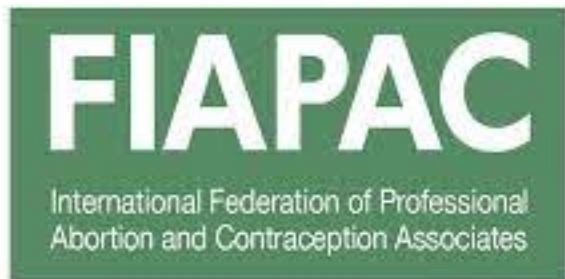


Home use of misoprostol in early medical abortions in England

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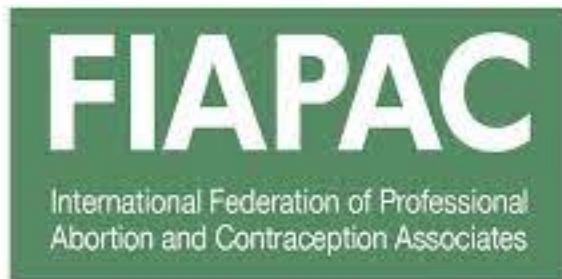


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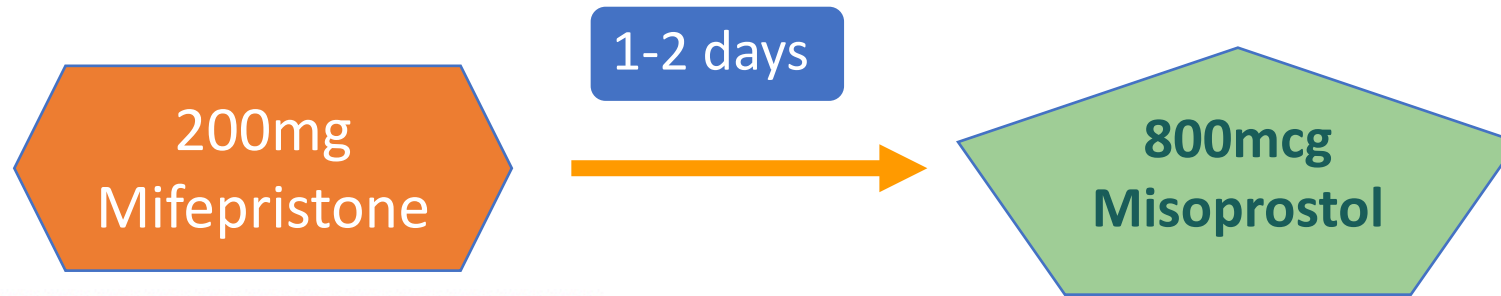
No conflict of interests to report



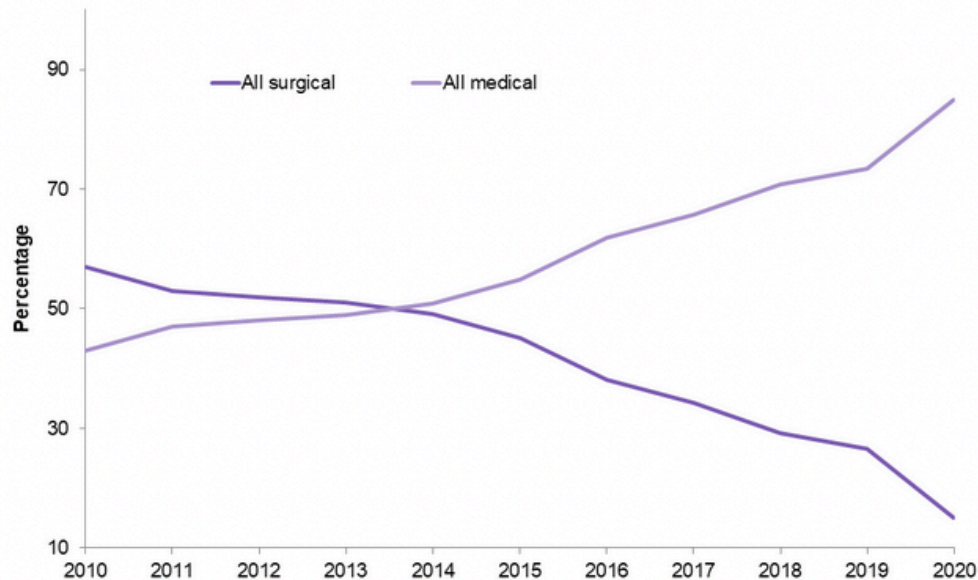
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Background



