Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

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KEY STUDY CONTACTS

Chief Investigator / Lead Researcher	Katy Footman, PhD candidate, London School of Economics and Political Science (LSE)
Study Co-Ordinator	Katy Footman, PhD candidate, LSE
Sponsor	Professor Ernestina Coast, LSE Dr Tiziana Leone, LSE
Joint-sponsor(s)/co-sponsor(s)	Dr Patricia Lohr, BPAS Dr Tracey Masters, Homerton University Hospital NHS Foundation Trust Dr Rebecca McKay, Laura Rutherford and Coralie Glenn-Sansum, Peterborough City Hospital, North West Anglia NHS Foundation Trust
Funder(s)	Economic and Social Research Council, Parkes Foundation

STUDY SUMMARY

Study Title	Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales
Internal ref. no. (or short title)	Choice in abortion care pathways
Study Design	Qualitative research
Study Participants	Women and pregnant people accessing abortion services, who have had at least one previous abortion
Planned Size of Sample (if applicable)	30
Follow up duration (if applicable)	N/A
Planned Study Period	September 2021-June 2023
Research Question/Aim(s)	The aim of this research is to explore abortion service users' perceptions and comparative experiences of choice within abortion care pathways. The specific research questions are: • How do previous abortion experiences impact services users' preferences for abortion methods? • How is choice of abortion methods experienced by service users? • How do provider and health system factors influence choice of methods? • How do inequalities influence differences in choice and experience of abortion methods? • What role (if any) does abortion stigma play in the choice and experience of abortion methods?
Abstract	The aim of this qualitative study is to explore abortion service users' perceptions and comparative experiences of choice within abortion care pathways. In-depth interviews will be conducted with individuals who have sought abortion services in the study period, and who have at least one previous abortion experience. Participants will be recruited from BPAS and NHS services. For BPAS services, participants will be retrospectively recruited from a database of clients who have consented to be contacted about future research. For NHS services, patients will be invited to learn more about the research at the point of service by their health care professional, after the patient has completed their consultation, either by email or verbally at the end of the phone or in-person consultation. Interested participants will then be contacted by phone call or email by the researcher to provide more information, to answer any questions, confirm interest, go through the informed consent process, and arrange a time for the interview to take place. Informed consent will be recorded

	by the participant through an online form. Participants will be offered a digital copy of the information sheet and consent form if they wish. Interviews will be conducted by phone or web-call by the lead researcher, depending on the preference of the participant. Interviews will be semi-structured, using a topic guide. Interviews (including confirmation of verbal consent) will be audio-recorded and transcribed by the lead researcher. Data will be analysed using thematic analysis and findings will be disseminated through conference presentations, peer-reviewed journal articles, and a PhD thesis. Research results are intended to inform policies and practice surrounding the provision of choice within abortion care pathways in the UK.

FUNDING AND SUPPORT IN KIND

FUNDER(S)	FINANCIAL AND NON FINANCIALSUPPORT GIVEN
Economic and Social Research Council	PhD studentship and research support grant
Parkes Foundation	Small research grant for fieldwork costs

ROLE OF STUDY SPONSOR AND FUNDER

The funder has no role over study design, conduct, data analysis and interpretation, manuscript writing, and dissemination of results.

The study sponsor provides technical oversight and supervision of this PhD research but the overall responsibility lies with the lead investigator for study design, conduct, data analysis and interpretation, manuscript writing, and dissemination of results.

KEY WORDS: abortion, methods, choice, medical abortion, surgical abortion, telemedicine

Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

1. BACKGROUND

In recent years, there have been significant changes in the way women and pregnant people[1] can access abortion care due to service developments such as medical abortion pills, home use, local anaesthesia for surgical abortions, and the recent temporary introduction of telemedicine during the coronavirus pandemic. With evolving abortion technologies, women theoretically have greater choice within their abortion care pathways. But structural factors may undermine choice within abortion care pathways, including choice of abortion methods.[1]

Since its development in the 1990s, medical abortion (MA) has transformed abortion access and has enabled abortion seekers to choose between a surgical procedure performed by a health provider, or abortion pills which allow the process to be self-managed at earlier gestations. Medical abortion is therefore considered to have shifted power dynamics through reconceptualization of the "provider": the woman herself can be the "provider", self-administering the medications, without a formal health professional "performing" a procedure.[2] Trends in use of medical versus surgical abortion over the past two decades reflect a diversity of experiences for those countries with data available.[3] In some countries, surgical abortion has been almost entirely replaced by medical abortion, while others have seen limited decline in use of surgical methods. Mifepristone was first licensed for use in 1991 in the UK. Since then, medical abortion has become the most commonly used abortion method in England and Wales (73% in 2019), almost doubling since 2008.[4] The recent temporary approval for both stages of the medical abortion process to take place at home during the Covid-19 pandemic has further increased the proportion of abortions that are medical, to 85% in 2020.

Choice of abortion methods is one of the six quality standards for abortion care published by the National Institute of Health and Care Excellence (NICE) in the UK and is also recommended in the World Health Organization (WHO) safe abortion guidelines. This recommendation is driven by evidence that women tend to have strong preferences about their abortion method, that the experience associated with each method is very different, and that acceptability (usually measured by the proportion who would choose the same method again) is greatest when women can choose their preferred method.[5–12] Both methods have few contraindications, and both can be provided in outpatient settings at early gestations, and at later gestations in most cases.[6] Studies have found high acceptability for both procedures[6], but when studies have compared acceptability of medical and surgical methods, acceptability of surgical abortion is generally higher. Experimental studies have been rare due to women's strong preferences for one method over another[6,13], but randomized studies from Denmark, the UK and the USA, have found acceptability is higher for surgical abortion in earlier and later gestations due to lower levels of pain and a faster process.[5,10–12,14–17] Although observational studies have had more mixed results[18–20], most

[1] 'Women' is sometimes used as shorthand for 'women and pregnant people' in this document, or 'service users' is used as gender-neutral language inclusive of all pregnant persons who may seek abortion care such as women, non-binary and trans individuals.

studies have observed higher acceptability for surgical abortion than medical.[5,11,12,21–24] However, even in studies where higher acceptability of surgical abortion is recorded, a substantial proportion of medical abortion users would choose the same method again, because the positive aspects outweigh negative ones, or due to fear of vacuum aspiration.[22]

Choice of methods has been identified as an area of care that requires improvement in the UK.[25–27] A prospective cohort study in England in the 1990s suggested that choice of abortion method was denied or illusory: a quarter of MA patients and 67% of surgical patients had no choice about their method, due to a misperception among providers about the gestational age at which each method could be used, or for reasons that were not made clear to the patient.[5] An audit of facilities in 2000 found that less than half of facilities provided both medical and surgical methods, with surgical abortion more commonly offered at earlier gestations and medical abortion more common at later gestations.[25] Since then, efforts have focussed on increasing the acceptability and accessibility of MA by reducing misperceptions about the method[28], enabling the abortion to take place at home in earlier gestations, and reducing the number of unnecessary clinic visits and clinical interventions involved in the MA process. However, there is now concern that access to surgical methods is declining.[11] A recent study identified that most women felt they were offered a choice of method in an NHS hospital, but that in reality, structural factors were reducing the options available to women, such as waiting times and the availability of trained staff.[27] In addition to long waiting times for surgical methods (caused by under-staffing and the unnecessary legal restriction of surgical provision of abortion to doctors), choice was also found to be constrained in this study by the hospital's gestational limit on surgical abortion (12 weeks).[27] A qualitative study of BPAS clients in 2018-19 similarly identified that choice of methods could be constrained by appointment availability, service location and gestational age, and the paper also highlighted that constraints placed on method choice during the COVID-19 pandemic needed to be removed when the situation allows.[29]

Although studies have consistently identified that abortion method choice is an issue requiring improvement in the UK, these studies took place before MA became the most commonly used method[5,25,30], did not include the independent sector[27] or took place prior to the introduction of telemedicine, which poses new questions about the feasibility of choice within abortion care. Understanding the perspectives of service users on choice within abortion care pathways is important for informing policies and implementation of NICE quality standards for abortion care. Given that method preferences and satisfaction vary by age, ethnicity, education, living situation and other social characteristics[20,22,27,31–40], it is also important to understand how intersecting inequalities may influence the experience of choice within abortion care pathways. Most research in England and Wales (and internationally) has focussed on patients' method preferences and experience[29], without assessing structural factors at the health system, institutional and community level that may be affecting choice. Additionally, while studies have identified that stigmatising attitudes to abortion can influence provider and patient preferences for abortion services[27,41–47], there is a gap in the literature exploring how abortion stigma may be linked to abortion method choice. This research aims to address these gaps, to support advocacy for choice within abortion care and to contribute to knowledge about manifestations of stigma within health care.

2. THEORETICAL FRAMEWORK

This study is informed by several theoretical frameworks, which are integrated into an overarching study framework in Figure 1. The frameworks that inform the study include the reproductive justice framework, the socio-ecological framework, the abortion trajectories framework and stigma theory, and the contribution of each of these frameworks to the present research design is briefly described below.

The **reproductive justice framework** takes an intersectional approach to understand the systemic inequalities that shape the fulfilment of individual human rights around childbearing and parenting, including the right to have a child, to not have a child, and to parent children in safe and healthy environments.[48] The reproductive justice framework includes the conditions by which these human rights are fulfilled, for example the right to not have a child through the conditions (e.g. contraceptive method or abortion procedure) of your choosing. By taking a reproductive justice perspective to the issue of choice within abortion care pathways, the framework for this study recognises that institutional forces influence individual freedoms and can render 'choice' illusory.[49]

An intersectional approach to the issue of method choice is important because abortion method preferences and decision-making are influenced by wider social factors and intersecting inequalities. In the medical literature, abortion method and service preferences have been found to vary by age[34,35], education status[34,36], ethnicity[37], employment status[27], and based on living conditions or availability of support.[27] Acceptability of each method can also vary based on age[38,39], education[38], reproductive history[22,31,32,39,40] and anxiety levels.[20,33] Research from the USA and Australia identified how providers can make judgements about which patients will suit each method based on observable patient characteristics (e.g. age, education and socio-economic status)[20,50], perceived personality type[41], presence of a support network and mental health status.[50] This study will therefore assess method choice within a social framework that considers the effects of intersecting inequalities at an individual level and their production through social structures and power relations.[51]

The study also draws on the **socio-ecological framework**[52], which is used within public health and health care research to look beyond the individual level and to understand interpersonal, community, institutional and policy influences on health, and their interactions. The socio-ecological framework offers a structural perspective, which is useful for understanding abortion method choice because choices are structured by social systems.[53] For example, at the law and policy level, choice can be impacted by gestational age limits[3,54] or regulations on who can provide abortion and where it can be provided.[55] At the institutional (health system) level, abortion method choice can be affected by how abortion is funded, whether it is provided in the public or private sector, availability of training and a skilled workforce, and waiting times.[5,41,55–57] At the interpersonal level, women can rely on information from friends and family members[45,58] to make decisions about their method before a clinic visit[24,50,59], but decisions can also be influenced by providers[9,20] who may offer inadequate or biased information.[5,56,60]

Two additional layers are added to the socio-ecological model in Figure 1. The first (abortion-specific experiences) is drawn from the **abortion trajectories framework**[61] which combines the socio-ecological model with a pathway-based model to understand abortion trajectories from a dynamic, temporal perspective. This framework groups the factors that influence abortion trajectories under three categories: individual context, (inter)national and sub-national context, and abortion-specific experiences. The latter has been added to Figure 1 because dimensions of a specific abortion may influence method choice, for example the timing of pregnancy discovery, whether the pregnancy or abortion needs to be kept secret (and from whom) and emotions about the pregnancy and abortion.

