

Abortion and Contraception

Current trends and perspectives

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Women's Health

A blueprint for the future: SRH and HIV
services in England

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There have been significant policy developments over the last 5 years which may have impacted trends in abortion and contraception

- March 2020, women in England and Wales women have been able to take both abortion medications, mifepristone and misoprostol, **at home for early medical abortion** (up to 9 weeks and 6 days' gestation). This now accounts for 61% of procedures. There has been no increase in complication rates
- July 2021 - **MHRA reclassification of desogestrel** means that women can now purchase a progestogen-only contraceptive from a pharmacy following a detailed consultation with a pharmacist.
- June 2022 the **Women's Health Strategy** was published. As part of this, £25 million invested in **women's health hubs** over 2 years. However contraception and abortion did not feature prominently in the strategy. A **women's reproductive health experiences survey every 2 years**.
- April 2023 The **NHS Pharmacy Contraception Service (PCS)** launched, enabling pharmacists to issue ongoing supplies of contraception initiated in GP surgeries and sexual health services. The service relaunched in December 2023 to enable community pharmacies to also initiate oral contraception.

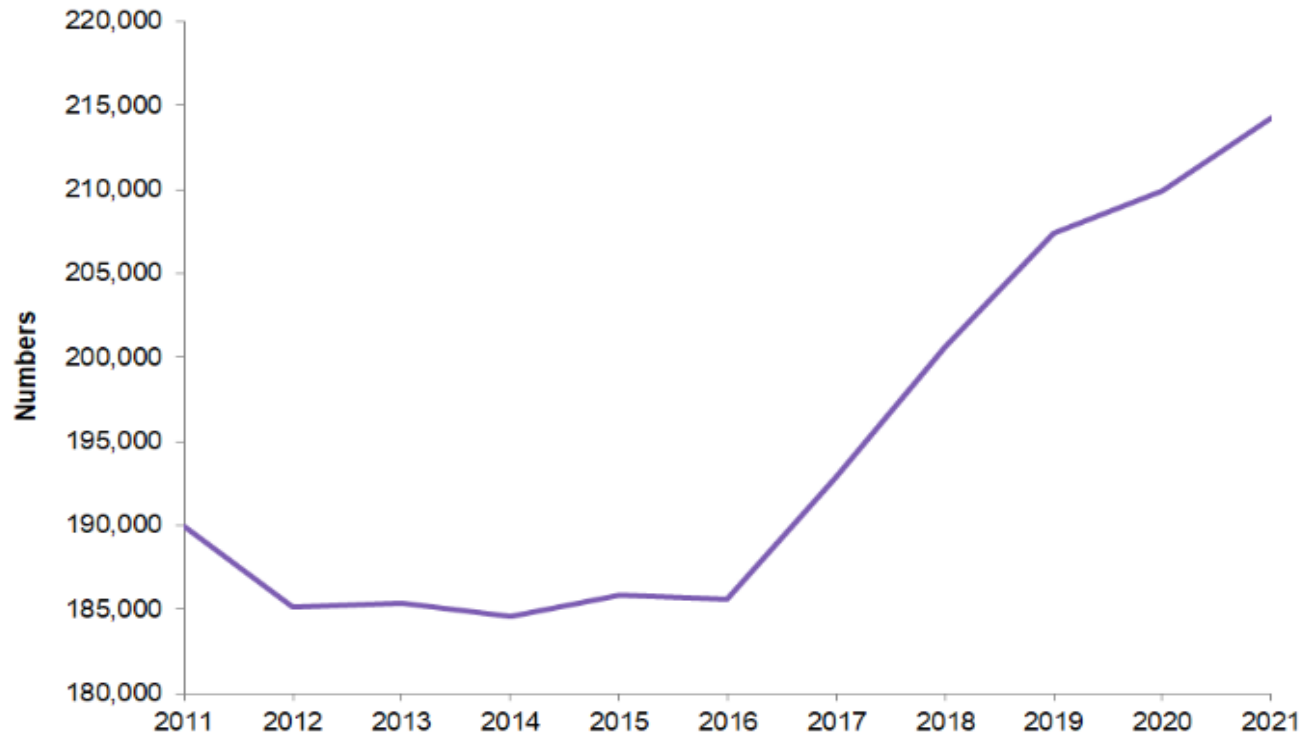


Abortion Trends: key messages

- **Total live births and total fertility rates** have been declining since 2010, with a 3.1% decrease between 2021 and 2022. As of 2021, **26.5% of conceptions led to an abortion**, a trend that has been increasing across all age groups since 2015.
