

Abortion in the UKAF: A worked example of patient led research and service improvement

Capt V Kinkaid, Surg Lt Cdr Ruth Guest,

Dr A Willman, Surg Capt K King

Background

- ◆ NICE and WHO – 3 pillars of abortion-care
- ◆ Literature review
- ◆ Survey
- ◆ Institutional censorship
- ◆ Use of gender networks and patient advocates
- ◆ Warning



Results

- ◇ 29% had an abortion
 - ◇ 78.5% in service
 - ◇ 11% deployed when needed
 - ◇ 44.4% decision affected by military
 - ◇ 23.4% service affected type chosen
-
- ◇ DMS unaware 46.3%
 - ◇ No light duties or DG 77.9%
 - ◇ RTW next day 47% within week 81%
 - ◇ Are there barriers to access? Yes 53.2% (all)

Accessibility

- ◊ In training establishments difficulties leaving base without having to disclose reasons
- ◊ Concerns over confidentiality
- ◊ Fear over impact of a DG
- ◊ Taking ILA

Access and information

“There is zero guidance on what to do if you need an abortion in the services.”

“I felt like they did not know how to deal with me”

“CoC questioning why I had a bedded down chit given in advance”

“I work in welfare. There is no information about supporting those who may need help to decide to birth or adopt. Not even a comment about signposting to Med Centres, Social Work Services or civilian agencies like BPAS”

Reasons and return to work

“My BSM told me he would struggle to promote me if I were pregnant”

“I had just started phase 2”

“ I had a weekend to go through everything and was still expected to do PT when my insides were quite literally falling out.”

“Chose to discharge myself early in order to make a military course as I didn’t want to explain my absence. I therefore passed the remaining abortion in a portacabin on exercise which was not pleasant”

Confidentiality

“Med centre is perceived to be closely linked to your workplace...stigma around abortion you don’t wish anybody to know...your LM/workplace seem to ‘need’ a reason...worry about getting downgraded”

“You live, eat, work in close proximity with your medical department. I know they cannot just read you medical documents but it is still the fear that they have access”

“I have 0 confidence that the chain of command abide by the confidentiality expected of them, this becomes gossip fodder and undermines the individual and their decision.”

“Too many people know about your situation because of the command chain ‘needing’ to know”

Med issues

“It felt like it was an inconvenience to them and that it was passed on and no follow up on wellness”

“I was called stupid by the MO (having already been called stupid by my GP)...my GP wouldn't even give me a pregnancy test”

“Told the med centre in floods of tears i had found myself pregnant and needing an abortion, they gave me a phone number to an abortion clinic and never followed up with me again.”

Dissemination of results

- ◇ You said we did
- ◇ Over surveyed population
- ◇ Best Practice Guidelines – 2 pager
- ◇ Information to CoC and SP
- ◇ Initial work with abortion providers



Defence Best Practice Guideline: Abortion Care	
nts	<ul style="list-style-type: none">- Abortion is a common health intervention. Abortion-care includes provision of information pre-abortion and post-abortion care.- Abortion is criminalised in the UK, excluding Northern Ireland. The Abortion Act allows legal permission of abortion in certain circumstances.

Abortion in service personnel A guide for Chain of Command



Abortion is common. A recent survey of service personnel (SP) found nearly 1 in 3 servicewomen had experience of at least one abortion, similar to the civilian population. The following frequently asked questions have been designed with a group of UKAF personnel.

What is an abortion and what are the types of abortion?

Abortion is the ending of a pregnancy (also referred to as a "termination of pregnancy"). There are 2 types of abortion: medical and surgical. A medical abortion involves taking medication to end the pregnancy and make the womb push the pregnancy out. In a surgical abortion the pregnancy is removed with a minor operation. For more information look at the [NHS website](#).

I have a serviceperson (SP) who is considering an abortion, what do I advise?

There is no rush, depending on the situation, SP can normally have a few days to a few weeks to decide. SP should be aware that before 10 weeks there are more options than after. Unless there is a medical risk relating to the pregnancy, abortions are not available after 24 weeks. For more information, check out the resources.

Can a military medical centre provide an abortion?

