



Care for Women

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The Legal Issues Surrounding Pills-by-Post

Roger Kiska: Christian Legal Centre

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Cairo Declaration: ICPD Programme of Action

“Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning.”

Abortion Statistics, England and Wales 2019

- 209,519 abortions in England and Wales *[highest number of abortions since the Abortion Act was introduced]*
- The age standardised abortion rate also the highest it has ever been in England and Wales
- A 33% increase in medical abortions since 2009
- +9, 000, 000 abortions in the United Kingdom since 1967

According to BPAS

- 3 in 100 women will have incomplete abortions within the first 9 weeks of taking Mifepristone and Misoprostol, requiring surgery.
- After 10 weeks, the rate of incomplete abortion doubles and the likelihood of side effects increases immensely.

Mental Health

- Within 8 weeks of being pregnant, a woman may be able to see larger pieces of the baby's tissue, the pregnancy sac and, in more uncommon cases, the aborted child itself.
- At the 10th week, the baby is the size of an olive and its shape is recognisable when passed from the body.
- According to the Mayo Clinic, it is not uncommon for women who have undergone medical abortions to feel loss, sadness and guilt.

Pills by Post Timeline

- March 23: Twitter Announcement by the Department of Health regarding the implementation of DIY abortion. Regulations written up and signed.
- March 24: Announcement that the tweet was an administrative error and the new regulations will not be implemented.
- March 24: The Health Secretary tells Parliament that there is no intention to implement the new regulations.
- March 30: With Parliament in recess, the Department of Health implements the pills by post regulation.

Abortion Jurisprudence (ECHR/HRA 2010)

- The European Convention on Human Rights does not confer a right to abortion. [ABC v. Ireland, Grand Chamber]
- Abortion is a derogation from the right to life which must be regulated by a legal framework, and that derogation must be within a limited scope. [Vo v. France, Grand Chamber]
- In regulating abortion, a fair balance must be struck between the competing rights of the mother and the unborn child. [Boso v. Italy]
- Positive obligation to protect the life of the mother, as well as to take steps to safeguard unborn life. [H v. Norway]

San Jose Articles

Each human life is a continuum that begins at conception and advances in stages until death. Science gives different names to these stages, including zygote, blastocyst, embryo, foetus, infant, child, adolescent and adult. This does not change the scientific consensus that at all points of development, each individual is a living member of the human species.

Doha Declaration (United Nations)

“We recognize the inherent dignity of the human person and note that the child, by reason of his physical and mental immaturity, needs special safeguards and care before as well as after birth...Everyone has the right to life, liberty and security of person.”



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Mystery Client Investigation

Kevin Duffy: Percuity Limited

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What changed on March 30th?

The in-clinic professional assessment of a woman's eligibility and suitability for an early medical abortion at home was removed – this visit was about much more than simply the taking of the first pill, mifepristone.

Mystery Client Investigation – methodology

- June and July, 2020
- Recruited unpaid volunteers – non-pregnant women aged 18 – 40
- Developed personas including:
 - Late and devious
 - Not for me
 - On the boundary
- Made 85 calls for 26 mystery clients to BPAS, MSUK, and NUPAS
 - All calls recorded and transcribed
- Received 26 abortion treatment packs at home
 - After just 1 hour of calls and providing fictitious, persona, data

Self-referral

- Clients used fictitious names, dates of birth, and contact details
- Clients were not registered at the given GP surgeries, nor by the NHS
- Women can insist on confidentiality, with no contact by the abortion provider with their GP
- Abortion providers do not insist on a valid NHS number
 - In none of our 26 cases was this required

Self-referral

- When solely using telemedicine, it is not currently possible for abortion service providers to be certain of the identity of their client and to be certain of the NHS details used for billing
- ✓ **Collect, validate, and report each client's NHS number**