- **Demand for abortion has increased significantly** in recent years and rose by roughly 19% between 2011 and 2021 and a further 17% between 2021 and 2022.
- Whilst there has been a **decline** in the rates of abortion for women **under 18**, even more marked in under 16's, there has been an **increased rate in women over 35** and those who had a **previous abortion or live birth** (36 to 43% and 51 to 57% respectively between 2011 and 2021
- Women living in the most **deprived areas of England are more than twice as likely** to have abortions than women living in the least deprived areas. This is true across different age groups and regions of England.

Abortion Demand

Abortions volumes, 2011-2021



The reason for rising abortion rates is likely to be a complex mix of factors:

- Changing **societal norms** on fertility
- BPAS cites **financial hardship** as a key driver of demand
- BMJ cites **changing methods of contraception** as key driver of unplanned pregnancy
- Declining uptake of contraception which may have been influenced by pressures on **local authority public health budgets**
- The introduction of **telemedical services** may have also improved access

Contraception: Declining contraception uptake



16% **decrease in total community contraception prescriptions** between 2012 and 2022. There has also been a steady **decline in the number of emergency contraception items** provided by both SRH services and at other locations in the community.



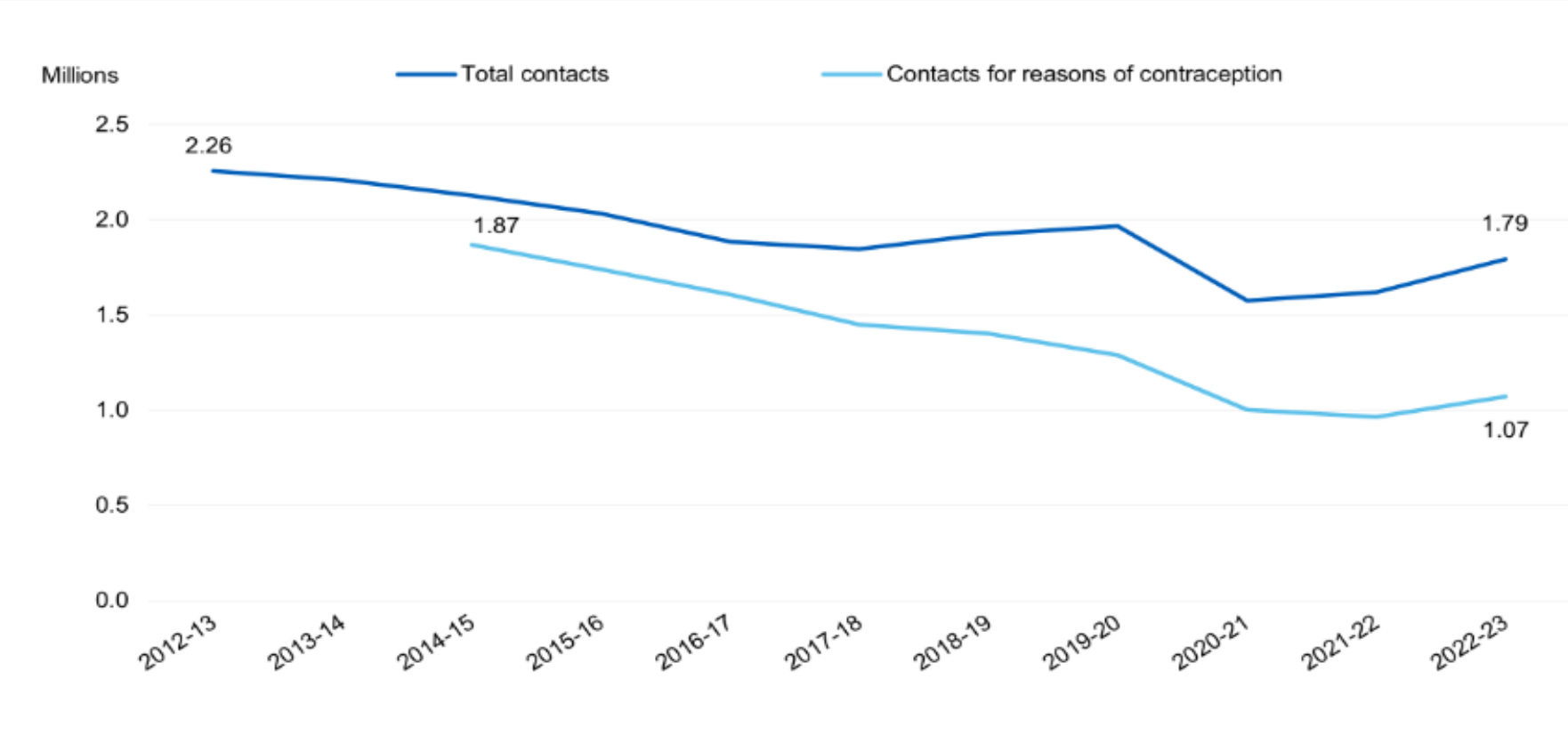
43% decline in total number of SRHS contacts for contraception between 2014/5 and 2022/3. This is largely attributed to the fact that the public health grant allocated to local authorities to fund sexual health services reduced by 1bn (24%) between 2015/2016 and 2020/2021.



