Termination of pregnancy

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 31/05/19

email: ToP@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Faculty of Sexual & Reproductive Healthcare Clinical Effectiveness Unit
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**None**
Name of commentator person completing form:	Dr Tracey Masters, Dr Sarah Hardman

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Type		[office use only]		
Comment number	**Document** [guideline, evidence review A, B, C etc., methods or other (please specify which)]	**Page number** Or **'general'** for comments on whole document	**Line number** Or **'general'** for comments on whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that ……..
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because ……
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact…….
Example 4	Guideline	37	16	This rationale states that…
Example 5	Evidence review C	57	32	There is evidence that …
Example 6	Methods			
Example 7	Algorithm	34 General	10 General	The inclusion criteria … The algorithm seems to imply that …
1	Guideline	5	1-24	**FSRH**: FSRH is pleased to note the NICE recommendations on service organisation, particularly those focused on delivering more joined-up care for women including use of phone/video consultations and services in community settings. Like other organisations, we believe that sexual and reproductive healthcare (SRH) - including abortion care - needs to be more broadly integrated into women's healthcare pathways. Consequently, to achieve and enhance recommendations such as those put

				forward by NICE comprehensively across SRH settings, FSRH, RCOG and the RCGP have produced an evidence-based position statement on Integrated Holistic Commissioning of SRH services. This position statement has been endorsed by the Academy of Royal Medical Colleges (AoMRC). Specifically in relation to abortion our paper points out that abortion rates to women over 30 have been increasing over the last 10 years. Whilst there is no evidence of direct causation, FSRH, RCOG and RCGP are concerned that the increase in terminations of pregnancies for those aged 30 and over may indicate an unmet need for contraception. Additionally, there is significant variation in the provision of contraceptive services and counselling within abortion services, since the level of integration is dependent on the understanding of individual CCG commissioners that contraception should be provided as part of the abortion service. Even when a CCG does fund contraception for a specific service, it may still be the case that some methods of contraception are not commissioned; in such situations people experience substantial lack of choice.
2	Guideline	5	13	**FSRH:** • FSRH support NICE's recommendation to maximise the role of nurses and midwives in providing abortion care. • FSRH emphasises that training this workforce needs to be properly commissioned. • We support both the NHS and independent providers in playing a role with training.
3	Guideline	6	5	**FSRH**: FSRH have ongoing concerns that current commissioning arrangements, with respect to pregnant people with co-morbidity needing complex care, are inadequate and that complex care at later gestations is provided in very few locations. We are therefore pleased to note the recommendation that "Commissioners should ensure that specialist centres are available as locally as possible, to reduce delays and travel times for women with complex needs or significant comorbidities".
4	Guideline	4	13	**FSRH**: FSRH therefore also support the recommendation that "Commissioners should consider upfront funding for travel and accommodation" for those who have to travel to obtain abortion.
5	Guideline	5	19-24	**FSRH:** FSRH is pleased to note the recommendation that all healthcare professionals who see women requesting abortion have an opportunity in their training to have exposure to/practical experience of abortion care and abortion services.

				In line with our Personal Beliefs Guidance, we also endorse NICE's recommendation that, on training programmes which include abortion care provision, the only basis for non-participation is opt-out on grounds of conscientious objection which should be formally assessed and annually reviewed.
6	Guideline	5	12	**FSRH:** To support NICE recommendations focused on workforce and training, FSRH draws attention to three key qualifications we have developed. Their inclusion in the guidance would be of particular use to commissioners, healthcare professionals and those responsible for training curriculums: . 1. The FSRH Special Skills Module in Abortion Care FSRH and the Royal College of Gynaecologists and Obstetricians (RCOG) continue to work closely to align our qualifications in this area where viable. 2. The FSRH Diploma 3. Letter of Competence Subdermal Contraceptive Implants Techniques Insertion Only (LoC SDI-IO)
7	Guideline	21	7	**FSRH:** FSRH is pleased to note the recommendation that commissioners and providers should ensure the full range of contraceptive methods is discussed when the woman wishes it and that a method clinically appropriate and chosen by the woman is available and provided to her within the abortion care setting. ***The FSRH Clinical Effectiveness Unit (FSRH CEU) does however recommend an amendment to this section (see point 11).***
8	Guideline	55	13	**FSRH:** FSRH welcomes NICE signposting HCPs to additional information and resources. A challenge for healthcare is the misinformation on abortion that people receive in non-medical settings. With this in mind, we recommend NICE reference the "*FSRH RCOG Abortion and Abortion Care Factsheet: To support Relationships and Sex Education in secondary schools*". The factsheet is **a free resource** for professionals in secondary schools to use in relationships and sex education (RSE) lessons. It aims to ensure that professionals involved in educating young people have a factually accurate, unbiased and evidence-based source of information about abortion in the UK.