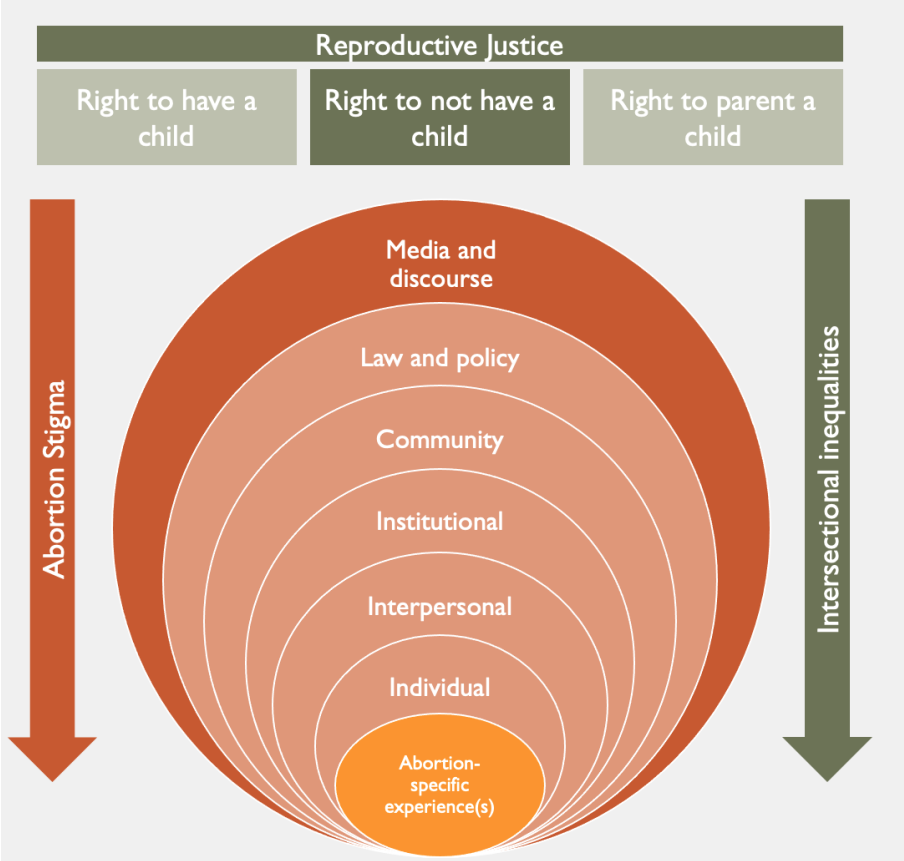

Figure 1. Theoretical framework of factors affecting choice of abortion care pathways

The second additional layer is media and discourse. This relates to **abortion stigma theory**. Abortion stigma has become an important focus of abortion-related research and scholarship over the past decade. Abortion stigma has been conceptualised by Kumar et al[62], using Goffman's work[63], as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood". Abortion stigma has also been conceptualised as a "transgression of physical, moral, and ethical boundaries and social norms around gender, religion, kinship, and death" [64] and "a shared understanding that abortion is morally wrong and/or socially unacceptable".[65] More recently, scholars have highlighted the need to examine power within work on (abortion) stigma, to shift away from individual 'attributes' and to focus on the structures that produce and sustain stigmatising categories.[66–68] Drawing on the socio-ecological model, abortion stigma is theorised to occur structurally at multiple levels, within individuals, communities, institutions, policies and laws, but also in *media, discourse and mass culture*[62] and each of these levels is included within the framework in Figure 1.

The relationship between abortion stigma and method choice has not been explored but stigma may influence the factors determining abortion method choice at different levels. For example, at the health system level, in countries where abortion is newly legalised, a common approach has been to only provide MA in the public sector due to lower anticipated levels of provider resistance, in addition to concerns about costs, infrastructure and training

requirements.[69,70] At the institutional level, providers' experience of stigma may influence their provision of method choice: in qualitative studies in the USA, Pakistan and South Africa, providers described feeling more comfortable providing MA because their diminished role was equated to less responsibility and stigma.[41–43] At the individual level, abortion stigma may also influence patient decisions: in qualitative research, women have described choosing their method as a form of punishment or self-regulation[44,45], to avoid seeing the foetus[27], to not think of the process as an abortion or to forget the experience[46], to reduce feelings of guilt[41,45], or to reduce use of NHS resources due to feeling 'at fault'.[47] This study will explore the relationship between stigma and method choice in more depth at multiple layers of the socio-ecological framework.

By combining these four frameworks, this study will therefore examine the factors influencing choice within abortion care pathways and the potential role of stigma at both structural and individual levels, and through the intersectional lens of reproductive justice.

3. RESEARCH QUESTION / AIM

The aim of this research is to explore abortion service users' perceptions and comparative experiences of choice within abortion care pathways.

The specific research questions are:

- How do previous abortion experiences impact services users' preferences for abortion methods?
- How is choice of abortion methods experienced by service users?
- How do provider and health system factors influence choice of methods?
- How do inequalities influence differences in choice and experience of abortion methods?
- What role (if any) does abortion stigma play in the choice and experience of methods?

Broader Research Project

This qualitative study is one component of a broader PhD research project, which will also include the following components:

- Analysis of routine national abortion statistics to assess how trends in medical abortion use vary by sub-group and to examine commissioning, clinic and patient-level effects on medical abortion use (using multilevel modelling).
- Key informant interviews with stakeholders involved in provision, commissioning and management of abortion services to assess how the financing, management and organisation of abortion services expands or limits choice within abortion care pathways, and to understand how providers' perceptions of abortion and abortion methods influence their provision of services and information.

The other components of this research project will only receive ethical review and approval from the London School of Economics and Political Science research ethics committee.

3.1. Objectives

The objective of this research project is to explore how abortion service users experience choice of abortion methods, the factors that influence these choices, and how these experiences are compared and contrasted by those who have had multiple abortions.

3.2. Outcomes

The findings from this research are expected to help inform policies and practice surrounding the provision of choice in abortion care pathways in the UK and in other settings where surgical abortion methods are increasingly being replaced by medical methods.

4. STUDY DESIGN AND METHODS

Research Design

This study will use qualitative in-depth interviews to gather data on abortion service users' perceptions and comparative experiences of choice within abortion care pathways.

Data collection method

Interviews will be conducted by phone, web or videocall (depending on participants' preferences) by the lead researcher. Interviews are anticipated to last for 40-60 minutes. Participants will be asked to confirm that they are in a private space where they cannot be overheard before the interview begins.

Participants will be asked whether they would be willing to take part in a follow up interview within the next month, in case there are topics that were not adequately explored in the first interview.

Topic guide

In-depth interviews will be semi-structured and conducted using a topic guide (Appendix 8). The topic guide and interview approach will be piloted in 1-2 interviews with consenting participants prior to full data collection commencing, following the same procedures as outlined in the remainder of this protocol.

During the interviews, participants will be asked about their most recent abortion experience, their preferences for how they wanted the abortion to take place and how their preferences were impacted by previous abortion experiences. Participants will then be asked about social influences on their method preferences, counselling, their experience of choice and of the abortion itself for their most recent abortion, and how this compared to their previous abortion experience(s). The interviews will also include questions about the participant's social background at the beginning. The interview will end by asking participants whether they feel any topics have been missed from the interview.

Data management

For BPAS clients, contact details of clients who have consented to be contacted about future research studies will be shared with the researcher using a personalised OneDrive link to a password protected file, saved on BPAS OneDrive, by a BPAS team member.

For NHS patients, contact details of patients who have consented to be contacted about future research studies will be shared with the researcher via phone call. The health care professional will phone the researcher and read out the contact information of the potential participant, which the researcher will type into a password-protected database. This method of transferring the information will be used because the researcher does not have an NHS secure inbox.

All data relating to the study will be stored by the researcher in password protected folders on the LSE encrypted server, which will be accessed through an encrypted laptop or an LSE encrypted computer. Participant contact information and consent forms will be stored in a password protected folder in the LSE OneDrive, and kept separately from the interview data (recordings, notes and transcripts), which will be stored on the LSE H: Drive. It will not be possible to directly link the participant contact details with the interview data. Only the lead researcher will have access to potentially identifiable data.

A Qualtrics form will be used by participants recruited from BPAS to indicate whether they are interested in taking part in the study. These data will include identifying information (contact details or name). All consenting participants will use a Qualtrics form to record their informed consent. These data will include identifying information (the participant's name).

Calls will take place by mobile phone or by video call on Microsoft Teams or Zoom, depending on the preference of the participant. Calls will be audio-recorded using an encrypted recording device which will be placed next to the mobile phone or laptop. Audio recordings may include identifiable data, though participants will be asked not to use names or other details that could be used to identify themselves during the interviews. Audio recordings can also be considered identifiable as a participant's voice may be recognisable to others.

The recordings will be transcribed by the lead researcher, with support from the GDPR compliant software, Trint, which uses artificial intelligence to transcribe audio recordings. Transcriptions of interviews and interviewer notes will not include any identifying information from participants and will only include study ID numbers. Any identifying information that participants mention in the audio-recordings will be excluded from the transcriptions. Inconsequential details may be changed to prevent potential indirect identification of participants.

De-identified transcriptions will be shared with the researcher's PhD supervisors as needed for purposes of quality assurance or review.

De-identified transcriptions will be imported to Dedoose qualitative analysis software and data will be coded using thematic analysis methods. Analysis will be completed by the lead researcher on the LSE encrypted server and on an encrypted laptop.

Identifiable data (including contact information, consent data and audio recordings) will be deleted 3 years after the completion of data collection. Transcriptions (excluding any potentially identifying information) will be archived in a data repository according to ESRC requirements.

An LSE data management plan has been completed and approved by the LSE Data Research Librarian. An LSE Data Protection Impact Assessment has been completed and has been approved by the LSE Data Protection Officer. A Data Protection Impact Assessment will also be completed for review by the BPAS Data Protection Officer.

5. STUDY SETTING

Participants of this research study will be recruited through the British Pregnancy Advisory Service (BPAS), Homerton University Hospital, and Peterborough City Hospital. Due to the recent temporary introduction of telemedicine services for abortion care, participants will not be recruited from BPAS clinics, as the majority of clients receive their entire abortion service from their own home. Instead, participants will be recruited from BPAS' database of clients who have consented to be contacted about future research studies.

Interviews will be conducted by phone or video call, depending on the preference of the participant, so there will not be an allocated physical site for the research.

These study settings were selected to identify potential participants because it is challenging to identify individuals who have had abortions through wider community settings due to the stigma and secrecy that often exists around abortion. Recruitment through social media might result in a less representative sample of women who have accessed abortion care. Recruitment through abortion service providers therefore offers a sensitive and appropriate method of contacting potential research participants who have already consented to be approached about research studies. Independent sector and NHS settings will be included within the research to increase the range of experiences and perspectives within the study sample.

