Patricia Lohr

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Datum Inzending	mei 25, 2023 4:36 PM
Name of applicant (principal investigator or leader of the project team)	Dr Patricia A. Lohr
Job title	Medical Director, British Pregnancy Advisory Service (BPAS), and Director of BPAS' Centre for Reproductive Research & Communication (CRRC)
Name of the institution or society who will administer the grant if successful (if no responsible organization/ institution - please give justification for this)	British Pregnancy Advisory Service (BPAS)
Name of all other co-investigators and institutions. (Please provide name, affiliation, position, and country)	Hannah McCulloch (Evaluation Researcher, Centre for Reproductive Research & Communication, BPAS, UK)
Address	3HP, 30-31 Furnival Street London, London, EC4A 1JQ United Kingdom
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A short CV of the applicant (or the principal investigator or the team leader) should be provided here. (Max 2 pages)

CURRICULUM VITAE (Short)
PATRICIA ANN LOHR, MD MPH FACOG FRCOG FFSRH (HONS)

EDUCATION AND TRAINING
Eugene Lang College, New York, NY, Liberal Arts, Bachelor of Arts (1992)
Columbia University, New York, NY, Premedical Studies, Certificate (1996)
University of Southern California, Los Angeles, CA, Doctor of Medicine (2001)
Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA, Master of Public Health (2007)

CERTIFICATION
Certification, American Board of Obstetrics and Gynecology 2008-present
UK GMC Registration (Full) (7028414) 2009-present

APPOINTMENTS AND POSITIONS
2022-present Expert Advisor Panel, National Institute for Health and Care Excellence
2020-present Director, Centre for Reproductive Research & Communication, British Pregnancy Advisory Service (BPAS)
2020-present Member, RCOG: Making Abortion Safe Programme

Advisory Group
2018-2020 Chair, Service Specification Working Group (termination for women who are medically complex), NHS England Specialised Services, Women and Children's Programme of Care
2018-present Associate Editor, BMJ Sexual and Reproductive Health
2019-present Abortion Education Adviser, RCOG
2016-2019 Module Guardian (Abortion Care), Faculty of Sexual and Reproductive Healthcare Special Skills Module Group
2015-present Education Advisor, British Society of Abortion Care Providers
Founding member, former Treasurer (2015-2019)
2014-present Member, Royal College of Obstetricians and Gynaecologists (RCOG)
Abortion Task Force
Former Education Subcommittee Chair (2016-2019)
2013-2016 Board Member, Medical Students for Choice
Former Nominations Committee Co-Chair 2013-2015
2007-present Medical Director, BPAS
2005-2007 Clinical Instructor, Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh, Magee-Womens Hospital
2005-2007 Contract Physician, Planned Parenthood of Western Pennsylvania/Women's Health Services
2005-2007 Obstetrical Triage Specialist, Womancare Birth Center, Magee-Womens Hospital

