Executive Summary

- This submission provides evidence to address the question posed by the Committee: “What are the experiences of women in Northern Ireland who have been affected by the law on abortion?”

- Very little scientific inquiry has previously examined this question, and the scholarship presented here provides some of the first rigorous peer-reviewed evidence on the topic. The findings come from three original research studies: the first examines the characteristics of women in Northern Ireland who access abortion; the second examines the safety and effectiveness of medication abortions that Northern Irish women obtain using online telemedicine (i.e. “at-home use of abortion pills”); and the third explores women’s experiences with Northern Irish abortions law using in-depth interviews.

- Women living in Northern Ireland access abortion care in two main ways: 1) traveling abroad to a clinic; or 2) accessing abortion medications through an online telemedicine service such as Women on Web and self-managing an abortion at home. Between 2010 and 2016, the number of Northern Irish and Irish women requesting early medication abortion through Women on Web more than tripled, from 548 in 2010 to 1,748 in 2016.

- Northern Irish women who self-manage their abortions using online telemedicine come from all sectors of society and represent all age groups (the most common being 30-34 years old). The majority (63%) are already mothers and just over half (54%) were using contraception at the time they became pregnant. These women also have a wide range of reasons for needing abortion access, the most common being that they are unable to cope with a pregnancy or a child at this time in their life.

- The evidence shows that medication abortion that is self-managed at home using online telemedicine is highly effective and very safe. Among 1,000 Irish and Northern Irish women who self-managed using medication abortions obtained from online telemedicine service Women on Web, 95% were able to do so successfully (on par with typical figures in the clinical setting) and only 3% reported needing treatment for a complication.
Despite a policy implemented in mid-July 2017 to offer women traveling from Northern Ireland free abortion care in England, Northern Irish women still report experiencing multiple barriers to travelling to access abortion care, including: inability to cover the costs of travel; difficulty taking time away from work and family; partner abuse; the need to keep their abortion secret; and the emotional trauma of the stigma surrounding abortion.\(^3\)

Compared to the year prior to the policy change to provide free abortion care in England, the number of women who received abortion medications from online telemedicine organization Women on Web in the year after the policy change decreased by only 3% from 600 and 578.\(^3\)

This minimal decrease shows that covering the costs of abortion in England is not sufficient to meet the needs of Northern Irish women, and certainly does not constitute equitable access to healthcare.\(^3\)

Women often report preferring self-management of medication abortion at home over travelling overseas to a clinic. The reasons underlying this preference include: comfort; privacy; convenience; autonomy; and avoiding the need to manage pain and bleeding from the abortion on the plane or ferry home.\(^3\)

However, while many have a positive or uneventful experience using the pills, there is one common and overwhelmingly negative aspect of the experience: the fact that self-managed abortion is criminalized by the 1861 Offences Against the Person Act. As a result of the threat of prosecution, women report emotional trauma, fear, and isolation.\(^3\)

Many women feel too afraid of being reported to seek follow-up care from local doctors and there is a lack of clarity around the reporting obligations of Northern Irish doctors. This fear and confusion damage the doctor-patient relationship, forcing women either to lie or to avoid seeking support from healthcare professionals altogether.\(^3\)

Medication abortion using online telemedicine provides a vital alternative to less effective or unsafe methods. Due to delays and seizures of packages containing pills by Northern Ireland Customs, women report considering and using less effective and/or
dangerous methods to end their pregnancies, including high doses of Vitamin C, parsley pessaries, excessive alcohol, physical trauma, and self-harm.\(^3\)

- Northern Ireland’s abortion laws negatively affect the quality and safety of women’s healthcare and can have serious implications for women’s physical and emotional health. The findings outlined in this submission offer new perspectives to inform the current policy debate over Northern Ireland's abortion laws and suggest a public health rationale for decriminalizing abortion.

