

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

Rebecca Gomperts, MD  
Gomperts@womenonwaves.org



[www.womenonwaves.org](http://www.womenonwaves.org)

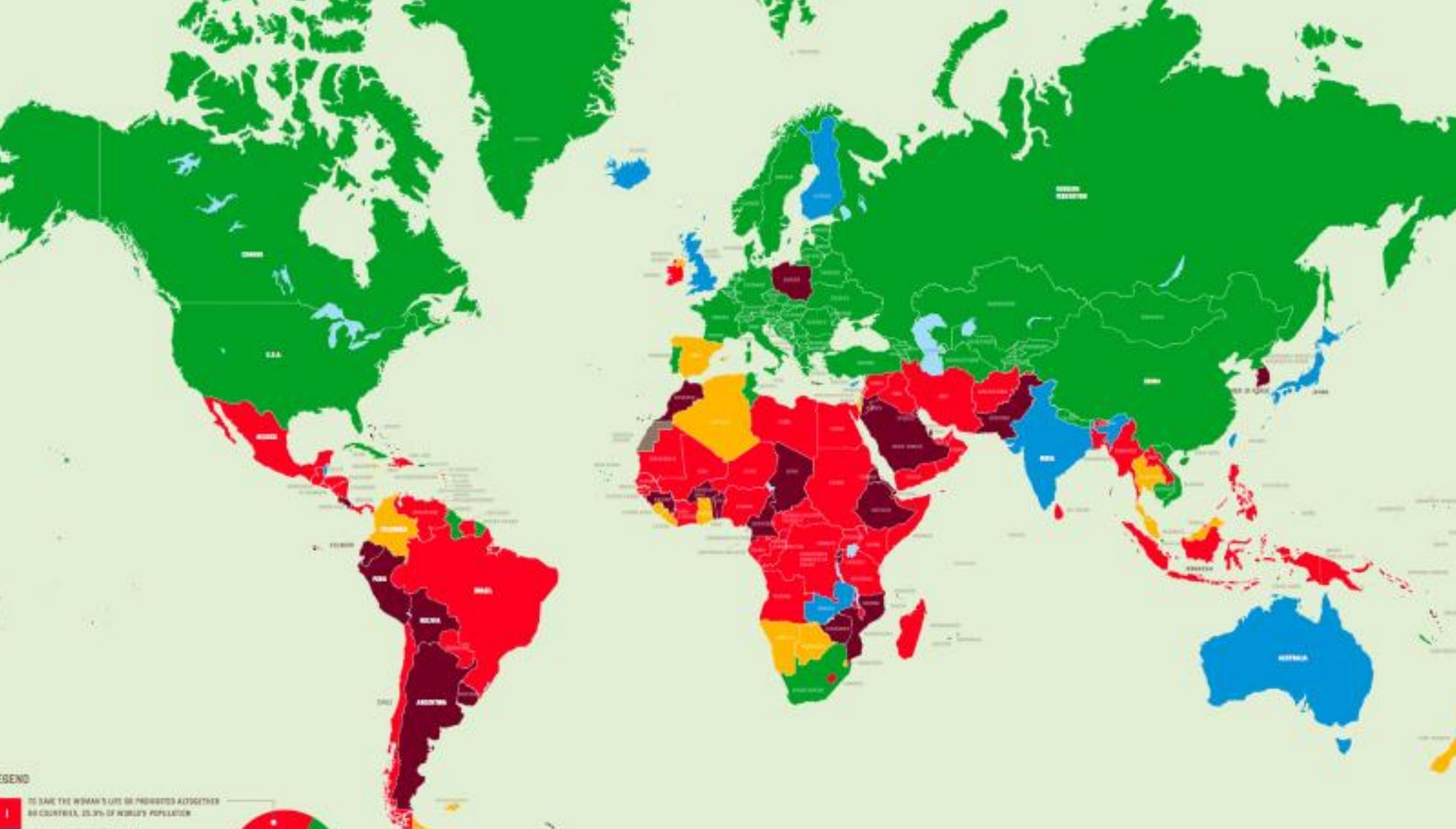
[www.womenonweb.org](http://www.womenonweb.org)

# 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)





LEGEND

- TO SAVE THE WOMAN'S LIFE OR PREVENTED ALTOGETHER  
89 COUNTRIES, 25.3% OF WORLD'S POPULATION
- TO PRESERVE PHYSICAL HEALTH  
34 COUNTRIES, 5.4% OF WORLD'S POPULATION
- TO PRESERVE MENTAL HEALTH  
23 COUNTRIES, 4.2% OF WORLD'S POPULATION
- SOCIOECONOMIC GROUNDS  
14 COUNTRIES, 2.1% OF WORLD'S POPULATION
- WITHOUT RESTRICTION AS TO REASON  
58 COUNTRIES, 36.2% OF WORLD'S POPULATION



# THE WORLD'S ABORTION LAW

...ents, but 60% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, about 26% of all people live in countries where abortion is generally prohibited.

