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Consultation on Future Arrangements for Early Medical Abortion at Home

September 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Contents

1. Introduction

Why we are consulting

1. The Scottish Government believes women in Scotland should be able to access an abortion, within the limits of the law, should they require this. Abortion services should be accessible and free from stigma. Due to the COVID-19 pandemic, the Scottish Government has put in place an approval which allows women to take both pills required for an early medical abortion (mifepristone and misoprostol) in their own homes after a telephone or video consultation with a doctor or nurse, without the need to first attend a hospital or clinic for an in person appointment. This approval has been put in place to minimise the risk of transmission of COVID-19 and ensure continued access to abortion services without delays.

2. Now that the new arrangements have been in place for six months, the Scottish Government is seeking views through this consultation on whether or not to make permanent the current arrangements, allowing for home use of both pills for early medical abortion for those women who are considered eligible in line with Scottish Abortion Care Providers (SACP) guidelines. Please note that in this consultation we refer throughout to 'women' accessing abortion, but this is intended to refer to any patient who may seek an abortion, regardless of their age or gender identity. We know, for example, that some trans men will require access to abortion services.

3. The Scottish Government recognises that there are a range of strongly held views on this issue, with many people welcoming the current arrangements, but others raising concerns about the physical or mental health risks of not seeing women in person. This is why we wish to consult on this issue to allow abortion providers and other health professionals, women who have accessed abortion services and the general public the opportunity to comment and submit evidence. The responses and any evidence provided will help to inform the Scottish Government's decisions on whether the current arrangements should be allowed to continue once there is no longer a significant risk of COVID-19 transmission. At the moment, the current approval arrangements will remain in place as long as COVID-19 remains a risk; however, given current uncertainties around the coronavirus, there is no defined end date for this approval.

What this consultation covers

4. This consultation is seeking views on whether or not to make permanent the current COVID-19 arrangements allowing for home use of both pills for early

medical abortion in Scotland. In particular, we are keen to receive responses from those who have direct experience of early medical abortions. This includes women who have had a medical abortion (either under the current Covid-19 arrangements or under previous procedures) and NHS or other staff involved in providing abortion care or other support for women who have abortions. We are also keen to understand how the current arrangements have impacted or could impact on different groups of women should they be continued, including women who share a protected characteristic as defined by the Equality Act 2010[1], including disabled women, younger women, minority ethnic women and women who share a particular religion or belief, and other groups of women, including those with childcare or other caring responsibilities and women who live in rural areas. We are also keen to understand how the current arrangements have impacted or could impact on trans men accessing early medical abortion. Impacts could be positive or negative.

5. This consultation does not cover other abortion-related matters so we are not seeking views on the wider legal framework governing abortions in Scotland.

2. Background

The Abortion Act 1967 requirements

6. The Abortion Act 1967 ('the Act') sets out the legal requirements which should be met before an abortion can be carried out lawfully in Scotland. This Act still applies across Great Britain, although policy on abortion is now a devolved matter and so the Scottish Parliament could potentially pass legislation on abortion in future.

7. The Act requires two registered medical practitioners (doctors) to certify that they are of the opinion that at least one of the grounds under the Act for an abortion have been met[2]. Except in an emergency (situations where an abortion is immediately necessary to save the life or prevent grave permanent injury to the physical or mental health of the pregnant woman), an abortion can only be carried out in an NHS hospital (which can include some sexual health clinics that can be viewed as hospitals) or in a place approved by Scottish Ministers.

8. Section 1(3A) of the Act clarifies that Ministers can approve a 'class of places' where medical abortions can take place. This therefore allows women's homes

[1] See https://www.equalityhumanrights.com/en/equality-act/protected-characteristics
[2] Abortion Act 1967, section 1.

to be approved as places where abortion treatment can be administered. Two approvals have been made so far in Scotland using this power.

