

RCOG Abortion Task Force

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13th FIAPAC Conference
14-15 September 2018
Nantes, France

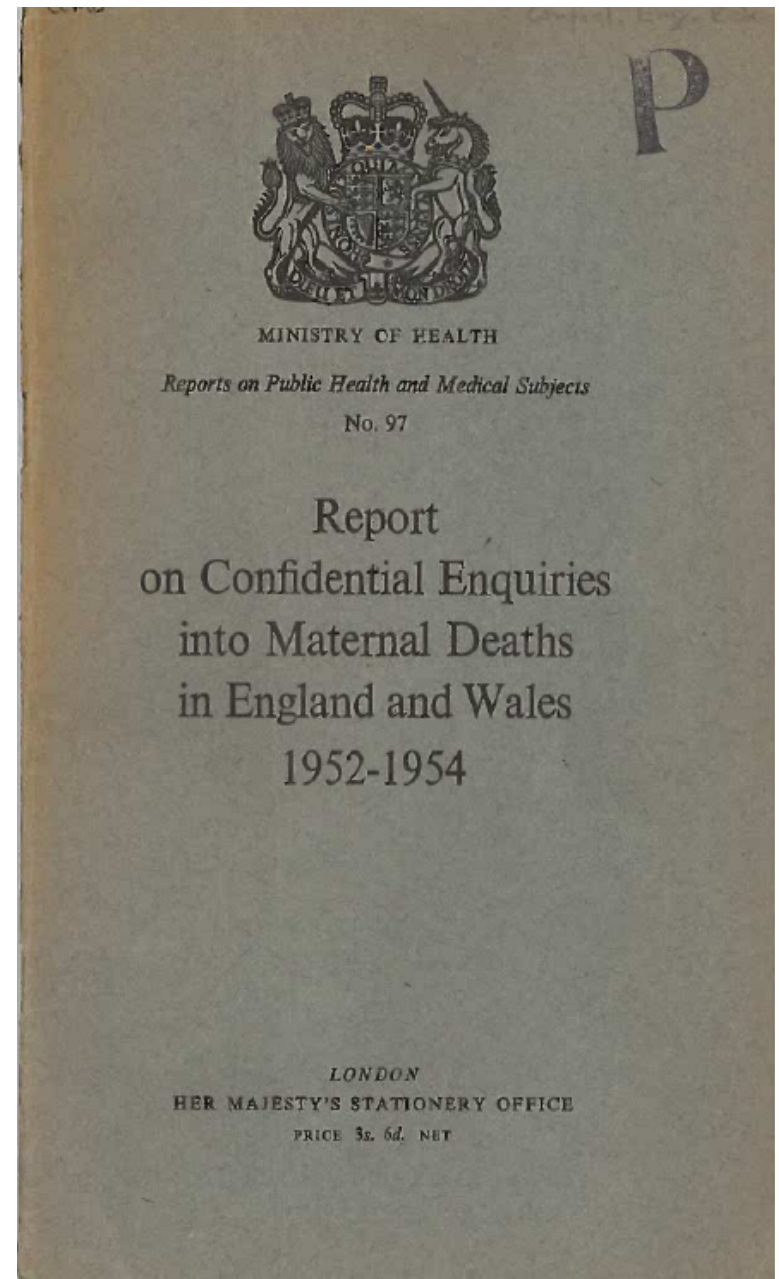


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Disclosures

- I have no commercial disclosures
- Medical Director, British Pregnancy Advisory Service
- Treasurer, British Society of Abortion Care Providers
- Member, RCOG Abortion Task Force

- Prior to introduction of a legal framework for abortion in 1967 unsafe abortion was a leading cause of maternal mortality in UK
- 14% of maternal deaths



Abortion law in the United Kingdom

- Illegal under 1861 Offences Against the Persons Act and 1929 Infant Life Preservation Act
- Abortion Act (1967) did not decriminalise abortion but provided a defense for doctors against prosecution
- Does not extend to Northern Ireland





Mr David Steele
Back bench Liberal MP
Roxburgh, Selkirk & Peebles



Dr David Paintin
Pioneer of safe NHS and day case
abortion services in UK



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50th anniversary of the
1967 Abortion Act