Self-assessment

- Telemedicine makes the woman an essential member of the multidisciplinary team working for the registered medical practitioner (RMP)
- When acting in good faith, the RMP is now solely relying on the woman's accurate and honest disclosure and self-assessment of her medical history and gestational age (GA) of her pregnancy
- GA is of particular concern because of 9w6d legal limit and increase in potential side-effects as GA increases – our calls show that abortion providers consent and prescribe based solely on client's disclosure

Self-assessment

- When solely using telemedicine, the 'good faith' certification by the registered medical practitioner is fully reliant on the accurate and honest disclosure of women
 - The RMP and clinical team no longer have any certainty of their client's eligibility and suitability for EMA at home
- ✓ **Revert to prior arrangements of in-clinic assessment**

Self-administration

- Once the pills are posted, there is no certainty that 'the presenting' woman will be the one taking the abortion treatment
- None of our 26 mystery clients had any follow-up from the abortion providers after the pills had been posted
- The woman is on her own, responsible for the administration of both pills and assessing the outcome of her abortion at home
 - The norm is now for the need for follow-up to be self-assessed by the woman and initiated by her
 - It's up to the woman to decide if she is bleeding too much, or if she remains incomplete after taking the abortion pills
 - It's up to the woman to self-refer to her local emergency department

Self-administration

- When solely using telemedicine, it is not possible for the prescribing RMP to be certain that it is this woman who will use the abortion treatment
- Telemedicine means the woman is solely responsible for assessing her abortion outcome and any possible need for follow-up care
- ✓ **Revert to prior arrangements of in-clinic assessment**
- ✓ **Mandate telephone follow-up by the abortion provider**

Our Requests

- Please read and share the Mystery Client Investigation report
- Use these findings to help when responding to the open consultations
- Please lobby the Secretary of State for Health and Social Care to keep to the promise that this approval would be temporary, and in the consultations ask for this temporary approval to end and for the prior in-clinic arrangements to be reinstated



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Serious Complications due to “Pills by Post”

Christian Hacking: Political Liaison Officer, CBR UK

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ABORTION NOTIFICATION

ABORTION ACT 1967 - FORM OF NOTIFICATION FOR PREGNANCIES TERMINATED IN ENGLAND AND WALES

This form is to be COMPLETED BY THE PRACTITIONER TERMINATING THE PREGNANCY and sent in a sealed envelope within FOURTEEN DAYS of the termination for:

The Chief Medical Officer
Department of Health
Richmond House
19 Whitehall
LONDON SW1A 2NS

OR

The Chief Medical Officer
National Assembly for Wales
Cathays Park
CARDIFF CF10 3NQ
for pregnancies terminated in Wales

PLEASE USE BLOCK CAPITALS AND NUMERALS FOR DATES THROUGHOUT. STICKING WITHIN THE BOPES
DO NOT CROSS THROUGH ANY BOPES THAT DO NOT NEED TO BE COMPLETED

1 PRACTITIONER TERMINATING THE PREGNANCY

FULL NAME

PRACTITIONER
ADDRESS

Handwritten: *Dr. [illegible]*

Do not give information to the public about the contents of this form. It is for the use of the Department of Health and the National Assembly for Wales only. It is not to be used for any other purpose.

Signature

9 COMPLICATIONS – up until the time of discharge (tick appropriate box(es))

None ☐ Haemorrhage ☐ Uterine Perforation ☐ Sepsis ☐

Other – specify:

Handwritten: *None*

An evacuation of retained products of conception is not a complication

2 CERTIFICATION

In all cases where a woman has a procedure for termination of pregnancy, the practitioner must certify that the procedure was performed in accordance with the requirements of the Abortion Act 1967.

FULL NAME(S)

PRACTITIONER
ADDRESS

Handwritten: *[illegible]*

Handwritten: *[illegible]*

Did the practitioner certify at a, certify that she certified that the procedure was performed in accordance with the requirements of the Abortion Act 1967?

☐ yes ☐ no

Did the practitioner certify at b, certify that she certified that the procedure was performed in accordance with the requirements of the Abortion Act 1967?