Early Medical Abortion at Home – developments over time

9. In Scotland, the majority (over 80%) of women opting for an abortion (also known as a termination of pregnancy) have an early medical abortion. An early medical abortion is an abortion in the first twelve weeks of pregnancy, where the woman takes two sets of pills to end the pregnancy. The first pill, mifepristone, blocks the main hormone, progesterone, that makes the lining of the uterus (womb) suitable for the fertilised egg. The second medication, misoprostol, causes the lining of the womb to break down and the woman to pass the pregnancy.

10. Until late 2017, women were required to attend a hospital clinic to take both mifepristone and then, 24 to 48 hours later, misoprostol. In most cases, women still self-administered both pills. In some cases, for women having an early medical abortion, they would leave the clinic straight after taking misoprostol so they could pass their pregnancy at home. However, this limited women's control over the timing of passing their pregnancy.

11. Since the end of October 2017, many women in Scotland have been able to take misoprostol at home[3]. In addition, many other women who have sadly suffered a miscarriage having been taking misoprostol at home for some time for pregnancies under 13 weeks gestation. However, until the end of March 2020, women seeking an abortion were all required to take mifepristone in a hospital clinic, such as an NHS Board's sexual health service. The evidence shows that taking misoprostol and passing a pregnancy at home is safe for early medical abortions[4].

Current COVID-19 arrangements

12. Since 31 March 2020, in light of COVID-19 and the importance of minimising risks of spreading the virus, abortion care providers in Scotland have been able to allow women having an early medical abortion to take both sets of pills at home, where this is considered appropriate for them and the woman wishes to do so. The Scottish Abortion Care Providers (SACP) have produced guidelines for staff to help them decide where this is appropriate or where they need to see a woman in person, for example so they can have an ultrasound scan. Copies of

[3] See https://www.sehd.scot.nhs.uk/cmo/CMO(2017)14.pdf (Annex A) for a copy of the October 2017 approval.

[4] See Finch et al – 'Impact of self-administration of misoprostol for early medical abortion: a prospective observational cohort study'. BMJ Sexual and Reproductive Health, 2019. WHO – 'Medical Management of Abortion' - https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/. Nice guidelines on abortion care - https://www.nice.org.uk/guidance/ng140

the COVID-19 approval and the SACP guidelines are provided in Annexes A and B. In addition to the SACP guidelines, the Royal College of Obstetricians and Gynaecologists (RCOG) has also produced UK-wide guidance on how to provide abortion services during COVID-19.

13. This means women can have an appointment with a doctor or nurse remotely via telephone or video call to discuss their options and the process, and their own circumstances, such as when their last menstrual period was and whether they have any medical conditions which need to be taken into consideration. If the woman wishes to have their abortion at home and the doctor or nurse is satisfied that they meet the criteria for this, they can be prescribed mifepristone and misoprostol to be taken at home. During their appointment and in the medication pack, women receive clear instructions on how and when to take their medication and the circumstances when they should get in touch for help and who to contact – for example if they experience any complications or if they think they may still be pregnant. Women can either have their medication pack delivered to them (normally either by NHS Board staff or a courier) or in some areas they need to come and collect their pack from a clinic reception.

14. Women are able to take mifepristone and misoprostol at home for early medical abortion in a number of other countries, either during the COVID-19 pandemic or longer term.

15. While some women are still being seen in person for at least one appointment, this means many women are now able to stay at home to minimise any physical contact with others. Feedback from NHS Boards suggests that, where they have carried out surveys, the great majority of women prefer to be able to have their abortion in the comfort and privacy of their own home. Some NHS Boards have also found it has helped to reduce the waiting times for women to have their appointment and, if they wish to proceed, their abortion. This may both help improve service delivery, but also mean more women are now able to have their abortion at an earlier gestation; this is beneficial as the earlier the gestation the less bleeding and pain and the lower the risks of any significant complications from the procedure. We would particularly welcome information from both individuals and NHS Boards who have sought feedback from women about their experiences of early medical abortion care.

