By email to: wgdiscriminationwomen@ohchr.org

RESPONSE TO CALL FOR SUBMISSIONS ON WOMEN'S AND GIRLS' SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SITUATIONS OF CRISIS

1. About Christian Action Research and Education

1.1. Christian Action Research and Education (CARE) is a well-established mainstream Christian charity in the UK providing resources and helping to bring Christian insight and experience to matters of public policy and practical caring initiatives across the country. CARE is a company limited by guarantee registered in England and Wales Company No: 3481417, Charity No: 1066963, Scottish Charity No: SC038911

1.2. We give permission for this submission to be published on the CEDAW website.

2. Response to Questionnaire

2.1. CARE is responding to Questions 4g, k and m.

g. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;
k. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;
m. Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;

2.2. Whilst there were concerns relating to continued access to abortion during the coronavirus pandemic in the UK, we are concerned that the introduction of telemedicine-only appointments has led to suboptimal care for women seeking an abortion and has placed already vulnerable women at greater risk. In particular, we are concerned about the reliability of self-assessment of gestation in the absence of face to face appointments, and about the adequacy of safeguarding vulnerable clients via telemedicine.

2.3. In England, Scotland and Wales, temporary approvals were given to permit early medical abortion via telemedicine, without requiring a woman to attend a clinic to confirm gestation. In England and Wales this extends up to 9 weeks 6 days **gestation**.[1] In Scotland the approval extends to 11 weeks 6 days.[2] Guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG) states that "*after 9 weeks, the products of the pregnancy may be more visible at the time of the abortion*."[3] Beyond 10 weeks gestation, the health risks to women of taking both abortion pills at home obtained via telemedicine increase.[4]

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1 https://www.gov.uk/government/publications/temporary-approval-of-home-use-for-both-stages-of-early-medical-abortion--2, https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf, https://gov.wales/temporary-approval-home-use-both-stages-early-medical-abortion.

2 https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf.

3 Coronavirus (COVID-19) infection and abortion care, Royal College of Obstetricians and Gynaecologists, 31 July 2020, https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/, p12.

4 Kapp N et al, A research agenda for moving early medical pregnancy termination over the counter, March 2017, 1646-1653 BJOG An International Journal of Obstetrics and Gynaecology, https://doi.org/10.1111/1471-0528.14646

2.4. Within two months of the telemedicine service being launched in England, there were recorded misuses, i.e. women may be providing gestation based on their last menstrual period (LMP) dates which would make them eligible for telemedicine but in doing so place themselves at risk. Some of these may be unwitting; others may be more deliberate. One newspaper reported on 22nd May 2020 that police were investigating one case where a woman in England received pills to terminate her pregnancy at 28 weeks gestation.[5] This is 18 weeks beyond the permitted gestation limit for telemedicine abortions – provided for under the temporary 'approval of places' issued by the Secretary of State – and 4 weeks beyond the legal limit for any abortion outside of certain exceptional circumstances, which were not applicable in this case.[6] The baby did not survive. The British Pregnancy Advisory Service (BPAS), one of the largest independent providers of abortion services, confirmed that they were investigating this and 8 other cases known to them where the appropriate gestation limit was exceeded. Whilst this is a tiny fraction of the estimated 8,000 abortion 'pills by post' treatments issued by BPAS up to this point, it is still very concerning that the system could be misused in this way, especially given that these only represent the proportion of misuses BPAS reported they were aware of.

2.5. Witness statements submitted to the High Court, provided evidence that, as of late May (within two months of the telemedicine service commencing), there had been 13 incidents of serious complications reported to the regulatory body the Care Quality Commission (CQC), as well as two maternal deaths, relating to telemedicine abortions out of approximately 16,000 telemedicine abortions. It also referenced three related ongoing police investigations, one of which is a murder investigation.[7]

2.6. Reports from MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK and Ireland) stated that between 2009-2014, three women died in early pregnancy from "*complications following termination or attempted termination of pregnancy including one self-attempted abortion*" as result of a termination[8] and between 2015-17, one woman died from complications of a self-induced termination of pregnancy.[9] In the entire five year period 2013–2017, prior to the initial approval allowing the second stage of a medical abortion to take place in a woman's home, there were only 2 maternal deaths recorded on abortion notification forms of the approximately 1 million abortions that occurred in England and Wales.[10] Given these statistics, the reported number of deaths since March **suggests the maternal mortality rate has been unusually high in the initial period following telemedicine approval**. Though it is perhaps too soon to draw firm conclusions from such small numbers, it is nevertheless deeply concerning and merits further careful scrutiny.

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5 https://www.thesun.co.uk/news/11690506/police-probe-death-of-unborn-baby-after-woman-has-illegal-abortion-by-post-at-28-weeks -four-weeks-past-limit/.

6 Section 1, Abortion Act 1967, https://www.legislation.gov.uk/ukpga/1967/87/contents

7 https://christianconcern.com/wp-content/uploads/2018/10/CC-Resource-Misc-Judicial-Review-Abortion-200729-NHS-email-2.pdf

8 Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14, MBRRACE-UK, December 2016, see page 77 and Table 5.1 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202016%20-%20website.pdf

9 Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17, MBRRACE-UK, November 2019, page 59 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf

10 Abortion Statistics: England and Wales, 2017, Summary Information, para 2.42 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf

2.7. The second major area of concern centres on women seeking abortions who may be experiencing **reproductive coercion**. The rise in domestic abuse during the pandemic has been widely reported, and described as a "shadow pandemic" by the UN.[11] More than 40,000 calls were made to the UK's National Domestic Abuse Helpline in the first three months of lockdown – in June alone, the charity running the helpline reported an 80% increase in calls.[12] They also saw an increase of 54% in requests from women seeking emergency accommodation. Prior to the pandemic, 2019 polling suggested 1 in 7 women in the UK had experienced coercion regarding their pregnancy,[13] this proportion may now have increased. It is also well documented that life-time and current intimate partner violence and domestic violence are prevalent in those seeking an abortion.[14] In this context it is critical that abortion services ensure adequate safeguards and support for women at risk of coercion.