Overall there have been **declines in the number of women accessing LARC**, but LARC as a proportion of contraception uptake has risen from 37% to 46%

Fall in SRHS contacts

Total contraception contacts for SRHS



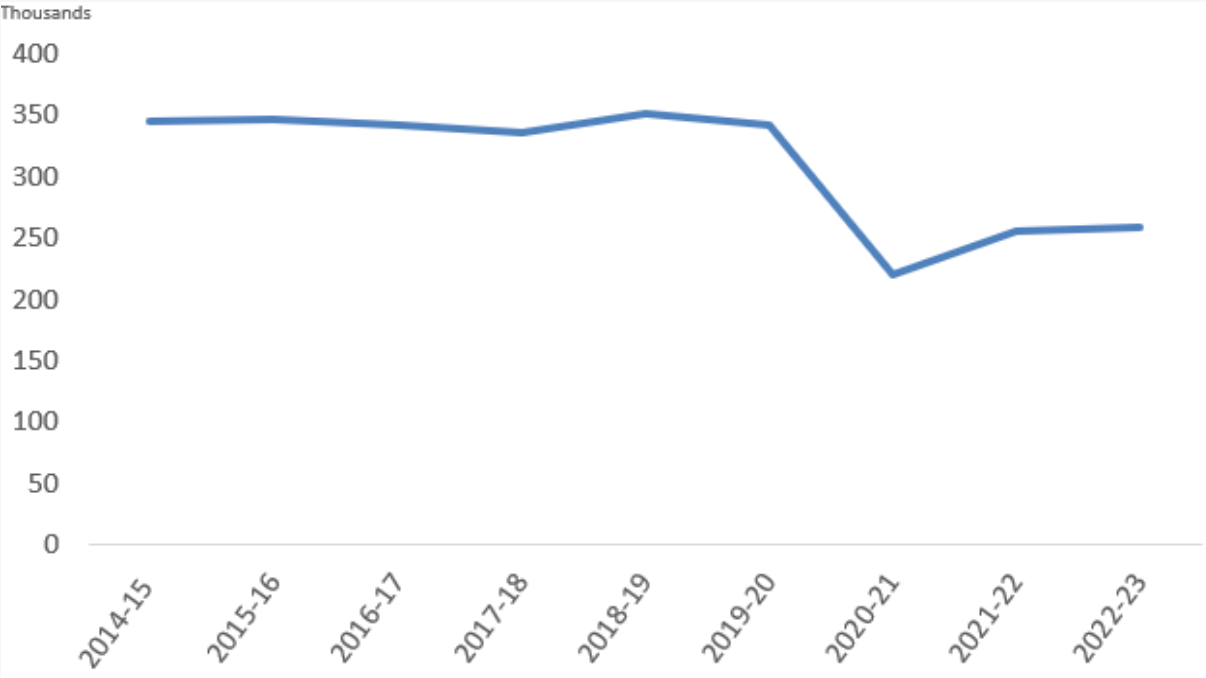
Total contacts with sexual and reproductive health services have fallen in since 2012-13

There has been some increase more recently but contacts are still below pre-pandemic levels.

