Briefing Paper

SELF-MANAGED MEDICAL ABORTION VIA TELEMEDICINE

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This abridged paper was produced by RFSU in 2023 to provide an overview of self-managed medical abortions provided through telemedicine and how to create enabling environments for this practice. Telemedicine is one pathway to self-managed abortion, and one in which the service provider very much still plays a leading role. Other models which empower pregant persons to self-manage all components of the abortion process while operating outside of the formal health system, such as accompaniment networks, are not covered in this paper. For further reading, a longer briefing paper with case studies from 6 countries can be found at www.rfsu.se.

INTRODUCTION

Abortion is a safe procedure and an essential component of sexual and reproductive health and rights (SRHR). Yet, barriers in access to safe and respectful abortion care remain a global challenge. Even in countries with liberal abortion laws, 13% of abortions are estimated to occur outside of formal healthcare, and are deemed unsafe according to the World Health Organization (WHO) guidelines. A wide range of factors might lead pregnant persons to obtain an unsafe abortion outside of formal health care, including fear of mistreatment by staff, long waiting lists, high costs, privacy concerns, and stigma. Particularly during the COVID-19 pandemic, national lockdowns and severe mobility restrictions heightened the barriers in access to safe abortion. In response to these challenges, self-managed abortion (SMA) via a number of pathways is a promising approach to facilitate access to care, increase privacy and confidentiality, and potentially bypass stigma.

WHAT ARE SELF-MANAGED ABORTIONS?

The self-management of abortion (SMA) broadly refers to the ability of pregnant persons to lead, in part or entirely, their abortion process. SMA is commonly practiced in both legally restrictive and liberal settings, with or without medical supervision, and using a range of different methods. This briefing paper focuses on self-managed medical abortions using misoprostol alone or combined with mifepristone, in countries with relatively liberal abortion laws. In such settings, SMA offers an additional pathway to abortion, and thus contributes to meet individuals' need for safe, respectful, and person-centered care.

THE USE OF TELEMEDICINE FOR SMA

Telemedicine is a mode of health service delivery where providers and patients are separated by distance. The interaction may take place in real time (synchronously), using telephone or video link, or asynchronously using a store-and-forward method, when a query is submitted and an answer is provided later (e.g., by email, text or voice/audio message). While there are other approaches to SMA, telemedicine can be used to facilitate the self-management of one or several components of the abortion process, including:

1. Self-assessment of eligibility for medical abortion (determining pregnancy duration, ruling out contraindications);

2. Self-administration of medicines outside of a health-care facility and without the direct supervision of a trained health worker, and management of the abortion process;

3. Self-assessment of the success of the abortion.

SAFE, EFFECTIVE, AND ACCEPTABLE: WHAT RESEARCH SAYS ABOUT SMA VIA TELEMEDICINE

Up to 12 weeks of pregnancy, research indicates that telemedecine can support pregnant persons to safely and effectively manage their own medical abortions can safely and effectively manage their own medical abortions using misoprostol alone or in combination with mifepristone:

- **Effectiveness and safety:** compared to in-person abortion care, abortions provided through telemedicine are as effective as safe in terms of both abortion completeness and complication ratess[5]

- **Acceptability to providers and abortion seekers:** research consistently shows high satisfaction, feasibility, and acceptability among both health workers and abortion seekers

- **Cost-effectiveness:** from a health systems perspective, evidence suggests that SMA via telemedicine incurs lower costs than in-person care. For abortion-seekers, the costs entailed by SMA are context-dependent and have not yet been comprehensively studied.

WHO GUIDELINES FOR ABORTION CARE

Provided access to accurate information, quality-assured medicines, support from trained health workers, and a health-care facility if the abortion seeker needs or desires it, SMA through telemedicine within the first 12 weeks of pregnancy is consistent with WHO's abortion care guidelines. These guidelines include two recommendations relevant for the provision of SMA via telemedicine:

Self-management of medical abortion in whole or in part at gestational ages < 12 weeks

For medical abortion at < 12 weeks (using the combination of mifepristone plus misoprostol or using misoprostol alone): recommend the option of self-management of the medical abortion process in whole or any of the three component parts of the process: self-assessment of eligibility; self-administration of the abortion medicines ; self-assessment of the success of the abortion.

Telemedicine approaches to delivering medical abortion care

Recommend the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. This applies to assessment of eligibility for medical abortion, counselling and instruction relating to the abortion process, providing instruction for and active facilitation of the administration of medicines, and follow-up post-abortion care.

While recommending self-management and telemedicine approaches to medical abortion, WHO also acknowledges that these should not be considered a "last resort" option or a substitute for a non-functioning health system. Rather, WHO presents SMA via telemedicine as a potentially empowering and active extension of the health system.

Enabling access to self-management of medical abortion via telemedicine in the first trimester

Recommendations for Policy Makers

Self-management of abortion via telemedicine provides an additional person-centred, rights-based, and equitable abortion care pathway. When provided alongside clinic-based medical and surgical abortion care, this approach has potential to increase access to abortion care globally.

To ensure this option is available and accessible, it is important that an **enabling environment** is created for individuals to self-manage their abortions, including:

1. **A supportive law and policy framework that facilitates the selfmanagement of abortion;**

2. **The availability and accessibility of accurate information about self-managing abortion;**

3. **A supportive healthcare system that is prepared to support individuals who are self-managing their abortion at any stage of the process, including by enabling access to quality and affordable abortion medications.**

Components of an enabling environment	Recommendations for policy-makers
Supportive laws and policies	Remove abortion from the penal code and end criminal penalties for women who self-manage their abortion process. • Strengthen the legal and policy framework in support of SMA via telemedicine, given special considerations to disadvantaged groups. Ensure accurate and easily understood information about how to self-manage abortion (on all components of the process) including for low-literacy populations.
Accurate and accessible information	Work in partnership with civil society organisations, healthcare professionals, and other relevant stakeholders to ensure that accurate information regarding SMA via telemedicine is available and disseminated widely.
Supportive health care systems, including quality and affordable abortion medications	Register and include mifepristone and misoprostol on the national Essential Medicines Lists (in line with WHO EML) and work towards procurement and affordability of these medications. • Provide and implement national guidelines on self-management approaches and the use of telemedicine for abortion care. Support and accelerate providers' training in the effective use of technologies • Deliver telemedicine models to facilitate and support self-managed medical abortions.

RFSU was founded in 1933 and is a pioneering Swedish organisation working in the field of sexual and reproductive health and rights (SRHR).

RFSU is a non-profit, non-governmental organisation without party-political, trade union or religious affiliation. Our aim is to spread a knowledge-based and open view of sexuality and relationships issues to overcome prejudices, bridge knowledge gaps andimprove sexual health and wellbeing. We run projects andprogrammes to promote access to sexual and reproductive health and rights— both in Sweden and internationally. Much of this workis done with partners and other organisations. RFSU has a rights perspective of sexuality based oneveryone'sfreedom to be what they want to be, to choose to live as they want and enjoy what they want.The International Planned Parenthood Federation (IPPF) was founded by RFSU and other actors, and RFSU remains IPPF's Swedish member association

You can read more about RFSU's activities at www.rfsu.se

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