

Telemedicine Abortion In France: Why Women Choose At-home Abortion via Teleconsultation?

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Background: Telemedicine Abortion in the context of COVID-19

- Medical abortion pills are strictly regulated across the world; women are often required to take these pills in the presence of a medical practitioner.
- Increased scientific evidence on the safety and efficiency of at-home medical abortion.
- WHO has been recommending self-administration of medical abortion within 12 weeks since 2012.
- Long restricted, telemedicine abortion became a possibility in many countries including France, USA, UK, Scotland, and Ireland within the context of the pandemic.
- Different models: *direct-to-client* (US, UK, by post) vs. pharmacy dispensation (France).

• HEALTH CARE
• WHY ABORTION PILLS ARE THE NEXT FRONTIER IN THE BATTLE OVER REPRODUCTIVE RIGHTS

Why Abortion Pills Are the Next Frontier in the Battle Over Reproductive Rights



The Food and Drug Administration recently lifted restrictions on abortion pills to allow patients to get them through telemedicine.

Katharina Staerck—Getty Images
BY ABIGAIL ABRAMS

APRIL 13, 2021 9:00 PM EDT

The Biden Administration is removing restrictions on mailing abortion pills during the COVID-19 pandemic, a reversal from the Trump Administration's policy that marks a new phase in the national debate over abortion rights.

France: Derogatory measures during the lockdown

April 2020 to July 2020
November 2020 to September 2021

Within the framework of the health emergency law, derogatory measures were adopted for medical abortion outside of hospital setting;

- Extent to 9 weeks LMP (63 days)
- "All the consultations necessary for the medical abortion can be carried out in the form of teleconsultations if the woman wishes and the practitioner considers it possible"
- Exceptional delivery (*délivrance exceptionnelle*) with prescription sent by mail by the provider to the pharmacist chosen by the woman.
- Medicines (mifepristone and misoprostol) can be dispensed directly to women in local pharmacies.

JORF n°0092 du 15 avril 2020 texte n° 12

<https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000041798289&categorieLien=id>

<https://www.legifrance.gouv.fr/eli/arrete/2021/6/1/SSAZ2116944A/jo/texte>

JORF n°0126 du 2 juin 2021; Texte n° 33



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FRANCE

France extends access to abortions during Covid-19 pandemic

Issued on: 11/04/2020 - 13:00

The French Health authority has extended access to medical abortions, from seven to nine weeks during the coronavirus epidemic. The procedure involves the combination of two kinds of medications. The authority says it is important to guarantee women's abortion rights during the crisis. © Jason Caldruff/Reuters

Text by: RFI | Sarah Elzas

France has extended access to medical abortions to nine weeks of pregnancy to ensure that women continue to have access to their rights during the coronavirus epidemic.

A medical, or medicated, **abortion** ends a pregnancy through medication, without the need for surgery. The pills can be prescribed by a doctor or midwife and in France, and a woman is allowed to take them up to seven weeks after her last period at home, or nine weeks if she is in a hospital setting.

Several rights groups had raised concerns about the difficulty of accessing abortions during the **coronavirus** epidemic, as hospitals are overwhelmed and people have been asked to stay at home. The worry

Drivers Of Telemedicine Abortion During and Beyond The Covid-19 Pandemic

- Mixed-method study examining consultations and email correspondence of women from France, who contacted Women on Web (WoW), a Canadian NGO offering telemedicine abortion services worldwide in restrictive settings, between 1 January and 31 December 2020.
- Initially not a COVID-19 research, but turned into one.

Women on Web

Chercher

Language: Français

À propos de

- Je veux avorter par médicaments
- L'avortement avec des médicaments
- Questions – Réponses
- J'ai avorté
- Recherche
- News and Updates

Je veux avorter par médicaments

Avez-vous une grossesse non désirée ? Ce service d'avortement médicamenteux en ligne soutient les femmes pour qu'elles aient accès à l'avortement avec des médicaments et contribue ainsi à la...

J'ai avorté

Tous les ans, 78 millions de femmes avortent. Envoyez nous votre portrait, partageant votre histoire, ou faites un don et aidez ainsi les femmes du monde entier à avoir accès à un avortement.

Drivers Of Telemedicine Abortion During and Beyond The Covid-19 Pandemic

- The demand for telemedicine abortion received at Women on Web from France has increased significantly during lockdowns; from 60 in March to 128 in April and during the first lockdown and from 54 in October to 80 in November during the second lockdown.

