

BPAS Research

2023/24 Year in Review



BPAS Research:

Year in Review (1st April 2023 – 31st March 2024)

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Director's Message

Dear Colleagues

It is a delight to share with you our first 'Year in Review' from the Centre of Reproductive Research & Communication (CRRC) at British Pregnancy Advisory Service (BPAS). We have long carried out research and evaluation at BPAS, but in 2019 formalised our social science and clinical research teams under the CRRC umbrella with an aim to grow and strengthen the work we do at BPAS to improve access to evidence-based reproductive healthcare and choices.

While we founded our centre to develop and deliver a broad research agenda encompassing abortion and related care as well as critical health policy analysis, the COVID-19 pandemic shaped our work immeasurably in the years following our formation. From 2020, when BPAS introduced a full telemedical care pathway, our research focused on evaluating the safety, acceptability, and effectiveness of that model. Our team undertook rapid evaluations and reviews – both from provider and patient perspectives. We worked to provide evidence which shaped the global conversation around a telemedical service at a time when women and their families needed swift action to ensure they received appropriate care.

In this last year, we sought to better understand the needs of those undergoing abortion in these pathways to improve care. This included screening criteria for an ultrasound before abortion, improving the return rate of self-test kits for sexually transmitted infections, and communication about pain with medical abortion. Critical health policy analysis also re-emerged as focus, centring issues of reproductive autonomy and trusting relationships between healthcare providers and those in their care.

Abortion care in the United Kingdom is a crucial aspect of reproductive health, yet it faces significant challenges and gaps having undergone a radical transformation in recent times with limited opportunities for reflection and refinement. Looking forward to 2024 and beyond, it is essential that comprehensive research efforts encompass clinical, policy, and health systems perspectives. We will continue to deliver against our mission through an integrated research strategy reflecting the circumstances surrounding clinical service delivery and achieving reproductive autonomy in today's reality, including through further innovations to improve experiences and outcomes.

We are grateful to our partners – BPAS staff, patients, academic collaborators, and clinicians, funders, the BPAS Board of Trustees and our own Steering Committee for supporting us to thrive.

We look forward to new opportunities and collaborations in the year ahead. For now, we thank you for your interest in our work and hope you enjoy taking the time to read about our programme highlights.



Dr Patricia A. Lohr

Director of Research and Innovation
British Pregnancy Advisory Service



About the Centre for Reproductive Research & Communication

The Centre for Reproductive Research & Communication (CRRC) is embedded within the British Pregnancy Advisory Service (BPAS), the largest independent healthcare charity in the United Kingdom (UK) delivering and advocating for high quality, accessible abortion care.

In addition to helping over 100,000 women a year to end pregnancies, BPAS provides contraception, testing and treatment for sexually transmitted infections, and vasectomy. Nearly all of the care BPAS provides is funded by the National Health Service (NHS).

The CRRC uses its positioning within BPAS to design and deliver research and evaluations that further access to safe, effective, person-centred abortion and related care, and health policy frameworks that protect reproductive autonomy.

We identify knowledge gaps to refine care models and innovate new practices and align our work with organisational strategies to support staff in patient care. With a large patient base and a strong emphasis on public engagement, we actively collaborate with service users and partner organisations to advance our initiatives.

Our partnerships extend to other independent abortion providers, the NHS, medical colleges, policymakers, and commissioners to ensure our findings are shared and can be integrated into practice. Furthermore, we foster future researchers in our field through staff development and academic collaborations.

Our Vision

A future where sexual and reproductive autonomy is supported through evaluated, patient-centred, innovative, and responsive practices and policy.

Our Values

- We recognise the historical and contemporary power structures and biases in reproductive healthcare delivery and research that may interfere with individual autonomy, agency, participation in research, and accessing care when it is needed
- We recognise the cultural context of pregnancy, a time when women are held maximally responsible for the health of their pregnancy and children, and when their choices and (in)actions are subject to scrutiny and control
- We aim to advance reproductive autonomy for all and will actively seek to engage with those who are marginalised, stigmatised, and whose voices are not always heard.

