NIACT
The Northern Ireland Abortion and Contraception Taskgroup

Report on Sexual and Reproductive Health in Northern Ireland

MARCH 2021

EXECUTIVE SUMMARY

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Our Vision

We have a vision that every child in Northern Ireland is born into a family that has both the will and means to support their needs and nurture their development, with support from the state as needed.

It is our vision that all children and young people should be provided with a high-quality education that teaches about healthy relationships, consent, sexuality and the ability to decide when, and if, to start a family.

We believe that all young people and adults should be educated about the benefits and effectiveness of different methods of contraception.

Women and girls should be empowered to take control of their fertility and contraception should be easily accessible and freely available.

When a pregnancy is unintended, women and girls should be supported with decision-making in a way that is unbiased, non-judgemental and devoid of stigma.

Where abortion is needed, services should be accessible, high-quality and designed to deliver safe compassionate care within the NHS.

List of Abbreviations

ARK
Access Research Knowledge

BMA
The British Medical Association

BPAS
The British Pregnancy Advisory Service

CCEA
The Council for Curriculum, Examinations and Assessment

CEDAW
The United Nations Convention on the Elimination of all forms of Discrimination Against Women

DFCNI
Doctors for Choice NI

DHSC
The Department of Health and Social Care (England and Wales)

DOH
The Department of Health (Northern Ireland)

DOJ
The Department of Justice (Northern Ireland)

EMA
Early Medical Abortion

FFA
Fatal Fetal Abnormality

FSRH
The Faculty of Sexual and Reproductive Healthcare

GMC
The General Medical Council

GUM
Genito-Urinary Medicine

HCPC
Health and Care Professions Council

HSCNI
Health and Social Care Northern Ireland

ICNI
Informing Choices NI

ICTU
The Irish Congress of Trade Unions

IUCD
Intrauterine Contraceptive Device

LARC
Long-Acting Reversible Contraception

MHRA
Medicines and Healthcare Products Regulatory Agency

NIACT
The Northern Ireland Abortion and Contraception Taskgroup

NICE
The National Institute for Health and Care Excellence

NMC
The Nursing and Midwifery Council

OCN
Open College Network

PHA
The Public Health Agency

PHE
Public Health England

POP
The Progestogen-Only Pill

RCGP
The Royal College of General Practitioners

RCM
The Royal College of Midwives

RCN
The Royal College of Nursing

RCOG
The Royal College of Obstetricians and Gynaecologists

RQIA
The Regulation and Quality Improvement Authority

RSE
Relationships and Sexuality Education

SRH
Sexual and Reproductive Health

STI
Sexually Transmitted Infection

TOPFA
Termination of Pregnancy for Fetal Abnormality

TUC
Trade Union Congress

UCL
University College London

UNESCO
The United Nations Educational, Scientific and Cultural Organization

WoW
Women on Web

WHW
Women Help Women

1 Introduction

The Northern Ireland Abortion and Contraception Taskgroup (NIACT) is a group of multidisciplinary professionals formed in response to the Abortion (Northern Ireland) Regulations 2020 to give professional guidance on bringing about the conditions and services required to minimise the need for abortion in Northern Ireland and, when it is required, to provide a compassionate and caring abortion service within the framework of the Regulations. The purpose of this report is to provide an evidence base to inform the funding and commissioning of Relationships and Sexuality Education (RSE) provision, and integrated sexual and reproductive healthcare for the population of Northern Ireland.

2 Relationships and sexuality education

There is a significant body of robust evidence that curriculum-based sexuality education programmes contribute to delaying the age of first sexual intercourse, reducing the number of sexual partners, increasing the use of condoms to prevent sexually transmitted infections, and increasing the use of contraception.

There is also compelling evidence that programmes which promote abstinence-only relationships are ineffective. RSE has the greatest impact when school-based programmes are backed up by initiatives within the community. Recent research in Northern Ireland showed that young people were not impressed with the quality of RSE they received in school, and we believe that a complete overhaul is required with RSE being mandated and monitored by the Department of Education. We would support the use of online resources such as the Scottish relationships, sexual health and parenthood (RSHP) website, and those provided by Informing Choices NI (ICNI) and Common Youth. We also advocate better funding and provision of RSE in community settings.

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3 Sexual and Reproductive Health Services in Northern Ireland

The introduction of the new legal framework for abortion services in Northern Ireland provides a unique opportunity to develop an integrated sexual and reproductive health (SRH) service for the region. We know that enabling women to access a contraceptive method that suits them, helps prevent unplanned pregnancies and allows healthy pregnancy spacing, which improves maternal health outcomes and public health. It is thus clear that investment in contraception is good for both public health and the public purse.

