



Telemedicine provision of medication abortion

BACKGROUND ➤

Medication abortion refers to the use of medications to induce an abortion without using surgical techniques. The regimen used most commonly in the United States involves mifepristone followed by the administration of misoprostol. Medication abortion has been shown to be safe, effective, and acceptable to women and providers. Severe complications are extremely rare, and only 1-5% require an aspiration procedure to complete the abortion. Despite the evidence that advanced practice clinicians can safely provide medication abortions, most states require that a physician dispenses the medication.

Telemedicine is the provision of healthcare at a distance using information and communication technology. It is increasingly being used across medical specialties, with more than half of US hospitals using telemedicine in some way.

TELEMEDICINE ABORTION IN IOWA: SAFE AND EFFECTIVE ➤

Ibis Reproductive Health (Ibis) evaluated the telemedicine provision of medication abortion in Iowa and found the service to be safe and effective.¹⁻³

Providing medication abortion through telemedicine had comparable clinical outcomes to the face-to-face provision model with equivalent success rates and a low prevalence of adverse events.

Ninety-nine percent of telemedicine patients had a successful abortion, and adverse events, such as going to the emergency room or needing a blood transfusion, were rare, occurring among less than 1% of patients seen either by telemedicine or in an in-person physician visit.

Ibis's research demonstrated that acceptability is high among women who chose telemedicine provision of abortion, and that telemedicine can be used to provide medication abortion to patients with minimal impact on the clinic. While satisfaction with the abortion was high among all patients (91% reported they were 'very satisfied'), telemedicine patients were more likely to report they would recommend the service to a friend compared with women who met with their doctor in person.

LEGAL STATUS ➤

As of December 1, 2015, 18 states have banned the use of telemedicine for medication abortion by requiring that the clinician providing a medication abortion be physically present during the procedure.⁴ There was an attempt to ban the service in Iowa, but the Iowa Supreme Court overturned the ban in June 2015, enabling telemedicine provision of abortion to continue in the state.

IMPACT ➤

Ibis studied the effects of telemedicine provision of abortion and found the impact to be substantial.

- Abortion access for women living in more remote or rural parts of the state increased with telemedicine.
- After the introduction of telemedicine, the proportion of medication abortions increased.
- Telemedicine availability resulted in women accessing abortion services at earlier gestational ages, which is associated with fewer risks and lower costs for women.
- Patients and providers cited numerous advantages, including decreased travel for patients and physicians and greater availability of locations and appointment times.

CONCLUSION ➤

Ibis's research established the safety, efficacy, and acceptability of telemedicine provision of medication abortion in Iowa. Even more importantly, it demonstrated the ways in which telemedicine can increase access for rural women and shift abortion services to earlier gestational ages, when they are safer and more affordable. As we continue to study the impact of this critical service, we will explore how the telemedicine provision of abortion can improve access to abortion in other settings.

¹ Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstetrics and Gynecology*. July 2011; 118(2):296-303.

² Grindlay K, Lane K, Grossman D. Women's and providers' experiences with medical abortion provided through telemedicine: A qualitative study. *Women's Health Issues*. March-April 2013 ;23(2):e117-22.

³ Grossman D.A, Grindlay K, Buchacker, T, Potter J.E, Schmetmann, C.P. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *American Journal of Public Health*. 2013; 103(1): 73-78.

⁴ Guttmacher Institute. *State policies in brief: Medication abortion*. December 1, 2015.