

Rise in women having repeat abortions

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One in four women who has an abortion goes on to have another, according to a leading provider of terminations in Britain.

Marie Stopes International said it was very concerned that the opportunity was being missed to help women to choose an effective form of contraception after they had an abortion to try to make sure that they do not end up with another unwanted pregnancy.

Department of Health statistics show that while the overall number of abortions is going down, the proportion

of repeat abortions is rising. In 2012, 37 per cent of women who had abortions had had one previously, compared with 31 per cent in 2001 and 34 per cent in 2010.

Marie Stopes, which carried out 65,000 of the 185,000 abortions that took place in England and Wales last year, interviewed patients who had had more than one to try to see why they were getting pregnant again.

It found that 57 per cent were using some form of contraception when they became pregnant, with the majority on the Pill or using condoms.

International studies suggest that 9 per cent of women who are using the

Pill will get pregnant. Condoms have a failure rate of 18 per cent.

More modern methods of contraception such as intra-uterine devices or implants have a much lower failure rate, of about 1 per cent.

However, these are more expensive and not always offered routinely. They also often require follow up care while

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they settle down. Marie Stopes said that staff at their clinics could offer advice only immediately after an abortion.

Genevieve Edwards, the director of policy at Marie Stopes UK, said that women had three fertile decades to manage and many were being let down by a lack of good provision of contraceptive advice.

"If we tackled the lack of sex and relationships education in schools, invested in contraceptive training for health professionals and bridged the gap between abortion, contraception and sexual health services, we would see the rate of unwanted pregnancies plummet," she said.

"Our research shows that there is no particular demographic group who are more likely to have abortions. It can happen to any of us. But for the majority of women, it was more often the short-term methods [of contraception] that failed them.

"Getting this right is also good for the public purse. Fitting a coil costs about £40 and lasts ten years — that is less than 8 pence a week and it repays the NHS many times over in abortion or maternity costs."

Marie Stopes has said it is concerned about low awareness and access to the morning-after pill. However, the National Institute for Health and Care Excellence has recently changed its recommendations so that women can obtain the morning-after pill in advance.

Opponents of abortion said that contraception was not the issue in trying to reduce the abortion rate. Paul Tully, general secretary of the Society for the Protection of Unborn Children, said: "Increasing the provision of contraception isn't going to reduce the abortion rate. Contraception doesn't address the social, financial and relationship reasons which are usually the drivers for women to seek abortions. We need to answer those problems, and then we'll see the abortion rate coming down."