Contraception service provision and accessibility varies significantly between trusts in Northern Ireland, but all trusts have staffing shortages due to a lack of workforce planning. The Southern Trust does not have any SRH doctors, but has a limited nurse led service. There is no consultant in SRH in the whole of Northern Ireland, and this was highlighted as an issue in 2013 in The Regulation and Quality Improvement Authority (RQIA) Review of Specialist Sexual Health Services in Northern Ireland. As a consequence of this, it has not been possible to develop a comprehensive SRH training programme in Northern Ireland, so currently any doctor wishing to become a consultant in SRH needs to access a 6 year training programme in other parts of the UK. There is also a need to ensure appropriate career pathways for specialist nurses.

Northern Ireland has seen a lack of commitment to sexual health from policy makers, service commissioners and HSC trusts. There is an out of date strategy, the Sexual Health Promotion Strategy and Action Plan 2008-2013 (and an addendum which expired in December 2015), which set out "to improve, protect and promote the sexual health and wellbeing of the population". An update is long awaited and has left current provision struggling without direction in the face of ever-increasing demand. It is clear that there is a pressing need for investment in the recruitment and training of the staff required to provide a comprehensive SRH service in Northern Ireland alongside the development of a new strategy.

The needs of young people are particularly important when considering access to SRH services. In keeping with Department of Health recommendations, we would advocate involving young people in the design of services, and we would emphasise the need for confidentiality and making them feel welcome.

4 Contraception

Access to effective contraception has a profound positive effect on the health of women, and has revolutionised women's lives by supporting them in taking control of their reproductive health and the future of their families. In public health terms it is an extremely cost effective intervention; the cost implications of unintended pregnancy to the NHS are estimated to be in the region of one billion pounds per year. Increased provision of easily accessible contraceptive services will reduce the requirement for abortion.

Emergency contraception is contraception used after coitus has already occurred. It is more effective when used early, which requires knowledge of availability, and easy access to the emergency contraceptive pill or services to fit an intrauterine contraceptive device (IUCD).

One third of births in the UK are estimated to be unplanned. The postpartum period is a particularly high-risk time for unintended pregnancy. The Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Obstetricians and Gynaecologists (RCOG) and Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE- UK) recommend that maternity services offer all women long acting reversible contraception (LARC) as soon as possible following birth.

Barriers to contraceptive use in Northern Ireland include inadequate and inconsistent sexual health education, a lack of public awareness of different methods and their effectiveness, failure to provide postpartum contraception, a lack of provision within general practice and a lack of provision within community clinics. This is a legacy of the long-standing under investment in sexual and reproductive health and it is now time for change.

5 Abortion

On the 22nd October 2019, abortion in Northern Ireland was decriminalised. This meant that criminal charges could no longer be brought against individuals having an abortion or against registered medical professionals providing abortion. After 22nd October 2019 there was a period of consultation on a regulatory framework for abortion, following which, Regulations were drawn up and came into force on 31st March 2020.

During the period 1970 to 2016 a total of 62,038 women travelled from Northern Ireland to Great Britain to access abortion. Abortions during this time period had to be self-funded as they were not available on the NHS to women living in Northern Ireland. In addition to the financial burden, there was also the emotional burden associated with accessing services in an unfamiliar place without the support of friends or family. Some women were unable to travel, including those who were young or from low socio-economic backgrounds or rural communities, those with complex physical or mental health needs, those in situations of domestic violence or coercive relationships, immigrants, asylum seekers, and refugee women. Repatriating the fetal remains in cases of fetal abnormality was extremely distressing, and post-mortems were either not performed or performed at great financial cost.

Since 2017 women from Northern Ireland have been granted access to funded abortion services in Great Britain. However, significant barriers still existed including the financial costs of travel, accommodation, taking time off work and child-care. Research showed that, despite the policy change, women were still accessing abortion medication online. Women who accessed abortion, either through travelling to Great Britain or through abortion medication bought online, often experienced significant barriers in accessing appropriate abortion after-care in Northern Ireland, including referral for psychological support and contraception advice. This was despite Department of Health (Northern Ireland) guidance in 2016 stating that women should be offered post-abortion follow-up, including counselling and aftercare for complications, regardless of where the abortion was carried out.