2.5 Figure 5: Abortions, procedures, percentages, England and Wales, 2010 to 2020



Medical abortion in the UK - 1990s

Up until 2018 – both pills at clinic

- travel; expenses; time off work
- bleeding on return

December 2018 – Department of Health in England approves **home administration of misoprostol** under 10 weeks' gestation

Examining impacts of approval of home use of misoprostol in England on access to medical abortion

 Maria Lewandowska, Daniel J Carter,  Patricia A. Lohr, Kaye Wellings

doi: <https://doi.org/10.1101/2022.03.28.22273043>

1. Was there a change in the ratio of early medical abortions to other methods?
2. Was there a change in the gestational age?
3. Did any of the observed changes vary by ethnicity, disability or deprivation status?

Methods

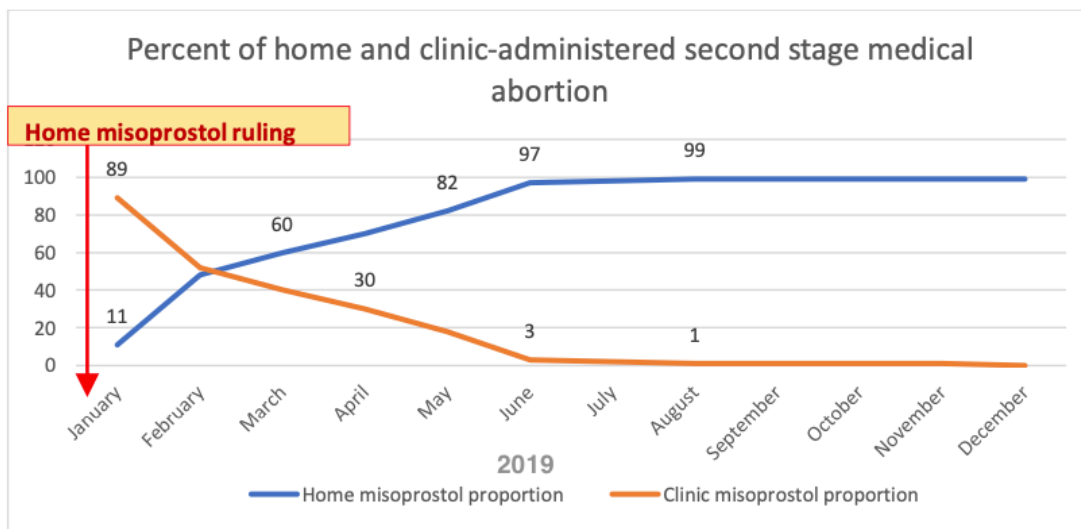


33% of abortions in England

Clinical data 2018-2019

- Abortion method, gestation
- Self-reported ethnicity
- Self-reported disability
- Deprivation derived from IMD

Figure S2. Percent of home and clinic-administered second stage of medical abortions (N = 78,178)



Statistical methods:

