



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. No-test telemedicine delivery of medication abortion was also found to be safe and effective.

Title	Author(s)	Citation
Telehealth interventions to improve obstetric and gynecologic health outcomes: A systematic review	DeNicola and Grossman et al.	Obstetrics and Gynecology. 2020; 135(2): 371-38
Medication abortion provided through telemedicine in four US states	Kohn and Snow et al.	Obstetrics and Gynecology. 2019; 134(2):343-350
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Raymond and Chong et al.	Contraception. 2019; 100(3):173-177
Safety of medication abortion provided through telemedicine: A noninferiority study	Grossman and Grindlay	Contraception. 2017; 95(5):515
Safety of medical abortion provided through telemedicine compared with in person	Grossman and Grindlay	Obstetrics and Gynecology. 2017; 130:1-5
Effectiveness and acceptability of medical abortion provided through telemedicine	Grossman and Grindlay et al.	Obstetrics and Gynecology. 2011; 118 (2):296-303

Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study	Aiken and Lohr et al.	British Journal of Obstetrics and Gynecology. 2021;
Medical abortion at 13 or more weeks gestation provided through telemedicine: A retrospective review of services	Kapp and Andersen et al.	Contraception X. 2021; Jan 25;3:100057. doi: 10.1016/j.conx.2021.100057. e Collection 2021.
Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic	Chong and Shochet et al.	Contraception, 2021; 104(1):43-48. doi: 10.1016/j.contraception.2021.03.019. Epub 2021 Mar 27
Clinical and service delivery implications of omitting ultrasound before medication abortion provided via direct-to-patient telemedicine and mail in the U.S	Anger and Raymond et al.	Contraception, 2021; 104(6):659-665
Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic	Upadhyay and Koenig et al.	JAMA Network Open, 2021 Aug; 4(8): e2122320
Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study	Aiken and Romanova et al.	Lancet Reg Health Am. 2022 Jun; 10:100200
Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study	Aiken and Lohr et al.	BJOG 128(9), 1464-1474. https://doi.org/10.1111/1471-0528.16668

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. Patients also found no-test telemedicine (without ultrasound) acceptable.

Title	Author(s)	Citation
Patient-reported acceptability of receiving medication abortion via telemedicine at Planned Parenthood health centers in seven U.S. states	Seymour and Snow et al.	Research brief. April 2021 https://rb.gy/qf6teh
Satisfaction with medication abortion services among telehealth and in-person clients at a Carafem clinic in Georgia	Ibis Reproductive Health	Research brief. January 2021 https://rb.gy/5y4xrd

Patient experiences with medication abortion services provided via telemedicine at Whole Woman’s Health of Peoria, Illinois, clinic	Ibis Reproductive Health	Research brief. July 2020 https://rb.gy/g8jhvy
TelAbortion: Evaluation of a direct to patient telemedicine abortion service in the United States	Ibis Reproductive Health	Contraception. 2019; 100(3):173-177
Women and provider’s experiences with medical abortion provided through telemedicine: A qualitative study	Raymond and Chong et al.	Women's Health Issues. 2013; 23(2):120-121
Effectiveness and acceptability of medical abortion provided through telemedicine	Grindlay and Lane et al.	Obstetrics and Gynecology. 2011; 118 (2):296-303
Telemedicine provision of medical abortion in Alaska: Through the provider’s lens	Grossman and Grindlay et al.	Journal of Telemedicine and Telecare. 2016; 23(7):680-685
Telehealth leaders’ attitudes toward telemedicine provision of medication abortion: A qualitative study	Grossman and Grindlay	Report: November 2018 https://rb.gy/fnqfda
Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study	Aiken and Lohr et al.	BJOG 128(9), 1464-1474. https://doi.org/10.1111/1471-0528.16668
Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic	Upadhyay and Koenig et al.	BJOG 128(9), 1464-1474. https://doi.org/10.1111/1471-0528.16668

Accessibility

Telemedicine for medication abortion has the benefit of allowing the provision of healthcare at a distance. 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, as well as increase the reach of abortion providers to provide care to geographically distant patients. Telemedicine also has the potential to increase accessibility for those seeking abortion from rural settings.

Title	Author(s)	Citation
Introduction of telemedicine for medication abortion: Changes in service delivery patterns in two U.S. states	Kohn and Snow et al.	Contraception. 2021 103(3):151-156
Spatial dimensions of telemedicine and abortion access: A qualitative analysis of women’s experiences	Ehrenreich and Marston	Reproductive Health. 2019;16(1):94

Women’s experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich and Kaller et al.	Women’s Health Issues. 2019; 29(5):407-413
Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grindlay and Grossman	Journal of Telemedicine and Telecare. 2016; 23(7):680-685
Increasing access to abortion with telemedicine	Raymond and Chong et al.	JAMA Internal Medicine. 2016; 176(5):585-586
Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa	Grossman and Grindlay et al.	American Journal of Public Health. 2013; 103(1):73-78
Women and provider’s experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay and Lane et al.	Women's Health Issues. 2013; 23(2):120-121
Potential Impact of Telemedicine for Medication Abortion Policy and Programming Changes on Abortion Accessibility in the United States	Seymour and Thompson et al.	American Journal of Public Health. 2022
Association of Travel Distance to Nearest Abortion Facility With Rates of Abortion	Thompson and Sturrock et al.	JAMA Network Open. 2021 Jul; 1;4(7):e2115530
Miles and days until medical abortion via TelAbortion versus clinic in Oregon and Washington, USA	Beardsworth and Doshi et al.	BMJ Sex Reproductive Health. 2022 Jan;48(e1):e38-e43.