PEER REVIEWED PUBLICATIONS (SELECTED/LAST 5 YEARS)
1. Lohr PA, Lewandowska M, Meiksin R, Salaria N, Cameron S, Scott RH, Reiter J, Palmer MJ, French RS, Wellings K. Should COVID-specific arrangements for abortion continue? The views of women experiencing abortion in Britain during the pandemic. BMJ Sex Reprod Health. 2022 Apr 22:bmjsrh-2022-201502.
2. Whitehouse KC, Shochet T, Lohr PA. Efficacy of a low-sensitivity urine pregnancy test for identifying ongoing pregnancy after medication abortion at 64 to 70 days of gestation. Contraception. 2022 Mar 5:S0010-7824(22)00052-X. 2021-2022 (2021-22 Daniel R. Mishell, Jr, MD Outstanding Article Award)
3. Whitehouse KC, Blaylock R, Makleff S, Lohr PA. It's a small bit of advice, but actually on the day, made such a difference…: perceptions of quality in abortion care in England and Wales. Reprod Health. 2021 Nov 7;18(1):221.
4. Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: a cross-sectional evaluation. Contraception. 2021 Jul;104(1):61-66.
5. Aiken A, Lohr PA, Lord J, Ghosh N, Starling JE. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG. 2021 Aug;128(9):1464-1474.
6. Bateson DJ, Lohr PA, Norman WV, et al. The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. BMJ Sex Reprod Health. 2020.
7. Schmidt-Hansen M, Hawkins JE, Lord J, Williams K, Lohr PA, Hasler E, Cameron S. Long-acting reversible contraception immediately after medical abortion: systematic review with meta-analyses. Hum Reprod Update. 2020;26(2):141-160.
8. Schmidt-Hansen M, Cameron S, Lohr PA, Hasler E. Follow-up strategies to confirm the success of medical abortion of pregnancies up to 10 weeks' gestation: A systematic review with meta-analyses. Am J Obstet Gynecol. 2019 Nov 9. pii:S0002-9378(19)32615-8. [Epub ahead of print]
9. Hsia JK, Lohr PA, Taylor J, Creinin MD. Medical abortion with mifepristone and vaginal misoprostol between 64 and 70 days' gestation. Contraception. 2019 May 15. pii: S0010-7824(19)30169-6. doi: 10.1016/j.contraception.2019.05.006. [Epub ahead of print]
10. Callaby H, Fisher J, Lohr PA. Surgical termination of pregnancy for fetal anomaly: what role can an independent abortion service provider play? J Obstet Gynaecol. 2019 Apr 19:1-6.
11. Lohr PA, Parsons JH, Taylor J, Morroni C. Outcomes of dilation and evacuation with and without feticide by intra-cardiac potassium chloride injection: a service evaluation. Contraception. 2018 Apr 19. doi: 10.1016/j.contraception.2018.04.010. [Epub ahead of print]
12. Lohr PA, Aiken ARA, Forsyth T, Trussell J. Telephone or integrated contraception counselling before abortion: impact on method choice and receipt.BMJ Sex Reprod Health 2018;44:114-121.

13. Aiken A, Lohr PA, Aiken CE, Forsyth T, Trussell J. Contraceptive method preferences and provision after termination of pregnancy: a population-based analysis of women obtaining care with the British Pregnancy Advisory Service. BJOG. 2017;124:815-824.
14. Lohr PA, Lyus R, Prager S. Society of Family Planning Clinical Guideline: Use of intrauterine devices in nulliparous women. Contraception. 2017;95:529-537.
15. Gerdts C, DeZordo S, Mishtal J, Barr-Walker J, Lohr PA. Experiences of women who travel to England for abortions: an exploratory pilot study. Eur J Contracept Reprod Health Care. 2016;21:401-7.

RESEARCH (CURRENT)
1. NIHR: NIHRDH-NIHR129529. Evidence base to inform health service configuration for abortion provision. (£1,033,956 Total) Co-I. PIs: K. Wellings, R. French.
2. MRC & WELLCOME MR/R006237/1. Human Developmental Biology Resource (HDBR): an embryonic and fetal tissue bank for functional genetics and cell-based research. (£2,255,392 Total award to UCL). Co-I. PIs: S. Lindsay, A. Copp. Prior grant numbers: 099175/Z/12/Z, 099175/B/12/Z, 208291/Z/17/Z.