Our Focus Areas

- Abortion
- Contraception
- Sexual Health
- Critical Health Policy Appraisal



Programme Highlights

Screening for No-test Medical Abortion

In no-test medical abortion (NTMA), pre-treatment ultrasound scan is only indicated if gestation by last menstrual period (LMP) cannot be reliably estimated, or if there are signs or risk factors for ectopic pregnancy.

BPAS' NTMA scan screening has been refined since the pathway's introduction in April 2020. To facilitate use of a third-party scanning service and reduce waiting times to treatment, in February 2022 BPAS switched from nurse/midwife practitioner (NMP) screening during a teleconsultation to triage at booking by non-clinical appointment advisors or self-reported via online forms. This change led to an increase in scans, increasing burdens for patients and costs for them as well as the organisation.

We collaborated with patients, staff and expert researchers to revise BPAS' screening questions, with the aim of reducing the need for a scan without impacting clinical safety.

Following their relaunch in May 2023, we convened a BPAS-wide multi-disciplinary working group to:

- Assess the operational and clinical safety impact of changes, with reference to previous scan screening models
- Ascertain staff and patient perspectives on comprehensibility and clarity of new questions
- Gather staff insight on how well changes had been managed and communicated.

We found that the lowest rate of scanning occurred with NMP screening but that the revised screening questions reduced the number of scans indicated. Interviews with staff and patients concluded that the changes had improved the clarity and comprehensibility of the screening questions which may have contributed to the observed reduction. Reassuringly, the risk of unidentified ectopic pregnancy and misestimation of gestational age did not differ between models of assessment. Placement of scan assessment at booking reduced average waiting times to treatment by 2 days.

We concluded that the revised questions developed through broad collaboration had satisfactorily achieved organisational goals and provided reassurance for the model. Further recommendations for refinement and staff training were also collated and are in the process of being implemented.

Publications and associated presentations

- 17th Congress of the European Society of Contraception and Reproductive Health (May 2024).





Medical Abortion Pain Management

Pain is often cited as one of the worst aspects of medical abortion. In 2021, BPAS instituted a policy change from routine to opt in codeine provision for pain control during medical abortion up to 10 weeks' gestation. We conducted a service evaluation to assess the impact of this policy change on patient pain and satisfaction with pain management. We also gathered insights into patient expectations and experiences of pain. We found that participants in the opt-in group were significantly more likely to be satisfied with their pain management than those in the routine group (aOR 1.48, 95% CI 1.12 to 1.96, $p < 0.01$). One possible reason was that those in the opt-in group received more tailored counselling about pain and were therefore better prepared. We then conducted an analysis of free text responses collected in the evaluation to determine ways in which counselling and information could be improved. Findings included recommendations about presenting the wide range of potential pain experiences, using specific and diverse language to describe pain experiences (i.e. aside from "period pain"), and advice on creating a comfortable environment.

Publications and associated presentations

Taghinejadi, N., McCulloch, H., Krassowski, M., McInnes-Dean, A., Whitehouse, K. C., & Lohr, P. A. (2024). Opt-in versus universal codeine provision for medical abortion up to 10 weeks of gestation at British Pregnancy Advisory Service: a cross-sectional evaluation. *BMJ Sexual & Reproductive Health*.

- Expectations and Experiences: Panel & Workshop on Medical Abortion and Pain, a CRRC event (April 2024)
- Royal College of Obstetricians and Gynaecologists World Congress (June 2023)
- 14th Conference of the International Federation of Abortion and Contraception Professionals (September 2022).



No-test Medical Abortion for Under 16s

In March 2020, BPAS and MSI Reproductive Choices UK (MSIUK) began to offer no-test medical abortion (NTMA) via telemedicine up to 10 weeks' gestation. Clinical eligibility is determined by assessing reliability of the last menstrual period (LMP) for gestational age dating and a low risk for ectopic pregnancy. Safeguarding risk assessments (SGRAs) for under 18s and vulnerable adults are also completed via telemedicine to support this model of care.