October 26th 2017

Professor Lesley Regan
with Lord David Steel



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Abortion in Britain today

- 1 in 3 women will have an abortion by age 45
- Over 200,000 women in England, Scotland and Wales have an abortion each year
- 98% publically funded
- Still does not extend to Northern Ireland



Some recent good news



Northern Irish women win access to free abortions as May averts rebellion

29 Jun 2017



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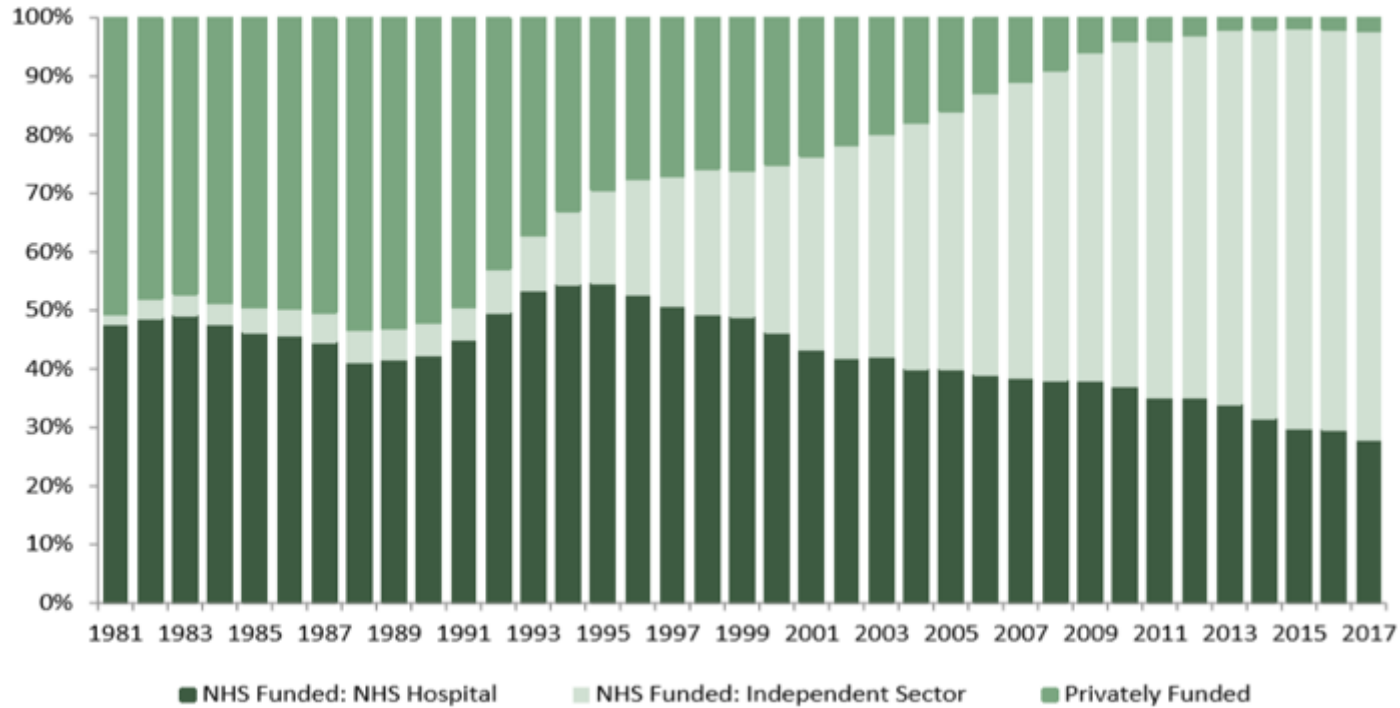
Growing support for decriminalisation

The RCOG has taken a position to support the decriminalisation of abortion in the UK, following consultation with their full UK membership and a September 2017 vote by College Council



Funding and division of labour

Figure 3: Percentage of abortions by purchaser/provider, England and Wales, 1981 to 2017



In Scotland, NHS provides almost all abortions up to about 18 weeks after which they travel to England



