

Care for Women

Care for Women
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The Rt Hon Matt Hancock, MP, Secretary of State for Health and Social Care
CC: Mrs Helen Whately, MP, Minister of State for Care
Department of Health and Social Care
39 Victoria Street
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15 June 2021

“I just lay in my bed and I was bleeding through the mattress, and I laid there for about three days on my own.”

Natalia - DIY Abortion Survivor, July 2020

“...you’ve got the memory of the loss of your child in your own home forever. So now, to me my home is no longer my home, my happy safe place. It’s the place that took away my child.”

Kirsty - DIY Abortion Survivor, April 2020

Dear Ministers,

The ***Care for Women*** partnership wish to raise grave concerns over a [recent open letter sent to your department](#) by a large ideological partnership of organisations claiming new abortion at-home measures (also named telemedical abortion) have been “overwhelmingly positive”, are “effective, safe [and] acceptable” and should “become permanent”.

We urge you to treat the letter with supreme caution due to five acute issues outlined below, and urge you again to immediately end your temporary emergency approval for at-home abortion and conduct your own impartial investigation before any permanent decisions are made.

The five acute issues with the letter are as follows:

1. Flawed evidence
2. Omitted evidence
3. Lack of proper consideration of support needed for vulnerable groups
4. Ongoing data collection issues in regard to abortion complications
5. Multiple signatories are linked to organisations which benefit financially from telemedicine abortions

Flawed evidence

The letter relies on two pieces of evidence to support the claim that these at-home abortion measures are “*effective, safe, acceptable*”: firstly, on a British Journal of Gynaecology study of 50,000 women and secondly on a patient feedback survey of 1,333 clients. A prominent co-author in both studies was the Medical Director of BPAS, Patrica Lohr. The prominent flaws in the first papers include:

- A heavy reliance on 2 patient feedback surveys totalling 2,576 patients (less than 10% of all telemedicine patients), from which they extrapolate satisfaction data for 85% of all medical abortions
- The study claims the gestational age of the telemedicine cohort was lower than in-clinic abortion but provides no evidence to explain how they verified this other than by using the date given by the caller as her last menstrual period (LMP).

Considering 52 cases are already known to the DHSC of women taking these pills beyond 10 weeks gestation (and some far beyond) coupled with public testimony of women harmed by these measures, we urge health ministers to conduct their own careful investigations rather than relying on this submitted data alone.

Omitted evidence

The open letter gave no consideration whatsoever to publicly available evidence calling into question the “*effectiveness, safety and acceptability*” of these measures. These include:

- Testimonies from DIY abortion survivors (quoted above and available at careforwomen.co.uk/abortiontestimonies).
- CQC and NHS England reports of [52 cases](#) of illegal practice and serious complications including “[major resuscitations for major haemorrhage](#).”
- [NHS hospitals data](#) suggesting that complication rates of at-home abortion are 5 times higher than the yearly average.
- [FOI data showing incomplete abortion rates](#), with an estimated 250 women a month requiring evacuation of retained products of conception due to failed procedures.
- [Ambulance service data](#) showing an estimated 20 ambulance send outs a month to attend the scene of women taking these pills.
- [Savanta ComRes Polling](#) showing that 68% of the general population and 75% of women in England are concerned about women undergoing an abortion procedure at home.
- [Mystery Client Investigation](#) proving that these pills can easily be obtained for improper use, or in the presence of abusive partners.
- [A recent letter](#) signed by over [600 UK medical professionals](#), detailing much of the above and more, calling on the Government to stop these measures immediately.

While we understand why non-medical campaign groups like Abortion Rights, Amnesty International and Stonewall would omit such evidence, we are astounded that large and trusted medical bodies like the British Medical Association (BMA), the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCOM) would deliberately overlook such findings.

Lack of proper consideration of support needed for vulnerable groups

It is revealing that the letter goes to great lengths to list a number of vulnerable groups as the supposed benefactors of receiving abortion pills without in-clinic assessment. These include: *“victim-survivors of sexual violence and domestic abuse, teenagers, disabled women, Black and minoritized women, migrant women, homeless women, women with mental health or substance use issues, and women with insecure immigration status.”* Common sense suggests that these women will be put at more risk by being assessed and receiving counselling and information by phone rather than in person.

Ongoing data collection issues in regard to abortion complications

It is noteworthy that MP Helen Whatley (to whom this letter is addressed) has recently acknowledged *“there are limitations with the data provided on HSA4 forms as complications that occur after treatment may not be known to the registered medical practitioner and may not be reported”* along with a commitment to *“examine”* these systems with *“partner organisations”* and discern *“whether improvement is required”*. As HSA4 forms are currently the only impartial means by which the DHSC collects complication data, and these means have been proven to be faulty, we not only welcome this examination, but ask that you end these measures until such an examination has taken place and that non partnership organisations be included in this examination.

Multiple signatories are linked to organisations which benefit financially from telemedicine abortions

Organisations which have control of abortion complication data and which have vested interested in abortion should not be accorded the status of neutral observers. Many of the signatories of the aforementioned letter are abortion providers who benefit financially from abortion and potentially will increase their profits substantially from pills-by-post services which involve less staff and overheads. Others have previously produced unsubstantiated, inaccurate information about abortion. To give two examples:

Links between the RCOG and abortion providers:

[RCOG abortion guidelines](#), written at the start of lockdown and a decisive resource for Government ministers, were co-authored by Patricia Lohr, Medical Director at BPAS, and Jonathan Lord, Director of MSI UK, the two largest abortion providers. Considering the NHS is being charged by the abortion industry around [£400](#) per abortion pack, and is currently picking up most of the cost of complications, it is no surprise that Lord has referred to these measures as *“[one of the few really positive things to come out of the pandemic.](#)”*

Links between FSRH, RCOG and Educational Organisations:

Another notable example comes in the form of an [Abortion Fact Sheet](#) published in a partnership between two signatories - the FSRH and RCOG - in January 2019. The fact sheet contains unbalanced, un-peer-reviewed and easily disprovable claims about the impact of abortion on women’s health. It was designed for the new RSE education syllabus and references multiple other signatories of the letter in its footnote and resource section including Brook and the IPPF.

Conclusion

It is our view that behind this letter and its signatories is a deep commitment, not to women's "holistic" health care but to abortion, from which multiple signatories benefit financially. In reference to data limitations, your department has recently pledged to "examine" the issue with "partner organisations". This is simply not good enough. In view of the evidence, the **Care for Women** partnership urges you to halt these measures, and conduct a 360-degree assessment of these measures, with reference to impartial NHS hospital data, ambulance data, women's testimonies, and professionals who do not share a vested interest in abortion, before any decisions are made.

Yours sincerely,

Care for Women

www.careforwomen.co.uk

