Abortion in the hands of women, The Future

Rebecca Gomperts, MD, MPP, PhD
gomperts@womenonwaves.org

Most countries still do not accommodate a women's preference to obtain abortion pills herself and do the abortion at home.

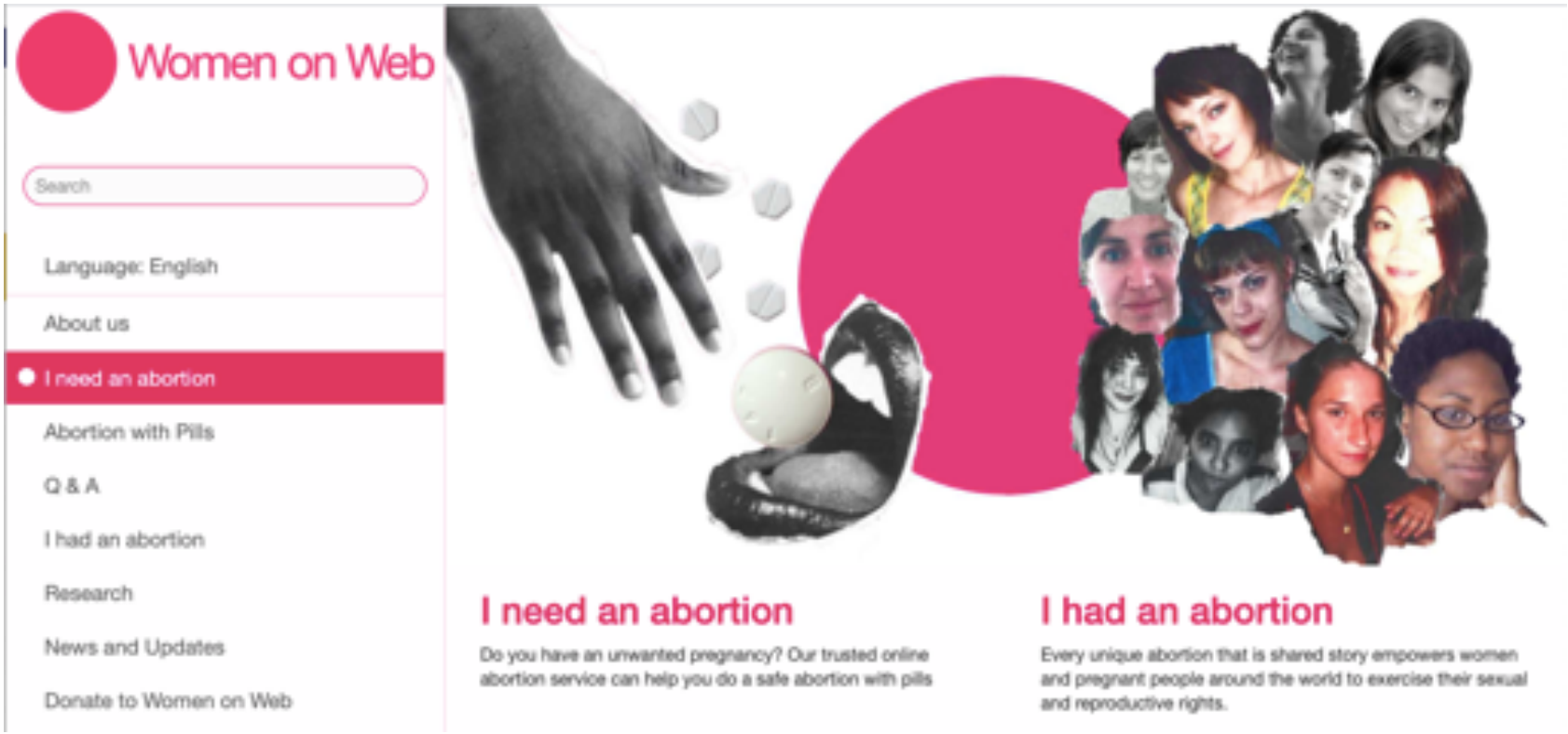
This is as much a barrier to abortion access as restrictive abortion laws

Restrictions to access abortion pills:

- Abortion is legally restricted
- Abortion legal but Mifepristone not registered (Hungary, Turkey, Japan)
- Access to abortion is restricted because of other reasons. This can be:
  - financial (USA, Germany, Austria)
  - logistical and procedural (abortion care concentrated in urban areas/clinics or other obstacles, contentious objection) (Italy, Turkey)
  - social; childcare, work absence
  - confidentiality, stigma
- Access to abortion care is legal, free and available but restricted due to the woman's circumstances; domestic and family abuse, religious reasons, mental health
- Abortion is legally available only by special providers and access is restricted because the women's prefers to do her own abortion.
- Censorship of websites that provide abortion services (Spain, South Korea)

