

## Safety briefing on telemedicine for early medical abortion

Having closely studied the medical evidence and clinical research on telemedicine before and during the pandemic we all jointly at the Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners, the Royal College of Midwives, the Royal Pharmaceutical Society, the Faculty of Sexual and Reproductive Healthcare and the British Medical Association strongly support the permanent implementation of telemedicine as a choice for women who wish to access an early medical abortion.

### Background

Abortion is a safe and common procedure that allows women to have access to vital healthcare. Over 200,000 women access abortion care each year in the UK alone and a third of women in the UK will have an abortion at some point in their lives.

In March 2020, as a result of COVID-19, the UK Government changed abortion regulations to allow women to take mifepristone – the first medication in an early medical abortion (EMA) – at home. It was already standard practice for the second medication, misoprostol, to be taken in the comfort of a woman's own home. The update during the pandemic simply changed the location of where the first pill had to be taken according to law – to be clear, the option to take the first pill in a clinic or hospital setting has always been available for women, before and during the pandemic, and telemedicine does not remove this right, it just allows women more choice.

It is now estimated that over 150,000 women have used the telemedical abortion service since it was introduced in 2020. Despite medical evidence showing the safety and effectiveness of the telemedical service for early medical abortion, in February 2022 the Department of Health and Social Care (DHSC) announced that this service would be withdrawn at the end of August 2022.

The removal of telemedicine will mean that every woman, regardless of her own personal circumstances, health needs and safeguarding concerns will be forced to attend a clinic or hospital for an abortion. This will mean that there will be no legal abortion care available to women who are unable to attend a clinic, and it will criminalise any woman who chooses to take the first medication of an early medical abortion at home.

### The impact of telemedicine on women

[A study of more than 50,000 abortions before and after the change in England and Wales, published by the British Journal of Obstetrics and Gynaecology](#), concluded that telemedical abortion provision is 'effective, safe, acceptable, and improves access to care'. The data showed that the mean waiting time for treatment declined from 10.7 days in the traditional pathway to 6.5 days after telemedicine had been introduced, the mean gestational age at treatment also declined resulting in 40% of abortions performed at 6 weeks' gestation or less versus 25% in the traditional cohort, and efficacy increased with 98.8% of abortions ending successfully after administration of medication. Abortion is a safe and common procedure, but the earlier it is performed the better for the health and wellbeing of the woman.

[Research published by the British Medical Journal](#) looking at women's experiences of using telemedicine has shown that 83% of women who have used a remote consultation for EMA found it 'very acceptable' and **89% said that they would opt to have treatment at home again if they needed another abortion.**

### The positive impact on safety

Abortion is a safe and common procedure, and all of the clinical evidence shows that telemedicine is just as safe as when medication is administered in clinic.

We are concerned by the potentially misleading suggestion that significant numbers of women are taking medication for an early medical abortion beyond the 10 week gestation limit. The largest ever peer reviewed study of telemedical care mentioned above found that 99.96% of women knew their dates and, of the 0.04% who were estimated to be over 10 weeks' gestation at the time of the abortion, all were able to successfully complete an abortion at home.

We also wish to correct the record with regards to non-peer-reviewed, non-expert information being shared regarding the safety of this service, particularly in relation to the '10,000 women' and '1 in 17 women' claims. NHS data<sup>1</sup> clearly show that hospital admissions due to incomplete abortions have decreased since the introduction of telemedicine. We are concerned that figures being shared are too high as there is no way to distinguish surgical interventions needed as a result of an abortion from those needed as a result of an incomplete miscarriage and to add to this further, there is no way to link abortion complications to telemedical procedures, again suggesting that the figures being quoted are potentially being inflated.

As Royal Colleges and medical organisations our primary concern is patient safety and we would not be supporting the telemedicine service if there were data to show wide-ranging harm to significant numbers of women using the service. Promoting and protecting women's access to vital healthcare is essential and with NHS data showing that hospital admissions have reduced since the introduction of telemedicine, we are clear in our support for women to continue to be able to access this service.