Interrupted Time Series analysis

Approval of home misoprostol – Dec 2018
Cut-off point for analysis – June 2019

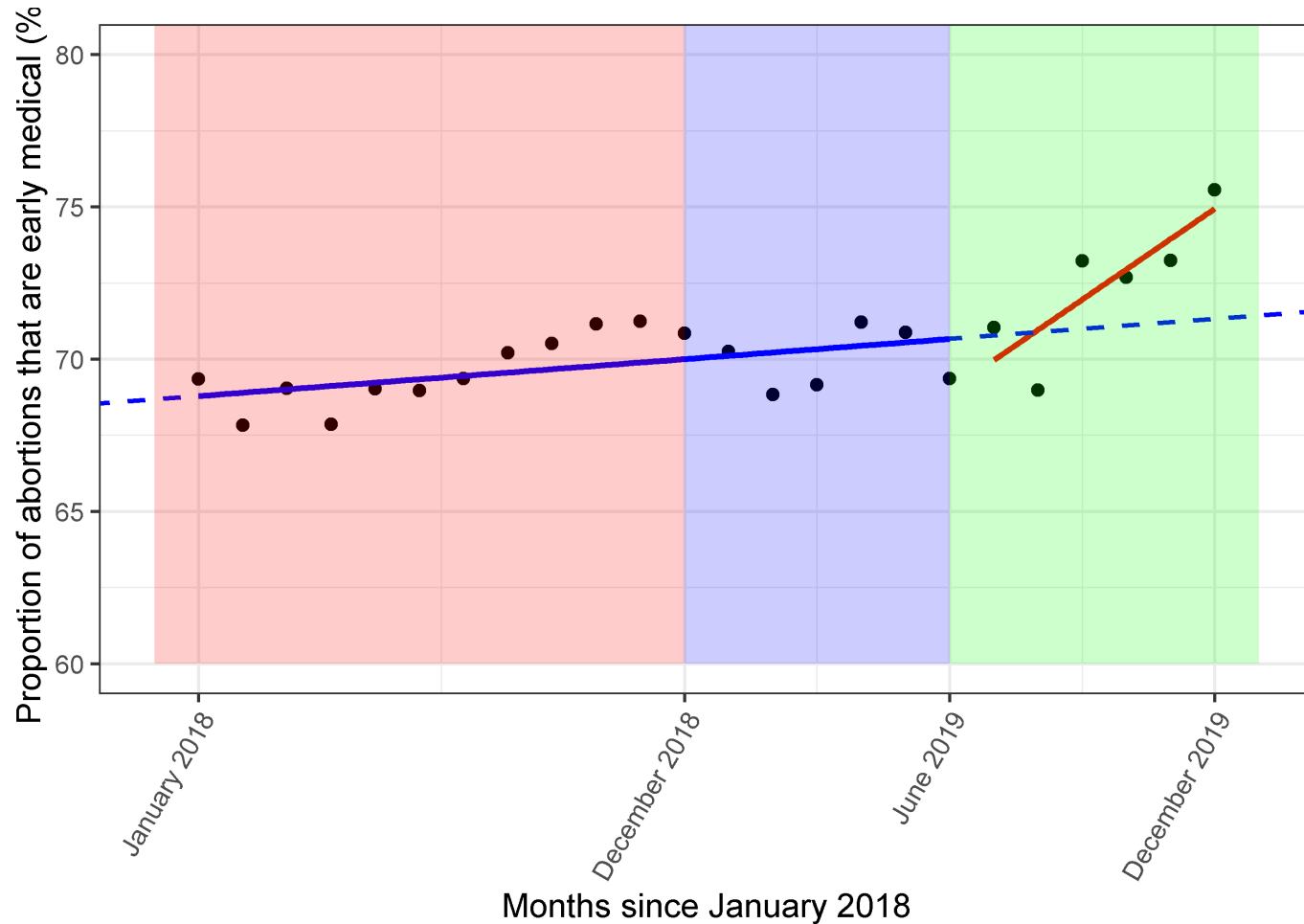
Results

145,548 abortions 2018-2019

- 70% EMAs
- Median gestational age: 52 (7 weeks 3 days)



1. Was there a change in the ratio of EMA to late medical and surgical abortions?



68% pre to 72% post
(OR=1.12, 95% CI: 1.09-1.14)
- Smaller increase in <18s
and those with disability