Bearing witness to obstacles in access abortion services through Women on Web
Telemedical abortion service since 2005:

- Netherlands
- Ireland
- Poland
- UK
- USA
- Hungary
- Germany
- France
- Italy
- Turkey



Italy, Germany, France

(studies done and published in last 3 years)

Why women choose abortion through telemedicine outside the formal health sector in Germany: a mixed-methods study

Kristina Killinger,[1] Sophie Günther,[2] Rebecca Gomperts,[2] Hazal Atay,[2,3] Margit Endler [4,5]

The study found that the need for secrecy (n=502, 48%) and the wish for privacy (n=500, 48%) were frequent reasons for choosing telemedicine abortion. Adolescents were more likely to report secrecy, cost, stigma and legal restrictions as reasons for using telemedicine abortion compared with older women. The content analysis developed two main themes and seven subsidiary categories, (1) internal motivations for seeking telemedicine abortion encompassing (i) autonomy, (ii) perception of external threat and (iii) shame and stigma, and (2) external barriers to formal abortion care encompassing (iv) financial stress, (v) logistic barriers to access, (vi) provider attitudes and (vii) vulnerability of foreigners.

Telemedicine as an alternative way to access abortion in Italy and characteristics of requests during the COVID-19 pandemic

Karin Brandell ,[1,2] Hannah Vanbenschoten,[1,3] Mirella Parachini,[4,5] Rebecca Gomperts,[6] Kristina Gemzell-Danielsson[1,7]

There was an increase in requests during the COVID-19 pandemic compared with the previous year (12% in the first 9 months). The most common reasons for requesting a telemedicine abortion through WoW were privacy-related (40.9%); however, this shifted to COVID-19-specific (50.3%) reasons during the pandemic. Requests from teenagers (n=61) were more frequently made at later gestational stages (p=0.003), had a higher prevalence of rape (p=0.003) as the cause of unwanted pregnancies, and exhibited less access to healthcare services compared with adult women.

Key messages

- Telemedicine serves as an alternative means of accessing abortion in Italy outside the formal health sector.
- There was an increase in requests for telemedicine abortion during the pandemic and reasons for requesting one shifted from privacy-related to COVID-19-specific reasons.
- Teenagers requesting telemedicine abortion represent a specifically vulnerable group.

Why women choose at-home abortion via teleconsultation in France: drivers of telemedicine abortion during and beyond the COVID-19 pandemic

Hazal Atay ,[1,2,3] Helene Perivier,[4] Kristina Gemzell-Danielsson,[5] Jean Guilleminot,[6] Danielle Hassoun,[7] Judith Hottois,[8] Rebecca Gomperts,[2] Emmanuelle Levrier[3]

Key messages

- Women continue to encounter macro-level, individual-level and provider-level constraints in accessing abortion care in France.
- The demand for telemedicine abortion received at Women on Web from France has increased significantly during lockdowns; from 60 in March to 128 in April during the first lockdown and from 54 in October to 80 in November during the second lockdown.
- The preferences and needs over secrecy (n=356, 46.2%), privacy (n=295, 38.3%) and comfort (n=269, 34.9%) are among the most frequent reasons for women from France to choose telemedicine abortion through Women on Web.

USA

Aid Access a new telemedical abortion service started in 2018

Abortion pills now available by mail in US -- but FDA is investigating

By Jessica Ravitz, CNN

Updated 1807 GMT (0207 HKT) October 25, 2018

Abortion wasn't always taboo in America 01:36

(CNN) — Signaling a new chapter in the battle over abortion access in the United States, a European organization has stepped into the fray, providing Americans a way to get doctor-prescribed pills by mail to medically induce abortions at home.

Called Aid Access, the organization says it uses telemedicine, including online consultations, to facilitate services for healthy women who are less than nine weeks pregnant. If a woman completes the consultation and is deemed eligible for a medical abortion, the organization's founder writes a prescription for the two pills used to terminate the pregnancy, misoprostol

News & buzz


Hillary Clinton: 'I'd like to be president,' but 'no' desire to...


