

Safety and acceptability of medical abortion by telemedicine above nine gestational weeks among women in Poland: a population-based cohort study.

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Context

- Legality, stigma and infrastructure barriers to safe abortion
- Emergence of telemedicine abortion services
- Gestational limits for home abortion are under revision
 - Is abortion by telemedicine >9gw safe and acceptable?

The status of abortion in Poland



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Study design

- Setting
 - Poland/Women on Web
- Cohort
 - 1220 women in Poland requesting abortion through Women on Web
 - June 1st – December 31st 2016
- Comparison groups (exposure)
 - Gestational age \leq and >9 gw
- Outcomes
 - Safety
 - Heavy bleeding
 - Hospital visit for a complaint within 0-1 days
 - Acceptability
 - Low or very low satisfaction
 - Bleeding more than expected
 - Pain more than expected

Baseline and outcome data

Women on Web records

→ Consultations

- Follow-up Evaluations

- Email communication

Safety

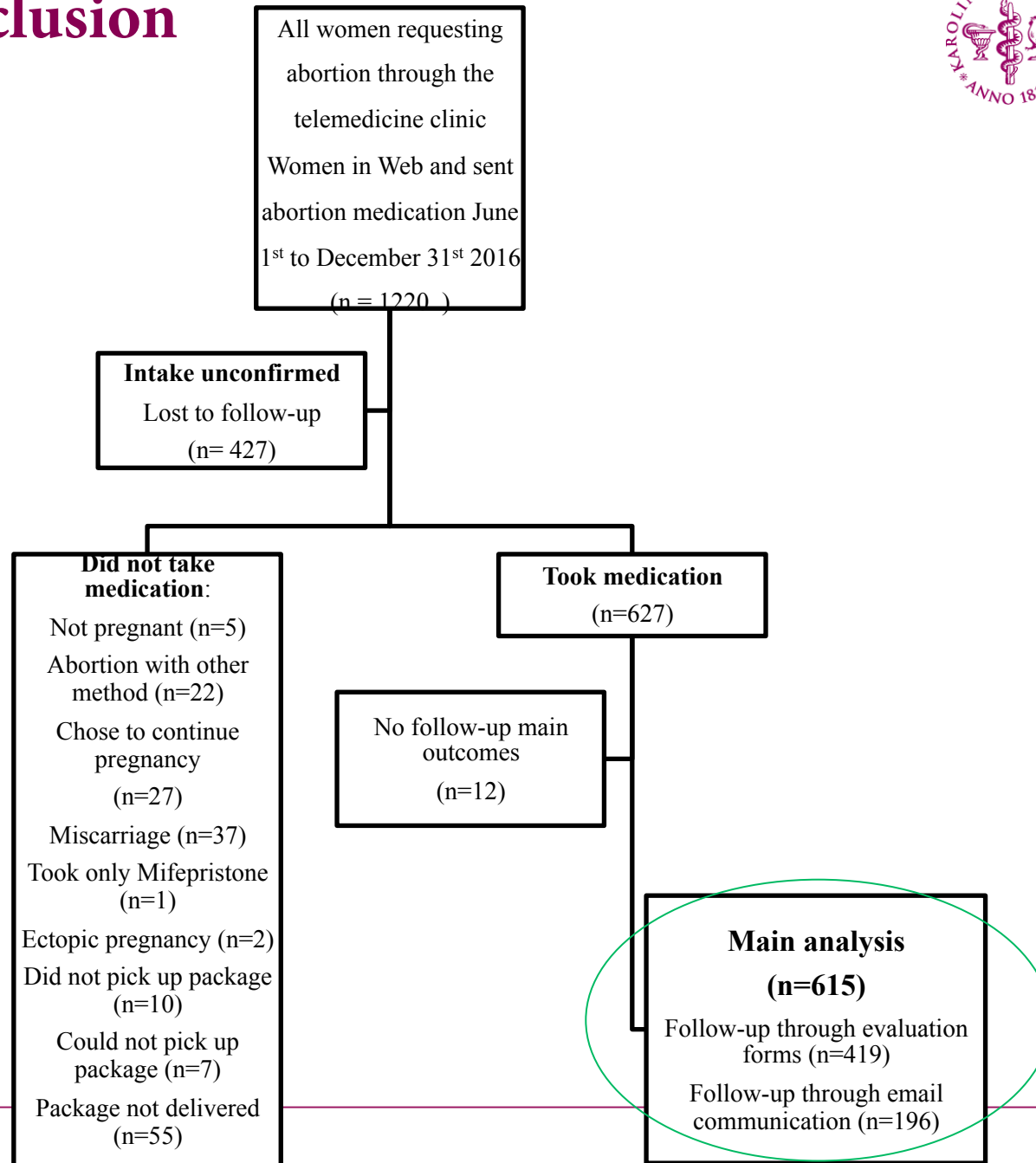
1. Heavy bleeding

- ” I was bleeding more than 2 maxi pads each hour for more than 2 hours”
- Bleeding reported as reason for hospital visit in email

2. Hospital visit for a complaint within 0-1 days

- Reported hospital/clinic visit on the same day as the abortion or the day after
and
- Report that the cause of the visit was “because I had complaints and was worried I might have a complication”
and/or
- Heavy bleeding
and/or
- Strong pain (“I had pain that continued several days after the abortion and did not go away”)

Study inclusion



Results

Table 1

Background variables among 615 women in Poland having requested medical abortion through telemedicine at \leq and > 9 gestational weeks respectively between 1st Jun and 31st Dec 2016.

