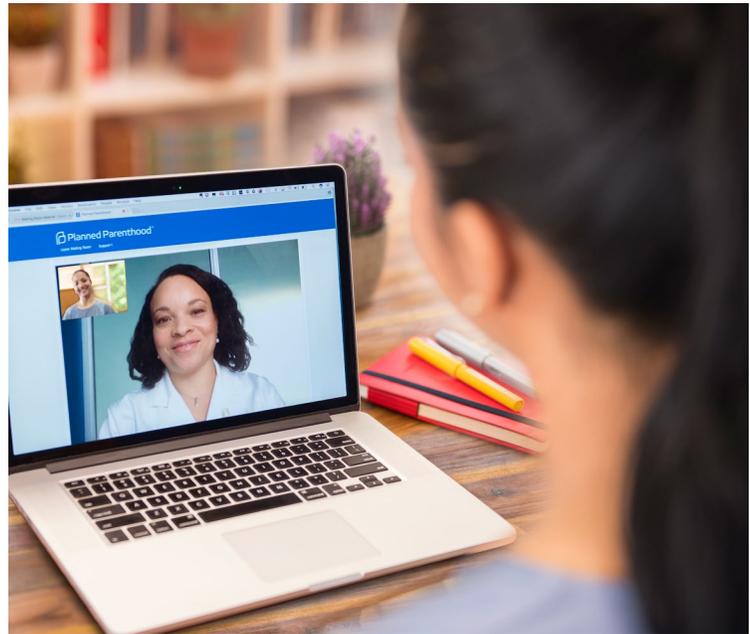


Telemedicine for Medication Abortion: Safety and Effectiveness



At a time when around 90% of U.S. counties lack an abortion provider, site to site telemedicine is an important tool to deliver medication abortion care. Site-to-site telemedicine for medication abortion uses two sites (health centers) by placing a clinician in one health center with the provision of medication abortion care to patients in another health center site via secure video conferencing. Telemedicine makes it possible for patients to get the care they need without having to travel long distances to meet with the clinician in person.

Evaluating the safety and effectiveness of medication abortion using telemedicine is important in order to strengthen the evidence for this service and expand patients' access to this form of health care delivery. In a [study](#) published in *Obstetrics & Gynecology*, Planned Parenthood, Ibis Reproductive Health, and ANSIRH evaluated health outcomes associated with medication abortion using telemedicine as compared to medication abortion delivered in one location. The study found that **using telemedicine for medication abortion was just as safe and effective.**

For more information on Planned Parenthood research, go [here](#).

The Study

- Researchers used electronic health records and adverse events reports from **5,952** patients receiving medication abortion care at 26 Planned Parenthood health centers in Alaska, Idaho, Nevada and Washington for one year starting in 2017.
- Of these 5,952 patients, **738** patients received medication abortion using site-to-site telemedicine (**12%**) and **5,214** patients received medication abortion in one location (**88%**).
- Patients in the study came to a health center for abortion care and received counseling and testing in person. If there was an available clinician, they met with the clinician at the health center. If there was no available clinician, they met with a clinician at another health center through a site-to-site telemedicine video conference.

Who Participated

- Over half of patients in the group receiving medication abortion in one location (the comparison group) and the group using site-to-site telemedicine were ages 20-29 years (**56% and 59% respectively**).
- Over half of patients in the comparison group were white (**55%**). One in three patients in the telemedicine group were white (**36%**), and one in four patients were Latina (**24%**).
- Patients in the telemedicine group were much less likely to have health insurance compared to patients in the comparison group (**23% vs. 74%**).

The Results

Medication abortion using site-to-site telemedicine is as safe and effective as medication abortion provided in one location.

- Telemedicine patients were less likely to have an ongoing pregnancy compared to standard medication abortion patients (**0.5% vs. 1.8%**)
- Telemedicine patients were less likely to receive or get referred for in-clinic abortion compared to patients who received medication abortion at one location (**1.4% vs. 4.5%**).
- These differences may reflect differences in post-abortion follow up – the telemedicine group was less likely to come back to the health center for their follow-up visit. It is unlikely due to differences in effectiveness of telemedicine and in-person abortion care.
- The percent of patients reporting any major adverse event or emergency department visit in both groups was comparable and below **0.5%**.

Future research will explore how the availability of medication abortion using site-to-site telemedicine contributes to changes in the number of patients who choose telemedicine, patient travel time, time it takes for patients to be seen by a provider, and gestational age.

