

# Autonomy, trust and surveillance — the role of technology in reproductive healthcare



Monday, 8th November 2021  
9:30-16:00 GMT online

## Programme

**9:30 Welcome and introduction**

Clare Murphy, Chief Executive, BPAS and Dr Patricia Lohr, BPAS Medical Director and Director of the Centre for Reproductive Research & Communication

**10:15 Panel 1 - Reproductive technology in women's hands: A history of moral panic**

Chair: Professor Emily Jackson

Speakers:

- Dr Jesse Olszynko-Gryn - Pregnancy testing and moral panic in permissive Britain
- Dr Aimee Middlemiss - Market solutions, moral panic and managing privatised anxiety in the home use of fetal Dopplers
- Rebecca Blaylock - Telemedical early medical abortion: recent developments and contemporary concerns

**11:15 BREAK**

**11:30 Panel 2 - Contraception and Control**

Chair: Dr Patricia Lohr

Speakers:

- Dr Heather Angus-Leppan - Valproate: changes in choice
- Dr Carrie Purcell - Addressing contraception at the time of abortion: experiences of women and health professionals
- Dr Krystale Littlejohn - Just Get on the Pill: The uneven burden of reproductive politics

**12:30 LUNCH BREAK**



## Programme (cont.)

### **13:30 Panel 3 - Testing and trust: Screening technologies in pregnancy**

Chair: Professor Ellie Lee

Speakers:

- Rachel Arkell - Using meconium to establish prenatal alcohol exposure in the UK: ethical, legal and social considerations
- Catherine Bowden - Carbon monoxide testing to encourage smoking cessation in pregnant women
- Dr Patricia Lohr - A history of ultrasound in abortion care and in the context of telemedical provision

### **14:45 Keynote Address**

Meg Crane, inventor of the *Predictor* pregnancy test

### **15:45 Closing remarks**

Dr Patricia Lohr

### **16:00 END OF EVENT**



### Panel 1 - Reproductive technology in women's hands: a history of moral panic

Dr Jesse Olszynko-Gryn, University of Strathclyde

#### **Pregnancy testing and moral panic in permissive Britain**

This talk uses “Predictor”, an early home pregnancy test, to re-examine the doctor-patient relationship in Britain in the 1960s and 1970s, a tumultuous period associated with permissiveness, women's liberation, and the erosion of medical authority. It shows how the rise of self-testing contributed to a realignment of the power dynamics among women, doctors, and pharmacists. It argues that the humble home pregnancy test kit merits a place—alongside the birth control pill and abortion law reform—in histories of health consumerism and reproductive choice in the twentieth century.

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Dr Aimee Middlemiss, London School of Economics

#### **Market solutions, moral panic, and managing privatised anxiety in the home use of foetal Dopplers**

Foetal Doppler technology, used in midwifery and obstetrics to assess the presence and rate of a foetal heartbeat, is widely commercially available for domestic use in the UK. For less than £20, pregnant women can purchase or rent a device to use at home in their pregnancy. Videos online model their use, and many women see them used by midwives at antenatal clinics. At the same time, warnings about using Dopplers without medical supervision have been issued by some charities, and a Private Member's Bill in the House of Commons in 2017 attempted to ban their sale for private use. In these efforts, pregnant women are represented as using the devices frivolously and ineffectively, and as threatening the unborn foetus. By contrast, Aimee's qualitative research exploring how and why women use the devices found that they are often a considered response to anxiety in pregnancy, especially after previous pregnancy loss. Yet the technology cannot guarantee the pregnancy outcome which its users seek, of a full-term live birth. She argues that moral panic about Doppler use oversimplifies and decontextualises this marketised technology. It also privatises women's decision making about its use, whilst offering no alternative support in anxious pregnancies.

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Rebecca Blaylock, CRRC, BPAS

#### **Telemedical early medical abortion: recent developments and contemporary concerns**

Telemedical early medical abortion (EMA) is a method of delivering abortion services which has been used for over a decade outside of the regulated healthcare system to expand access to abortion care. Telemedical EMA was introduced across mainstream abortion services in England, Scotland, and Wales during the early stages of the COVID-19 pandemic. Rebecca will discuss factors which prevented this service innovation being introduced earlier, how the service was implemented in the independent abortion sector, and what we know about the safety, efficacy, and acceptability of telemedical EMA. She will explore some contemporary concerns about telemedical EMA which centre on safeguarding and misestimation of gestational age. Rebecca argues that some groups of clients who potentially have the most to gain from this new service may have their access restricted because of concerns for their safety and wellbeing.



