



Resource toolkit: Telemedicine for medication abortion and abortion-related services in the United States

In order to expand access to high-quality abortion care, some health care providers in the United States employ technology to provide medication abortion or abortion-related services via telemedicine. As these services have expanded, evaluations over the last decade have provided evidence on their implementation, use, and impact. This toolkit highlights what is known about telemedicine provision of abortion and abortion-related services to date. We highlight findings across four domains: safety and effectiveness, acceptability/satisfaction, access, and experiences. Additionally, we include commentaries, overviews, and a telemedicine for medication abortion implementation guide. Publications that report findings in multiple domains are repeated in each relevant section.

Safety and effectiveness

The in-clinic telemedicine for medication abortion model has been shown to be safe and effective; severe complications are extremely rare, and only 1-5% of patients require an aspiration procedure to complete the abortion. Similarly, direct-to-patient telemedicine for medication abortion models have been found to be effective: 93% of patients complete their abortion.

Title	Authors	Citation
Telehealth interventions to improve obstetric and gynecologic health outcomes: A systematic review	DeNicola N, Grossman D, Marko K, Sonalkar S, Butler Tobah Y, Ganju N, Witkop C, Henderson JT, Butler JL, Lowery C	<i>Obstetrics and Gynecology</i> . 2020; 135(2): 371-38
Medication abortion provided through telemedicine in four US states	Kohn J, Snow J, Simons H, Seymour J, Thompson TA, Grossman D	<i>Obstetrics and Gynecology</i> . 2019; 134(2):343-350
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Raymond E, Chong E, Winikoff B, Platais I, Mary M, Lotarevich T, Castillo PW, Kaneshiro B, Tschann M, Fontanilla T, Baldwin M, Schnyer A, Coplon L, Mathieu N, Bednarek P, Keady M, Prieque E	<i>Contraception</i> . 2019; 100(3):173-177
Safety of medication abortion provided through telemedicine: A noninferiority study	Grossman D, Grindlay K	<i>Contraception</i> . 2017; 95(5):515
Safety of medical abortion provided through telemedicine compared with in person	Grossman D, Grindlay K	<i>Obstetrics and Gynecology</i> . 2017; 130:1-5
Effectiveness and acceptability of medical abortion provided through telemedicine	Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K	<i>Obstetrics and Gynecology</i> . 2011; 118 (2):296-303

Acceptability/Satisfaction

The evidence indicates that patients are satisfied with the in-clinic and direct-to-patient telemedicine for medication abortion models. Studies among in-clinic telemedicine for medication abortion providers suggest that this healthcare delivery model is acceptable to them as well.

Title	Authors	Citation
Patient acceptability		
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Raymond E, Chong E, Winikoff B, Platais I, Mary M, Lotarevich T, Castillo PW, Kaneshiro B, Tschann M, Fontanilla T, Baldwin M, Schnyer A, Coplon L, Mathieu N, Bednarek P, Keady M, Prieque E	<i>Contraception</i> . 2019; 100(3):173-177
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues</i> . 2013; 23(2):120-121
Effectiveness and acceptability of medical abortion provided through telemedicine	Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K	<i>Obstetrics and Gynecology</i> . 2011; 118(2):296-303
Provider acceptability		
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grossman D, Grindlay K	<i>Journal of Telemedicine and Telecare</i> . 2016; 23(7):680-685
Acceptability of telemedicine outside of the abortion field		
Telehealth leaders' attitudes toward telemedicine provision of medication abortion: A qualitative study	Fix L, Grindlay K, Seymour JW, Burns B, Reiger ST, Grossman D	Report: November 2018 https://www.ibisreproductivehealth.org/publications/telehealth-leaders-attitudes-toward-telemedicine-provision-medication-abortion

Accessibility

Telemedicine for medication abortion has the benefit of allowing the provision of healthcare at a distance. Preliminary evidence suggests that introduction of in-clinic telemedicine for medication abortion may allow patients to obtain an abortion at earlier gestational ages. Additionally, telemedicine provision of medication abortion has been shown to reduce logistical barriers created by policies requiring attendance at multiple appointments in a state with limited abortion services.