RESEARCH (PREVIOUS)
3. WHO 021/1101237-0. Health systems analysis and evaluations of the barriers to availability, utilisation, and readiness of selected sexual and reproductive health services in COVID-19 affected areas: A site-specific protocol for the United Kingdom. Site Collaborator. PI: N. Sheriff.
4. Women's opinions and experience of ultrasound in abortion care. Principal Investigator. (Co-investigators: Clare Murphy, Rebecca Blaylock, Lesley Hoggart, Katherine Whitehouse). Funder: European Society of Contraception and Reproductive Healthcare (€6000)
5. Evaluating the cost-effectiveness of telemedicine abortion care. Co-Principal Investigator. (Co-investigators: Stephen Hall (Co-PI), Lesley Regan (Co-PI), Jonathan Lord, James Hawkins). Funder: Charm Foundation £26,000.
6. Safety and efficacy of remote provision of early medical abortion in the UK during the COVID-19 pandemic. Co-Principal Investigator. (Abigail Aiken (Co-PI), Jonathan Lord (Co-PI), Co-Investigators: Katherine Whitehouse, Abigail Storan, Kay Newey). Unfunded.
7. Client evaluation of a telemedicine early medical abortion service at BPAS during the COVID-19 pandemic. Co-Principal Investigator. (Co-Investigators: Katherine Whitehouse (Co-PI), Co-investigators: Rebecca Blaylock, Marielle Meurice). Unfunded.
8. Sensitivity and specificity of a low-sensitivity urine pregnancy test after medical abortion at 64-70 days of gestation. Principal Investigator (Co-investigators: Katherine Whitehouse, Tara Shochet). Unfunded.

Is the person responsible for the project different to the person named in box A

No

Title of the project

Uptake of contraceptive counselling and methods after medical abortion via telemedicine: A cross-sectional evaluation of anticipated and actual use six weeks post-abortion

Sector in the area of contraception, sexual and reproductive health:

Post-abortion contraception

Please provide a comprehensive description of your project. The application will be assessed under the following headings: Background and rationale (with evidence of unmet need and innovation, the relevance of the proposed project with contraception, sexual and reproductive health); Aims/ Objectives; Methodology (include where will it take place - country/town, establishment, sample size,

Background
Contraceptive counselling and a choice of contraceptive method post-abortion is important for high-quality care (1,2). Patients value this offer and find it acceptable if conducted non-judgementally (3–5). As pregnancy risk returns quickly after abortion (6,7), providing contraception at time of abortion is convenient and timely. This is pertinent in England and Wales, as despite being free of charge, over 30% of women report barriers to accessing contraception (8), many of which have been exacerbated by COVID-19 (9,10).

In March 2020, legal permission was granted in England and Wales allowing home-use of both mifepristone and misoprostol for early medical abortion ('early' defined as up to 9 weeks and 6 days' gestation, herein referred to as EMA). This led to the widespread implementation of abortion

justification, ethical approval plans (inclusion & exclusion criteria); Main outcome measures, statistical analyses); Impact it will or may have in the field of contraception, sexual and reproductive health (also under consideration of the situation in your country); Patient/ public involvement (where relevant) (1200 words)

telemedicine services where medications are mailed to eligible patients' homes following a phone or video-consultation, without a pre-treatment ultrasound. This telemedicine pathway is clinically safe, effective, and acceptable (11–14). Initially a temporary COVID-19 measure, the pathway became permanent in 2022 (15). This change has implications for post-abortion contraception.

The British Pregnancy Advisory Service (BPAS) is the largest independent abortion provider in England and Wales providing over 100,000 medical and surgical abortions up to 24 weeks' gestation annually, over 80% of which are EMAs. Since implementation of telemedicine services, the majority of EMA patients no longer have a face-to-face consultation in a BPAS clinic, following a remote BPAS pathway. This is the case irrespective of need for ultrasound, as scanning predominantly occurs at an external provider before abortion teleconsultation. During teleconsultations, BPAS offers contraceptive counselling. The progestogen-only pill (POP), combined hormonal methods, and subcutaneous progestogen-only injectables can be provided in home-use abortion medication packs, but for implant or intrauterine contraceptive methods, a referral to clinic is made for a later date. Alternately, for patients who attend a BPAS clinic for abortion (in-clinic pathway), namely surgical abortion patients, or medical abortion patients in certain circumstances, in-person contraceptive counselling may offer greater method choice, directly provided/inserted at time of abortion.