Data on the impact of COVID-19 arrangements in Scotland

16. While it is not possible to provide official statistics at this stage, the Scottish Government has worked with NHS Boards to monitor the progress and impacts

of the new approval. NHS Boards have provided information[5] on their early terminations (under 12 weeks) between April and June 2020. This shows that there were just over 3080 abortions at under 12 weeks gestation between April and June (including both medical and surgical abortions). Overall, 60% of women did not have an in person appointment with a doctor or nurse or ultrasound scan before their abortion, although some women who collected their medication from a clinic did take their mifepristone while they were in the clinic. Statistics have been published for January to June 2020 for England and Wales, which do show the Covid-19 arrangements have led to more women having their abortions at earlier gestations, which is likely to be due to reduced waiting times as a result of the Covid-19 arrangements[6].

17. There are variations between NHS Boards in their use of in person appointments, although over half of mainland NHS Boards provided the full telemedicine approach in a majority of cases. Only one NHS Board did not offer telemedicine appointments at all. All others had telemedicine options available, although as noted above some Boards asked women to come to collect their package of medication as they do not have a delivery service available. NHS Boards have reported that, even where, following a telemedicine appointment they ask the woman to come to the clinic for an ultrasound scan (for example to check the gestation of the pregnancy or if there are possible concerns the woman may have signs of an ectopic pregnancy), having the initial appointment by telemedicine allows the woman's appointment in the clinic to be shorter.

18. While there are always some risks of complications associated with having any abortion, these risks are normally very low, particularly for women having an abortion at an early gestation[7]. The Scottish Government asked NHS Boards to provide information on any significant complications[8] women experienced and to indicate, for those women who did not have an in person appointment, if an in person appointment would possibly or probably have meant the complication would have been avoided or not.

19. Out of the 1855 abortions reported where the woman did not have an in person appointment with a doctor or nurse, there were fewer than 10 cases identified

[5] Please note the data provided has not gone through the same robust checking process as official statistics.
[6] See https://www.fsrh.org/news/fsrh-rcog-statement-abortion-rates-2020-covid19/?mc_cid=2560f0ddd7&mc_eid=4da0480511
[7] See NICE guidance leaflet for more information on potential complications from medical and surgical abortions - https://www.nice.org.uk/guidance/ng140/resources/abortion-before-14-weeks-choosing-between-medical-or-surgical-abortion-patient-decision-aid-pdf-6906582255
[8] It was agreed with SACP members that significant complications should include: hospital admission, haemorrhage (over 500ml of blood) or requiring blood transfusion, severe infection requiring antibiotic treatment, a missed ectopic pregnancy or complications due to the pregnancy being at a later gestation than anticipated.

where either significant or potentially significant complications might have been avoided if the woman had been seen in person, or where there were mental health concerns for women following their abortion where an in person appointment might have made a difference. The Scottish Abortion Care Providers group is discussing the lessons that can learned to help reduce the risks of complications or other concerns in future. However, there have been no reported instances in Scotland of women mistakenly being given pills to take at home when they were over the 24 week legal abortion limit.

20. NHS Boards reported some complications which, following discussion, have been confirmed as complications which would have occurred even if the woman had been seen in person. Such complications include situations such as very heavy bleeding (haemorrhage) or incomplete abortions - they did not pass the pregnancy and needed further treatment (either a medical or surgical abortion). As noted in the NICE guidance leaflet[9], it is not uncommon for women to need further treatment following an incomplete abortion.

Patient views

21. In addition to ensuring safety and minimising risks, it is also important to make the abortion process as accessible for women as possible. Some NHS Boards have been seeking feedback from women on their views on having their abortion fully at home, either via surveys or in some cases more in depth interviews. As noted in paragraph 15, NHS Boards have said the great majority of women surveyed have preferred not requiring an in person appointment and being able to stay at home. This is likely to be partly due to concerns about the risks of COVID-19, but in some cases there may be other reasons why travel to a clinic or hospital for an appointment may be difficult.

22. Full results of these surveys are not yet available, but by way of example, NHS Lothian has carried out surveys of a number of women who had appointments via telemedicine. Whilst results are still being analysed, of the first 322 women surveyed, 85% indicated they found the process 'very acceptable' and a further 8% found it 'somewhat acceptable'. When asked (14 days after their termination) what they felt would be their preferred method for a consultation about an abortion, 82% indicated that a telephone consultation would be their preference. 6% indicated they would prefer an in person consultation (in a clinic), 1% would prefer a video consultation and the remaining 11% were unsure.

