

## BACKGROUND

- Access to safe abortion remains a public health challenge for women globally.
- South Africa has one of the world's most progressive legal frameworks for abortion, however many women and girls struggle to access safe abortion services.
- Telemedicine (TM) is an alternative approach that increases access to abortion services.
- TM is the delivery of health care services, by health care professionals using information and communications technologies for the exchange of valid information for management of health conditions.
- WHO framework for self-care recognizes that TM can increase access and notes the need for rigorous research designs to evaluate health outcomes, which this study will address.

## RESEARCH OBJECTIVE

- To compare the safety, effectiveness and acceptability of providing medical abortion through TM with standard care.

## SIGNIFICANCE

- This is the first randomized controlled trial to compare the safety, effectiveness and acceptability of medical abortion through telemedicine with standard care.
- Previous studies are observational, mostly from middle-to high income settings, and results are based on self-reported data with a high loss to follow-up.
- TM enables women to have a medical abortion at home in the first 10 weeks of pregnancy with supervision and guidance provided remotely and is an opportunity to mitigate the impact of the Covid-19 pandemic on access to abortion care.

Email contact: (seyi.somefun@uct.ac.za)

## METHODOLOGY

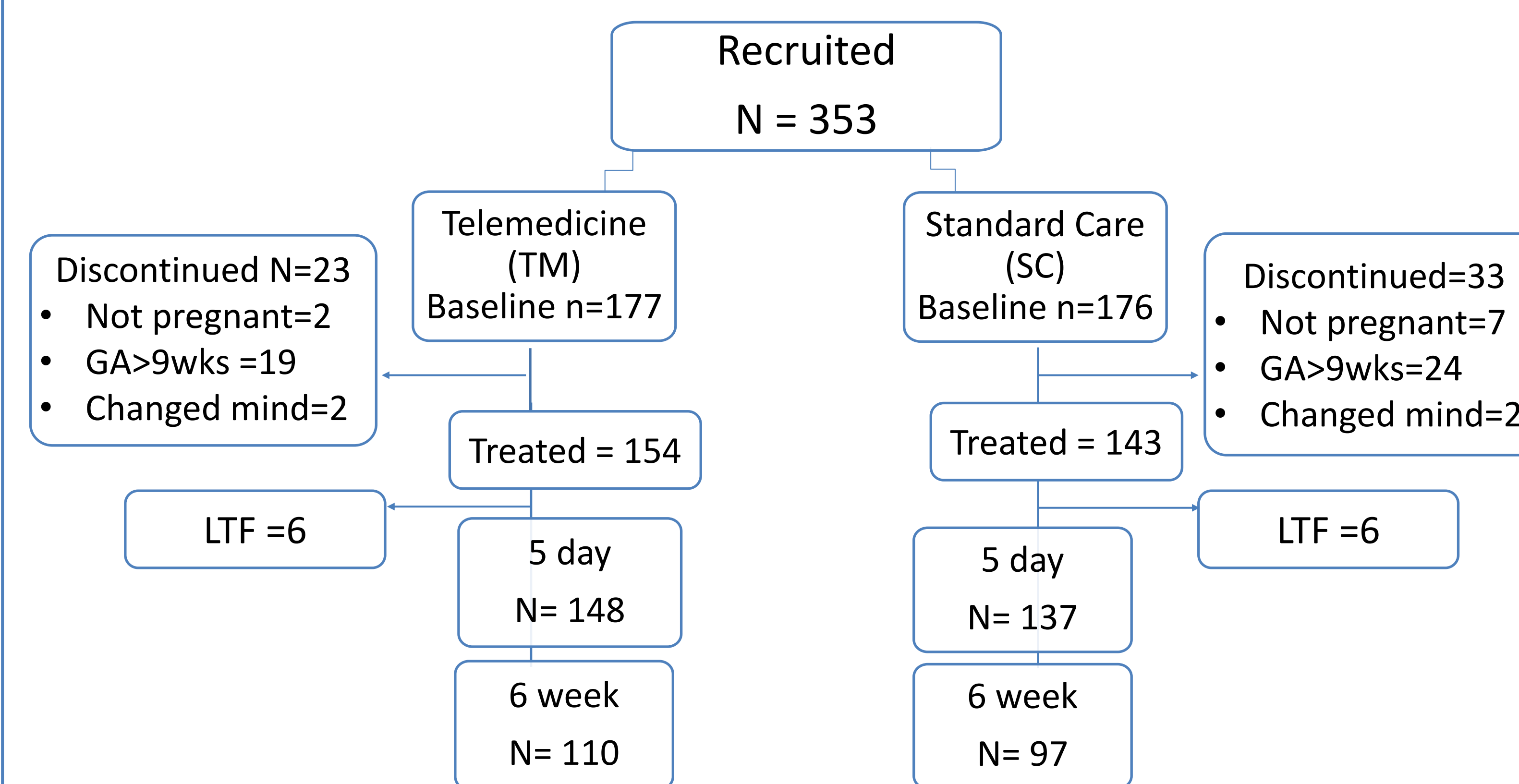
### Setting and duration:

