

PILLS-BY-POST: A FAILED POLICY

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Authorisation for women to procure abortions without an in-person medical consultation was introduced in 2020 as a temporary measure during the Covid-19 pandemic. Despite the mounting evidence of the risks posed to women and the problems regulating the use of abortion drugs, the “pills-by-post” policy was made permanent in March 2022. While there are no definitive figures for the number of pills-by-post abortions, taking both abortion drugs at home is now the most common procedure, accounting for 52% of all abortions in 2021.¹

PUTTING WOMEN'S HEALTH AT RISK

The legal limit for most abortions is 24 weeks' gestation but the home abortion scheme is limited to 10 weeks. This is because the risk of harmful side effects increases with each passing week. In the first six months of 2020 alone, at least 52 women across England and Wales were prescribed abortion pills beyond the 10-week limit. Studies have shown that:

- More than 50% of women having abortions after 13 weeks needed subsequent surgical intervention.²
- Medical abortion through telemedicine at more than 9 weeks' gestation is associated with a heightened risk of same-day or next-day clinical visits related to concerns over the procedure. This risk increases with gestational age.³ Surgical intervention alone was 22.6% for the more than 9 weeks gestational-age group and 12.5% for less than 9 weeks.
- With telemedicine abortions beyond 13 weeks' gestation, the completion rate was just 48%, and 45% of women required surgical intervention.⁴

ECTOPIC PREGNANCIES

The screening for ectopic pregnancies (where the embryo implants in the fallopian tube) was previously carried out through physical examination and ultrasound. The pills-by-post scheme leaves women at increased risk of an unidentified ectopic pregnancy, which can rupture, resulting in life-threatening internal haemorrhage. The symptoms of a ruptured ectopic pregnancy (pain and bleeding) and those of medical abortion can be very similar:⁵ Bleeding after medical abortion typically lasts two weeks, and sometimes longer. This can potentially mask the symptoms of a rupture for a significant period of time.

COERCION AND ABUSE

When a woman attends an abortion provider in person, she is seen alone to ensure that she is not acting under pressure. This offers some level of protection. With a telemedicine system, there is no way to ensure the woman is alone when she has an appointment. An abuser could be present for and in control of every step of the process. All relevant stakeholders have raised concerns about the vulnerability of women using the scheme.

- 77% of women think that doctors should be legally required to verify in person that women are not under pressure to abort.⁶
- 86% of women,⁷ and 90% of female GPs,⁸ surveyed expressed concern specifically about coerced abortion via telemedicine.



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A major BBC-commissioned poll on reproductive coercion found that 15% of women aged 18-44 in the UK had experienced pressure to terminate a pregnancy and 5% had experienced physical violence with the intention to force a miscarriage.⁹ Significantly, 3% of women had been given something (tablets/substances) to cause an abortion without their knowledge.

THE PSYCHOLOGICAL IMPACT OF HOME ABORTION

The British Pregnancy Advisory Service (BPAS) lists “psychological problems” under “Significant unavoidable or frequently occurring risks” on its abortion pills by post webpage.¹⁰ Medical abortion is a drawn-out process involving a degree of physical suffering significantly different to a surgical abortion; the complications are more frequent. Undergoing this process at home may add to adverse psychological impact. The woman may be alone when she aborts and more likely to see the baby while the location may prove to be a constant reminder of a distressing experience.

IMPOSSIBLE TO REGULATE

While there are many reasons why women might take abortion drugs over the 10-week limit, the case of Carla Foster, (42) who aborted her daughter Lily at around 34 weeks' gestation, makes it clear that it is possible to obtain abortion drugs illegally. Even more disturbing, is the possibility of someone obtaining the drugs under false pretences to be used on another person. Georgia Day (23) was given a suspended sentence after lying to a BPAS operative to obtain abortion pills for her lover, who wanted to trick his pregnant girlfriend into taking them.¹¹ In October 2024, Stuart Worby, (40), was prosecuted for assaulting his pregnant girlfriend and causing her to miscarry her baby at 15 weeks' gestation. Nueza Cepeda (39), obtained the drugs from an abortion facility operating the pills-by-post scheme by pretending to be pregnant.¹² She then passed the tablets on to Worby who used them to procure the abortion without his girlfriend's knowledge. Worby and Cepeda were charged under section 58 and 59 of the Offences Against the Person Act which the abortion industry is seeking to repeal. These tragic cases happened because the pills-by-post scheme makes abortion drugs so easily accessible.

The pills-by-post scheme is a failed policy. It is impossible to regulate and threatens the physical health and psychological wellbeing of women. It should be ended as soon as possible.

A detailed briefing on the dangers of the pills-by-post scheme is available for free from SPUC Pro-life Ltd. Printed copies can be ordered from: SPUC, 3 Whitacre Mews, Stannary Street, London, SE11 4AB Tel: 020 7091 7091 or email: information@spuc.org.uk

A digital version can be downloaded from: <https://www.spuc.org.uk/end-diy-abortion/get-the-briefing>

1. Abortion statistics, England and Wales: 2021 <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021/abortion-statistics-england-and-wales-2021>
2. “For medical abortion after 13 weeks of gestation, surgical evacuation may be required either at the time for retained placenta or later for persistent retained products of conception. Quoted rates for surgical intervention vary widely between studies and across different regimens, from 2.5% in one study up to 53% in a UK multicentre study.” https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf
3. Endler M et al. (2019) Safety and acceptability of medical abortion through telemedicine after 9 weeks of gestation: a population-based cohort study. *BJOG* 126:609–618
4. Gomperts R et al. (2014) Provision of medical abortion using telemedicine in Brazil. *Contraception* 89:129-133.
5. World Health Organization, 2012. Safe abortion: technical and policy guidance for health systems. 2nd ed. Geneva: World Health Organization.
6. ComRes, 2017. *Abortion Polling* [online]. Available from: <https://comresglobal.com/wp-content/uploads/2017/05/Where-Do-They-Stand-Abortion-Survey-Data-Tables.pdf>
7. ComRes, 2021a. *SPUC – England Polling* [online]. Available from: <https://comresglobal.com/polls/spuc-england-polling/>
8. ComRes, 2021b. *SPUC – GPs Polling* [online]. Available from: <https://comresglobal.com/polls/spuc-gps-polling/>
9. Since many participants were in the younger age bracket, the lifetime prevalence will be higher still for all of these statistics. ComRes, 2022. *Reproductive Coercion Poll – BBC Radio 4* [online]. Available from: <https://comresglobal.com/polls/>
10. Pills by Post – Abortion Pill treatment at home. Available from: <https://www.bpas.org/abortion-care/abortion-treatments/the-abortion-pill/remote-treatment/>
11. Jen Mills, “Woman faked pregnancy to trick lover's girlfriend into taking abortion pills”, 15 May 2022, (*Metro*, London). Available from: <https://metro.co.uk/2022/05/15/woman-faked-pregnancy-to-trick-lovers-girlfriend-into-taking-abortion-pills-16647463/>
12. “Rare poisoning trial ends with unanimous convictions,” 1 November 2024, Red Lion Chambers. <https://redlionchambers.co.uk/rare-poisoning-trial-ends-with-unanimous-convictions/>



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