Data are limited on contraceptive uptake and method mix following EMA via telemedicine, yet this information is valuable for prospective providers, to inform planning, implementation and maintenance of high-quality telemedical abortion services. A Scottish evaluation found that 65% patients who were offered POP with EMA via telemedicine accepted the method, but follow-up showed use at 3-6 months was only 30% (17). Research prior to the implementation of telemedicine found that 85% all BPAS patients accepted contraceptive counselling, resulting in 51% patients obtaining contraception from BPAS, whilst 33% anticipated obtaining contraception elsewhere, e.g. a primary care provider (16). Contraceptive preferences varied by abortion method (medical vs surgical), yet reasons for this are not entirely clear (16). The impact that a telemedical EMA model has on provision of post-abortion contraception, with a broad offer of contraceptives provided completely remotely, warrants evaluation.

Aims and objectives:
Aim:
To examine contraceptive counselling and method uptake amongst BPAS abortion patients up to 10 weeks' gestation in England and Wales, at time of abortion and six-weeks post-abortion

Objectives:
1. To document the uptake of contraceptive counselling, anticipated contraceptive method and source of contraception at time of abortion for all abortion patients up to 10 weeks' gestation within a service offering an EMA telemedicine pathway
2. To compare uptake of contraceptive counselling, anticipated contraceptive method and source of contraception at time of abortion between abortion method (medical/surgical), and for EMAs, between pathway (remote/in-clinic)
3. To describe the socio-demographics of those accepting contraceptive counselling, and taking up contraception, amongst abortion patients up to 10 weeks' gestation, and compared by abortion method (medical/surgical), and for EMAs, between pathway (remote/in-clinic)
4. To describe self-reported use and consistency of use of contraception six-weeks post-abortion, from patients who obtained contraceptive counselling and specified anticipated method at abortion, and compare this amongst patients grouped by:
   a. Anticipated contraception source at time of abortion (BPAS/other)
   b. EMA pathway (remote/in-clinic)
5. To document and ascertain reasons for non-use and of use of a non-preferential method six-weeks post-abortion amongst those who want a contraceptive method (unmet need), from patients who obtained contraceptive counselling and specified anticipated method at abortion

Methodology
Setting, design and approvals
This cross-sectional evaluation uses routinely collected data from 12-

months of BPAS abortion patients up to 10 weeks' gestation in England and Wales, with comparisons between sub-groups (abortion method (medical/surgical) and, for EMAs, pathway (remote/in-clinic). Over a three-month-period, a nested questionnaire will be sent, six-weeks post-abortion, to those who accepted contraceptive counselling and indicated anticipated method at abortion. We will consult BPAS Research & Ethics Committee regarding ethical approval.

Eligibility
For routinely collected data analysis, our population is BPAS patients who:
- Had an abortion up to 10 weeks' gestation in England or Wales between 01/05/2023- 30/04/2024
- Resident in the United Kingdom and hence eligible for free contraception

For the nested questionnaire, additional criteria:
- Abortion date between 01/01/2024-31/03/2024
- Accepted contraceptive counselling and indicated anticipated contraceptive method, from BPAS or another provider
- Gave permission for contact about research

We will send a link, by SMS or email, to an online questionnaire, hosted on Survey Monkey, to eligible patients six-weeks following abortion. Using routinely collected data we will divide eligible participants into two groups by anticipated contraception source (BPAS/other), so we can tailor questionnaires and monitor individual uptake.

Sample size
For questionnaires, we estimate 4000 eligible patients/month. From previous research, we anticipate a response rate between 10-15%, which equates to 1200 - 1800 responses/three months. A minimum sample of 362 per group (contraception source = BPAS/other) will allow us to estimate 50% use of contraception 6-weeks post-abortion, with 5% error margin and 95% confidence interval.

