

Pandemic boosts demand for postal delivery of abortion pill

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Clinics that mailed mifepristone and misoprostol tablets to patients during the pandemic have experienced a high demand and have been able to safely screen and care for patients via telehealth, according

to two studies recently published online in the journal *Contraception*.

The first study identifies factors that supported the provision of abortion pills across four healthcare settings. Factors that contributed to success included clinic staff helping to organize the telehealth appointment and to distribute pills, the first paper noted, as well as already having telehealth resources in-clinic and having outside organizations or mentors support the implementation of care.

"Mifepristone has more than two decades of recorded safety here in the United States," Dr. Emily Godfrey noted. In this study, UW Medicine practitioners interviewed staff at 15 clinical sites that ranged from independent care providers to [health systems](#). Most study sites were in [urban areas](#) in states generally supportive of abortion policies, another factor that affected the number of clinics able to offer this care via telehealth, the paper noted.

"Even with relaxed FDA rules, providers still had to navigate a lot of regulations," noted lead author Dr. Emily Godfrey, a family medicine and Ob-Gyn practitioner. "One takeaway is that once you start reducing unnecessary barriers and treat medication abortion just like other [medical services](#), there is a lot of interest. Our providers feel safe providing care this way and it really shows the power of telemedicine to serve patients," she said.

In the past year, the U.S. Supreme Court and the Food and Drug Administration have issued opinions about whether the mailing of these pills could continue. This month the FDA announced that, through Dec. 1, 2021, it will continue to suspend the requirement that the pills be dispensed in-person. It is reviewing whether to permanently suspend the restriction based on new data such as that from these studies, Godfrey said.

Both papers argue that telehealth abortion improves access to reproductive health services for many groups, including low-income persons, women of color and those who live long distances from family planning clinics.

The second study analyzed what happened when India's borders closed in March 2020 and physicians in three states stepped up to secure abortion pills and dispense them to fulfill patients' requests.

That study focused on the experience of three clinics, in Washington, New Jersey and New York. It confirmed the findings of the first study: If women can opt for a telehealth visit and receive pills through the mail to end a pregnancy early, they will.

"What surprised our team was that the majority of people requiring services—even in a place like Seattle, where there are plenty of in-person clinics—still wanted the pills delivered through the mail and were comfortable interacting with their healthcare providers through telehealth visits," Godfrey said.

A majority of the 534 patients (71%) lived in urban areas, the study noted. About 85% were less than seven weeks pregnant when they requested care. The study's findings indicate that one primary-care provider using [telehealth](#) could serve an entire state, especially in rural areas where the services are scarce. Of the 124 patients who received the pills via mail in Washington, about half lived in rural areas.

Many Washington state patients told researchers that they chose the mail option not only to avoid risk of COVID-19 transmission, but also to avoid potential social stigma, the report stated.

"Mifepristone has more than two decades of recorded safety here in the United States," Godfrey said. "Once the FDA permanently lifts its

restrictions on prescribing it like most other medications, then early abortion care will become equal to prenatal care, miscarriage management, STD (sexually transmitted disease) testing, and other essential reproductive health services offered in [family medicine](#) and women's health clinics across the U.S."

More information: Emily M. Godfrey et al, Factors associated with successful implementation of telehealth abortion in 4 United States clinical practice settings, *Contraception* (2021). [DOI: 10.1016/j.contraception.2021.04.021](#)

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