### Panel 2 - Contraception and control

Dr Heather Angus-Leppan, The Royal Free London NHS Foundation Trust

#### **Valproate: changes in choice**

Changes in legislation have had a major effect on personal choice related to epilepsy and other treatments. Valproate may cause birth defects in 10% of babies born to mothers taking it. Up to 40% may have autism or neurodevelopmental problems. At the same time valproate the most effective medication for some types of epilepsy, and it is also used for bipolar disease and sometimes migraine. Changing from valproate to other medications results in a worsening of seizures in 30 to 40% of women where this has occurred, and seizures can be fatal. Government legislation now means that any female of childbearing age who wishes to take valproate must go onto the Pregnancy Prevention Program. This means that they must use either an intrauterine device or depot (injectable) contraception. This is independent of whether they have sex with men, their lifestyle choices or their contraception preferences. Heather will discuss the implications for this in terms of personal choice, and the consequences of this for other situations.

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Dr Carrie Purcell, University of Glasgow

#### **Addressing contraception at the time of abortion: experiences of women and health professionals**

This presentation explores key findings relating to the uptake of contraception following abortion, from a study of the integration of abortion services into community-based SRH. In order to examine experiences of contraception at abortion, we conducted in-depth semi-structured interviews with 46 women who had received contraceptive care at the time of medical abortion (gestation  $\leq 9$  weeks) from one SRHC and two hospital gynaecology-department-based abortion clinics in Scotland. We also interviewed 25 health professionals (nurses and doctors) involved in abortion and contraceptive care at the same research sites. We analysed interview data thematically using an approach informed by the Framework method, and identified key thematic areas relating to timing, intention, choice, and conflicting priorities for women and health professionals. We explore the idea that, while abortion may be a theoretically and practically convenient time to address contraception, it is by no means an easy time to do so and requires considerable effort and expertise to be managed effectively.

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Dr Krystale Littlejohn, University of Oregon

#### **Just Get on the Pill: The Uneven Burden of Reproductive Politics**

Littlejohn will discuss insights from her book, *Just Get on the Pill: The Uneven Burden of Reproductive Politics*, published by University of California Press in August. In *Just Get on the Pill*, Littlejohn draws on interviews with 103 young cis women to understand the intersectional politics of pregnancy prevention. She shows how taken-for-granted ideas about gender shape how women and their partners think about birth control, how they use methods, and how they inequitably allocate responsibility for preventing pregnancy. She documents how these practices encroach on women's ability to exercise bodily autonomy, prevent pregnancy, and protect themselves from disease. In the end, she shows that the gendered organization of pregnancy prevention is not natural. It is unjust.



### Panel 3 - Testing and trust: Screening technologies in pregnancy

Rachel Arkell, University of Kent and CRRC, BPAS

#### **Using Meconium to Establish Prenatal Alcohol Exposure in the UK: *Ethical, Legal and Social Considerations***

Recent years have seen the development of a new policy framework focused on prenatal alcohol exposure (PAE) and the diagnosis of fetal alcohol spectrum disorder (FASD). While core objectives aim to prevent secondary harm through ensuring access to PAE information, policy makers claim this can *only* be achieved through mandatory recording of maternal alcohol consumption during pregnancy. To date this is achieved using validated screening questionnaires, which are subject to claims of underreporting and recall bias. Owing to such issues, calls for further research into the use of biomarkers, namely meconium, as an 'objective' measure of PAE, are emerging. This presentation raises three fundamental questions which should be answered before further research into the use meconium for establishing PAE is considered. First, whether a meconium screen can be considered 'typical' with reference to the wider framework of screening tools. Second, whether consent can be accounted for, with reference to the 'routinization' of screening in the antenatal setting. And third, whether meconium screening for PAE can be considered in anyone's best interest. While recognising the adverse effects of heavy alcohol consumption during pregnancy, the current drive towards the use of biomarkers risks undermining trust between Healthcare Practitioners and patients in maternity care. This work maintains the need for robust ethical, legal, and social considerations, ensuring the permissibility meconium screening is not merely assumed, but fundamentally proven.