- Four community health centers (CHC) in the Cape Metro Health District. Recruitment Jan 2020-present

### Study population inclusion criteria:

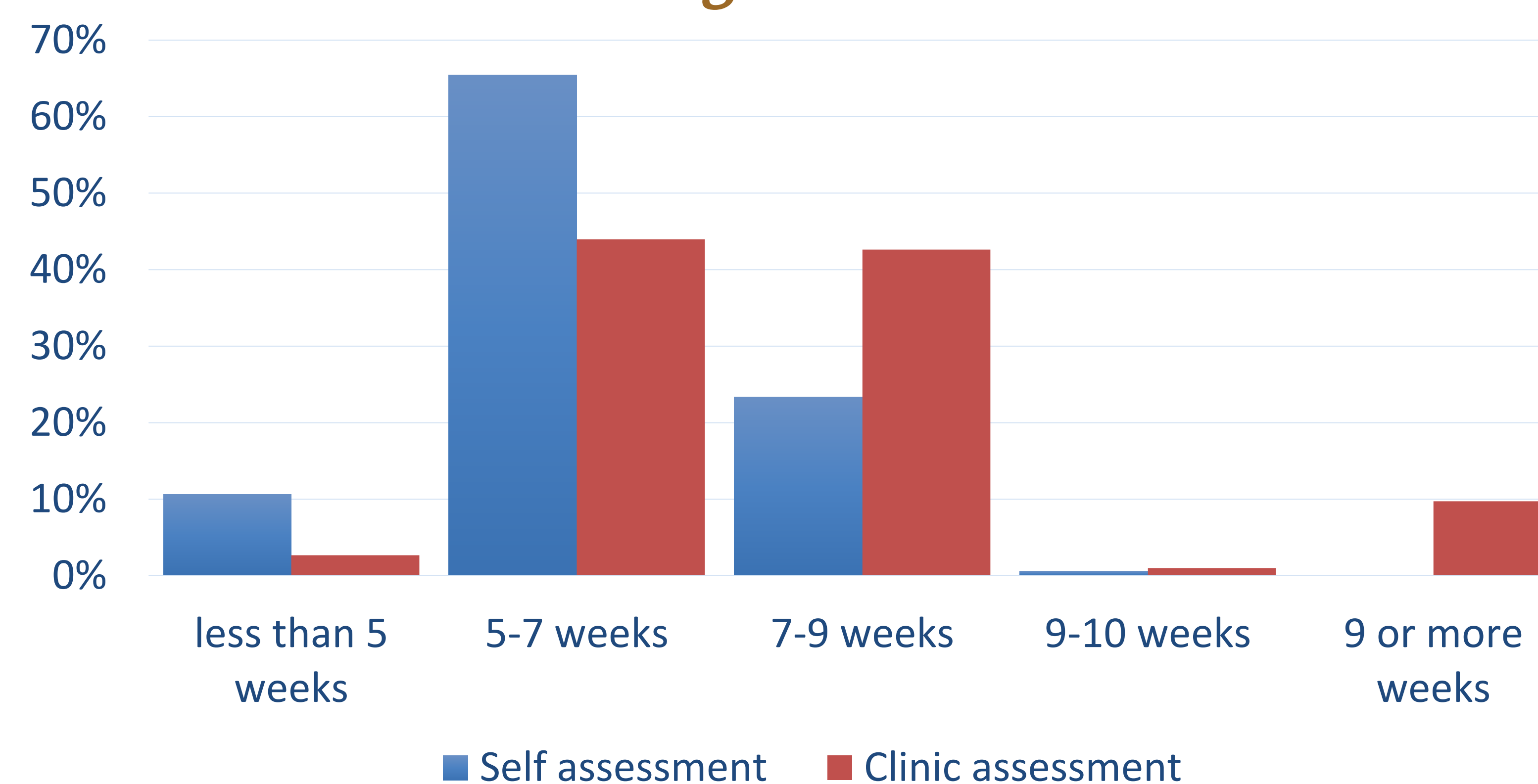
- Women requesting abortion at  $\leq 9$  weeks gestation,  $>18$  years, understanding spoken and written English, isiXhosa or Afrikaans, with access to smartphone with SMS/Facebook messenger

