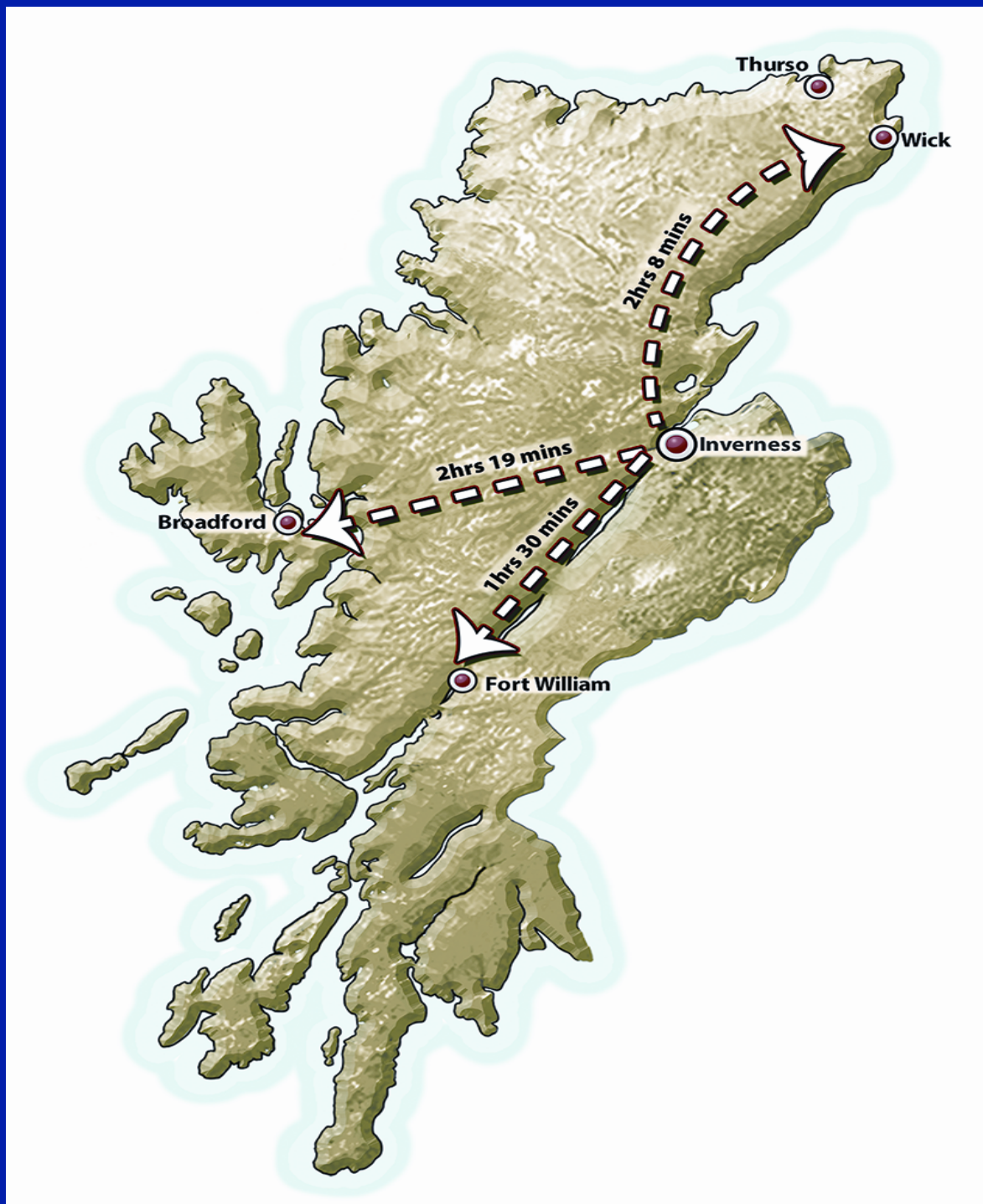


Telemedicine for abortion care- Highlands Experience

Dr Lucy Caird MD FRCOG
Raigmore Hospital, Inverness



In UK

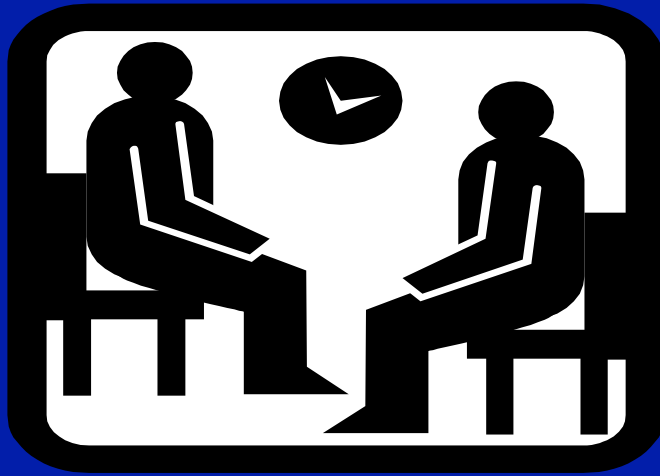
States that abortion medication can only be given on licensed sites ie hospitals or licensed premises

