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Proposed project

Title of the project

MedAbb

Comprehensive description of the project (max 40 words)

Many women experience anxiety as a result from pain and bleeding when using home-use, despite having received guidance. We create a smartphone app to support women during home-use, especially when MTOP is carried out by less specialized providers.

Objectives (max 20 words)

Reducing women's anxiety and subjective pain; increasing compliance with the procedure and patient satisfaction.

Primary hypothesis (max 20 words)

Receiving attention and care, also via a smartphone app, will reduce anxiety and pain.

Methods / and study design (max 200 words), including experimental design, inclusion criteria, evaluation criteria, drug dosages

- 1) Further development of a smartphone app (the prototype IOS is already functional) to support patients during home-use via three programs:
 - Reminder-program, This program sends out messages to the patient at pre-determined intervals, to 'look after' the patient and thus reduce anxiety
 - Extensive list of FAQs, that presents easily understood, but still detailed information
 - Emergency button, which automatically calls emergency services when pressed

Timeframe of further development: April 2016-August 2016

2) Evaluation

Method: Seeing patients using MTOP home-use with and without the app (n=100/100)

Place: Family planning centre BALANCE, Berlin, and three gynecological surgeries in Berlin (Dr. Jana Maeffert/Dr. Blanka Kothé, Dr. Christiane Tennhardt, Dr. Gabriele Halder)

Timeframe: September 2016-March 2018

Evaluation: Questionnaire on individual pain perception, intensity of bleeding, anxiety and satisfaction with method; number of calls to the emergency number

Budget

Estimated Budget:

further Development of App (programmer, Design) : 8000 Euro
Evaluation (Statistics, presentation) : 2000 Euro

Disclosure

I / We, as responsible agents for this project, agree to the following 7 points:

I/We agree that all monies will be spent appropriately.

I/We agree to advise you at the earliest time if this project is delayed or cannot be completed.

I/We agree to provide a report to the Exelgyn/FIAPAC Grant Committee Board every 6 months of the end of the project and yearly, if the project lasts longer than 1 year.

I/We agree to present FIAPAC treasurer with a detailed budget at the end of the project. *(if the project is longer than 1 year, the funding may be awarded in stages and be dependent on appropriate reporting)*

I/We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the Exelgyn/FIAPAC Grant Committee Board.

I/We agree to acknowledge Exelgyn and FIAPAC as a donor in any publications and oral communications resulting from this project.

I/We agree to present the result at the following FIAPAC conference in 2018, and understand that the costs for this will not be covered by this grant.

**Signed
Name**

Date

24/03/2016

**Please return this form (by email) to:
fiapacgrant@exelgyn.com**