

Telemedicine can give vulnerable women access to safe medical abortions in South Africa

September 7 2022



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A new study published in *The Lancet* shows that medical abortion can be carried out both safely and effectively via telemedicine, without a

routine ultrasound examination. The study, which is a collaboration between researchers at Karolinska Institutet and the University of Cape Town in South Africa, highlights the opportunities to provide safe and effective abortion services in low-resource settings.

"As far as we know, our study is the first randomized clinical trial to evaluate telemedicine, meaning care at a distance, in abortion. This method can potentially reduce the number of unsafe abortions, something that is particularly important and relevant in times when the right to abortion is under threat," says Margit Endler, researcher at the Department of Women's and Children's Health at Karolinska Institutet and consultant at the Department of Obstetrics and Gynecology at Södersjukhuset (Stockholm South General Hospital).

Significant threat to women's health

According to the World Health Organization (WHO), 25 million unsafe abortions are performed every year and up to 47,000 women and girls die as a result. The reasons women seek unsafe abortions include a lack of resources, stigma surrounding abortion and restrictive abortion laws. In South Africa, it is estimated that approximately half of all abortions are performed outside of the general health care system, thus risking the safety of women in need of care.

The present study included 900 women from four clinics in Cape Town, South Africa, who were at or before 9 weeks gestation and who were seeking care for an abortion. Half received standard care with in-person consultation, ultrasound, and had an abortion that was initiated with oral medication at the clinic. The other half received treatment through telemedicine, where the women filled out an online consultation form, received information and instructions for the abortion procedure via text messages, and took both abortion medications at home. The only in-person component the telemedicine group received was a simple uterine

examination (palpation), which was performed in the clinic as a safety precaution.

Equal to standard care

The researchers then compared the rate of successful abortion, continuing pregnancy, adverse events, and satisfaction with the treatment. They found that the women who completed an abortion through telemedicine adhered well to the instructions and achieved treatment results that were as good as the women who received standard care while maintaining similar levels of safety.

"What was interesting was that the majority of women in both groups expressed that they preferred the [telemedicine](#) option. This care model can be particularly important in resource-poor areas where there is a lack of healthcare infrastructure or restrictive abortion laws. For example, women can be examined at a clinic that does not have access to ultrasound and then receive guidance for the abortion remotely," says Margit Endler.

The researchers are now planning another study in Africa where they will evaluate whether women who are deemed to have a low risk of complications can forego the physical visit to the clinic completely.

More information: Margit Endler et al, A telemedicine model for abortion in South Africa: a randomised, controlled, non-inferiority trial, *The Lancet* (2022). [DOI: 10.1016/S0140-6736\(22\)01474-X](https://doi.org/10.1016/S0140-6736(22)01474-X)

Provided by Karolinska Institutet

Citation: Telemedicine can give vulnerable women access to safe medical abortions in South

Africa (2022, September 7) retrieved 4 January 2023 from
<https://medicalxpress.com/news/2022-09-telemedicine-vulnerable-women-access-safe.html>

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