



Resource toolkit: Telemedicine for medication abortion and abortion-related services in the United States

In order to expand access to high-quality abortion care, some health care providers in the United States employ technology to provide medication abortion or abortion-related services via telemedicine. As these services have expanded, evaluations over the last decade have provided evidence on their implementation, use, and impact. This toolkit highlights what is known about telemedicine provision of abortion and abortion-related services to date. We highlight findings across four domains: safety and effectiveness, acceptability/satisfaction, access, and experiences. Additionally, we include commentaries, overviews, and a telemedicine for medication abortion implementation guide. Publications that report findings in multiple domains are repeated in each relevant section.

Safety and effectiveness

The in-clinic telemedicine for medication abortion model has been shown to be safe and effective; severe complications are extremely rare, and only 1-5% of patients require an aspiration procedure to complete the abortion. Similarly, direct-to-patient telemedicine for medication abortion models have been found to be effective: 93% of patients complete their abortion.

Title	Authors	Citation
Telehealth interventions to improve obstetric and gynecologic health outcomes: A systematic review	DeNicola N, Grossman D, Marko K, Sonalkar S, Butler Tobah Y, Ganju N, Witkop C, Henderson JT, Butler JL, Lowery C	<i>Obstetrics and Gynecology</i> . 2020; 135(2): 371-38
Medication abortion provided through telemedicine in four US states	Kohn J, Snow J, Simons H, Seymour J, Thompson TA, Grossman D	<i>Obstetrics and Gynecology</i> . 2019; 134(2):343-350
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Raymond E, Chong E, Winikoff B, Platais I, Mary M, Lotarevich T, Castillo PW, Kaneshiro B, Tschann M, Fontanilla T, Baldwin M, Schnyer A, Coplon L, Mathieu N, Bednarek P, Keady M, Prieque E	<i>Contraception</i> . 2019; 100(3):173-177
Safety of medication abortion provided through telemedicine: A noninferiority study	Grossman D, Grindlay K	<i>Contraception</i> . 2017; 95(5):515
Safety of medical abortion provided through telemedicine compared with in person	Grossman D, Grindlay K	<i>Obstetrics and Gynecology</i> . 2017; 130:1-5
Effectiveness and acceptability of medical abortion provided through telemedicine	Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K	<i>Obstetrics and Gynecology</i> . 2011; 118 (2):296-303

Acceptability/Satisfaction

The evidence indicates that patients are satisfied with the in-clinic and direct-to-patient telemedicine for medication abortion models. Studies among in-clinic telemedicine for medication abortion providers suggest that this healthcare delivery model is acceptable to them as well.

Title	Authors	Citation
Patient acceptability		
Patient-reported acceptability of receiving medication abortion via telemedicine at Planned Parenthood health centers in seven U.S. states	Seymour JW, Snow J, Thompson TA, Garnsey C, Kohn J, Grossman D	<i>Research brief.</i> April 2021 https://rb.gy/qr6teh
Satisfaction with medication abortion services among telehealth and in-person clients at a Carafem clinic in Georgia	Ibis Reproductive Health	<i>Research brief.</i> January 2021 https://rb.gy/5y4xrd
Research findings from an evaluation of telehealth for medication abortion services at Maine Family Planning clinics	Ibis Reproductive Health	<i>Research brief.</i> July 2020 https://rb.gy/g8jhyv
Patient experiences with medication abortion services provided via telemedicine at Whole Woman's Health of Peoria, Illinois, clinic	Ibis Reproductive Health	<i>Research brief.</i> April 2020 https://rb.gy/xuxxlz
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Raymond E, Chong E, Winikoff B, Platais I, Mary M, Lotarevich T, Castillo PW, Kaneshiro B, Tschann M, Fontanilla T, Baldwin M, Schnyer A, Coplon L, Mathieu N, Bednarek P, Keady M, Prieque E	<i>Contraception.</i> 2019; 100(3):173-177
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues.</i> 2013; 23(2):120-121
Effectiveness and acceptability of medical abortion provided through telemedicine	Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K	<i>Obstetrics and Gynecology.</i> 2011; 118 (2):296-303
Provider acceptability		
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grossman D, Grindlay K	<i>Journal of Telemedicine and Telecare.</i> 2016; 23(7):680-685
Acceptability of telemedicine outside of the abortion field		
Telehealth leaders' attitudes toward telemedicine provision of medication abortion: A qualitative study	Fix L, Grindlay K, Seymour JW, Burns B, Reiger ST, Grossman D	<i>Report.</i> November 2018 https://rb.gy/fnqfda