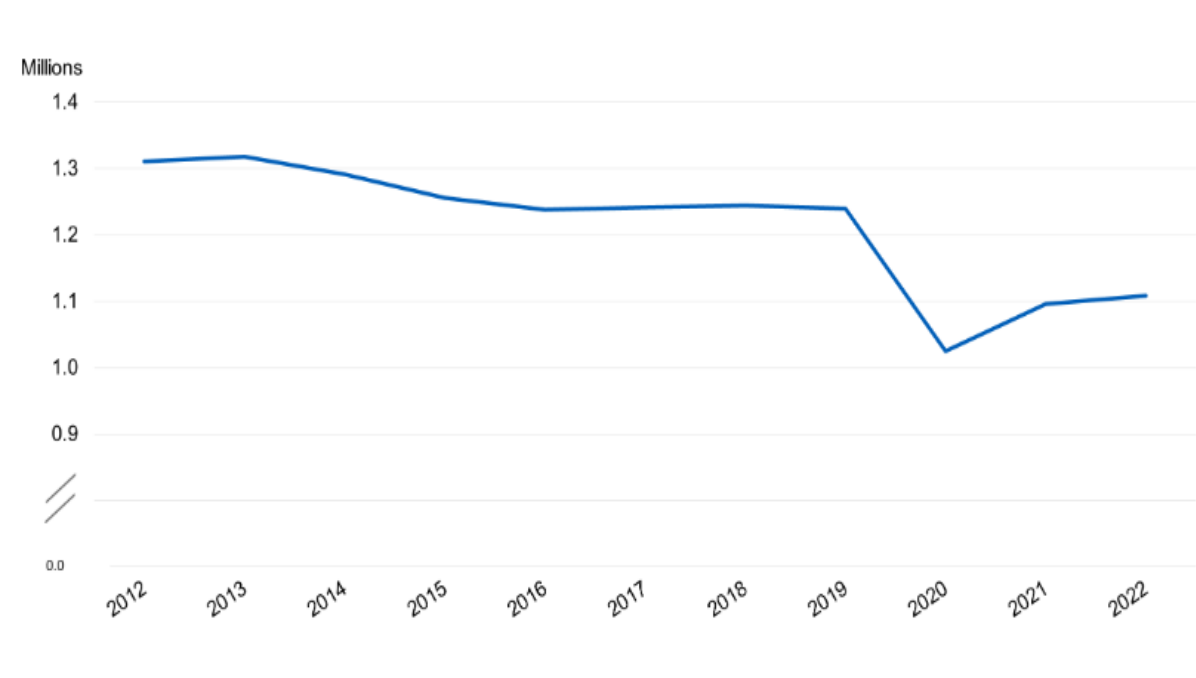
Fall in LARC prescribing

Despite LARC comprising a greater proportion of contraceptive use, overall LARC uptake has declined in both sexual and reproductive health settings and in community settings

