



COVID-19 IPPF Innovation and best practice: Telemedicine abortion care

“The integration of telemedicine abortion care has enhanced women’s reproductive autonomy within the legal framework and has been empowering for many women. We support the retention of remote access as an option within the care pathway and will advocate for its continuance beyond the pandemic.”

Maeve Taylor, IFPA Director of Advocacy and Communications.

Practising self-isolation and curfew to prevent COVID-19 is a key barrier for clients to access medical information and Sexual and Reproductive Health (SRH) services, including family planning, safe abortion, STI/HIV management, cervical cancer care, and antenatal and postnatal clinics. The pandemic has also been shown to increase sexual and gender-based violence (SGBV) and domestic abuse. Continued access to SRH services delivery and securing sexual and reproductive health rights is crucial. Digital Health Interventions (DHIs) including telemedicine, teleconsultation and tele-counselling has been introduced, expanded, and adapted by various International Planned Parenthood Federation (IPPF) Member Associations across the globe.

Virtual patient consultations, self-assessment smartphone applications, hotlines and remote provision of medications are a few examples of telehealth and telemedicine applications used to improve SRH during the pandemic. While telehealth will not and should not replace face-to-face services, many Member Associations seek to maintain digital health interventions developed during COVID-19 to complement face-to-face and improve access to services in the long-term.

The initial findings of International Planned Parenthood Federation’s (IPPF) COVID-19 impact survey March 2020 indicated that women faced barriers to accessing safe abortion care in Ireland due to limited access to health facilities.

This Learning Brief highlights innovations through IFPA’s COVID-19 enhanced abortion care implementation plan in response to the pandemic.

Transforming abortion care through telemedicine

Early abortion care in Ireland involves two consultations with a medical practitioner, separated by a three-day mandatory waiting period. Service delivery is focused on early medical abortion (EMA). The Irish Family Planning Association (IFPA) has worked hard to maintain access to abortion care during the COVID-19 crisis. At the onset of the pandemic, the association urged the Minister of Health to take steps to ensure abortion services could continue during the public health emergency through introducing remote consultation (phone or videoconferencing). In April 2020, a revised Model of Care was issued by the Health Service Executive permitting the delivery of early abortion care by remote consultation. This change was introduced without amending the 2018 abortion law. Under this revised Model of Care, face-to-face consultations for abortion care should

take place only when clinically necessary and such consultations should be kept to a minimum during the COVID-19 pandemic. After the second phone consultation, abortion medications can be collected from the provider or delivered by courier.

The IFPA aimed to ensure the same quality of care for women accessing abortion at the community level before the pandemic. Additional supports were integrated into the care pathway (information call from counselling team, Step-by-Step guide for using the Home Care Pack, video series outlining new care pathway, and a translation feature to IFPA website) to ensure women felt supported throughout their care. The IFPA will advocate for telemedicine to be retained as an option within the abortion care pathway beyond the pandemic.

Successes

- Policymakers in Ireland took the decision to introduce telemedicine abortion without legislative change. This is significant and demonstrates the potential for abortion services to expand in patient-centred and rights-based ways within the confines of the existing law.
- Telemedicine was new both to IFPA staff and women, therefore additional supports were developed for the abortion care pathway to ensure women felt supported throughout their care. In line with international evidence, feedback from healthcare providers and women indicates that remote consultation is an acceptable mode of service delivery.
- The introduction of telemedicine abortion during the pandemic contributes to the recognition of abortion by the government as essential, time-sensitive healthcare. This is an encouraging sign of respect for women's right to reproductive autonomy in a country that has only recently reformed its abortion law.
- The additional supports the IFPA developed for the remote care pathway were positively received. Qualitative feedback indicates that women were satisfied with the level of information provided and felt well supported by the IFPA throughout their abortion care.

