

Telemedicine and Abortion care: the Health Care Professional's perspective in the South West

Why this project?

- In the last year there has been studies into the patient perspective of the implementation of telemedicine in abortion care (online/telephone consultations, home medical abortions, having pills posted out to them etc)
- Not very much out there in terms of the HCP perspective
- How has it changed their practice? Do they feel safe and supported working in this way? From their perspective is the TOP service working in this format?
- Important to have the HCP as they are the ones running this service

What did the project entail?

- An online survey was sent out to abortion care providers at RCHT, Exeter and Derriford
- Questions covered how clinicians felt the service worked for their patients as well as their own perspectives on the changes
- A brief survey of 2 optional questions was added onto the F/U consultations of patients in the RCHT cohort of patients

Abortion Care and Covid-19

- March 2020 telemedicine was made a more mainstream tool in consultations
- A woman's home became an 'approved place' there she could take both sets of abortion pills
- A woman could now be safely counselled on an abortion and receive the pills without leaving her own home, which in first lockdown was key in reducing the footfall from the pandemic

Questions we needed to ask ourselves:

- Whilst the key aim of reducing the footfall of Covid and protecting our NHS workers and patients alike, other questions were thrown up as a result of telemedicine...
- Is it safe to counsel and prescribe entirely remotely?
- Can we still scan women?
- Would women still get the care they deserve?

The Patient Perspective

- Not main aim of project
- However, good to see if the HCP data corresponds with our own patient set (we know national surveys support this)
- Only a small cohort of women surveyed across 2 weeks of F/U phone calls
- Opt in questions added onto their F/U questionnaire
- 13 women surveyed in the follow up phone call in the week following their EMA. 2 excluded from the project as not all questions filled in. Therefore 11 responses were included. From the 11 women surveyed, 5 had not had a previous TOP and 6 had
- The age range of women surveyed ranged from age 16 to 37, therefore a range of over 20 years was seen in the women surveyed.
- Important feature to highlight as .Gov statistics over the last decade clearly show that the abortion rate for women under 18 is continuing to decrease but that the rate has increased for women over the age of 35
- By emphasizing these facts, we are helping to destigmatize abortion care
- In response to the question "I have received a good standard of care, despite the service being mostly remote", all participants agreed with the statement, with 5 responding "strongly agree" and 6 "agree". Therefore, patients universally agreed that they received a good standard of care via remote service.
- In response to the question "Telemedicine makes abortion care accessible for clients", 5 women answered "strongly agree", 5 women answered "agree" and one woman answered "neutral", therefore despite the one answer of "neutral" the cohort surveyed generally felt that the use of telemedicine enabled accessibility to patients.
- Only taking the temperature of patient perspectives and only a handful of patients. However, generally positive experience
- Almost universally it was shown that even in this small cohort that women find the use of telemedicine in abortion care useful and accessible and feel they receive a good standard of care.

Backed up by....

Acceptability of no-test medical abortion provided via telemedicine during Covid-19: analysis of patient-reported outcomes

Chelsey Porter Erlank,¹ Jonathan Lord,^{1,2} Kathryn Church¹

ABSTRACT

Introduction: The English government approved both stages of early medical abortion (EMA), using mifepristone and misoprostol under 10 weeks' gestation, for at-home use in 30 March 2020. NHS Reproductive Clinics (UK) (NHSUK), one of the largest providers of abortion services in England, launched a no-test telemedicine EMA pathway on 4 April 2020. The objectives of this study were to report key patient-reported outcome measures and to assess whether our sample was representative of the whole population receiving no-test telemedicine EMA.

Methods: A sample of all NHSUK telemedicine EMA patients between April and August 2020 were invited to opt in to a follow-up call to answer clinical and satisfaction questions. A total of 1343/1734 of all telemedicine EMAs were successfully followed-up, on average within 5 days post-procedure.