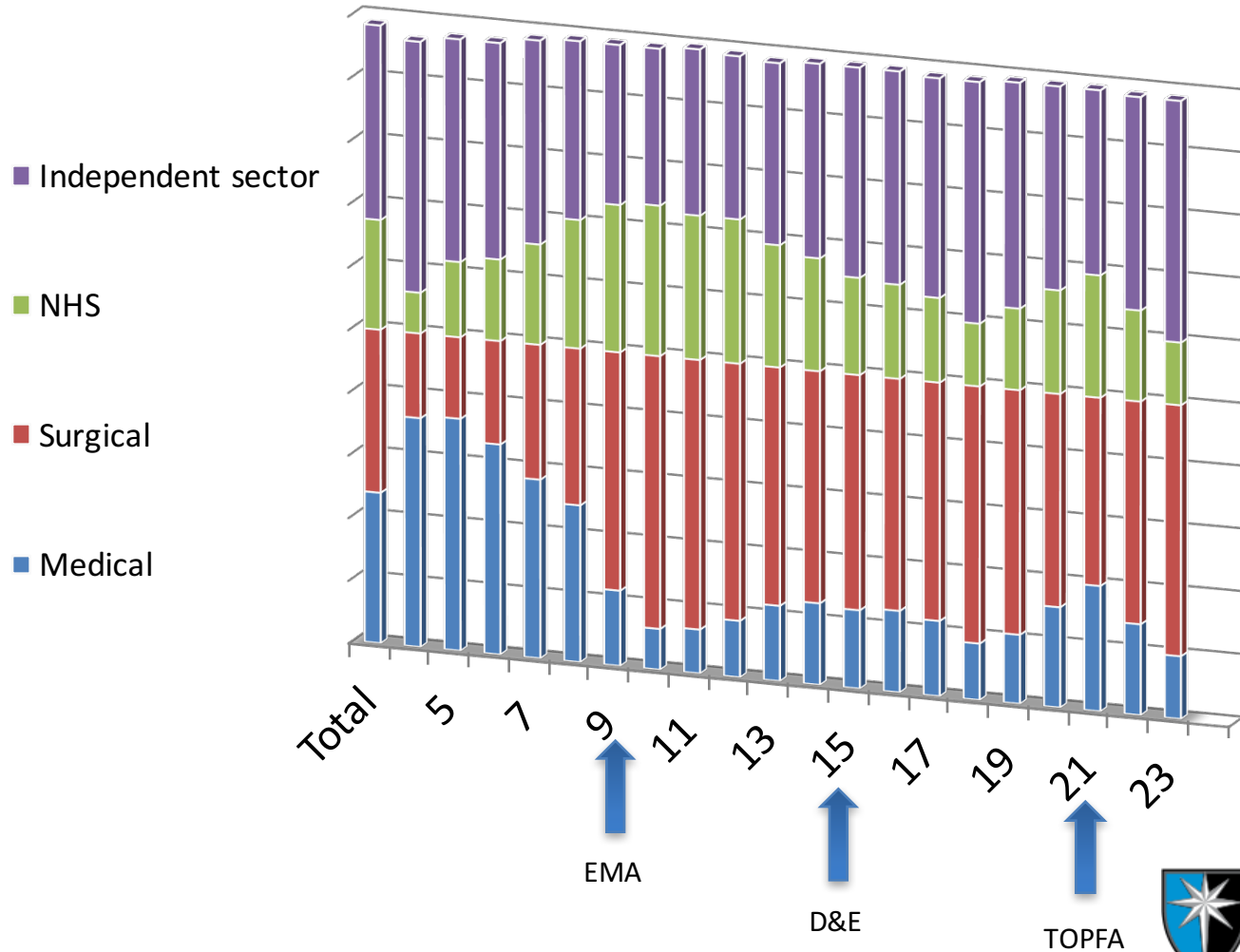
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The role of the independent sector