Accessibility

Telemedicine for medication abortion has the benefit of allowing the provision of healthcare at a distance. Preliminary evidence suggests that introduction of in-clinic telemedicine for medication abortion may allow patients to obtain an abortion at earlier gestational ages. Additionally, telemedicine provision of medication abortion has been shown to reduce logistical barriers created by policies requiring attendance at multiple appointments in a state with limited abortion services.

Title	Authors	Citation
Introduction of telemedicine for medication abortion: Changes in service delivery patterns in two U.S. states	Kohn JE, Snow JL, Grossman D, Thompson TA, Seymour JW, Simons HR	<i>Contraception</i> . 2021 103(3):151-156
Spatial dimensions of telemedicine and abortion access: A qualitative analysis of women's experiences	Ehrenreich K, Marston C	<i>Reproductive Health</i> . 2019;16(1):94
Women's experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich K, Kaller S, Raifman S, Grossman D	<i>Women's Health Issues</i> . 2019 29(5):407-413
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grindlay K, Grossman D	<i>Journal of Telemedicine and Telecare</i> . 2016; 23(7):680-685
Increasing access to abortion with telemedicine	Raymond EG, Chong E, Hyland P	<i>JAMA Internal Medicine</i> . 2016; 176(5):585-586
Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa	Grossman D, Grindlay K, Buchacker T, Potter JE, Schmertmann CP	<i>American Journal of Public Health</i> . 2013; 103(1):73-78
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues</i> . 2013; 23(2):120-121

Experiences and patient characteristics

Findings from studies with abortion providers indicate that telemedicine for medication abortion models are easy to implement and integrate into existing clinic operations. Patients reported decreased travel, reduced cost, and time among the benefits of telemedicine for medication abortion. An assessment of demographic differences in patients using telemedicine to satisfy Utah's state-mandated informed consent visit (which must happen at least 72hrs prior to the visit), found that telemedicine patients were more likely to live out of state and further away from the clinics offering informed consent visits.

Title	Authors	Citation
Experiences		
"It was close enough, but it wasn't close enough": A qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care	Kerestes C, Delafield R, Elia J, Chong E, Kaneshiro B, Soon R	<i>Contraception</i> . Epub 2021. PMID:33933421
Women's experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich K, Kaller S, Raifman S, Grossman D	<i>Women's Health Issues</i> . 2019 29(5):407-413
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grossman D, Grindlay K	<i>Journal of Telemedicine and Telecare</i> . 2016; 23(7):680-685
Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay K, Lane K, Grossman D	<i>Women's Health Issues</i> . 2013; 23(2):120-121
Characteristics		
Characteristics of patients having telemedicine versus in-person informed consent visits before abortion in Utah	Daniel S, Raifman S, Kaller S, Grossman D	<i>Contraception</i> . 2020; 101(1):56-61

