Outcomes of abortion provided by the online abortion service Women on Web

Rebecca Gomperts, MD
Gomperts@womenonwaves.org
TELEMEDICINE

Information and communication technologies applied to medicine - known as "telemedicine" and "e-health" technologies – have the power to radically transform health and social care for the better. Used appropriately, they can empower people to live healthier lives through receiving, treatment, information and advice when and where they need it. (European Space Agency)

“Noting the potential impact that advances in information and communication technologies could have on health-care delivery, public health, research and health-related activities for the benefit of both low- and high-income countries ( FIFTY-EIGHTH WORLD HEALTH ASSEMBLY WHA58.28, 25 May 2005, eHealth)
THE WORLD’S ABORTION LAWS
I need an abortion

Do you have an unwanted pregnancy? Click here. This online medical abortion service helps women gain access to a safe abortion with pills in order to reduce the number of deaths due

Every year 42 million women have an abortion. Every 7 minutes a woman dies unnecessarily from an illegal abortion. Show your face, share your story, donate your money and help women around the world get access to safe abortions. Discuss and share information with others. Look for support if you are considering an abortion. Participate to support abortion rights, also if you did not have an abortion. Click on one of the portraits to find our more....
Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services

RJ Gomperts, a K Jelinska, b S Davies, c K Gemzell-Danielsson, d G Kleiverda e

a Women on Waves, Amsterdam, the Netherlands  b Women's Wallet, Amsterdam, the Netherlands  c Women on Web, Minneapolis, MN, USA  d Department of Woman and Child Health, Karolinska Institutet, Stockholm, Sweden  e Department of Obstetrics and Gynaecology, Flevoziekenhuis, Almere, the Netherlands

Correspondence: RJ Gomperts, Women on Waves, PO Box 15683, 1001 ND, Amsterdam, the Netherlands. Email gomperts@womenonwaves.org

Accepted 25 February 2008.

Women on Web is a service that uses telemedicine to help women access mifepristone and misoprostol in countries with no safe care for termination of pregnancy (TOP). This study reviews the telemedicine service. After an online consultation, women with an unwanted pregnancy of up to 9 weeks are referred to a doctor. If there are no contraindications, a medical TOP is conducted by mail. After maximising the follow up from 54.8 to 77.6%, 12.6% decided not to do the TOP and 6.8% of the women who did the medical TOP at home needed a vacuum aspiration. Telemedicine can provide an alternative to unsafe TOP. Outcomes of care are in the same range as TOP provided in outpatient settings.

Keywords Abortion, buccal misoprostol, e-health, home-use, mifepristone, self-administration, telemedicine.
Women 'using web for abortions'

By Jane Dreaper
Health correspondent, BBC News

Some women in countries where abortion is restricted are using the internet to buy medication enabling them to abort a pregnancy at home, the BBC has learned.

Women in Northern Ireland and over 70 countries with restrictions have used one of the main websites, Women on Web.

A British Journal of Obstetrics and Gynaecology review of 400 customers found nearly 11% had needed a surgical procedure after taking the medication.

The website says it can help reduce the problems linked with unsafe abortions.
Women risk health by using abortion websites

Women across the world are risking their health by accessing abortion medicines online and using them unsupervised, a study has revealed.

Last Updated: 10:30PM BST 18 Jul 2008
Regional differences in surgical intervention following medical termination of pregnancy provided by telemedicine

REBECCA GOMPERTS¹,², SABINE A. M. PETOW¹, KINGA JELINSKA³, LOUIS STEEN²,
KRISTINA GEMZELL-DANIELSSON¹ & GUNILLA KLEIVERDA⁴

¹Department of Women’s and Children’s Health, Division of Obstetrics and Gynecology, Karolinska Institute, Karolinska University Hospital, Stockholm, Sweden, ²Women on Waves, Amsterdam, ³Women’s Wallet, Amsterdam, and ⁴Flevoziekenhuis Almere, Department of Obstetrics and Gynecology, Almere, the Netherlands

Key words
Abortion, buccal misoprostol, home use, mifepristone, self-administration, telemedicine, Women on Web, worldwide

Abstract
Objective. Analysis of factors influencing surgical intervention rate after home medical termination of pregnancy (TOP) by women in countries without access to safe services using the telemedical service ‘Women on Web’. Design. Cohort study. Setting. Women with an unwanted pregnancy less than nine weeks pregnant who used the telemedicine service of Women on Web between February 2007 and September 2008 and provided follow-up information. Sample. Women who used medical TOP with a known follow up. Methods. Information from the online consultation, follow-up form and emails was used to analyze the outcome of the TOP.
<table>
<thead>
<tr>
<th>Region</th>
<th>Total 2323</th>
<th>Surgical intervention 289 (12.4%)</th>
<th>No surgical intervention 2034 (87.6%)</th>
<th>P-value 0.000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Europe</td>
<td>362</td>
<td>21 (5.8%)</td>
<td>341 (94.2%)</td>
<td></td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>1342</td>
<td>199 (14.8%)</td>
<td>1143 (85.2%)</td>
<td></td>
</tr>
<tr>
<td>Middle east</td>
<td>127</td>
<td>6 (4.7%)</td>
<td>121 (95.3%)</td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>33</td>
<td>2 (6.1%)</td>
<td>31 (93.9%)</td>
<td></td>
</tr>
<tr>
<td>Asia/Oceania</td>
<td>146</td>
<td>16 (11.0%)</td>
<td>130 (90.0%)</td>
<td></td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>313</td>
<td>45 (14.4%)</td>
<td>268 (85.6%)</td>
<td></td>
</tr>
</tbody>
</table>
## Why is this important?

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Acceptable</th>
<th>Not Acceptable</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical intervention</td>
<td>101</td>
<td>92 (91%)</td>
<td>9</td>
<td>0.000</td>
</tr>
<tr>
<td>No surgical intervention</td>
<td>718</td>
<td>704 (98.1%)</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
Symptoms indicating possible complication (incomplete abortion) that might need a surgical intervention:

- Fever
- Heavy bleeding (soaking more than 2 max pads per hour during more than 2 hours)
- Severe lasting pain
- No bleeding at all (ongoing pregnancy in 1% of cases)

Surgical intervention is not needed if:

- sonogram shows there are small remains in uterus
- there are no complaints as indicated above
“I was left in no doubt about the abortion being complete and was so grateful to have had that **moment in the privacy** of my own bathroom and not a strange clinic with strangers around me. It was such a relief to have **full control** of the whole procedure and I firmly believe it made the whole sad experience a lot more bearable.”

“Not as difficult as I though it will be...really.”

“i'm single. In most moslem countries, if a single girl get pregnant, it's a **big shame** for her and her family. I was very happy that medicine worked. If not, I could face a **big problem** searching other ways”

“See, I never supported women who had or wanted to have an abortion...I even though I could never do such a thing, but this situation **you only understand once you are in it**. For me it was the end, this organization made it the beginning...I can get a job, rent a little room & **start a new life.**”

www.womenonwaves.org      www.womenonweb.org