In 2019, the National Institute for Health and Care Excellence (NICE) published its [best practice guidance on abortion care](#) which recommended "providing abortion assessments by phone or video call, for women who prefer this". Furthermore the World Health Organization (WHO) has recently recommended that telemedicine and self-managed abortion at home is provided as an option for women seeking access to an abortion in its [Abortion Care Guideline](#), saying "After review and assessment of the evidence by the expert panel, it was agreed that there was sufficient quantity and quality of evidence to support the formulation of a specific recommendation in relation to using telemedicine approaches as an alternative to in-person interactions".

### **Safeguarding and telemedical abortion**

Safeguarding of women and girls who are seeking to access an abortion is of paramount importance. Women seeking an early medical abortion must have consulted with a licensed abortion clinic or hospital before receiving medication, which includes speaking to a doctor, nurse or midwife who would go through appropriate safeguarding protocols. There is evidence that telemedicine is helping safeguarding, with abortion providers reporting having seen a major uplift in safeguarding disclosures, including from survivors of domestic and sexual violence.

Abortion providers have extensive expertise and experience in the management of abortion care, of safeguarding and of the needs of vulnerable patients. They operate in one of the most highly regulated and legally prescribed areas of medicine. Existing systems for ensuring quality and learning are robust – including statutory requirements, [licensing conditions of the Department of Health and Social Care](#), intercollegiate guidelines on safeguarding children and young people, and [regulation by the Care Quality Commission \(CQC\)](#) and other regulatory bodies.

Safeguarding assessments also form an essential element of young people's abortion care, whether face-to-face or via telemedical means. Where abortion providers have concerns regarding safeguarding and/or the

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<sup>1</sup> NHS Hospital Episode Statistics, Admitted Patient Diagnoses 2017 – 2021

safety and wellbeing of young people resulting from telemedical care, patients may be asked to attend a face-to-face appointment as part of their care.

It is important to remember that young people have particular needs for privacy and confidentiality that must be respected and managed. It is essential that they can trust the system and feel safe engaging with healthcare providers. This is especially important for some groups, for example those at risk of honour-based violence. Systems must enable them to consult with privacy without the need to inform a potential abuser.

It is our position as Royal Colleges and medical bodies that abortion care must be provided in a way that best enables young people to access safe, legal care, and minimises the risk of them either seeking methods to end their pregnancy outside formal healthcare settings or being forced to continue an unwanted pregnancy.

Whilst some patients do prefer face-to-face consultations, – an option which will remain available to patients regardless of the legal position regarding the option of telemedicine - more find it easier to divulge highly distressing and intimate details when they can do so confidentially and remotely, usually with greater privacy (not needing to rely on a parent or potential abuser for transport and with no fear of having to debrief them afterwards). A study published in the [British Medical Journal](#) found that from a representative sample of 1,234 women, no patients reported that they were unable to talk privately while accessing the telemedical abortion service.

Safeguarding Lead at Aneurin Bevan University Health Board, Amy Bucknall, has publicly said:

*“By removing telemedicine, all of these persons are at an increased risk that is imposed by those challenging the telemedicine continuation. I experienced the ‘before telemedicine’ approach to abortion, where as a Named Nurse for Safeguarding in an abortion service, I would have to risk a victim/survivor’s wellbeing to get them into a clinic, for unnecessary face to face contacts. The distress that the person would share over the phone. The young person crying that they can’t physically get to an appointment. The victim of domestic abuse with terror in her voice at the thought of trying to get out of the home for 7am on a Tuesday. Telemedicine removed all of these barriers - taking this away from this cohort of people is in my opinion the wrong thing to do.”*

### **Women’s experiences of telemedicine**

For some vulnerable women, travelling into a clinic for a face-to-face consultation is simply not an option, and many women prior to the law change turned to Women on Web, who provide an online telemedicine service for women around the world to access abortion medication. Research published by the [British Medical Journal](#) examined request rates before and after lockdown measures were implemented in 2020 and found that in Great Britain there was an 88% decrease in requests to the service after the telemedicine service was introduced. Furthermore, in Northern Ireland where a telemedicine service was not introduced, requests to the Women on Web service increased by nearly 30%. These figures show that women will always choose to access abortion. Removing telemedicine will simply drive women who are unable to access care through a face-to-face consultation to seek out other ways to get the vital healthcare they need. To ensure the safety of women who need to access this routine part of healthcare, the UK Government should ensure that the telemedicine pathway is maintained.