23. While the views from these patient surveys will be fed into the results of this consultation, we are very keen to hear from other women who have accessed

[9] See https://www.nice.org.uk/guidance/ng140/resources/abortion-before-14-weeks-choosing-between-medical-or-surgical-abortion-patient-decision-aid-pdf-6906582255

abortion services about their experiences of early medical abortions (either since 30 March 2020 or beforehand), including about any particular challenges they faced or concerns they had, as well as where they found the process worked well.

3. Consultation Questions

24. Based on the evidence so far, while there are some additional risks due to not having an appointment in person, the Scottish Government is satisfied, following discussions with Scottish Abortion Care Providers, that these risks are low and are outweighed by the risks of spreading the virus if all women had to have in person appointments. Therefore, given that most women prefer to remain at home where possible, we are comfortable that the current approval remains appropriate while COVID-19 poses a significant risk to public health in Scotland.

25. However, it is now an appropriate time to start considering future arrangements for abortion services in the longer term. Initial feedback suggests some NHS Boards would like to continue to permit women to take mifepristone at home without an in person appointment to make abortion services easier to access, particularly for those who find it difficult to travel to a hospital clinic for an appointment for any reason. For example, research highlights difficulties for some women in accessing abortion care in remote and rural Scotland[10]. However, we are aware that some people have concerns that there are a number of risks in not having in person appointments. In particular they feel there are risks that women may underestimate the gestation of their pregnancy and that services may be less likely to detect if women are victims of domestic abuse or human trafficking if they do not see the woman in person.

26. Therefore we would be grateful for responses to the following questions to help inform decisions on future policy. You do not need to answer all the questions if you don't want to. Where you have evidence or other information which may be useful, you can provide brief text comments to supplement your answer. This consultation will be open until **5 January 2021**.

Question 1. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on **women accessing abortion services**? Please answer with regards to the following criteria:

a) **safety**

No impact
Positive impact
Negative impact
The impacts are mixed
I don't know

[10] See Heller et al – 'Barriers to accessing termination of pregnancy in a remote and rural setting: a qualitative study', BJOG, 2016

b) **accessibility and convenience of services**

No impact
Positive impact
Negative impact
The impacts are mixed
I don't know

c) **waiting times**

No impact
Positive impact
Negative impact
The impacts are mixed
I don't know

Comments (optional):

Question 2. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for **those involved in delivering abortion services**? (For example, this could include impacts on workforce flexibility and service efficiency.)

No impact
Positive impact
Negative impact
The impacts are mixed
I don't know

Comments (optional):

Question 3. What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?

Comments:

As part of this consultation, we also wish to consider the likely or possible impacts (both positive and negative) on different groups of women, of allowing the current arrangements to continue permanently. This includes women who share a protected characteristic as defined by the Equality Act 2010[11], including disabled women, younger women, minority ethnic women and women who share a particular religion or belief, as well as women who have childcare or other caring responsibilities. We also wish to consider the likely or possible impacts (both positive and negative) on trans men who require access to abortion services, of allowing the current arrangement to continue.

Question 4. Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

Yes
No
I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

In addition to the groups discussed above, we also want to seek views on the potential for making permanent home use of both pills for early medical abortion to reduce or increase inequality in health outcomes experienced by different socio-economic groups. This is in particular to help ensure we meet our responsibilities

[11] See https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

under the Fairer Scotland Duty[12] to help tackle inequalities caused by socio-economic disadvantage.

Question 5. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on socio-economic equality?

Yes
No
I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

Question 6. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities?

Yes
No
I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

[12] See https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/1/

Whether to make current early medical abortion arrangements a permanent measure

As set out above, we are seeking views on whether the current flexibilities should be made permanent or not.