Overview of telemedicine for medication abortion and abortion-related services

Title	Authors	Citation
Telemedicine in sexual and reproductive health	Weigel G, Frederiksen B, Ranji U, Salganicoff A	<i>Issue brief</i> . November 2019 https://rb.gy/f8qnuc
Improving access to abortion via telehealth	Donovan M	<i>Guttmacher Policy Review</i> . 2019; Volume 22
Telemedicine for medication abortion: A systematic review	Endler M, Lavelanet A, Cleeve A, Ganatra B, Gomperts R, Gemzell- Danielsson K	<i>British Journal of Obstetrics and Gynecology</i> . 2019;126(9):1094-1102
Telemedicine provision of medication abortion	Ibis Reproductive Health	<i>Research brief</i> . October 2019 https://rb.gy/iv7862
Telehealth for medication abortion delivery models	Ibis Reproductive Health	<i>Research brief</i> . October 2019 https://rb.gy/q75gmx
Sexual and reproductive health of women in the US military: The potential of telemedicine to improve abortion access	Ibis Reproductive Health	<i>Policy brief</i> : 2017 https://rb.gy/ej4c5u
<i>Implementation (Practice guide)</i>		
Telehealth for medication abortion (TeleMAB) in practice: Lessons Learned from Planned Parenthood TeleMAB implementation	Planned Parenthood Federation of America	January 2020

Utilization of telemedicine for medication abortion during COVID-19

During the COVID-19 pandemic, there was a surge in use of telemedicine for medication abortion as well as telemedicine models where medications are mailed and/ or where there are limited or no tests.

Title	Authors	Citation
Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic	Chong E, Shochet T, Raymond E, Platais I, Anger HA, Raidoo S, Soon R, Grant MS, Haskell S, Tocce K, Baldwin MK, Boraas CM, Bednarek PH, Banks J, Coplon L, Thompson F, Priegue E, Winikoff B	<i>Contraception</i> . Epub 2021. PMID:33781762
Federal, state, and institutional barriers to the expansion of medication and telemedicine abortion services in Ohio, Kentucky, and West Virginia during the COVID-19 pandemic	Mello K, Smith MH, Hill BJ, Chakraborty P, Rivlin K, Bessett D, Norris AH, McGowan ML	<i>Contraception</i> . Epub 2021. PMID:33930382.
Medical abortion care during a pandemic	Baill IC	<i>Journal of Patient Experience</i> . Epub 2020. PMID:32821783; PMC7410123
Demand for self-managed online telemedicine abortion in the United States during the Coronavirus Disease 2019 (COVID 19) Pandemic	Aiken ARA, Starling JE, Gomperts R, Tec M, Scott JG, Aiken CE	<i>Obstetrics and Gynecology</i> . 2020;136(4):835-837
State and federal abortion restrictions increase risk of COVID-19 exposure by mandating unnecessary clinic visits	Fulcher IR, Neill S, Bharadwa S, Goldberg AB, Janiak E	<i>Contraception</i> . 2020 102(6):385-391
Adoption of no-test and telehealth medication abortion care among independent abortion providers in response to COVID-19	Upadhyay UD, Schroeder R, Roberts SCM	<i>Contracept X</i> . 2020 21;2:100049.

Commentaries

Title	Authors	Citation
Commentary: No-test medication abortion: A sample protocol for increasing access during a pandemic and beyond	Raymond EG, Grossman D, Mark A, Upadhyay UD, Dean G, Creinin MD, Coplon L, Perritt J, Atrio JM, Taylor D, Gold M.	<i>Contraception</i> . 2020 101(6):361-366
Telemedicine for medication abortion—time to move towards broad implementation	Grossman D	<i>British Journal of Obstetrics and Gynecology</i> . 2019; 126(9): 1103
Telemedicine for medication abortion	Upadhyay U, Grossman D	<i>Contraception</i> 2019; 100:351-353
Telemedicine and medical abortion: dispelling safety myths with facts	Gill R, Norman WV	<i>Mhealth</i> 2018 1;4:3
Abortion through telemedicine	Fok WK, Mark A	<i>Curr Opin Obstet Gynecol</i> . 2018 30(6):394-399
Medication abortion through telemedicine: Implication of a ruling by the Iowa Supreme Court	Yang YT, Kozhimannil KB	<i>Obstetrics and Gynecology</i> . 2016; 127(2): 313-316