This means that we have to bring women to clinic/hospital for mifepristone and misoprostol



Abortion Act 1967

Providing health care in rural communities

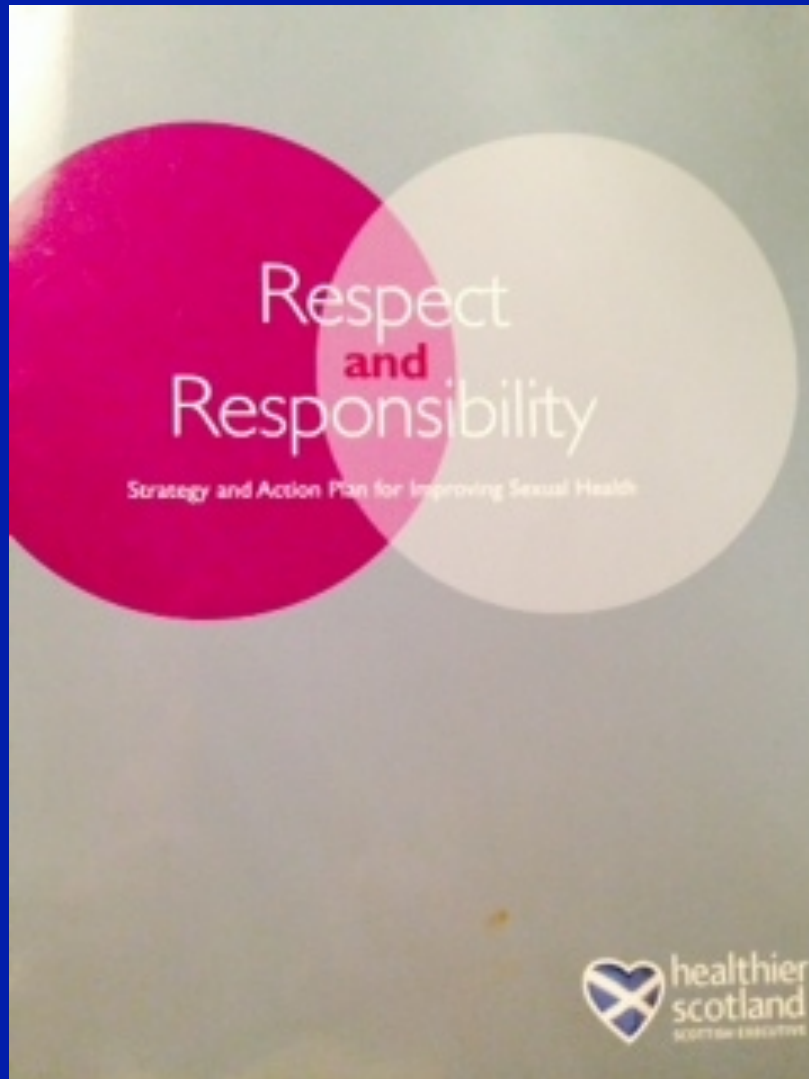


- Problems with women knowing who works in the health care team
- Issues with staff being unwilling to provide abortion care and having strong views
- Staff turnover and small numbers mean staff less familiar with service provision
- Less frequent clinics due to low numbers mean patients can wait longer

Transport



Scotland 2005



- 70% abortions under 63 days – 9 weeks
- In Highland we manage 58%

Methods offered

- Early medical discharge
- Medical termination in hospital as day case
- Manual vacuum aspiration
- Surgical termination under general anaesthetic as day case or overnight stay

Initiatives to improve access

- Self referral
- Telephone consultations
- Same day local anaesthetic abortion
- Offering early medical discharge where appropriate
- Involve rural general hospitals in giving medication

Self referral

- Train appointment office
 - Contact details on sexual health website
 - Word of mouth
 - Previous users of service
 - Health team direct
-
- **In 2013 85/454 self referred.**



What happens after referral?

