# Online abortion service can offer alternative to unsafe methods to end pregnancy

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Results support growing calls for reform of highly restrictive abortion laws

Early medical abortion using online telemedicine can offer an alternative to unsafe methods to end a pregnancy for women in countries where access to safe abortion is restricted, finds a study published by **The BMJ** today.

The findings, based on reports from women living in the Republic of Ireland and Northern Ireland where abortion laws are among the most restrictive in the world, show that rates of adverse events are low and that women are able to identify potentially serious complications and seek medical attention when advised.

The results provide the best real-world evidence to date about the effectiveness and harms of self sourced medical abortion through telemedicine in a population of women who otherwise do not have reliable access to abortion services.

About a quarter of the world’s population lives in countries with highly restrictive abortion laws. Globally, each year an estimated 43,000 women die as a result of lack of access to safe legal abortion services through their countries’ formal healthcare systems. Millions more have complications.

However, little is known about adverse events and outcomes for medical abortion provided through online clinics.

So a team of international researchers led by Abigail Aiken at the University of Texas at Austin, analysed self reported outcome data submitted to a telemedicine clinic by 1,000 women four weeks after receiving and using the drugs mifepristone and misoprostol to end an early pregnancy.

Almost 95% reported successfully ending their pregnancy. Seven women (0.7%) reported receiving a blood transfusion and 26 (2.6%) reported receiving antibiotics. No deaths resulting from the intervention were reported by family, friends, the authorities, or the media.

Ninety three women (9.3%) reported experiencing any symptom for which they were advised to seek medical attention and, of these 87 (95%) sought attention. None of the five women who did not seek medical attention reported experiencing an adverse outcome.

The researchers highlight some study limitations that could have introduced bias and say their results might not be generalisable to all settings. However, key strengths include the large sample size and high follow-up rate.

“For the millions of women worldwide living in areas where access to abortion is restricted, the findings show the vital role played by self sourced medical abortion in providing an option with high effectiveness rates and few reported adverse outcomes,” they conclude.

In a linked editorial, researchers in Canada say, while findings from self reported data must always be treated with some degree of caution, these “reassuring study data support growing calls for reform.”

They point out that repeal of legal restrictions “would support the safest and most equitable abortion care for women in Irish jurisdictions.

Until then, for the first time in history, women of all social classes in a legally restricted yet high resource setting have equitable access to a reasonable alternative: medical abortion guided by physicians through telemedicine,” they conclude.

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**Note to Editors**

Research: Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland  
<http://www.bmj.com/content/357/bmj.j2011>

 Editorial: Abortion by telemedicine: an equitable option for Irish women  
 <http://www.bmj.com/content/357/bmj.j2237>