Paralyzed man walks again thanks to spinal implant

As the FDA has recognized, by shipping chemical abortion drugs from India to the United States, Aid Access circumvents the Food and Drug Administration's safety requirements, placing the lives of women and their children at risk. Once again, we would like to thank you for your recent actions to address this issue, and to voice our support for ongoing oversight of this and any other rogue mail-order abortion operation.

Sincerely,

Michael C. Burgess, M.D.
Member of Congress

Martha Roby
Member of Congress

Doug Lamborn
Member of Congress

Brian Babin, D.D.S.
Member of Congress

Mike Kelly
Member of Congress

Ted Budd
Member of Congress

Jim Hagedorn
Member of Congress

Gus M. Bilirakis
Member of Congress

Robert E. Latta
Member of Congress

Randy K. Weber
Member of Congress

Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US

Abigail R. A. Aiken, MD, PhD[1,2]; Jennifer E. Starling, PhD[3]; Rebecca Gomperts, MD, PhD[4]

Author Affiliations | Article Information

JAMA Netw Open. 2021;4(5):e2111852. doi:10.1001/jamanetworkopen.2021.11852

Importance People in the US have been seeking self-managed abortions outside the formal health care system using medications obtained through online telemedicine. However, little is known about this practice, including potential motivating factors.

Objective To examine individual reasons for accessing medication abortion through an online telemedicine service as well as associations between state- and county-level factors and the rate of requests.

Design, Setting, and Participants This population-based cross-sectional study examined all requests for self-managed medication abortion through an online consultation form available from Aid Access, a telemedicine service in the US, between March 20, 2018, and March 20, 2020.

Main Outcomes and Measures Individual-level reasons for accessing the telemedicine service were examined as well as the rate of requests per 100 000 women of reproductive age by state. Zip code data provided by individuals making requests were used to examine county-level factors hypothesized to be associated with increased demand for self-managed abortion: distance to a clinic (calculated using location data for US abortion clinics) and the population proportion identifying as a member of a racial/ethnic minority group, living below the federal poverty level, and having broadband internet access (calculated using census data).

Results During the 2-year study period, 57 506 individuals in 2458 counties in 50 states requested self-managed medication abortion; 52.1% were aged 20 to 29 years (mean [SD] age, 25.9 [6.7] years), 50.0% had children, and 99.9% were 10 weeks' pregnant or less. The most common reasons cited by individuals making requests were the inability to afford in-clinic care (73.5%), privacy (49.3%), and clinic distance (40.4%). States with the highest rate of requests were Louisiana (202.7 per 100 000 women) and Mississippi (199.9 per 100 000 women). At the county level, an increase of 1 SD (47 miles) in distance to the nearest clinic was significantly associated with a 41% increase in requests (incidence rate ratio, 1.41; 95% CI, 1.31-1.51; *P*<.001), and a 10% increase in the population living below the federal poverty level was significantly associated with a 20% increase in requests (incidence rate ratio, 1.20; 95% CI, 1.13-1.28; *P*< .001).

Demand for Self-Managed Medication Abortion Through an Online Telemedicine Service in the United States

Abigail R. A. Aiken MD, PhD, MPH, **Jennifer E. Starling** MS, **Alexandra van der Wal** MS, **Sascha van der Vliet** MS, **Kathleen Broussard** MA, **Dana M. Johnson** MPAff, **Elisa Padron** ... (show all authors)

[+] Author affiliations, information, and correspondence details

Accepted: August 24, 2019 Published Online: December 04, 2019

RESULTS

From March 20, 2020, to April 11, 2020 (the average "after" period across all states), there was a 27% increase in the rate of requests for self-managed medication abortion across the United States (*P*<.001) (Table 1).

Eleven states showed individually significant increases in requests, ranging from 22% in Ohio (*P*=.012) to 94% in Texas (*P*<.001) (Table 1). Median time spent at home was 5% higher for these states compared with states without significant changes in requests (*P*=.037) (Appendix 6, http://links.lww.com/AOG/C18). States with significant increases in requests either had particularly high COVID-19 rates or more severe COVID-19–related restrictions on in-clinic abortion access (Appendix 5, http://links.lww.com/AOG/C18).

TEXAS LEGISLATURE 2021

Gov. Greg Abbott signs into law one of nation's strictest abortion measures, banning procedure as early as six weeks into a pregnancy

> The signing of the bill opens a new frontier in the battle over abortion restrictions as first-of-its-kind legal provisions intended to make the law harder to challenge are poised to be tested in the courts.