At the time the service was implemented, both providers offered NTMA to patients under 16 years of age. In May 2021, because of commissioner concerns, BPAS changed its policy, so that all under 16s had to attend a clinic for an ultrasound and an in-person review of a SGRA completed at an initial video-consultation. In August 2022, the Royal College of Paediatrics and Child Health published safeguarding guidance for services providing medical abortion up to 10 weeks' gestation to under 18s which recommends routine in-person consultations for 13–15 year-olds unless there is a compelling indication otherwise. MSIUK continued to offer NTMA and conduct SGRAs via telemedicine to under 16s during this time.

Using data both BPAS and MSIUK, we assessed whether the routine requirement for under 16s to attend clinic for an ultrasound and an in-person SGRA review:

- Impacts accessibility of abortion, measured by waiting time from contact to treatment, gestational age at treatment and % abortions provided at ≤ 6 weeks + 0 days, or ≤ 10 weeks' gestation
- Increases disclosures of safeguarding concerns as measured by safeguarding referrals
- Improves estimation of gestational age regarding eligibility for medical abortion up to 10 weeks' gestation.

We found that additional in-person SGRAs do not further enhance remote safeguarding assessments. We also found that the requirement for in-clinic care impacted accessibility by increasing waiting time from contact to treatment and reducing the proportion of abortions provided within one week of contact. For a small but not in significant proportion of BPAS patients, waiting time to routine scan removed the choice of medical abortion as a treatment option. Findings regarding estimation of gestational age were in line with published data with older populations, but require further research.

We shared findings to BPAS leaders and staff and with Integrated Care Boards. We updated our policies to permit a pathway for under 16s such that an in-person visit may not be mandated with agreement by a multidisciplinary team. We identified key areas for further investigation, which include accuracy of gestational age estimation by young people using a larger BPAS dataset, and importantly, qualitative work with young people to ascertain care provision preferences.

Publications and associated presentations

- 8th Annual British Society of Abortion Care Providers Conference (November 2023), **Best Poster Prize.**
- Annual Update in Paediatric and Adolescent Gynaecology, hosted by the RCOG and British Society for Paediatric and Adolescent Gynaecology (March 2023)



Shaping Abortion for Change (SACHA) Study

Led by Professor Kaye Wellings and Dr Rebecca French at the London School of Hygiene and Tropical Medicine (LSHTM), the SACHA study brought together more than 20 researchers from seven countries with the aim of building a comprehensive evidence base for new directions in abortion care. Co-investigators included the CRRC/BPAS, the Karolinska Institute (Sweden), King's College London, Lambeth Local Authority, University of British Columbia (Canada), University of Edinburgh, University of Kent, University of Melbourne (Australia), University of Oxford and University of Plymouth. This study was funded by the UK's National Institute of Health Research.

Five interlinked work packages made up the study:

- Reviews of existing evidence on novel models of abortion care that are being tried and tested
- Case studies capturing the experience of abortion provision reforms in Australia, Canada, and Sweden, and transferable lessons to be learnt for the UK
- A survey of health care practitioners such as GPs, midwives, nurses and pharmacists, to assess the potential for extending their role in abortion provision
- In-depth interviews with women with recent experience of abortion to find out how best abortion services might be organised to meet their needs and preferences for different models of care
- Roundtable discussion groups with key stakeholders to examine which innovations in abortion care would be most likely to work in the UK.

Publications and associated presentations

Baraitser, P., Free, C., Norman W, et al. (2022). Improving experience of medical abortion at home in a changing therapeutic, technological and regulatory landscape: a realist review. *BMJ open*.

French, R. S., Shawe, J., Palmer, M. J., et al. (2022). Are we prepared for change? The need for evidence on healthcare practitioner readiness for current and future trends in abortion provision in the UK. *BMJ Sexual & Reproductive Health*

Lohr, P. A., Lewandowska, M., Meiksin, et al. (2022). Should COVID-specific arrangements for abortion continue? The views of women experiencing abortion in Britain during the pandemic. *BMJ Sexual & Reproductive Health*.

