MODELS OF TELEHEALTH ABORTION: WHAT WORKS IN REGIONAL, RURAL AND REMOTE AUSTRALIA?

Access to responsive best-practice health care is considered a basic right in Australia. Yet access to abortion in Australia is limited by several factors, especially in regional, rural and remote areas. Telehealth models of care work well internationally but are they safe, effective and acceptable in Australia? The study aimed to describe and benchmark a novel health service to provide information to health managers and policy makers that can be used to inform a responsive reproductive health care system.

Quantitative and qualitative data were employed to capture clinical process and outcome data from one telehealth abortion provider delivering services to women in accessibility/remoteness index areas 3, 4 and 5 across Australia. Clinical outcomes included efficacy and safety, and process outcomes included acceptability by women using the service.

Quantitative data showed that one quarter of women chose not to proceed with a telehealth abortion but for those who did, clinical outcomes were very good. No adverse events were reported. Themes from interviewed women included satisfaction, privacy, quality of care, and levels of support.

Telehealth abortion is safe, effective and acceptable to Australian women who experience limited reproductive health service options.

This was an unfunded study of data collected by a commercial third party who played no role in the data analysis. The study was approved by the NT Department of Health's HREC