# **Convenient, discreet, easier:** client feedback on telemedicine medical abortion in England

### **KEY LEARNINGS**

In response to COVID-19, on 30th March 2020, the English government approved home use of both stages of medical abortion (MA), using mifepristone and misoprostol under 10 weeks' gestation. MSI Reproductive Choices UK (MSI UK), one of the largest providers of abortion services in England, launched a fully remote telemedicine MA pathway on 6 April 2020.

A sample of all MSI UK's telemedicine MA clients between April and August 2020 responded to an opt-in follow-up call to answer clinical and satisfaction questions.

Clients receiving these routine follow-up calls reported high confidence in fully remote telemedicine abortion services and high satisfaction with the privacy, convenience and ease of this pathway.

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of telemedicine abortion patients reported they would choose this pathway again in future, demonstrating that it should remain available after the COVID-19 pandemic.

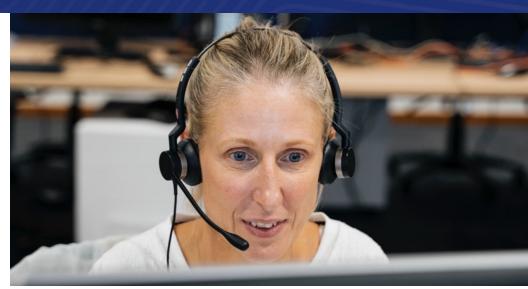




### THE CHALLENGE

### Restrictive policies on medical abortion

Until 2018, government policy required both stages of early medical abortion to be administered in a government-approved clinic or hospital in England, despite international evidence showing it is safe and effective for these medications to be administered at home. Requirements for in-clinic visits made it difficult for many clients to access care due to long distances, work and childcare commitments, and stigma or privacy concerns. In response to the COVID-19 pandemic, professional bodies in the UK advised the use of telemedicine to ensure abortion access was safeguarded. The English government announced temporary approval for both stages of MA to be administered at home, enabling MSI UK to develop a fully remote care telemedicine pathway from 6 April 2020.



### WHAT WE DID

### Client feedback on telemedicine



In MSI UK's telemedicine pathway, eligibility for MA is assessed (according to national guidelines) during the client's initial call with a health advisor, and a full phone consultation with a nurse is scheduled. Clients are given the choice to receive MA medication by post or to pick it up with minimal contact from their nearest MSI UK clinic. All clients have access to a 24-hour aftercare line and comprehensive online information.

Between April and August 2020, telemedicine clients were invited to opt-in to a post-procedure phone call with a care assistant, in which they were asked a set of multiple choice and open-ended questions about their service. In total, 2,704 clients (29.9% of all 9,049 telemedicine clients) opted-in to a follow-up call and 1,243 (13.7% of all telemedicine clients) calls were completed. Calls were completed approximately five days after their early medical abortion (EMA). The demographics of the cohort in the follow up sample were compared to the overall telemedicine EMA cohort to check representativeness and were found to be broadly similar.

In total, 2,704 clients opted-in to a follow-up call and 1,243 calls were completed.





### WHAT WE FOUND

## Telemedicine is an acceptable, convenient method of care

Overall, telemedicine EMA clients felt that:

- During the consultation, 1,185 (95.3%) clients felt able to talk privately, but 57 (4.6%) clients had to take action (e.g. to get childcare, go to the car). No clients reported that they were completely unable to talk privately.
- Almost all (1,234, 99.3%) clients felt they had the opportunity to ask
  questions during their consultation. Many clients preferred having the
  consultation over the telephone as it removed the stress of visiting a
  clinic and fear of being judged.
- Almost one-third (391, 31.5%) of clients chose to pick up their medication from a clinic, while 846 (68.1%) chose postal delivery.
- The majority (1,148, 92.4%) of clients reported that they "definitely" had enough information to take the medications by themselves and 68 (5.5%) reported "somewhat".
- Most (1,086, 87.4%) clients had no concerns about the safety of taking the medication by themselves
- Most reported being able to manage pain either "effectively" (1,093, 87.9%) or "somewhat effectively" (103, 8.3%) during their MA.

For more information, including information on sample validity and demographic sub-group analyses of these findings, please read the full peer-reviewed paper at http://dx.doi.org/10.1136/bmjsrh-2020-200954

# % follow up sample rating their experience of telemedicine EMA



### WHAT WE FOUND



1,220 clients rated their experience as good / very good.

The majority – 1,035,

83.3%

 of clients said they would not have preferred to have seen a doctor or nurse inperson with this abortion, as the telemedicine pathway suited them.

However, 208 (16.7%) would have preferred a face-to-face pathway for this abortion or were not sure, mainly citing a desire for the emotional and practical reassurance of an interpersonal interaction.

When asked about future abortion preferences post-COVID-19, 275 (22.1%) would prefer face-to-face care, mainly for interpersonal contact and reassurance, while 824 (66.3%) would choose telemedicine again.

### WHAT WE FOUND

### Conclusion

Research has also demonstrated that this new model of care in England is safe and effective and improves access to care. This analysis shows that telemedicine is a convenient and accessible option that is highly acceptable for clients seeking a medical abortion, especially those for whom inclinic visits are logistically or emotionally challenging. The telemedicine pathway would be first choice for two-thirds of these clients again in future, demonstrating that it should remain available after the COVID-19 pandemic.

# % follow up sample by method of receiving medications

61.8%

31.5 %

0.5%

- Pick up medication from clinic
- Receive medication by post
- Unknown/combination

"I hope this carries on [as] it helps people like me with children. The 24hour helpline was so helpful. From start to finish...it has been amazing."

MSI UK telemedicine client feedback





### **MORE INFORMATION**

For more information on MSI Reproductive Choices and the work that we do, please contact:

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