



Eluned Morgan MS, Minister for Health and Social Services  
 Welsh Government  
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 Tŷ Hywel  
 Cardiff Bay  
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21 June 2021

Dear Minister,

Back in March 2020, your predecessor – Vaughan Gething - changed abortion regulation to allow telemedical early medical abortion care. This has meant that women across Wales have been able to continue to access abortion care during the pandemic by having medication posted or made available closer to home following a telephone consultation with a qualified clinician.

The impact of this change has been significant and overwhelmingly positive. A study of more than 50,000 abortions before and after the change in England and Wales, recently published by the British Journal of Obstetrics and Gynaecology<sup>1</sup> concluded that telemedical abortion provision is ‘effective, safe, acceptable, and improves access to care’. Evidence shows that access to a hybrid model of care that includes telemedical abortion care has reduced waiting times and allowed pregnancies to be terminated at the earliest gestations, making the procedure safer. The study also found that there is no difference in the safety and efficacy of telemedical abortion care compared to in-clinic care.

At the same time, these changes have been fully endorsed by abortion providers in all Welsh Health Boards and beyond. Abortion statistics published by the Westminster government last week found that Wales has led the way across Britain in providing telemedical abortion care – with 62% of all abortions between April and December 2020 being Early Medical Abortion at Home. At the same time, gestation has fallen lower than ever before – with 92% of abortions in Wales between April and December 2020 taking place in the first 10 weeks of pregnancy, compared to only 83% in 2019.

Telemedical care removes access barriers across the board. We know that for many, being required to take medication in a clinic is difficult. Clinics can be far from a client’s home, they may need to take time off work, associated travel and childcare costs can be high. This is particularly true for women living in rural areas like those in North and West Wales where travel to a hospital or clinic is often lengthy and difficult.

<sup>1</sup> Aiken, ARA, Lohr, PA, Lord, J, Ghosh, N, Starling, J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG 2021; <https://doi.org/10.1111/1471-0528.16668>. 00: 1– 11.

Some women are disproportionately likely to encounter difficulties when required to attend a clinic for treatment – including those with caring responsibilities, victim-survivors of sexual violence and domestic abuse, teenagers, those on low incomes or in insecure work, LGBTI people, disabled women, Black and minoritized women, migrant women, homeless women, women with mental health or substance use issues, and women with insecure immigration status. The ability to provide the option of telemedicine as part of a full, holistic service enables providers to tailor care to individual clients and their needs and allows women to access healthcare no matter their circumstances.

As you consider whether to make permanent the regulations that allow for telemedical abortion care, we ask that you place women, girls, and all people who need abortion care at the heart of your decision-making. In a BPAS evaluation of client satisfaction, 97% of clients were satisfied or very satisfied with their experience, and 80% of clients reported that receiving pills via post or telephone consultation and pill collection from a clinic is their preferred method of care<sup>2</sup> – figures which are supported by other major abortion providers and the NHS. To revoke the regulations that allow for this care would be to ignore these voices. With clinical bodies and evidence showing that early medical abortion care is safe and effective, there is no clinical argument for reinstating restrictions. All that revoking telemedical abortion care would do is service to make access to abortion more difficult and distressing – for entirely political purposes.

We hope your Department will recognise the positive step telemedical abortion care is for the progress of women’s health policy-making in the UK, and will choose to stand with women and all those who need abortion care by making regulations that allow for telemedical abortion services to become permanent.

Yours Sincerely,

Abortion Rights UK

Amnesty International (UK)

Birthrights

Bawso

BMA Cymru Wales

British Pregnancy Advisory Service

British Society of Abortion Care Providers

Brook

Chwarae Teg

Doctors for Choice UK

End Violence Against Women Coalition

Faculty of Sexual and Reproductive Healthcare

Fair Treatment for the Women of Wales

Fawcett Society

Humanists UK

International Planned Parenthood Federation

Maternity Action

MSI Reproductive Choices

Mumsnet

National Education Union (NEU)

National Secular Society

National Union of Students (NUS)

NUPAS

Rape Crisis England & Wales

Royal College of Midwives

Royal College of Obstetricians & Gynaecologists

Safe Abortion Action Fund

Sister Supporter

Stonewall Cymru

Vagina Museum

Wales TUC

Welsh Women’s Aid

WEN Wales

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<sup>2</sup> Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: a cross-sectional evaluation. *Contraception*. 2021 May 8;S0010-7824(21)00143-8. doi: <https://doi.org/10.1016/j.contraception.2021.04.027>. Epub ahead of print. PMID: 33974918.