**Section A. Introduction**

This written evidence is submitted by Dr. Abigail Aiken, Assistant Professor of Public Affairs at the University of Texas at Austin. Dr. Aiken was born and grew up in Derry/Londonderry, Northern Ireland, and attended Foyle College. In 2009, she graduated from the University of Cambridge with her medical degree (MBBChir). She was subsequently awarded a Knox Fellowship to Harvard University and earned her Master of Public Health (MPH) in 2010. Dr. Aiken then went on to receive her PhD in demography and public affairs from the University of Texas at Austin in 2014, and completed two years of post-doctoral work at the Woodrow Wilson School of Public and International Affairs at Princeton University. She joined the faculty of the LBJ School of Public Affairs at the University of Texas at Austin as an assistant professor in 2016. For the past 5 years, Dr. Aiken’s research has focused on abortion access, and in particular, self-managed medication abortion (i.e. abortion done at home using pills) in Ireland and Northern Ireland. Her work provides the first insights into the outcomes of self-managed abortions in Northern Ireland, and the characteristics and experiences of those who opt for self-management despite the threat of prosecution under the law. Aiken’s path-breaking research has had a major policy impact as a critical source of evidence for the Oireachtas Committee charged with deciding the scope of the 2018 referendum on the Eighth Amendment in the Republic of Ireland. Dr. Aiken is available to provide further written or oral evidence upon request. Copies of all research papers cited are also available upon request.

**Section B. Written Evidence**

1.0 **How Common is Abortion Among Women Living in Northern Ireland?**
1.1 Despite Northern Ireland’s highly restrictive abortion laws, Northern Irish women do still access abortion care. There are two main routes to access: 1) Travel overseas by plane or ferry to a clinic (mostly commonly to England, although also to Scotland, Wales, the Netherlands, and Belgium); 2) Self-manage a medication abortion at home using online telemedicine (commonly called “an at-home abortion with pills”).

1.2 Between 1970 and 2016, 62,035 Northern Irish women have traveled to England and Wales to access abortion care in the clinic setting.\(^4\) It is important to note that this figure is based on the number of women giving Northern Irish addresses. Some women may give English addresses (e.g. if they are staying with family while traveling). The number of women travelling from Northern Ireland to England and Wales has been steadily declining since 2001. The number traveling in 2016 was 724 compared with 1,577 in 2001.\(^4\)

1.3 Since 2006, Northern Irish women have also had the option to self-manage a medication abortion (otherwise known as an abortion using pills) at home using online telemedicine service Women on Web (WoW).\(^5\) WoW is an online non-profit, non-governmental organization founded by Dutch physician Dr. Rebecca Gomperts. The service exists to provide medication abortion in countries where safe abortion is not available. Women access the service by filling out an online consultation form that includes their gestational age, medical history, demographic information, and any contraindications to medication abortion. A doctor reviews the online form and if medication abortion is not contraindicated, the pills are sent to the woman by mail. A suggested donation of 70-90 Euros is requested to help support the operations of the service, but those who cannot afford the donation can contribute whatever they can afford or can receive the service for free. Instructions for how to use the medications are provided by email, along with information about what to expect to experience and how to identify the signs of any potential complications. Advice and support are provided throughout the abortion via a specially trained online helpdesk. It is very important to distinguish between and appreciate the difference between online telemedicine sites like WoW and online pharmacy sites that may simply be selling abortion medications of variable or unknown reliability and without oversight, instructions, or support.\(^6\)
1.4 The medications (mifepristone and misoprostol) that women receive through WoW are the same medications provided in the same dose that they would receive in the clinic setting. Both medications are on the World Health Organization (WHO) List of Essential Medicines and WoW prescribes them in the dose regimen for medication abortion recommended by WHO. The main difference is that women use the medications themselves at home instead of having a doctor watch them use the pills in person. They also do not necessarily receive an ultrasound or blood work as they would in the clinic setting. However, the necessity of ultrasound and blood work before a medication abortion is the subject of considerable scientific and clinical debate.

1.5 Between 2010 and 2016, 7,398 women living in Northern Ireland and Ireland accessed the WoW service. Approximately one-third (2,737) of these requests are estimated to come from women living in Northern Ireland.

1.6 In 2017, however, the number of women giving Northern Irish addresses at clinics in England and Wales increased from 724 in 2016 to 919 in 2017. This increase was mostly concentrated in the third and fourth quarters of 2017 and coincided with a policy change implemented in late July 2017 to offer abortion services at no cost to women traveling from Northern Ireland. It is not possible to say whether the increase actually represents more women traveling from Northern Ireland due to reduced costs, or whether more women began giving Northern Irish addresses since they no longer needed to give an English address to receive their abortion for free.