Blaylock, R., Lewandowska, M., Kelly, C., et al (2024) Patient and public involvement in abortion research: reflections from the Shaping Abortion for Change (SACHA) Study. *BMJ Sexual & Reproductive Health*.

- Shaping Abortion for Change Symposium, hosted at the London School of Hygiene & Tropical Medicine (May 2023)
- All-Parliamentary Party Group on Sexual and Reproductive Health presentation (March 2023)
- 14th conference of the International Federation of Abortion and Contraception Professionals (September 2022)
- 16th Congress of the European Society of Contraception and Reproductive Health (May 2022).



Experiences of Ultrasound in Abortion Care

Routine ultrasound scanning to determine gestational age and pregnancy location has long been a part of pre-abortion assessment in Britain, despite not being legally required or recommended in national clinical guidelines.

This project, funded by the European Society of Contraception and Reproductive Healthcare, sought to understand patient experiences of ultrasound in abortion care through qualitative research with individuals who had abortions with and without an ultrasound scan. Between November 2021 and July 2022, we recruited BPAS patients who had a medical abortion at 10 weeks' gestation or less at home without a pre-procedure ultrasound who had also had at least one other abortion with an ultrasound from any provider in Britain. We interviewed 19 patients about their experiences.

We found that perceptions of quality of care received were not impacted by omitting the ultrasound for all but one participant who preferred in person care. Respondents described the overall experience of having a scan emotionally distressing whether they see the ultrasound image or not. Some patients will need an ultrasound as part of their abortion care. Therefore, user testing of strategies to improve the experience should be undertaken. Patient testimonies on the negative impact of ultrasound scans in abortion care should reassure providers that omitting them according to patient preference when not clinically indicated is a positive step towards providing patient-centred care.

Publications and associated presentations

Blaylock, R., Lohr, P. A., Hoggart, L., & Lowe, P. (2024). Patient experiences of undergoing abortion with and without an ultrasound scan in Britain. *BMJ Sexual & Reproductive Health*.

- 16th & 17th Congress of the European Society of Contraception and Reproductive Health (May 2022 and May 2024)
- 8th Annual British Society of Abortion Care Providers Conference (November 2023)
- 'Reproductive Technologies and the Remaking of Life and Death' hosted at Aalborg University, Copenhagen (August 2023)
- 14th conference of the International Federation of Abortion and Contraception Professionals (September 2022).



Improving the Return of STI Self-sampling Kits

Screening for sexually transmitted infection (STI) amongst abortion patients is recommended if they are deemed at risk of infection. Many STIs, such as Chlamydia and gonorrhoea, are asymptomatic in women. These infections have possible long-term health impacts and increase the risk of post-abortion infection.

Where funded by commissioners, patients on the telemedical pathway for medical abortion up to 10 weeks' gestation are offered testing for Chlamydia/gonorrhoea. STI self-sampling kits are provided with abortion pills. An SMS prompt to return kits is sent 21 days post-abortion. Whilst acceptance rates of STI self-sampling have increased since implementation of the prompt, return rates are low. Using a phased approach, the objective of this project was to test changes to SMS content (phase 1) and timing (phase 2) to see if this increased STI test kit return rates by women who received them via the telemedical pathway.

Our findings suggest SMS prompts sent closer to abortion may increase rapid STI test return, compared to delayed prompts, however, may not increase overall return rate. This quality improvement project solely focused on improving return rate through SMS prompts. We identified barriers to provision of testing including inconsistent commissioning within abortion services which we will share with Integrated Care Boards. Further planned work includes qualitative research with staff and/or patients to identify other paths to improvement.

Publications and associated presentations

- 8th Annual British Society of Abortion Care Providers Conference (November 2023).

Responses to Alcohol and Pregnancy Policy

This project sought to understand what midwives in the UK think about proposals to introduce mandatory alcohol screening during antenatal care. It was a collaborative project between the University of Southampton and the CRRC, and was funded by Public Policy Southampton's 'New Things Fund.'

