



Care for Women

#CareforWomen

New findings from gathered freedom of information requests

Kevin Duffy: Percuity Limited

#CareforWomen

Listen to **all** of the data

1. The DHSC reports on medical abortion safety and efficacy solely based on data submitted on **HSA4 forms** from the abortion provider organisations
2. Abortion providers do not always capture all of the data related to all events occurring after the dispensing or posting of the abortion pills
3. There is therefore a risk of under-reporting
4. Other relevant data are available from the **CQC** and from the **NHS** – we ask that Mr Hancock and his team at the DHSC gather and consider all of these data too

Question



Sir John Hayes

Conservative

South Holland and The Deepings

 Commons



To ask the Secretary of State for Health and Social Care, whether his Department uses methods other than HSA4 forms for collecting data on abortions involving the home use of both sets of abortion pills beyond 10 weeks' gestation.

Answer



Helen Whately

Conservative

Faversham and Mid Kent

 Commons



Answered on

5 February 2021

The Department uses no other method than HSA4 forms for collecting this data.

<https://questions-statements.parliament.uk/written-questions/detail/2021-02-01/146769>

Question



Mr Gregory Campbell

Democratic Unionist Party

East Londonderry



Commons



To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of women who have had incomplete abortions within the first nine weeks of having taken mifepristone and misoprostol and have received surgery as a result of those incomplete abortions since April 2020.

↗ [Hide full question](#)

Answer



Helen Whately

Conservative

Faversham and Mid Kent



Commons



Answered on

11 January 2021

This information is not collected centrally.

<https://questions-statements.parliament.uk/written-questions/detail/2020-12-16/130649>

Question



Daniel Kawczynski

Conservative

Shrewsbury and Atcham



 Commons

To ask the Secretary of State for Health and Social Care, how many 999 ambulance calls were received nationwide from distressed women having taken mifepristone and misoprostol at home between 30 March and 30th November 2020; and how many ambulances were sent out.

Answer



Helen Whately

Conservative

Faversham and Mid Kent



 Commons

Answered on

8 February 2021

This information is not held centrally.

<https://questions-statements.parliament.uk/written-questions/detail/2021-02-02/147798>

Question



Ian Paisley
Democratic Unionist Party

North Antrim



To ask the Secretary of State for Health and Social Care, how many women received Evacuation of Retained Products of Conception between 30 March and 30 November for this year after having (a) a home medical abortion and (b) a medical abortion where one or both pills were taken in a clinic.

^ [Hide full question](#)

Answer



Helen Whately

Conservative

Faversham and Mid Kent



Answered on

2 March 2021

This information is not collected or held centrally.

<https://questions-statements.parliament.uk/written-questions/detail/2021-02-03/148788>

Freedom of Information: 1260054

<https://www.gov.uk/government/statistics/abortion-statistics-during-the-coronavirus-pandemic-january-to-june-2020>

Question to DHSC: How many cases of complications have been reported across the country for women who took both abortion pills at home, since the Government approved home abortions with both pills to be taken at home?

- Between April and June 2020, there were 23,061 medical abortions performed on residents of England and Wales where both medicines (antiprogestrone and prostaglandin) were administered at home. Of the 23,061 abortion notification forms received, one form reported a complication.

Complications listed on the abortion notification form include: haemorrhage, uterine perforation and/or sepsis and include those reported to the licenced clinic or hospital prior to the completion of the abortion notification. Therefore complications not reported prior to the completion of the abortion notification or that occur after discharge may not be recorded.

#CareforWomen

Cohort Study: Aiken et al. (BJOG)

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

Sample (n=52,142) comprises 85% of all medical abortions provided nationally; 18,435 telemedicine



An International Journal of
Obstetrics and Gynaecology



Royal College of
Obstetricians &
Gynaecologists

MAIN RESEARCH ARTICLE | Open Access |

Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study

Abigail Aiken, Patricia A Lohr, Jonathan Lord , Nabanita Ghosh, Jennifer Starling

First published: 18 February 2021 | <https://doi.org/10.1111/1471-0528.16668>

Cohort Study: Aiken et al. (BJOG)

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

Limitations: The main limitation of this study is that we were unable to actively follow-up patients postabortion. There is a potential gap in the consistency of reporting incidents, due to some complications not meeting the threshold of serious incidents, multiple routes of entry into the NHS and informal communication between the NHS and abortion providers... it is possible that some patients presented to other providers and a significant adverse event was not reported in our dataset

NB: In our **mystery client investigation** our volunteers were each told to go directly to hospital if they had any concerns about complications. “If you ever feel out of control with the pain or the bleeding or anything like that, **you need to get yourself to hospital** because they’ll be able to help you there, okay?”

