

Research Briefing
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Early medical abortion at home during and after the pandemic

Temporary measures were introduced in England, Scotland and Wales during the Covid-19 pandemic to allow both tablets for early medical abortion to be taken at home, providing certain conditions were met.

This short briefing examines recent decisions made by the UK and Welsh Governments, and by the UK Parliament, on whether to make the temporary arrangements permanent. It does not comment on the ethics of abortion.

In England and Wales, the temporary measures on early medical abortion have been made permanent. The Scottish Government is due to decide on the matter once an evaluation of the effectiveness and safety of the temporary measures is complete.

1.1

What is an early medical abortion?

Abortion is a medical intervention through which a pregnancy is ended. A medical abortion involves taking two different medicines to end the pregnancy, usually one or two days apart. It is defined as an “early” medical abortion if the pregnancy has not exceeded nine weeks and six days.

1.2 How did access to early medical abortion in England change during the Covid-19 pandemic?

The pre-pandemic arrangements in England for early medical abortion involved taking the first tablet (mifepristone) at a hospital or clinic, while the second tablet (misoprostol) could typically be taken at home. Further information is provided on the [NHS website](#).¹

To ensure access to early medical abortion during the pandemic, and to reduce the risk of Covid-19 transmission, [two temporary measures were approved by the Health Secretary on 30 March 2022](#).² These allowed both tablets for early medical abortion to be taken at home, without the need to attend a hospital or clinic first.

The same medical consultation requirements remained but could be provided via a video link, over the telephone or by other electronic means. The measures also allowed doctors to prescribe both tablets from their own homes, rather than from a hospital or clinic.

1.3 How were the temporary measures implemented?

Under the [Abortion Act 1967](#), as amended by the [Human Fertilisation and Embryology Act 1990](#), the relevant Secretary of State has the power to approve places, or a “class of places”, for treatment of the termination of a pregnancy.

Using this power, the Secretary of State approved “the home of a pregnant woman who is undergoing treatment for the purposes of termination of her pregnancy” as a “class of place”, while also specifying conditions that must be met.³ The conditions included the pregnancy having not exceeded nine weeks and six days, being prescribed mifepristone and misoprostol, and after a remote consultation with a clinician.

¹ NHS, [Abortion: Overview](#), 24 April 2020

² Department of Health and Social Care, [Temporary approval of home use for both stages of early medical abortion](#), 30 March 2020

³ The changes were made by the Secretary of State in exercise of the powers conferred by section 1(3) and (3A) of the Abortion Act 1967. Section 1(3A) was inserted by section 37(3) of the Human Fertilisation and Embryology Act 1990 (c. 37)

The temporary measure was initially scheduled to expire on 30 March 2022 or when the Coronavirus Act 2020 provisions ended, whichever was earlier. Details on the current position are set out in section 1.8.

1.4 Did the devolved nations implement temporary measures for early medical abortion?

Scotland and Wales implemented temporary measures for early medical abortion, along the same lines as England, using the same powers under the Abortion Act 1967.⁴ Northern Ireland did not: under the [Abortion \(Northern Ireland\) \(No. 2\) Regulations 2020](#), women in Northern Ireland must take the first tablet for early medical abortion in Health and Social Care premises. The second tablet may be taken at home.

1.5 Government consultation and research on the future of the temporary measures

From November 2020 to February 2021, the Department of Health and Social Care (DHSC) held a public consultation on whether to make the [home use of both pills for early medical abortion in England](#) a permanent option.⁵ The [Welsh Government held a similar consultation](#) and [so did the Scottish Government](#).⁶

The DHSC received over 18,000 individual responses. The department's [summary of consultation responses](#) noted that nearly half (9,109) of the individual responses were from people affiliated with campaigns and the majority of these (8,424) were associated with the "Right to Life" campaign.⁷ Among these campaign responses, 70% said the temporary measure should

⁴ Letter from the Chief Medical Officer (Scotland), [Abortion – Covid-19 – Approval For Mifepristone To Be Taken At Home And Other Contingency Measures](#) (PDF), 31 March 2020; Welsh Government, [Legislation: Temporary approval of home use for both stages of early medical abortion](#), 1 April 2020

⁵ Department of Health and Social Care, [Home use of both pills for early medical abortion](#), 26 November 2020

⁶ Welsh Government, [Termination of pregnancy arrangements in Wales](#), 1 December 2021; Scottish Government, [Early medical abortion at home: consultation](#), 30 September 2021

⁷ Department of Health and Social Care, [Home use of both pills for early medical abortion \(EMA\) up to 10 weeks gestation: summary of consultation responses](#), 10 March 2022

“end immediately” while 22% said it should “become a permanent measure”.⁸

Of the non-campaign responses:

- 45% said the temporary measure should “end immediately”
- 41% said it should “become a permanent measure”
- 8% said it should be “extended for one year” to enable further data and evidence to be collected
- 5% thought it should be “time limited” and end as originally planned after two years or when the Coronavirus Act 2020 expires.⁹

Several research studies have evaluated the provision of early medical abortion in the UK during the pandemic via ‘telemedicine’ (the provision of healthcare via video or telephone appointments). It should be emphasised, however, that it is unclear if any of these studies influenced the Government’s decision on early medical abortion.