6. SAMPLE AND RECRUITMENT

The research is designed to investigate the experiences of women and pregnant people who have a previous abortion experience.

Recent research has highlighted that prior abortion experiences can be an important factor for determining patient preferences[29], and by specifically interviewing people who have experienced more than one abortion, this study is expected to provide insights that go beyond existing qualitative studies of choice and experiences of abortion methods.[8,45]

Individuals who have a previous abortion experience have a valuable comparative perspective on abortion care pathways as they may have experienced more than one method or service type, more than one provider, and they may have been able to make a decision about abortion methods informed by previous lived experience.

Additionally, as most independent sector service users currently receive abortion care through telemedicine due to the ongoing COVID-19 pandemic, interviewing people who have had a previous abortion will allow for a more diverse range of abortion service (and provider) experiences, as participants can discuss previous abortions in addition to their most recent one.

Having more than one abortion is a common reproductive experience, and 40% of abortions in England and Wales in 2019 were among individuals who had a previous abortion experience.[4] Individuals who have multiple abortions may differ from individuals who are having their first abortion. For example, an analysis in 2011 found that individuals who have a previous abortion experience are more likely (than those who have had one abortion) to have increased age and parity, to be Black, to have left school at an earlier age and to live in

rented accommodation.[71] Although these potential variations will be considered in the interpretation of findings from this research, these differences in characteristics are not considered to reduce the value of understanding the perspectives and experiences of individuals with multiple abortion experiences.

Inclusion criteria:

Potential participants will be screened according to the following inclusion criteria in two stages.

For BPAS clients, criteria 1-6 will be screened during extraction of client contact details from the BPAS data systems. Criteria 7-8 will then be screened by the interviewer when participants are called to discuss the study in more detail.

For NHS patients, criteria 1 and 4-7 will be screened by the health care professional who informs the patient about the study and criteria 8 will be screened by the interviewer when participants are called to discuss the study in more detail. Criteria 2-3 will not be relevant for NHS patients, as recruitment will take place at the point of service.

1. Abortion service users who have accessed a medical abortion by post or through a clinic, or a surgical abortion, in the 4 months prior to recruitment
2. Accessed the abortion service more than 1 month prior to being contacted (BPAS only)
3. Have not previously been invited to take part in a research study by the service provider (BPAS only)
4. Consented to be re-contacted for research purposes or have their contact information shared with the researcher for this study
5. Have one or more previous abortion experiences
6. Aged 18 or over
7. Speak English (due to language limitations of interviewer)
8. Give informed consent to be interviewed and audio-recorded

During recruitment, I will try to purposively include participants from a range of backgrounds, including different age groups, ethnicities, regions and educational backgrounds at the time of their most recent abortion. This will be achieved by including questions about these characteristics within the initial Qualtrics form that potential participants recruited from BPAS are asked to complete, and participants will be purposively called back with more information about the study (as described in the Recruitment Procedures).

Sample

In-depth interviews will be conducted with a sample of 25-30 participants, or until saturation is reached. The number of participants expected to be recruited from each service will be 15-20 for BPAS, 5-10 for Homerton University Hospital and 5-10 for Peterborough City Hospital.

Sampling technique

Participants will be selected purposively to ensure that individuals are invited to the study who meet the eligibility criteria and to ensure participants from a range of service providers are included in the study, as described in the Recruitment Procedures.

Recruitment procedures

BPAS services

Clients of BPAS are asked at the point of service whether they consent to be re-contacted for future research studies. For this research study, BPAS clients who have consented to be re-contacted will be purposively sampled based on the above inclusion criteria (1-6). Potential participants will be sent a text or email (Appendix 1) inviting them to take part in the study. Potential participants will be initially contacted in waves, with 270 individuals re-contacted in the first wave, assuming that there will be a 20% response rate (based on response rates from previous BPAS studies) and 70% loss to follow up among those who initially respond. If the desired sample size is not reached through this initial wave, a second wave of individuals will be re-contacted, with the number to be re-contacted based on the response and loss to follow up rates in the first wave.

The text / email will include a very brief summary of the research and an invitation to click a link to a web page where they can read more about the study. The web page (Appendix 4) will be a Qualtrics form which will include a basic summary of the study and some questions for participants to fill out if they would be willing to be contacted by the researcher. The questions on the form will include their name, phone number, email address and their preferences for how they would like to be contacted. The form will also include age, ethnicity, region, relationship status and educational background to allow for purposive selection of participants to contact, in case a high number of participants are interested.

Participants will then be phoned or emailed by the researcher, depending on the participant's stated preferences, and, if they are still interested in the study, the researcher will take the participant through the information sheet and informed consent process. A time will be arranged for the interview to take place with consenting participants.

NHS services

For NHS services, patients will be invited to participate in the research at the point of service by a health care professional, either by email (Homerton) or verbally at the end of the patient's final phone or in-person consultation (Peterborough).

At Homerton University Hospital abortion service, patients are often emailed to arrange the service and share information. Eligible patients who have completed their service will be emailed by their health care professional to share information about the study and ask whether the patient would be interested in hearing more about the study from the researcher (Appendix 2). Patients who are interested in hearing more about the study will be asked to consent (via email) that they agree for their name and preferred contact details to be shared with the researcher. This consenting email will be stored with the patient's records.

At Peterborough City Hospital, patients having in-person appointments will be given a leaflet about the study in the patient information folder they are handed when they arrive at the site, so that they can learn about the study while waiting for their appointment if they wish. Only patients with a previous abortion experience will have the leaflet included in their patient information pack. The patient will then be verbally invited to hear more about the study by the health care professional at the end of their final consultation (Appendix 2). If patients are interested in hearing more about the study, they will be asked to sign a consent to contact form (Appendix 3) agreeing for their name and preferred contact details to be shared with the researcher. This form will be stored with their medical records.

At both sites, the health care professional will share the patient's contact information with the researcher by phoning the researcher and verbally sharing the information, which the researcher will type into a password-protected database.

Participants will then be phoned or emailed by the researcher, depending on the participant's stated preferences, and, if they are still interested in the study, the researcher will take the participant through the information sheet and informed consent process. A time will be arranged for the interview to take place with consenting participants.

Sample identification

At BPAS, the list of potential participants will be identified under the supervision of the Director of Innovation and Marketing at BPAS, who will support identification of eligible participants through BPAS's client database. Contact details will then be shared with the researcher, who will email or SMS the potential participants with information about the study.

At NHS services, potential participants will be identified by the health care professional responsible for communicating with the patient about their abortion service, either via email or in-person, at the end of the final consultation.

Participants will be offered £20 compensation for their time taking part in the research. This amount is considered to be appropriate because the payment is not related to risk involved in taking part in the study, and it is likely that a participant would reasonably take part in the study for no payment. However, the proposed compensation is intended as an acknowledgement of the burden and time involved in taking part in the interview (up to 60 minutes). The amount is estimated to be roughly in line (rounded up) with average UK hourly pay for 2021 (£16.67 [assuming that the 2018 average hourly rate (£11.82) increased at the same rate between 2018-21 as between 2017-2018 (12.1% per year)]).[2] The amount is in line with previous studies[29] and is not considered to create undue inducement or coercive conditions take part in the research. However, the amount is enough to recognise and acknowledge the time and effort investment of participants. The invitation to take part in research will be made after the participant has completed their consultations, so the payment will not be misconstrued as being linked to their service uptake. If the participant begins the interview but then decides not to continue or complete the interview, they will be reimbursed the full amount, and this will be made clear at the beginning of the interview. The payment will be included in the study recruitment website but this will be discreet and not prominent. Payment will be made by bank transfer or a voucher, depending on the preference of the participant (as a bank transfer may not be possible or may raise confidentiality concerns for participants with shared bank accounts). This is in line with the HRA Guidance for Payments and Incentives in Research.[3]

Consent

For BPAS clients, potential research participants will be contacted by the researcher if they have previously consented to be re-contacted by BPAS (and external research partners of BPAS) about future research. Participants recruited from BPAS who express interest in being contacted by the researcher through the study web page (Appendix 4) will be asked to

[2] UK average hourly pay taken from government statistics, accessed on 10/02/21, at https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/average-hourly-pay/latest

[3] HRA Ethics Guidance: Payments and Incentives in Research, accessed 10/02/2021 at https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/hra-guidance-payments-incentives-research.pdf

consent (by ticking a box) that the information they have entered in the form will be stored and processed by the researcher before they can submit it.

For NHS patients, potential research participants will be asked whether they consent for their contact details to be shared with the researcher after being informed about the study by their health care professional. At Homerton, patients who are interested in hearing more about the study will be asked to consent (via email) that they agree for their name and preferred contact details to be shared with the researcher. This consenting email will be stored with the patient's records. At Peterborough City Hospital, patients who are interested in hearing more about the study will be asked to sign a consent form agreeing for their name and preferred contact details to be shared with the researcher. This form will be stored with their medical records.

Participants will then be contacted by the researcher who will talk through a participant information sheet (Appendix 6) with the participant. Talking through the participant information sheet will help to ensure that participants are adequately informed, but it will also serve as a tool to support conversations with participants about the study. Participants will be encouraged to ask questions about the research, and their understanding of the process will be confirmed through questions asked by the researcher. It will be emphasised in the information sheet and consent process that participation in the study is completely voluntary. The participant's abortion is already completed, but they will be reassured that their participation in the study will not affect any future access to health services. Participants will be given the opportunity to make the decision that is right for them and will be able to consult with others if they prefer. Participants will have up to one week to decide whether they wish to take part in the study if needed and will be informed that they can change their mind about taking part at any time. Participants will be told that they can address any questions about the study to the lead researcher by phone or email. Participants will also be given the contact details for the study sponsor, and for the NHS research ethics committees in case of any concerns that they have.

As interviews will take place by phone or video call, participants will be sent a link to a Qualtrics form (Appendix 5) where they can indicate their agreement with each statement in the consent form, and their overall consent. These data will be downloaded and stored securely and separately from interview data. The participant's verbal consent will then be audio-recorded at the beginning of each interview.

Participants will also be offered a digital copy of the information sheet (appendix 7) which they can read through before deciding to take part in the research if they prefer, and which they can keep as a record if they like.

The participant information sheet and consent form were developed using the Health Research Authority's guidance on consent and participant information.[4]

[4] HRA consent and participant information guidance, accessed 10/02/2021 at http://www.hra.nhs.uk/resources/before-you-apply/consent-and-participation/consent-and-participant-information/

7. ETHICAL AND REGULATORY CONSIDERATIONS

Assessment and management of risk

The main risks raised by this protocol are consent, discomfort, confidentiality, data privacy, safeguarding, organisational risk and risk to the researcher. Potential risks to participants include the risk of feeling pressurised to take part in the study (consent), the risk of feeling discomfort or distress during or after the interview, and social risks if their personal information is accidentally disclosed through their participation in the study (confidentiality and data privacy). There are also safeguarding risks, as individuals may disclose information in the interview that raise safeguarding issues surrounding the participant.

There are organisational risks to the providers involved in the recruitment of research participants, including: undue burden being placed on staff, the potential risk of participants reporting poor quality care or malpractice experienced within services, and the misuse of research findings by opposition groups. Finally, while the use of remote data collection removes the potential risk for the researcher's physical safety, there is some risk of emotional impact if participants disclose sensitive information.