ITS:
Proportion 4.2% higher than
if the pre-approval trends had
continued

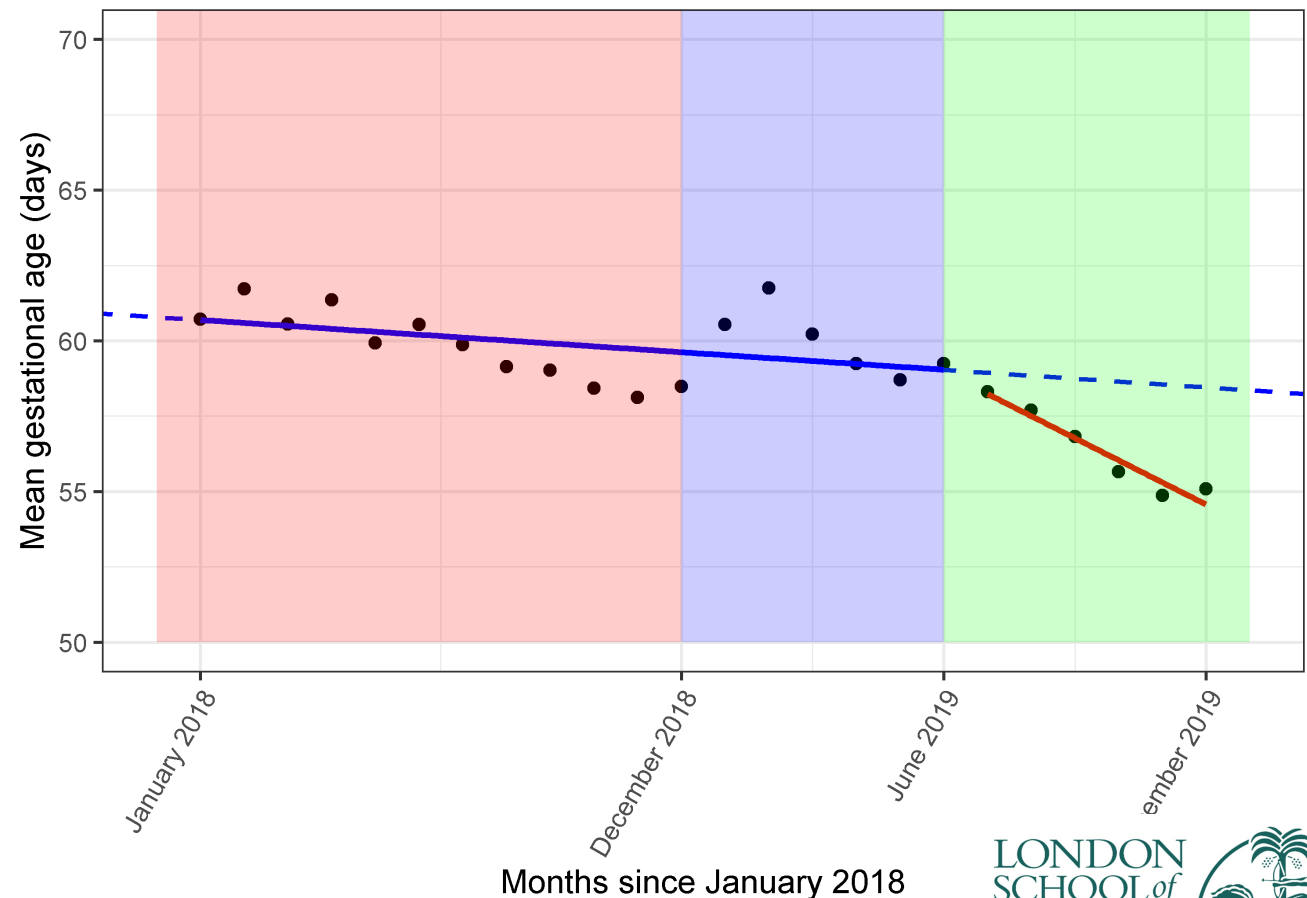
2. Was there a change in the mean gestational age?