## RESULTS

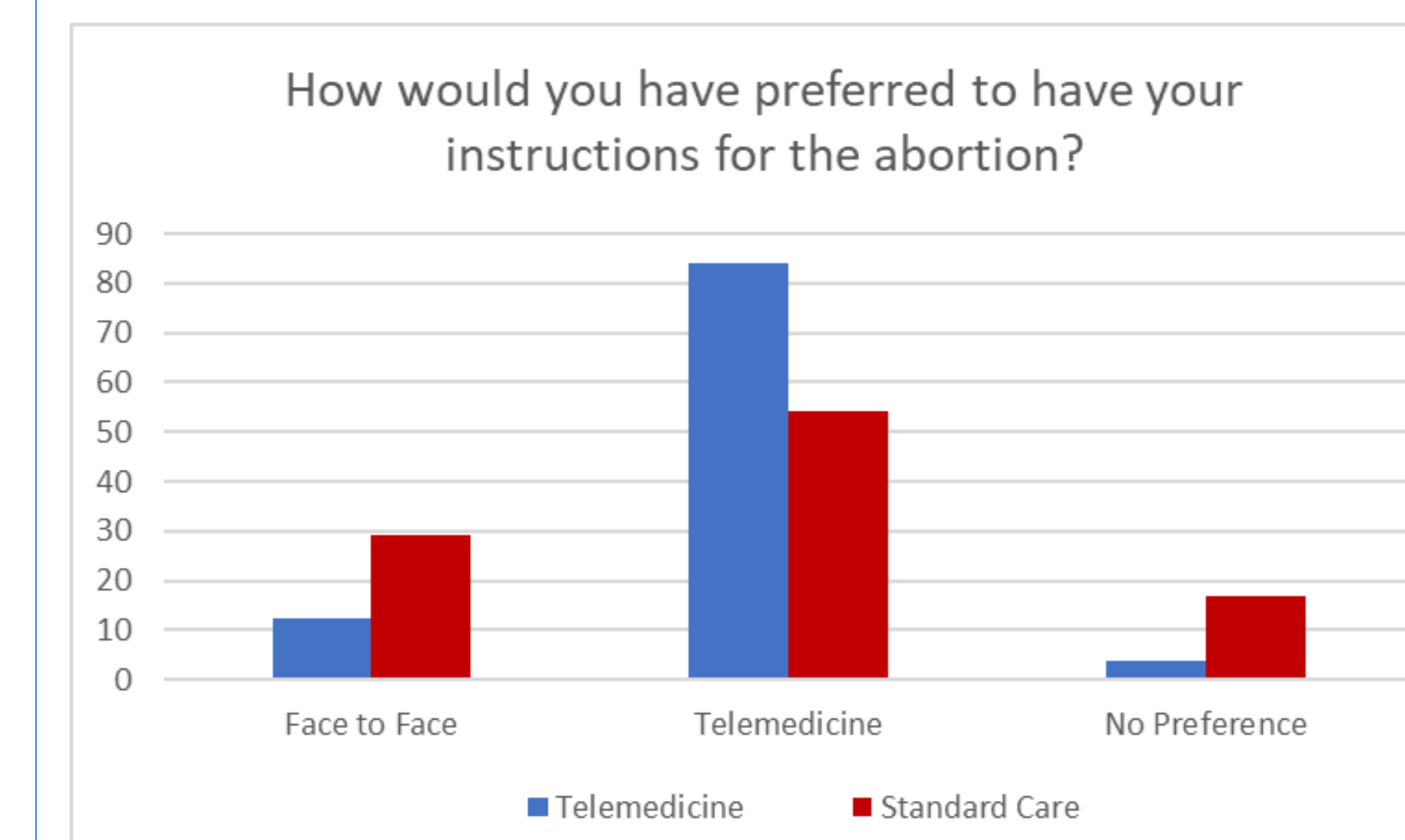


- Mean (SD) age in years; TM= 28. 4 (5.5) SC = 29. 5 (5.6)

### Gestational age assessment



## Outcomes



### At 6 weeks:

- 4% had an incomplete abortion in TM vs 7% in SC.
- 2% had confirmed pregnancy in TM vs 0% in SC
- 2% sought emergency care for bleeding/ pain in the TM arm vs 2% in SC

### Reasons for additional clinic visit

	Standard Care		Telemedicine	
	5 Day FU n (%)	6 Week FU n (%)	5 Day FU n (%)	6 Week FU n (%)
No/Too little bleeding	4 (3)	2 (2)	1 (1)	1 (1)
Too much bleeding	2 (1)	2 (2)	2 (1)	3 (3)
Too much pain	1 (1)	0 (0)	0 (0)	1 (1)
Fever/ smelly discharge	0 (0)	2 (2)	1 (1)	0 (0)
To see if abortion was complete	5 (3)	4 (4)	1 (1)	7 (7)

## CONCLUSIONS

- Telemedicine for medical abortion in this setting looks promising
- Self assessment of gestational age as  $\leq 10$ wks is accurate in 90% of cases

**ACKNOWLEDGEMENTS.** Thantaswa Gulwa , Stephanie Hendricks for data collection.

**FUNDING** Grand Challenges Canada Options initiative, National Research Foundation of South Africa, UCT URC post doctoral fellowship