<http://percuity.blog/2021/01/02/is-the-rate-of-abortion-complications-falling/>

#CareforWomen

DHSC reporting of complications

<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

These complications are cases in which hospital treatment is needed for haemorrhage, uterine perforation, and/or sepsis

DHSC 2020 Q2:
1 complication
in 23,061
medical
abortions at
home (0.043/K)

1

Aiken et al., 7
complications in
29,984 medical
abortions
(0.23/K)

DHSC 2020 H1, taking
mifepristone in-clinic, 29
complications in 63,876
medical abortions
(0.45/K)

DHSC five-year average, 2015-
19, gestational age <10-weeks:
0.74 complications per 1,000
medical abortions

#CareforWomen

Home abortions 'a disservice' to women

<https://www.politics.co.uk/comment/2021/01/06/home-abortions-a-disservice-to-women/>



Sally-Ann Hart: This would mean that the average rate of complication for medical abortions at a similar gestation over the past five years was over **seventeen times higher** than the complication rate for home abortions earlier this year. This is not only highly unlikely – that complications would radically reduce in a home setting versus a medical setting – but, some may say, **ridiculous**.

There is either a serious problem when medical abortions are provided in a clinical environment with direct medical supervision – leading to vastly more complications in clinics than in homes – or a substantial issue with the overall quality of reporting and recording the real impact of 'at-home' medical abortions on women's health – ...[or] a **serious problem of systemic under-reporting**.

FOI complications data

<http://percuity.blog/2021/02/22/freedom-of-information-investigation-into-complications-from-abortion-at-home/>

These complications are cases in which hospital treatment is needed for haemorrhage, uterine perforation, and/or sepsis

1. For all medical abortions, all gestational ages, the DHSC reported 231 complications in 2019, across 152,000 abortions, a rate of 1.5 per 1,000
2. In response to our freedom of information request, **six hospitals reported 69 women treated for complications** after a medical abortion, in the first 11 months of 2020
 - This is a complications rate more than **five times higher** than that reported by DHSC.
3. In response to our FOI request the NHS Ambulance services reported that on average **36 women make 999 calls every month** seeking medical assistance for complications arising from the taking of abortion pills; a monthly average of **20 ambulance emergency responses**

Listen to all of the data

<http://percurt.blog/2021/02/22/freedom-of-information-investigation-into-complications-from-abortion-at-home/>

In Early Medical Abortion the gestational age is expected to be no more than 9-weeks and 6-days

Aiken et al. Cohort Study (BJOG)

- 11 cases in which the reported gestation of the delivered fetus was greater than 10-weeks, in each case the medical abortion was completed at home without additional complications

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

FOI Data – from CQC

- 17 incidents reported to the Care Quality Commission, in which women who had accessed an early medical abortion were subsequently treated in hospital following the delivery of a fetus with gestation greater than expected, including four cases in which the GA was beyond 24 weeks

#CareforWomen

What is a complication?

<https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales/guidance-notes-for-completing-hsa4-electronic-forms>

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

None

Haemorrhage

Uterine Perforation

Sepsis

Other – specify:

An evacuation of retained products of conception is not a complication

Effectiveness of medical abortion

In the period April – June 2020, across 29,984 medical abortions, 208 women were treated surgically in hospital for the removal of retained products of conception (ERPC).

Aiken et al. :

0.7 ERPC per 100 abortions

“effectiveness was higher with telemedicine than in-person care”

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

1. BPAS states on its website the potential risk of women needing surgical treatment in order to complete the abortion is **3-7 ERPC per 100**:
<https://www.bpas.org/abortion-care/abortion-treatments/the-abortion-pill/abortion-pill-up-to-10-weeks/>
2. Ranbaxy UK states in the SmPC for Medabon: “... non-negligible risk of failure, which occurs in **4.5 to 7.8%** of the cases...surgical treatment may be required to achieve complete abortion”
<https://www.medicines.org.uk/emc/product/3380/smpc>

#CareforWomen

Freedom of Information data

<http://percuity.blog/2021/02/22/freedom-of-information-investigation-into-complications-from-abortion-at-home/>

FOI data from NHS Hospital Trusts for 2020, revealed:

- Every month, **495** women attended hospital with complications arising from retained products of conception (RPOC) after a medical abortion
- Every month, **365** women after using the abortion pills, required hospital treatment to surgically remove retained products of conception (ERPC)
- Our analysis shows a 2020 rate of **2.4 ERPC per 100** medical abortions, which is consistent with previously published rates
 - For many women this is after taking the extra mitigating dose of misoprostol

Listen to **all** of the data

1. The DHSC only uses HSA4 forms for collecting abortion data which it relies on for the evaluation of compliance, safety, and efficacy
2. Abortion providers acknowledge that their data does not capture all cases in which women using the abortion pills subsequently need hospital treatment
3. Relying solely on HSA4 and abortion provider organisation data will result in under-reporting of issues and concerns, leading to an incomplete evaluation
4. Other data are easily available to the DHSC, from the CQC and the NHS – they should collect and use all of these data

Question



Ian Paisley
Democratic Unionist Party

North Antrim

 Commons

To ask the Secretary of State for Health and Social Care, how many women received Evacuation of Retained Products of Conception between 30 March and 30 November for this year after having (a) a home medical abortion and (b) a medical abortion where one or both pills were taken in a clinic.

Answer



Helen Whately
Conservative
Faversham and Mid Kent

Ask Mr Hancock to instruct his Department to collect and use all data about abortion complications from the regulators and from the NHS – to stop relying solely on data submitted by the abortion provider organisations.

Answered on

2 March 2021

This information is not collected or held centrally.

<https://questions-statements.parliament.uk/written-questions/detail/2021-02-03/148788>



Care for Women

#CareforWomen