The RAPP research team previously contributed to the consultation process for the NICE Quality Standard on Foetal Alcohol Spectrum Disorders (FASD), as led by colleagues at BPAS. Within our joint consultant response, which included submissions by leading academics across the UK, the impact on both patients and midwives were stressed repeatedly. This project sought to add midwives' perspectives to the policy debate. In brief, this project drew on results from an anonymous survey and a small number of stakeholder interviews.

The key findings from this project highlighted significant concerns about the potential impact of mandatory screening for alcohol, and subsequent transferral of data could have on relationships of trust between midwives and pregnant people. Other concerns related to how these proposals would be put into practice, noting the existing demands on time and resources in antenatal appointments.

Publications and associated presentations

'Fiona Woollard's RAPP: Research and Engaging with Policymaking' (2023) Public Policy Southampton Evidence to Policy Blogs

- Parenting before Children? Parenting Culture, Pregnancy and the 'Pre-Conception Period' Conference, a collaborative event produced by the CRRC and the Centre for Parenting Culture Studies at the University of Kent (May 2022)
- Submission to the Scottish Intercollegiate Guidelines Network (SIGN) as part of their review process for 'Guideline 156: Children and Young People Exposed Prenatally to Alcohol'.





Honest Discussions About Alcohol Use in Pregnancy

This project sought to understand the views and questions women have about alcohol and pregnancy as raised in online peer support forums. The aim of this project is of particular importance given the recent UK press coverage of an emerging policy framework on FASD. The project was a collaboration between the University of Edinburgh and the CRRC and funded by the Institute of Alcohol Studies Small Grants Scheme.

The project aimed to explore both what posters discuss when talking about alcohol and pregnancy, and how these topics are discussed. In brief, this project drew on data collected from a sample of threads from an online forum from 2016 to 2021, which was analysed using discourse analysis.

This research showed that Mumsnet users value a range of different sources of evidence when discussing pregnancy, and that many brought their own ideas – particularly around risk – to how they interacted with evidence. A key finding of this project is that the abstinence guideline is not universally adopted or understood. The abstinence message is both accepted and rejected within discussions online, with nuance in the interpretation of what a universal abstinence recommendation means in practice. It signals that the target audience of guidelines are not a homogeneous group and that further research into how best to communicate public health messages is needed.

Publications and associated presentations

- Institute of Alcohol Studies online seminar entitled: 'An exploration of lay discussions about alcohol and pregnancy on Mumsnet.' (November 2023)
- Seeking 'honest' conversations online: how is alcohol and pregnancy talked about on Mumsnet? (2023), Institute of Alcohol Studies blog series.



Enhancing Practice Around Reproductive Coercion

Reproductive coercion and abuse (RCA) has been defined as attempts to control pregnancy through interference, abuse, threats and violence. RCA can take different forms, including interfering with birth control, and threats and physical violence aimed at influencing the commencement, continuation, or termination of a pregnancy. RCA typically overlaps with other forms of abuse - such as trafficking, child sexual exploitation, and domestic abuse. Although recognition of RCA in the UK is increasing among policy actors and relevant practitioners, cross-learning between healthcare professionals and those working in the gender-based violence sector is currently under-developed.

This project was led by Dr Pam Lowe, a visiting research fellow from Aston University and funded through the British Academy Innovation Fellowship Scheme. The project undertook research to identify, analyse and disseminate knowledge relating to RCA, drawing on both national and international expertise. It aimed to investigate policy and practice in abortion, contraception, and maternity care across the UK, undertaking qualitative research with healthcare professionals and experts in interpersonal violence, and it focuses on the safeguarding needs of those at risk of pregnancy. In addition to the listed outputs below, findings have been disseminated to key stakeholders at a number of webinars, training events and presentations.

Publications and associated presentations

Lowe, P. (2023). Safeguarding for reproductive coercion and abuse. *BMJ Sexual & Reproductive Health*

Final Findings from this project were published in September 2023 in a Report for Aston University entitled 'Reproductive Coercion and Abuse: Key Issues for Safeguarding in Abortion, Contraception and Maternity Care Settings.

- British Sociological Association Human Reproductive Study Group Conference (June 2023)
- Socio-Legal Studies Association Annual Conference (April 2023)
- 14th Conference of the International Federation of Abortion and Contraception Professionals (September 2022).