These potential risks will be carefully managed and prevented, in the following ways:

Consent:

- Potential participants recruited from BPAS will be initially informed about the study through an SMS or email (only if they have previously consented to be re-contacted about research studies), which will reduce the risk of feeling pressured to take part in the study as an SMS or email can be easily ignored.
- Potential participants recruited from NHS services will be informed about the study by their nurse or other health care professional, but will be explicitly informed that their participation is entirely voluntary, it is completely up to the patient to decide, and that their decision won't have any impact on the service they have accessed.
- The participant information sheet has been developed using HRA guidance to ensure it is comprehensible and thorough, and the contents of this information sheet will be clearly explained in a language that the participant fully understands during the informed consent process. Understanding will be verified during the interview by asking the participant questions.
- The interviewer has received training in informed consent for qualitative research, and will be responsive to the participant's needs during the consent process.
- Participants who express interest in the study and receive further information via phone will be reminded that they are completely free to decline to take part in the study. Participants will be told they can take time (up to a week) to decide whether they wish to take part, to reduce potential pressure they may feel during the phone call.
- Participants will be recruited after they have completed all consultations relating to their abortion service. This will reduce the risk of participants feeling that their access to health care might depend on their participation in the study. The study is being conducted by an independent researcher, and the participant information will state that their decision to participate (or not participate) in the study will not in any way affect future access to services and that their service provider will not be informed about their individual decision about participation.

- If the interviewer has any doubt about the participant's comprehension or capacity to provide informed consent, open-ended questions will be used to confirm comprehension and determine whether the participant has the capacity to provide informed consent. For example:
    - Please could you tell me in your own words what the study is about?
    - What will happen to you if you take part?
    - What are the risks?
    - When I say your taking part is completely voluntary, what does that mean to you?
    - When I say your answers will be kept confidential, what does that mean to you?
    - What can you do if change your mind about taking part?
- Participants will be reimbursed for taking part in the study, but the proposed payment amount (£20) is not considered to create undue inducement or coercive conditions to take part in the research. The invitation to take part in research will be made after the participant has completed their treatment, so the payment will not be misconstrued as being linked to their service uptake. If the participant begins the interview but then decides not to continue or complete the interview, they will be reimbursed the full amount and this will be made clear at the beginning of the interview. The payment will be included in the study recruitment website but will be discreet and not prominent.

Discomfort or distress:

- Some participants may find some elements of their abortion experiences are sensitive or difficult to talk about. The interviewer has received training in conducting sensitive interviews and will be responsive to the participant's needs during the interview process.
- Participants who consent to take part in the study will be reminded before the interview begins that they can withdraw at any time.
- Before the interview begins, participants will also be informed that they can choose to skip any questions they do not feel comfortable answering.
- Abortion is a stigmatised topic, and it is important to not unintentionally stigmatise research participants during interviews about abortion experiences. The first question of the interview will ask participants why they chose to take part in the interview and this will serve as an opportunity to identify the language the participant themself prefers to use when talking about abortion (e.g. termination or abortion).
- Participants will be provided with information about the BPAS after care phone line and the Abortion Talks phone line which supports individuals who are experiencing the effects of abortion stigma, if they would like further emotional support with any of the topics discussed during the interview.

Confidentiality:

- The SMS / email to potential BPAS participants will not explicitly state why they are being invited to participate in the study (i.e., that they previously have had an abortion), in case the SMS or email is seen by someone other than the participant. The message will just state that BPAS is currently recruiting participants for a study and will invite the participant to click on the link to find out more. The information on

the linked web page will not assume that the reader has previously had an abortion. Emails sent by health care professionals at Homerton University Hospital will explicitly state the topic of the study as the health care professional will already be emailing the patient about their abortion care.

- Participants who express interest in receiving more information about the study will be asked how they would prefer to be contacted, by phone or email. Participants will be contacted based on this preference and a careful procedure will be followed to ensure that the researcher is speaking to the right person before discussing the topic of the study. This is intended to reduce the risk of a participant's abortion being accidentally disclosed if someone else answers the participant's phone.
- Participants' privacy and confidentiality will be explicitly outlined in the participant information sheet and will be verbally explained prior to enrolment.
- Interviews will take place via phone or video call, so the interviewer will ensure she is in a space where she cannot be overheard and is using a secure internet connection, and the participant will be asked to ensure they are in a space where they cannot be overheard.
- Participants will have the option of payments being made either through bank transfer or a voucher, to avoid the risk of unwanted disclosure if the participant has a shared bank account.

Data privacy:

- All data will be securely stored in password protected folders within encrypted servers and accessed on encrypted laptops. Only the lead researcher will have access to potentially identifiable data. Participant names and contact information (used to facilitate contact with participants and to record consent) will be securely stored separately from transcripts and any other data about the participants. Calls will be audio-recorded using secure software and any identifiable data in the recordings will not be transcribed. Inconsequential details may be changed to prevent potential indirect identification of participants.

Safeguarding:

- There is a risk of safeguarding issues being raised if information with safeguarding implications is shared by participants during interviews. In case the participant reveals that there is a risk of potential risk of harm to themselves or others, the participant will be referred to the BPAS Safeguarding Lead.
- The participant will be informed through the information sheet that only in the event where the participants "tells me something which implies that you or someone you mention might be in significant danger of harm *and* unable to act for themselves" that their identity may be revealed to relevant agencies, but this would be discussed first with the participant, and would be discussed separately with my supervisors at LSE and with the BPAS Safeguarding Lead.

Organisational risk:

- There is an organisational risk for the service providers of undue burden being placed on operations or providers. To reduce the potential burden, the researcher will be responsible for making contact with clients who have consented to be re-

contacted. As the study is qualitative and the sample size will only be about 30 participants, the study is not expected to pose excessive pressure on operations.

- There is an organisational risk that participants may share negative experiences during the interviews. In the unlikely event that malpractice or quality of care issues are raised by participants during the interview, these issues will be immediately fed back to the service provider through their assigned study contact person, while protecting the identity of the individual participant, allowing the service provider to take appropriate actions as needed. The participant will also be supported to raise a formal complaint through the service provider's Complaints procedures, if they wish to make a formal complaint about their service experience.
- Research findings could be mis-used by abortion opposition groups to promote negative stories about abortion. This risk will be managed by careful and sensitive dissemination of research findings, with awareness of these issues. The lead researcher has 6 years of experience disseminating potentially sensitive findings from abortion research in a carefully managed way. Service providers will receive a copy of any dissemination outputs prior to their dissemination and will have adequate time to review and provide feedback prior to publication.

Risk for the researcher:

- There is no expected risk to the participant's physical safety as interviews will be conducted by phone. The potential risk of emotional impacts from the research is minimal as the content of the research is not a highly sensitive or upsetting topic, but potential emotional impacts will be managed by identifying an LSE colleague to debrief with if needed after interviews, and by conducting interviews in a private office space rather than the researcher's home environment if possible.

There are no direct benefits of the research to the study participant, though participants may benefit from speaking about their experiences. The findings of this study is intended to inform policies and practices surrounding choice in abortion care in the UK, and as such may contribute to improved quality of care in the future. Participants may feel satisfaction knowing that participation in this study may help inform future improvements in abortion care.

Research Ethics Committee (REC) and other Regulatory review & reports

Ethical approval will be sought from the BPAS research ethics committee, UK Health Departments Research Ethics Service, and the LSE research ethics committee for the study protocol, informed consent forms and other relevant documents. The ethics committees will be informed when the study is completed, or if the study is ended prematurely. A final report with results, including any publications or abstracts, will be submitted to the ethics committees within one year of the end of the study.

Regulatory Review & Compliance

Appropriate approvals from the participating organisations will be in place prior to commencing data collection.

For any amendment to the study, the lead researcher, in agreement with the sponsor, will submit information to the appropriate body in order for them to issue approval for the amendment.

Amendments

The lead researcher will be responsible for the decision to amend the protocol and for deciding whether an amendment is substantial, in collaboration with the research supervisors and the study contact point at each service provider. Amendments to the protocol will be recorded in the HRA Amendment Tool and shared with the service provider organisations. Substantial amendments will be submitted to the ethic review committees. Amendment history will be tracked using clear version numbers and amendment dates to identify the most recent protocol version.

Peer review

The study protocol (and data collection tools) have been reviewed by the researchers' PhD supervisors and by researchers at BPAS, who have subject and methodological expertise. The study design has also been reviewed by a panel of two senior members of staff from the Social Policy department at LSE as part of the first year PhD major review process.

Patient & Public Involvement

This research has not involved patients or members of the public in its review, design and management. Individuals involved in the provision and management of abortion care and in professional associations for abortion providers have been consulted about the research. Findings from the research will be disseminated through a brief report to the individuals who take part in the interviews, if they choose to consent to being re-contacted for this purpose, and their feedback on the findings will inform the final analysis and formal dissemination. Informal dissemination of the findings to service provider organisations will also inform the analysis and dissemination of findings.

Protocol compliance

Any deviations, non-compliances, breaches or other departures from the approved protocol will be documented on a protocol deviation form and will be reported to the sponsor immediately. If recurrent deviations from the protocol are recorded, this will require immediate action and could be classified as a serious breach which may result in stopping the research prematurely.

Data protection and patient confidentiality

The study will safeguard patient confidentiality and will ensure compliance with the requirements of the Data Protection Act 1998 and of the General Data Protection Regulation (GDPR) legislation. The researcher(s) will comply with the requirements of the Data Protection Act 1998 with regards to the collection, storage, processing and disclosure of personal information and will uphold the Act's core principles. Data storage and protection will be in line with GDPR legislation.

All data relating to the study will be stored by the researcher in password protected folders on the LSE encrypted server, which will be accessed through an encrypted laptop or an LSE encrypted computer. Participant contact information and consent forms will be stored in a password protected folder in the LSE OneDrive, and kept separately from the interview data (recordings, notes and transcripts), which will be stored on the LSE H: Drive. It will not be possible to directly link the participant contact details with the interview data. Only the lead researcher will have access to potentially identifiable data.

For BPAS clients, contact details of clients who have consented to be contacted about future research studies will be shared with the researcher using a personalised OneDrive link to a password protected file, saved on BPAS OneDrive, by a BPAS team member.

For NHS patients, contact details of patients who have consented to be contacted about future research studies will be shared with the researcher via phone call. The health care professional will phone the researcher and read out the contact information of the potential participant, which the researcher will type into a password-protected database. This method of transferring the information will be used because the researcher does not have an NHS secure inbox.

A Qualtrics form will be used by participants recruited from BPAS to indicate whether they are interested in taking part in the study. These data will include identifying information (contact details or name). All consenting participants will use a Qualtrics form to record their informed consent. These data will include identifying information (the participant's name).

Calls will take place by mobile phone or by video call on Microsoft Teams or Zoom, depending on the preference of the participant. Calls will be audio-recorded using an encrypted recording device which will be placed next to the mobile phone or laptop. Audio recordings may include identifiable data, though participants will be asked not to use names or other details that could be used to identify themselves during the interviews. Audio recordings can also be considered identifiable as a participant's voice may be recognisable to others.

The recordings will be transcribed by the lead researcher, with support from the GDPR compliant software, Trint, which uses artificial intelligence to transcribe audio recordings. Transcriptions of interviews and interviewer notes will not include any identifying information from participants and will only include study ID numbers. Any identifying information that participants mention in the audio-recordings will be excluded from the transcriptions. Inconsequential details may be changed to prevent potential indirect identification of participants.

