

Telehealth services can help women access and understand medical abortion

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Even before *Roe v. Wade* was overturned in 2022, many U.S. women

lived far from a clinic where they could get abortion pills. Now, a new study suggests that telemedicine can help fill that gap.

The study focused on one [reproductive health](#) clinic in Washington state, where abortion was legal at the time of the study and remains so. But even in states where abortion is available, experts said, women can face obstacles—distance from a brick-and-mortar clinic being one.

The new findings suggest that virtual appointments are one way to address the problem.

Researchers found that among more than 1,200 women who received abortion pills from the clinic, those who lived farther away were particularly likely to opt for a [telemedicine](#) appointment. For every additional mile a woman lived from the clinic, the odds that she'd choose telemedicine rose by 2%.

"These findings tell us something about who's using telemedicine," said lead researcher Anna Fiastro, of the University of Washington School of Medicine in Seattle. "We can say that it is mitigating the impact of travel distance."

The study, published Sept. 1 in the journal *JAMA Network Open*, gives a snapshot of the early days of using telemedicine to dispense abortion pills.

Medication abortion, itself, is far from new: In the United States, women have had access to it for over 20 years, using the medications mifepristone and misoprostol to end early pregnancies. For most of that time, though, women had to make an in-person appointment to get the drugs.

Then came the pandemic. In response, the U.S. Food and Drug

Administration relaxed the rules to allow patients to receive abortion pills by mail, following a telemedicine consult. That change was made permanent in December 2021.

Advocates have hoped that telemedicine would give more women timely access to [medication](#) abortion, which is approved for use through the 10th week of pregnancy. In theory, underserved lower-income women would benefit the most.

Traveling a long distance to a clinic takes not only time but money, Fiastro pointed out. There's the travel expense, and possibly a day off from work or the cost of child care.

To get a sense of who is using telemedicine, Fiastro's team analyzed [medical records](#) from 1,241 women who received abortion pills from one Washington clinic between April 2020 and January 2022. Just under one-third had telemedicine appointments.

Of those women, the study found, 19% lived at least 25 miles from the clinic, versus 6.5% of women who opted for in-person appointments. On average, the likelihood of a patient choosing telemedicine inched up for each mile she lived from the clinic.

Dr. Mai Fleming is a fellow with the nonprofit Physicians for Reproductive Health and a provider with Hey Jane, an online clinic that offers medication abortion in certain states.

Fleming said that in states where abortion remains legal, there is great potential for telemedicine to expand access to medication abortion.

"We have provided care in the most rural counties and ZIP codes of every state where we provide services—counties that previously were listed among those with no abortion provider," Fleming said.

However, telemedicine has its own access issues. Some women in the study were less likely than others to use it—including those who were Black, younger than 30, or not native English speakers.

Fiastro said that [language barriers](#) can make telemedicine hard for patients who are not proficient in English. Meanwhile, she said, it's possible that some Black patients are less trustful of telemedicine than their white counterparts, due to negative experiences with the health care system in general.

The finding on younger patients may sound counterintuitive, Fiastro noted, since young adults are often whizzes with technology. But, she said, they are not necessarily comfortable with their bodies or with pregnancy, and might have felt they needed an in-person appointment.

It all shows there's room for improvement in telemedicine services, both Fiastro and Fleming said.

At the same time, Fleming said, telemedicine is no substitute for access to safe, full-service abortion care, so that all women can have the type of care they need and prefer.

Even in states where abortion remains legal, Fiastro said, many people are unaware that medication abortion—by telemedicine or not—is an option for ending early pregnancy.

"And telehealth is even less known," she said.

Research over the years has consistently shown that abortion medications, which essentially induce an early miscarriage, are safe. A [2022 study](#) that included women receiving the drugs by telemedicine or in-person visits found that 0.5% had an "adverse event"—such as a hospital admission for pain or excessive bleeding. Patients with

telemedicine visits were at no greater risk.

Fiastro noted that regardless of where the appointment takes place, the medications are used at home.

Since Roe v. Wade was overturned, 15 U.S. states have banned abortion, according to the Kaiser Family Foundation. In 11 states where abortion is available, lawmakers have set restrictions on using telemedicine for medication [abortion](#).

More information: The nonprofit Plan C has more on [medication abortion](#).

Anna E. Fiastro et al, Telehealth vs In-Clinic Medication Abortion Services, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.31900](#)

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