The passing of the Northern Ireland (Executive Formation) Act 2019 acted as a catalyst to the formation of the Northern Ireland Abortion and Contraception Taskgroup (NIACT), which led to the subsequent rapid implementation of early medical abortion (EMA) services in response to travel restrictions imposed due to the Covid-19 pandemic. Clinic protocols, policies and patient information leaflets were produced in line with RCOG/National Institute for Clinical Effectiveness (NICE) guidelines on Abortion Care. A referral pathway was established in partnership with ICNI, who agreed to provide a Central Access Point, enabling people across Northern Ireland to contact a single telephone number where they could also access information, pregnancy choices counselling, and self-referral into the EMA service within the trusts. Women are referred daily to each trust by ICNI via a secure email, a telephone consultation is offered within a few days, and a time is then agreed to attend for treatment. During 2020, 1599 clients contacted the ICNI Central Access Point; 1395 were referred, and 1299 women had a consultation, the majority of whom proceeded to EMA treatment (1160). Contraception is offered at all clinics and the uptake of LARC is high at over 50%. Feedback from patient surveys has been exceptionally positive.

Surgical abortion is currently not available in Northern Ireland for those who would prefer this method, or need it for medical reasons, and there is no provision for abortion at gestations above 10 weeks except in cases of fetal abnormality. These procedures are generally performed within hospital gynaecology departments, and training updates for gynaecologists and commissioning of such services have not yet been provided. These obstacles have hindered the development of a service in any trust, so many, often vulnerable, women still need to travel to England to access this type of abortion care.

When routine contraception and gynaecology services resume as the effects of the Covid-19 pandemic lessen, there will be reduced capacity to continue the EMA clinics without further funding and support. An approval order allowing at home use of mifepristone to commence EMA, as has been agreed in Great Britain and the Republic of Ireland, would improve the ongoing feasibility of this interim service. At home use of mifepristone has been recommended in quality statement 4 of the recent NICE Abortion Care Quality Standard (NICE, 2021). To date there has been no official appetite to facilitate this, and there is no sign of the Northern Ireland Executive or the Department of Health Northern Ireland funding or commissioning the comprehensive service that is urgently needed.

Another obstacle to accessing SRH services is the activity of anti-abortion protestors, ranging from the dissemination of misleading information to picketing of clinics. While NIACT believes in upholding the right to assemble and the right to freedom of speech, we assert that this should not interfere with the fundamental right for women, girls and pregnant people to seek scientifically valid information and receive reproductive health care. We believe that the space outside or in close proximity to an abortion service or pregnancy counselling centre is not an appropriate location to oppose abortion provision. Therefore, we would strongly recommend that safe access zones are introduced outside abortion services and pregnancy counselling centres.

First trimester screening and Non Invasive Prenatal Testing (NIPT) are not routinely offered in Northern Ireland and therefore most fetal anomalies are diagnosed following the anomaly scan between 19 and 20 weeks, which in many cases is later compared to the rest of the UK. This results in abortions occurring at a later gestational age, which can carry a greater risk of complications and can be even more distressing for the woman and her family. Many cases of fetal abnormality or suspected fetal abnormality are referred to the Regional Centre for Fetal Medicine. Once referred, there should be timely access to investigations and counselling, and to treatment options in accordance with RCOG Guidance (RCOG, 2010). There should be good access to post-mortem provision with follow-up counselling and involvement of the multidisciplinary team where appropriate.

6 Conscientious objection

Recognition of conscientious objection is important in the design and delivery of an abortion service. It is of utmost importance that members of staff are not put in a position where they feel a personal objection to what they are being asked to do. However, it is also important that staff are available to provide the required, legally mandated service.

International human rights bodies do not recognise a right to conscientious objection for healthcare providers, but they recognise that some countries permit healthcare staff to exercise this right. In 2016 the UN Committee on Economic, Social and Cultural Rights stated that "Where healthcare providers are allowed to invoke conscientious objection, States must appropriately regulate this practice to ensure that it does not inhibit anyone's access to sexual and reproductive health care, including by requiring referrals to an accessible provider capable of and willing to provide the services being sought and that it does not inhibit the performance of services in urgent or emergency situations".

In Northern Ireland, a statutory right to conscientious objection is provided by Regulation 12 of the new Abortion (Northern Ireland) Regulations, 2020. However this does not affect "any duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health of a pregnant woman or girl". The Explanatory Memorandum to the Regulations goes on to clarify what constitutes 'treatment' using a 2014 Supreme Court ruling which confirmed that statutory protection does not extend to "the ancillary, administrative and managerial tasks that might be associated with that treatment". The Regulations (and the Explanatory Memorandum) also confirm that, as in the rest of the UK, the burden of proof of conscientious objection in any legal proceeding rests on the person claiming to rely on it.

In order to protect employees and enable employers to plan and deliver an effective abortion service, each professional lead should maintain an up-to-date list of those with a conscientious objection; in doing so the views of employees can be respected when planning service delivery.

