Safe care, unequal journeys

Outcomes and experiences of women with complex health needs accessing a national specialist referral abortion service: a service evaluation

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NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Newcastle University

Key Message

Care at a specialist abortion care service for women with complex needs is safe, but women who need it wait longer for their procedure, reach later gestations, have less choice about method of abortion, travel further, pay more, and report more financial hardship.

What is the problem?

NICE guidance(1) indicates that women should have choices about abortion method and access to sensitive and safe care. Abortion care for women with complex care needs is delivered by a small number of specialized NHS providers(2). We know little about the impacts of this care pathway on women's outcomes and experiences.

What we did

A service evaluation of (a) 129 women attending the specialist abortion service at Newcastle upon Tyne Hospitals NHS Foundation Trust (Jun 2023-Feb 2024), and (b) 152 low-risk women accessing local abortion care at the same Trust (Jun 2023-Oct 2023). Clinical data was collected from hospital records/referral letters. Experience data was collected by surveys completed by patients. Quantitative data analysed using descriptive statistics and non-parametric tests, free text responses analysed using thematic analysis.



Results

Compared to low-risk women attending the local service, women attending the specialised abortion service:

- were more likely to have been referred from an independent sector care provider
- had similar clinical outcomes
- rated their in-patient care similarly, but their pre-hospital care less favourably
- waited longer between the first appointment (when they requested an abortion) and receiving the procedure
- were a higher gestation at abortion
- travelled further, spent more money to access care, and were more likely to report financial hardship
- were less likely to report being able to access their preferred method of abortion

Days between primary appointment and abortion

8 vs 17.5 days (median)

Difference +8 days (95% CI 7.0-10.0), p<0.01

Gestation at abortion

90 vs 110 days (median)

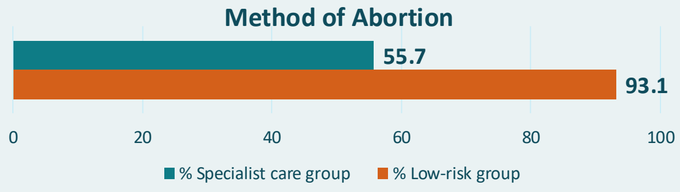
Difference +14 days (95% CI 6.0-22.0), p<0.01

Safety was similar

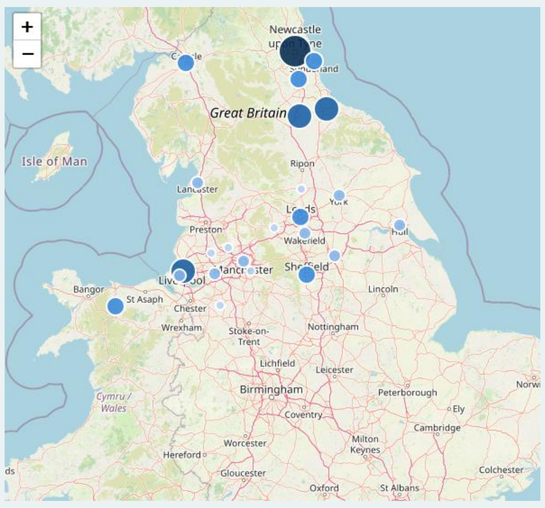
	Low-risk group	Specialist care group	Difference
Any complication*	7.9%	6.2%	-1.7% (-7.7 to 4.3)
Same-day discharge	89.5%	92.2%	2.8% (-3.9 to 9.5)

*at time of abortion

Choice of method



Home location for women accessing the specialist service



Cost and hardship



% of Group reporting financial hardship due the cost of accessing care

NHS covered the costs for **21% (low-risk)** vs **23% (specialist)**

Travel

	Low-risk group	Specialist care group	Difference
Median time to travel (mins)	25.0	60.0	+30.0 (20.0 to 50.0)#
Median total cost (£)	20.0	40.0	+22.2 (9.0 to 45.0)#
Reported financial hardship (%)	18.0	45.6	+27.6% (13.3 to 41.9)#

p=<0.01

In women's words, four themes about the experience of abortion care

Theme mainly seen in specialised group

1. Joined-up services

"Waiting for the transfer from to NHS treatment and then awaiting an appointment. I was very concerned and anxious about how long the process was taking and how far along in the pregnancy I was becoming."

Theme seen in both groups

2. Safe, sensitive, personalised care

"Due to my gestation and personal circumstances, it has been very difficult emotionally, but the staff have been so supportive."

Theme seen in both groups

3. Accessible, transparent communication

"When the <independent provider> referred me to <the NHS>, they called me the next day which relieved a lot of stress/worry. I was told on the call what would happen … which was very reassuring."

Theme mainly seen in specialised group

4. Unequal experiences of care

"The train was cancelled four times which caused me added stress. The hotel was so unsafe I left and lost money and had to book elsewhere, so much stress."

Recommendations

Support women who travel with financial/practical help that acknowledges the additional challenges of travelling to access care.

Streamline referral pathways between providers. This may reduce the delays/inconsistencies that worsen experiences and reduce choice.

More care delivered locally to remove barriers to accessing care. Recognise inequities and monitor via regular service evaluation.

Limitations

This was a convenience sample, not powered to detect differences • The survey was in English-only • We have no data on women who were unable or unwilling to travel to access care • The reasons for delay often missing from clinical notes.

For more information, contact allison.farnworth@northumbria.ac.uk

Want to know more?

Read: Farnworth AT, Brosnan T, Parris-Sizer I, Robson SC. Outcomes and experiences of women with complex health needs accessing a national specialist referral abortion service: a service evaluation. BMJ Sex Reprod Health 2026;52(3):167.

(1). Schmidt-Hansen M, Lohr PA, Cameron S, *et al*. Surgical or medical abortion of pregnancies between 13+0 and 23+6 weeks' gestation? A systematic review and new NICE national guidelines. *BMJ Sex Reprod Health* 2021;47:e10. (2). NHS England. Service specification: Provision of NHS termination of pregnancy centres for patients presenting with medical complexity and/or significant co-morbidities requiring nhs treatment. 2021. Available: https://www.england.nhs.uk/publication/provision-of-nhs-termination-of-pregnancy-centres-for-patients-presenting-with-medical-complexity-and-or-significant-co-morbidities-requiring-nhs-treatment/.