53 days pre to 50 days post overall

- Decrease across all methods
- Even greater for LMA/surgical

ITS:

- Decrease accelerated by -0.1 days each month
- Mean gestational age 3.4 days lower



LEWANDOWSKA 2022

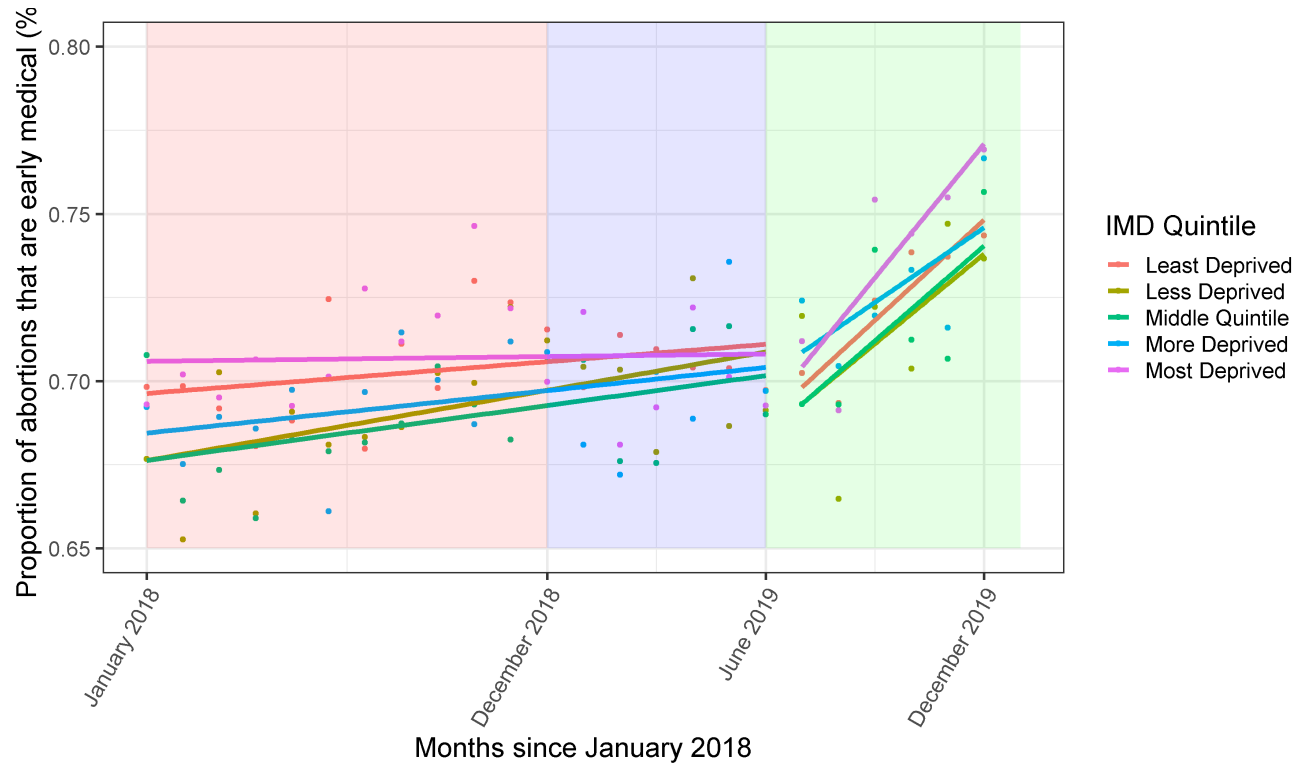
<https://doi.org/10.1101/2022.03.28.22273043>

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3a. Did the changes vary by deprivation status?

