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Safety and Effectiveness of At-Home Medical Abortion Outside the Formal Healthcare Setting

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Disclosures

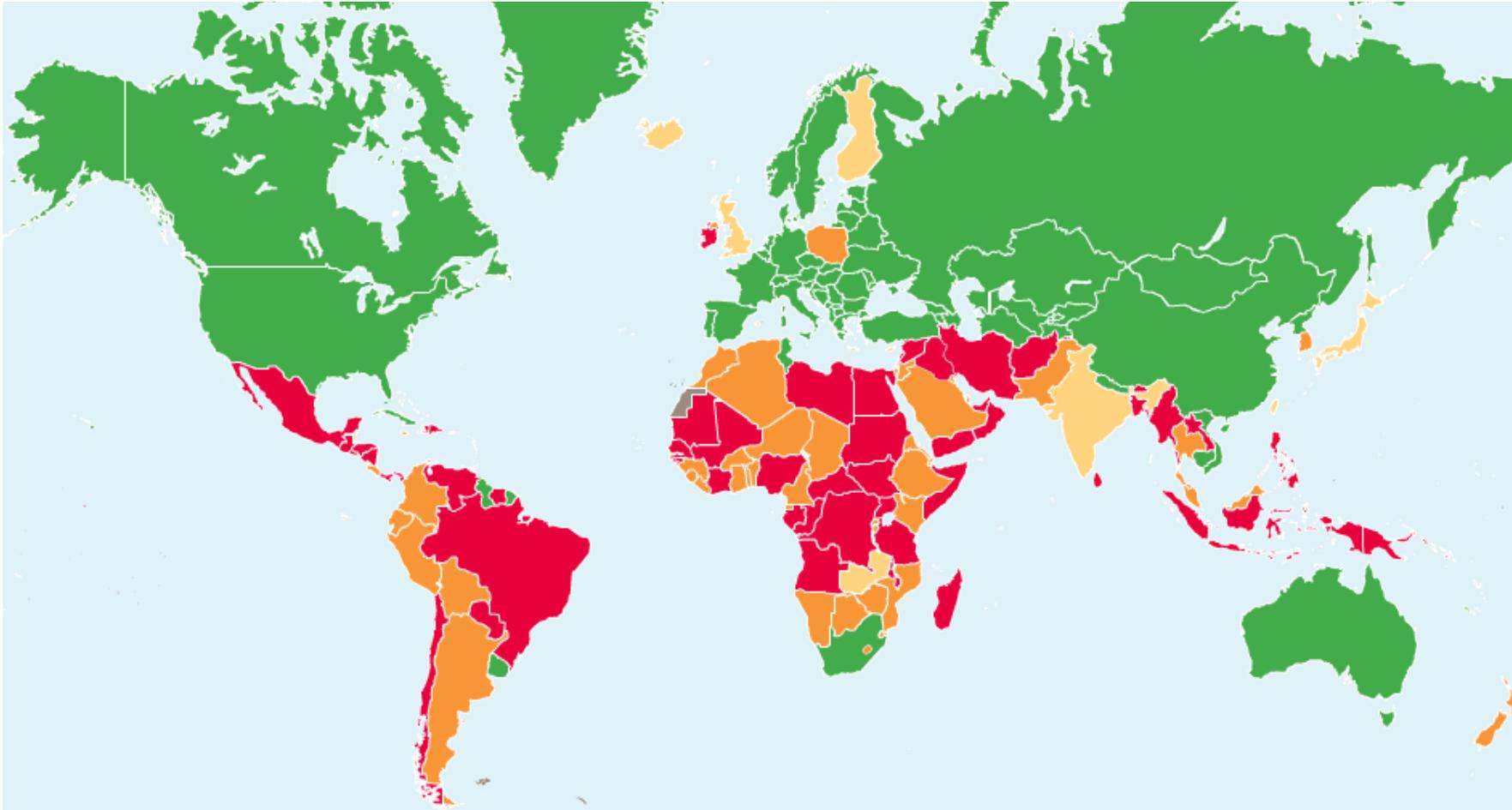
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Rationale