BY **SHANNON NAJMABADI** MAY 19, 2021 UPDATED: 11 AM CENTRAL

At-home abortion medication requests soared after Texas restrictions

Requests for abortion medication sent by mail went up almost 1,200 percent after a restrictive Texas law went into effect last September.

JAMA Network | Open

Research Letter | Health Policy

Association of Texas Senate Bill 8 With Requests for Self-managed Medication Abortion

Abigail R. A. Aiken, MD, MPH, PhD; Jennifer E. Starling, PhD; James G. Scott, PhD; Rebecca Gomperts, MD, MPP, PhD

Results

Between October 1, 2020, and December 31, 2021, Aid Access received 45 908 requests for medication abortion from all 50 US states. Between October 1, 2020, and May 9, 2021, there was a mean (SD) of 10.8 (3.7) requests per day to Aid Access from Texas (**Figure**, panel B). A small increase occurred in mid-May, when SB 8 was returned from the House for final passage (Figure, panel A). Then, in the first week after SB 8 went into effect (September 1-8, 2021), mean (SD) daily requests increased by 1180% over baseline, from 10.8 (3.7) to 137.7 (85.7) requests per day (Figure, panel B) (95% CI, = 47.7-206.2; P = .008). During the subsequent 3 weeks (September 9-30, 2021), requests decreased from their peak, but remained 245% higher than the pre-SB 8 baseline at a mean (SD) of 37.1 (9.1) vs 10.8 (3.7) requests per day (Figure, panel B) (95% CI, = 22.4-30.27; P < .001). Overall, Aid Access received 1831 requests from Texas for self-managed abortion in September 2021. Over the following 3 months (October 1 to December 31, 2021), there was a mean (SD) of 29.5 (8.2) requests per month, 174% higher than the pre-SB 8 baseline (Figure, panel B) (95% CI, = 17.0-20.5; P < .001).

The New York Times

Most Women Denied Abortions by Texas Law Got Them Another Way

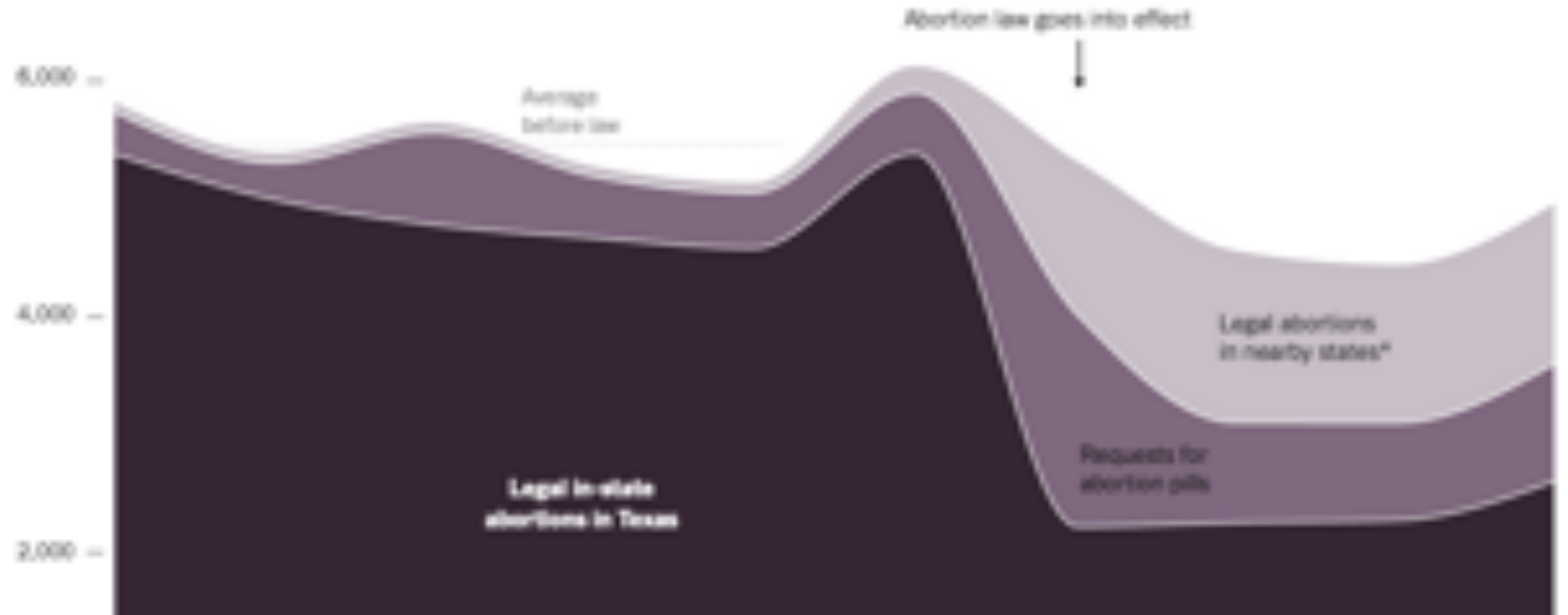
New data suggests overall abortions declined much less than previously known, because women traveled out of state or ordered pills online.