No, due UK abortion law, they can only be carried out in specialist abortion clinics. In most of the UK, the majority of care is covered by three main providers: BPAS, MSI reproductive choices and NUPAS. The medical centre or an internet search should highlight who provides in your area.

How can I support an SP through an abortion?

Abortion can be a very individual experience for all SP. It is important to listen to the needs of the SP in front of you. Some things to consider:

- **Time off:** compassionate leave and/or medical leave can be granted. They will likely need time off prior to their abortion appointment, and then will need time off after to recover.
- **Communal bathrooms:** SP will bleed after an abortion, particularly after a medical abortion this might be heavy as they pass the contents of the womb. Consider providing the SP with their own bathroom if they live in shared accommodation with communal toilets.
- **Logistical requirements:** SP may need transport for their appointments which can be facilitated via the unit if appropriate.
- **Liaising with the medical centre:** Just like civilians SP can access abortions without informing their Medical officer/doctor, unless deployed or overseas. However, the medical centre can provide support during this time from both a physical and mental health perspective.
- **Welfare services:** should be offered via the welfare team, Chaplaincy or a dedicated individual who the SP trusts, services can include counselling if needed.
- **Further support:** can be accessed via Abortiontalk, NHS website, the abortion providers.
- **Gainful employment:** if there is a delay in accessing the abortion, and the SP wants to be in work, ensuring that they are gainfully employed in a role where they are not isolated is important.

What if we are deployed/based overseas?

The UKAF survey found 1 in 10 of those that needed an abortion were deployed at the time. As CoC, reassure the SP and refer them to the medical chain for further help and to discuss their options.

What about PT post abortion?

There is no clear guidance on exercising after an abortion. It is about listening to the SP. Immediately after an abortion it is likely that an SP will still be bleeding, so should rest for a few days and can return to PT when they feel ready. If you or the SP are concerned, signpost them to the medical centre to discuss this further.

What if someone needs an abortion following a sexual assault?

An SP who has been sexually assaulted can be encouraged to attend a Sexual Assault Referral Centre (SARC) which is a "one stop shop" for anyone who has been sexually assaulted. The centre can offer counselling, forensic examination and sexual health services. If an abortion is required following a sexual assault this is accessed through the same routes outlined previously, additional mental health support can be accessed via welfare or the medical centre.

Do SP need downgrading following an abortion?

Most people don't need a downgrade and can be managed with light duties and compassionate and/or medical leave. SP may be worried about this and career impacts, so consider highlighting this and reassuring them that downgrade is unlikely, and that it will not impact on their career.

What if I am worried about an SP's mental health after an abortion?

If you are concerned, ask them to attend the medical centre for review by a medical officer or they could follow up with their abortion provider.

What is an abortion for medical reasons?

Sometimes, when there is a medical condition affecting a foetus or the pregnancy is risking the life of the woman or the foetus, abortion for medical reasons may be offered. Like all abortion decisions, this is a deeply personal and SP should be supported through this with compassionate or medical leave and welfare support. If the SP wants, liaising with the medical chain, may be useful in this circumstance. Further information can be found on the Tommy's website.

How do a support an SP whose partner is going through an abortion?

You can provide this support through taking a non-judgemental approach, listening to the SP and providing compassionate leave where required to allow the SP to support their partner at appointments and after the abortion.

What do I say to someone who needs an abortion?

Listen without judgement or sharing your own opinion. Reassure them that there is no "right" decision, only one that is best for the SP. Reassure them that there is no rush, and you will support them. The survey raised concerns around confidentiality, emphasising confidentiality and discretion are paramount.

We asked servicewomen what they would want the CoC to say:

"I think it's important to approach these situations without having an opinion on whether they are 'making the right decision' the CoC's opinion is irrelevant and all they need to make clear is that they will support whatever decision they chose to make. That way, if the SP decides to change their mind they won't feel like they are going against the CoC."

"The care and the compassion they [COC] have showed has honestly made this experience a hell of a lot more easier. They have let me go at my pace and given me the time I need to adjust."

Where can I signpost to for more help?

