



Extended Research Article

Evidence base to inform health service configuration for abortion provision: the SACHA (Shaping Abortion for Change) multi-component study

Kaye Wellings,^{1*†} Rebecca S French,^{1*†} Annette Aronsson,² Paula Baraitser,³ Sharon Cameron,⁴ Caroline Free,¹ Louise Keogh,⁵ Maria Lewandowska,¹ Patricia Lohr,⁶ Rebecca Meiksin,¹ Ona McCarthy,¹ Clare Murphy,⁷ Wendy Norman,^{1,8} Melissa Palmer,¹ Jennifer Reiter,⁹ Natasha Salaria,¹ Rachel Scott,¹ Jill Shawe,¹⁰ Sally Sheldon¹¹ and Geoff Wong¹²

¹Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK

²Department of Obstetrics and Gynaecology, Karolinska Institute, Stockholm, Sweden

³Department of Life Sciences and Medicine, King's College London, London, UK

⁴Centre for Reproductive Health, University of Edinburgh, Edinburgh, UK

⁵Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Parkville, Australia

⁶British Pregnancy Advisory Service, London, UK

⁷Feed (SCIO), Norwich, UK

⁸Department of Family Policy, The University of British Columbia, Vancouver, Canada

⁹Department of Public Health Commissioning, Lambeth Local Authority, London, UK

¹⁰School of Nursing and Midwifery, University of Plymouth, Plymouth, UK

¹¹British School of Law, University of Bristol, Bristol, UK

¹²Nuffield Department of Primary Care and Health Sciences, University of Oxford, Oxford, UK

*Corresponding authors kaye.wellings@lshtm.ac.uk and rebecca.french@lshtm.ac.uk

†Joint first authors

Published April 2026

DOI: 10.3310/ASGW2227

Scientific summary

Evidence base to inform health service configuration for abortion provision: the SACHA (Shaping Abortion for Change) multi-component study

Health and Social Care Delivery Research 2026; Vol. 14: No. 11

DOI: 10.3310/ASGW2227

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Scientific summary

The rationale for the Shaping Abortion for Change study

The National Institute for Health and Care Research-funded Shaping Abortion for Change (SACHA) study provides an evidence base to guide the optimal configuration of health services and systems in the UK in response to changes in abortion provision. The 21st century has seen significant changes to the landscape of abortion. Pressure has mounted for abortion to be decriminalised; technological advances have contributed to the de-medicalisation of abortion, and the use of medical as opposed to surgical abortion has increased dramatically. Broader trends within health care and systems have informed new directions in thinking about abortion provision: the rise in the use of digital approaches in health care, task-sharing by health professionals, and greater patient-centred care and supported self-management.

These developments have prompted re-examination of issues such as the roles of non-specialist health professionals in abortion provision, the appropriate location for abortion and the support needed by patients home-managing early medical abortion. By December 2018, home administration of the second abortion medication, misoprostol, had been approved across Britain the first – mifepristone – continuing to be taken in a clinical setting. The COVID-19 pandemic further transformed abortion provision in Britain, permanently allowing home management of both abortion medications. The changes have potential for yielding benefits, making earlier abortion more likely, allowing patients more control over their abortion and reducing stigma. For the benefits to be realised, however, health systems and services needed to be adequately prepared and fit for purpose. The SACHA study was predicated on the need for robust empirical evidence to underpin decisions on how maximum benefit and minimum harm might be obtained from current trends.

The study team

The team, led by the London School of Hygiene and Tropical Medicine, comprised 20 researchers and practitioners in six countries. Collaborating institutions included the Karolinska Institute (Sweden), King's College London, Lambeth Local Authority, University of British Columbia (Canada), University of Edinburgh, University of Kent, University of Melbourne (Australia), University of Oxford and University of Plymouth. Members of the public advised on the study plan and presentation of findings.

Design and method

Multicomponent, mixed-method observational study, comprised five work packages (WPs):

- WP 1: reviews of the literature
 - Research question: what does the literature tell us about how best to provide abortion?
 - Design and method: realist review to generate evidence to guide the choice of effective approaches to abortion provision; scoping review of interventions aimed at preparing health professionals for a role in abortion care and support. Conducted in April 2020–December 2022.
- WP 2: evidence from other countries
 - Research question: what has been the experience of countries that have fully or partially decriminalised abortion, and what are the transferable lessons for policy and practice in Britain?
 - Design and method: case studies in three countries (Canada, Australia, Sweden) comprising (1) documentary searches of country-specific evidence on the process and impact of decriminalisation; (2) time series analysis of routine abortion data; (3) in-depth interviews with 31 key stakeholders in abortion policy and practice. Conducted in June 2020–September 2021.

- WP 3: the views of health professionals in Britain
 - Research question: what are the views of health professionals on the regulation and provision of abortion in Britain?
 - Design and method: stratified cluster sampling survey of services; 771 health professionals in England, Scotland and Wales. Fully scheduled questionnaire with optional free-text box exploring receptivity to and preparedness for changes in abortion provision. Conducted in November 2021–July 2022.
- WP 4: the views of abortion patients in Britain
 - Research question: what are patients' experiences of and preferences for models of abortion care?
 - Design and method: semistructured, in-depth interviews with 48 patients aged 16–43 with recent experience of abortion recruited via independent and NHS sites in England, Scotland and Wales. Conducted in July 2021–August 2022.
- WP 5: the views of key stakeholders in Britain
 - Research question: which approaches to abortion provision might be most appropriate and feasible in Britain?
 - Design and method: stakeholder consultations: 15 attendees representing statutory, academic and the third sector at 2 full-day residential round table discussion groups focusing on key themes identified in the findings and implications for policy and practice. Conducted in January 2023.

