



FUTURE of ABORTION

Controversies & Care

25-26 June 2008 • QEII Conference Centre, London

Conference Update

www.futureofabortion.org

This ground breaking two-day conference marked the 40th anniversary of **bpas**, Britain's leading abortion provider and a participant in policy developments and media debates.

The event took place in the midst of a major Parliamentary debate about amending British abortion law, and brought together doctors, nurses, NHS commissioners, politicians, philosophers, journalists, campaigners and abortion providers from across Europe and the USA.

Presentations were made by leading international and UK experts in abortion and sexual health services with the intention of stimulating debate and presenting best practice in service delivery.

Many issues were discussed but four main themes emerged. A summary of these key themes is contained in this Conference Update.

“Abortion is a fact of life”

Opening the conference, **Rt Hon Dawn Primarolo MP, Minister of State for Public Health:**

- Recognised the role played by **bpas** in informing Parliament ahead of the vote on the Abortion Act and the forthcoming Parliamentary debate, ‘clearly putting across the challenges and issues faced by women’.
- Acknowledged providers concern but reasserted the government’s view that the Abortion Act is working as intended.
- Announced new funding of £6 million towards sexual health provision in further education locations over three years.

Ann Furedi, Chief Executive of bpas:

- Argued that we should not be concerned that the number of abortions has increased as access to services has improved.
- Stressed the need for abortion as a back-up to contraception, evidenced by the extent of contraceptive failure.

- Noted that abortion is an accepted part of life - illustrated by the presence of a large banner outside the conference centre proclaiming ‘The Future of Abortion’, and the absence of any protestors.



Discussing the issue of ‘repeat abortion’, **Dr Sam Rowlands of Warwick Medical School:**

- Demonstrated that the proportion of repeat abortions is a predictable consequence of women having access to legal abortion over the course of their whole reproductive life;
- Argued that there is no basis for viewing the population of women who have repeat abortions as any different to those who have one abortion.

The presentation by **Professor James Trussell of Princeton University, USA:**

- Noted that half of all pregnancies in the USA are unintended, and that 48% of unintended pregnancies resulted from contraceptive failure;
- Highlighted the superior reliability of Long Acting Reversible Contraceptives (LARCs) – ‘fit and forget’ methods that women do not have to think about taking every day. This generated front page media coverage, with headlines such as ‘The Pill “has had its day as an effective contraceptive”’ (The Times).

Addressing the question ‘What use is emergency contraception?’, **Kate Guthrie, clinical director of Hull and East Riding Sexual and Reproductive Healthcare Partnership:**

- Examined research showing that increased access to EC does not reduce pregnancy and abortion rates;
- Argued that the public health impact of EC should not be over-sold, but that the benefit to individuals should be stressed, as ‘everyone deserves a second chance to prevent an unintended pregnancy’.

“Through providing abortion, we understand it”

Ann Furedi Chief Executive of **bpas**, commenting on the conference:



“We are proud to be able to host an event of this significance at an important time for abortion legislation.”

Ann Furedi, chief executive of **bpas**

“For us this was an opportunity to demonstrate that through providing abortion, we understand it. It was a chance to show that

we do not ignore ethical concerns about the value of life and importance of conscience, but consider and address them. It was a space to discuss new developments in clinical practice and a platform to argue for the legal and regulatory frameworks that we believe would best serve women and those who provide the services they need.

“A good abortion service puts the woman at the centre and is part of a ‘joined up’ sexual health service.”

Chris Plummer of **bpas**:

- Discussed the shift in British abortion provision from being seen as care bought by individuals using private clinics to contracting services using public money via the NHS.
- Argued that the future of abortion care is client-focused: offering women as much choice as possible within resource constraints.
- Acknowledged that many women will not have a real choice in some aspects of their abortion provision. This may not matter ‘if compromises are considered and can be explained, and if customer focus, care and kindness are at the heart of everything that we do’.

Donagh Stenson of **bpas** drew upon the organisation’s 40 years of experience to suggest ‘what makes a good contract’, including:

- Commissioning abortion services as part of a robust sexual health strategy.
- Providing a real choice of provider.
- Clear and easy referral pathways.
- Client participation in service design.

