Evaluating Patient Pathways for Complex Abortion Care: The East of England Experience

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Background

- NHS England commissions complex abortion care for people whose co-morbidities need hospital-based support; approximately 315 cases a year are estimated for the East of England.
- NWAFT won the tender in April 2023 and began the service in August 2023, as the hub of a **hub-and-spoke network**, centred at Peterborough City Hospital.
- Evaluating such pathways is challenging, therefore a systems-based approach was used to examine who our patients are, what makes them complex, and how care and outcomes look across the network.

Methods

- A continuously updated prospective database of **all complex abortion referrals** to Peterborough City Hospital between **August 2023 to July 2025** was reviewed using patient electronic records.
- Patient journeys were examined across three domains: **referral from region, local process,** and **patient outcomes**.
- Demographic and complexity data were collected for each patient: age, BMI, ethnicity, reproductive history, location, safeguarding and reason for referral.

518 referrals received

284 treated at the hub (others redirected)

97% treated within region

76% treated within 14 days of consultation

68% had more than one complexity

Results: following the patient pathway

1 Referral from region

First contact to initial referral

- Most referrals were **self-referrals (53%)** or from **private providers (41%)**
- Most patients had **medical co-morbidities** (including obesity), **abnormal pregnancy** or **placental location**, or **multiple prior caesarean deliveries**

2 Local process

Receipt of referral and care coordination

0.92 days *referral to patient contact*

8.53 days *referral to consultation*

9.28 days *cconsultation to treatment*

3 Patient outcomes

Key care indicators at the complex abortion centre

100% had a documented contraception discussion

0 failed treatments and no haemorrhage reported

5.6% needed further management (e.g. RPOC)

2.7% treated for infection

Demographics: Who are our patients?

30.5 average age in years (national average = 22)

32% had a BMI of ≥30

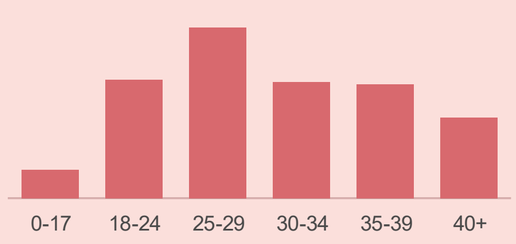
49% reported a mental health condition

22% had a safeguarding or previous domestic violence concern

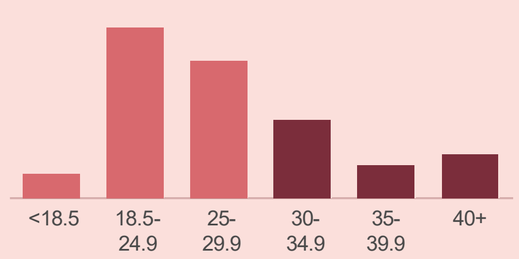
108 had at least one previous abortion

9 were grand multiparous (parity ≥ 5)

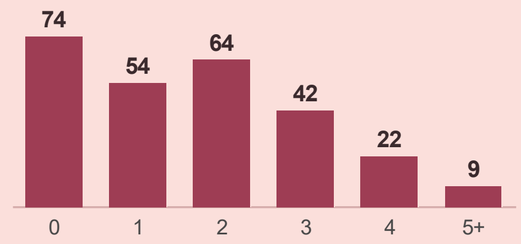
Age (years)



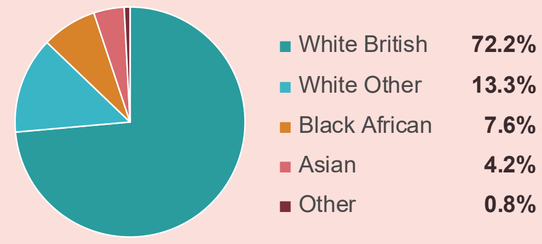
BMI



Parity

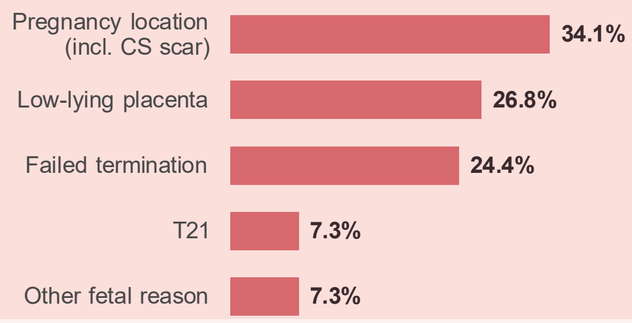


Ethnicity



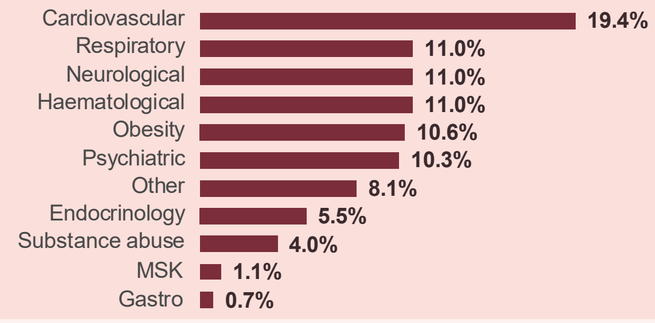
What makes our patients complex?

Reason for referral

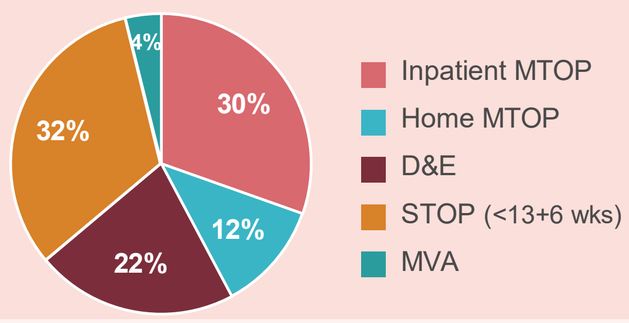


Medical complexity

68% had >1 complexity



Type of abortion



Conclusion: This evaluation demonstrates that a hub-and-spoke network can provide safe, effective complex abortion care close to home. Patients were a highly complex group, often with several co-morbidities alongside mental health and safeguarding needs, yet almost all were treated within the region and outcomes were good with low complication rates comparable to non-complex abortion care. Care was holistic, extending beyond the procedure itself, and contraception was discussed with every patient. Together, these findings offer a framework for other networks developing similar services.
Priorities are to continue developing capacity, increasing awareness, and improving access to care across the region. Staff across the network will be upskilled in complex abortion care and links with fetal and maternal medicine networks and colleagues in other medical specialities strengthened to support well-coordinated care, including efficient case discussion and MDT where necessary. Demographic and referral data will be continually examined to identify and address any inequities in access.

NHS North West Anglia NHS Foundation Trust