- [National Unplanned Pregnancy Advisory Service](#)
- [British Pregnancy Advisory Service](#)
- [MSI Reproductive Choices](#)
- [NHS Website](#)
- [Abortion Talkline](#)
- [The Survivors Trust - SARC information](#)

ABORTION IN THE ARMED FORCES Questions and Answers



Abortion (sometimes referred to as termination of pregnancy) is common. A recent survey of servicewomen found nearly 1 in 3 women had experience of at least one abortion, this is similar to the civilian population. Lots of women felt that there wasn't enough information available within the Armed Forces around abortion which has been mirrored among chain of command, some frequently asked questions are below:

Do I need to decide right now?

There is no rush, depending on your situation you can normally have a few days to a few weeks to decide. Some timeframes to be aware of: before 10 weeks you have more options than after. Unless there is a medical risk relating to the pregnancy, abortions are not available after 24 weeks. For more info check out the resources below.

Do I need a reason?

This is a personal choice. You may be asked about it by an abortion provider as part of their checks but there is no 'right' answer and you don't have to justify this.

What if I'm deployed or based overseas?

The survey found 1 in 10 of those that needed an abortion were deployed when they needed it. It's ok, your medical chain can help you, discuss your options with them.

Will I need a scan?

Not everyone needs a scan, if you are sure of your dates, are less than 10 weeks and are not a high risk medically like if you became pregnant despite having a coil you might not need a scan and the abortion clinic can deal with you entirely over the phone if that suits. Even if you need a scan you don't have to see the screen if you don't want to.

Do I need to tell my medical centre?

No, just like civilians you can do this all without telling your doctor. However, your medical centre can provide support during this time and you may find that a few days signed off or protected from full duties, particularly deployments or phys would be helpful. Most people don't need a downgrade.

How do I get an abortion?

You can self-refer, most of the UK is covered by 3 main providers: BPAS, MSI reproductive choices and NUPAS, these services are funded via the NHS and details are below. These are private providers but you should be able to access care without a cost, your medical centre can help you identify who provides care in your area or you can use an internet search.

Who can I talk to?

There are a host of people here to support you: your medical centre, welfare, Chaplaincy, Abortiontalk, the NHS website, any of the abortion providers also have websites.

How long will it take to recover?

Depending on the type of abortion you may experience pain and vaginal bleeding for 1-3 weeks after the abortion.

What package does the medication come in?

The 'pill in the post' medication comes in an unmarked envelope - won't be obvious in a shared post room.

As CoC, how can I support a member of my team?

Educate yourself using the resources in this document, be supportive and non-judgemental. There is no 'right' approach and each person will go through this experience differently. Encourage your serviceperson to involve their medical centre to ensure they are protected from military duties but this is their choice. Don't make any assumptions and ensure anything they disclose is treated confidentially.

Who can see my medical notes?

Your care is confidential and notes are only accessed by people involved. Once your care is completed, the reference will be archived. It will therefore not show when you attend the medical centre for other reasons unless relevant.

What are the types of abortion?

There are 2 types, medical and surgical. A medical abortion involves taking medication to end the pregnancy and make your womb push the pregnancy out. In a surgical abortion the pregnancy is removed with a minor operation for more information see www.nhs.uk/conditions/abortion

What happens afterwards?

You will be given instructions from your provider regarding post abortion pregnancy testing (2-4 weeks later) and what to do if you have concerns. You won't necessarily hear from them again, but it is important to seek help through their aftercare line or via your GP if you have any concerns. Don't forget you might be able to self-certify for 48 hours or see your medical centre for time off/light duties as not everyone can self-certify.

What might those concerns be?

If your bleeding goes on longer than you were expecting or is heavier than your heaviest period or you have a positive pregnancy test when you check - contact the provider. Feeling sad or thinking about the decision? - this is completely normal, you can access post abortion mental health support via the provider, please don't suffer in silence.

For more info check out the following links/OR codes:



Abortion - NHS



Abortion clinics, information, advice and treatment | BPAS



Abortion Talk | Fight abortion stigma



Abortion Clinics | Termination of Pregnancy Advice, Counselling & Treatment | NUPAS



Making choice possible | MSI Reproductive Choices

Summary

- ◆ Low frequency high impact
- ◆ High stakes information
- ◆ Engagement of stakeholders at different stages
- ◆ Any questions?