De-identified transcriptions will be shared with the researcher's PhD supervisors as needed for purposes of quality assurance or review.

De-identified transcriptions will be imported to Dedoose qualitative analysis software and data will be analysed using reflexive thematic methods. Analysis will be completed on the LSE encrypted server and on an encrypted laptop.

Identifiable data (including contact information, consent data and audio recordings) will be deleted 3 years after the completion of data collection. Transcriptions (excluding any potentially identifying information) will be archived in a data repository according to ESRC requirements.

An LSE data management plan has been completed and approved by the LSE Data Research Librarian. An LSE Data Protection Impact Assessment has been completed and has been approved by the LSE Data Protection Officer. A Data Protection Impact Assessment will also be completed for review by the BPAS Data Protection Officer.

Indemnity

The London School of Economics and Political Science holds an insurance and indemnity arrangement with Zurich Municipal. The policy number is NHE-01CA13-0013.

Access to the final study dataset

Only the lead researcher will have access to the full (identifiable) data.

Transcriptions (excluding any potentially identifying information) will be archived in a data repository according to ESRC requirements. The participant information sheet and consent process reflect this future use of the data (Appendix 5, 6 and 7).

8. DISSEMINATION POLICY

On completion of the study, a study report will be prepared. The findings in this report will initially be shared with the participants who took part in the research, if they consent to being re-contacted about the research findings. Results will be shared through a research brief or through an online individual meeting (or group meeting if participants would be willing to take part and therefore willing to no longer be anonymised to each other). Feedback and reflections from research participants will be sought and will be incorporated into the dissemination of the main research findings. If participants do not consent to being re-contacted, they will be informed that they can request a copy of the preliminary results or the final publication from the researcher directly.

The findings will then be disseminated initially to service provider organisations through a research brief and presentation. Incidental findings will be disseminated at this stage, or at the point that they arise if issues such as concerns about quality of care or malpractice are raised during the interviews.

The research findings will then be disseminated through one or more peer-reviewed publications, conference presentations and eventually a PhD thesis. Dissemination outputs will be reviewed by service provider organisations prior to their publication.

Contributing researchers may be included as authors on the final publications from the study if they fulfil the International Committee of Medical Journal Editors (ICMJE) authorship criteria.

Study outputs will be made publicly available online, and all peer-reviewed publications will be published in open access journals. Funding from the Economic and Social Research Council and the Parkes Foundation will be acknowledged within publications, but the funder will not have review and publication rights of the data from the study.

The study protocol and anonymised participant level dataset will be stored in an online data repository according to Economic and Social Research Council guidelines after publication of the results of the study in a peer-reviewed journal.

9. BUDGET AND TIMELINE

Timeline:

	2021				2022												2023						
	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J
Protocol development																							
Ethical review																							
Pilot interviews																							
Data collection																							
Analysis																							
Dissemination																							

Budget:

	Units	**Cost**	**Total**
Participant payments	35	£20	£700
SIM card for phone calls (per month)	6	£8	£48
Trint subscription	3	£48	£144
TOTAL			**£892**

References

1. O'Shea LE, Hawkins JE, Lord J, et al. Access to and sustainability of abortion services: a systematic review and meta-analysis for the National Institute of Health and Care Excellence-new clinical guidelines for England. *Hum Reprod Update*. 2020;26(6):886-903.
2. Jelinska K, Yanow S. Putting abortion pills into women's hands: realizing the full potential of medical abortion. *Contraception*. 2018;97(2):86-89.
3. Popinchalk A, Sedgh G. Trends in the method and gestational age of abortion in high-income countries. *BMJ Sex Reprod Heal*. 2019;45(2):95-103.
4. Department of Health and Social Care. *Abortion Statistics in England and Wales: 2019*. London: Government of United Kingdom; 2020.
5. Slade P, Heke S, Fletcher J, Stewart P. A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. *BJOG An Int J Obstet Gynaecol*. 1998;105(12):1288-1295.
6. Kapp N, Lohr PA. Modern methods to induce abortion: Safety, efficacy and choice. *Best Pract Res Clin Obstet Gynaecol*. 2020;63:37-44. https://doi.org/10.1016/j.bpobgyn.2019.11.008.
7. Rodriguez MI, Seuc A, Kapp N, et al. Acceptability of misoprostol-only medical termination of pregnancy compared with vacuum aspiration: an international, multicentre trial. *BJOG An Int J Obstet Gynaecol*. 2012;119(7):817-823.
8. Kanstrup C, Mäkelä M, Hauskov Graungaard A. Women's reasons for choosing abortion method: a systematic literature review. *Scand J Public Health*. 2018;46(8):835-845.
9. Moreau C, Trussell J, Desfreres J, Bajos N. Medical vs. surgical abortion: the importance of women's choice. *Contraception*. 2011;84(3):224-229.
10. Henshaw RC, Naji SA, Russell IT, Templeton AA. Comparison of medical abortion with surgical vacuum aspiration: women's preferences and acceptability of treatment. *Bmj*. 1993;307(6906):714-717.
11. Robson SC, Kelly T, Howel D, et al. Randomised preference trial of medical versus surgical termination of pregnancy less than 14 weeks' gestation. *Health Technol Assess (Rockv)*. 2009;13(53):i-148.
12. Rørbye C, Nørgaard M, Nilas L. Medical versus surgical abortion: Comparing satisfaction and potential confounders in a partly randomized study. *Hum Reprod*. 2005;20(3):834-838. doi:10.1093/humrep/deh643
13. Grimes DA, Smith MS, Witham AD. Mifepristone and misoprostol versus dilation and evacuation for midtrimester abortion: a pilot randomised controlled trial. *BJOG An Int J Obstet Gynaecol*. 2004;111(2):148-153.
14. Lohr PA, Hayes JL, Gemzell-Danielsson K. Surgical versus medical methods for second trimester induced abortion. *Cochrane Database Syst Rev*. 2008;(1).
15. Creinin MD, Potter C, Holovanisin M, et al. Mifepristone and misoprostol and methotrexate/misoprostol in clinical practice for abortion. *Am J Obstet Gynecol*. 2003;188(3):664-669.
16. Kelly T, Suddes J, Howel D, Hewison J, Robson S. Comparing medical versus surgical termination of pregnancy at 13–20 weeks of gestation: a randomised controlled trial. *BJOG An Int J Obstet Gynaecol*. 2010;117(12):1512-1520.
17. Schmidt-Hansen M, Lohr PA, Cameron S, Hasler E. 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 Heal*. 2020.
18. Jensen JT, Harvey SM, Beckman LJ. Acceptability of suction curettage and mifepristone abortion in the United States: A prospective comparison study. *Am J Obstet Gynecol*. 2000;182(6):1292-1299.
19. Winikoff B, Sivin I, Coyaji KJ, et al. Safety, efficacy, and acceptability of medical abortion in China, Cuba, and India: A comparative trial of mifepristone-misoprostol versus surgical

abortion. *Am J Obstet Gynecol*. 1997;176(2):431-437.

20. Harvey SM, Beckman LJ, Satre SJ. Choice of and satisfaction with methods of medical and surgical abortion among U.S. clinic patients. *Fam Plann Perspect*. 2001;33(5):212-216.
21. Hill NCW, Ferguson J, MacKenzie IZ. The efficacy of oral mifepristone (RU 38,486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability. *Am J Obstet Gynecol*. 1990;162(2):414-417.
22. Loeber OE. Motivation and satisfaction with early medical vs. surgical abortion in the Netherlands. *Reprod Health Matters*. 2010;18(35):145-153.
23. Urquhart DR, Templeton AA. Psychiatric morbidity and acceptability following medical and surgical methods of induced abortion. *BJOG An Int J Obstet Gynaecol*. 1991.
24. Bachelot A, Cludy L, Spira A. Conditions for choosing between drug-induced and surgical abortions. *Contraception*. 1992.
25. Thomas J, Paranjothy S, Templeton A. An audit of the management of induced abortion in England and Wales. *Int J Gynecol Obstet*. 2003;83(3):327-334.
26. Wong SSM, Bekker HL, Thornton JG, Gbolade BA. Choices about abortion method: assessing the quality of patient information leaflets in England and Wales. *BJOG an Int J Obstet Gynaecol*. 2003;110(3):263-266.
27. Heath J, Mitchell N, Fletcher J. A comparison of termination of pregnancy procedures: Patient choice, emotional impact and satisfaction with care. *Sex Reprod Healthc*. 2019;19(December 2018):42-49. https://doi.org/10.1016/j.srhc.2018.12.002.
28. Wong SSM, Thornton JG, Gbolade B, Bekker HL. A randomised controlled trial of a decision-aid leaflet to facilitate women's choice between pregnancy termination methods. *BJOG An Int J Obstet Gynaecol*. 2006;113(6):688-694.
29. Blaylock R, Makleff S, Whitehouse KC, Lohr PA. Client perspectives on choice of abortion method in England and Wales. *BMJ Sex Reprod Heal*. 2021:1-6. doi:10.1136/bmjsrh-2021-201242
30. Lipp A. Service provision for women undergoing termination of pregnancy: Progress in Wales, UK. *J Fam Plan Reprod Heal Care*. 2009;35(1):15-19.
31. Schaff EA, Fielding SL, Eisinger SH, Stadalius LS, Fuller L. Low-dose mifepristone followed by vaginal misoprostol at 48 hours for abortion up to 63 days. *Contraception*. 2000;61(1):41-46.
32. Schaff EA, Fielding SL, Westhoff C, et al. Vaginal misoprostol administered 1, 2, or 3 days after mifepristone for early medical abortion: a randomized trial. *Jama*. 2000;284(15):1948-1953.
33. Ho PC. Women's perceptions on medical abortion. *Contraception*. 2006;74(1):11-15.
34. Rørbye C, Nørgaard M, Nilas L. Medical versus surgical abortion: Comparing satisfaction and potential confounders in a partly randomized study. *Hum Reprod*. 2005;20(3):834-838.
35. Wiebe ER. Choosing between surgical abortions and medical abortions induced with methotrexate and misoprostol. *Contraception*. 1997.
36. Cameron ST, Glasier AF, Logan J, Benton L, Baird DT. Impact of the introduction of new medical methods on therapeutic abortions at the Royal Infirmary of Edinburgh. *BJOG An Int J Obstet Gynaecol*. 1996;103(12):1222-1229.
37. Lohr PA, Wade J, Riley L, Fitzgibbon A, Furedi A. Women's opinions on the home management of early medical abortion in the UK. *J Fam Plan Reprod Heal Care*. 2010;36(1):21-25.
38. Taylor D, Postlethwaite D, Desai S, et al. Multiple Determinants of the Abortion Care Experience: From the Patient's Perspective. *Am J Med Qual*. 2013;28(6):510-518.
39. Teal SB, Dempsey-Fanning A, Westhoff C. Predictors of acceptability of medication abortion. *Contraception*. 2007;75(3):224-229.
40. Schaff EA, Fielding SL, Westhoff C. Randomized trial of oral versus vaginal misoprostol at one

day after mifepristone for early medical abortion. *Contraception*. 2001;64(2):81-85.