Doctoral Research and Master's Projects

“Accessibility and equity of abortion services in the era of telemedicine” conducted by **Rebecca Blaylock** (NIHR/Wellbeing of Women Doctoral Fellowship in collaboration with BPAS/CRRC at the LSHTM).

This project aims to examine how the introduction of telemedicine has impacted the accessibility and equity of abortion services in England and Wales.

In March 2020, the UK Government approved a 2-year regulatory change allowing home-use of mifepristone, the first pill used in medical abortion, up to 10 weeks' gestation to curb the spread of COVID-19. This change was made permanent in March 2022. By removing the legal requirement for attendance at a clinic to take mifepristone, it became possible to implement full telemedical care pathways. Through telemedicine, eligible patients have their consultation with the abortion provider over the phone. Patients then receive the two sets of abortion pills through the post and use them at home where they complete the abortion. Telemedicine has some removed logistical and service-level which may have increased access for some. However, some patients may face barriers to accessing telemedicine including language/sociocultural issues, or digital exclusion. Telemedicine may increase privacy for some patients, whereas others, including those living in shared housing, may feel their privacy is compromised. It is likely barriers are experienced unequally and vary by socio-cultural/economic factors. Despite the rapidly growing evidence base on the safety, efficacy, and acceptability of telemedical abortion, there is currently no evidence on how accessible and equitable this new service is, or how its introduction has impacted accessibility and equity of abortion services as a whole.

Research questions include:

- How has telemedical abortion impacted on abortion accessibility and equity in England and Wales?
- What impact has the introduction of mifepristone at home (proxy for telemedicine) had on accessibility and equity of abortion care in England and Wales?
- What are the experiences and needs of socio-economic groups underserved by abortion services, including telemedicine?

“Communicating the risk of taking medicines to (potentially pregnant women post- Montgomery: a socio-legal exploration” conducted by **Rachel Arkell** (SeNSS funded PhD in collaboration with BPAS/CRRC at the University of Kent).

This project explores how Healthcare Practitioners (HCPs) navigate competing obligations governing patient choice and the disclosure and management of risk, with specific reference to medication use during pregnancy.

The case study explored within this project is sodium valproate, a highly effective anti-seizure medication, primarily used in the treatment of epilepsy, bipolar disorders and occasionally migraine. Since the medication was licensed for use in 1973, data has pointed to high levels of teratogenicity, with latest figures from the Medicines and Healthcare products Regulatory Agency (MHRA) stating that if valproate is taken in pregnancy there is an 11% chance of the child being born with a major malformation and a 40% chance of them having a developmental disorder. As such, in 2018 the MHRA implemented the use of a Pregnancy Prevention Programme (PPP), one of the most restrictive forms of medication regulation, effectively amounting to a 'government-defined exception' to the standards of consent to treatment and patient choice. The PPP removes sodium valproate as first line treatment for epilepsy for women of reproductive age. If valproate is to be prescribed, there must be no other effective or tolerated treatments and patients are required to use 'highly effective' contraception throughout the duration of treatment. The only exception to the PPP is if there is no risk of pregnancy, and that this is permanent (i.e., sterilisation). The PPP is based on capacity to reproduce, rather than intention.

continued...



Research questions include:

- How do HCPs manage tensions between ensuring informed consent and ensuring adherence to a Pregnancy Prevention Programme?
- How do HCPs negotiate certainty, uncertainty, risk and fear?
- How do HCPs balance complex ethical concerns for the woman's health, her autonomy, and the health of her future child?

Publications and associated presentations

Arkell, R. (2023). Women with epilepsy need choice, not diktats, when it comes to sodium valproate. *Pharmaceutical Journal*.

Arkell, R. (2023). Sodium valproate: an "essential medicine", but for whom?. *Journal of Medical Ethics* [Blog].