Title	Authors	Citation
Spatial dimensions of telemedicine and abortion access: A qualitative analysis of women's experiences	Ehrenreich K, Marston C	<i>Reproductive Health</i> . 2019;16(1):94
Women's experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich K, Kaller S, Raifman S, Grossman D	<i>Women's Health Issues</i> . 2019 29(5):407-413
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grindlay K, Grossman D	<i>Journal of Telemedicine and Telecare</i> . 2016; 23(7):680-685

Increasing access to abortion with telemedicine	Raymond EG, Chong E, Hyland P	<i>JAMA Internal Medicine</i> . 2016; 176(5):585-586
Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa	Grossman D, Grindlay K, Buchacker T, Potter JE, Schmetmann CP	<i>American Journal of Public Health</i> . 2013; 103(1):73-78
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues</i> . 2013; 23(2):120-121

Experiences and patient characteristics

Findings from studies with abortion providers indicate that telemedicine for medication abortion models are easy to implement and integrate into existing clinic operations. Patients reported decreased travel, reduced cost, and time among the benefits of telemedicine for medication abortion. An assessment of demographic differences in patients using telemedicine to satisfy Utah's state-mandated informed consent visit (which must happen at least 72hrs prior to the visit), found that telemedicine patients were more likely to live out of state and further away from the clinics offering informed consent visits.

Title	Authors	Citation
Experiences		
Women's experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich K, Kaller S, Raifman S, Grossman D	<i>Women's Health Issues</i> . 2019 29(5):407-413
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grossman D, Grindlay K	<i>Journal of Telemedicine and Telecare</i> . 2016; 23(7):680-685
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues</i> . 2013; 23(2):120-121
Characteristics		
Characteristics of patients having telemedicine versus in-person informed consent visits before abortion in Utah	Daniel S, Raifman S, Kaller S, Grossman D	<i>Contraception</i> . 2020; 101(1):56-61

Overview of telemedicine for medication abortion and abortion-related services

Title	Authors	Citation
Demand for self-managed medication abortion through an online telemedicine service in the United States	Aiken ARA, Starling JE, van der Wal A, van der Vliet S, Broussard K, Johnson DM, Padron E, Gomperts R, Scott JG	<i>American Journal of Public Health.</i> 2020; 110 (1):90-97
Telemedicine in sexual and reproductive health	Weigel G, Frederiksen B, Ranji U, Salganicoff A	<i>Issue brief.</i> November 2019 https://www.kff.org/womens-health-policy/issue-brief/telemedicine-in-sexual-and-reproductive-health/
Improving access to abortion via telehealth Telemedicine for medication abortion: A systematic review	Donovan M Endler M, Lavelanet A, Cleeve A, Ganatra B, Gomperts R, Gemzell- Danielsson K	<i>Guttmacher Policy Review.</i> 2019; Volume 22 <i>British Journal of Obstetrics and Gynecology.</i> 2019;126(9):1094-1102
Telemedicine provision of medication abortion	Ibis Reproductive Health	<i>Research brief.</i> October 2019 https://www.ibisreproductivehealth.org/publications/telemedicine-provision-medication-abortion
Telehealth for medication abortion delivery models	Ibis Reproductive Health	<i>Research brief.</i> October 2019 https://www.ibisreproductivehealth.org/publications/telehealth-medication-abortion-delivery-models
Sexual and reproductive health of women in the US military: The potential of telemedicine to improve abortion access	Ibis Reproductive Health	<i>Policy brief.</i> 2017 https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%203%202017_02-21.pdf
Implementation (Practice guide)		
Telehealth for medication abortion (TeleMAB) in practice: Lessons Learned from Planned Parenthood TeleMAB implementation	Planned Parenthood Federation of America	January 2020

Commentaries		
Title	Authors	Citation
Telemedicine for medication abortion—time to move towards broad implementation	Grossman D	<i>British Journal of Obstetrics and Gynecology</i> . 2019; 126(9): 1103
Telemedicine for medication abortion	Upadhyay U, Grossman D	<i>Contraception</i> 2019; 100:351-353
Medication abortion through telemedicine: Implication of a ruling by the Iowa Supreme Court	Yang YT, Kozhimannil KB	<i>Obstetrics and Gynecology</i> . 2016; 127(2): 313-316