41. Simonds W, Ellertson C, Springer K, Winikoff B. Abortion, revised: participants in the US clinical trials evaluate mifepristone. *Soc Sci Med*. 1998;46(10):1313-1323.

42. Chahal H, Mumtaz Z. Abortion and fertility control in Pakistan: the role of misoprostol. *J Fam Plan Reprod Heal Care*. 2017;43(4):274-280.

43. Harries J, Stinson K, Orner P. Health care providers' attitudes towards termination of pregnancy: A qualitative study in South Africa. *BMC Public Health*. 2009;9(1):1-11.

44. Love G. Abortion stigma, class and embodiment in neoliberal England. *Cult Heal Sex*. 2020;0(0):1-16. https://doi.org/10.1080/13691058.2019.1709659.

45. Lie MLS, Robson SC, May CR. Experiences of abortion: A narrative review of qualitative studies. *BMC Health Serv Res*. 2008;8(9):1-9.

46. Broussard K. The changing landscape of abortion care: Embodied experiences of structural stigma in the Republic of Ireland and Northern Ireland. *Soc Sci Med*. 2020;245(November 2019):112686. https://doi.org/10.1016/j.socscimed.2019.112686.

47. Purcell C, Cameron S, Lawton J, Glasier A, Harden J. Self-management of first trimester medical termination of pregnancy: a qualitative study of women's experiences. *BJOG An Int J Obstet Gynaecol*. 2017;124(13):2001-2008.

48. Ross L, Solinger R. *Reproductive Justice An Introduction*.; 2008.

49. Ross LJ. Reproductive justice as intersectional feminist activism. *Souls*. 2017.

50. Newton D, Bayly C, McNamee K, et al. How do women seeking abortion choose between surgical and medical abortion? Perspectives from abortion service providers. *Aust New Zeal J Obstet Gynaecol*. 2016;56(5):523-529.

51. Christensen AD, Jensen SQ. Doing Intersectional Analysis: Methodological Implications for Qualitative Research. *NORA - Nord J Fem Gend Res*. 2012.

52. Mcleroy KR, Bibeau D, Steckler A, Glanz K. An Ecological Perspective on Health Promotion Programs. *Heal Educ Behav*. 1988.

53. Rothman BK. The meanings of choice in reproductive technology. In: Jaggar A, ed. *Living With Contradictions: Controversies In Feminist Social Ethics*. New York: Routledge; 1994:325-329.

54. Winikoff B, Hassoun D, Bracken H. Introduction and provision of medical abortion: A tale of two countries in which technology is necessary but not sufficient. *Contraception*. 2011;83(4):322-329.

55. Ramos R. Women's choice regarding abortion methods. In: *4th International Congress on Women's Health and Unsafe Abortion, February 19-22 2019*. ; 2019.

56. Alam B, Kaler A, Mumtaz Z. Women's voices and medical abortions: A review of the literature. *Eur J Obstet Gynecol Reprod Biol*. 2020.

57. Oppegaard KS, Sparrow M, Hyland P, et al. What if medical abortion becomes the main or only method of first-trimester abortion? A roundtable of views. *Contraception*. 2018;97(2):82-85.

58. Ganatra B, Kalyanwala S, Elul B, Coyaji K, Tewari S. Understanding women's experiences with medical abortion: In-depth interviews with women in two Indian clinics. *Glob Public Health*. 2010;5(4):335-347.

59. Shochet T, Trussell J. Determinants of demand: method selection and provider preference among US women seeking abortion services. *Contraception*. 2008;77(6):397-404.

60. Hoggart L, Newton V. *UK Abortion Study: "I Didn't Think It Would Happen to Me." Young Women's Accounts of Preabortion Contraceptive Use*. London; 2015.

61. Coast E, Norris AH, Moore AM, Freeman E. Trajectories of women's abortion-related care: A conceptual framework. *Soc Sci Med*. 2018.

62. Kumar A, Hessini L, Mitchell EMH. Conceptualising abortion stigma. *Cult Heal Sex*. 2009;11(6):625-639.

63. Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall; 1963.

64. Hessini L. A learning agenda for abortion stigma: recommendations from the Bellagio expert group meeting. *Women Health*. 2014;54(7):617-621.

65. Cockrill K, Herold S, Blanchard K, Grossman D, Upadhyay UD, Baum S. Addressing abortion stigma through service delivery: A white paper. *Sea Chang Program https//www stigmatoolkit org/publications*. 2013.

66. Millar E. Abortion stigma as a social process. In: *Women's Studies International Forum*. Vol 78. Elsevier; 2020:102328.

67. Tyler I, Slater T. Rethinking the sociology of stigma. *Sociol Rev*. 2018.

68. Tyler I. Resituating Erving Goffman: From stigma power to black power. *Sociol Rev*. 2018.

69. Lince-Deroche N, Harries J, Constant D, et al. Doing more for less: identifying opportunities to expand public sector access to safe abortion in South Africa through budget impact analysis. *Contraception*. 2018;97(2):167-176.

70. Chavkin W, Stifani BM, Bridgman-Packer D, Greenberg JMS, Favier M. Implementing and expanding safe abortion care: An international comparative case study of six countries. *Int J Gynecol Obstet*. 2018;143:3-11.

71. Stone N, Ingham R. Who presents more than once? Repeat abortion among women in Britain. *J Fam Plan Reprod Heal Care*. 2011;37(4):209-215.

Appendices

Study short title: Choice within abortion care pathways
IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692
Document title: Invitation SMS and web form
Document Version: 3.0
Document Date: 18/11/21

9.1. SMS message for initial recruitment of BPAS clients

You are being invited to take part in a research study, because you previously agreed to be contacted by BPAS about research. If you choose to take part in the research, you will be interviewed about your health care experiences through a phone call, lasting 40-60 minutes. The study is being conducted by a researcher at the London School of Economics. Participants will receive £20 as compensation for taking part. For more information about the study and to register your interest in taking part, click here.

9.2. Email / phone / in-person script for recruitment of NHS patients

This month, [Homerton / Peterborough City] Hospital is supporting a research study which is trying to understand patient's experiences of abortion services, so that we can continue to improve experiences of the service. [You can find out more about the research here].

Patients who agree to participate in the study will take part in a 40-60 minute telephone interview about their service experience. The study is being conducted by a researcher at the London School of Economics. Participants will receive £20 as compensation for taking part. Participation is entirely voluntary. It is completely up to you whether you would like to take part, and your decision won't have any impact on the service we are providing you.

Would you be interested in hearing more about this study from the researcher?

9.3. Web form for recruitment

Study of choice within abortion care pathways in England and Wales

About this study:

This research study will be trying to understand people's experiences of choosing and accessing different types of abortion procedure, provider and ways of accessing care (whether it's at home or in a clinic). The information will be used to inform the way that abortion services ensure that people have enough choice about **how** they access abortion care.

You can take part in this research if:

- You have had an abortion in the past 4 months.
- You have had more than one abortion*
- You are aged 18 or over.

**The study is specifically for people who have had more than one abortion, because it is very helpful to be able to compare these different experiences of abortion care. Almost half of people who have an abortion each year have had a previous abortion experience.*

About the research:

- The research will involve a phone interview, lasting up to 1 hour.
- In the interview, you will be asked questions about your previous abortion experiences, and your preferences and choices for how you accessed abortion care.
- Your participation is completely voluntary and if you choose to take part in the study you can withdraw at any time.
- All data collected from the survey will be stored securely.
- It will not be possible to identify you in the study report for the research.
- If you are interested in taking part in the research, please complete the form below.
- You will then receive a phone call or email from the researcher with more information about the study, and if you agree to take part, we will arrange a time for the interview that suits you.
- You will receive £20 in compensation for taking part in the research study.

The research is being conducted by Katy Footman, a PhD student at the London School of Economics, who will be conducting the interviews. If you have more questions about the research, you can request a phone call or email using the form below.

Please complete this form if you are interested in finding out more about the research.
Questions are optional, but the data you provide will be used to make sure that people from a range of backgrounds are interviewed.

If you would just like to be contacted with more information about the study, please provide your contact details below.

What age group are you in?

- 18-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 49+
- Prefer not to say

What is your gender identity?

- Female
- Male
- Non-binary
- Transgender
- Intersex
- Other, please specify:
- Prefer not to say

What is your ethnic group?

- White
    - English/Welsh/Scottish/Northern Irish/British
    - Irish
    - Gypsy or Irish Traveller
    - Any other White background, please describe:
- Mixed/Multiple ethnic groups
    - White and Black Caribbean
    - White and Black African
    - White and Asian
    - Any other Mixed/Multiple ethnic background, please describe:
- Asian/Asian British
    - Indian
    - Pakistani
    - Bangladeshi
    - Chinese
    - Any other Asian background, please describe:
- Black/ African/Caribbean/Black British
    - African
    - Caribbean
    - Any other Black/African/Caribbean background, please describe:
- Other ethnic group
    - Arab
    - Any other ethnic group, please describe:
- Prefer not to say

What region of the UK do you currently live in?

- Please specify:
- Prefer not to say

How would you describe the place where you live?

- City
- Town
- Village
- Prefer not to say

Do you identify as disabled or do you have a long-term physical or mental health condition?

- Yes, please specify:
- No
- Prefer not to say

What is your current occupation?

- Please specify:
- Prefer not to say

What is your highest-level qualification?

- Please specify:

- Prefer not to say

How would you prefer to be contacted?

- Phone call, please provide phone number:
- SMS, please provide phone number:
- WhatsApp, please provide phone number:
- Email, please provide email address:

Please provide any further details about how you prefer to be contacted or any specific communication needs
For example, if you prefer to be phoned at specific times of day, if you are using a shared phone and want to be asked for in a specific way by the researcher, if you may need a translator or interpreter

Please provide any additional comments or questions here:

Do you consent to your personal data being stored and processed by the researcher for the purposes of contacting you to discuss your involvement in this research study?

- Yes
- No

If you wish to withdraw your consent at any time, please fill out this form again, using the ‘Additional comments’ box to request for your consent to be withdrawn, and all data relating to you will be deleted.

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Department of
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Houghton Street
London WC2A 2AE
United Kingdom

10. Consent to contact form

CONSENT TO CONTACT FOR RESEARCH PURPOSES

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

Researcher: Katy Footman, London School of Economics
Sponsor: London School of Economics
Funding: Economic and Social Research Council; Parkes Foundation

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

You are being invited to give consent for Katy Footman, PhD Student at the London School of Economics, to contact you at some time in the future to invite you to participate in a research study.

Are you willing to learn more about the study? (Circle one)

YES NO

If yes, you will be contacted at a later date. Please include your contact information below and indicate which is your preferred method for contacting you.

Preferred method:

☐ SMS – provide phone number:
☐ Phone call – provide phone number:
☐ WhatsApp – provide phone number:
☐ Email – provide email address:

You authorize your health service provider to disclose your name, telephone number and/or email address to the researcher for the purpose of being contacted to learn more about the research study.

Every effort will be made to safeguard your contact information. Although access to this information will be limited, there is a small chance that this information could be inadvertently disclosed or inappropriately accessed.

You have been made aware of the reasons why the contact information is needed and the risks and benefits of consenting or refusing to consent.

This consent is effective immediately. Your consent to be contacted can be revoked by you at any time by contacting your health care professional.