Key challenges

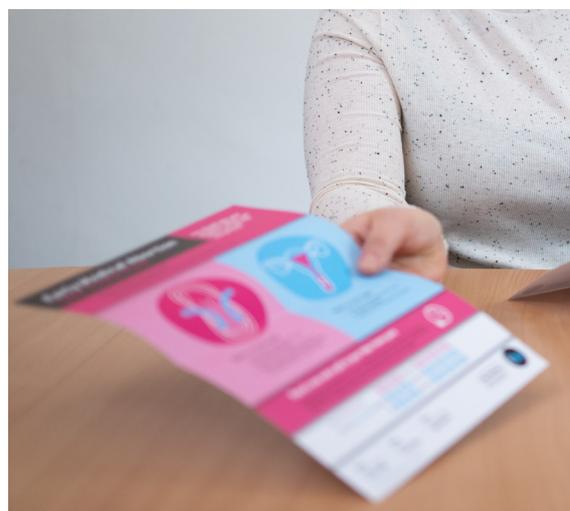
- Like other recent legislation, the 2018 Act includes a requirement for a review of its implementation within three years. The main challenge is political parties seeing their interests more aligned with leaving the legislation untouched than revisiting its many flaws. Regarding telemedicine abortion, a challenge is to ensure its retention as a positive development in healthcare and avoid its consideration within a more politicised frame of fear of reopening issues that are politically settled.
- A potential advocacy challenge is the neglect by the government to gather data on remote consultation or create domestic evidence to demonstrate its effectiveness and acceptability. Insufficient national data may leave a space for anti-choice elements to attempt to undermine political confidence in the safety of medical abortion, particularly telemedicine abortion, in the context of the review. However, robust international evidence is available, including a recent large-scale cohort study in England, which the IFPA will draw upon to support the case for retention on Telemedicine abortion. Work is underway amongst providers, researchers, and advocates to collate this information.

Next steps

- Document IFPA learnings throughout this period and develop a domestic evidence base to support the retention of remote consultation as an option with the abortion care pathway.
- Promote greater understanding of both abortion as a social good and respect for reproductive autonomy as key elements of rights-based reform of abortion law, policy, and practice.
- Share IFPA experience of remote consultation as an option within the abortion care pathway with the SRHR community in other European settings for inspiration and learning to support piloting or improving Telemedicine abortion.
- Showcase the Irish experience and learnings to national decision-makers and to donors to illustrate how offering choice in service delivery modality empowers women to access care in a manner consistent with their individual needs and preferences.

Recommendations for SRH services, governments, and civil society organizations (CSOs)

- As physical access to health centres can be limited during the pandemic, it is critical to expand women's ability to access abortion through a range of care models, including out-of-clinic care options such as telehealth solutions, home-based provision of abortion care by healthcare providers, and supporting women to access self-managed medical abortion as a safe and legitimate alternative care option. SRH service providers should ensure that these options remain available as long-term safe and acceptable models of care beyond the pandemic.
- While the range of abortion care models should be expanded to include out-of-facility models, in-clinic care - including for surgical abortion - should be maintained to ensure options are available for the woman to make the best choice for her. Investments should be made for innovative abortion care models through the revision of national policies and guidelines integrating and retaining remote access as an out-of-clinic care option within the abortion care pathways beyond the pandemic. Strategies should be used such as task-shifting to additional cadres of healthcare providers, remove requirements for unnecessary tests, minimise the number of clinic visits and enhance infection prevention standards to facilitate in-clinic care during a pandemic.
- Governments must recognize abortion as an essential health service, to enable continued provision of and access to abortion care during a pandemic. It is critical to ensure that countries have emergency preparedness plans to secure access and funding to essential support SRH abortion services and supplies, including quality medical abortion. Mifepristone, misoprostol, and combi-packs including both medicines should be registered, included in national essential medicines lists, and made available in country to facilitate procurement and supply.



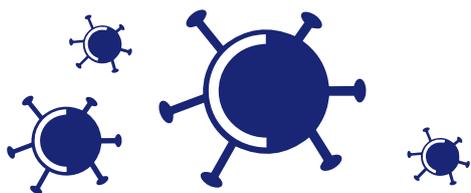
Endnotes

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: [COVID-19 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)

IPPF COVID-19 Impact survey 2 June 2020: [COVID-19 Round 2 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)

IPPF COVID-19 Impact survey 3 November 2020: [COVID-19 Round 3 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)



About IFPA

The Irish Family Planning Association (IFPA) is Ireland's leading sexual health charity, promoting the right of all people to sexual and reproductive health information and dedicated, confidential, and affordable healthcare services. With a strong track record in providing high quality medical, counselling and education services, the IFPA is a respected authority on sexual and reproductive health and rights and is regularly called upon to give expert opinion and advice.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Ireland/ IFPA
Image 2: Ireland/ IFPA
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