



# TELECONSULTATION FOR MEDICAL ABORTION IN FRANCE A DIFFICULT CHALLENGE

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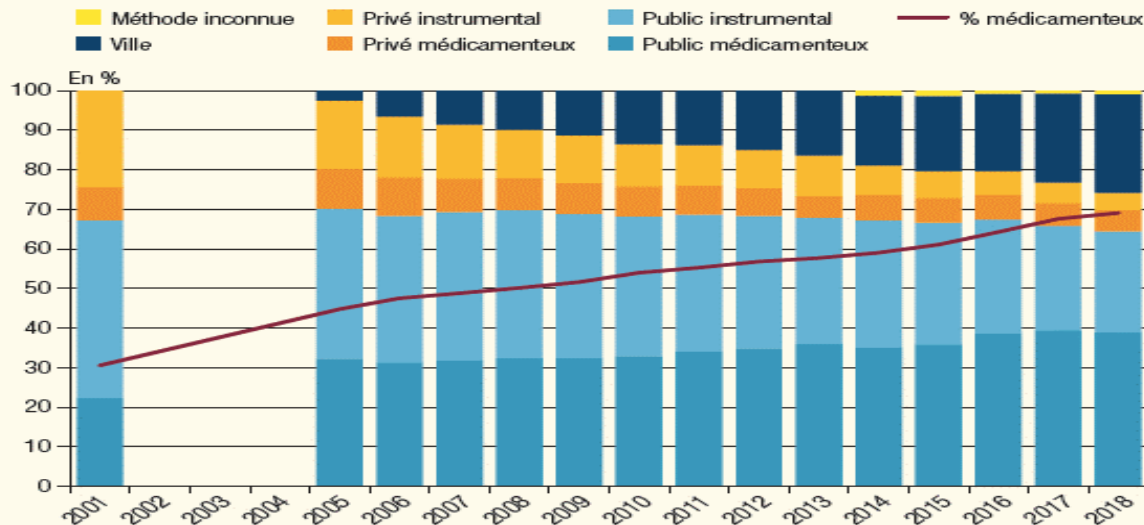
No conflict of interest

# Abortion Methods in France

- In 2020, 72% of all abortion were medical abortion
- 25% at least were home abortion, performed by private providers and FP centers
- No data on the number of medical abortion done at home by hospital setting (DRESS 2020)

GRAPHIQUE 4

## Évolution des méthodes et du secteur d'exercice des IVG



**Note** • La pratique des IVG médicamenteuses en centre de santé, centre de planification et d'éducation familiale est possible depuis mai 2009. Pour les IVG hors établissement hospitalier avant 2010, les données ne sont disponibles que selon la date de liquidation du remboursement et que pour le régime général. À partir de 2010, les données sont disponibles selon la date des soins et pour tous les régimes.

**Lecture** • 65 % des IVG ont été réalisées en établissement public en 2018.

**Champ** • IVG réalisées auprès des résidentes de métropole et des DROM (non compris Mayotte jusqu'en 2013), hors résidence inconnue.

**Sources** • DREES, SAE-PMSI jusqu'en 2013, puis PMSI exclusif ; CNAM, nombre de forfaits médicamenteux de ville remboursés dans l'année à partir de 2006.

# Legal And Medical Conditions of Medical Abortion In France before the COVID Pandemic

- Medical abortion authorized at-home up to 7 weeks LMP (6 weeks pregnancy) in private offices, primary care centers, family planning centers and in obgyn facilities in private and public hospitals
- MA can be performed by doctors (GP , obgyn) and midwives (2015).
- Between 7 and 9 LMP, MA authorized only in hospital setting with at least 3 hours stay following misoprostol intake.

# Legal And Medical Conditions of Medical Abortion In France before the COVID Pandemic

- Mifepristone and misoprostol could not be bought in local pharmacies by women but only dispensed by the practitioners.
- Telemedicine was not allowed for performing medical abortion.
- Abortion (medical or surgical) is fully reimbursed by the health system including for undocumented migrant women (in public hospital).