By Margot Sanger-Katz, Claire Cain Miller and Quoctrung Bui

March 6, 2022

The impact of the Texas abortion law was partly offset by trips to out-of-state clinics, and by abortion pills

Estimated number of monthly abortions among Texas residents



June 27, 2022
8:53 PM GMT+2
Last Updated 2 months ago

United States

U.S. Supreme Court overturns Roe v. Wade, ends constitutional right to abortion

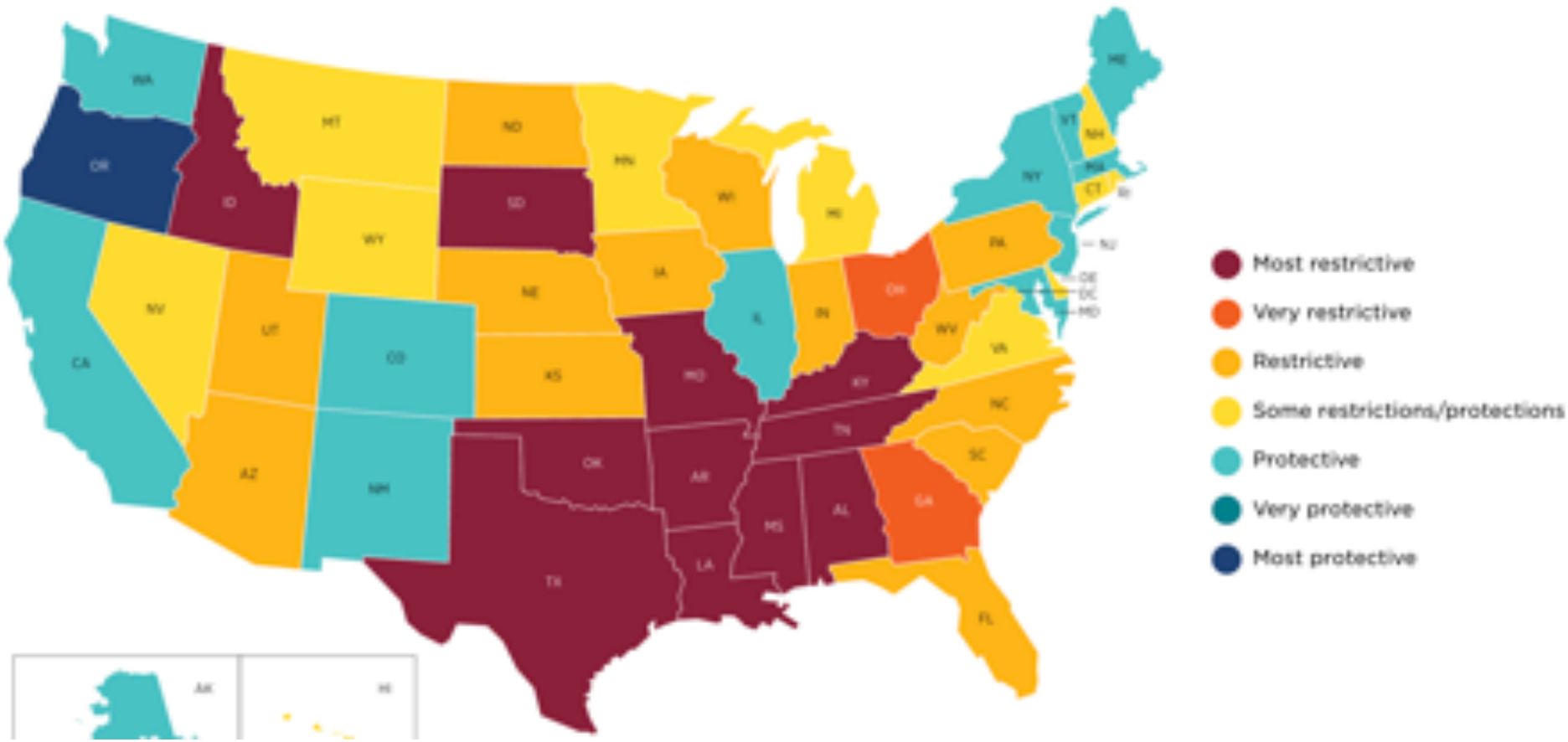
By Lawrence Hurley and Andrew Chung

7 minute read

Interactive Map: US Abortion Policies and Access After Roe

The abortion landscape is fragmented and increasingly polarized. Many states have abortion restrictions or bans in place that make it difficult, if not impossible, for people to get care. Other states have taken steps to protect abortion rights and access. To help people understand this complex landscape, our interactive map groups states into one of seven categories based on abortion policies they currently have in effect. Users can select any state to see details about abortion policies in place, characteristics of state residents and key abortion statistics, including driving distance to the nearest abortion clinic.

The map reflects state policies in effect as of September 5, 2022.
FAQ | Methodology | Contact Us



Pregnant Texas mother ticketed again for carpool lane Roe protest

Brandy Bottone argued that, given the supreme court's overturning on Roe v Wade, there were two people in her car

Brandy Bottone poses at her home in Plano, Texas, in July. Photograph: Jason Janik/AP

A pregnant woman from Texas who made news around the world after she protested against being cited for driving in a high-occupancy (HOV) lane in the wake of the state's new anti-abortion law has been ticketed a second time.

Brandy Bottone, 32 and from Plano, became an international sensation when she was issued her first traffic ticket for violating the HOV rules in June.

She had been driving in a carpool lane on 29 June, just five days after the US supreme court overruled the right to an abortion enshrined in Roe v Wade.

She argued that in the light of the new state of affairs there were two people in her car.

Netherlands


wij zijn de baas in jouw buik!
CU
BIJBEL
CDA
WET
OVERTIJD BEHANDELING
PIL
ONGEWENSTE ZWANGERSCHAP

> Sex Reprod Health Matters. 2021 Dec;29(1):1917042. doi: 10.1080/26410397.2021.1917042.