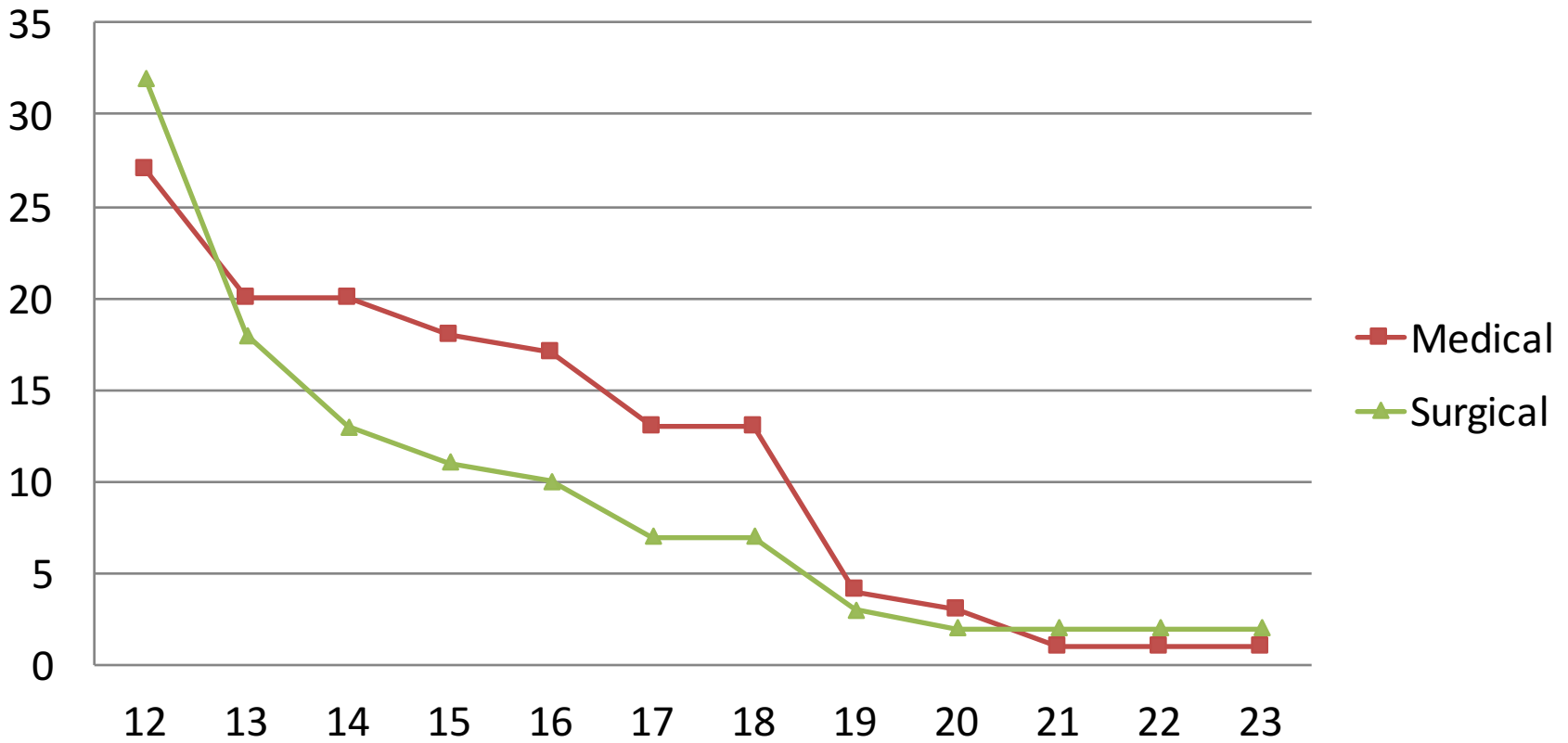
- What it does do
 - Facilitate access – multiple locations, 7 days, high volume
 - Give non-judgemental, supportive environment
 - Hold expertise – particularly in 2nd trimester
 - Commitment: “As early as possible, as late as necessary” (within regulation)
- What does not (and in some cases cannot) do
 - Abortion over 24 weeks
 - Care for those with complex medical/surgical conditions
 - Manage serious complications of abortion
 - Provided integrated training with NHS



Differences in service provision



Hospital-based services offering abortion for medically complex cases after 12 weeks



Case example (1)

- 18 year old at 22 weeks. Epilepsy requiring multiple medications. On progestogen only pill; repeatedly presented with concerns about lack of menses and told pill-related. Recent increase in seizure frequency requiring change to meds. Took pregnancy test at school health fair.
- Unsuitable for independent sector due to unstable epilepsy. No capacity in London.
- Appealed to obstetrician at referral hospital for assistance. Emails from her and 3 Consultants in the same hospital advised that
 - They only provide later abortion for fetal anomaly
 - The case would need to be managed on labour ward to which staff would object. Other nursing staff are unskilled in medical abortion
 - None could “in good faith” certify on the grounds that a termination at this gestational age would be better for her mental or physical health than continuing the pregnancy



