

**Support telemedicine abortion: protect women's health** by *Lottie Moore (SOAS ICOP)* 30

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**Due to the pandemic, from March 2020, telemedicine early medical abortion (TM-EMA) could finally be legally provided at home following remote consultation, with medicines dispensed to patients by pharmacists as per prescriptions provided by qualified abortion care providers.**

However, despite unprecedented medical evidence in support of telemedicine, in February 2022, the Government decided to repeal the legislation from August 2022. **Yet, after an amendment was added to the Health and Care Bill, this evening, parliamentarians will be given a free vote to decide whether to keep the option for women to choose to have an early medical abortion at home.**

Telemedicine abortion is effective, safe and preferred by women. Studies demonstrate that being able to take the abortion drugs at home is far more convenient for women. [In Norway, 95 per cent of women opted to have an abortion at home](#), citing, 'greater privacy', 'more control' and 'better emotional support'. The method has been recommended for years by WHO, NICE and RCOG – all of whom have published clinical guidelines to aid health professionals provide safe, compassionate, high-quality care.

In the UK, the swift introduction of TM-EMA during the first wave of the pandemic in spring 2020 was extremely successful. [The average waiting time for treatment was halved](#), resulting in the **gestation at the time of the procedure falling by more than a week, which reduces the rate of complications which increase with each passing week of pregnancy. Subsequently, the need for late gestational abortions has fallen and removed additional strain on surgical services. Only a small number of women will require a clinical examination due to complicating factors. There has been no increase in undiagnosed ectopic pregnancies** and the overall rate of abortion success has increased.

The implications for women are significant. Women can receive this healthcare at home, providing more privacy and less inconvenience regarding childcare and taking time off work. Further, safeguarding has improved for women in vulnerable situations who can avoid the risk of being seen entering the service and do not have to face anti-abortion activists who often congregate outside clinics. Furthermore, [the illicit sourcing of abortion drugs from the internet](#) has decreased.

**The legislation up for debate this evening should not be seen as controversial.** Women are still required to have video consultations, ultrasound scans, and aftercare. Far from allowing women to have 'DIY abortions', it is simply the location of where the woman takes the medication that is at stake. **It should be clear that restricting abortion will not stop women from having abortions – it simply forces the issue underground.**

Across the world, [only about half of abortions take place safely](#). Millions of women are hospitalised and an estimated 39,000 die every year due to unsafe abortion, particularly in Africa and Asia. **Telemedicine abortion has been shown to improve safety and access and as a world leader in reproductive health, the UK government should make it available to all of our citizens who seek it.**

This evening, MPs and peers across the political spectrum must vote to keep the option for women to choose to have an early medical abortion at home. **Women had to wait for a pandemic for the procedures that limited their right to good health to be appropriately modernised. Removing this legislation will be the single most regressive act to women's reproductive rights since the Abortion Act was introduced in 1967.**

For further information contact the author at [cm71@soas.ac.uk](mailto:cm71@soas.ac.uk), 07955382942, [@specalot](https://t.me/specalot). Contact Prof Alison Scott-Baumann for further briefings and access to other experts [as150@soas.ac.uk](mailto:as150@soas.ac.uk) and visit (<https://blogs.soas.ac.uk/cop/>). *The views expressed in SOAS ICOP Briefings are those of the authors and do not necessarily represent those of SOAS.*