



# No Test Medical Abortion (NTMA) Consultation

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# Disclosures

None

# Objectives

- At the end of this talk you should be able to
  - Describe the NTMA care pathway
  - Consider when remote, in person or a hybrid consultation is appropriate
  - List tips for a successful telephone consultation
  - Describe the components of a NTMA consultation including contraception counselling and STI testing

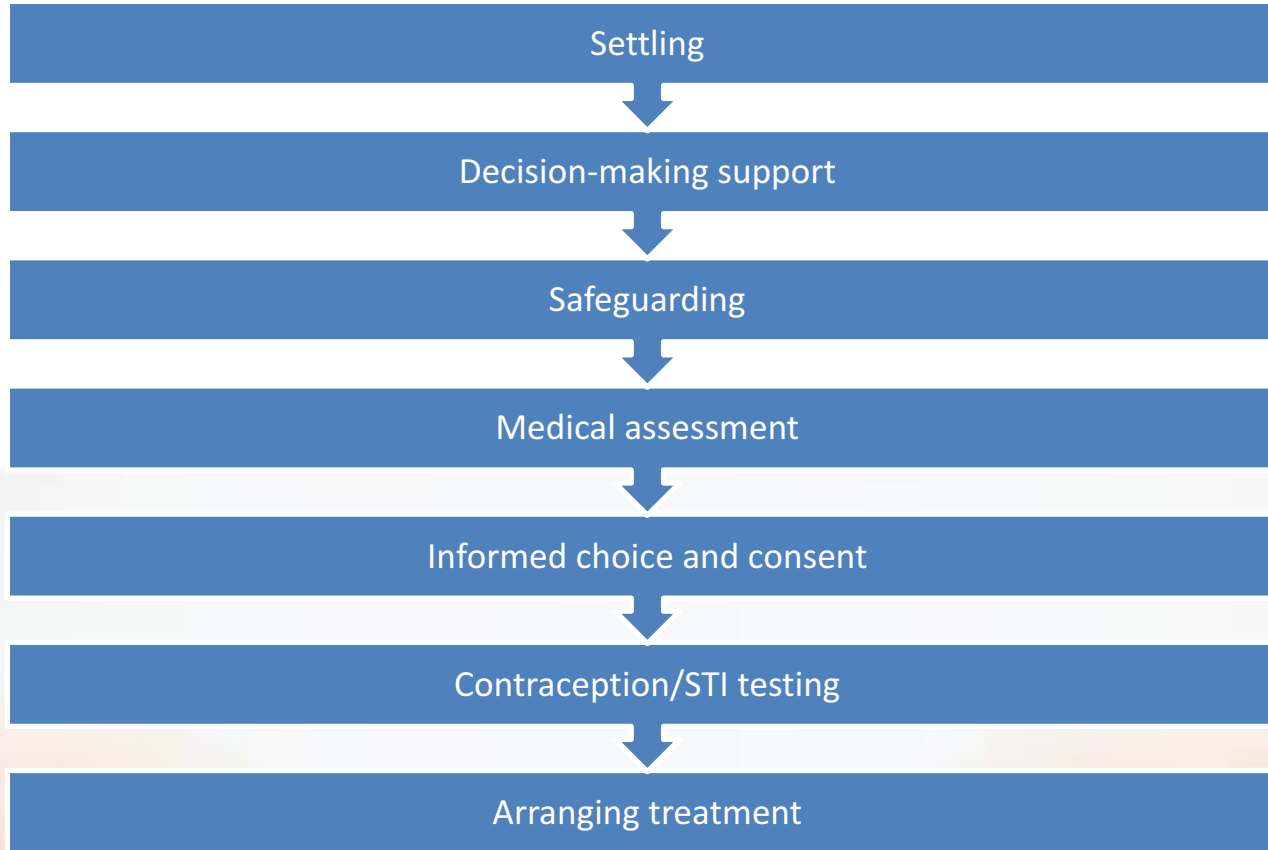
# Overview of NTMA Care Pathway



# An Alternative NTMA Care Pathway

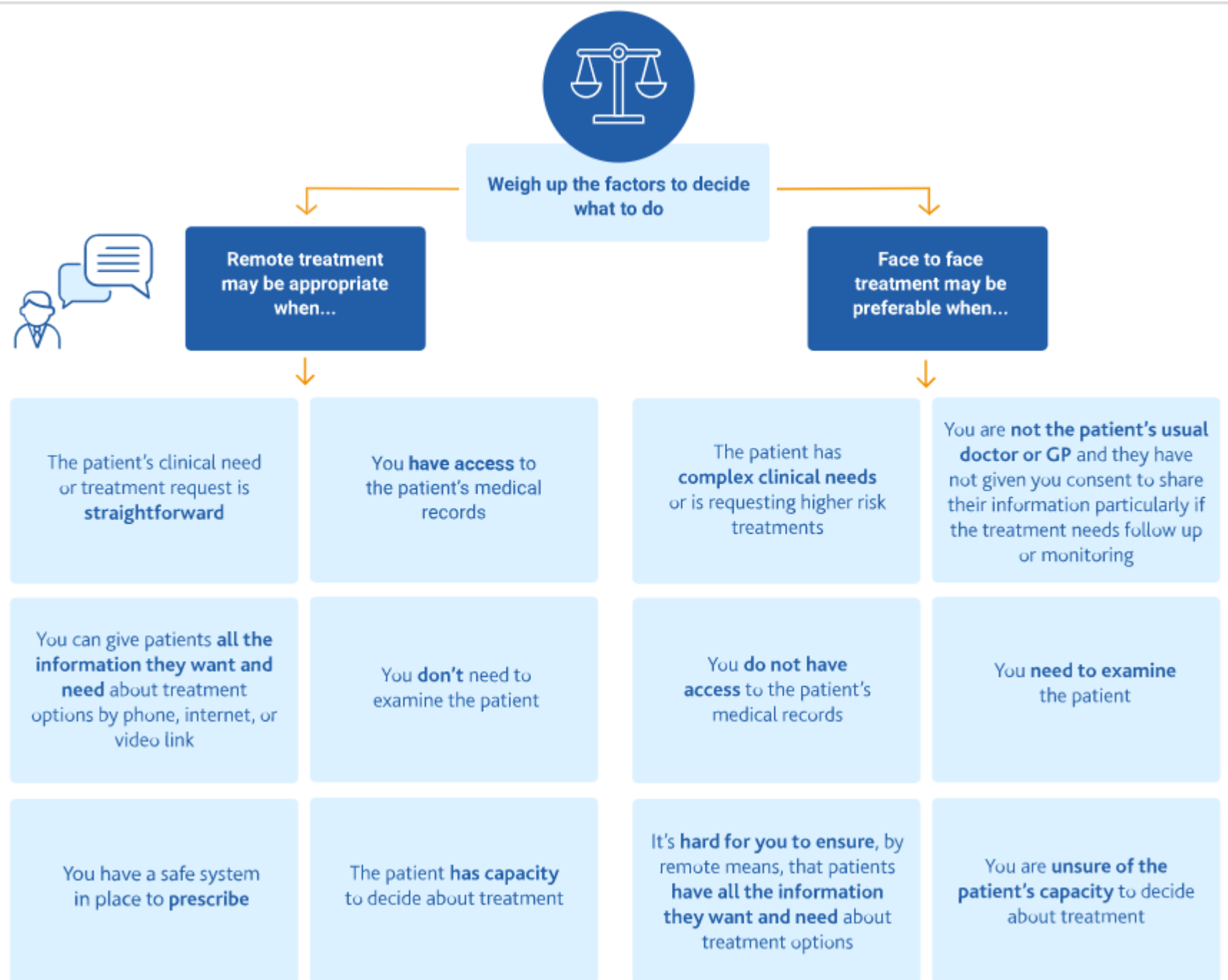


# Steps in Consultation



# GMC Decision Making Tool: Remote vs. In Person Care

[gmc.org.uk](http://gmc.org.uk)



# Phone or video?

## Circumstances in which telephone may be preferable

- Barriers to digital access: computer/smart phone, bandwidth, system (WhatsApp/Facetime vs. bespoke systems “Attend anywhere”)
- Need for flexible location for call
- Desire for privacy
- Patient preference

## Circumstances in which video may be preferable

- Safeguarding young people / confirming adult support person
- Concern about not picking up non-verbal cues
- Deaf and hard-of-hearing individuals (lip-read and/or use chat function)
- Patient preference