- Centre for Social Ethics and Policy (CSEP) senior staff seminar at the University of Manchester (March 2024)
- Launch of the 10th MBRRACE-UK 'Saving Lives, Improving Mothers' Care' Report 2023' (October 2023)
- Workshop on Pregnancy and the Law hosted by the University of Southampton (September 2023)
- Annual Socio-Legal Studies Association Conference (April 2023)
- Seventh annual Reproductive Ethics Conference hosted by the University of Texas Medical Branch (January 2023).



“The Association between Mifepristone and Extramural Delivery in Dilation and Evacuation Abortion Procedures between 22-24 Weeks’ Gestation” conducted by **Maya Wergeles** for the fulfilment of an MSc in Reproductive and Sexual Health Research at the LSHTM.

Using data from BPAS, this project analysed the association between mifepristone use and dilation and evacuation (D&E) outcomes. The project found that the addition of mifepristone to osmotic dilators was associated with an increase in the odds of complications of D&E, without attenuating the risk of complications related to cervical dilation.

This project was supervised by Dr Patricia A. Lohr (CRRC) and completed with Dr Andriana Andreeva (BPAS).

Findings from this project were presented at the Annual British Society of Abortion Care Providers Conference (November 2023) and won **Best Oral Presentation**.



“How does patient satisfaction with abortion care vary with patient characteristics and abortion method in England and Wales?” conducted by **Stella Lintzeris** for the fulfilment of an MSc in Reproductive and Sexual Health Research at LSHTM.

This project used BPAS data to investigate variation in patient satisfaction with abortion care by patient characteristics and abortion method. It further considered how abortion method and patient involvement in treatment varied by patient characteristic. Results of the project demonstrated high rates of patient satisfaction, with nearly 70% of patients reporting their care experience as 10/10. Both ethnic minorities and younger women were more likely to report imperfect satisfaction.



External Research & Consultancy

At BPAS, we support and facilitate external research whenever possible. We do so through multiple avenues.

In 2023, we were commissioned by the **Government of Jersey** to undertake qualitative interviews with Jersey residents to document the lived experiences of those who have sought or accessed a termination of pregnancy whilst living there. This work formed part of their wider review into the Jersey 1997 Termination of Pregnancy Law.

Our report highlighted key pinch points shared with us during interviews, which include concerns around the current law and 12-week gestational limit, financial barriers to accessing an abortion in Jersey, and lack of anonymity on-island when accessing termination services. Similar concerns around prohibitive costs were raised from survey respondents within the Government's own report into abortion in Jersey.

Positively, nearly 75% of respondents to the Government's survey felt that anyone should be able to request a termination without having to give a reason.

We were pleased to bring a careful methodological approach to data gathering and analysis to help the Government understand the experience of those seeking abortion in Jersey. We hope that the outputs are useful to the Government of Jersey as they consider legal and other changes that would improve the experience of abortion there.

Our report, "**If this can help other people in the future then that would make me happy**": Lived experiences of termination of pregnancy in Jersey, was published in February 2024, and can be found linked in the QR code here:



We are long-standing collaborative partners, with the **Human Developmental Biology Research (HDBR)** which is a Wellcome/MRC funded resource, based at the Institute of Genetic Medicine, University of Newcastle and at the Institute of Child Health, University College London. The HDBR consists of an ongoing collection of human fetal material ranging from 4 to 23 weeks of pregnancy. Tissue samples are available to the international scientific community for research into early human development, the causes of birth defects and new treatments for childhood disease.

We assist public organisations and bodies. Most recently we assisted **The Open University (OU)** and the **Royal College of Obstetricians and Gynaecologists** to complete analysis of a study to better understand abortion-related stigma and attitudes toward delivering abortion care among healthcare providers around the world. The study was funded by their 'Making Abortion Safe' programme. It was implemented in two phases: first, a global online survey and second, in-depth interviews among abortion providers focused on five MAS countries - Nigeria, Rwanda, Sierra Leone, Sudan and Zimbabwe. CRRC Research & Engagement Lead, Rebecca Blaylock, assisted with analysis of in-depth interviews.