Key findings

- **Understanding of the law on abortion:** one in five health professionals and a third of patients interviewed were unaware of the legal requirement for abortion to be medically certified. Around a third of patients interviewed were unaware of the ruling, and on being told, some were surprised at the thought that abortion could be considered a crime.
- **Views on the regulation of abortion:** support for abortion being a woman's choice was high, 9 in 10 health professionals saw it as such and a clear majority supported the idea of abortion being treated as a health as opposed to a legal issue. Little more than 1 in 20 saw abortion at any gestational age as contrary to their personal beliefs, and a similarly small minority were against second-trimester abortions. Patients interviewed held similarly strong views, that it was their body and their choice and not a matter for the law. Comments from health professionals and patients alike revealed resistance to the need for two doctors' signatures authorising abortion. Recommended alternatives were either to allow other health professionals to sign or to remove the requirement entirely from abortion regulation. The country case studies showed benefits of decriminalising abortion for quality of care, funding and the morale of providers but cautioned that decriminalisation has not removed all barriers to abortion care.
- **Integrating abortion into routine health care:** just over a third of healthcare staff working outside of specialist abortion services felt that abortion should be standard practice in their service. Support for the idea was highest among staff in sexual and reproductive health (SRH) services, 60% of whom were in favour – twice the proportion in pharmacies and three times that in general practice. Key stakeholders pointed to the benefits of abortion provision in SRH services in terms of continuity of care, contraceptive provision and specialist knowledge. Patients saw advantages of abortion provision in general practice for convenience but voiced reservations relating to access.
- **Extending the role of non-specialist healthcare workers in abortion:** views of health professionals varied markedly by specialty. More than half of the nurses saw greater involvement in abortion care and support as increasing job satisfaction; little more than one in four felt it would be burdensome. For doctors, the reverse was true; time constraints, not enough support staff and inadequate training were seen as the main barriers. Overall, nearly 9 out of 10 healthcare professionals (HCPs) cited lack of training as a hindrance to providing care. Patients saw nurses as more responsive and understanding than doctors, but many were less concerned about the professional role of the person consulted, considering their personal qualities to be more important.
- **The need for choice:** satisfaction with abortion provision was high among patients, and the convenience, comfort and privacy offered by home management of medical abortion (MA) was valued. Most patients, but not all, were offered a choice of procedure and premises. Rarely, and typically where discomfort was worse than expected, some reflected that they would have valued clearly set out options, including surgical abortion. The need for choice

reflected findings of the realist review and was echoed in comments from health professionals and key stakeholders who voiced fears that an over-reliance on MA could lead to loss of crucial skills in surgical abortion.

Recommendations for policy, practice and research

Evidence from the study supports recommendations relating to abortion regulation and provision:

- The regulation of abortion: further consideration should be given to how abortion services are best regulated. The current regulatory framework for abortion serves to limit potential evidence-based service innovations that would be likely to benefit service users. It is poorly understood by service users and many service providers and commands little support among either group.
- Authorisation of abortion: patients should not need to give justification of their reasons for wanting an abortion and health professionals other than doctors should be permitted to consent abortions for patients they care for.
- Approval of premises: abortion provision could beneficially be integrated into – given levels of support revealed in the study – adequately resourced community SRH services to improve access to clinical settings in areas underserved by the independent sector and facilitate an integrated approach to SRH care.
- Extension of roles: appropriately trained nurses and midwives should be allowed to prescribe abortion medication and perform vacuum aspiration for abortion to ensure sufficient cadres of professionals with the skills needed to offer choice and address the current risk of skills being lost.
- Professional training: undergraduate training and professional education to equip new cadres of HCPs to contribute to abortion care and support. Training is needed to ensure a full range of services available, for example, provision of surgical abortions and the fitting of contraceptive implants and intrauterine devices post abortion.
- Patient choice: patients seeking abortion should, where possible, be offered options in terms of procedure and premises: commissioning should ensure availability of options, and health professionals should provide information to facilitate informed choice.
- Improving patient care: interventions should be developed across the patient journey, to support decision-making, procedure management and after care, including contraception.
- A strong policy steer: greater visibility of abortion in strategies relating to women’s health and SRH, with corresponding action plans, is needed.
- Facilitating and resourcing continued research into abortion provision: including patient and professional perspectives on abortion care and support, routine monitoring of trends in abortion procedures and the development of novel interventions to improve abortion care and support.

Funding

This award was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme (NIHR award ref: NIHR129529) and is published in full in *Health and Social Care Delivery Research*; Vol. 14, No. 11. See the NIHR Funding and Awards website for further award information.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

A list of Journals Library editors can be found on the [NIHR Journals Library website](#)

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nhr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nhr.ac.uk/hsdr.

Criteria for inclusion in the *Health and Social Care Delivery Research* journal

Manuscripts are published in *Health and Social Care Delivery Research* (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at www.nhr.ac.uk/explore-nhr/funding-programmes/health-and-social-care-delivery-research.htm

This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR129529. The contractual start date was in September 2020. The draft manuscript began editorial review in July 2023 and was accepted for publication in May 2025. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2026 Wellings *et al.* This work was produced by Wellings *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: <https://creativecommons.org/licenses/by/4.0/>. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nhr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).