# Derogatory Measures voted during Covid Pandemic (Started in April 2020) became the legal standards in June 2021

For medical abortion by private providers  
and FP centers

- Extent to 9 weeks LMP (7weeks pregnancy)
- "All the consultations necessary for the medical abortion can be carried out in the form of teleconsultations if the woman wishes and practitioner considers it possible"

JORF n° 0092 du 15 avril 2020 texte n° 12  
JORF n° 0126 du 2 juin 2021; Texte n° 33



The screenshot shows a news article from RFI (Radio France Internationale) with the headline "France extends access to abortions during Covid-19 pandemic". The article is dated 11/04/2020 - 13:00. Below the headline are social media sharing icons for Facebook, WhatsApp, Twitter, and a general share icon. The main image shows a person's hands holding a blister pack of Mifeprestone tablets. The caption below the image states: "The French Health authority has extended access to medical abortions, from seven to nine weeks during the coronavirus epidemic. The procedure involves the combination of two kinds of medications. The authority says it is important to guarantee women's abortion rights during the crisis. © Jason Cairduff/Reuters". At the bottom of the screenshot, there is a text credit: "Text by: RR | Sarah Elzas" and a duration indicator "2 min".

# Derogatory Measures voted during Covid Pandemic (Started in April 2020) became the legal standards in June 2022

- Medicines (mifepristone and misoprostol) can be dispensed directly to women in local pharmacies.
- Prescription are sent by mail by the provider to the pharmacist chosen by the woman.
- No advance fees: the pharmacist is reimbursed of the price of the drugs directly by the health insurance.



# Derogatory measures voted during the covid pandemic (April 2020) became the legal standards in June 2021

Regulations has to be modified to broaden the use of teleconsultation which was limited to patients preexisting known by the providers.

Abortion law has to be modified to authorize :

- Extent to 9 weeks LMP at home
- to take the drugs at home and not any more in front of the providers
- To get the drugs with a prescription by the local pharmacy

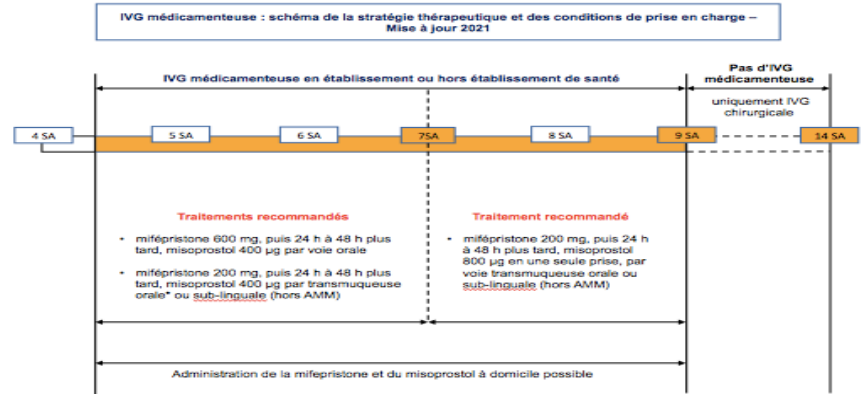
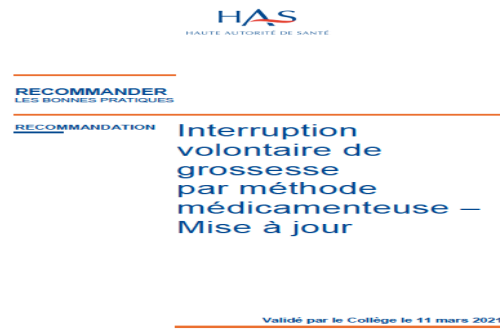


# Before the vote of the modifications of the abortion law

A new guidelines was designed in March 2021 recommending :

- Extension to 9 weeks outside of the hospital setting and confirming that new regimen are safe and efficient;

- Possibility of teleconsultation and medicines dispensed directly to the women at local pharmacies considered as safe and feasible