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Recommendations

Relationships and sexuality education (RSE)

1. RSE should be evidence based and delivered in a consistent, high quality, inclusive and sex positive manner across all schools in Northern Ireland, including Special Educational Needs schools, and be included as part of a school's inspection report.
2. Organisations in receipt of public funding should provide a consistent and standardised approach to the delivery of RSE in school and community settings.
3. RSE should start early and be relevant to the individual at each stage of their development and maturity.
4. RSE should be delivered by trainers who are confident in talking about all issues relevant to RSE with an equal emphasis placed on all areas of the programme.
5. RSE programmes should be offered to parents and carers with the view to alleviating their fears and assisting them to support children and young people in making informed choices.
6. Young people should play a key role in formulating RSE programmes in schools and communities.
7. On-line resources should be used in school, community and home settings.
8. All training delivered should be assessed and evaluated to ensure consistency, and that gaps are identified and current trends are incorporated.

Sexual and Reproductive Health Services (SRH)

9. Investment in a sexual and reproductive training programme for doctors within Northern Ireland with emphasis on recruiting into the field from hospital and GP training programmes.
10. Within every trust there should be a minimum of two SRH consultants. SRH consultants should not work in isolation, and should be supported by other consultant colleagues, as well as a team of specialised healthcare professionals.
11. The role of nurses and midwives should be further developed to include provision of LARC and abortion care.
12. Improved access to contraception services, especially in underprivileged and rural communities, and for particular groups including the homeless, those with disabilities, and people for whom English is not their first language.
13. Improved access to contraception for young people.
14. An ongoing public health campaign, involving the Public Health Agency (PHA) and associated bodies, promoting sexual and reproductive health for all age groups.

Contraception

15. There should be a more visible and far-reaching Public Health campaign raising awareness of the effectiveness and benefits of LARC, and where and how to access emergency contraception.

16. LARC should be more easily accessible within general practice and EMA services.

17. There should be increased provision of postpartum contraception within maternity services, including access to LARC following the birth.

18. The Progestogen only Pill should be made available as an over-the-counter medication. This would involve the Medicines and Healthcare Products Regulatory Agency (MHRA) reclassifying it from 'prescription-only' to 'pharmacy product'.

19. The most effective form of oral emergency contraception, ulipristal acetate, should be available free of charge and without prescription from every pharmacy within the region and from all SRH clinics within each trust.

20. The MHRA should be asked to reclassify oral emergency contraception to the General Sales List to enable it to be provided without consultation.

21. There needs to be improved awareness, access and referral pathways for emergency IUCD insertion. This should include investment into training more GPs in coil insertion and investment into SRH services within all five trusts in NI.

Abortion

22. There should be a funded regional central access point to which women can self-refer, and to which they are directed by a public health information campaign.

23. There should be an adequately resourced framework to ensure availability of pregnancy choices counselling if requested.

24. Commissioners should ensure that service providers have adequate capacity and resources to ensure waiting times do not exceed one week.

25. The option for telemedicine abortion care should be made available within Northern Ireland, as in the rest of the UK and the Republic of Ireland.

26. Abortion services should be part of an integrated sexual and reproductive health service which provides a seamless pathway from the community/ primary care sector to hospital based obstetric and gynaecology services, and also ensures optimal access to contraception.

27. There should be a commissioned surgical abortion service to enable choice of method; this will require some investment in training.

28. The UK National Screening Committee recommendations for first trimester screening should be introduced so that women in Northern Ireland have equity with women in other parts of the UK and, for those who choose abortion, that this can happen at an earlier gestational age.

29. Services should be adequately resourced to ensure that there is the capability to provide abortion within Northern Ireland at all gestations.

30. There should be access to post abortion counselling. Bereavement counselling should be extended to include all pregnancy loss.

31. There should be training for all healthcare professionals, administrative and support staff engaged in abortion services to ensure non-judgmental communication with service users.

32. There should be a public information campaign about abortion to counteract anti-abortion organisations posing as abortion providers.

33. There should be legal provision for exclusion zones to protect women and staff from intimidation and harassment when seeking access to information, support or services.

34. Suitable premises for abortion should be identified and secured for each trust.

35. Interpreter services are required for all stages of service provision.

36. Pathways should be developed for each trust to easily obtain healthcare numbers for those not already registered with the NHS.

Conscientious objection

37. Training in conscientious objection should be provided for all HSC and primary care staff working in SRH and maternity services, including professionally regulated clinical staff, managers, administrative and other support staff.

38. We recommend that professional leads within the relevant departments should keep a secure record of the position of their staff with regard to conscientious objection to allow for service planning and delivery.

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About

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