Proportion of EMA



Proportion of EMA: weak evidence for difference by deprivation status ($p=0.23$)
- Most deprived with the largest increase

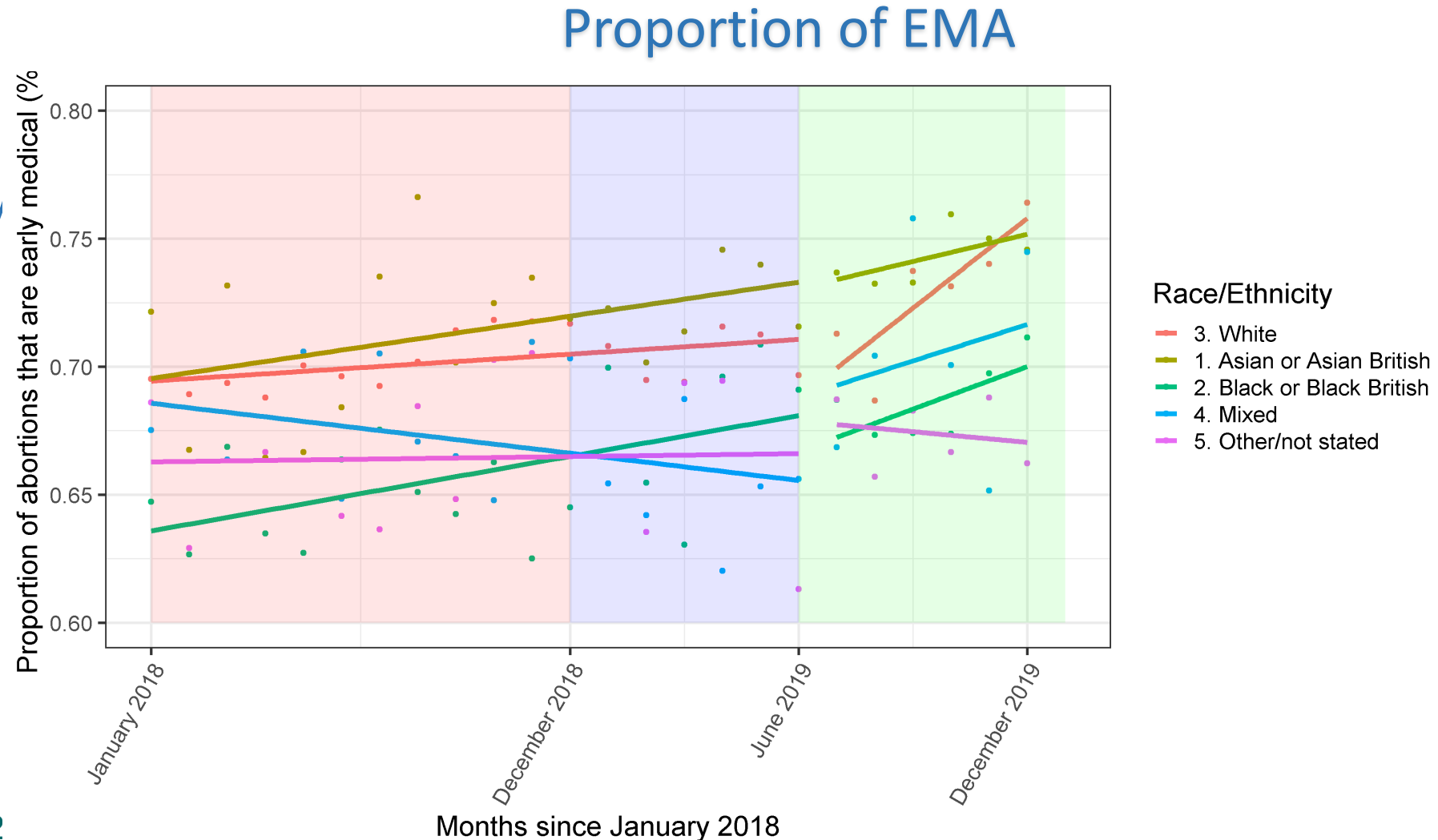
Gestational age: weak evidence for difference by deprivation status ($p=0.1$)

3b. Did the changes vary by ethnicity?