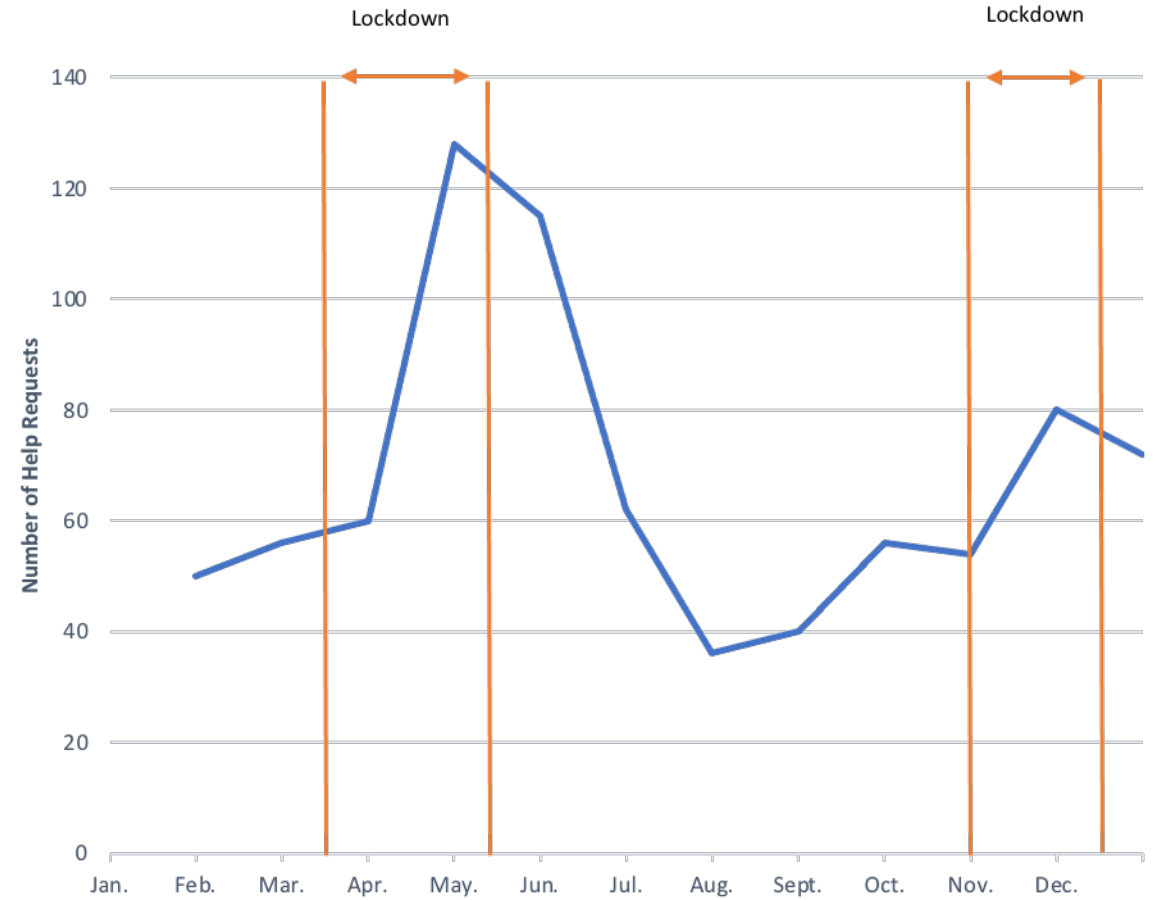


Figure 1: The Number of Telemedical Abortion Consultations from France received by Women on Web between 1 January and 31 December 2020 (n = 809).