Analysis
For routinely collected data analysis, we will use descriptive statistics to describe socio-demographic characteristics (age, ethnicity, deprivation index, parity, previous abortions) of the population and sub-groups (abortion method and, for EMAs, pathway). We will also describe socio-demographics of those accepting contraceptive counselling and indicating anticipated methods. To compare uptake of contraceptive counselling and methods by abortion method and EMA pathway, we will use chi-squared tests, and where appropriate, logistic regression, to account for demographic differences.

We will use routinely collected data to compare the socio-demographics of those sent questionnaires, and self-reported data from questionnaires, to comment on generalisability. To analyse questionnaires, we will use descriptive statistics to describe demographics, anticipated contraception method/provider, and desire to use and actual use of contraception six-weeks post-abortion. To compare use between anticipated contraception provider and EMA pathway, we will use chi-squared tests.

Impact
The World Health Organization recognises that offering contraceptive counselling and methods, directly or via referral, is integral to telemedical abortion care (2), yet little is known about contraceptive provision in already operational telemedicine services. This information is valuable for service modelling, financial planning, training, and quality improvement for any service globally planning on introducing telemedical EMA pathways. Findings will generate new ideas for future research which aims to reduce unmet need for contraception in remote models.

PPI
Whilst neither patients nor the public will be involved in evaluation implementation, we are committed to reaching them during dissemination. BPAS' Centre for Reproductive Research & Communication (CRRC) specialises in public engagement in reproductive research. We will share findings in lay formats, e.g. plain language briefings and short animations, via BPAS/CRRC networks.

References:
1. Quality statement 3: Contraception after an abortion | Contraception | Quality standards | NICE [Internet]. NICE; [cited 2022 Nov 2]. Available

from: https://www.nice.org.uk/guidance/qs129/chapter/Quality-statement-3-Contraception-after-an-abortion 2. World Health Organization. Abortion care guideline [Internet]. World Health Organization; 2022 [cited 2022 Nov 8]. Available from: https://www.who.int/publications-detail-redirect/9789240039483 3. Whitehouse KC, Blaylock R, Makleff S, Lohr PA. It's a small bit of advice, but actually on the day, made such a difference…: perceptions of quality in abortion care in England and Wales. Reprod Health. 2021 Dec 1;18(1):1–9.
4. Purcell C, Cameron S, Lawton J, Glasier A, Harden J. Contraceptive care at the time of medical abortion: experiences of women and health professionals in a hospital or community sexual and reproductive health context. Contraception. 2016 Feb 1;93(2):170–7.
5. Brandi K, Woodhams E, White KO, Mehta PK. An exploration of perceived contraceptive coercion at the time of abortion. Contraception. 2018 Apr 1;97(4):329–34.
6. Boesen HC, RØrbye C, NØrgaard M, Nilas L. Sexual behavior during the first eight weeks after legal termination of pregnancy. Acta Obstet Gynecol Scand. 2004;83(12):1189–92.
7. Schreiber CA, Sober S, Ratcliffe S, Creinin MD. Ovulation resumption after medical abortion with mifepristone and misoprostol. Contraception. 2011 Sep;84(3):230–3.
8. Royal College of Obstetricians and Gynaecologists. Better for Women: Improving the health and wellbeing of girls and women [Internet]. Royal College of Obstetricians and Gynaecologists; 2019. Available from: https://www.rcog.org.uk/en/news/campaigns-and-opinions/better-for-women/ 9. Sexual and Reproductive Health Services, England (Contraception) 2021/22 [Internet]. NHS Digital. [cited 2022 Oct 18]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2021-22 10. All-party parliamentary group on reproductive and sexual health (APPGSRH). Women's Lives, Women's Rights: Strengthening Access to Contraception Beyond the Covid-19 Pandemic [Internet]. 2019. Available from: https://www.fsrh.org/documents/womens-lives-womens-rights-executive-summary/ 11. Aiken A, Lohr P, Lord J, Ghosh N, Starling J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG Int J Obstet Gynaecol. 2021 Aug 1;128(9):1464–74.
12. Erlank CP, Lord J, Church K. Acceptability of no-test medical abortion provided via telemedicine during Covid-19: analysis of patient-reported outcomes. BMJ Sex Reprod Health. 2021 Oct 1;47(4):261–8.
13. Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: A cross-sectional evaluation. Contraception. 2021 Jul 1;104(1):61–6.
14. Boydell N, Reynolds-Wright JJ, Cameron ST, Harden J. Women's experiences of a telemedicine abortion service (up to 12 weeks) implemented during the coronavirus (COVID-19) pandemic: a qualitative evaluation. BJOG. 2021;128(11):1752–61.
15. At home early medical abortions made permanent in England and Wales [Internet]. GOV.UK. [cited 2022 Oct 18]. Available from: https://www.gov.uk/government/news/at-home-early-medical-abortions-made-permanent-in-england-and-wales 16. Aiken A, Lohr P, Aiken C, Forsyth T, Trussell J. Contraceptive method preferences and provision after termination of pregnancy: a population-based analysis of women obtaining care with the British Pregnancy Advisory Service. BJOG Int J Obstet Gynaecol. 2017 Apr;124(5):815–24.
17. Vianello M, Reynolds-Wright JJ, Cameron S. Self-reported contraceptive use and satisfaction among women accessing telemedicine medical abortion at the onset of the COVID-19 pandemic at 3–6-month follow-up. BMJ Sex Reprod Health. 2022 Jul 1;bmjsrh-2022-201493.