Proportion of EMA & gestational age:

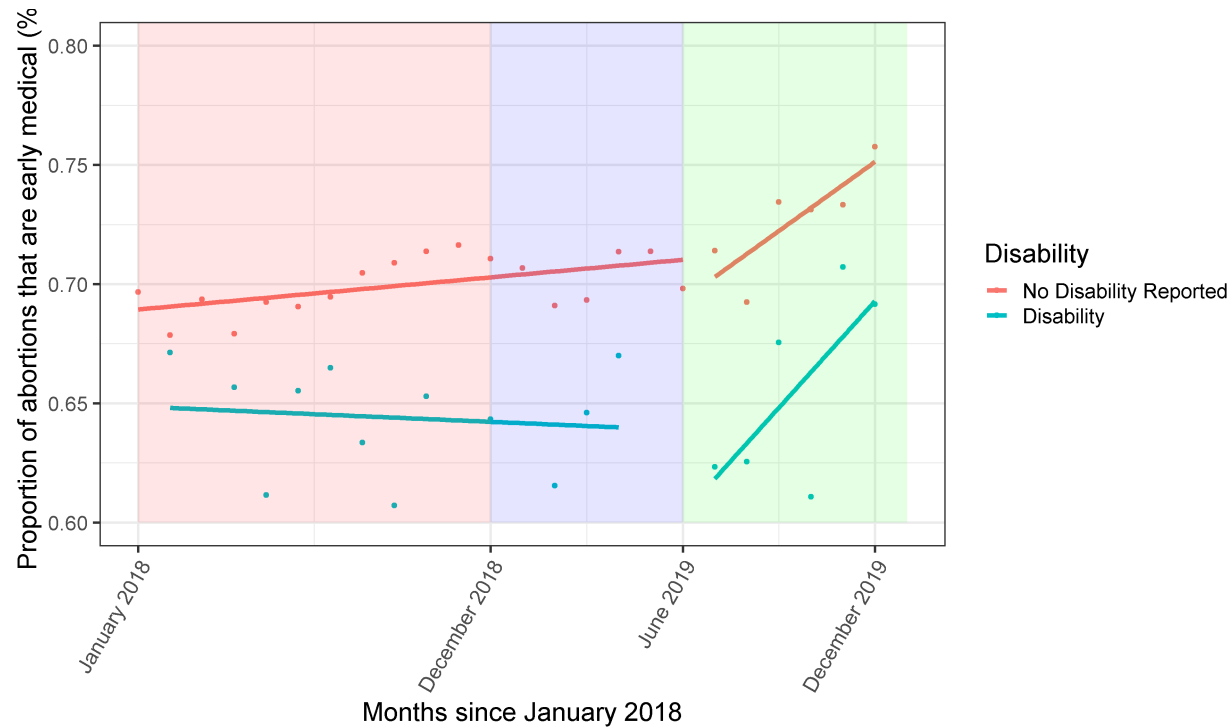
Evidence for difference by ethnicity ($p=0.01$)

- No change for Black women
- No difference for White or Asian women in EMA, but decreases in gestational age



3b. Did the changes vary by disability status?

Proportion of EMA



Proportion of EMA: Evidence for difference by disability ($p=0.01$) - Greater increase for those with disability

Gestational age: No evidence for difference ($p=0.11$)



Conclusions

Approval of home administration of misoprostol



proportion of EMA



gestational age



Trends accelerated!

- More in the most deprived and those with disability
- Less in Black women



Implications



For patients – improved access

- Earlier abortions – safer and more effective
- Shorter waiting times
- Reducing issues with travel, childcare, time off work

For systems

- Improving provider capacity
- Less costly – NICE: a one-day reduction in gestational age could save £1.6m



What now?



Covid-related EMA at home approval – April 2020

- Permanent since March 2022
- Shift towards remote care:
 - Waiting times halved
 - Gestation fell by 7 days









Importance of choice

- Remote care accompanied by support

Original research

Should COVID-specific arrangements for abortion continue? The views of women experiencing abortion in Britain during the pandemic

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Natasha Salaria,² Sharon Cameron ^{3,4}, Rachel H Scott ⁵,
Jennifer Reiter,⁶ Melissa J Palmer ⁵, Rebecca S French ²,
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Thank you for your attention!

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