Question 7. How should early medical abortion be provided in future, when COVID-19 is no longer a significant risk? [select one of the options below]

a) Current arrangements (put in place due to COVID-19) should continue – in other words allowing women to proceed without an in person appointment and take mifepristone at home, where this is clinically appropriate.

b) Previous arrangements should be reinstated – in other words women would be required to take mifepristone in a clinic, but could still take misoprostol at home where this is clinically appropriate.

c) Other (please provide details) –

Annex A – Early Medical Abortion at Home – Current COVID-19 Approval

The Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) (Scotland) 2020

The Scottish Ministers make the following approval in exercise of the powers conferred by section 1(3) and (3A) of the Abortion Act 1967[13], and all other powers enabling them to do so.

Commencement

1. This approval comes into force on the day after the day on which it is made.

Interpretation

2. In this approval-

"coronavirus" means severe acute respiratory syndrome coronavirus 2;
"home" means the place in Scotland where a pregnant woman is ordinarily resident;
"pregnancy" and "pregnant woman" are to be construed by reference to the Abortion Act 1967; and
"treatment" means the taking of the medicines known as mifepristone and misoprostol or, where the manner of treatment is that specified in paragraph 5, the taking of the medicine known as misoprostol alone.

Approval of class of place

3. The home of a pregnant woman who is undergoing treatment for the purposes of termination of her pregnancy is approved as a class of place where treatment for termination of pregnancy may be carried out where that treatment is carried out in the manner specified in either paragraph 5 or paragraph 6.

4. Treatment may only be carried out in the manner specified in paragraph 6 where, in circumstances where there is a serious and imminent threat to public health posed by the incidence and spread of coronavirus in Scotland, a registered medical practitioner or registered nurse acting under the direction of a registered medical practitioner considers that it is not advisable or not possible for the pregnant woman to attend a clinic.

5. The treatment must be carried out in the following manner-
(a) the pregnant woman has attended a clinic where she has been prescribed mifepristone and misoprostol to be taken for the purposes of termination of her pregnancy; and
(b) the pregnant woman has taken mifepristone at that clinic and wants to carry out the treatment at home.

[13] c.87. Section 1(3A) was inserted by section 37(3) of the Human Fertilisation and Embryology Act 1990.

6. The treatment must be carried out in the following manner-
(a) the pregnant woman has had a consultation with a registered medical practitioner or registered nurse acting under the direction of a registered medical practitioner by means of video link or telephone and has been prescribed mifepristone and misoprostol to be taken for the purposes of termination of her pregnancy; and
(b) the pregnant woman wants to carry out the treatment at home.

Revocation

7. The Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) (Scotland) 2017[14] is revoked.

Authorised to sign by the Scottish Ministers
30 March 2020

[14] Made on 26th October 2017.

Annex B – Early Medical Abortion at Home – Scottish Abortion Care Providers Guidelines

Guidelines for approval of early medical abortion with self-administration of mifepristone and misoprostol in the home setting – COVID-19[15]

Early Medical Abortion at Home (EMAH)

Purpose

The purpose of this document is to provide a guideline, in light of the current COVID-19 pandemic, for the provision of consultation via telemedicine and take-home mifepristone and misoprostol for early medical abortions. Where patients **up to 11 weeks + 6 days gestation** either choose or need (based on current public health advice) to self-administer, at home, rather than at a healthcare facility, or where clinics are not able to see women in person due to COVID-19-related staffing reasons and/or to minimise risk of transmission of covid-19.

Guidance

If clinics are unable to or feel it would be inadvisable to see women in person due to restrictions and pressures as a result of COVID-19, the following protocol can be applied.

- After consultation by telephone and with verbal consent, the EMAH 'home' package (to be delivered at a defined time to a home address), should include mifepristone, misoprostol, pregnancy test and analgesia, with full written instructions and advice (or where patients are able to access these instructions from the service online, provide the website source), including emergency contact numbers.

- Providers should consider including antibiotics for chlamydia, and a supply of bridging contraception in the package where appropriate.

- The gestation limit should be taken by last menstrual period.

Background

Evidence has clearly demonstrated that early medical abortion with at home self-administration of mifepristone and misoprostol is a safe method of abortion. There is no higher risk of complications than with medical abortions carried out as a day case in hospital.