In one study, [researchers analysed the results of more than 50,000 early medical abortions](#) that took place in Great Britain between January and June 2020. They compared the outcomes between two groups between April and June 2022:

1. those that had experienced the “traditional model” of care (involving an in-person appointment and an ultrasound) where the sample size was 22,158.
2. those who experienced the “telemedicine-hybrid model” (either in person, or via telemedicine, without an ultrasound), where the sample size was 29,984.¹⁰

They found the introduction of the telemedicine service reduced waiting times by an average of four days, and more abortions were provided at less than six weeks’ gestation. Treatment success, serious adverse events and the number of ectopic pregnancies (when a fertilised egg implants itself outside of the womb) did not differ between the two models.¹¹

⁸ Department of Health and Social Care, [Home use of both pills for early medical abortion \(EMA\) up to 10 weeks gestation: summary of consultation responses](#), 10 March 2022

⁹ Department of Health and Social Care, [Home use of both pills for early medical abortion \(EMA\) up to 10 weeks gestation: summary of consultation responses](#), 10 March 2022

¹⁰ ARA Aiken et al, [Effectiveness, safety and acceptability of no-test medical abortion \(termination of pregnancy\) provided via telemedicine: a national cohort study](#), BJOG: An International Journal of Obstetrics & Gynaecology, published online 24 March 2021

¹¹ ARA Aiken et al, [Effectiveness, safety and acceptability of no-test medical abortion \(termination of pregnancy\) provided via telemedicine: a national cohort study](#), BJOG: An International Journal of Obstetrics & Gynaecology, published online 24 March 2021

Under both models, pregnancies in over 98% of cases were ended without requiring further medical intervention and less than 0.05% experienced a “serious adverse event”.¹²

1.6 What did the Government decide?

In late February 2022, [the Government decided the “provision of early medical abortion in England should return to pre-COVID arrangements”](#). It said the success of the Covid-19 vaccine and booster programmes meant England was “now in a position to remove the temporary measures”.¹³

To transition back to pre-Covid arrangements, the Government extended the temporary measures by six months. The provision of early medical abortion at home in England was thus scheduled to end on 29 August 2022. An amendment tabled by Baroness Sugg (Conservative) to the Health and Care Bill, however, subsequently reversed this decision following free votes in both the Lords and the Commons (see section 1.8 below).

1.7 How did stakeholders respond to the DHSC’s decision to return to pre-pandemic arrangements for early medical abortion?

[Campaigning group, Right to Life UK’s spokesperson Catherine Robinson said](#): “We welcome the government’s decision to ensure that women get an in-person appointment before having an abortion and make sure no more women are put at risk by the temporary provision from 30 August 2022”. The group added that risks were linked to the removal of the in-person consultation which, it stated, allows medical practitioners “to certify gestation and recognise potential coercion or abuse”.¹⁴

A [letter sent to the Prime Minister on early medical abortion](#), signed by medical royal colleges, health NGOs and campaign groups, called on the Government to “continue this safe, effective service, and to offer women choice about their healthcare, in line with best clinical practice”.¹⁵ It added

¹² ARA Aiken et al, [Effectiveness, safety and acceptability of no-test medical abortion \(termination of pregnancy\) provided via telemedicine: a national cohort study](#), BJOG: An International Journal of Obstetrics & Gynaecology, published online 24 March 2021

¹³ Statement [UIN HCWS629](#), Health Update, Statement made on 24 February 2022

¹⁴ [Government confirms return of pre-pandemic safeguards for abortion provision \(righttolife.org.uk\)](#), 24 February 2022

¹⁵ [Joint letter on telemedicine to Prime Minister – RCOG and other organisations \(PDF\)](#), February 2022

that offering early medical abortion at home had both “medical and scientific support”, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Academy of Medical Royal Colleges.

The Chair of the British Medical Association’s Medical Ethics Committee, Zoe Greaves, said telemedicine “[improved the clinical safety of abortion services by reducing waiting times and by ensuring that difficulties women experience in accessing services do not delay care](#)”.¹⁶

1.8

What steps has Parliament taken?

A [free vote](#) - or unwhipped vote - in Parliament is one in which MPs or members of the Lords are not put under pressure to vote a certain way by their party leaders. Free votes have traditionally been allowed on ethical issues that are seen as a matter of conscience.