Permeability of abortion care in the Netherlands: a qualitative analysis of women's experiences, health professional perspectives, and the internet resource of Women on Web

Lianne Holten [1], Eva de Goeij [2], Gunilla Kleiverda [3]

Affiliations + expand

PMID: 33975533 PMCID: PMC8118432 DOI: 10.1080/26410397.2021.1917042

Free PMC article

Abstract in English, French, Spanish

Despite a relatively permissive abortion law, women in the Netherlands encounter difficulties in accessing abortion care. Little is known about their experiences. This study explores women's experiences with (online) abortion services and relevant health professionals' experiences delivering care, with the goal of identifying key barriers encountered by abortion-seekers in the Netherlands. An exploratory qualitative research design with a constructivist approach and an abbreviated grounded theory method was used. Interviews with 20 women who had had an abortion and 14 health professionals who provide abortion care, and 200 emails of women seeking abortion care through the non-governmental organisation Women on Web, were coded inductively and deductively (using the Candidacy Framework) thereby generating themes. Abortion-seekers faced barriers including: (i) burden of taboo, (ii) vulnerability (emotional, financial, and social), (iii) health professional evaluation and (iv) disempowerment and distress. The overarching theme was women's lack of autonomy in access to abortion care. The key barriers to abortion access in the Netherlands are the institutionalisation of taboo in abortion law and care, complex candidacy regulations, lack of permeability for certain marginalised groups, and women's inability to speak openly about abortion. To increase the permeability of abortion care, and thereby women's autonomy, legislators and policy-makers must trust women to make their own reproductive decisions and avoid actions that stigmatise abortion and hinder access to care, while actively developing systemic support for vulnerable groups.

The total cost of an abortion is 665 euros. I am a non working student and this is very very hard for me to fund myself and would require months of saving. This is very difficult for me. I feel lost and alone and all I want is my life back. I am really not ready to have a child. Im only 19 and still a child myself. I have had to keep this a secret from my entire family because this is not accepted at all. I would be forced to keep a child I am not ready for a a consequence of a broken condom.