Case example (2)

- 32 year old with history of 4 prior vaginal deliveries and one Caesarean section at 23 weeks. High body mass index and placenta overlying the cervix (placenta praevia). Presented to bpas with features of pre-eclampsia. Admitted to hospital for assessment. Self discharged due to anxiety about being able to access abortion within the legal time limit
- Re-admitted to hospital in near home but no doctor in the service would provide a termination at this gestation.
- Once stable and discharged, client referred to MSI who refused based on obesity and were not able to place in the NHS.
- Subsequently re-admitted to another hospital with severe pre-eclampsia. No doctor in the service willing to terminate as there was the potential (based on an earlier scan) that her gestational age was 24+1 weeks. Transferred to a London hospital for neonatal facilities
- Delivered by Caesarean section at 25 weeks
- Mother abandoned baby in hospital.



What drives these differences?

- Commissioning/cost of provision
 - Hospital-based services not protected
 - Tariff disincentive to later or complex abortion care
- Willingness to provide
 - At any gestation
 - To the legal limit
 - For any indication
 - By either method
- Ability to provide
 - Surgical and/or medical
 - Feticide



O&G training in abortion care

- Covered in two modules of core curriculum
 - Module 4 (Ethics and Legal Issues): Understand abortion certificates, be aware of exemptions for those who will not participate in abortion services for moral or religious reasons
 - Module 15 (Sexual and Reproductive Health): Early and late medical termination of pregnancy and early surgical termination of pregnancy to basic or intermediate level only; late surgical termination explicitly “not required”



Advanced training skills module (ATSM)



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ATSM: Abortion care

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> [ATSMs: introduction](#)

> [Guidance on ATSM courses](#)

> [ATSMs: FAQs](#)

▼ ATSM: Abortion care

> [Course syllabus for abortion care ATSM](#)

> [ATSM: Acute gynaecology and early pregnancy](#)

> [ATSM: Advanced antenatal practice](#)

ATSM: Abortion care

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The abortion care ATSM is suited to clinicians who enjoy patient contact and the rewards associated with the delivery of holistic health care. The nature of abortion services means clinicians will deal with a greater proportion of young, disadvantaged and socially excluded populations than those working in general gynaecology. This means abortion care is suited to clinicians who take a non-judgemental approach to women's health care.

Curriculum and course syllabus

- > The [abortion care ATSM curriculum](#) (PDF, 297 kb) provides full details of the content of this module
- > The [abortion care ATSM course syllabus](#) lists the minimum requirements for a course to be suitable for the theoretical component of this module

The ATSM does not deliver

- Since 2007, 5284 trainees have registered for 1 of 20 ATSMs and 3614 have successfully completed
- Currently, **13** trainees are registered on the ATSM in abortion care
- **Only 33** have completed the ATSM since 2007
- ? Interest vs. availability



RCOG Abortion Task Force

- Formed in 2015
- Chaired by President Regan
- Remit: seek system-wide solutions to ensure that women in UK have access to safe sustainable high quality abortion care
- Comprised of NHS and independent sector service leads; RCOG, FSRH and other stakeholder representatives
- Links to NHS England, DH, Monitor, NICE



RCOG Abortion Task Force: Activities

- Awareness-raising
 - International Women’s Day Conference 2017: Abortion – Our responsibility
 - Speaking engagement at various meetings throughout UK
 - Meetings with Trust executives
- Advocacy
 - Decriminalisation
 - Home misoprostol
 - Northern Ireland
- Support for development of multidisciplinary society
 - British Society of Abortion Care Providers formed, RCOG hosts first conference
- Curriculum reform



Advanced Skills Module

- Approved by the General Medical Council July 2018
- Optional module in Acute Gynaecology & Early Pregnancy ATSM or stand-alone module
- Surgical skills may be developed to one of three gestational ages up to 24 weeks
- Greater focus on management of complex cases
- Expected to improve uptake and facilitate the organisation of appropriate trainee placement into training centres



Other activities

- Specialised commissioning stream for complex abortions agreed by ministers with specification in development
- National Institutes for Clinical Health and Excellence producing new abortion guideline
- Tariff for abortion under review





Thank you for your attention.

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