...tries are categorized according to the degree to which access to abortion is permitted. Countries in category 1 have the most restrictive law. Those in each subsequent category receive the grounds specified in the preceding category as well as additional grounds. Depending on such factors as public opinion, the views of government officials and providers, and individual circumstances, laws in each category may be interpreted more broadly or restrictively than indicated by their classification.

**CENTER FOR REPRODUCTIVE RIGHTS**

The Center for Reproductive Rights is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide.

120 Wall Street  
New York, New York 10005, United States  
[www.reproductiverights.org](http://www.reproductiverights.org)

2010

www.womenonweb.org

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

I had an abortion



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,<sup>a</sup> K Jelinska,<sup>b</sup> S Davies,<sup>c</sup> K Gemzell-Danielsson,<sup>d</sup> G Kleiverda<sup>e</sup>

<sup>a</sup>Women on Waves, Amsterdam, the Netherlands <sup>b</sup>Women's Wallet, Amsterdam, the Netherlands <sup>c</sup>Women on Web, Minneapolis, MN, USA <sup>d</sup>Department of Woman and Child Health, Karolinska Institutet, Stockholm, Sweden <sup>e</sup>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](mailto: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.

## News Front Page



Africa

Americas

Asia-Pacific

Europe

Middle East

South Asia

UK

Business

Health

Medical notes

Science &amp; Environment

Technology

Entertainment

Also in the news

Video and Audio

Have Your Say

Page last updated at 04:28 GMT, Friday, 11 July 2008 05:28 UK

✉ E-mail this to a friend

🖨️ Printable version

## Women 'using web for abortions'

By Jane Dreaper

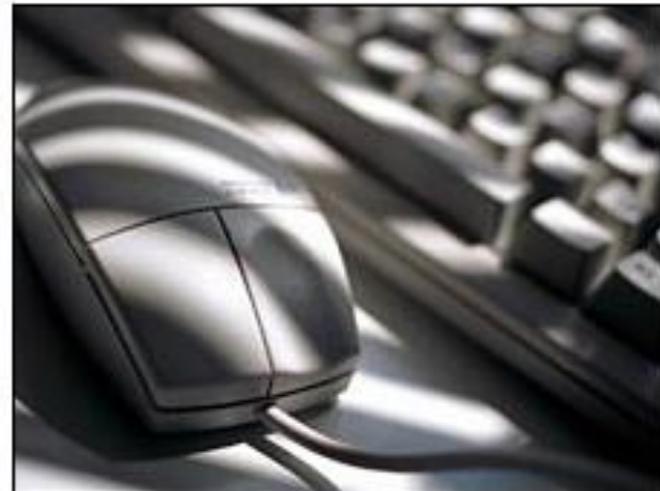
Health correspondent, BBC News

**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



There are concerns about abortion on the web

You are here: [Home](#) > [News](#) > [UK News](#)

## 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



 [Email this article](#)

 [Print this article](#)

 [Share this article](#)

Digg

### Related Content

[Women having more children than at any point since 1970s](#)

[Death rates in some hospitals 'three times too high'](#)

## MAIN RESEARCH ARTICLE

# Regional differences in surgical intervention following medical termination of pregnancy provided by telemedicine

REBECCA GOMPERS<sup>1,2</sup>, SABINE A. M. PETOW<sup>1</sup>, KINGA JELINSKA<sup>3</sup>, LOUIS STEEN<sup>2</sup>, KRISTINA GEMZELL-DANIELSSON<sup>1</sup> & GUNILLA KLEIVERDA<sup>4</sup>

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

## Key words

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

## Correspondence

Rebecca Gomperts, MD, Department of Women's and Children's Health, Division of Obstetrics and Gynecology, Karolinska Institute and Women on Waves, PO Box 15683, 1001 MD Amsterdam, the Netherlands

## 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.



<b>Region</b>	<b>Total 2323</b>	<b>Surgical intervention 289 (12,4%)</b>	<b>No surgical intervention 2034 (87,6%)</b>	<b>P- value 0.000</b>
Western Europe	362	21 (5.8%)	341 (94.2%)	
Eastern Europe	1342	199 (14.8%)	1143 (85.2%)	
Middle east	127	6 (4.7%)	121 (95.3%)	
Africa	33	2 (6.1%)	31 (93.9%)	
Asia/Oceania	146	16 (11.0%)	130 (90.0%)	
Latin America/Caribbean	313	45 (14.4%)	268 (85.6%)	



# Why is this important?

	<b>total</b>	<b>acceptable</b>	<b>Not acceptable</b>	<b>P-value</b>
Surgical intervention	101	92 (91%)	9	0.000
No surgical intervention	718	704 (98,1%)	14	



## **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.**”