Het is voor mij onmogelijk om naar een kliniek te gaan ivm mogelijke repaisailles wanneer mijn vriend hier achter komt. Ik kan niet even 1 of 2 uur 'verdwijnen' Zouden jullie mij alsjeblieft willen helpen? Ben zo wanhopig en bang

BJGP British Journal of General Practice
bringing research to clinical practice

Research

Dutch GPs' views on prescribing mifepristone and misoprostol: a mixed-methods study

Julia EAP Schellekens, Claire SE Houtvast, Peter Leusink, Gunilla Kleiverda and Rebecca Gomperts

British Journal of General Practice 2022; 72 (722): e677-e683. DOI: https://doi.org/10.3399/BJGP2021.0704

Results

The questionnaire was sent to 575 GPs; the response rate was 22.1% (*n* = 127). Of the responders, 84.3% (*n* = 107) were willing to prescribe mifepristone and misoprostol, with 58.3% (*n* = 74) willing to provide this medication for both medical TOP and miscarriage management. A total of 57.5% (*n* = 73) of participants indicated a need for training. The main barriers influencing participants' willingness to provide medical TOP and miscarriage management were lack of experience, lack of knowledge, time constraints, and a restrictive abortion law.

HEALTH POLITICS ABORTION ABORTION PILL WOMEN ON WAVES GP » MORE TAGS

SHARE THIS:

MONDAY, 7 MARCH 2022 - 11:20

Six in ten Dutch GP's willing to prescribe abortion pill

A majority, 58 percent, of general practitioners in the Netherlands are willing to prescribe the abortion pill if the law allows them to do so, abortion organization Women on Waves found in a survey of Dutch GPs. Though three-quarters of GPs said that they do not currently feel qualified to carry out this treatment, NRC reports.

On Thursday, the lower house of the Dutch parliament will vote on a bill by GroenLinks, PvdA, D66, and VVD that makes it possible for general practitioners to prescribe the abortion pill. Currently, abortion, even in pill form, can only be initiated by doctors in licensed abortion clinics or hospitals.

If the law is passed, GPs have the option but are not obliged to prescribe the abortion pill. Therefore, Peter Leusink, the co-author of the study and a GP, finds the 58 percent willingness among his colleagues "very acceptable." "Many GPs work in group practices, so with this percentage, there will always be a GP willing to help a woman."

Only 15 percent of GPs said they feel sufficiently equipped to prescribe the abortion pill. 76 percent said they think they lack the knowledge and experience. The bill includes mandatory training for GPs who want to be able to prescribe the pill.

GroenLinks parliamentarian Corinne Ellemeet called the study "excellent news," NRC reports. "It's about increasing freedom of choice. If more than half of GPs are already willing, it is a very substantial group that will hopefully grow even further."

Women on Waves surveyed 127 general practitioners on how they feel about the abortion pill. Women and GPs in Noord-Holland and Utrecht were overrepresented in the survey. "It is not fully representative numerically, but it gives a good indication," Leusink said.#

DutchNews.nl

Abortion pills to be made available through family doctors

Health February 9, 2022

WHO recommends that individuals in the first trimester (up to 12 weeks pregnant) can self-administer mifepristone and misoprostol medication without direct supervision of a health-care provider.

How does self-management of medical abortion work?

Individuals clinically eligible[1] for medical abortion may be offered the choice to self-adminster can self-administer a combination of mifepristone and misoprostol.

The appropriate combination regimen consists of 200mg mifepristone, administered orally. This is followed 1–2 days later by 800µg misoprostol, administered vaginally, sublingually (under the tongue) or buccally (in the cheek). The minimum recommended interval between use of mifepristone and misoprostol is 24 hours.

Mifepristone and misoprostol are available separately, or packaged together in the appropriate dosage. It can be taken anywhere, including at home. Direct supervision of a health-care provider is not required.

Later, individuals can self-assess the completeness of the abortion process using pregnancy tests and checklists. Individuals should also have the option to immediately initiate contraception, should they desire it.[2]

Individuals should have a source of accurate information and access to a health-care provider should they need or want it at any stage of the process.

1. 200mg mifepristone, orally

2. Wait 1-2 days

3. 800µg misoprostol, administered vaginally, sublingually or buccally

Learn more:

Health worker roles in providing

independent.ie

abortion train - Google Search

NEWS OPINION BUSINESS SPORT LIFE STYLE ENTERTAINMENT TRAVEL

Defiant pro-choice activists re-created the landmark contraceptive train of the 1970s earlier today by travelling to Belfast to bring back illegal abortion pills.

Up to 30 women and pro-choice TDs travelled the 'abortion pill train' and took the tablets to a rally in Dublin on their return.

Belfast Telegraph

Three women take abortion pills at pro-choice rally outside court

Tablets and robots also seized by police as campaigners demand change in law

By Victoria Leonard

Police have seized two robots that pro-choice activists had planned to use to deliver abortion pills during a highly-charged demonstration outside Belfast's High Court yesterday.