☐ yes ☐ no



HSA4 Form

Source: FOI request from large hospital

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Complications 2017

Complications

2.41 Complications were reported in 303 cases in 2017, a rate of about one in every 637 abortions, which is very similar to the rate in 2016 and lower than 2007 (1 in every 500; 370 cases) (Table 8).

1.5 per 1000 women

Source: Gov Abortion Statistics 2017

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Complications 2018

Legal abortions: numbers by complication, 2018

| Clinic | Complications | |
|------------------------------------|------------------|---------------|
| | No complications | Complications |
| Total | 204,954 | 341 |
| Airedale General Hospital | 8 | - |
| Alexandra Hospital (Redditch) | 268 | - |
| Arrowe Park Hospital | 844 | 1 |
| Ashford Hospital (Middlesex) | 6 | - |
| Barnet Hospital | 23 | 2 |
| Barnsley District General Hospital | 377 | - |
| Basildon Hospital | 34 | 2 |
| Beckenham Hospital | .. | .. |
| Bedford Hospital (South Wing) | 362 | - |
| Birmingham City Hospital | 19 | - |
| Birmingham Heartlands Hospital | 60 | - |

1.7 per 1000 women

Source:DHSC Published FOI requests 2018

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Complications 2019

Legal abortions: complications by gestation, 2019

| All abortions | | numbers | | | | |
|---------------------|--------------|-------------|--------|---------------|-------|--|
| Total No. Abortions | 207,384 | | | | | |
| Gestation weeks | Complication | | | | | |
| | Haemorrhage | Perforation | Sepsis | Cervical Tear | Other | |
| Total complications | 244 | 12 | 57 | 1 | 40 | |
| 3-9 | 89 | 5 | 4 | - | 11 | |
| 10-12 | 34 | 1 | - | - | 3 | |
| 13-19 | 73 | 4 | 22 | 1 | 13 | |
| 20 and over | 48 | 2 | 31 | - | 13 | |

1.7 per 1000 women

Source:DHSC Published FOI requests 2019

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Department
of Health &
Social Care



Abortion Statistics, England and Wales: 2019

Summary information from the abortion notification forms returned to the Chief Medical Officers of England and Wales. January to December 2019.

Published 11 June 2020, an annual update.

Complications

2.32 Complications were reported in 337 out of 207,384 cases in 2019, a rate of 1 in every 625 abortions (1.6 per 1,000 abortions), which is a minor decrease from 2018 (1.7 per 1,000), and a decrease since 2009 (2 per 1,000). The rate of surgical complications increased from 1.4 in 2018 to 1.7 in 2019 but decreased for medical complications, 1.8 in 2018 to 1.6 in 2019. (Table 8).

Source: Gov Abortion Statistics 2019

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COVID ABORTION DATA

A) Use after 10 week cut off

Legal abortions: number, antiprogestosterone and prostaglandin prescribed for home use, 10 weeks and over and 24 weeks and over, Jan-June 2020, England and Wales, 2020

| | Gestation | |
|--|-------------------|-------------------|
| | 10 weeks and over | 24 weeks and over |
| Antiprogestosterone and prostaglandin | 52 | 0 |
| where both medications taken at home | 12 | 0 |
| where only prostaglandin taken at home | 40 | 0 |

Source:DHSC Published FOI requests 2020

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Police investigate death of unborn baby after woman took 'pills by post' abortion drugs while 28 weeks pregnant - four past the legal limit

- Abortion laws were relaxed due to coronavirus so women could take both pills at home
- Women can use these pills at home up to the 10th week of their pregnancy
- A Midlands coroner is investigating the 28-week death and police have been informed
- [Here's how to help people impacted by Covid-19](#)

By [GEORGIA SIMCOX FOR MAILONLINE](#)

PUBLISHED: 01:56, 23 May 2020 | **UPDATED:** 02:02, 23 May 2020

Source: Daily Mail 23rd May

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The incidents in [REDACTED] range between women attending ED with significant pain and bleeding related to the process through to ruptured ectopics, major resuscitation for major haemorrhage and the delivery of infants who are up to 30 weeks gestation. There was also a near miss where a woman had received the pills by post and then wished for a scan so attended a trust and was found to be 32 weeks. There are 3 police investigations in [REDACTED] linked to these incidents and one of those is currently a murder investigation as there is a concern that the baby was live born. The PM is being undertaken by a home office pathologist.