2.8. Abortion service providers have suggested that the advent of telemedicine services during the pandemic has improved the situation for women experiencing coercion, and have cited the needs of this cohort as a crucial reason to extend the measure.[15] They suggest that they have seen increasing numbers of women accessing this service who disclose experiencing coercion to keep an unwanted pregnancy, and that they are proportionally more likely to see women experiencing pressure to keep rather than to terminate a pregnancy.[16] However it is self-evident that women who are seeking an abortion without knowledge of an abusive partner would be able to speak freely at the point they connect with a provider via telemedicine, so one would expect providers to document receiving such calls. It is equally clear that women who are being coerced to abort via telemedicine, when they connect with a provider, are doing so in the full knowledge and potentially even in the physical presence of their abusive partner. They would therefore not be able to safely disclose abuse, for fear of recriminations if either their partner is present, or if they were refused an abortion on that basis**. It is therefore this cohort for whom telemedicine may significantly increase risk, and this would not necessarily be reflected in contact with providers.** Furthermore, there is no confirmation that the person calling is the person who is seeking the abortion pills so they may be obtained by a family member who will later coerce the woman into an abortion; or give the pills to the woman without her knowledge.[17]

2.9. A witness statement from the High Court case referenced above also documented that BPAS includes 28x15mg Codeine in the Early Medical Abortion kit that they send out (that is, 420mg in total) - the maximum recommended individual dose is 60mg and the maximum recommended daily intake is 240mg.[18] Codeine is an opioid, and although it is currently available in low doses (8mg) over-the-counter,[19] the Medical and Healthcare products Regulatory Agency (MHRA) are considering reclassifying in light of concerns about its use.[20]

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11 https://www.unwomen.org/en/digital-library/publications/2020/06/brief-domestic-violence-in-the-world-of-work

12 https://www.bbc.co.uk/news/uk-53498675

13 https://www.independent.co.uk/news/uk/home-news/pregnancy-coercion-reproduction-abortion-a8834306.html

14 See e.g. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901290/, https://www.researchgate.net/publication/262533492_Domestic_violence_in_a_UK_abortion_clinic_Anonymous_cross-sectional_prevalence_survey

15 https://twitter.com/bpas1968/status/1277938059753947136

16 https://twitter.com/RCObsGyn/status/1279021133304561664

17 A mystery shopper exercise conducted in England demonstrated that abortion pills could be sent to fictional people. See https://christianconcern.com/wp-content/uploads/2018/10/CC-Resource-Misc-Judicial-Review-Abortion-200728-3b-duffy-witness-statement-2.pdf

18 https://christianconcern.com/wp-content/uploads/2018/10/CC-Resource-Misc-Judicial-Review-Abortion-200728-3b-duffy-witness-statement-2.pdf, p10. https://www.medicines.org.uk/emc/files/pil.5753.pdf.

19 https://www.nhs.uk/medicines/co-codamol-adults/

20 http://www.pulsetoday.co.uk/news/uk-medicines-regulator-will-consider-ban-on-over-the-counter-codeine/20041280.article

It is troubling that this relatively high opioid dose (which would be toxic if ingested as a single dose) is being included in packages posted to women who may be vulnerable.

2.10. Concern about the risk of teleconsultations for those at risk of domestic violence has been expressed recently in the British Journal of General Practice, in response to the suggestion by the Health Secretary that GP services should move online by default.[21] The British Society of Abortion Care Providers themselves, though supportive of telemedicine, caution that "*Further research is needed on their effectiveness in eliciting concerns about coercion, safeguarding and child sexual exploitation*"[22] Moreover guidance developed by Sexual Health stakeholders, including Public Health England, note with regard to emergency pathways developed in response to Covid-19 that *"It is important to recognise that ad hoc solutions can quickly become "accepted practice" and this has risk*."[23] **It is deeply concerning to us that the implementation of telemedicine during the pandemic may have resulted in increased risk and incidence of harm to women, especially amongst those already at risk.** This would be compounded if the temporary existence of this practice during the pandemic is used as justification to make this service permanent without a thorough review of the evidence of the safety of remote consultation for abortion.

2.11. In view of the evidence set out, it is our contention that **the pandemic may have promoted the development of abortion services that are less safe for women, and that may increase the risk and hinder prevention of gender-based violence in some already 'at-risk' cohorts**. We are concerned that **emergency policy developments have failed to adequately safeguard against abuses of these sexual and reproductive health services**, and that **these emergency measures may negatively impact safeguards in policy development for years to come.**

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21 https://bjgp.org/content/70/696/341
22 https://bsacp.org.uk/wp-content/uploads/2020/05/BSACP-Position-Statement-Remote-Consultations-16052020.pdf
23 https://bsacp.org.uk/wp-content/uploads/2020/08/1.-Triage-Integration-Considerations-Methods-to-Prioritise-Vulnerable-Groups.pdf