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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: JAP/ses

Direct Line: 01633 435958

8 September 2020

Professor Chris Jones
Deputy Chief Medical Officer
Welsh Government
Cathays Park
CARDIFF

Dear Professor Jones

Abortion – COVID-19 – Approval for Mifepristone to be Taken at Home

Thank you for your letter about provision of termination services during the pandemic. I have given specific answers to the questions raised in your letter below.

Our service has seen a 38% increase in demand since the pandemic. This was initially a very steep increase and has levelled off. A presentation on a detailed assessment of the service in ABUHB and a draft paper are also included. I would be grateful if you could restrict sharing the attachments as one contains raw data (no patient identifiable details) and doctors' names and the other is a manuscript.



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Waiting times: the average waiting time to initial consultation is now 2 days compared to 10 days (compared to same period 2019).

Reduction in gestational age: the average gestation of the first 100 patients we saw during COVID was 7+2 compared with 7+4 at the same time last year. We have now done >400 procedures since COVID and anecdotally the average gestational age is now even lower.

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Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

Regarding potential negative outcomes: Initial concern was that seeing women without a scan could lead to women accessing treatment at a later gestation that was legal or could fail to diagnose an ectopic pregnancy. We believe we have secure safety netting to assess who needs a scan and no women have had treatment beyond the legal gestational age. Since the COVID crisis has begun we have identified 3 women with ectopic pregnancy. All of these women had a scan and were managed on the basis of abnormal scan findings. Their treatment at hospital was almost certainly undertaken earlier than if they had not been seen in an abortion service.

Feedback: the first 100 patients who had abortions during COVID were interviewed and 96% of patients said they were extremely satisfied and would chose this model of care in the future.

The feedback from the Abortion Care Team has also been overwhelmingly positive. Staff have found that this model of care is more cohesive and robust than the previous model. Patients have a 30 minute telephone consultation with a nurse and this includes a safeguarding assessment. This has successfully identified women who have needed in depth safeguarding support. The fact that a history is undertaken before medicines are prepared means that doctors involved in prescribing and signing of HSA1s often have access to far more details than in previous systems allowing safe prescribing. The proportion of patients having medical abortion has increased considerably (95% cf 75% last year) which is extremely cost effective in reducing the need for operating theatre space. The team feel the process is safer, more streamlined and provides a better quality of care for women. They would be very disappointed to have to return to the original model of care delivery.

As termination of pregnancy is considered an essential service, it is likely that this system will be delivered in the same way over the next few months. The clinic is a community facility which has not been affected by COVID numbers in hospital or in the community. PPE has always been available for staff and social distancing can be maintained within the facility.

I trust this information is of assistance, but if you require any further clarification please do not hesitate to contact me.

Yours sincerely



Judith Paget
Prif Weithredwr/ Chief Executive