Results: Patients reported high confidence in telemedicine EMAs and high satisfaction with

Key messages

- Patients receiving routine follow-up calls reported high confidence in no-test telemedicine abortion and high satisfaction with the privacy, convenience and ease of this pathway.
- Two-thirds of no-test telemedicine abortion patients reported they would choose this pathway again in future, demonstrating that it should remain available after the COVID-19 pandemic.

INTRODUCTION

Over the last 20 years medical methods of abortion have contributed an increasing share of total abortions in England and Wales, up to 73% in 2019.¹ The process consists of two stages of medication (mifepristone and misoprostol), ideally taken 24–48 hours apart, with expulsion of pregnancy usually occurring at home.² Follow-up is by self-assessment with a

*Patients reported high confidence in no-test telemedicine abortion services

*2/3 of no-test telemedicine abortion patients reported they would choose the same pathway again

Patient perspectives

Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic

John Joseph Reynolds-Wright,^{1,2} Anne Johnstone,^{1,2} Karen McCabe,^{1,2} Emily Evans,¹ Sharon Cameron,^{1,2}

ABSTRACT

Background: In response to the COVID-19 pandemic, legislation and guidance were introduced in Scotland permitting medical abortion at home by telemedicine for pregnancies at less than 12 weeks' gestation. Women had a telephone consultation with a clinician. Routine ultrasound was not performed. Medications and a low-sensitivity pregnancy test to confirm success of treatment were collected by or delivered to the women, with telephone support provided as needed.

Methods: A prospective cohort study of 663 women choosing medical abortion at home via the NHS Lothian telemedicine abortion service between 1 April and 9 July 2020. Intervener-administered questionnaires were completed 4 and 14 days following treatment. Regional hospital databases were reviewed to verify abortion outcomes and complications within 6 weeks. Outcome measures included efficacy, complications and acceptability.

Results: Almost all (660/663, 99.7%) the women

Key messages

- Telemedicine medical abortion at home in the first trimester without routine ultrasound is effective, with low complication rates and high acceptability.
- Telemedicine service models need flexibility and resources to accommodate those women requiring clinical review post-abortion including ultrasound assessment.
- If given the choice, most women would choose a telemedicine consultation again rather than an in-person visit.

INTRODUCTION

Until recently, medical abortion care in Britain typically involved an in-person clinical consultation and a routine ultrasound scan to assess gestational age.¹ Women had to take mifepristone in a clin-

*First trimester home medical abortions have high acceptability among patients and low complication rates

*Given the choice, most women would choose a telemedicine consultation

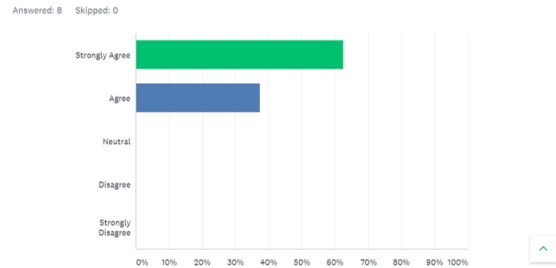
"There is no doubt that the introduction of telemedicine has improved access to abortion care." - Dr Jonathan Lord

Dr Anhya Griffiths Clinical Fellow Sexual Health

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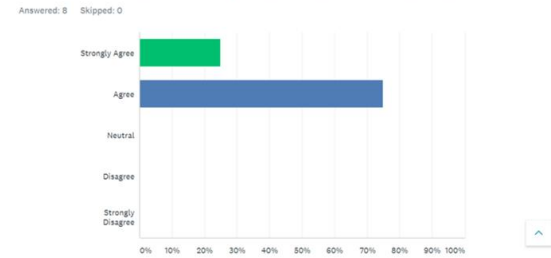
Results Question 1