Patient's Signature: _____
Date: _____
Clinician's Name:

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Social Policy

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London WC2A 2AE
United Kingdom

11a. Participant information sheet [for phone discussion] – BPAS recruits

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

Researcher: Katy Footman, London School of Economics
Sponsors: London School of Economics and BPAS
Funding: Economic and Social Research Council; Parkes Foundation

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

Invitation

We'd like to invite you to take part in this research study. Joining the study is entirely up to you. Before you decide we would like you to understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. This will take about 10 minutes.

What is the research about?

In this research, we are trying to understand people's experiences of choosing different options for their abortion care in England and Wales. We will be looking at how people access information about these different options and how people make choices about the way they access care.

The research is intended to support abortion services to offer a choice of abortion methods and options, and to inform the policies for how abortion care is accessed.

Who is being interviewed?

We are interviewing about 30 people and are trying to include people with a range of experiences and backgrounds.

We are interviewing people who have more than one experience of abortion, because it's helpful to be able to compare these experiences of care.

We are interviewing people who have previously said they are willing to be contacted by BPAS about future research studies, which is why you were contacted by BPAS.

Do I have to take part?

This interview is voluntary, so you are completely free to decline to take part in the study. You can take up to a week to think about whether you want to take part and get back to me with your decision, if you like. Please feel free to talk to others about the study if you wish.

You can also withdraw from the study before or after your interview if you change your mind, without giving a reason. ..

Your decision about whether to take part in the study or to withdraw from the study will have no impact on your future access to services, and your service provider will not be informed about whether you decide to take part or not.

What's involved?

If you choose to take part in the study, we will arrange a time for me to interview you by phone or web call. The interview is expected to last between 40 minutes and an hour. I will be asking you questions but it will be more like a conversation, so you'll answer in your own words and in as much detail as you like. I will audio-record the interview so that I can concentrate on speaking to you rather than trying to take notes at the same time.

During the interview, I will ask you about your most recent abortion and your preferences for how you wanted it to take place, for example in terms of the provider, the type of procedure, or where you accessed care. I will ask you about the different factors that influenced your preferences, whether you felt like you had enough choice about how you accessed care. and how this compared to your previous abortion.

If you are willing to be contacted again, I may then re-contact you for a follow up interview up to one month after your initial interview, in case there are any areas we did not cover in the first interview.

You will receive a £20 voucher or bank transfer as compensation for the time you will spend taking part in this research.

How will my information be used?

We are using information from you for this research project. This information will include your name and contact details. I will use this information to contact you about the research.

We will keep all information about you safe and secure. We will also follow all privacy rules.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Your quotes may be included in research outputs but they will be anonymised.

The anonymised transcript from the interview will eventually be saved in a data archive (a website where anonymised data from research studies are stored) so that it may be used for future research.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have if it is more than 6 months after the interview.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by sending an email to me at
- by sending an email to the LSE Data Protection Officer at

Limits to confidentiality

Your confidentiality will be maintained, unless you tell me something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, I may have to inform the relevant agencies of this, but I would discuss this with you first.

Data protection privacy notice

I will share a link to the LSE Research Privacy Policy with you.

The legal basis used to process your personal data will be "Legitimate interests". The legal basis used to process special category personal data will be for scientific and historical research or statistical purposes. You can request a copy of the data held about you and I will share the contact details for this with you.

What are the possible benefits of taking part?

There are no direct benefits for you of taking part in this research, but you may find it is positive to speak about your experiences.

What are the possible disadvantages and risks of taking part?

There are some potential disadvantages or risks of taking part. The interview will take about an hour of your time.

During the interview, you might find it difficult to talk about some topics if they feel more sensitive, but you can tell me if there are questions that you want to skip and you can stop the interview at any time. If you do have any concerns during or after the interview, I can refer you to a helpline for more support or guidance.

What if I have a question or complaint?

If you have any questions regarding this study, please contact the researcher, Katy Footman, on

If you remain unhappy and wish to complain formally, you can contact the LSE Research Governance Manager at

What will happen to the results?

This research is part of a PhD study and will be written up as a PhD thesis in addition to being published in journal articles and shared with interested parties through a research brief and presentations.

If you consent for me to get back in touch with you in about 9 months' time, I will share the findings of the research with you directly as well.

Who is organising and funding the study?

This research is organised by myself for my PhD research, and the study sponsors are the London School of Economics and BPAS. The research is funded by the Economic and Social Research Council and the Parkes Foundation.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the BPAS Research Ethics Committee, an NHS Research Ethics Committee and the LSE Research Ethics Committee.

Questions:

- Do you have any questions?
- Is there anything you would like me to explain in more detail?

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

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Social Policy

Houghton Street
London WC2A 2AE
United Kingdom

11b. Participant information sheet [to send to participants] – BPAS recruits

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

Researcher: Katy Footman, London School of Economics
Sponsors: London School of Economics and BPAS
Funding: Economic and Social Research Council; Parkes Foundation

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

What is the research about?

In this research, we are trying to understand people's experiences of choosing different options for their abortion care in England and Wales. We will be looking at how people access information about these different options and how people make choices about the way they access care.

The research is intended to support abortion services to offer a choice of abortion methods and options, and to inform the policies for how abortion care is accessed.

Who is being interviewed?

We are interviewing about 30 people and are trying to include people with a range of experiences and backgrounds.

We are interviewing people who have more than one experience of abortion, because it's helpful to be able to compare these experiences of care.

We are interviewing people who have previously said they are willing to be contacted by BPAS about future research studies, which is why you were contacted by BPAS.

Do I have to take part?

This interview is voluntary, so you are completely free to decline to take part in the study. You can take up to a week to think about whether you want to take part and get back to me with your decision, if you like. Please feel free to talk to others about the study if you wish.

You can also withdraw from the study before or after your interview if you change your mind, without giving a reason.

Your decision about whether to take part in the study or to withdraw from the study will have no impact on your future access to services, and your service provider will not be informed about whether you decide to take part or not.

What's involved?

If you choose to take part in the study, we will arrange a time for me to interview you by phone or web call. The interview is expected to last between 40 minutes and an hour. I will be asking you questions but it will be more like a conversation, so you'll answer in your own words and in as much detail as you like. I will audio-record the interview so that I can concentrate on speaking to you rather than trying to take notes at the same time.

During the interview, I will ask you about your most recent abortion and your preferences for how you wanted it to take place, for example in terms of the provider, the type of procedure, or where you accessed care. I will ask you about the different factors that influenced your preferences, whether you felt like you had enough choice about how you accessed care. and how this compared to your previous abortion. If you are willing to be contacted again, I may then re-contact you for a follow up interview up to one month after your initial interview, in case there are any areas we did not cover in the first interview.

You will receive a £20 voucher or bank transfer as compensation for the time you will spend taking part in this research.

How will my information be used?

We are using information from you for this research project. This information will include your name and contact details. I will use this information to contact you about the research.

We will keep all information about you safe and secure. We will also follow all privacy rules.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Your quotes may be included in research outputs but they will be anonymised.

The anonymised transcript from the interview will eventually be saved in a data archive (a website where anonymised data from research studies are stored) so that it may be used for future research.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have if it is more than 6 months after the interview.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/

- by sending an email to me at , or
- by sending an email to the LSE Data Protection Officer at

Limits to confidentiality

Confidentiality will be maintained as far as it is possible, unless you tell me something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, I may have to inform the relevant agencies of this, but I would discuss this with you first.

Data protection privacy notice

The LSE Research Privacy Policy can be found at this link: https://info.lse.ac.uk/staff/divisions/SecretarysDivision/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Researchv1.2.pdf?from_serp=1

The legal basis used to process your personal data will be "Legitimate interests". The legal basis used to process special category personal data (e.g. data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life or sexual orientation, genetic or biometric data) will be for scientific and historical research or statistical purposes. To request a copy of the data held about you please contact:

What are the possible benefits of taking part?

There are no direct benefits for you of taking part in this research, but you may find it is positive to speak about your experiences.

What are the possible disadvantages and risks of taking part?

There are some potential disadvantages or risks of taking part. The interview will take about an hour of your time.

During the interview, you might find it difficult to talk about some topics if they feel more sensitive, but you can tell me if there are questions that you want to skip and you can stop the interview at any time. If you do have any concerns during or after the interview, I can refer you to a helpline for more support or guidance.

What if I have a question or complaint?

If you have any questions regarding this study, please contact the researcher, Katy Footman, on.

If you remain unhappy and wish to complain formally, you can contact the LSE Research Governance Manager at

What will happen to the results?

This research is part of a PhD study and will be written up as a PhD thesis. It will also be published in journal articles and shared with interested parties through a research brief and presentations.

If you consent for me to get back in touch with you in about 9-12 months' time, I will share the findings of the research with you directly as well.

Who is organising and funding the study?

This research is organised by myself for my PhD research, and the study sponsors are the London School of Economics and BPAS. The research is funded by the Economic and Social Research Council and the Parkes Foundation.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the BPAS Research Ethics Committee, an NHS Research Ethics Committee and the LSE Research Ethics Committee.

What if I need support?

If you need to talk to someone about any medical issues relating to your abortion, you can contact the BPAS after care line on 0300 333 68 28 (or +44 1789 508 210) or you can complete the complete the BPAS aftercare call request form.

If you feel like you would like to talk through any emotions relating to your abortion care, you can arrange to have counselling over the phone through BPAS. This service is free to BPAS clients and you can call 03457 30 40 30 to find your nearest clinic, or to book an appointment.

There is also a confidential phoneline called Abortion Talk which is open on Wednesday and Thursday evenings from 6pm-10pm. The helpline is staffed by volunteers who provide a space to talk about your thoughts and feelings and reflect on your experience of abortion. The number for this phoneline is 0333 090 9266

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

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Houghton Street
London WC2A 2AE
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12a. Participant information sheet [for phone discussion] – NHS recruits

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

Researcher: Katy Footman, London School of Economics
Sponsors: London School of Economics and BPAS
Funding: Economic and Social Research Council; Parkes Foundation

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

Invitation

We'd like to invite you to take part in this research study. Joining the study is entirely up to you. Before you decide we would like you to understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. This will take about 10 minutes.

What is the research about?

In this research, we are trying to understand people's experiences of choosing different options for their abortion care in England and Wales. We will be looking at how people access information about these different options and how people make choices about the way they access care.

The research is intended to support abortion services to offer a choice of abortion methods and options, and to inform the policies for how abortion care is accessed.

Who is being interviewed?

We are interviewing about 30 people and are trying to include people with a range of experiences and backgrounds.

We are interviewing people who have more than one experience of abortion, because it's helpful to be able to compare these experiences of care.

Do I have to take part?

This interview is voluntary, so you are completely free to decline to take part in the study. You can take up to a week to think about whether you want to take part and get back to me with your decision, if you like. Please feel free to talk to others about the study if you wish.

You can also withdraw from the study before or after your interview if you change your mind, without giving a reason.

Your decision about whether to take part in the study or to withdraw from the study will have no impact on your future access to services, and your service provider will not be informed about whether you decide to take part or not.

What's involved?

If you choose to take part in the study, we will arrange a time for me to interview you by phone or web call. The interview is expected to last between 40 minutes and an hour. I will be asking you questions but it will be more like a conversation, so you'll answer in your own words and in as much detail as you like. I will audio-record the interview so that I can concentrate on speaking to you rather than trying to take notes at the same time.