Planned start date and end date	01/10/2023-30/09/2024
Timeline: Planned time for each phase of the project eg. approvals, recruitment, analysis, reporting, dissemination? (Max 50 words)	Approvals:10/2023–12/2023 Questionnaire recruitment:01/2024–03/2024 Routinely collected data extraction:05/2024 Data cleaning: 04/2024-06/2024 Data analysis: 05/2024-08/2024

Reporting: 08/2024-09/2024
Dissemination: Once published (post-September 2024)

Is it a 'new' project?	Yes
How much will this project cost?	The total cost of the project is €48,415. The amount requested from the ESC is €5875 and the amount provided in kind by BPAS to support the project is €42,540
Are there other partners or organizations supporting this same project?	Yes
If YES - name the other partners who will support this project (Max 20 words)	Yes, BPAS will provide in kind contributions to the project as outlined below.
Have you already obtained any funding?	No

Budget

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
Staff (Core BPAS staff)	0	41608	BPAS (in-kind)	Dr Patricia Lohr (BPAS Medical Director and CRRC Director,) will spend ½ day per week on the project for 12 months as Principal Investigator. The cost for this will be provided in kind by BPAS. Dr Lohr will: ● Oversee all aspects of the evaluation as PI, including preparation and set up, data collection, analysis and interpretation, and write up and dissemination. Hannah McCulloch (Evaluation Researcher) will spend 1 day per week on the

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
				project for 12 months as co-investigator. The cost for this is will be provided in kind by BPAS. Hours will be concentrated at the start and end of the project. Tasks include: ● Overall day-to-day management of the project ● Evaluation preparation and set up (Preparing evaluation protocol, data privacy impact assessment, data collection tools) ● Oversight of recruitment process ● Obtaining, cleaning, analysing and interpretating quantitative data ● Write up and dissemination We will use one day of time for BPAS Associate Director of Information Services on the project. The cost for this will be provided in kind by BPAS. They will: ● Review and approve

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
				data privacy impact assessment for the evaluation ● Working with Researcher, obtain and check the routinely collected data from BPAS electronic health records. We will use three days of time for the Research & Engagement Lead from BPAS' Centre for Research & Reproductive Communication (CRRC) on the project. This be provided in kind by BPAS. Tasks include: ● Produce research briefings and multimedia content for lay audiences ● Disseminate via social media and CRRC channels and networks.