	Gestational age at abortion		
	≤ 9 gw (n=427)	> 9 gw (n=188)	p-value ^a /OR 95%
Age in years at consultation, median (range)	28 (16-56)	26 (16-45)	p=0.13
Gestational days at consultation, median (range)	37 (13-53)	49 (23-79)	p<0.001
Gestational days at intake of abortion medication, median (range)	53 (27-63)	70 (64-100)	p<0.001
≤ 7 weeks (n, % of total)	158 (25.7%)		
7w1d-9w0d (n, % of total)	269 (43.7%)		
9w1d-11w0d(n, % of total)		148 (24.1%)	
11w1d-14w2d(n, % of total)		40 (6.5%)	
Did not make donation for service, n (%)	2.1%	4.8%	2.34 (0.91-5.98)
Difficulty paying donation^b			
No	165 (54.8%)	56 (47.5%)	ref
Yes	133 (44.2%)	60 (50.8%)	1.33 (0.87-2.04)
Missing	3 (1.0%)	2 (1.7%)	

Results



Table 2

Rates and risks of outcomes affecting patient safety and acceptability after medical abortion at \leq and > 9 gestational weeks respectively among women in Poland having requested abortion through telemedicine between 1st Jun to 31st Dec 2016.

	Gestational age at abortion		Unadjusted OR, 95%CI	Adjusted ^d OR, 95%CI
	≤ 9 gw (n=427)	> 9 gw (n=188)		
Safety outcomes^a	n (%)	n (%)		
Heavy bleeding^b				
No	382 (89.5%)	164 (88.8%)	Ref	Ref
Yes	29 (6.8%)	19 (10.1%)	1.55 (0.88-2.99)	1.65 (0.90-3.04)
Missing	2 (0.5%)	2 (1.1%)		
Hospital visit for complaints within 0-1 days^c				
No	391 (91.6%)	161 (85.6%)	Ref	Ref
Yes	14 (3.3%)	22 (12.2%)	3.82 (1.91-7.65)	3.82 (1.90-7.69)
Missing	22 (5.2%)	5 (2.7%)		
Acceptability outcomes^e	≤ 9gw (n=295)	> 9gw (n=124)		
Pain > expected^f	107 (36.3%)	49 (39.5%)	1.15 (0.75-1.77)	1.11 (0.71-1.71)
Bleeding > expected^g	69 (23.4%)	35 (28.2%)	1.29 (0.80-2.07)	1.26 (0.78-2.02)
Dissatisfaction^h	7 (2.4%)	2 (1.6%)	0.67 (0.14-3.29)	0.69 (0.14-3.36)
Secondary Outcomes^e	≤ 9gw (n=295)	> 9gw (n=124)		
Surgical interventionⁱ	37 (12.5%)	28 (22.6%)	2.03 (1.18-3.50)	2.04 (1.18-3.32)
Any treatment^j	54 (18.3%)	36 (29.0%)	1.83 (1.12-2.97)	1.84 (1.13-3.00)

Results

Table 3

Sub-analysis of the rate and risk of a hospital visit for complaints within 0-1 days of the abortion stratified by gestational age among 615 women in Poland having requested abortion through telemedicine between 1st Jun and 31st Dec 2016.

Gestational age	Hospital visit for complaints within 0-1 days ^a				
	no, n(%)	yes, n(%)	missing, n(%)	OR ^c , 95% CI	AOR ^b , 95% CI
≤9w, n(%)	391 (91.6%)	14 (3.3%)	22 (5.2%)	ref	ref
9w1d-10w6d, n(%)	132 (89.2%)	13 (8.8%)	3 (2.0%)	2.75 (1.26-6.00)	2.76 (1.26-6.02)
11w0d-14w2d, n(%)	29 (72.5%)	9 (22.50%)	2 (5.0%)	8.67 (3.46-21.72)	9.20 (3.58-23.60)

Interpretation

Medical abortion through telemedicine at >9 gw compared to ≤ 9 gw is associated with:

- A higher rate of hospital visits for complaints in the immediate days following the abortion. This rate increases with gestational age.
- An increased risk of post-abortion treatment and intervention
- Not with a higher risk rate of heavy bleeding or other complaints that might indicate a complication to the abortion.
- Not with a lower rate of satisfaction or met expectations.

Conclusion

Abortion through telemedicine seems to be safe and acceptable to women above nine gestational weeks but may necessitate adjustments to online information and support.