

A Nurse-Led Telehealth Intake Model Supporting Early Medical Abortion (EMA), Very Early Medical Abortion (VEMA) and No-Ultrasound EMA in Sexual and Reproductive Primary Care.

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Background

Models of medical abortion care have continued to evolve to decrease barriers to access; however, variation persists in delivery and clinical decision-making. At Sexual Health Victoria (SHV), medical abortion was historically provided through multiple in-person appointments with limited telehealth adaptations. These models lacked a streamlined intake pathway and resulted in inappropriate appointment booking, delay and inconsistent approaches across clinicians, despite growing evidence supporting very early medical abortion (VEMA) and no-ultrasound EMA for appropriately selected clients.

Description of the Nurse-Led Telehealth Model

In response, SHV undertook a comprehensive review of their existing protocols alongside national guidelines. A multidisciplinary working party comprising nurses, nurse practitioners, general practitioners, and administrative staff co-designed an innovative, nurse-led telehealth intake and triage model. Clients book an “EMA Intake” telehealth appointment online, complete a detailed pre-appointment questionnaire, and view an online educational video. Intake is conducted by registered nurses or nurse practitioners: nurses review completed investigations and determine eligibility, while nurse practitioners order pathology and ultrasound when required. Nurses collaborate with General Practitioners to triage the client into either an EMA, VEMA or no-ultrasound consultation, with nurse-led counselling and triage occurring before GP prescribing. Appointments can be telehealth or in-person.

Reflections on Implementation: Early challenges included incomplete questionnaires and investigations, and some misalignment between booked triage type and client preparedness; both have decreased over time. A significant reduction was observed in appropriate booking of unrelated appointments via online platforms.

Practice Implications

The Nurse-led telehealth intake model improved consistency in eligibility assessment, reduced administrative burden and delays, expanded access across metropolitan and regional locations, and

increased clinician confidence in providing the full spectrum of medical abortion care. This model demonstrates a scalable and transferable approach to delivering abortion care in primary care or sexual health clinics.