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Catherine Bowden, University of Manchester

#### **Carbon monoxide testing to encourage smoking cessation in pregnant women**

Non-pregnant smokers are frequently offered support to quit, including nicotine replacement therapies, support groups and counselling. However, in England it is only pregnant women who, irrespective of whether they say they are smokers or not, are to be routinely screened and monitored using carbon monoxide tests at all prenatal care appointments. This sends a message to pregnant women that they cannot be trusted to inform healthcare professionals that they smoke in the way that non-pregnant smokers can and adds to the pressure and blame placed on pregnant women. This presentation will ask whether singling pregnant women out for these interventions is justified on the basis of preventing harm to future children. In particular, it will consider how carbon monoxide testing pregnant women could be harmful to future children because of the potential impact on the relationship of trust between pregnant women and their midwives, and the undermining of women's autonomy.

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Dr Patricia Lohr, CRRC, BPAS

#### **A history of ultrasound in abortion care and in the context of telemedical provision**

In the UK and many countries, it has been the standard of care that ultrasound is used routinely before abortion to establish an intrauterine pregnancy and determine gestational age. However, national and international guidelines state that ultrasound can be used selectively because there is insufficient evidence that its routine use improves the safety or effectiveness of abortion. During the COVID pandemic, abortion provision changed to a primarily telemedical model with ultrasound employed only when indicated by a woman's menstrual and other history. This model protected and improved access to abortion care yet remains controversial amongst some providers and policy-makers. This talk will provide a history of ultrasound scanning in medical abortion care and discuss whether routine use of ultrasound undermines the patient-provider relationship.



## Speaker Bios

### **Rachel Arkell, University of Kent and CRRC, BPAS**

Rachel is currently a SeNSS (ESRC) funded socio-legal PhD candidate at the University of Kent, exploring the communication of risk with regards to medication use during pregnancy, post- *Montgomery v Lanarkshire Health Board* [2015]. Her current research focuses on social and policy regulation of behaviour and maternal consumption during pregnancy, with a strong focus on bio-ethical and socio-legal methods. [@R\\_Arkell](#)

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### **Dr Heather Angus-Leppan, the Royal Free London NHS Foundation Trust**

Heather is Honorary Associate Professor at Queen Square Institute of Neurology, University College London and Consultant Neurologist and Epilepsy Lead at the Royal Free Hospital in London. She is Honorary Consultant at the National Hospital for Neurology and Neurosurgery, Neurology Lead for Stratified medicine (National Institute for Health Research) and member of Association of British Neurologists and National Institute of Clinical Excellence Advisory Groups.

Heather Angus-Leppan holds an MBBS (Hons); MSc (Epilepsy) with Distinction and University Medal; MD, FRACP and FRCP. She graduated from the University of New South Wales in Sydney, Australia; and continued her training in Neurology as Australasian Fellow in Oxford; and in Cardiff and London.

Heather is past President of the Clinical Neurosciences Section, Royal Society of Medicine, and past Honorary Secretary of the Association of British Neurologists. She is recipient of research, teaching and service awards including the Linda Bateman Award for alleviation of Epilepsy and Exceptional Service Award for the Encephalitis Society.

Heather is on the Editorial Board of the *Journal of Neurology and Medicine*. She lectures and publishes on basic and clinical aspects of neurology, including migraine, epilepsy and patient empowerment.

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### **Rebecca Blaylock, CRRC, BPAS**

Rebecca is a multidisciplinary researcher with an MPH from Imperial College London and BA in Social Anthropology from the University of Cambridge. Her current research encompasses several projects on abortion, contraception, and public health and pregnancy. Rebecca's interdisciplinary training means she uses wide a range of methods. Recent projects include a systematic review of abortion in low-and-middle income countries, a quantitative evaluation of tele-medical abortion services in the UK, and a qualitative exploration of what 'quality' of care means to abortion service users. Rebecca also leads WRISK, a research-engagement project funded by the Wellcome Trust aiming to improve our understanding of the way that pregnancy-related risk is communicated. [@rbcca\\_blaylock](#)

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### **Catherine Bowden, University of Manchester**

Having previously worked as a solicitor in commercial law and clinical negligence, Catherine is now in the final stages of her PhD at the University of Manchester. Her research is concerned with how pregnant women are treated in public health campaigns and by the criminal and civil law. Her paper on carbon monoxide testing was published in 2019 and her most recent paper considered the potential for maternal liability for prenatal harm in the criminal law. Currently she is working on parental liability under the Congenital Disabilities (Civil Liability) Act 1976 and the proposal to screen pregnant women for alcohol. [@CathBowden](#)



## Speaker Bios

### **Professor Emily Jackson, London School of Economics**

After graduating from Oxford University, she worked as a research officer at the Centre for Socio-Legal Studies in Oxford. Her first teaching position was at St Catharine's College, Cambridge, and she has also taught at Birkbeck College and Queen Mary, University of London. Emily's research interests are in the field of medical law. She is a member of the British Medical Association Medical Ethics Committee, and until 2012, she was Deputy Chair of the Human Fertilisation and Embryology Authority. From 2014-2017, she was a Judicial Appointments Commissioner. She is a Fellow of the British Academy, and in 2017 was awarded an OBE for services to higher education.