1.7 Comparing numbers for the year before the policy change (1st August 2016-31st July 2017) to the year after the policy change (1st August 2017-31st July 2018), the number of women living in Northern Ireland who were sent medication abortion pills by WoW decreased by only approximately 3% from 600 to 578. It is therefore clear that offering abortion services to Northern Irish women free of charge in England does not eliminate the demand for medication abortion self-managed at home.

2.0 Who Accesses Self-Managed Medication Abortion Using Online Telemedicine in Northern Ireland?
2.1 My study of all requests made to the WoW online telemedicine service between 2010 and 2015 showed that requests for abortion medications come from all sectors of Northern Irish society. A wide range of demographic and social group are represented.¹

2.2 Women of all reproductive ages are represented, with the most common age groups being 30-34 years (representing 26% of all requests) and 25-29 years (representing 24% of all requests).¹

2.3 The majority of requests (63%) come from women who are already mothers.¹

2.4 The majority of women (54%) were using contraception when they became pregnant and thus experienced a contraceptive failure. Forty-four percent reported that they were not using contraception when they became pregnant. Finally, only 2% of women reported requesting early medication abortion due to rape.¹

2.5 Northern Irish women request access to abortion services through WoW for a wide variety of reasons. By far the most common reason, cited by 62%, is being unable to bring up a child at this time in their lives. In-depth interviews with a sample of these women revealed that this category included being in a physically or emotionally abusive relationship, being unable to provide for existing children with the addition of another child, and being physically or emotionally unequipped for pregnancy.³ These statistics mirror the reasons for abortion among Northern Irish women who travel to clinics in England and Wales. Ninety-eight percent of abortions to these women are performed under Ground C of the 1967 Abortion Act, which allows for abortion when “the continuation of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman”.¹¹ The remaining 2% of abortions among women who traveled were performed under Ground E, for severe fetal anomaly.¹¹

2.6 Northern Irish women who access medication abortion through online telemedicine are at or under 10 weeks gestational age at the time of making their request.¹ By contrast, 67% of
abortions to Northern Irish women who travel to England and Wales occur at under 10 weeks of gestation, and 83% occur at under 13 weeks.\textsuperscript{11}

3.0 Outcomes of Self-Managed Medication Abortion Using Online Telemedicine

3.1 My research shows that at-home use of abortion medications obtained using online telemedicine is both highly effective and very safe. Among 1,000 Irish and Northern Irish women who used Women on Web between 2010 and 2012, 99% were able to end their pregnancy, and 95% were able to do so without needing a surgical intervention to help complete the medication abortion.\textsuperscript{2} These outcomes compare favorably to those for medication abortion performed within the clinical setting.\textsuperscript{12}

3.2 Among the same group of 1,000 women, only 3% received treatment for any adverse event following their medication abortion: 2.6% were given antibiotics, less than 1% required a blood transfusion for very heavy bleeding, and no deaths were reported.\textsuperscript{2} These complication rates, while still very low, are slightly higher than in the clinical setting.\textsuperscript{13} However, since outcomes are self-reported, there is no way to judge whether the appropriate treatment was given or whether unnecessary treatments were given by doctors untrained in the provision of post-abortion care.\textsuperscript{14}

3.3 These findings indicate that early medication abortion provided through online telemedicine is safe and effective in terms of clinical outcomes. Additionally, in-depth interviews I conducted with Northern Irish women reveal that self-managed medication abortion is a vital alternative to the less effective and/or dangerous methods that some women consider or try before discovering WoW. These methods include high doses of Vitamin C, excessive alcohol, parsley pessaries, scalding bathes, excessive physical exercise, and those many consider relegated to history, including physical trauma and self-harm.\textsuperscript{3}

4.0 What are the Experiences of Northern Irish Women who Access Abortion?
4.1 My research shows that women experience multiple barriers to travelling for abortion services, even when abortion is provided free of charge. When asked about why they continued to use WoW instead of travel to England to get an abortion in a clinic for free, women identified multiple remaining barriers to travel including: covering travel costs, which are exacerbated by the need to book flights at very short notice and to complete return travel on the same day to avoid accommodation costs; the need to obtain the documents required by the few airlines that fly from Northern Ireland to England, at least one of which requires passengers to carry a passport; inability to take time away from work and childcare, the need to keep the abortion secret from an abusive partner or disapproving family; and the desire to avoid having to manage pain and bleeding on a plane or ferry home.