Rationale

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Short communication

Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services

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Original research article

Provision of medical abortion using telemedicine in Brazil ☆,☆☆,★

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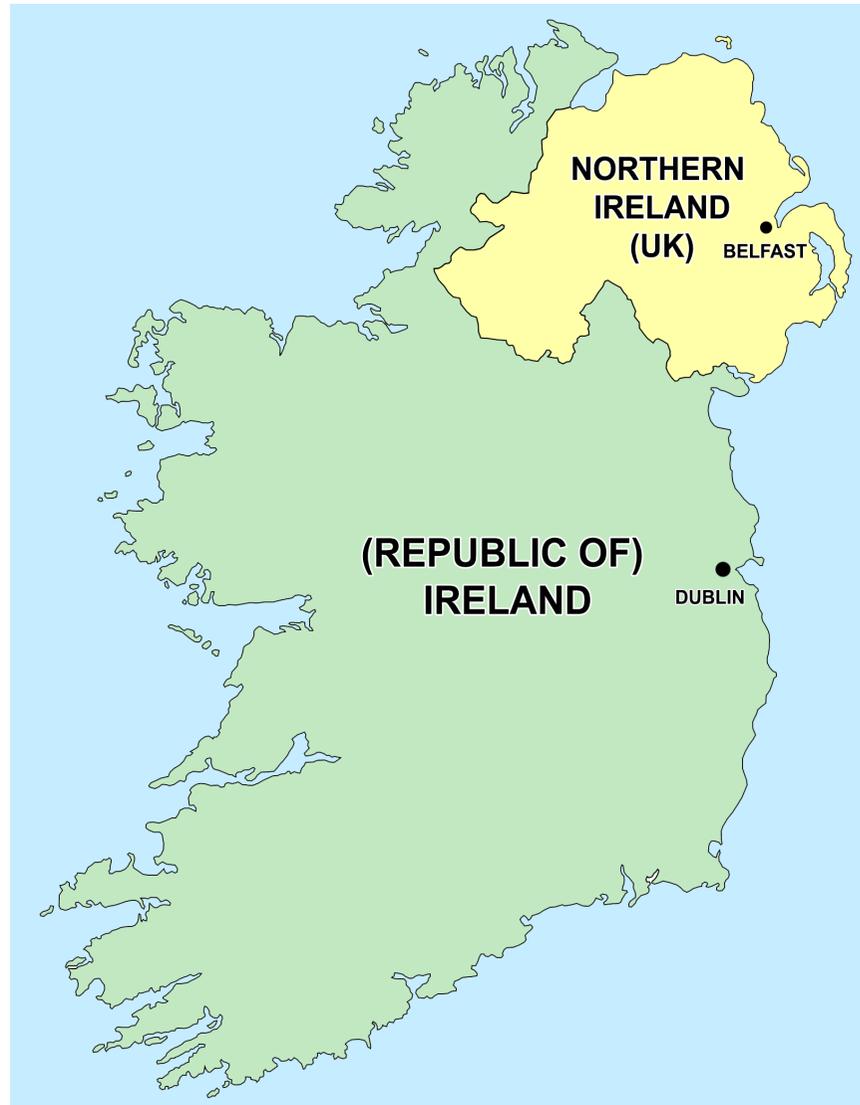
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Study Setting

See what it was like to be
a woman in Victorian times.
Go to Northern Ireland.

The laws that govern women's sexual rights
in Northern Ireland date from 1861.

