

MEDICAL ABORTION BY TELEMEDICINE: INFORMATION AND EVIDENCE

INTRODUCTION

Telemedicine has created new avenues for the provision of remote medical care services by health professionals from different disciplines, especially gynecology and obstetrics. Telemedicine has been successfully used worldwide—and in Mexicoⁱ—for several years.

All over the world, thousands of women have benefited from the use of medication for the legal termination of pregnancy (in Spanish, ILE). The treatment has proven to be safe, effective, and highly acceptable to users and service providers.

Cofepris—the Mexican agency responsible for health regulation and inspection and drug approval—authorized the use of mifepristone and misoprostol for medical abortion. By the end of March 2019, these medicines had been used by over 160,000 women seeking abortion services at facilities of the Mexico City Ministry of Healthⁱⁱ.

Medical Abortion: Paving the Way Toward Access

The WHO considers mifepristone followed by misoprostol to be the gold standard for medical abortion in the first trimester. The regimen is very safe and effective (3).

Mifepristone and misoprostol have been added to the WHO Model List of Essential Medicines and the Basic Table of Essential Drugs (4,5) published by the General Health Council of Mexico.

The WHO recommends self-administration of mifepristone and misoprostol (6) so that women can be in charge of their own treatment.

TELEMEDICINE AND TELEHEALTH TO IMPROVE ACCESS TO ABORTION

Information and communication technologies (ICTs), also known as digital technologies, are regarded by the WHO (7) and other international, regional, (8) and national agencies in Mexico as essential tools for the health system. Innovative in nature, they hold promise to bridge the gap between users and health facilities. Hence, improving timely care while maintaining the same quality.

Use of ICTs for medical abortion is recommended because they represent a safe means to broaden access to the services. The American Congress of Obstetricians and Gynecologists acknowledges the opportunity Telemedicine represents for medical abortion use (9). There has been an increasing number of studies worldwide that have tested models adapted to different contexts and to current legal and health frameworks for the provision of remote health care services. Recently reported conclusions based on a systematic review of the subject provided significant evidence on the safety and acceptability of novel care models (10).

A Telehealth model for medical abortion studied in a clinical trial was approved by the United States Food and Drug Administration. Initial results of the *TelAbortion* service were reported in the journal *Contraception* (11) demonstrating a successful model acceptable by users. More than 200 people received treatment appropriately and efficiently. 94% had a complete abortion without a procedure, comparable to success rates for medical abortion care in person. No adverse events occurred that would have been avoided by an initial in-person visit. All participants were satisfied the service. *TelAbortion* currently operates in 10 states.



A HEALTH CARE MODEL FOR MEDICAL ABORTION BY TELEMEDICINE IN MEXICO: TELEABORTO

A review of the current legal and health frameworks for the provision of health care by Telemedicine in Mexico revealed that the country has the necessary conditions to incorporate a model for the provision of remote legal abortion services that might help bridge access gaps, especially for women for whom it is difficult to receive timely appropriate care due to either a lack of providers or the long trips required to reach health facilities.



Elements of the normative framework and experience in Mexico that promote the provision of remote health services

The right to health, recognized by the Mexican Constitution, will contribute to improving timely and universal access to health services and without discrimination.

Telehealth is governed by the General Health Law (in Spanish, *LGS*). CENETEC.

Mexico has considerable experience in Telehealth in several disciplines, including gynecology and obstetrics.

The Professional License is valid nationwide. Therefore, it is possible to provide medical care across states. *LGS*.

The use of digital prescriptions is allowed. Federal Official Gazette, July 17, 2018. Decree reforming, adding to, and repealing various provisions in the Regulations of the General Health Law on the Provision of Medical Care Services. El envío de medicamentos para uso individual está permitido. *LGS*

Shipping of medicines for personal use is allowed. *LGS*.

In Mexico, misoprostol (2008) and mifepristone (2016) were approved by Cofepris and were added to the basic table and catalogue of Group 9 medicines: Gynecology and Obstetrics, General Health Council. 2016 Edition.

Medical consultation does not require physical presence. *LGS*.

Informed consent can be granted verbally. *LGS*.

In this context, Gynuity Health Projects, in collaboration with abortion service providers in Mexico, is implementing a pilot study to evaluate the acceptability of a telehealth model. The results of the experience will be widely disseminated, and at the same time we will explore the adaptation of the model to other public and private health systems and contexts.

Health centers participating in the TeleLE pilot study



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Gynuity Health Projects is a non-governmental organization based in New York, in the United States. For more information on our work and its scope, visit our website.

220 East 42nd Street, Suite 710
 New York, NY 10017
 Phone: 1 (212) 448-1230
gynuity.org
pubinfo@gynuity.org

ⁱ <https://www.gob.mx/salud/cenetec/acciones-y-programas/direccion-general-de-cenetec>

ⁱⁱ Mexico City Ministry of Health. Information about patients who received legal abortion services at health clinics in Mexico City (up to March 31, 2019). <http://ile.salud.cdmx.gob.mx/estadisticas-interrupcion-legal-embarazo-df/> Last visited: May 14, 2019.