

Evidence-based abortion care: how Roe v Wade highlights the need for quality research in the UK and beyond

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ORIGINAL

Abstract

This article discusses the importance of women-centred abortion services, especially in light of the recent overturning of Roe v Wade in the United States of America (USA) and its impact and potential implications for the United Kingdom (UK). It also highlights the SACHA (Shaping Abortion for CHAnge) study, led by the London School of Hygiene & Tropical Medicine in response to the increasing need for evidence-based research in abortion to guide new directions in abortion care and provision in the UK.

Introduction

Abortion services have come under intense scrutiny in the USA since the decision of the Supreme Court of the United States on 24 June 2022 overturned the landmark Roe v Wade ruling that established the constitutional right to abortion. This decision was made by nine judges in a 5-4 ruling, banning most abortions from taking place after 15 weeks of pregnancy. This means that states are now able to decide their own abortion laws and, in more than half of the states, abortion is now banned or under serious threat (Witherspoon & Tracking 2022).

Post-Roe v Wade states in the USA currently fall into three camps: those that have implemented total (or near-total) bans, those offering abortion services but struggling to keep up with increased demand and those in which the confusing legal situation has reduced access to abortions (Lakhani 2022).

In the years before Roe v Wade, over one million illegal abortions were performed in the USA annually. After 1973, roughly the same number were performed legally and abortion-related mortality rates dramatically decreased (Nash & Guarnieri 2022). What can we infer from this? **Criminalising abortion does not stop abortions from happening, it just makes them less safe.**

Background

The World Health Organization (WHO) estimates that 25 million unsafe abortions take place each year, the vast majority of them in low- and middle-income countries (WHO 2022). Lack of access to abortion is a human rights and public health issue and must not be ignored.

The Turnaway Study is a longitudinal study and is the largest study to examine women's experiences with abortion and the effects of unwanted pregnancy on women's lives in the USA (Greene Foster 2021). It found that having an abortion does not harm the health and wellbeing of women but giving birth is associated with more serious health problems than having an abortion; the wellbeing and development of children is negatively impacted when their mothers are denied abortion; women denied abortions are more likely to remain with a violent partner, and, being denied an abortion creates economic hardship and insecurity which lasts for years (Greene Foster 2021).

Abortion in the UK

What do the developments in the USA mean for the UK? We know such attacks on women's rights can quickly take over and gain momentum and we must not let our guard down. In England, Scotland

and Wales the regulation of abortion still sits within a legal framework. Abortion is only considered legal under the Abortion Act 1967 if signed off by two doctors and carried out under certain defined circumstances. Under the current law, any woman who ends a pregnancy outside these terms could face up to life imprisonment. Two women in the UK are currently facing criminal charges due to a nineteenth-century law, the Offences against the Person Act 1861. Dozens more investigations have been launched by police due to this law over the past 10 years (Das 2022).

Northern Ireland is the only country in the UK that has decriminalised abortion, after many decades of restrictions. However, lack of commissioning for abortion services has meant decriminalisation in 2019 has barely improved access with many women still being forced to travel to England for their terminations (McCormack 2022).

It is clear that decriminalisation is not enough: we must work towards abortion being treated as a health, rather than a legal, issue and listen to the voices of women experiencing abortion (Lohr et al 2022).

That said, major liberalising reforms have taken place since 2017 in the UK, with many positive developments and attempts to reform abortion provision. Governments voted earlier this year to make telemedicine for early abortion care permanent in England, Wales and Scotland after this innovation was deployed during the start of the COVID-19 pandemic, promoting self-management solutions with telemedical support. England, Wales and Scotland are among only eight countries in Europe that permit home management of abortion with telemedical support (Moreau et al 2021).

Midwives and abortion care

This has increasing relevance for midwives who already play an important role in abortion. Given current trends, and as new models of abortion care emerge, there is the potential for midwives to increase their involvement in abortion provision and care and to be involved in task-sharing with other health care practitioners. This is already a reality in Sweden with midwifery-led abortion care, where appropriately trained midwives provide abortions as safely and effectively as physicians (Endler et al 2020).

For this potential to be realised, robust and up-to-date evidence is needed on the willingness of non-specialist practitioners to provide abortion care, on the requisite training and professional education to do so, and on the additional resources and support they need.

The SACHA Study

In response to the changing landscape of abortion in the UK, the London School of Hygiene & Tropical

Medicine is leading the largest research study on abortion in the UK to date, in collaboration with more than 20 practitioners, policymakers and researchers from seven countries making up the SACHA (Shaping Abortion for CHange) consortium.

Their common aim is to ensure that new directions in abortion care are based on robust empirical evidence. The work of the consortium includes collating and synthesising existing research findings on novel models of care, drawing lessons from countries spearheading reforms in abortion provision, consulting women who have had recent abortions, and canvassing the views of practitioners and key stakeholders on approaches likely to be most feasible and acceptable in the UK context (London School of Hygiene & Tropical Medicine 2022).

Conclusion

This research is more important now than ever. We must continue to remain vigilant and provide evidence-based research to improve abortion legislation, provision, access and care in the UK and worldwide.

Competing interests

NS is part of the SACHA Study Team.

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