

# Safety and Effectiveness Data for Medical Abortion

Percuity Limited

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<http://percuity.blog/>

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## Abortion advocacy in December 2020

### New Statesman

Approval for at-home telemedicine abortion has led to:

- The risk of major complications **dropping by two-thirds**
- The risk of incomplete abortion **down by three-quarters**

<https://www.newstatesman.com/politics/health/2020/12/how-pandemic-revolutionised-abortion-access-uk>

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## Safety and Effectiveness of Telemedicine Abortion at Home

- Official DHSC data reports and published research by abortion advocates show/claim telemedicine abortion is safer and more effective than in-clinic services
- There is under-reporting due to limited and/or missing data
- Other data are available from the NHS which can complete the picture
- Please ask the Secretary of State for Health and Social Care to use all of these data when considering whether to make this temporary, emergency, approval permanent

# Cohort Study: Aiken et al. (BJOG)

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

Sample (n=52,142) comprises 85% of all medical abortions provided nationally; 18,435 telemedicine



MAIN RESEARCH ARTICLE | [Open Access](#) |

## Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study

Abigail Aiken, Patricia A Lohr, Jonathan Lord , Nabanita Ghosh, Jennifer Starling

First published: 18 February 2021 | <https://doi.org/10.1111/1471-0528.16668>

# Cohort Study: Aiken et al. (BJOG)

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Sample (n=52,142) comprises 85% of all medical abortions provided nationally; 18,435 telemedicine

**Limitations:** The main limitation of this study is that we were unable to actively follow-up patients postabortion. There is a potential gap in the consistency of reporting incidents, due to some complications not meeting the threshold of serious incidents, multiple routes of entry into the NHS and informal communication between the NHS and abortion providers... it is possible that some patients presented to other providers and a significant adverse event was not reported in our dataset

NB: In our mystery client investigation our volunteers were each told to go directly to hospital if they had any concerns about complications. “If you ever feel out of control with the pain or the bleeding or anything like that, you need to get yourself to hospital because they’ll be able to help you there, okay?”

<http://percuity.blog/2021/01/02/is-the-rate-of-abortion-complications-falling/>

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## Safety of Medical Abortion

- Measured using rates of complications requiring hospital treatment, including:
  - Haemorrhage, sepsis, and uterine perforation
- Definitions vary:
  - Soaking 2 sanitary pads each hour over a 2 hour period
  - Haemorrhage requiring transfusion
- Initial reporting via HSA4 form:
  - Must be completed for every abortion and sent to CMO within 14 days
  - Typically submitted at the time of patient discharge
  - Perhaps now being submitted at same time as posting the abortion pills?

# Reporting of Complications

<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

Complications listed on the abortion notification form include: haemorrhage, uterine perforation and/or sepsis and include those reported to the licensed clinic or hospital prior to the completion of the abortion notification. Therefore complications not reported prior to the completion of the abortion notification or that occur after discharge may not be recorded.

So, is telemedicine abortion at home 17 times safer than when the same medications are administered in a clinic setting?

Of course not, suggesting that is ridiculous.

“...it is possible that some patients presented to other providers and a significant adverse event was not reported in our dataset.

DHSC 2020 Q2:  
1 complication in  
23,061 medical  
abortions at  
home (0.043/K)

**1**  
0.043/K

Aiken et al., 7  
complications in  
29,984 medical  
abortions  
0.23/K

DHSC five-year average,  
2015-19, gestational age <10-  
weeks:

**0.74** complications per 1,000  
medical abortions

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## Freedom of Information – NHS data related to treatments needed after EMA

- In December 2020, we wrote to all NHS Hospital Trusts in England and Wales
- By end of January 2021, we had **17 responses** with data covering **19% of the population**
  - Others refused, often citing COVID-19 workload or that the time needed to complete the request would exceed that allowed by FOIA
- Safety and effectiveness data exist and can be obtained from the NHS using FOIA
  - How much easier it would be the Secretary of State and his DHSC department to ask NHS Trusts to submit these relevant, essential data?

