BPAS Centre for Reproductive Research & Communication

Assessing the impact of a routine requirement for in-person abortion care for adolescents in England and Wales: A pre-post evaluation

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Background

During a "no-test" medication abortion, people have a virtual consultation, have their pregnancy gestation calculated by date of last menstrual period, and then take prescribed medicines at home. In England and Wales, BPAS (British Pregnancy Advisory Service) and MSIUK (MSI Reproductive Choices UK) started offering this type of care to clinically eligible patients of all ages who were up to 10 weeks' (69 days) pregnant in April 2020. In May 2021, BPAS changed its policy for younger patients aged 15 and under: they still began care with a virtual consultation, where a safeguarding assessment (checking for harm or neglect) would be conducted, but now had to have a consultation for an ultrasound and to review safeguarding assessments in person. MSIUK made no such change. We looked at how this change affected access, safeguarding, and estimation of gestation.

Methods

We analysed data from BPAS and MSIUK on abortion patients aged 15 and under during the five months before and after BPAS' policy change. We compared waiting time from first contact to abortion, abortions conducted at ≤6 and ≤ten weeks', and safeguarding referrals to support organisations using routine data. For BPAS patients after the policy change, we looked at where safeguarding concerns were identified (online or in-person) and how accurate gestation estimates were based on the last period dating versus ultrasound.

Results

Between 1/12/2020 - 30/09/2021, 614 adolescents had an abortion at BPAS or MSIUK. After the policy change, BPAS patients had to wait longer for abortion (7 days vs. 11 days, $p<0.05$), and fewer could access care within a week of their first contact (52.7% vs. 25.9%, $p<0.05$). Both of these outcomes remained stable at MSIUK (9 vs. 9 days[$p=0.59$]; 38.2% vs. 39.2% [$p=0.99$]). At BPAS, all indicated safeguarding referrals were identified at initial teleconsultation. Ten of 201 BPAS patients (5.0%) became ineligible for medication abortion (gestation>69days) whilst waiting for routine ultrasound; both LMP and ultrasound dating suggested eligibility (gestation≤69days) at contact.

Conclusions

Requiring in-person adolescent consultation is associated with reduced access to medication abortion without enhancing safeguarding. Our findings do not support policies that place blanket restrictions on adolescents' access to medical abortion via telemedicine. We recommend research to ascertain adolescents' care preferences and to improve screening for assessing eligibility for no-test medical abortion.

Read the paper:

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