Experiences & 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	Author(s)	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 and Delafield et al.	Contraception. Epub 2021. PMID:33933421
	Women’s experiences using telemedicine to attend abortion information visits in Utah: A qualitative study	Ehrenreich and Kaller et al.	Women’s Health Issues. 2019; 29(5):407-413

	Telemedicine provision of medical abortion in Alaska: Through the provider's lens	Grossman and Grindlay	Journal of Telemedicine and Telecare. 2016; 23(7):680-685
	Women and provider's experiences with medical abortion provided through telemedicine: A qualitative study	Grindlay and Lane et al.	Women's Health Issues. 2013; 23(2):120-121
	Spatial dimensions of telemedicine and abortion access: a qualitative study of women's experiences	Ehrenreich and Marston	Reproductive Health. July 2019; 16(94)
Characteristics			
	Characteristics of patients having telemedicine versus in-person in Utah	Daniel and Raifman et al.	Contraception. 2020; 101(1):56-61
	Pre-Abortion Informed Consent Through Telemedicine vs. in Person: Differences in Patient Demographics and Visit Satisfaction	Kaller and Daniel et al.	Womens Health Issues. 2021; 31(3):227-235.

Overview of telemedicine

	Title	Author(s)	Citation
	Telemedicine in sexual and reproductive health	Weigel and Frederiksen et al.	Issue brief. November 2019; https://rb.gy/f8qnuc
	Improving access to abortion via telehealth	Donovan M	Guttmacher Policy Review. 2019; Volume 22
	Telemedicine for medication abortion: A systematic review	Endler and, Lavelanet et al.	British Journal of Obstetrics and Gynecology. 2019;126(9):1094-1102
	Telemedicine provision of medication abortion	Ibis Reproductive Health	Research brief: October 2019; https://rb.gy/iv7862
	Telehealth for medication abortion delivery models	Ibis Reproductive Health	Research brief: 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	Policy brief: 2017; https://rb.gy/ej4c5u

	Medication Abortion Via Telehealth: What You Need to Know About State Regulations	Kaiser Family Foundation	Report: 2022; https://www.kff.org/womens-health-policy/press-release/medication-abortion-via-telehealth-what-you-need-to-know-about-state-regulations/
	Trends in Abortion Care in the United States, 2017-2021	Schroeder and Munez et al.	ANSIRH Report; 2021.
Implementation			
	Telehealth for medication abortion (TeleMAB) in practice: Lessons Learned from Planned Parenthood TeleMAB implementation	Planned Parenthood Federation of America	January 2020
	Factors associated with successful implementation of telehealth abortion in 4 United States clinical practice settings	Godfrey and Fiastro et al.	Contraception. July 2021 104(1):82-91

Utilization of telemedicine 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. No test telemedicine delivery of medication abortion was found to be safe, effective, and acceptable to patients.

Title	Author(s)	Citation
Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic	Chong and Shochet et al.	Contraception. 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 and Smith et al.	Contraception. Epub 2021. PMID:33930382.
Medical abortion care during a pandemic	Baill IC	Journal of Patient Experience. 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 and Starling et al.	Obstetrics and Gynecology. 2020;136(4):835-837

State and federal abortion restrictions increase risk of COVID-19 exposure by mandating unnecessary clinic visits	Fulcher and Neill et al.	Contraception. 2020 102(6):385-391
Adoption of no-test and telehealth medication abortion care among independent abortion providers in response to COVID-19	Upadhyay and Schroeder et al.	Contracept X. 2020 21;2:100049.
Provision of medication abortion in Hawai'i during COVID-19: Practical experience with multiple care delivery models	Kerestes and Murayama et al.	Contraception, 2021; 104(1):49-53. doi: 10.1016/j.contraception.2021.03.025. Epub 2021 Mar 28
Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic	Upadhyay and Koenig et al.	JAMA Network Open, 2021 Aug; 4(8): e2122320
Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic	Chong and Shochet et al.	Contraception, 2021; 104(1):43-48. doi: 10.1016/j.contraception.2021.03.019. Epub 2021 Mar 27

Commentaries		
Title	Author(s)	Citation
Commentary: No-test medication abortion: A sample protocol for increasing access during a pandemic and beyond	Raymond and Grossman et al.	Contraception. 2020 101(6):361-366
Telemedicine for medication abortion—time to move towards broad implementation	Grossman D	British Journal of Obstetrics and Gynecology. 2019; 126(9): 1103
Telemedicine for medication abortion	Upadhyay and Grossman	Contraception 2019; 100:351-353
Telemedicine and medical abortion: dispelling safety myths with facts	Gill and Norman	Mhealth 2018 1;4:3
Abortion through telemedicine	Fok and Mark	Curr Opin Obstet Gynecol. 2018 30(6):394-399
Medication abortion through telemedicine: Implication of a ruling by the Iowa Supreme Court	Yang and Kozhimannil	Obstetrics and Gynecology. 2016; 127(2): 313-316

Induced abortion via telemedicine should become the norm: a commentary	Glasier and Regan	British Journal of Obstetrics and Gynecology. 2021;
The Growing Importance of Self-Managed and Telemedicine Abortion in the United States: Medically Safe, but Legal Risk Remains	Skuster and Moseson	American Journal of Public Health. 2022 Aug;112(8):1100-1103.

Telehealth equity

Title	Author(s)	Citation
Addressing Structural Inequities, a Necessary Step Toward Ensuring Equitable Access to Telehealth for Medication Abortion Care During and Post COVID-19	Thompson and Northcraft et al.	Frontiers in Global Women's Health. 2022;