LARC use by SRHS users



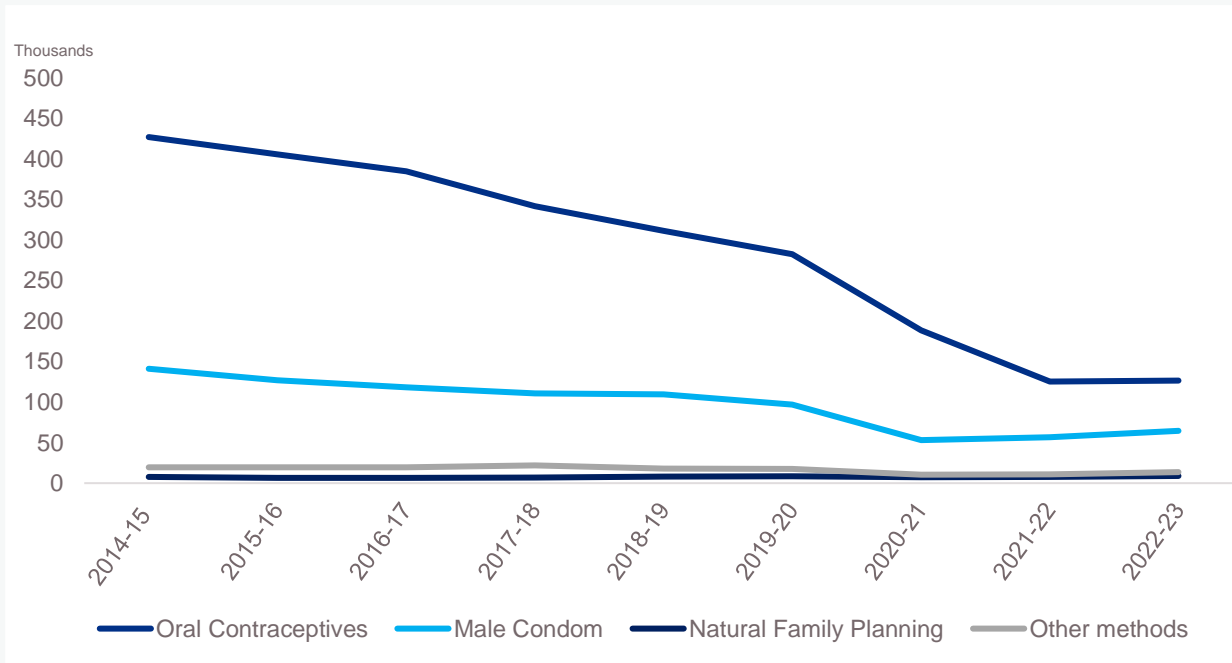
LARC prescriptions dispensed in the community



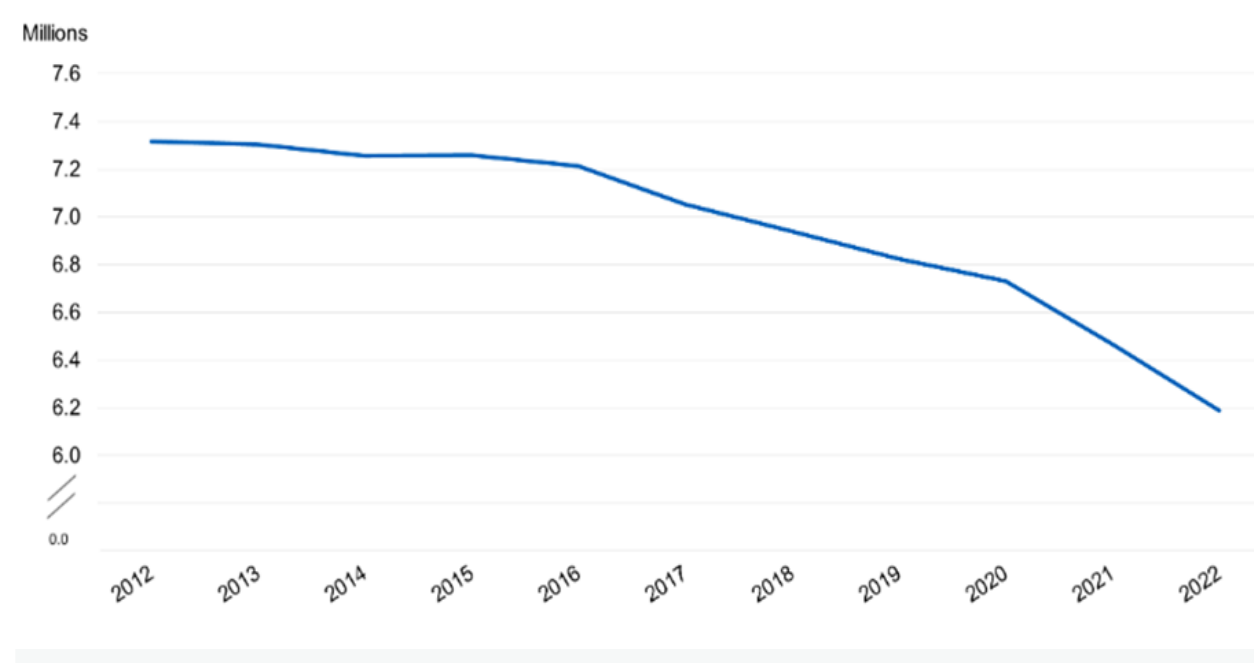
Fall in user dependent contraception

Uptake of user dependent contraception has fallen in recent years, particularly use of oral contraceptives.
NB July 2021, progesterone-only pills became available to purchase at pharmacies without prescription.