Abortion law in Northern Ireland. **Time for change**

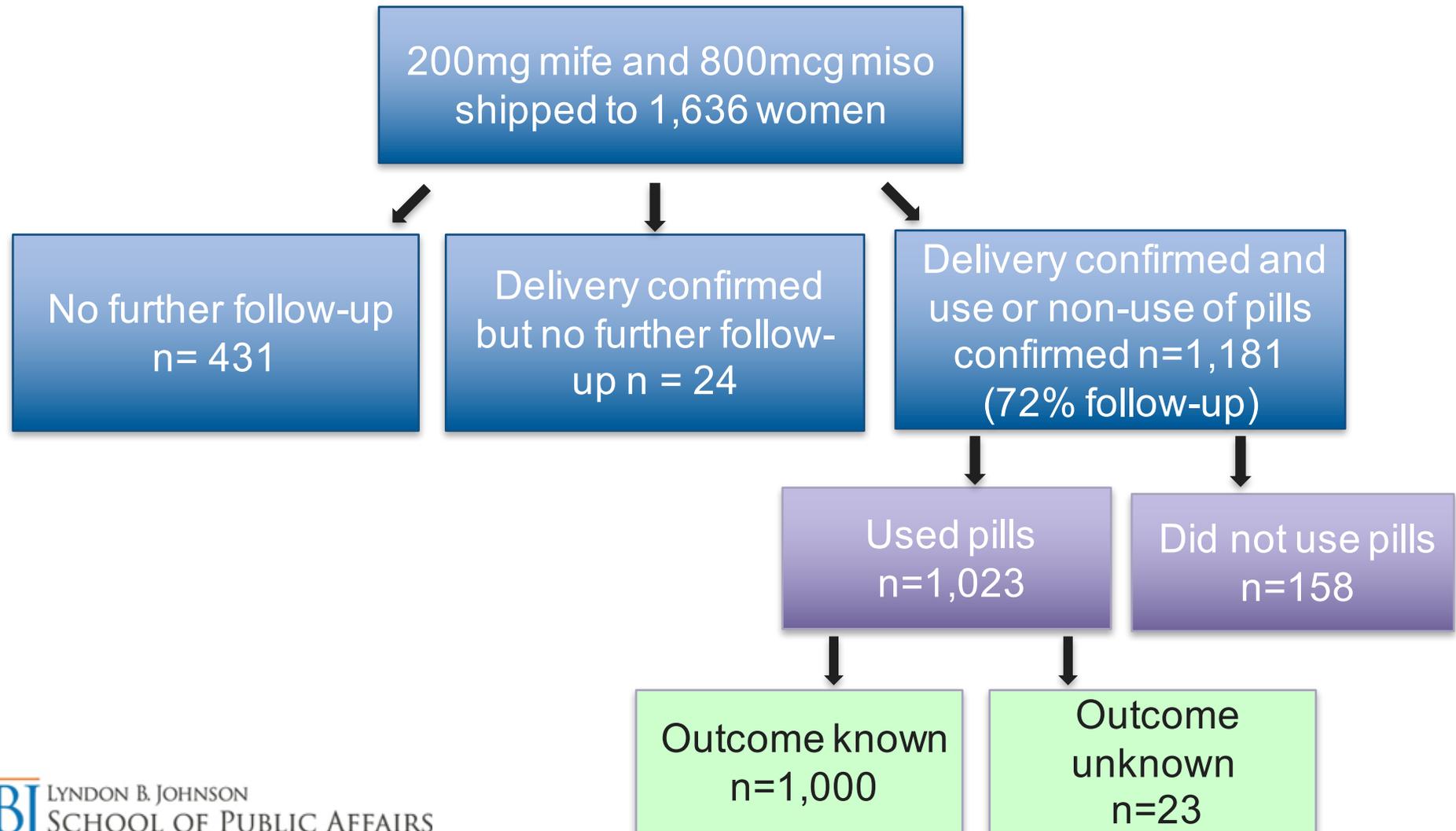


Study Objectives

- **Examine effectiveness of at-home medical abortion via online telemedicine**
 - Proportion of women no longer pregnant
 - Proportion of women no longer pregnant and not reporting surgical intervention
- **Examine safety of at-home medical abortion via online telemedicine**
 - Proportion of women reporting treatment for significant adverse event
 - Proportion of women reporting potential symptoms of serious complication who sought hospital care

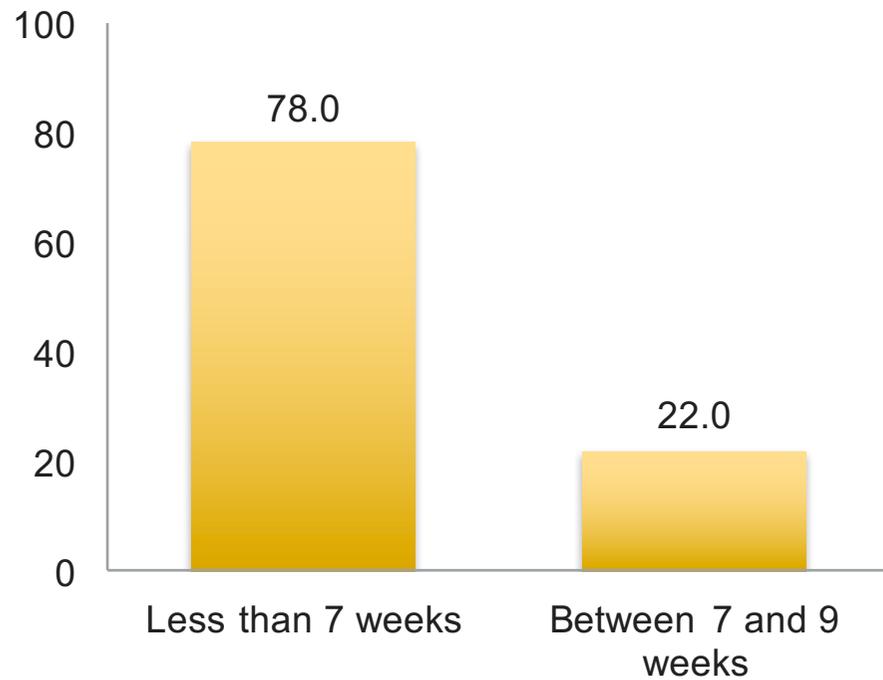
Methods & Sample

Information on women who conducted medical abortion via Women on Web between 1st Jan 2010 and 31st Dec 2012:

