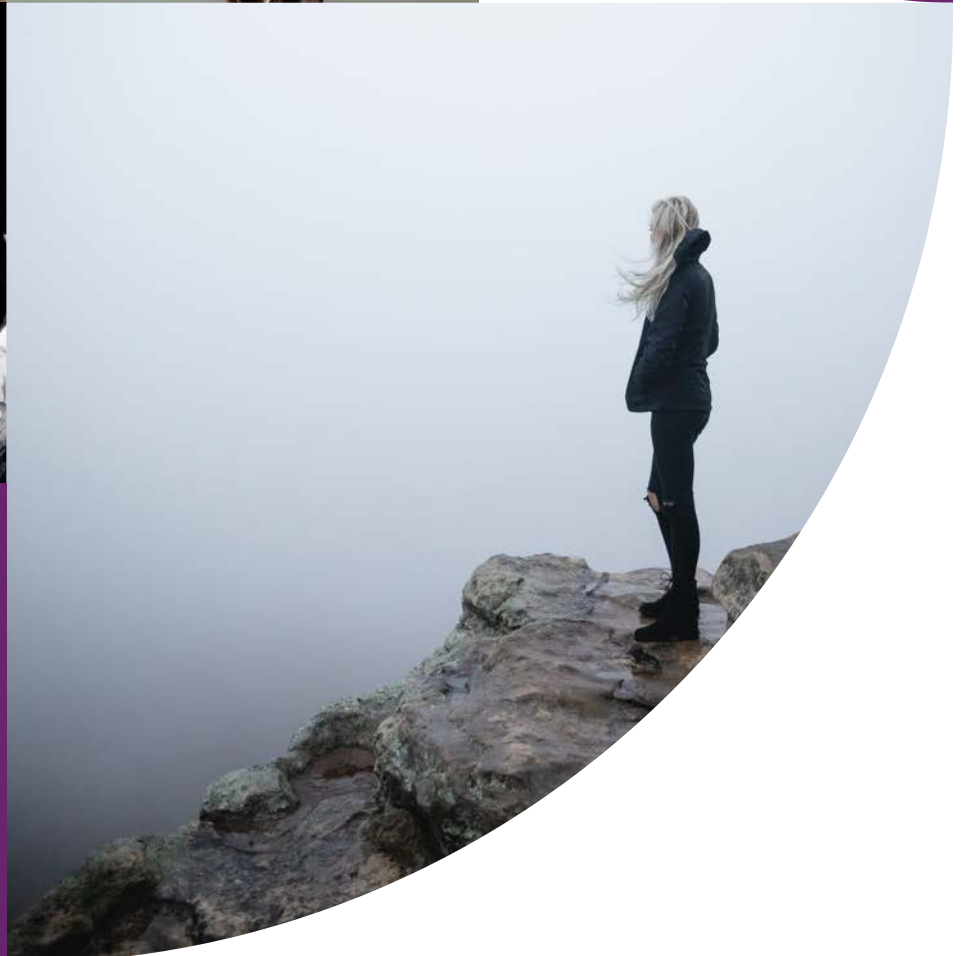


Telemedical Abortion and Mitigating "Crisis Pregnancies"



Telemedical abortion must continue

In March 2020, the Department for Health and Social Care approved 2 temporary measures in England to limit the transmission of coronavirus (COVID-19) and ensure continued access to early medical abortion services:

- Women and girls are able to take both pills for early medical abortion up to 10 weeks in their own homes, without the need to first attend a hospital or clinic.
- Registered medical practitioners (doctors) are able to prescribe both pills to women and girls for the treatment of early medical abortion up to 10 weeks from their own homes.

Evidence suggests that these temporary measures, known as "telemedical abortion", are safe and have reduced harm to women by widening access to early medical abortion services, thus preventing more women from experiencing "crisis pregnancies".

This briefing draws on research from Durham University, which suggests that discontinuing telemedical abortion would have a detrimental effect on women's ability to access early medical abortions, thus increase the number of women who experience "crisis pregnancies". Research also concludes that continued provision of telemedical abortion will not result in more women illegally accessing an abortion to end a late-term pregnancy.

We recommend:

- **Early medical abortion continues to be accessible through telemedical appointment, with medical practitioners permitted to prescribe both pills to women and girls for use in their own homes, and women and girls permitted to take both pills at home.**
- **Home-use of abortion medication for early medical abortions be made a permanent aspect of the abortion provision for women in England.**



The continued need for telemedical abortion

Telemedical abortion allows women to access early medical abortion at home. Women who access this form of medical abortion have a phone or video consultation with a provider, during which a medical professional confirms that she does not need to be seen in a clinic. Following this consultation, the pills are sent to her through the mail. Telemedical abortion is safe, and provides all women with privacy, respect, and dignity as they end a pregnancy. [1]

Prior to April 2020, women were required to attend an NHS hospital, or independent sector abortion clinic approved by the Secretary of State for Health and Social Care, to be administered the medication for an early medical abortion. In contrast, telemedical abortion allows women to take both medications at home. This temporary measure was introduced by the UK Government in March 2020 to limit the transmission of coronavirus (COVID-19) and ensure continued access to early medical abortion services. In February 2022, the UK Government announced that telemedical abortion services will end in August 2022.