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### **Dr Krystale Littlejohn, University of Oregon**

Krystale E. Littlejohn is an assistant professor of sociology at the University of Oregon and author of *Just Get on the Pill: The Uneven Burden of Reproductive Politics* (UC Press, 2021). She earned her PhD from Stanford University in 2013 and her BA from Occidental College in 2007. Her work examines race, gender, and reproduction, particularly at the nexus between embodiment and biomedical technologies. Her research has been published in *Demography*, *Gender & Society*, and *Journal of Health and Social Behavior*, among other outlets. She has received funding from the American Association of University Women (AAUW), the Society of Family Planning Research Fund, and the ASA Minority Fellowship program. [@drkittlej](#)

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### **Professor Ellie Lee, University of Kent**

In 2010, with colleagues from the University of Kent, Professor Lee set up the [Centre for Parenting Culture Studies](#) as a research network concerned with the way "parenting" has been constructed as a social problem in Britain and in many other countries and she frequently discusses her research in the media. Professor Lee's current research explores why everyday issues, for example, how mothers feed their babies, turn into major preoccupations for policy makers and become heated topics of wider public debate. The work she does draws on constructionist theories of social problems and sociological concepts such as 'risk consciousness' and 'medicalisation' to analyse the evolution of family policy and health policy.

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### **Dr Patricia Lohr, CRRC, BPAS**

Patricia trained in Obstetrics and Gynaecology at the Harbor-UCLA Medical Center followed by a Fellowship in Family Planning & Contraceptive Research and Masters Degree in Public Health at the University of Pittsburgh. She has been Medical Director of British Pregnancy Advisory Service since 2007 and Director of the Centre for Reproductive Research and Communication since 2020. Her research interests include quality in abortion care, novel methods of medical abortion service delivery, and cervical preparation for second trimester surgical abortion. She has published a number of peer-reviewed articles and book chapters on family planning and has contributed to evidence-based guidance produced by the Royal College of Obstetricians and Gynaecologists (RCOG), Faculty of Sexual and Reproductive Healthcare, National Institute of Health and Care Excellence, and Society of Family Planning. Patricia serves as an Associate Editor for the journal *BMJ Sexual and Reproductive Healthcare*. In addition to service development and research, she has passionate about education in abortion and advises the RCOG and British Society of Abortion Care Providers on training and curricula. She worked with the RCOG to update their advanced skills module in abortion care and is currently overseeing the creation of related e-learning materials. [@lohrpa](#)

## Speaker Bios

### **Dr Aimee Middlemiss, London School of Economics**

Dr Aimee Middlemiss is a feminist sociologist with interests in reproduction and death studies. She recently completed a PhD at the University of Exeter on the reproductive politics of second trimester pregnancy loss in England, and is now working as a post-doc on the LSE project Human Rights, Human Remains. [@almiddlemiss](#)

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### **Dr Jesse Olszynko-Gryn, University of Strathclyde**

Jesse Olszynko-Gryn is a historian of science, technology, and medicine at the University of Strathclyde, Glasgow. His first book, *A Woman's Right to Know: Pregnancy Testing in Twentieth-Century Britain*, is under contract with MIT Press. [@jesse\\_gryn](#)

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### **Dr Carrie Purcell, University of Glasgow**

Carrie Purcell is a Research Fellow at the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow. Carrie is a medical sociologist specialising in qualitative research in the context of reproductive health. As PI on the Sexuality and Abortion Stigma project, Carrie guided the first qualitative secondary analysis study to look at abortion across the UK's different jurisdictions. Carrie has conducted a range of abortion-related projects over the last decade, including women's experiences of second trimester abortion, more than one abortion, and women and health professional's experiences of early medical abortion. Her work has been published in various journals - including *Sociology of Health & Illness*, *Contraception*, *Feminism & Psychology*, and *BMJ Sexual & Reproductive Health* - and she is a member of the editorial board of *BJOG: An International Journal of Obstetrics and Gynaecology*. [@DrCarrieP](#)

Thank you to our speakers and attendees for participating!

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