- Routine visit for scan, bloods, counselling and another date(s) for procedure given
 - STOP 1 more visit
 - MVA 1 more visit
 - EMD 2 more visits
 - MTOP in hospital 2 more visits
- Telephone appointment arranged for the remote and at first visit scan and chosen method performed

Telephone consultations

- **Advantages**

- No need to travel
- Easy to arrange and appointments office facilitate
- Information sharing and gathering
- Privacy assured
- Set up potential plan for clinic day

- **Disadvantages**

- Gestation not certain so options provisional only
- Cannot see the person but is that a problem?
- Cannot give written consent
- Time spent for staff with travel and accommodation plans

First clinic visit to service for discussed procedure

- To do
- Scan
- Bloods
- Re -assess womens' views and decisions
- Review contraception and LARC plans
- Potential harms
- Try to be certain that all these plans made are not followed through if any uncertainty

Telephone outcomes n = 41

August 2011 – July 2013

- 16 MTOP as day case in hospital
- 14 STOP with overnight stay
- 6 STOP as day case
- 5 MVA under LA as day case
- **61% choose surgical method**



Suitability for Out-patient treatments EMD and MVA

EMD	MVA
Under 63 days	Under 70 days
Live within 30 minutes travelling time	Happy for local anaesthetic procedure
Have an adult at home to accompany home	Operator available to do
No cause for concern	Room available to do
Speaks good English	Nurse available to help
Over 18	
No major medical issues	

MVA

August 2011 – July 2013



Demographics of MVA

Number	31
age	33
nulliparous	5 = 17%
parous	26 = 83%
Previous TOP	13 = 43%



In 2013 70% had IUS/IUD fitted, 15% nexplanon at time so LARC use is 85%!!

How was the pain during the procedure? n = 31

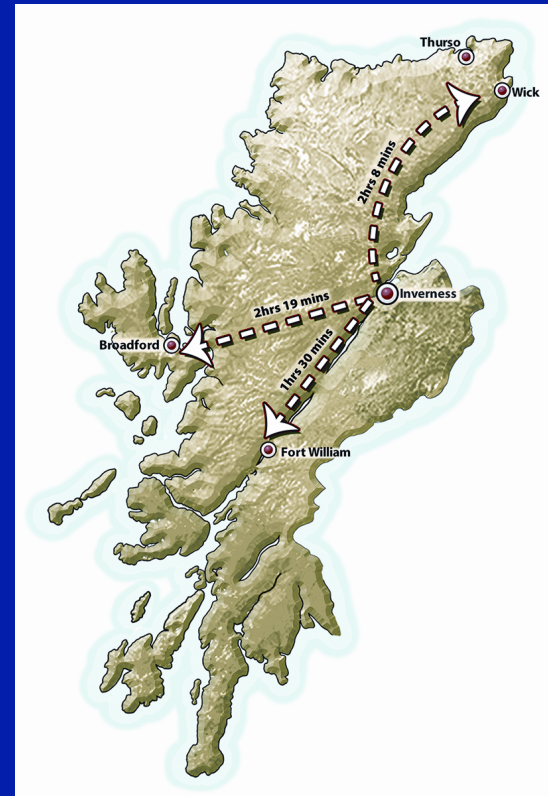
- Worse than expected 4 = 13%
- As expected 17 = 53%
- Better than expected 10 = 34%
- Average pain score 4/10

Looking back

- If you were in the same circumstance would you choose MVA?
 - No 2/31
 - Unsure 2/31
 - Yes 26/31 and would have again and recommend!

Is EMD an option for Highland women?

- Only 34% of women seen at abortion clinics live within 30 minutes of Raigmore



Suitable for EMD?

	< 63 days	Travel < 30 mins	other factors exclude	Women who had EMD
2011 N = 470	187 40%	156 33%	103 22%	52 11% ONLY 51%
2012 N = 453	144 31%	155 34%	129 28%	63 15% ONLY 48%

Why



- Not seeing early enough – weekly clinic, waiting times and later presentation
- Make sure staff are good at offering EMD
- Statistics suggest more women accept it now

Overcoming barriers to early medical abortion – medication?



Why is this hard?

- Women do not really like to go to local small hospital
- Some staff not comfortable
- Staff lack exposure and confidence
- Medication expires



In summary – the Highlands experience

- Individualise care to help the remote
- Small numbers mean professionals are less confident and so aware of service provision
- Exaggerated effect of those who do not wish to be involved in abortion services
- Transport and travel
- Challenges of seeing women as early as possible – not helped by a weekly small service and rural 'delays/barriers'

And thanks to my team at Raigmore



Dr Amy Sharkey

Dr Lindsay Hemy

Lynn Mackay

Tracy Hough

Debbie Cavell

All staff ward 9B

And all those rurally
who help out with
giving medications!