While telemedical abortion has been described as simply "convenient" for women, it is much more than that. Women from the most disadvantaged backgrounds are three times more likely to need an abortion, compared to women from wealthier backgrounds. [2] It is these women who are likely to find it more difficult to access abortions services in a clinic if telemedical abortion is discontinued. Attending a clinic can be challenging for women for a number of reasons:

- Clinics are often situated in towns and cities, making access harder for women who live in rural areas.
- Women from disadvantaged backgrounds often have to rely on public transport, rather than having access to a private vehicle. Public transport options can be limited, adding to the difficulties women face in travelling to a clinic.
- Women from disadvantaged backgrounds may also have difficulties finding or paying for childcare while they visit a clinic.
- To visit a clinic, women will often have to take time away from work. For women in low-paying, hourly paid, and/or precarious employment, absence from work often means loss of pay, which they are unlikely to be able to afford.
- Disabled women may face accessibility difficulties when attempting to travel to a clinic.
- Women who are abused, by a partner or family member, may find it very difficult to attend a clinic without their abuser finding out about the pregnancy and her desire for an abortion.

While some groups opposed to legal abortion have suggested there has been an increase in emergency calls as a result of telemedical abortion services, research by [Dr Emma Milne](#), Durham University, suggests that the benefits to women facing "crisis pregnancies" far outweigh the potential costs to services. Furthermore, the British Pregnancy Advisory Service have warned that revoking permission for telemedical abortion would lead to increased waiting times, a shortfall in appointments, and a 43% increase in terminations post-20 weeks. [3] Later abortions cost the NHS more money than early medical abortions.

Telemedical abortion is not a "luxury" or "convenience" for women - it is a necessity. If a woman struggle to access an early medical abortion, it could lead to an increased risk of experiencing a crisis pregnancy.



Crisis pregnancy

Every year, many women experience a "crisis pregnancy". Crisis pregnancy is the term that Dr Emma Milne has developed to characterise women's experiences of pregnancy that cause them a crisis. [4] Durham University research indicates that whilst most women who discover they are pregnant and do not want to be, or feel they cannot be, immediately take steps to end the pregnancy, a small number of women find the news leaves them paralysed and unable to act. These women are incredibly vulnerable. It is the context surrounding them and their pregnancy that results in women facing a crisis that they feel they cannot address:

- poverty
- violence and abuse from a partner or family member
- limited social support
- a complicated obstetric history or a history of mental health problems.

Teenage girls may also experience a crisis pregnancy. For some of the most vulnerable teenagers, discovering that they are pregnant can be terrifying. Shame and distress still surround teen pregnancies, [5] sometimes leaving girls not knowing where to turn to receive help and support.

Telemedical abortion and "crisis pregnancies"

For some women who experience a "crisis pregnancy", the crisis has been caused by their inability to access an abortion. [4] Due to the difficulties women can face in their attempts to attend an in-person appointment with an abortion provider, they can find that they have reached the legal limit for abortion as allowed under the Abortion Act, 1967. Making telemedical abortion permanent will help vulnerable women and girls address the crisis a pregnancy can cause them. As Jonathan Lord, MSI Reproductive Choices' UK Medical Director, has reported: [6]

Telemedicine has provided a lifeline for vulnerable women and girls who cannot attend consultations in-person. We have seen a major increase in safeguarding disclosures, including from survivors of domestic and sexual violence, as they can talk more freely about distressing and intimate details from the privacy of their own home. This is especially true when the woman needs to keep her consultation private, as she can talk secretly to our safeguarding teams without the knowledge of a controlling partner.



Telemedicine and late-term abortion

One of the concerns that has been raised about telemedical abortion is that it facilitates women to illegally access abortion after they have passed the legal limit for a termination. While telemedical abortion is only available for women up to the tenth week of her pregnancy, abortion can be requested by a woman until she has entered the twenty-fourth week, and may be provided by medical professionals on the grounds that "the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family" (Abortion Act, 1967, s1(1)(a)).

