

## Termination of pregnancy

Consultation on draft scope – deadline for comments 5pm on 20/07/17 email: [ToP@nice.org.uk](mailto:ToP@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?</li></ol> <p><a href="#">Developing NICE guidance: how to get involved</a> has a list of possible areas for comment on the draft scope.</p>
<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	<b>Christian Medical Fellowship</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b><u>None</u></b>
<b>Name of person completing form:</b>	<b>Dr Rick Thomas</b>
<b>Type</b>	[for office use only]

Comment No.	Page number or ' <b>general</b> ' for comments on the whole document	Line number or ' <b>general</b> ' for comments on the whole document	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Insert each comment in a new row.</p> <p style="text-align: center;">Do not paste other tables into this table, as your comments could get lost – type directly into this table.</p>
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....
1	1	11	The scoping document begins with the statement that ToP 'is an integral part of reproductive healthcare'. This description suggests that abortion falls within routine healthcare; it fails to reflect the fact that abortion remains an unlawful act, unless performed under the terms of the 1967 Abortion Act (amended by the HFEA 1990)
2	1	14	<p>That a pregnancy was 'unintended' does not in itself constitute legal grounds for its termination. Two doctors must separately form the opinion, in good faith,<sup>1</sup> that to continue the pregnancy would constitute a risk to the physical or mental health of the woman, greater than if the pregnancy were terminated. Medical practitioners must be able to justify how they formed their opinions for example by recording in the patient's record that they have assessed the relevant information and reached the conclusion based on this information.</p> <p>The wording of the draft document suggests that NICE supports termination of pregnancy on illegal grounds, and equates 'lack of intention' with 'risk to mental health'. The document appears to be based on the premise that abortion should be available for any woman, 'on request' and that 200,000 terminations annually is acceptable.</p>

<sup>1</sup> Department of Health. Guidance in Relation to Requirements of the Abortion Act 1967 for all those responsible for commissioning, providing and managing service provision. London: DH; 2014. [bit.ly/1nCtswB](http://bit.ly/1nCtswB)

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3	1	17-18	<p>Terminating a pregnancy is described as a 'safe procedure'. This ignores the emotional turmoil most women experience around the time of the procedure, the anxieties and fears associated with self-medication at home, and the longer term mental health issues that may complicate the procedure in some women.</p> <p>The largest, most comprehensive and systematic review into the mental health outcomes of women after induced abortion (by the Academy of Medical Royal Colleges, funded by the Department of Health in 2011) acknowledged that much of the evidence was of poor quality and was biased. However they concluded that having an <i>unwanted</i> pregnancy is associated with an increased risk of mental health problems.</p> <p>The report also found that the rates of mental health problems for women with an unwanted pregnancy were the same, <i>whether they had an abortion or gave birth</i>. Therefore, when a woman has an unwanted pregnancy, rates of mental health problems will be largely unaffected whether she has an abortion or goes on to give birth.</p> <p>However, women who have mental health problems before abortion are at greater risk of mental health problems after abortion: 'The most reliable predictor of post-abortion mental health problems is having a history of mental health problems prior to the abortion. A range of other factors produced more mixed results, although there is some suggestion that stressful life events, pressure from a partner to have an abortion, and negative attitudes towards abortions in general and towards a woman's personal experience of the abortion, may have a negative impact on mental health.'<sup>2</sup></p> <p>If childbirth does not constitute a greater risk of injury to mental health than abortion, it is arguable that doctors who authorise abortions in order to protect a woman's mental health may not be acting in accordance with the available evidence and may therefore be doing so illegally. Studies have shown that early medical abortion at home is associated with incomplete abortion in 2%-13% of cases, necessitating hospitalisation and a second procedure. Where adequate safety and support system resources are limited, for example for those living in remote areas, home-based abortions should not be offered.<sup>3</sup> Women with learning difficulties or co-existing medical or mental health conditions, who may struggle to understand or interpret guideline recommendations for medicines, will also be vulnerable where the trend is towards home-based abortions.</p>
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<sup>2</sup> National Collaborating Centre for Mental Health. Induced Abortion and Mental Health. London: Academy of Medical Royal Colleges; 2011.[bit.ly/2aOxGgZ](http://bit.ly/2aOxGgZ)

