Background
Access to abortion in the U.S. is becoming increasingly limited. At least 7 states have only 1 abortion provider, and many women travel 50 or more miles to reach the nearest facility. The time, money, lost wages, and childcare arrangements involved in accessing this basic reproductive right can be a substantial hardship for many women. Beyond distance, women face other barriers to accessing abortion at clinics, including scheduling difficulties and long waiting times for appointments, the need to take time off from work and arrange for childcare, and harassment from clinic protesters. In an effort to address some of these barriers, Gynuity Health Projects launched a project in 2016 called TelAbortion (www.telabortion.org) to provide abortion services via telemedicine and mail.

How does TelAbortion work?
Previously, telemedicine has been used to provide abortion in the U.S. using a 'site-to-site' approach, in which a woman goes to a clinic that stocks mifepristone and while there communicates with a provider in a distant location. The TelAbortion Project uses a different model: 'direct-to-patient' telemedicine. To receive a TelAbortion, a woman seeking abortion is counseled by an abortion provider by video chat from her home, and she obtains pre-abortion tests at facilities close to her. The provider reviews the test results, and if appropriate, mails the abortion pills to the patient. The patient has post-abortion tests either at home or in a facility and a follow-up consultation with the abortion provider.

Our Findings
The project has enrolled more than 370 patients in Colorado, New Mexico, Georgia, Hawaii, Oregon, Washington State, Maine, and New York. To date, 93% of participants completed their abortion without surgery, and satisfaction has been high among both patients and providers. Most participants report that the process is convenient and that they would recommend it to a friend. Our collaborating providers are also enthusiastic about TelAbortion. They believe that it increases access to abortion and report that interacting with patients in their home settings enhances the clinician-patient relationship.

Contact us!
To find out more information or see how you can get involved, check out www.telabortion.org, or contact Elizabeth Raymond (eraymond@gynuity.org) or Erica Chong (echong@gynuity.org).