It is very unusual for a woman who has reached the tenth week of her pregnancy, let alone the twenty-fourth week, to be able to access abortion medication following a telemedical consultation. Abortion providers are not simply handing out medication without due diligence. To access abortion medication at home, women are medically assessed by a registered nurse or midwife over the phone or internet call to ensure treatment is suitable and safe, and that her pregnancy is under 10 gestational weeks. [7] One study has shown that drugs dispatched to women who had exceeded the tenth week of pregnancy constituted just 0.04% of the requested medicines. [8]

Vulnerable women and illegal abortion

Whether or not telemedical abortions continue to be available for women who are under 10 weeks of gestation, a very small number of women will continue to access medication to end a pregnancy with a viable foetus. Furthermore, abortion medication is relatively easy to obtain illegally via the internet. In 2015 and 2016, 645 abortion pills were seized en route to addresses across Britain. [9] It is likely that far more made it to their destination.

Whether or not home-use for early medical abortion is legally permitted, women in crisis will find means to end their pregnancy - they have in the past and they will again. Governments do not ban alcohol because some people drink and drive. Why should they ban home-use of both abortion pills because a very small number of women will knowingly be over 10 weeks pregnant when they request the medication?

These vulnerable women need support; their circumstances should not be used to prevent all women from easily accessing safe and compassionate abortion care at home. Continuation of telemedical abortion might help more women to take action to end their pregnancies earlier, so relieving their crisis.



Dr Emma Milne's research explored two cases of women prosecuted for illegally ending their late-term pregnancies after ordering medication via the internet. [4] Both women were incredibly vulnerable and tried to access abortions legally, but their pregnancies had progressed too far. Out of desperation and fear, they took drastic action to end their pregnancies. They were convicted of the offence of procuring a miscarriage and imprisoned for 2 and a half and 3 and a half years.

There is a wider question as to whether a woman should ever be imprisoned for ending her own pregnancy; however, that is beyond the scope of this briefing. Regardless, the experiences of these two women, and others who have illegally accessed abortion medication, are distinct from the vast majority of women seeking abortions. We need to understand their situations as the exception to the norm and clear acts of desperation by women who feel all other options are closed to them.

About the research

Briefing based on research findings published in ***Criminal Justice Responses to Maternal Filicide: Judging the Failed Mother*** (Emerald Publishing, 2021). The research analysed court transcripts from 15 criminal cases of women heard in England and Wales between 2010 and 2019. These represent almost a complete sample of cases from the period. In each case, the woman's foetus/newborn child died in suspicious circumstances, and the mother of the child was convicted of an offence connected to its death. Cases were assessed to evaluate the nature of the death and the women's experiences.

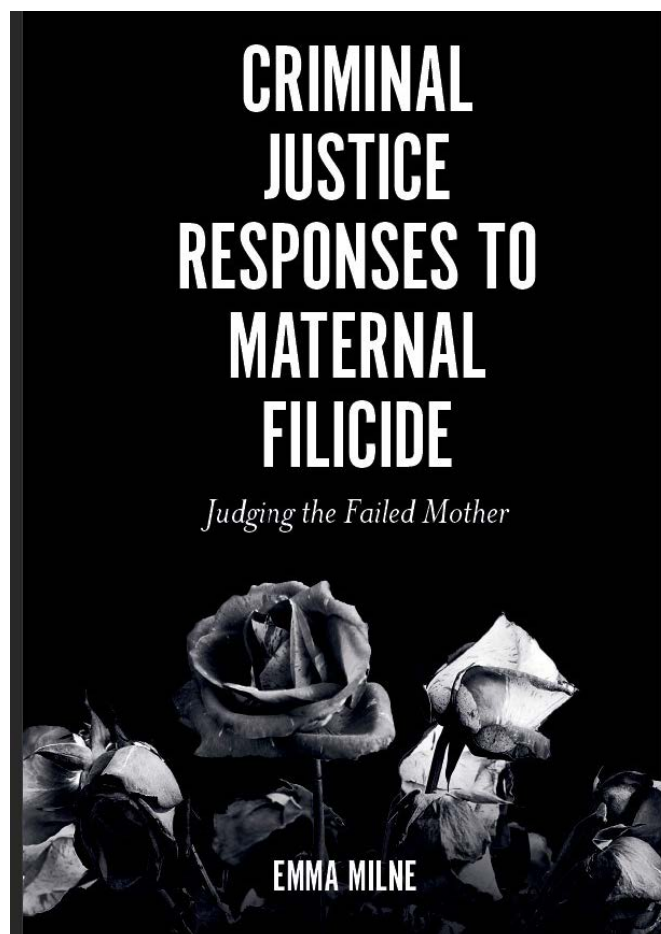
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Help and support

If you are pregnant and you need help and support, including advice about abortion, contact the British Pregnancy Advisory Service (www.bpas.org) or MSI Reproductive Choices UK (www.msichoices.org.uk).



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