Jex Blackmore Swallows Abortion Pill on Fox News: "It's Literally This Easy"

2/1/2022 by RAMONA FLORES and CARRIE N. BAKER

How to get abortion pills in the hands of women:

1. Pills for future use
2. Morning after and
3. Weekly Contraceptive

Advance provision of abortion pills!

Women on Web starts providing abortion pills in advance

Now women can request abortion pills in advance and take them as soon as they discover they are pregnant

Why do we provide abortions pills before they are needed?

Advance provision of abortion pills is about being prepared and creating a safeguard against legal restrictions, unnecessary medical requirements, and other financial and logistical access barriers.

Research and evidence already shows that women can safely and effectively self-manage an abortion with pills. Advance provision expands the window of care and enables women to end their pregnancies as soon as they find out, meaning pregnancy terminations happen in the earliest gestations, resulting in safer abortions.

Menstrual cycle or period tracking apps were first released in 2013.[1,2] It is estimated that 50 million women worldwide use period tracker apps. [3] The apps allow women to track their menstrual cycles and receive a prediction for the start of their future cycles.

How soon can I have a Very Early Medical Abortion (VEMA)?

Very Early Medical Abortion (VEMA), can be carried out as early as 1 day after the missed period and as soon as a pregnancy test becomes positive.

Until recently doctors were anxious not to terminate a pregnancy before a sac was clearly seen by ultrasound for fear that the pregnancy may be located outside the uterus (ectopic pregnancy). However, recent studies show that the incidence of ectopic pregnancy (where the foetus is located outside the uterus) was found to be very small – just 7 in 100,000 women requesting a termination. Even when the abortion pills were given to these women, no harmful effects were found.

How successful is Very Early Medical Abortion (VEMA)?

The success rate for having termination at this stage of pregnancy is very high – 98%.

Methods of emergency contraception

Key results

The studies compared 25 different interventions of different types of emergency contraception. The studies showed the following.

Levonorgestrel and mifepristone were more effective than Yuzpe regimen (estradiol-levonorgestrel combination). Our findings suggest that if 29 women per 1000 become pregnant with Yuzpe, between 11 and 24 women per 1000 will do so with the levonorgestrel, and that if 25 women per 1000 become pregnant with Yuzpe, between one and 10 women per 1000 will do so with mifepristone.

Mid-dose mifepristone (25 mg to 50 mg) was probably more effective than levonorgestrel. Low-dose mifepristone (less than 25 mg) was probably less effective than mid-dose mifepristone, but both were more effective than levonorgestrel (two doses of 0.75 mg). Ulipristal acetate (UPA) was also more

50 mg Mifepristone as weekly contraceptive

Dose (mg)	Pregnancy/cycle	Anovulation	Endometrium	Amenorrhoea
25	0/234	Inconsistent	Slow growth, decrease thickness	2.6 - 3.9% after 3 months
50	0/222	Inconsistent		21.1 - 25% after 3 months

weekly doses of mifepristone for 5 weeks	ovulation
25 mg	4 in 9 (44.5%)
50 mg	1 in 3 (33.3%)

In May METC and MOH approval was given for the mifepristone as a weekly contraceptive study in Moldova

(Principal Investigators are Kristina Gemzell, Karolinska University and Rodica Comendant from RHTC)

We also work together with Leiden Medical University to do the study in 9 medical centers in the Netherlands.

Now looking for funding!

Reclaim your rights! A New Post-Roe Strategy

Rebecca Gomperts is organising this fundraiser.

Women on Waves crowdfunder

So it happened. Roe is overturned and conservative supreme court judges will be there for another 30 years. So we need a new strategy to advance our reproductive freedom.

Here is our plan.

The abortion pill, Mifepristone, can also be used as a weekly on-demand contraceptive. We are now starting a large clinical trial to confirm its efficacy and safety. After the trial, Mifepristone can be registered and distributed as a contraceptive. You could then use

€72,820 raised of €500,000 goal

745 donations

Share

Donate now

Aarlene Campion
€50 · 16 hours ago

Ellie Nowels
€100 · a day ago

Anonymous
€95 · 2 days ago

Susan Lewis
€500 · 5 days ago

Anonymous
€50 · 8 days ago

See all

See top donations

Donate for the research

In the meantim, we continue deliver abortion pills by mail and robots:


SERVICIO DE ABO
MEDICAMENTOS PO
Educación sexual

And now here is the (new) director of Women on Web:

Venny Ala-Siurua