

Scottish Women's Convention response to:

The Scottish Government

"Future Arrangements for Early Medical Abortion at Home "

January 2021

Introduction

Due to the COVID-19 pandemic, in March 2020 the Scottish Government put in place an approval allowing eligible women to take both pills required for an early medical abortion (mifepristone and misoprostol) in their own homes after a telephone or video consultation with a doctor or nurse, without the need to first attend a hospital or clinic for an in person appointment. This approval was put in place to minimise the risk of transmission of COVID-19 and ensure continued access to abortion services without delays.

Now that these new arrangements have been in place for six months, the Scottish Government is seeking views through this consultation on whether or not to make the current arrangements permanent, allowing for home use of both pills for early medical abortion for those women who are considered eligible in line with Scottish Abortion Care Providers (SACP) guidelines.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in a number of key areas relevant to women's equality.

The SWC is currently engaging with women through digital roadshows, online surveys, asking women to comment by email and by telephoning those who want to talk. We are also using our wide network to ask women to collate views in their local communities and forward these to us on a regular basis. We are continuing to review innovative ways of engaging with women throughout Scotland using whichever medium is appropriate to them.

What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on women accessing abortion services? Please answer with regards to the following criteria:

a) safety

No impact/ Positive impact/ Negative impact/ The impacts are mixed/ I don't know

b) accessibility and convenience of services

No impact/ Positive impact/ Negative impact/ The impacts are mixed/ I don't know

c) waiting times

No impact/ Positive impact/ Negative impact/ The impacts are mixed/ I don't know

Comments (optional):

Women throughout Scotland tend to be in agreement that if an individual woman wishes to undergo a procedure for early medical abortion for whatever reason, the choice should be entirely her own. This includes the ability to make an informed decision regarding how such a procedure is carried out. It should be emphasised that every woman should always have autonomy over her own reproductive health. This is crucial for women's equality regarding women's own health and reproductive rights.

There are many reasons as to why a woman does decide to undergo medical abortion. It is crucial, however, that this is seen as an individualised choice made by women themselves where the healthcare system is there to support and aid in whatever decision she comes to. Benefits of continuing to allow such procedures to be carried out at home include:

- A positive mental health impact due to less waiting times for many women.
- A decrease in stress for women who previously would have had to travel lengthy distances to clinics, particularly in rural areas.
- A lessening of stigma for many women who may not want to access treatments in person at a clinic, particularly in communities where there is less chance of anonymity.

Whilst women overall agree with allowing procedures for early abortions to be carried out within one's own home, there were a number of safety concerns also raised, this included:

- Current arrangements of a consultation over the phone may lead to health officials missing potential signs of domestic abuse or mental health issues.
- Privacy may be limited with at-home appointments where coercive control is a factor in a woman's relationship.
- A woman may not be able to access this option where a partner does not want her to have an abortion.

What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated? Comments.

Women noted that the major risk associated with the current arrangements is that any potential issues with regards to health may not become apparent if early medical abortion is carried out within the home. However, as noted in the consultation, this is a very low risk. Other concerns included:

- Issues for women who may feel there is a risk to their wellbeing of having the procedure carried out. This may be for a number of reasons including stigmatisation or pressure from others to not have the procedure. There is also the potential for concern where sexual assault or abuse has taken place and where women are in need of particular services in person. It is thought that ensuring detailed follow up consultations and signposting can work to rectify this.
- Issues where medication is delivered to the home address where coercive control is a factor and a woman may feel forced to forego the procedure due to a partner's objections. In these situations, women may feel more comfortable accessing such arrangements within a clinical anonymised setting.

Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality? If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

Women on the whole believe that allowing current arrangements to remain can only have a positive effect for socio-economic equality. Women from more deprived areas tend to have less access to healthcare options and thus allowing greater choice for this procedure may go some way to augmenting this. This would also deter the expense of travelling to and from clinics, particularly for those who may live in ruralised areas and have to travel lengthy distances on multiple forms of public transport.

One of the only problems with this, however, is where women may lack access to technology in order to be present at virtual appointments before or after the procedure. This may also be the case for those living in areas where connectivity is low. As the SWC has noted before in terms of healthcare accessibility over the past year, the utmost must be done to ensure women are not digitally excluded, including signposting to relevant organisations and funding that can help with this problem.

Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities? If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider

As reiterated above, the SWC would note early medical abortion at home would have a positive impact for women rurally for a number of reasons including:

- The cost of travelling to and from clinics in order to access medication.
- Savings in cost and trouble when having to arrange alternative options for childcare, employment and education if early medical abortion can be accessed at home.
- It may help address issues regarding anonymity for women in smaller, localised communities.

How should early medical abortion be provided in future, when COVID19 is no longer a significant risk? [select one of the options below]

a) Current arrangements (put in place due to COVID-19) should continue – in other words allowing women to proceed without an in-person appointment and take mifepristone at home, where this is clinically appropriate.

b) Previous arrangements should be reinstated – in other words women would be required to take mifepristone in a clinic, but could still take misoprostol at home where this is clinically appropriate.

c) Other (please provide details) –

In consultation with women, many noted “Option A” where the default position is for women to proceed without an in-person appointment - where this is clinically appropriate. However, we would stress that women are able to access an appointment in person at a clinic if they wish to do so. It should always be emphasised that such a procedure is an individual woman’s choice and should be based on own wants and needs.

Women should be given detailed guidance on all available options so as to come to an informed decision. Access to reproductive health services should be adequately funded and staffed to ensure women’s needs can be met at all times, regardless of their location in Scotland. This should include a statutory duty for a follow up with a medical professional, either over the phone or in person.

Conclusion

The SWC is grateful for the opportunity to respond to the Scottish Government's, "Future Arrangements for Early Medical Abortions at Home", regarding women's real lived experiences of healthcare access. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this area and the effect of such policies on equality at both a reserved and devolved level.

For further information, please contact
The Scottish Women's Convention
Email – info@scottishwomensconvention.org
Telephone – 0141 339 4797
www.scottishwomensconvention.org

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission paper provides the views of women and reflects their opinions and experiences in a number of key areas relevant to women's equality.

Scottish Women's Convention is a charitable company limited by guarantee. Registered in Scotland No. SC0327308. Registered office 2nd Floor, The Albany Centre, 44 Ashley Street Glasgow G3 6DS.

The Scottish Women's Convention is a Charity registered in Scotland No. SC039852.