This offers a choice to women requesting an abortion and, in addition to practical and logistical benefits and reduced risk to patients and staff of COVID-19 disease

[15] Note – these are the guidelines as at 31 March 2020. These guidelines may be updated from time to time.

transmission and avoidance of delays to patient treatment, enables women to complete treatment in an environment where they feel most comfortable.

Women meeting the inclusion criteria will be not be required to attend the clinic for mifepristone administration. They will self-administer both mifepristone and misoprostol at an agreed time interval between the two medications, thus completing treatment without the need for a face to face visit.

Inclusion Criteria

The woman:

- Is certain of the decision to proceed to abortion and wishes to administer both first (mifepristone) and the second part of treatment (misoprostol) at home.
- Fulfils the criteria set out in the Abortion Act 1967.
- Is ordinarily resident in Scotland.
- Does not have symptoms of an ectopic pregnancy (pain/bleeding) or other indication for an ultrasound scan.
- Is ≤11+6 weeks gestation on the day of mifepristone administration (as calculated from the date of the last menstrual period).
- Is 16 years of age or above, unless appropriate supports are in place.
- Has no significant medical conditions or contraindications to medical abortion.
- Is able to understand all information given, and to follow instructions for mifepristone and misoprostol administration.
- Fully understands the need to confirm the success of the procedure in line with local protocols.

Contra-Indications / Caution for mifepristone / misoprostol

Mifepristone and misoprostol should be used with caution in certain conditions. Please refer to the table below:

Absolute contra-indications	**Caution required in the following circumstances (discuss with senior medical staff)**
Inherited porphyria	Woman on long-term corticosteroids
Chronic adrenal failure	Asthma (avoid if severe)
Known or suspected ectopic pregnancy	Haemorrhagic disorder or on anticoagulant therapy
Uncontrolled severe asthma	Prosthetic heart valve or history of endocarditis
Previous allergic reaction to one of drugs involved	Pre-existing heart disease
	Hepatic or renal impairment
	Severe anaemia
	Severe inflammatory bowel disease e.g. Crohn's
	IUCD in place (remove pre-procedure)

Day of telemedicine appointment

Appointment can be either by telephone or, where feasible, via video call.

1. Confirm that patient is certain of decision to proceed to abortion, including the self-administration of mifepristone and misoprostol at home. Obtain verbal consent in line with local policy.

2. Advise that the patient may wish to consider having an adult at home with them for support after they self-administer misoprostol. However, during the pandemic, and while public health advice does not permit mixing between households, this should only be if the adult lives in the same household as the patient.

3. Discuss contraception options and provide ongoing contraception in line with national guidelines.

4 If there are symptoms of significant anaemia, advise the patient she will need to have her full blood count (FBC) checked so will need to wait until she can have a clinic appointment at the earliest opportunity. If result confirms severe anaemia, arrange ward admission for misoprostol, and onward investigation and treatment as per local guidance.

5. No STI screening is required, but where the patient is at higher risk of STI, antibiotic treatment for chlamydia should be included in the pack with instructions about taking these.

6. Up to 10 weeks gestation, NICE guidance indicates that no anti-D is required for medical abortions. For those patients over 10 weeks, but under 11 + 6 weeks, whilst there is no strong evidence that anti-D is not necessary, there is also no evidence that it is needed. During the current period, the evidence suggests that the subsequent risks for rhesus negative patients of not receiving anti-D are likely to be very low and much smaller than the risk of exposure to and health impacts from covid-19 if the patient travels to clinic unnecessarily. On that basis, during the covid-19 outbreak only, no anti-D is required for these patients if they would not otherwise need to travel to a clinic.

7. Advise that the patient should administer 200 mg mifepristone orally. Advise the patient that if vomiting occurs within 2 hours then she should contact the clinic as mifepristone dose will need to be repeated.

