

Our Values. Our Vision. Our Ambitions.

Calls for exclusion zones outside UK abortion clinics amid protests

England's first not-for-profit IVF clinic to open in 2021

British Pregnancy Advisory Service is setting up fertility network to address inequalities in provision

IVF postcode lottery: officials using BMI and relationship status to block fertility treatment

Two-child benefit cap influencing women's decisions on abortion, says BPAS

Are Women Choosing To Give Birth Without Pain Relief Or Are They Being Denied It?

Food bank's ban on formula leaves babies to go hungry

Single drink in pregnancy will be noted on baby's file

At-home early medical abortions should be made permanent, say advocacy groups

'Historic racism' is affecting black and south Asian women's experiences of reproductive health services

Our Values

Compassionate

We listen to our clients and deliver services to meet their needs. We build relationships with those we care for based on empathy, dignity and respect.

Courageous

We are the voice of the women we care for and are never afraid to advocate on their behalf, particularly when others are silent. We are at the forefront of innovation in clinical care and campaign tirelessly for the services women need.

Credible

We act with integrity. Everything we do is evidence-based and ethical, informed by our knowledge and understanding of the needs of those we serve.

Committed to women's choice

We believe that women are best placed to make their own decisions in pregnancy, with access to evidence-based information to inform those choices, and the services they need to exercise them.

Our Vision

A future where everyone can exercise reproductive autonomy and women are empowered to make their own decisions about pregnancy.

Our Ambitions

An introduction from Clare Murphy, BPAS Chief Executive



I am really pleased to present this plan, which outlines BPAS' vision, our strategic priorities and the purpose we serve today – more than 50 years after we were founded.

BPAS is committed to furthering reproductive choice through our campaigns and our service delivery. This year we will launch a groundbreaking not-for-profit fertility service which underlines our ambition to support pregnancy decisions – the choice to start a pregnancy as well as end one. We will do this while continuing to both deliver and advocate unwaveringly for high quality abortion care – as early as possible, as late as necessary. Wherever we can we

will place healthcare directly in women's hands.

We will also advocate for a society in which women can fulfil their reproductive goals, recognising the many factors – social, financial, medical - that can impact upon women's choices. And we will ensure that our own organisation practices what it preaches, improving our family friendly policies and benefits that enable our staff to better combine work and family life.

But reproductive choice is not just about starting or ending a pregnancy – it's also about protecting women's reproductive autonomy across their lifetimes. We live in a culture where women of childbearing age are increasingly treated as “pre-pregnant” – warned against alcohol use, denied medication – on the basis of protecting a hypothetical fetus. Pregnant women find themselves increasingly monitored and their choices restricted. Information is not always presented in a way that enables women to make their own decisions based on the available evidence because they are not always trusted to make the “right” choice. There is a critical role for BPAS in ensuring women's voices are heard and that they do not experience restrictions and discrimination based on their capacity for pregnancy. We will work to build a more comprehensive understanding of the meaning of reproductive choice and protect women's interests and rights.

If this past year has shown us anything, it's that we can't always predict what may be ahead. But we do know that our shared values as an organisation and absolute commitment to supporting women's pregnancy choices is what both binds us and guides us. We are on a journey to build a BPAS that will support even more women, and even more of their needs. Whatever we do will be underpinned by our belief in the absolute importance of delivering reproductive choice for women – we couldn't have firmer foundations to build on.

Our 6 Strategic Pillars



Service Excellence

Delivering care directly into women's hands where possible, providing excellent in-clinic services for those who need us.



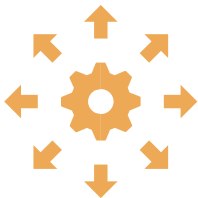
Research

Developing a programme that will help us deliver evidence-based care, innovate and advocate.



Workforce Development & Wellbeing

Recruiting and supporting staff so they can deliver reproductive choice.



Innovation & Diversification

Finding areas of unmet need and offering innovative solutions.



Social, Legal & Cultural Change

Securing support for our vision of autonomy and choice.



Organisational Excellence

Building outstanding practices in managing our organisation.