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
Staff (Temporary staff specifically for this project)	5200	0		We have requested €5200 from ESC to fund the time of a research administrator on the project. The amount requested equates to 2 days a week for 13 weeks. Tasks will include: • Conducting recruitment to the nested EMA surveys - identifying eligible patients for questionnaires and sending links to questionnaires via SMS and email, maintaining recruitment and enrolment logs
Data collection tool - Survey Monkey	0	144	BPAS (in-kind)	BPAS will provide subscription to survey monkey platform for the nested questionnaire. Subscription is €36 per month, totally €144 for four months.
Data analysis - STATA (statistical software)	0	788	BPAS (in-kind)	BPAS will provide subscription to STATA (€788), statistical analysis software for analysis of quantitative data

List each Item required for this project	Amount requested from ESC	Amount requested from additional partner	Name of partner	Any Comments
Publication	0	0		We will publish in The European Journal of Contraception & Reproductive Health, the journal of the European Society of Contraception, for which there is no publication costs.
Dissemination: Conference costs	675	0	BPAS (in-kind)	Initial findings from the questionnaire will be shared at the 2024 ESC conference. We request €675 in total to cover travel, accommodation and subsistence at the conference (not registration)

Total amount requested from ESC

5875

Total amount requested from partner(s)

42540

The ESC may not be in a position to fully fund all applications; you must indicate whether / how part-funding may impact your project. (Max 100 words)

Whilst BPAS will cover many of the project costs in kind, namely salaries of core project staff, associated overheads, equipment and software, and dissemination costs, BPAS does not have funding to cover a research administrator, a position which is essential for data collection. Without ESC funding, we would be unable conduct this aspect of the evaluation, and therefore would not gain an understanding of actual use of contraception six-weeks post-abortion via telemedicine, and possible reasons for unmet need. Partial funding of this would lead to prolonged data collection, and, if substantial might affect feasibility of this aspect of the evaluation.

Who will oversee the budget & keep accounts? Provide name, title, contact number, and email address

Dr Patricia Lohr, BPAS Medical Director and Director of the CRRC, (patricia.lohr@bpas.org, + 44 7867 527784) with support from Hannah McCulloch, BPAS Evaluation Researcher (hannah.mcculloch@bpas.org, + 44 7471 535319) and BPAS Finance office.

If you or your department has received grant funding from ESC for a project or course

Project title: Women's opinions and experience of undergoing an ultrasound scan for gestational age before early medical abortion Principle Investigator, and point of contact: Dr Patricia Lohr,

before, please give details of the date of funding, contact person, and title of the project or course.	(patricia.lohr@bpas.org, + 44 7867 527784) Funded awarded: 6000 Euro in August 2019

I/We, as responsible agents for this project, agree to the following 11 points:

	yes
I/We agree that all monies will be spent appropriately	◉
I/We agree to work with the nominated Mentor	◉
I/We agree to advise you at the earliest time if this project is delayed or cannot be completed	◉
I/We agree to provide an interim report(s) part way through the project and a final report to the ESC within 6 months of the end of the project.	◉
I/We agree to provide the ESC with an interim budget(s) and a detailed budget at the end of the project. NOTE funding will be awarded in stages and will be dependent on appropriate reporting.	◉
I/We agree to provide receipts for monies spent if requested.	◉
I/We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the nominated mentor.	◉
I/We agree that any unspent money will be returned to the ESC	◉
I/We (the applicant) agree to acknowledge the ESC as a donor in any publications, submission of abstracts and oral communications resulting from this project. Please inform the ESC Office where and when the data is to be presented and/or published and note that ideally any manuscript should be sent to the ESC journal in the first instance.	◉
I/We agree to remain fully paid up ESC member(s) until the final grant report is submitted	◉
I/ We agree that the reports get published on the ESC website	◉

Full Name	Patricia Lohr
Submission date of this form	mei 25, 2023