n (Frequencies in %)						
Reasons why women choose telemedicine abortion through Women on Web ^{†‡}	Age groups			COVID-19 Relevancy		Totals
	18-25 (n = 261, reasons missing n=16)	26-35 (n = 344, reasons missing n=14)	36 and above (n = 164, reasons missing n=10)	COVID-19 Related Consultations (n=236)	COVID-19 Unrelated Consultations (n=573)	(n=769, reasons missing n=40)
Need to keep abortion a secret from partner or family	152 (58.2)	138 (38.5)	66 (37.9)	74 (31.3)	282 (49.2)	356 (46.2)
I would rather keep my abortion private	117 (44.8)	115 (32.1)	63 (36.2)	76 (32.2)	219 (38.2)	295 (38.3)
I would be more comfortable at home	104 (39.8)	103 (28.7)	62 (35.6)	82 (34.7)	187 (32.6)	269 (34.9)
Coronavirus	93 (35.6)	96 (26.8)	47 (37)	236 (100)	0 (0)	236 (30.6)
I would rather take care of my own abortion	90 (34.4)	94 (26.2)	36 (20.6)	0 (0)	220 (38.3)	220 (28.6)
It's hard to access abortion due to work or school commitments	77 (29.5)	69 (20)	35 (21.3)	39 (16.52)	142 (24.7)	181 (23.5)
It is hard to access abortion because of the cost	82 (31.4)	52 (14.5)	22 (12.6)	39 (25.0)	117 (20.4)	156 (20.2)
It is hard to access abortion because of childcare	30 (11.4)	75 (21.8)	42 (25.6)	38 (16.10)	109 (19.0)	147 (19.1)
I would rather have my partner or friend with me during the process	66 (25.2)	33 (9.2)	15 (8.6)	31 (13.1)	83 (14.4)	114 (14.8)
It is hard to access abortion because of legal restrictions	29 (11.1)	42 (11.7)	14 (8)	28 (11.8)	57 (9.9)	85 (11)
Stigma	42 (16)	30 (8.3)	13 (7.4)	26 (11.0)	59 (10.2)	85 (11)
It is hard to access abortion because of distance	33 (12.6)	18 (5.2)	18 (10.9)	26 (11.0)	43 (7.5)	69 (8.9)
Other reason	16 (6.1)	13 (3.7)	12 (7.3)	14 (5.9)	27 (4.7)	41 (5.3)
Abusive partner	14 (5.3)	14 (4)	7 (4.2)	9 (3.8)	26 (4.5)	35 (4.5)
I find it empowering	13 (4.9)	13 (3.6)	4 (2.2)	9 (3.8)	21 (3.6)	30 (3.9)
Undocumented immigrant	9 (3.4)	11 (3.1)	6 (3.6)	4 (1.6)	22 (3.8)	26 (3.3)

Table 2: Reasons Why Women Chose Telemedicine through WoW between 1 January and 31 December 2020 per Age Groups and COVID-19 Relevancy

[†] The exact question reads “What are the main reasons why you are requesting an abortion through Women on Web?”

[‡] All questions have pre-specified options that women can select.

[§] The question is optional, which explains the missing data.

^{||} Multiple responses are allowed; total response therefore exceeds 100%.

Drivers Of Telemedicine Abortion During and Beyond The Covid-19 Pandemic

- “I know abortion is legal in France, but I will tell you why I will not be able to have an abortion here. My companion is a violent man, I will never be able to have the opportunity to go to a hospital or a centre, without him watching me.”
- “I want to remain in the legal time limit for medical abortion, but I could not find any place to go before two months. I will pass the legal limit by then!”
- “I’m writing to you after being refused by 3 gynaecologists, they all refer me to the hospital which is overburdened with COVID. I contacted the family planning clinic, one is closed today, the other does not want to take me because I am not from their city. Besides the family planning clinic is difficult, they ask for 2 appointments, 1 day of hospitalization and a check-up. I have 2 jobs to get by financially. I have experienced an abortion this way before, it was traumatic. I’d rather be at home and manage my own abortion.”

Main Findings

- Although, lockdowns served as a push factor for women to resort to telemedicine for abortion, the drivers of telemedicine are multidimensional and go beyond conditions unique to the pandemic.
- The preferences and needs over **secrecy (n=356, 46.2%)**, **privacy (n=295, 38.3%)**, and **comfort (n=269, 34.9%)** are among the most frequent reasons for women from France to choose telemedicine abortion through Women on Web.
- Our findings suggest that telemedicine can help meet women's needs and preferences for secrecy, privacy and comfort, while facilitating increased access to and enabling a more person-centred abortion care.

INDIVIDUALS CAN SELF-MANAGE MEDICAL ABORTION IN THE FIRST TRIMESTER

The self-management of medical abortion is:

- ✓ **Non-invasive**
- ✓ **Cost-effective**
- ✓ **Acceptable**
- ✓ **Improves autonomy**

Links to a health-care provider should always be available, if needed

hrp human reproduction programme research for impact

World Health Organization

Limitations & Strengths

- The WoW dataset consists of self-reported data.
- The cross-sectional data is derived from a defined list of motivations and reasons, asking survey respondents to check the options which correspond to their situation. Multiple answers were allowed. The participants' responses herein might involve acquiescence bias.
- Only 2020 data was available.
- The content analysis could have been enriched with in-depth qualitative interviews.
- To our knowledge, this is one of the first studies on telemedicine abortion provision in France.
- Can provide preliminary insights on the derogatory measure beyond the pandemic.

THANK YOU!

Merci beaucoup!

*Why
France
should
maintain
teleconsultation
for abortion
beyond the
pandemic*

WWW.WOMENONWEB.ORG