Finally, we facilitate research conducted by external researchers. We are currently supporting the project 'Reproductive Borders and Bordering Reproduction: Access to Care for Women from Ethnic Minority and Migrant Groups' based at the **University of Bristol** and **Queen Mary University of London**. We further supported the project 'Choice within Abortion Care' which was led by Katy Footman at **London School of Economics**, which finished in 2023.



Research Team

- **Dr Patricia A. Lohr – Director of Research and Innovation**

Patricia trained in Obstetrics and Gynaecology at the Harbor-UCLA Medical Center followed by a Fellowship in Family Planning & Contraceptive Research and Master's Degree in Public Health at the University of Pittsburgh. Patricia has been Director of the Centre for Reproductive Research & Communication since 2020 and served as Medical Director of BPAS from 2007-2024. Patricia's research interests include quality in abortion care, medical and surgical abortion service delivery, and optimal methods for second trimester abortion.

You can find Patricia Lohr's profile on ORCID [here](#).

- **Rebecca Blaylock – Research & Engagement Lead (job share)**

Rebecca is a multidisciplinary researcher with an MPH from Imperial College London and BA in Social Anthropology from the University of Cambridge. Her current research encompasses several projects on abortion, contraception, and public health and pregnancy. Rebecca's interdisciplinary training means she uses wide a range of approaches including both qualitative and quantitative methods.

You can find Rebecca Blaylock's profile on ORCID [here](#).

- **Danielle Perro – Research & Engagement Lead (job share)**

Danielle is a quantitative researcher, having recently completed a DPhil (PhD) from The University of Oxford. She is a science communicator in women's health, using creative methods to ensure that research in the women's health space is made easily accessible to those who are interested, or who would benefit most from learning more.

You can find Danielle Perro's profile on ORCID [here](#).

- **Hannah McCulloch – Evaluation Researcher**

Hannah is a mixed methods researcher with an MSc in Public Health from the London School of Hygiene and Tropical Medicine. Collaborating internally with BPAS colleagues, and sometimes externally with other independent providers or academic institutions, Hannah works within the CRRC as an Evaluation Researcher, conducting service evaluation of BPAS' clinical services and evaluating changes made to care pathways and clinical policies.

You can find Hannah McCulloch's profile on ORCID [here](#).

- **Rachel Arkell – Research and Projects Officer**

Rachel is a qualitative researcher with an LLM in Medical Law and Ethics, MA in Methods of Social Research, and LLB in European Legal Studies from the University of Kent. Her current research focuses on social and policy regulation of behaviour and maternal consumption during pregnancy, with a strong focus on bioethical and socio-legal methods.

You can find Rachel Arkell's profile on ORCID [here](#).

- **Chantel Briggs – Research Administrator**

Chantel has a clinical background working in Cancer and Rare Diseases for 18 years and has trained as a Phlebotomist at the Royal Marsden NHS Trust. Over the last 15 years, Chantel has worked on numerous research projects, such as stratified medicine programmes looking into specialised treatments and the 100,000 Genomes programme where she helped to recruit patients and their relatives, and collecting DNA.



Affiliate Members

- **Kate Whitehouse** – BPAS Head of Clinical Policy

Originally trained as an obstetrician-gynaecologist, Kate went on to specialise in abortion and family planning. She aims to perform robust research to answer clinical questions and ultimately improve patient care. She has a special interest in abortion complications and second trimester surgical abortion. Kate has extensive experience in translating research into pragmatic clinical guidance.

You can find Kate Whitehouse's profile on ORCID [here](#).

- **Dr Pam Lowe** – Visiting Researcher

Pam is a senior lecturer in Sociology and Policy at Aston University, Birmingham. She has extensive experience in the areas of reproductive and sexual health. Her most recent projects include a longitudinal ethnography on UK anti-abortion activism, exploring the sexual health needs of online sex workers and managing early pregnancy endings in the workplace. Pam was awarded a British Academy Innovation Fellowship to work with the CRRC.

You can find Dr Pam Lowe's profile on ORCID [here](#).

Steering Committee

- **Professor Anna Glasier** – LSHTM & University of Edinburgh
- **Professor Rebecca French** – LSHTM
- **Professor Sheelagh McGuinness** – University of Bristol
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