Source: Leaked NHS email, 21st May

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Complications increase with gestation

The abortion pill up to 10 weeks at a glance

| | Up to 9 weeks | 9-10 weeks |
|---|--|--|
| Take 1st medication (mifepristone) | In clinic, by mouth | In clinic, by mouth |
| Take 2nd medication (misoprostol) | 1-2 days interval in the vagina or between cheek and gum | 1-2 days interval in the vagina or between cheek and gum |
| Complete abortion | 97 in 100 | 93 in 100 |
| Potential risks | | |
| Continuing pregnancy | 1 in 100 | 3 in 100 |
| Retained pregnancy tissue | 2 in 100 | 3 in 100 |
| Needing surgical treatment to complete abortion | 3 in 100 | 7 in 100 |
| Side effects | | |
| Nausea | 29 in 100 | 50 in 100 |
| Vomiting | 9 in 100 | 46 in 100 |
| Diarrhoea | 5 in 100 | 17 in 100 |
| Warmth/chills | 15 in 100 | 33 in 100 |
| Headache | 18 in 100 | 18 in 100 |
| Dizziness | 9 in 100 | 7 in 100 |
| Follow-up | Self assessment with pregnancy test in 2 weeks or In-clinic ultrasound scan in 1-2 weeks | In-clinic ultrasound scan in 1-2 weeks |

Source:BPAS

From 14 weeks of pregnancy, the main risks of medical abortion are:

- needing another procedure to remove parts of the pregnancy that have stayed in the womb: about 13 out of 100 women
- infection or injury to the womb: this happens to a small number of women

Source:NHS

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B) Complications from pills by post medical abortion

Legal medical abortions: gestation (weeks) by home use and rate of complication, residents

England and Wales, residents

| | Jan-June 2020 | | | | |
|-----------------------------------|----------------------------------|-------|------|----------------|-------------------------|
| | Total complication: (numbers) | 3 - 9 | 10+ | All gestations | Total comp (numbers) |
| All medical abortions | 115 | 0.4 | 24.2 | 1.3 | |
| Home use (2 pills) | 1 | .. | .. | 0 | |
| One or both pills taken in clinic | 114 | 0.5 | 24.3 | 1.7 | |

.. Gestation is not indicated for disclosure reasons

1 Total complications include: haemorrhage, uterine perforation, sepsis and/or other complications

Note: totals in this table do not agree with the 'gestation by complication type' table. This is because the totals in this table include all complications, whereas the other table only includes certain complications. Also, the 'gestation by complication type' table counts forms multiple times when they list multiple complications.

Note: complications are reported up to the time of discharge from the place of termination. Therefore complications that occur after discharge may not be recorded.

Source: Published FOI requests DHSC 2020

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FOI Request from Lewisham and Greenwich Hospital



- 7 women admitted
- 5 with retained products of conception
- 4 required surgery
- 2 required blood transfusions
- 2 required antibiotics

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In Conclusion: Grave Concerns

- These new measures are reaping havoc on women's health that is not being captured in the DHSC data.
- Unless this issue is rectified, the abortion industry will seek to brush negative stories under the carpet as they push for "pills by post" permanently.

Recommendations

- Halt pills by post measures to ensure safety of women and data catch up.
- HSA4 forms not to be signed until 8 days post procedure to capture complications
- Ensure NHS numbers are mandatory on HSA4 forms for future follow up

Thanks for Listening

contact me christian@cbruk.org to take the discussion further

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