8. Obtain home address where the take-home pack of mifepristone, misoprostol and analgesia can be delivered, in line with local policy and agree timing period for delivery. The patient should be advised on arrangements for delivery – the person leaving the package should leave it on the doorstep and will not need to take any signature, but will ring the door bell and want confirmation that the person is there to receive it (e.g. particularly if the person has or may have covid-19 they should not open the door while the delivery person is there, but could wave through the door or a window or answer a phone call to confirm that the package will be received by the correct person). The patient should also be advised to get in touch if they have not received the package within a few hours after the agreed time. While ideally

providers should arrange delivery wherever possible, where this is not feasible, providers can use Royal Mail for delivery, but should ensure packages are sent special or recorded delivery.

9. Dispense prophylactic antibiotics for the at home package, if required, in line with local policy. The home package should also contain analgesia, bridging contraception if required and the pregnancy test to confirm success of the procedure.

10. Dispense take–home pack of mifepristone and misoprostol tablets. For patients at 10 weeks gestation or more, you should provide an additional dose of misoprostol to minimise the risk of an incomplete abortion. Traditional misoprostol administration has been by the vaginal route, but sublingual route and buccal routes are as effective. The patient should be advised on how to self-administer by the preferred route.

a. Oral administration (swallowing) of misoprostol has lower efficacy. Oral administration should only be used if the pregnancy is < 7 weeks gestation and if vaginal, sublingual or buccal routes of administration of misoprostol are unacceptable to the patient.

b. The patient should be made aware that administration by sublingual or buccal route is associated with higher likelihood of side effects. Misoprostol tablets administered buccally or sublingually should be placed in the mouth for 30 minutes, may not dissolve fully and are associated with an unpleasant taste in the mouth.

11. The patient should be advised that the standard dosing interval between mifepristone and misoprostol is 24-48 hrs, based upon efficacy. **Misoprostol should thus normally be administered 24 to 48 hrs after mifepristone. Women who opt to administer misoprostol out with 24-48 hour period should be advised of the following:**

a. Longer dosing interval (48 hrs up to 72 hrs) - There is evidence that the time interval between mifepristone and misoprostol can be prolonged up to 72 hrs, with similar efficacy, although the likelihood of bleeding prior to misoprostol is increased. The dosing interval should not be extended beyond 72 hours, without a further dose of mifepristone.

b. Shorter dosing interval (simultaneous administration up to 24 hours) – There is evidence of a greater failure rate and a delay in onset of bleeding with dose intervals of less than 24 hours.

c. Women should be advised that if no/minimal bleeding at 4 hours after misoprostol administration (or concern that the pregnancy has not been passed) that they should self-administer the additional dose of misoprostol provided according to instructions. For women over 10 weeks gestation, they may need to administer a third dose of misoprostol if there is still no bleeding within 4 hours of taking the second dose. If there is still no bleeding following the third dose, women should contact the clinic for advice.

12. Staff should complete EMAH paperwork, detailing patient understanding of treatment, the information that has been provided on what to expect at home

(including information leaflet) and the 24 hour contact information for advice/concerns or emergency contact. Staff should also document when the patient will conduct the pregnancy test to confirm success of procedure.

Appendix

Responding to this consultation

We are inviting responses to this consultation by **5 January 2021**.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at https://consult.gov.scot/population-health/early-medical-abortion-at-home/. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of **5 January 2021**.

If you are unable to respond using our consultation hub, you can alternatively send your response by email or post. If so, please complete the Respondent Information Form (download it from the Supporting Files section) and add your responses and send them to:

abortionconsultation@gov.scot or

Abortion Consultation
Health Protection Division
Scottish Government
Area 3E, St Andrew's House
Regent Road
Edinburgh EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the 'About You' page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered, along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or abortionconsultation@gov.scot.

Scottish Government consultation process

Consultation is an essential part of the policy making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision-making process, along with a range of other available information and evidence. We will publish a report on this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Respondent Information Form

If you are unable to respond via Citizen Space on the website please complete the Respondent Information Form. The Respondent Information Form and Consultation Questionnaire are available in the supporting files for this publication.

Please do not send a response (either by post or email) without a Respondent Information Form.

Scottish Government
Riaghaltas na h-Alba
gov.scot

Consultation on Future Arrangements for Early Medical Abortion at Home

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☐ Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐ Publish response with name

☐ Publish response only (without name)

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
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