On 16 March 2022, Baroness Sugg (Conservative) tabled an amendment to the Health and Care Bill during its Report Stage. Its purpose was to amend the Abortion Act 1967 to incorporate the current, temporary measures (see section 1.3 above) in order to “maintain the existing provision of at-home early medical abortion following a telephone or video consultation with a clinician”.¹⁷ A wide range of views on the matter were expressed during the debate on Report. The Lords subsequently voted in favour of the amendment following a [‘free vote’](#) (Content 75, Not Content 35).¹⁸

The Commons considered Lords amendments to the Health and Care Bill on 30 March 2022. The Health Minister, Edward Argar, stated that the Government remained of the view that “the provision of early medical abortion should return to pre-covid arrangements”.¹⁹ He emphasised, though, that it was “now a matter for debate and decision” by MPs, adding that, “in line with how we normally treat these matters”, there would be a free vote on the Lords amendment.²⁰

The Government did, however, raise a “procedural point”: according to the Health Minister, the drafting of the Lords amendment would have created (if agreed to) “legal uncertainty for women and medical professionals by including wording on the statute book that does not, in fact, change the law in the way it appears to”.²¹ In response, the Government tabled an ‘amendment in lieu’ which, the Minister stated, would “achieve the intended purpose of Baroness Sugg’s amendment”.²² A free vote was held on the

¹⁶ [News: Medical abortion: Clinicians oppose government plan to end home based arrangements](#), BMJ 2022; 376, 25 February 2022

¹⁷ [HL Deb, 16 March 2022, c407](#)

¹⁸ [HL Deb, 16 March 2022, c427](#)

¹⁹ [HC Deb, 30 March 2022, c868](#)

²⁰ [HC Deb, 30 March 2022, c867-8](#)

²¹ [HC Deb, 30 March 2022, c868](#)

²² [HC Deb, 30 March 2022, c868](#)

amendment in lieu which passed with a majority of 27 (Ayes 215, Noes 188).²³

Once the Health and Care Bill receives Royal Assent, the Abortion Act 1967 will be amended to make early medical abortion via telemedicine an ongoing option in England (where the pregnancy has not exceeded nine weeks and six days). Briefings on the Health and Care Bill have been published by the [Commons](#) and [Lords Libraries](#).

1.9 What have Wales and Scotland decided to do?

The Welsh Government [published a summary of responses to its consultation](#) in September 2021.²⁴ It gave examples of the positive comments it received, as well concerns raised which, it said, highlighted the “key themes that emerged from the responses to each [consultation] question”.²⁵ It did not include any further analysis of those comments.

In February 2022, the Welsh Government [made the temporary arrangements permanent in Wales](#), allowing both tablets for early medical abortion, up to 10 weeks’ gestation, to be taken at home.²⁶ The Minister for Health and Social Services, Eluned Morgan, described the move as “a progressive step” with “significant benefits” to both the individual and the NHS, including reduced waiting times and fewer appointments needed.²⁷

The Scottish Government published an [independent analysis of the responses to its early medical abortion at home - future arrangements consultation](#) in June 2021.²⁸ It found the number of those against early medical abortion at home (EMAH) “was significantly higher than those in support of it”.²⁹ It also noted a “large number of the respondents who were against EMAH had either submitted a campaign response or had been

²³ [HC Deb, 30 March 2022, c898 - 900](#)

²⁴ Welsh Government, [Consultation – summary of response: Termination of Pregnancy arrangements in Wales](#) (PDF), September 2021

²⁵ Welsh Government, [Consultation – summary of response: Termination of Pregnancy arrangements in Wales](#) (PDF), September 2021, p5

²⁶ Welsh Government, [Written Statement: Arrangements for Early Medical Abortion at Home](#), 24 February 2022

²⁷ Welsh Government, [Written Statement: Arrangements for Early Medical Abortion at Home](#), 24 February 2022

²⁸ Scottish Government, [Early medical abortion at home - future arrangements: consultation analysis](#), 23 June 2021

²⁹ Scottish Government, [Early medical abortion at home - future arrangements: consultation analysis](#) (PDF), 23 June 2021, p8

influenced by one of several campaigns organised by pro-life or faith groups.”³⁰

The Scottish Government subsequently commissioned an “[independent evaluation to assess the effectiveness of the current \[pandemic\] approach, including in relation to safety](#)”.³¹ [Responding to a written question on 14 March 2022](#), the Minister for Public Health, Maree Todd, said the Scottish Government would “make a decision on the long-term future of early medical abortion at home once [the] evaluation has been completed”. It added that the Scottish Government was looking to enable “the current arrangements to be extended temporarily in order to allow them to continue until the evaluation has been completed and its findings have been considered”.³²

1.10 Further reading

- N Boydell et al, [Women’s experiences of a telemedicine abortion service \(up to 12 weeks\) implemented during the coronavirus \(COVID-19\) pandemic: a qualitative evaluation](#), BJOG, 27 July 2021
- J Reynolds-Wright et al, [A qualitative study of abortion care providers’ perspectives on telemedicine medical abortion provision in the context of COVID-19](#), BMJ Sexual & Reproductive Health, 30 November 2021
- A R A Aiken, [Demand for self-managed online telemedicine abortion in eight European countries during the COVID-19 pandemic: a regression discontinuity analysis](#), BMJ Sexual & Reproductive Health, Volume 47, Issue 4, October 2021

³⁰ Scottish Government, [Early medical abortion at home - future arrangements: consultation analysis](#) (PDF), 23 June 2021, p60

³¹ Scottish Parliament, Written question, [Question ref. S6W-00713](#), answered 23 June 2021

³² Scottish Parliament, Written question, [Question ref. S6W-07061](#), answered 14 March 2022

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