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4	1	27	Non-NHS providers are profit-driven and will cherry-pick the most profitable procedures.
5	4	13	<p>We recommend that assessment for abortion necessarily include the provision of neutral and non-directive counselling in a setting free of time-pressures and other forms of coercion, by a qualified counsellor who is not employed by a private abortion provider.</p> <p>DH regulations state that every woman who requests an abortion 'should be offered' the opportunity to discuss her options and choices with a 'trained pregnancy counsellor'.<sup>4</sup> 'A trained pregnancy counsellor is someone trained to Diploma level. Counselling must be non-directive and non-judgmental and should not create barriers or delays. Counsellors should undergo continuous professional development and training similar to other professionals.'<sup>5</sup></p>

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<sup>3</sup> <http://www.who.int/bulletin/volumes/89/5/10-084046/en/>

<sup>4</sup> Department of Health. Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion). London: DH; 2014:24. [bit.ly/1PJlqy1](http://bit.ly/1PJlqy1)

<sup>5</sup> Ibid 26

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6	4 6	15 32-33	<p>We are concerned that care after termination of pregnancy be limited to immediate, post-abortion progress whereas there are longer-term risks that must be taken into account.</p> <p>Research shows that women can sometimes suffer harm – particularly psychological harm – post-abortion. It can take days and sometimes weeks to end a pregnancy following a medical abortion – the time needed is not predictable and it ‘fails’ more frequently than do surgical abortions. Bleeding can be very heavy and last longer than with a surgical abortion. Cramping can be very severe and lasts longer than with a surgical abortion. Taken together, these factors significantly increase the physical, emotional and psychological risks associated with home-based medical abortions.</p> <p>The review into the mental health outcomes of induced abortion by the Academy of Medical Royal Colleges<sup>6</sup> found that women with mental health problems before an abortion were at greater risk of mental health problems post abortion. It also found that other factors may be associated with increased rates of post-abortion mental health problems, such as a woman having a negative attitude towards abortions in general, being under pressure from her partner to have an abortion or experiencing other stressful life events.</p> <p>It is therefore in the interest of doctors to ensure that all women with an unplanned pregnancy have sufficient information about the different options, and the risks involved, before consenting to proceed with the option chosen. They should be informed that a recent major review of research found that abortion does not reduce the risk of mental health problems compared to giving birth and certain attitudes and/or circumstances may increase the risk of post-abortion mental health problems. Explaining these findings will help to ensure that sufficient information has been imparted to allow valid, informed, consent to be given.</p> <p>We recommend that follow-up over at least twelve months be undertaken, to ensure early detection of any mental health issues that may arise as a result of the abortion.</p>
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<sup>6</sup> National Collaborating Centre for Mental Health. Induced Abortion and Mental Health. London: Academy of Medical Royal Colleges; 2011. [bit.ly/2aOxGgZ](http://bit.ly/2aOxGgZ)

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7	5	16	<p>DH guidance for abortion providers states that women: 'must be given impartial, accurate and evidence-based information (verbal and written) delivered neutrally and covering':</p> <ul style="list-style-type: none"> <li>■ Alternatives to abortion (for instance adoption and motherhood)</li> <li>■ Abortion methods appropriate to gestation</li> <li>■ The range of emotional responses that may be experienced during and following an abortion</li> <li>■ What to expect during and after the abortion (including potential side-effects, complications and any clinical implications).</li> <li>■ Full discussion of contraception options and the supply of chosen method</li> <li>■ Testing for sexually transmitted infections including HIV and strategies in place for infection prevention</li> </ul> <p>GMC and BMA guidance encourages doctors to explain to patients the importance of knowing the options open to them while respecting a person's wish not to know. Women should be informed of possible adverse outcomes or complications of the procedure, including any small risks. For example, there is a small but real risk of physical complications from abortion, including subsequent preterm birth.</p>
8	7	6	<p>There is no proposal to gather data relating to the number of women who come forward for an abortion but whom when given impartial information about the options and risks choose to continue with their pregnancy. We suggest this would be a useful addition to the list of outcomes.</p>
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### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept

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more than 1 response from each organisation.

- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

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Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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