4.2 My work also shows that self-managed medication abortion using online telemedicine may be preferred over travel but that the experience is dominated by fear and isolation due to the risk of prosecution. Many women viewed online telemedicine as a first choice over travel because of the advantages of comfort, privacy, convenience, safety, and autonomy. Some who did not know about WoW at the time of traveling for their abortion explained that they would much rather have self-managed their abortion at home had they been aware of the option.

4.3 Despite these perceived advantages, however, almost all women who chose this option experienced anxiety because of the criminalization of abortion in Northern Ireland, preventing many from seeking support from friends and family.

4.4 Obstruction of the importation of abortion medications by Northern Ireland Customs contributes to stress, anxiety, a higher risk of complications, and trial of ineffective or unsafe methods. Many women who used online telemedicine reported feeling intense worry that Northern Irish Customs would confiscate or delay their packages. For some, those fears were realized: some packages were intercepted and confiscated while others were significantly delayed, sometimes by several weeks. These delays meant that some women ended up using the medications at later gestations than they had anticipated or desired and also trying less effective or dangerous methods while waiting for the medications to arrive.
4.5 Lack of legal clarity surrounding Northern Irish abortion laws, as well as past prosecutions of those who have self-managed, delays access to care and fuels mistrust of the healthcare system. While all women in the study were aware that abortion is highly restricted in Northern Ireland, many were uncertain about the exceptions under which abortion can be legally granted and were confused about the information and support that healthcare professionals can lawfully provide. As a consequence, women’s interactions with the healthcare system in Northern Ireland were highly variable and many were reluctant to attend for follow-up care after their abortions. Those who did attend felt forced to lie about what they had done, severely compromising the doctor-patient relationship.

Section C. Recommendations for Action

In light of the evidence presented above regarding the characteristics, outcomes, and experiences of women in Northern Ireland who have been affected by the laws on abortion, the following action is recommended:

1. Westminster should act to decriminalize abortion in Great Britain and Northern Ireland. Removal of Sections 58 and 59 of the 1861 Offences Against the Persons Act would have a major impact in terms of bringing the widespread phenomenon of self-managed medication abortion out of the shadows in Northern Ireland and halting the chilling effect previous prosecutions have caused. These abortions are safe and effective, and the biggest risks to women are not medical in nature, but legal. Decriminalization would mean that women managing their own abortions at home would no longer be isolated, stigmatized, and traumatized by the threat of prosecution.

2. If Sections 58 and 59 of the Offences Against the Person Act were repealed, Stormont would then be in a position to legislate for new abortion laws in Northern Ireland. From both a medical and human rights perspective, the gold standard would be to provide safe, legal, affordable, and accessible abortion care services throughout Northern Ireland. Such legislation would require going beyond the provisions of the 1967 UK Abortion Act, which now requires multiple updates to come into line with latest scientific evidence and best clinical practices. Attempts to re-
criminalize or further restrict abortion in Northern Ireland would very likely be unsuccessful, as we have seen how the current laws do not have their intended impact of preventing all women living in Northern Ireland from having abortions in their home country.

3. Both Westminster and Stormont should ensure that any attempt to reform Northern Irish abortion laws does not stop at limited exceptions such as rape, incest, and fetal anomaly. As the evidence in this report makes clear, most women accessing abortion in Northern Ireland do not fall into one of these limited exception categories. Thus, any such reform would have only a very limited impact and would not solve the issue at hand.

Section D. Works Cited

The written evidence outlined in this submission is drawn from the following peer-reviewed publications:


2. Aiken AR, Digol I, Trussell J, Gomperts R. Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland. *BMJ: British Medical Journal.* 2017;16;357:j2011. ([https://www.bmj.com/content/357/bmj.j2011](https://www.bmj.com/content/357/bmj.j2011)).


All papers are available upon request. The final paper on the list contains representative and illustrative quotes from women interviewed about their experiences.

The following peer-reviewed publications or data sources are also cited as evidence in this submission:
4. Data Obtained from the UK Department of Health and Social Care via a Freedom of Information Request

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