SRHS uptake by method (females): User Dependent



Community Prescriptions: User Dependent





What is the relationship between contraception use and abortion rates?

Women's Reproductive Health Survey

- Survey ran 6 September - 19 October 2023.
- 52,129 completed the survey, targeting women aged 16-55.
- Themes:
 - Menstrual health and menopause
 - Planning and preventing pregnancy
 - Pregnancy and birth outcomes
 - Reproductive ill-health
- Worked with voluntary sector partners to try and increase participation of marginalised/under-represented groups.
- Data pack (including survey tool) is now available, publication of findings this year.

Is declining contraception use associated with service access?

Services are fragmented and squeezed but when women themselves are asked, access may be less of a problem than we think

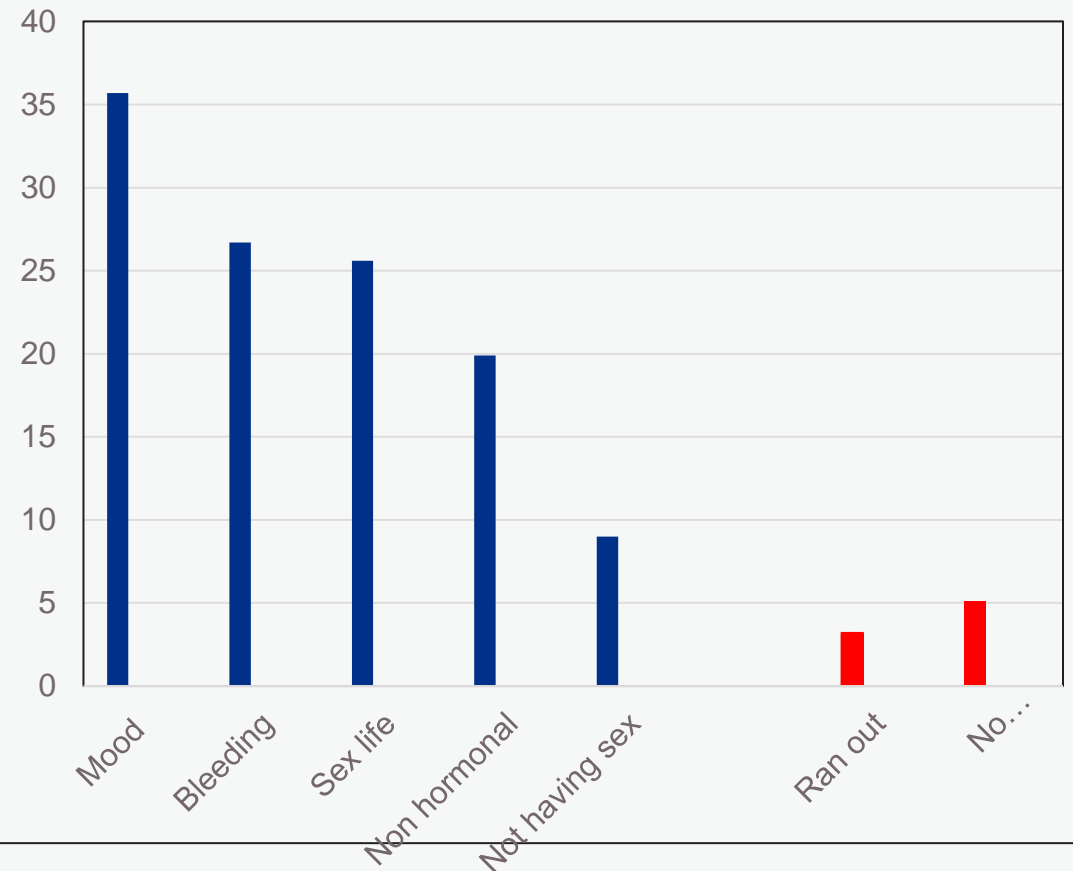
- 86.6% were able to get preferred method (55.9% within a week).
- 41% accessed their current method via a GP.
- 74% were satisfied or very satisfied with the service received to get current method

Is declining use associated with choice/user factors?

