

CV-19 and changes to abortion legislation on Early Medical Abortion at Home (EMAH); what comes next?

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Prior to Covid

- ▶ Majority of women would be seen in clinic
 - ▶ Consultation
 - ▶ Ultrasound scan
 - ▶ Mifepristone given on site then, or woman returns at a different time
 - ▶ Return for misoprostol
- ▶ Mifepristone had to be given on a licenced site
- ▶ Medical abortions approx. 70%
- ▶ Surgical abortions [MVA or STOP] approx. 30%
- ▶ Numerous separate visits for the woman

Covid Panademic Starts

- ▶ Majority of surgery stops
- ▶ The law changes to temporarily allow the use of Mifepristone at home
- ▶ Medical abortion at home can be done up to 9 weeks and 6 days gestation

- ▶ RCOG bring out guidance

‘Coronavirus (COVID-19) infection and abortion care’

Essential changes in guidance

Consultation can be done virtually, including verbal consent

No requirement for ultrasound if they fulfil the inclusion criteria

If no contra-indications, then the medication pack is posted out

Pack sent via registered post and text sent 3 days later to ensure they have received their pack

- ▶ The pack contains:
 - ▶ Mifepristone 200mg
 - ▶ Misoprostol 800mcg [sublingual / buccal / vaginal]
 - ▶ Misoprostol 400mcg [sublingual / buccal / vaginal]
 - ▶ Low sensitivity pregnancy test
 - ▶ Information leaflet
 - ▶ POP or COCP as either bridging method or preferred method
- ▶ Booked for implant or coil between 2-4 weeks after, requiring a negative pregnancy test

When is ultrasound required?

- ▶ Unable to provide LMP of reasonable certainty within thresholds of eligibility or skill of provider
- ▶ If LMP suggests gestation over 10 weeks
- ▶ History or symptoms that suggest a high risk of ectopic pregnancy such as
 - ▶ Unilateral abdominal pain and vaginal bleeding/spotting
 - ▶ Intrauterine device in-situ
 - ▶ Prior ectopic pregnancy
 - ▶ History of tubal damage
- ▶ Fell pregnant whilst taking a contraceptive pill [POP / CHC]

Ultrasound Appointment

- ▶ If Ultrasound shows a gestation of 9 weeks and 6 days or less - treatment is given to woman. She can either take Mifepristone there or at home
- ▶ If she is 9 weeks and 6 days gestation or less, and wishes an implant as contraception - mifepristone is given on site and implant inserted straight away
- ▶ If Ultrasound reveals gestation 10 weeks or over, then next step depends on gestation
- ▶ In Hywel Dda - in patient medical abortion up to 15 weeks and 6 days. Beyond this will need referral onwards - BPAS

What changed for women wanting abortion care?

- ▶ Centralised booking system
- ▶ Admin staff book women into a virtual appointment 48 hours or more later
- ▶ SMS links sent to women to read prior to consultation:
 - ▶ <https://www.nhs.uk/conditions/abortion/>
 - ▶ <https://www.nhs.uk/conditins/contraception/>
 - ▶ www.friskywales.org
 - ▶ <https://gov.wales/live-fear-free>

Women have a dedicated appointment slot, either telephone or attend anywhere [video link]. Appointment can last up to 1 hour.

Consent is taken verbally and documented in electronic patient records

HSA1 forms done remotely and uploaded onto EPR.

Doctors will prescribe medication on EPR so nurse can send out via post

Mitigating Risk

- ▶ The risks of the procedure are explained fully to the woman
 - ▶ Back up with written information, containing contact numbers
 - ▶ Emphasised when to access care
 - ▶ Emphasised that there is a risk of undiagnosed ectopic - and the signs and symptoms to be aware of and when to access care
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- ▶ Small risk of ongoing pregnancy - low sensitivity pregnancy test performed 2-3 weeks post medical abortion
 - ▶ If test still positive - woman is booked directly for an ultrasound scan.

How have the women found the new way of providing abortion care?

- ▶ A survey monkey was sent to women who had accessed the abortion service to assess feedback

- 1] 94% experienced NO difficulties accessing the service
- 2] 53% of women lived more than 10 miles away from a clinical service. With 10% over 30 miles
- 3] 94% felt that they had received adequate information prior to their consultation, that helped them prepare for the abortion at home
- 4] 90% felt confident of what to do if they experienced any problems following treatment
- 5] 97% were satisfied with the choice and advice on future contraception
- 6] 67% of the women said they preferred the virtual consultation as opposed to a face to face appointment 33%

What about the future?

- ▶ A Welsh government consultation has just closed regarding how the abortion at home service has been received by the different health boards
- ▶ Will the law revert back to having to provide mifepristone on licenced sites only
- ▶ Very few adverse events have occurred with the service, due to the strict inclusion criteria and the mitigations put in place
- ▶ The service has been highly acceptable to the women that have used it, and the virtual consultations have been well received
- ▶ The use of registered post in a large rural community has actually increased accessibility and reduced inequalities.
- ▶ The way of delivering the service through remote consultations has actually reduced waiting times, which has then reduced the gestation age at which the abortion takes place.
- ▶ The earlier the abortion takes place, the lower the risk.

What are the other considerations

- ▶ How do we increase the uptake of contraception?
- ▶ Repeat terminations are approx. 35-40% in women over 30
- ▶ FSRH essential courses
- ▶ Letter of Competence in Subdermal Implant Insertion Only

- ▶ Increase the workforce working within abortion care
- ▶ Increase the skillset of the workforce
- ▶ SSM in Ultrasound and SSM in abortion care

- ▶ When do we start re-introducing surgical abortions - MVA are extremely acceptable to women
- ▶ The uptake of LARC is higher in surgical abortions than medical abortions