The use of telemedicine in abortion care consultations has benefitted patients



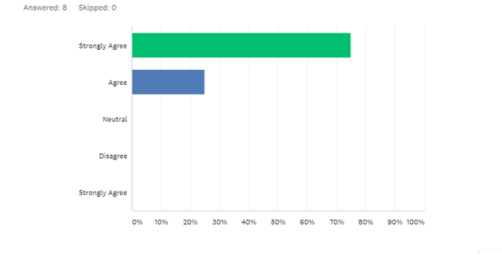
Results Question 3

I feel I provide an equivalent standard of abortion care to my patients via telemedicine, compared to face-to-face consultations



Results Question 5

Despite the use of telemedicine and the restrictions of the lockdown, I felt empowered to bring women in for scans when necessary



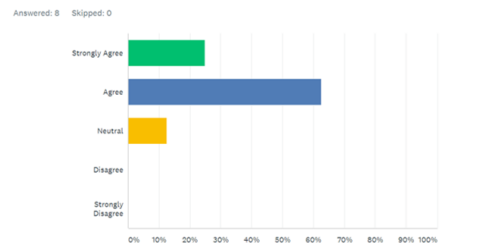
Conclusions from this project

- The use of telemedicine in medical abortion care is widely regarded as safe, effective and accessible for patients by clinicians who are administering the medical abortion care
- Telemedicine in abortion care is viewed as an acceptable form of medical care and consultation by the clinicians themselves.
- Clinicians feel that telemedicine in abortion care has benefitted patients
- Clinicians felt able to bring women in for a scan when required
- Patient safety has been preserved

The Health Care Professional's response in the South West

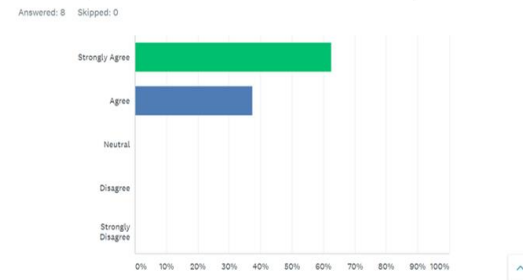
Results Question 2

The use of telemedicine in abortion care is as safe as face-to-face consultations



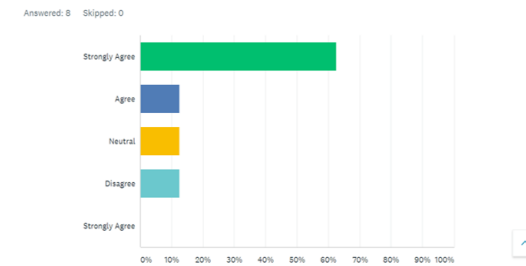
Results Question 4

Telemedicine has still allowed women to safely access abortion care in a timely manner when the lockdowns have been imposed



Results Question 6

The pandemic and the discourse around telemedicine has improved the stigma surrounding abortion care



Limitations of the project

- A retrospective QI project, not in remit to do a nationwide survey
- Only taking the temperature of our patient set, to compare with national patient sets seen in other studies

References:

- Porter Erlank, C., Lord, J. and Church, K., 2021. Acceptability of no-test medical abortion provided via telemedicine during Covid-19: analysis of patient-reported outcomes. *BMJ Sexual & Reproductive Health*, pp.bmjsh-2020-200954.
- Reynolds-Wright, J., Johnstone, A., McCabe, K., Evans, E. and Cameron, S., 2021. Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic. *BMJ Sexual & Reproductive Health*, pp.bmjsh-2020-200976.

#KEEPTHEMEDICINE

Our latest campaign centres on the success of telemedicine in providing safe, effective, and accessible abortion care, and the fight to make these important changes permanent

Looking towards the future..

BPAS

03457 30 40 30

Coalition of charities call on the Health Secretary to permanently legalise at-home early medical abortion care ahead of anticipated announcement

14 May 2021

- Charities and medical bodies working across sexual and reproductive health, human rights, and gender equality and abortion have signed an [open letter](#) to Health Secretary Matt Hancock MP and Minister Helen Whately calling for temporary measures made during the pandemic to allow for telemedical abortions to be made permanent.