding, one fifth of whom required intervention.<sup>16</sup>
- The population of the islands (Orkney, Shetland and Western Isles health boards) do not have access to definitive critical care services within a 45-min ambulance drive by road. Only 55% of the population in the Highland health board have this access.
- The Island health boards – Western Isles, Orkney and Shetland – have no population or aerial coverage by helicopter. Very remote small towns and very remote rural areas have the lowest population coverage (24% and 30%, respectively) by helicopter.<sup>17</sup>

<sup>16</sup> Niinimäki M *et al.* (2009) Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. *Obstet Gynecol* 114:795-804

<sup>17</sup> <https://journals.sagepub.com/doi/full/10.1177/1751143717714948>

## Question 7

**Question 7.** How should early medical abortion be provided in future, when COVID19 is no longer a significant risk? [select one of the options below]

- a) Current arrangements (put in place due to COVID-19) should continue – in other words allowing women to proceed without an in person appointment and take mifepristone at home, where this is clinically appropriate.
- b) Previous arrangements should be reinstated – in other words women would be required to take mifepristone in a clinic, but could still take misoprostol at home where this is clinically appropriate.
- c) Other (please provide details) –

**We suggest that you select c). Points to make here include:**

- Taking abortion pills at home is promoted as being safe and simple, but it is fraught with risks and complications, as well as being traumatic for women.
- Complications after medical abortion are four times higher than after surgical<sup>18</sup> – 20 % compared with 5 %.
- Allowing women to perform their own abortions at home should be stopped immediately.
- Many of the risks to women from DIY abortions are the same as with abortions carried out under medical supervision.
- The Scottish Government should undertake a public information campaign to inform all women of the risks they run in having an abortion.

<sup>18</sup> Niinimaki M *et al.* (2009) Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. *Obstet Gynecol* 114:795-804