Our Advocacy Goals 2021-23

1

Remove abortion from the criminal law

2

Reclassify emergency contraception so it can be sold without consultation

3

Fortify flour with folic acid to prevent neural tube defects

4

Secure buffer zones around clinics

Advocacy aims and objectives

5

Lift the two child benefit cap to prevent the termination of wanted pregnancies

6

Extend access to NHS-funded infertility treatment in line with NICE

7

Improve women's access to medicines in pregnancy

8

Challenge practices and policies which do not support infant feeding choices

BPAS Today

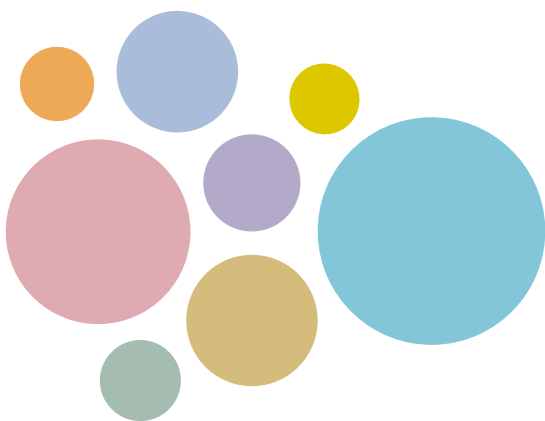
BPAS exists to provide a trailblazing, world leading abortion service, and to campaign for and deliver reproductive choice. Reproductive choice means the ability to make one's own decisions in matters relating to pregnancy - from the contraception needed to avoid conception, to how to feed a newborn baby, the choice to start a pregnancy as well as to end one. It means the ability to access care and support for matters relating to reproductive health and wellbeing – from STI testing and cervical smears to menopause care. It also means the right to make one's own decision about medical treatment free from restrictions based on pregnancy or the capacity to become pregnant. We believe women should be trusted to make their own reproductive choices, with access to the care, support and evidence-based information required to fully exercise those choices.

Through a combination of our service delivery, advocacy, campaigning, and research – and the synergy between these – BPAS aims to remove the barriers to exercising reproductive choice and autonomy. We want to put the technologies for reproductive control and self-care directly into the hands of those who need us where possible but are also committed to training and empowering healthcare staff who can provide support every step of the way. We will provide services to the full extent of the law to enable women to both start and end pregnancies, and will systematically look for other areas where we can provide reproductive health support and care to those who need it. Not all services can or should be provided directly by BPAS, however where needs are not being met or failed, we will find ways to address them. We will campaign for choice across the reproductive spectrum, defending the reproductive rights of women and championing those who provide care and support for them. We will prioritise our service delivery, innovation and advocacy activity based on the question: if not BPAS, then who?

BPAS is still seeing through an ambitious process of change as it embraces both technological advances to enable the organisation to deliver our services more effectively, and seeks to align our staffing levels and skills mix to the needs of our services, which have changed significantly as a result of legal changes introduced at the start of the COVID-19 pandemic. The ability to provide care to women needing abortion up to 10 weeks' gestation at home without coming into a clinic has been transformative, but many women will still require in-clinic services – including those who are unsure of their gestation, have safeguarding needs, or require a surgical procedure.

BPAS is currently in the process of setting up a not-for-profit fertility service to provide affordable care to those who do not qualify for NHS funding. We are also bringing the same commitment to advocacy around fertility treatment as we have brought to bear on abortion care, campaigning for access to the full 3 cycles of treatment as recommended by NICE, challenging practices that are not evidence based and building coalitions to more effectively champion people's needs. The addition of a fertility service helps position BPAS as an organisation that both campaigns for and delivers reproductive choice. It means our services fully reflect our commitment to supporting pregnancy choices. Our advocacy over recent years has included a strong focus on autonomy across pregnancy-related issues and we now have a strong base on which to establish BPAS as the UK's pre-eminent organisation for reproductive choice, taking a comprehensive approach to reproductive autonomy unparalleled anywhere in the world.

Our services are inclusive, and we will build specialist pathways that meet individual needs – particularly for those who do not identify as women in recognition that pregnancy may be especially challenging for those experiencing dysphoria. However we will continue to talk about women in our campaigning, advocacy and general client materials. This is partly in acknowledgement that this is how the majority of those using our services see themselves, and patients need to recognise themselves in health-related information in order for it to be effective. But we will also continue to use the word “women” over “people” so we can continue to campaign effectively for reproductive rights. Women’s reproductive healthcare and choices remain regulated and restricted in the way they are precisely because they are women’s issues, sadly still bound up with heavily gendered and judgmental approaches to female sexuality, ideals of motherhood and expectations of maternal sacrifice, and the need to control women’s bodies and choices. If we cannot clearly articulate that it is predominantly women, rather than people at large, who are affected by this we will find it much harder to dismantle a framework that today is still underpinned by sexism, and achieve a broader goal of ensuring that everyone, no matter how they identify, can access the care and support they need as swiftly and straightforwardly as possible.



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Registered Charity 289145 as British Pregnancy Advisory Service
BPAS is registered and regulated by the Care Quality Commission

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