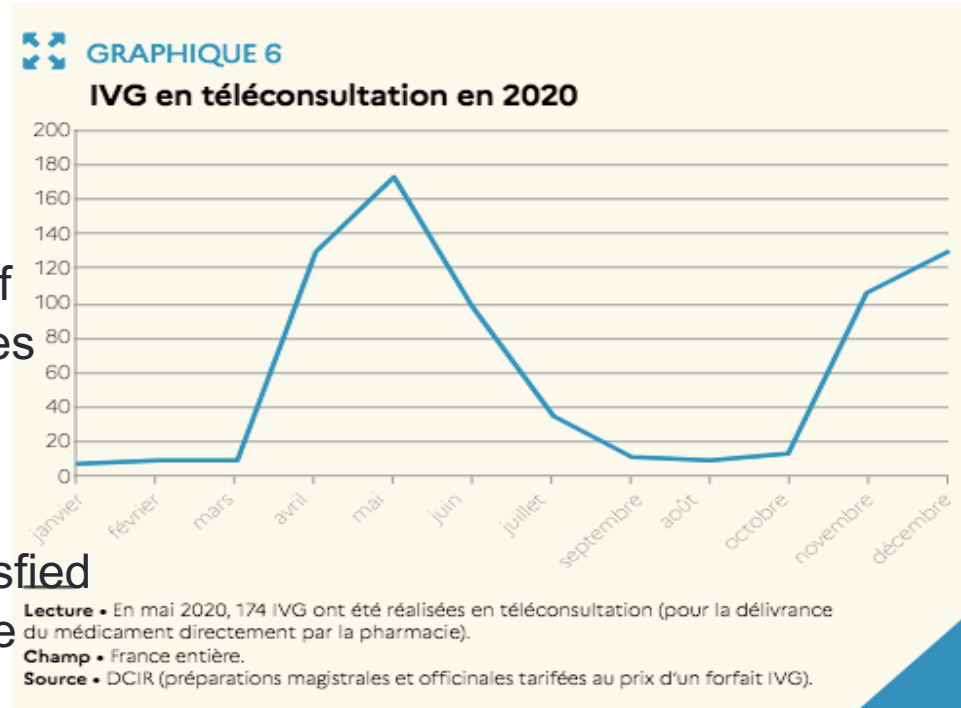
\*: voie transmuqueuse orale : les comprimés sont mis en place entre les joues et les gencives et les femmes doivent avaler les fragments résiduels au bout de 30 minutes ; IVG : interruption volontaire de grossesse ; SA : semaines d'aménorrhée



# Abortions performed by telemedicine in 2020

- 728 medical abortions performed by telemedicine (among 150 000 MA)
  - Reluctance of the providers and lack of knowledge about the derogatory measures
  - Abortion services remained open and responded to the needs

In our short experience women were satisfied  
Pharmacists were not well informed of the procedure and did not want to deliver the medics



# In practice... now

- No data on medical abortion par TM in 2021
- Few medical abortion are probably performed completely by telemedicine
- Reluctance of French providers, not convinced by the no-test consultation

US is not mandatory to date the pregnancy, but it is often done

An hybrid model is used with at least one in-person consultation then TC for the follow up visit

# A need for medical abortion by telemedicine

In an attempt to understand the demand of telemedicine abortion in a country where abortion is legal, WOW,, analyzed the requests received from France throughout 2020.

- What emerges from the analysis was not only linked to Covid
- The preferences and needs over secrecy (n=356, 46.2%), privacy (n=295, 38.3%) and comfort (n=269, 34.9%) are among the most frequent reasons for women from France to choose telemedicine abortion through Women on Web



Why women choose at-home abortion via teleconsultation in France: drivers of telemedicine abortion during and beyond the COVID-19 Pandemic.

Atay et al. BMJ Sex Reprod Health 2021

# Further Insights on Telemedicine

There is a geographical disparities and heterogeneity of the care offer regarding the choice of the abortion methods (surgical, medical)

TM could reduce these disparities of the care offer

Can allow a more rapid and earlier interruption of unwanted pregnancy, reducing the delay for appointments (UK).

Can facilitate access by avoiding travel and transportation;

Can allow a better organization concerning work and family commitments;

For some, respects more to confidentiality.



## Medical abortion by telemedicine is a new standard in countries where abortion is legal and access not too bad

- We need to convince providers that telemedicine is safe
  - does not mean that HCP disappear from the scene and women are left alone
  - ... provided women have a HCP at their disposal if and when they want.
- It is considered to be a step forward towards health self-management, as recommended by WHO and to be progress for women, who are prepared to accept greater autonomy in managing their health,
  - ... provided women are well informed and have the choice of the method (in clinic, at home, on line, informal sector)

MERCI

THANKS YOU

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