



Department
of Health &
Social Care

*From Helen Whately MP
Minister of State for Care*

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15 June 2021

Thank you for your correspondence of 30 March, about abortion. Please accept my apologies for the delay in replying, which has been caused by an unprecedented volume of correspondence throughout the pandemic.

I understand the concerns raised by Care For Women and the organisations it represents. The Government takes this matter very seriously.

The Care Quality Commission (CQC) will always act on issues of concern that come to its attention, particularly when they relate to patient safety and wellbeing. The CQC is aware of concerns about complications following the administration of at-home early medical abortion medications and is investigating these fully.

The CQC produces a report following each inspection of an individual service or provider and may make reference to some of the issues identified in individual cases during an inspection. The CQC does not, however, routinely report on wider issues relating to the termination of pregnancy, such as complications after at-home abortion. However, it may report on such issues if they have been identified during an inspection, or if they have led to it deciding to inspect. The CQC works with providers of abortion services to ensure that they take account of guidance from the Royal College of Obstetricians and Gynaecologists (RCOG) when delivering their services.

The RCOG has issued clinical guidelines for healthcare professionals on COVID-19 infection and abortion care. The guidance sets out the circumstances where women should be asked to attend a clinic for an ultrasound scan; however, it states that most women can determine the gestational age of their pregnancy with reasonable accuracy by their last menstrual period alone. The RCOG guidance has recently been updated and now includes a decision aid for clinicians to use to help determine if an ultrasound scan is required. The National Institute for Health and Care Excellence recommends in its guidance on abortion care that service providers should consider providing abortion assessments by telephone or video call, as evidence shows that community services and telemedicine appointments improve access to abortion services.

I can assure you that public safety and continued access to key services remain our priorities during this difficult time. We are monitoring the impact of the temporary measure to approve women's homes as a place where both sets of medication for early medical abortion can be taken.

The Government's three-month consultation on whether to make permanent the current temporary measure allowing for home use of both pills for early medical abortion up to ten weeks' gestation has now closed. We will carefully consider all the comments received, and plan to publish our response later this year.

I hope this reply is helpful.

A handwritten signature in blue ink, appearing to read 'Helen Whately', enclosed within a thin blue rectangular border.

HELEN WHATELY