<http://percuity.blog/2021/02/22/freedom-of-information-investigation-into-complications-from-abortion-at-home/>

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## FOI – complications needing treatment after medical abortion

- Six NHS Trusts provided data for the number of women who were treated for haemorrhage and/or sepsis following administration of the abortion pills
  - These responses were explicitly referring only to medical abortion or termination of pregnancy and differentiated data from cases of miscarriage
  - With more time, we could have followed up with others to iteratively refine questions and responses to obtain similar data
- Based on the population served by these six Trusts and the reported 61 cases of haemorrhage and eight sepsis, we find **nine complications per 1,000 medical abortions**
  - Yes, it's a small sample with limitations but in these six locations we find a complications rate **five times higher** than that reported by DHSC

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## Effectiveness of Medical Abortion

- Measured using rates of incomplete abortion and the number of women who need a surgical procedure, ERPC, to remove retained products of conception, RPOC
- Official guidelines note RPOC as an expected side-effect, with an increasing rate of failure as the gestational age increases
- Expected rates for the required surgical procedure ERPC **double each week:**
  - ≤ 9 weeks            3 ERPC per 100 medical abortions (BPAS)
  - 9<sup>th</sup> week            7 ERPC per 100 medical abortions (BPAS)
  - 10<sup>th</sup> week            13 ERPC per 100 MAs (Planned Parenthood)

# Effectiveness of Medical Abortion

9 COMPLICATIONS – up until the time of discharge (tick appropriate box(es))

None  Haemorrhage  Uterine Perforation  Sepsis

Other – specify:

**An evacuation of retained products of conception is not a complication**

<https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales/guidance-notes-for-completing-hsa4-electronic-forms>

## Effectiveness of Medical Abortion

In the period April – June 2020, across 29,984 medical abortions, 208 women were treated surgically in hospital for the removal of retained products of conception (ERPC).

<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.16668>

**Aiken et al.**

0.7 ERPC per 100 abortions

“effectiveness was higher with telemedicine than in-person care”

“...it is possible that some patients presented to other providers and a significant adverse event was not reported in our dataset”

**How else can 0.7 vs 3-to-7 be explained?**

# FOI – Effectiveness of Medical Abortion

## Response

The table below details the number of Evacuations of retained products of Conception or ERPC's conducted on women between April 1st and December 1st in 2020 and 2019 and the number of these that were due to Termination of Pregnancy (TOP) 'complications' or 'side effects' and which were due to miscarriage.

	2019	2020
The number of Evacuation of retained products of Conception or ERPC's conducted on women	52	58
Number of these due to Termination of Pregnancy (TOP) 'complications' or 'side effects' and which were due to miscarriage	9 (following a termination)	17 (following a termination)

# FOI – Effectiveness of Medical Abortion

FCE_PrimaryDiagnosis_Desc	FCE_Procedure1_Desc
Spontaneous abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Spontaneous abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Spontaneous abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Missed abortion	Vacuum aspiration of products of conception from uterus NEC
Missed abortion	Vacuum aspiration of products of conception from uterus using rigid cannula
Spontaneous abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, with other and unspecified complications	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Spontaneous abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Missed abortion	Vacuum aspiration of products of conception from uterus NEC
Spontaneous abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Spontaneous abortion; Incomplete, complicated by delayed or excessive haemorrhage	Transvaginal ultrasound examination of female genital tract
Missed abortion	Insertion of abortifacient pessary NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC

# FOI – Effectiveness of Medical Abortion

FCE_PrimaryDiagnosis_Desc	FCE_Procedure1_Desc
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Insertion of prostaglandin pessary
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus using rigid cannula
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
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Medical abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, without complication	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by genital tract and pelvic infection	Vacuum aspiration of products of conception from uterus NEC
Medical abortion; Incomplete, without complication	Insertion of abortifacient pessary NEC
Medical abortion; Incomplete, without complication	Oral administration of therapeutic substance
Medical abortion; Incomplete, without complication	Evacuation of products of conception from uterus NEC
Medical abortion; Incomplete, complicated by delayed or excessive haemorrhage	Dilation of cervix uteri and evacuation of products of conception from uterus NEC
Medical abortion; Incomplete, without complication	Cephalic delivery of terminated fetus

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## FOI – Effectiveness of Medical Abortion

- Analysis of the FOI data responses shows, in the locations covered by the responding NHS Trusts, a 2020 rate of **2.4 ERPC per 100 medical abortions**
  - Which is consistent with previously published rates and more than three times higher than the Aiken et al. rate published by BJOG
- Extrapolated to England and Wales
  - Every month, 495 women attended hospital with complications arising from retained products of conception (RPOC) after a medical abortion
  - **Every month, 365 women** after using the abortion pills, required hospital treatment to surgically remove retained products of conception (**ERPC**)
  - For many women this is after taking the extra mitigating dose of misoprostol

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## Mystery Client Investigation

- Volunteers made calls to BPAS, MSUK, and NUPAS
- In 26 cases out of 26 the abortion treatment pack was received even though the volunteer provided false information
  - Name, GP registration, medical history, and gestational age
- We used different persona to test compliance and safeguarding
  - ‘Not for me’
  - ‘On the boundary’
  - ‘Bikini body’
  - ‘Alone but not alone’

<http://percuity.blog/mystery-client-survey/>

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<http://percuity.blog/>