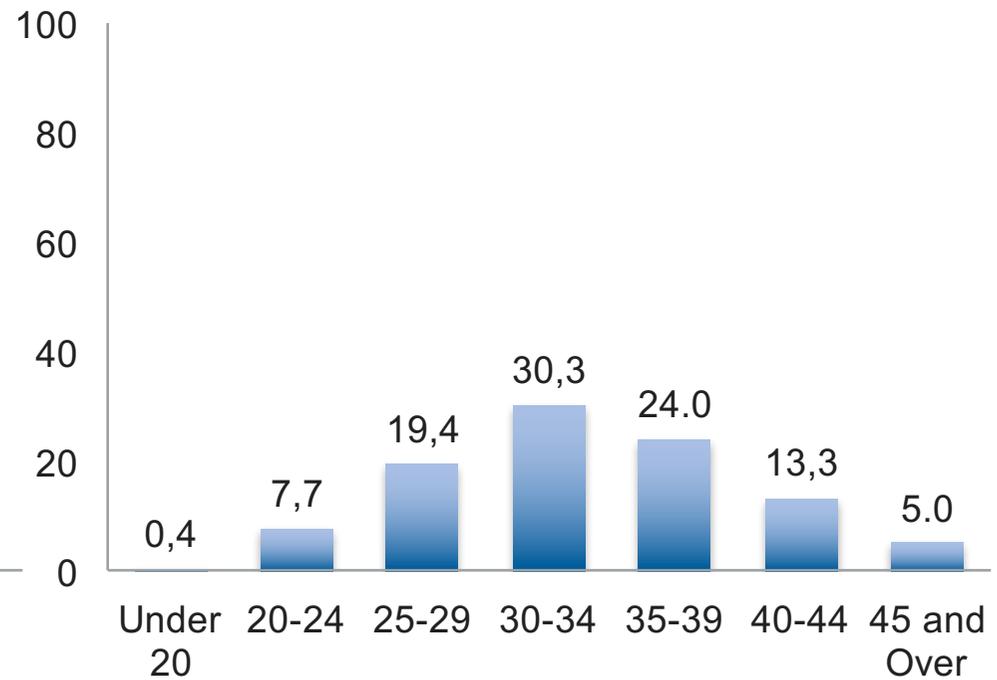


Key Characteristics

Gestational Age at Consultation



Age distribution



Results: Outcome of Abortion

Outcome (N=1,000)	Frequency (%)
Pregnancy	
No longer pregnant	99.2
Still pregnant	0.8
Surgical Intervention	
Reported D&E or VA	4.5
Success	
No longer pregnant and no surgical intervention	94.7

Results: Prevalence of Possible Significant Adverse Events

Treatment (N=1,000)	Frequency (%)
Antibiotics	1.8
Blood transfusion	0.6
Death	0.0
Any significant adverse event	2.3

Cannot distinguish between IV vs. oral antibiotics

Results: Reported Symptoms of Serious Complications and Care-Seeking

- **9% of women reported either:**

 - Fever >38C lasting >24 hrs or fever >39C or purulent discharge

 - Bleeding soaking more than 2 maxi pads per hour for >2 hours

 - Several days of persistent severe pain

- **96% of women reporting these symptoms went to hospital**

None of the 4 women who did not seek care were later treated for a complication.

None of the women who did not report symptoms of a potentially serious complication reported treatment for one.

Limitations

- Impossible to confirm accurate gestational age at time of abortion
- Cannot confirm if surgical Intervention was necessary
- Cannot distinguish between oral and IV antibiotics

However, estimates of effective and safety are thus conservative

Better follow-up (71%) than most studies in clinical settings (~50%)

Conclusions

At-home medical abortion through online telemedicine in this population of women in Ireland and NI is:

- Effective (95%): compares favorably to clinic (~93%) and home-based (~90%) protocols for miso
- Safe: very few adverse events reported
- Well-managed: women can identify symptoms of potentially serious complications and do seek care when necessary

Outcome (N=1,000)	Overall (%)	Less than 7 weeks (%)	Between 7 and 9 weeks (%)
Pregnancy			
No longer pregnant	99.2	99.1	99.5
Still pregnant	0.8	0.9	0.5
Surgical Intervention			
Reported D&E or VA	4.5	3.7	7.3
Success			
No longer pregnant and no surgical intervention	94.7	95.4	92.2