

## **Doctors for Choice UK response to increased abortion rates in England and Wales**

Statistics have shown that abortion rates have increased in the UK in recent years. The Department of Health reported 214,256 abortions in England and Wales in 2021 (1), the highest annual number since the introduction of the Abortion Act in 1967 and the beginning of data collection. More recent figures from the Office for Health Improvement & Disparities (OHID) demonstrate a 17% increase in the number of abortions during January to June 2022 (2), compared to the same period the previous year.

It is likely that the reasons behind these increased numbers are numerous and varied, and for many individuals their own personal reasons for abortion will be multi-factorial. The increased rate might plausibly be attributed to the cost-of-living crisis and the devastating financial difficulties that many are currently facing across the UK. Increased inflation and costs of food, energy and rent and mortgage rates are undoubtedly influencing people's decision-making around unplanned, or even planned, pregnancies. Another significant contributing factor is likely to be access to contraception, particularly highly effective LARC (long-acting reversible contraception) methods such as coils and implants. Funding cuts to contraception and sexual health services that well preceded the Covid pandemic had already hugely impacted access, which has now been compounded by long waiting lists for LARC procedures after the suspension of face-to-face appointments during the pandemic. Furthermore, only a limited number of GP practices provide LARC procedures, and difficulties in accessing GP appointments due to increased demand and staff shortages, amongst other factors, has affected access to all contraceptive methods. These barriers particularly impact the most vulnerable who may struggle to access health services in general, including the very young, those who don't speak English and those with mental health or drug and alcohol problems.

However, it is important to note that some of these increased numbers may in fact have resulted from improved access to abortion due to the introduction of telemedicine services early in the Covid pandemic, legislation that was later made a permanent part of abortion provision. Telemedicine has robust evidence showing that it is efficient, safe, and well-liked by women and pregnant people. It can be particularly valuable to those who may struggle to access care by the previously routine face to face route, such as those with disabilities, those living in rural or remote areas, those living in poverty, or those in abusive and controlling relationships. Furthermore, even for those who are not as vulnerable, concerns about being judged, stigmatised or harassed by anti-abortion protesters when attending clinics are commonplace. Therefore, it is plausible that this observed increase may in part reflect the improved access provided by telemedicine and represent some women and pregnant people being able to access abortion who previously could not, something that should be celebrated.

When reproductive choices are constricted by external societal factors, such as unmet contraceptive needs or poverty, governments undoubtedly have a responsibility to address this. Yet this obligation does not in and of itself justify hasty interpretation of a rise in the number of abortions as evidence of a 'failure to prevent' those that would not otherwise have happened.

# Doctors for Choice UK

An increase in abortion numbers may reflect welcome, and much needed, improvements in access to care, particularly for the most vulnerable. If it is acknowledged that abortion is essential healthcare, and should be accessible to all who need it, then it must also be admitted that these statistics could suggest that this ideal is closer to being realised.

That many commentators view this increase as self-evidently regrettable, therefore, not only serves to perpetuate abortion-related stigma, but makes no more sense than to view it as something to be uncritically lauded. Indeed, given the demonstrable value of telemedicine in abortion care, a more positive reception – rather than a knee-jerk denunciation – of this increase is overdue.

- (1) Department of Health Abortion statistics, England and Wales: 2021 (<https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021/abortion-statistics-england-and-wales-2021>)
- (2) Office for Health Improvement & Disparities Abortion Statistics for England and Wales: January to June 2022 (<https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-january-to-june-2022/abortion-statistics-for-england-and-wales-january-to-june-2022>)