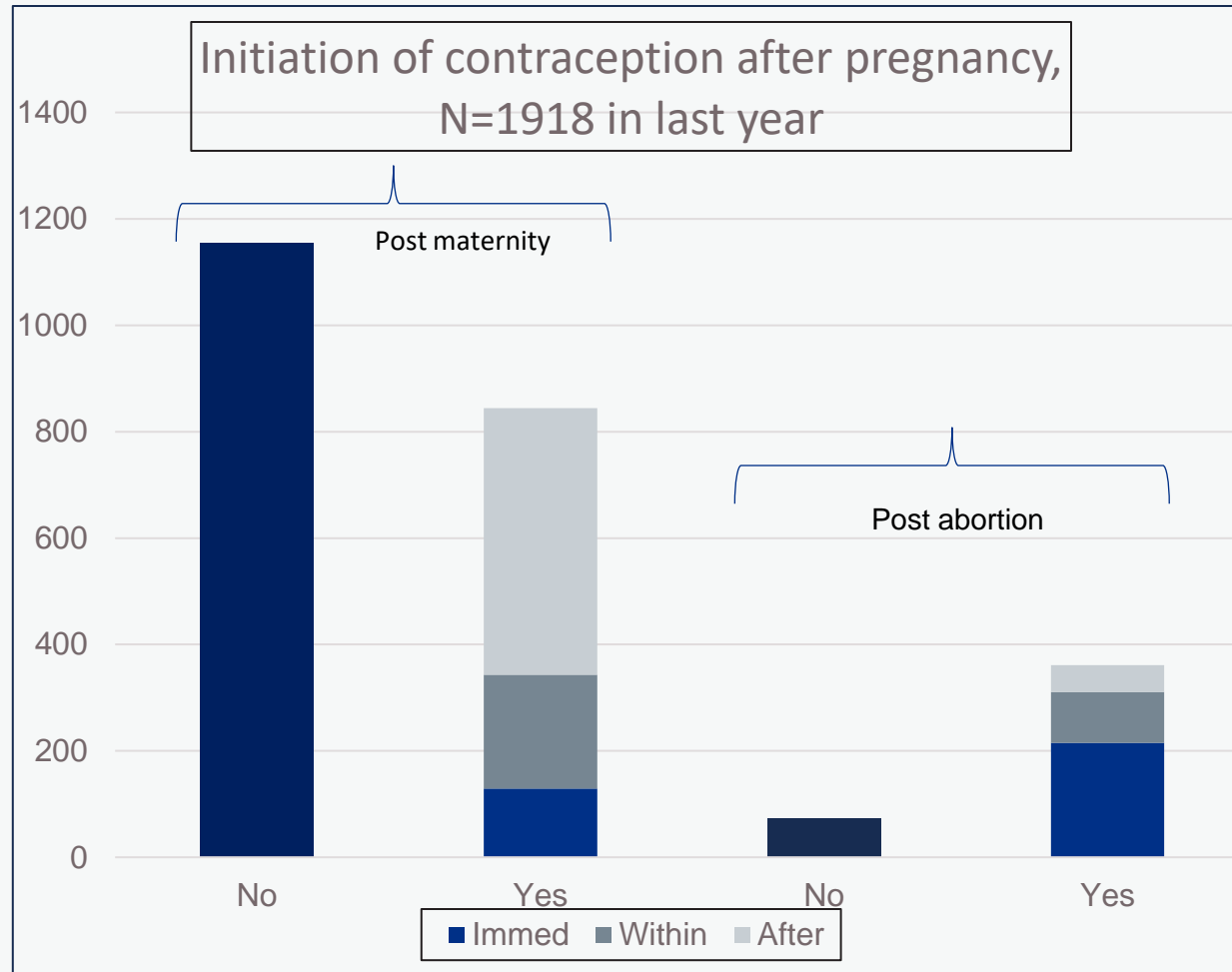
24% of 54, 000 women stopped a contraception method in the last year

- 80% did not want to become pregnant
- Commonest reasons were method factors – “hormone phobia”
- <5% cited service factors

French et al, 2023



Improved opportunistic contraception in pregnancy and other settings may increase access for poorly served



Trusted professionals such as:

- Health visitor
- Foster carers
- Mental health
- Alcohol
- Drug
- Inclusion Health
- School nurses