She drew attention to **bpas**’ innovations such as offering Chlamydia testing and treatment online, which show how willingness to challenge the status quo can result in a better service.

Reviewing the National Sexual Health Strategy, **Baroness Gould of Potternewton**, chair of the Independent Advisory Group on Sexual Health & HIV:

- Situated abortion care firmly within a broad approach to contraception provision and the treatment of STIs, emphasising the need to provide a seamless service.

The emphasis on providing a woman-centred service was endorsed from a clinical perspective by **FIAPAC’s Dr Christian Fiala**, Obstetrician and Gynaecologist, Austria.

Discussing possible improvements in the provision of EMA, **Mitchell D. Creinin, MD**, professor of obstetrics, gynaecology and reproductive sciences at the University of Pittsburgh:

- Drew attention to the safety and acceptability of women’s home use of misoprostol – which is permitted in several countries, but not in Britain.
- Examined research on shortening the interval between mifepristone and misoprostol administration, which may increase acceptability for women.

“Abortion law should reflect developments in science and international clinical practice.”

Dr Ellie Lee of the University of Kent:

- Drew upon her research into why women have abortions in the second trimester to show why Britain’s 24-week ‘time limit’ continues to be necessary;
- Noted that women’s failure to realise they were pregnant (often due to contraceptive failure), and the time spent deciding whether to have an abortion, are two of many reasons why women present for abortion at later gestations;
- Argued that affording women the time to make this decision is preferable to pushing them to decide on an earlier abortion.



Other aspects of the UK law were discussed in relation to following international practice by permitting home use of misoprostol, and permitting nurses to carry out early medical and surgical abortions.

- **Mary Fjerstad of Planned Parenthood** reported that provision of EMA by nurses in the USA has greatly enhanced access to abortion in rural areas;
- Sexual health advisor **Kathy French** argued that the UK should follow international practice by allowing nurses with the appropriate training to provide early surgical abortions, and to prescribe the abortion medication used in EMA;
- **Marge Berer**, editor of *Reproductive Health Matters*, noted that international research and experience show that it is safe and beneficial for trained mid-level providers that are not doctors to play a greater role in abortion provision.

“ The future of abortion should be determined by an honest, ongoing and rigorous debate.”

Engaging with the question of how abortion participants set their personal limits on ‘How late is too late?’, Lisa H. Harris of the University of Michigan argued for ‘a new kind of abortion discourse’ that is open about the procedures used in second-trimester and the emotive nature of it.

Speaking at a lively evening debate asking ‘What’s so bad about abortion?’:

- Jon O’Brien of Catholics for Choice argued that Catholics have a duty to follow their own consciences, and should not be forced to follow the teachings of the Catholic Church.
- Josephine Quintavalle, (Catholic) of Comment on Reproductive Ethics argued

that abortion is an ‘intrinsically illicit’ choice, and doubted the possibility of the pro-choice and anti-abortion movements finding common ground.

- The journalist Dominic Lawson thanked **bpas** for providing a much-needed dialogue and wondered how one balances the rights of a woman and those of an ‘unborn child’.
- Ann Furedi, chief executive of **bpas**, argued she accords the embryo/foetus some value – abortion is not like a tonsillectomy and **bpas**’ clients know this too. But abortion ‘doesn’t take place in the abstract’, and ‘I don’t accord that a life that is not yet aware it is alive has the same value as a woman’s life’.



If you would like to see any of the presentations in full please visit the ‘The Future of Abortion’ website: www.futureofabortion.org or contact development@bpas.org

Results from the bpas conference feedback.



Chris Plummer, Director of Service Development Strategy of **bpas**

“We were happy to see results from the conference feedback included 99% of respondents were satisfied or very satisfied with the overall programme and 98% stated the content was directly relevant to their work. This reflects the innovative approach we took to addressing these important issues and the quality of the speakers presenting.” Abortion Review will go into greater detail over the coming months.

Contact Us

bpas

20 Timothy’s Bridge Rd
Stratford Enterprise Park
Stratford Upon Avon
CV37 9BF

telephone: 0845 3655050

email: development@bpas.org

web: www.bpas.org

Please insert FSC logo here