9	Guideline	12	general and page 4	**FSRH:** People have the right to choose a medically appropriate procedure that best suits their needs and to have assessment and treatment without delay. FSRH fully supports the recommendation aiming to provide people with an initial appointment within 1 week of requesting abortion and the offer to have procedure being made within 1 week of the appointment. We are pleased to note the various recommendations on provision of information and the recommendation that women should be allowed to self-refer for abortion care. ***The FSRH Clinical Unit Effectiveness Unit (FSRH CEU) does however make the below recommendation (see point 8).***
10	language	general	general	**FSRH:** language / terminology Trans-men can have pregnancies and may opt for abortion. A more gender-inclusive use of language is desirable please. It would be possible to refer to “people” and “pregnant people” rather than “women”/ “pregnant women”.
11	Guideline	7	table	**FSRH**: FSRH is pleased to see a potentially excellent resource (table 1) that compares medical and surgical abortion options. The formatting and layout of this table does however need some further work to maximise impact and value. (There are also inconsistent gestation limits in different sections of this table).
12	Guideline	8	table	**FSRH:** Some apparent discrepancies within table 1 - such as the difference in the time in the column on Medical treatment (sub-heading before10+1) and description for women (before 10+0) allowed to take misoprostol at home - are due to the current interpretation of the UK law. It seems advisable/desirable to NICE to explain that this discrepancy is due to current interpretation of the law rather than a clinically appropriate/evidence-based recommendation.
13	Guideline	13	4	**FSRH**: FSRH welcomes the proposed recommendation to reduce the use of anti-D in early medical abortion in line with current recommendations for women with medical management of miscarriage. This will assist providers to stream-lined care and support more locally delivered services and reduce unnecessary visits for people undergoing early medical abortion.

14	Guideline	12	1.2.6 – lines 5 and 6.	**FSRH CEU:** P12 1.2.6, lines 5 and 6 "Ask women if they want information on contraception, and if so provide information about the options available to them." • Should this conclude with a phrase like "and how they can access these"? A person might like the idea of an IUS or an implant, but could be deterred because they think there would be a lot of effort involved in accessing them.
15	Guideline	General	general	**FSRH CEU/FSRH:** FSRH supports the use of the word "abortion" not "termination of pregnancy".
16	Guideline	13 32	1.4.1 – lines 16 and 17 17-19	**FSRH CEU/FSRH:** "Only give antibiotic prophylaxis to women who are having a medical termination of pregnancy if they have an increased risk of sexually transmitted infections." • How is "increased risk" defined? There is no reference to making an STI risk assessment or to testing. There needs to be some indication how this "increased risk" status is arrived at. FSRH welcomes the proposed recommendation to reduce the use of prophylactic antibiotics but notes that there is no guidance to support providers in identifying "those at the highest risk for STIs" in a population with unwanted pregnancies within the document. NICE should add such guidance to the guidelines.
17	Guideline	21	1.12.1 – lines 7-12	**FSRH CEU:** "Commissioners and providers should ensure that the full range of reversible contraceptive options (depot medroxyprogesterone acetate [DMPA], contraceptive implant, intrauterine methods, oral contraceptives, contraceptive patches, vaginal rings or barrier contraception) is available for women on the same day as their surgical or medical termination of pregnancy." • This can't really be applied to IUC insertion for people who have early medical discharge or home miso and abortion at home. Does there need to be a caveat to cover this?

Insert extra rows as needed

Checklist for submitting comments

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- Use this comment form and submit it as a **Word document (not a PDF).**
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.