During the interview, I will ask you about your most recent abortion and your preferences for how you wanted it to take place, for example in terms of the provider, the type of procedure, or where you accessed care. I will ask you about the different factors that influenced your preferences, whether you felt like you had enough choice about how you accessed care. and how this compared to your previous abortion.

If you are willing to be contacted again, I may then re-contact you for a follow up interview up to one month after your initial interview, in case there are any areas we did not cover in the first interview.

You will receive a £20 voucher or bank transfer as compensation for the time you will spend taking part in this research.

How will my information be used?

We are using information from you for this research project. This information will include your name and contact details. I will use this information to contact you about the research.

We will keep all information about you safe and secure. We will also follow all privacy rules.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Your quotes may be included in research outputs but they will be anonymised.

The anonymised transcript from the interview will eventually be saved in a data archive (a website where anonymised data from research studies are stored) so that it may be used for future research.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have if it is more than 6 months after the interview.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by sending an email to me at, or
- by sending an email to the LSE Data Protection Officer at

Limits to confidentiality

Your confidentiality will be maintained, unless you tell me something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, I may have to inform the relevant agencies of this, but I would discuss this with you first.

Data protection privacy notice

I will share a link to the LSE Research Privacy Policy with you.

The legal basis used to process your personal data will be "Legitimate interests". The legal basis used to process special category personal data will be for scientific and historical research or statistical purposes. You can request a copy of the data held about you and I will share the contact details for this with you.

What are the possible benefits of taking part?

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What are the possible disadvantages and risks of taking part?

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During the interview, you might find it difficult to talk about some topics if they feel more sensitive, but you can tell me if there are questions that you want to skip and you can stop the interview at any time. If you do have any concerns during or after the interview, I can refer you to a helpline for more support or guidance.

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If you consent for me to get back in touch with you in about 9 months' time, I will share the findings of the research with you directly as well.

Who is organising and funding the study?

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Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the BPAS Research Ethics Committee, an NHS Research Ethics Committee and the LSE Research Ethics Committee.

Questions:

- Do you have any questions?
- Is there anything you would like me to explain in more detail?

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Department of
Social Policy

Houghton Street
London WC2A 2AE
United Kingdom

12b. Participant information sheet [to send to participants] – NHS recruits

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

Researcher: Katy Footman, London School of Economics
Sponsors: London School of Economics and BPAS
Funding: Economic and Social Research Council; Parkes Foundation

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

What is the research about?

In this research, we are trying to understand people's experiences of choosing different options for their abortion care in England and Wales. We will be looking at how people access information about these different options and how people make choices about the way they access care.

The research is intended to support abortion services to offer a choice of abortion methods and options, and to inform the policies for how abortion care is accessed.

Who is being interviewed?

We are interviewing about 30 people and are trying to include people with a range of experiences and backgrounds.

We are interviewing people who have more than one experience of abortion, because it's helpful to be able to compare these experiences of care.

Do I have to take part?

This interview is voluntary, so you are completely free to decline to take part in the study. You can take up to a week to think about whether you want to take part and get back to me with your decision, if you like. Please feel free to talk to others about the study if you wish.

You can also withdraw from the study before or after your interview if you change your mind, without giving a reason.

Your decision about whether to take part in the study or to withdraw from the study will have no impact on your future access to services, and your service provider will not be informed about whether you decide to take part or not.

What's involved?

If you choose to take part in the study, we will arrange a time for me to interview you by phone or web call. The interview is expected to last between 40 minutes and an hour. I will be asking you questions but it will be more like a conversation, so you'll answer in your own words and in as much detail as you like. I will audio-record the interview so that I can concentrate on speaking to you rather than trying to take notes at the same time.

During the interview, I will ask you about your most recent abortion and your preferences for how you wanted it to take place, for example in terms of the provider, the type of procedure, or where you accessed care. I will ask you about the different factors that influenced your preferences, whether you felt like you had enough choice about how you accessed care. and how this compared to your previous abortion. If you are willing to be contacted again, I may then re-contact you for a follow up interview up to one month after your initial interview, in case there are any areas we did not cover in the first interview.

You will receive a £20 voucher or bank transfer as compensation for the time you will spend taking part in this research.

How will my information be used?

We are using information from you for this research project. This information will include your name and contact details. I will use this information to contact you about the research.

We will keep all information about you safe and secure. We will also follow all privacy rules.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Your quotes may be included in research outputs but they will be anonymised.

The anonymised transcript from the interview will eventually be saved in a data archive (a website where anonymised data from research studies are stored) so that it may be used for future research.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have if it is more than 6 months after the interview.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by sending an email to me at, or
- by sending an email to the LSE Data Protection Officer at

Limits to confidentiality

Confidentiality will be maintained as far as it is possible, unless you tell me something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, I may have to inform the relevant agencies of this, but I would discuss this with you first.

Data protection privacy notice

The LSE Research Privacy Policy can be found at this link: https://info.lse.ac.uk/staff/divisions/SecretarysDivision/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Researchv1.2.pdf?from_serp=1

The legal basis used to process your personal data will be "Legitimate interests". The legal basis used to process special category personal data (e.g. data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life or sexual orientation, genetic or biometric data) will be for scientific and historical research or statistical purposes. To request a copy of the data held about you please contact:

What are the possible benefits of taking part?

There are no direct benefits for you of taking part in this research, but you may find it is positive to speak about your experiences.

What are the possible disadvantages and risks of taking part?

There are some potential disadvantages or risks of taking part. The interview will take about an hour of your time.

During the interview, you might find it difficult to talk about some topics if they feel more sensitive, but you can tell me if there are questions that you want to skip and you can stop the interview at any time. If you do have any concerns during or after the interview, I can refer you to a helpline for more support or guidance.

What if I have a question or complaint?

If you have any questions regarding this study, please contact the researcher, Katy Footman, on.

If you remain unhappy and wish to complain formally, you can contact the LSE Research Governance Manager at.

What will happen to the results?

This research is part of a PhD study and will be written up as a PhD thesis. It will also be published in journal articles and shared with interested parties through a research brief and presentations.

If you consent for me to get back in touch with you in about 9-12 months' time, I will share the findings of the research with you directly as well.

Who is organising and funding the study?

This research is organised by myself for my PhD research, and the study sponsors are the London School of Economics and BPAS. The research is funded by the Economic and Social Research Council and the Parkes Foundation.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the BPAS Research Ethics Committee, an NHS Research Ethics Committee and the LSE Research Ethics Committee.

What if I need support?

If you need to talk to someone about any medical issues relating to your abortion, you can contact Homerton University Hospital / Peterborough City Hospital [delete as applicable].

If you feel like you would like to talk through any emotions relating to your abortion care, there is a confidential phoneline called Abortion Talk which is open on Wednesday and Thursday evenings from 6pm-10pm. The helpline is staffed by volunteers who provide a space to talk about your thoughts and feelings and reflect on your experience of abortion. The number for this phoneline is 0333 090 9266

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13. Consent form

Title: Choice within abortion care pathways: perspectives of abortion care users on abortion methods and service options in England and Wales

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 5.0
Document Date: 28/03/22

Participant ID:

Please read through each statement and mark whether or not you agree to each statement.

Consent statements	**Initials (if you consent)**
I have read and understood the study information dated 28/03/22, version 5.0, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and that I can withdraw from the study at any time up until six months after the interview, without having to give a reason.	
I agree to the interview being recorded.	
I understand that the information I provide will be used for a PhD thesis, research publications and other research outputs, and that my information will be anonymized so that I cannot be identified in any written outputs.	
I agree that my (anonymized) information can be quoted in research outputs.	
I understand that any personal information that can identify me – such as my name, address, will be kept confidential and not shared with anyone other than the interviewer.	
I understand that all information I provide will be treated confidentially. It will be stored securely in accordance with the General Data Protection Regulation. Personal information (e.g. name, contact details) and will not be stored with my interview data.	
I understand that information I entered in the online form about my age and other characteristics will be used alongside my interview data, to provide a basic anonymized background about my characteristics.	

Please mark whether or not you agree to be contacted again about a second interview or about the results of the study. Please note that you decline to be re-contacted even if you agree to take part in the study above.

I give permission for the (anonymized) information I provide to be deposited in a data archive so that it may be used for future research.	
Do you agree for me to contact you about a possible second interview if there are any topics we do not cover in the first interview?	
Are you willing to be contacted again in about 9 months with the findings from the study?	

Please sign the form by writing your name in the box below.

Participant name:

Date:

14. Topic guide

IRAS Number: 291554
BPAS REC Number: 2021/07/FOO
LSE REC Number: 23692

Document Version: 4.0
Document Date: 17/01/22

Thank you for taking part in this interview today. I want to start by reminding you that you can withdraw from the study at any time and that you can ask me to skip any questions you do not feel comfortable answering. If you want to stop the interview at any time, you will still receive the voucher compensation for the interview.

Before we start, are you in a space where you cannot be overheard?

Do you understand that the interview is completely voluntary and you are free to decide whether or not to go ahead with the interview?

Are you still willing to take part in this interview today?

Topic	**Question**	**Probes**
Ice breaker	**Could you tell me why you were interested in taking part in this interview?**	- Taken part in any studies before? - What interested you? - How did you feel before starting the interview?
Background of participant	**Can you tell me a bit about yourself, your life in a nutshell?**	- Where did you grow up? - Did you grow up with family? - What about your education or training? - What do you do now?
Past experiences of care:		
Most recent abortion experience	**Could you start by telling me, in your own words, about your most recent abortion? Starting from the beginning and just talking me through your experience?**	- Discovery of pregnancy - Situation at the time

		- Information seeking / advice - Process of care seeking
Influence of previous abortion experiences	**What were your preferences for <u>how</u> you wanted to have the abortion?** *(in terms of the provider, the type of procedure, where it would take place)* **What was it about the [provider/type of procedure/place] that mattered to you?** **How were your preferences for the type of abortion service impacted by your previous abortion experience?**	- Anything you wanted to be the same / different? - Were there other options?
Social influences on method preferences	**How was your decision about how you wanted to access care affected by your living situation at the time, in terms of your home, job, finances or family life?** (for each abortion)	- Had that changed since your previous abortion?
Counselling	**When you accessed the service, what did the provider tell you about different options for the type of abortion?** (for each abortion)	- How did that differ from your previous abortion(s)?
Choice	**Did you feel like you had enough choice about your care?** (for each abortion) E.g. in terms of: - Method - Where the abortion took place - Who provided it - Pain relief - Other integrated services offered	- How did that differ from your previous abortion(s)?
Experience	**If you have another abortion, how do you think you would want to have the service, based on your most recent experience?** **If you could access abortion care another way, how would you like to access it?** E.g. would you like to be able to access care from a pharmacy, GP, online, through a clinic?	- Anything that was hard to manage - Anything that differed from what you expected?
Afterwards	**Do you think that the way you accessed abortion care had an impact on how you felt about the abortion afterwards?**	- How did that differ from your previous abortion(s)?

Overall wrap up		
Sharing experiences/ recommendations	**What would you recommend to other people who are accessing abortion care, based on your experience?** **Is there anything you would want to share back with your abortion care provider, to help them improve their care?**	
Anything final thoughts	**Is there anything that you would have liked me to ask about that I didn't?** **How did this interview compare to what you were expecting?** **Is there anything that you were surprised I did or didn't ask you?**	-
Thank you – wrap up		