# Ranked views on ideal aspects of abortion service

Aspect	Important		Unimportant		Neutral	
	n	%	n	%	n	%
<b>A mobile phone app to send or receive information in advance</b>	<b>367</b>	<b>65.5</b>	<b>92</b>	<b>17.5</b>	<b>101</b>	<b>18</b>
Medication that could be collected from a local pharmacy	366	64.6	58	10.2	143	25.2
<b>Online booking</b>	<b>361</b>	<b>66.1</b>	<b>66</b>	<b>12.1</b>	<b>119</b>	<b>21.8</b>
Medication posted to me	342	60.2	74	13	152	26.8
Evening telephone consultation	298	52.6	61	10.8	208	36.7
Able to get the treatment from my general practitioner	294	51.8	112	19.8	160	28.2
Evening face-to-face clinic	230	40.4	133	23.8	206	36.2
Having an ultrasound scan	151	26.5	302	53.1	116	20.4
<b>Skype or video consultation</b>	<b>103</b>	<b>18.3</b>	<b>383</b>	<b>67.9</b>	<b>78</b>	<b>13.8</b>

# Essential checklist for remote consultations

A working space that prevents distraction, disruption or inadvertent disclosure of confidential information.

Secure access to necessary records, library of protocol documents and guidance.

Telephony solution that allows advisers to access support from colleagues during consultation.

Headset, good connection.

Rapid access to changing consultation method, if during the consultation something emerges that requires in person assessment.

Contingency solutions for systems outages, telephony issues, IT issues etc.

Sufficient time allocated for appointments.

A plan for supervision and support. This is particularly important for isolated staff dealing with emotive and often difficult subject matter in their own home.

# Tips for a successful telephone consultation (1)

## Settling

- Be welcoming and warm, non-judgemental and open.
- Introduce self/role (interpreter), confirm expecting call and identity, describe plan and duration, ensure patient can hear you, confirm confidentiality.

## Anticipate technical difficulties – get/give a call-back number.

- Establish if patient is alone and can speak freely. If not, ensure they are comfortable with this and they know that at some point you will need to talk with them alone.

## Listen actively

- Jot down prompts.
- Use supportive verbal confirmation - “mmm hmm” “ok” “I see” “go on”.
- Summarise.

# Tips for a successful telephone consultation (2)

## Be attentive to verbal cues

- What is said and how it is said
- Pick up on any concern with empathy: “It sounds like...”
- If not getting patient’s views or cues or are concerned not listening – ask directly

## Give clear, simple information – chunk and check

## Invite questions

## Close appropriately with safety netting

## Take regular breaks

# Decision-making support

- A supportive discussion about the patient's decision about pregnancy choices can occur via telephone or video consultation in the same manner as in person.
  - Counselling should be responsive; not mandatory.
  - Respond to verbal/non-verbal cues.
  - Establish pathway if needs in depth counselling/in person session.



# Safeguarding

- Safeguarding can be assessed via telemedicine.
- Some individuals might find that they are able to talk more freely at a telemedicine consultation and therefore more willing or able to divulge details of abuse.
  - Staff need support/training to do effectively.
- Needs to be carried out with the patient on their own.
  - Routine questioning about coercive behaviour of partners/family members/others, and experience of physical or emotional abuse.
  - Consider if the patient has existing children that may be at current risk of harm, and if so, then referral to child protection services should be undertaken.
  - Establish safe word to subtly alert staff of concerns.
- Routine for under 18 year olds.
- Structured tools.
- Mental Capacity Assessment.

**Table 4: Safeguarding outcomes amongst all under 16s completing both a safeguarding risk assessment (SGRA) at teleconsultation, and in clinic, at BPAS, from start of May 2021 to end of September 2021**

Total under 16s at BPAS with an initial safeguarding risk assessment conducted via teleconsultation, and a second, documented face-to-face review in clinic from May -September 2021	n (145)	% (100)
<b>Clients where safeguarding concern disclosed</b>	37	25.52%
Safeguarding concern noted from information disclosed at teleconsultation	37	100%
Safeguarding concern noted from information disclosed in face-to-face consultation	0	-
<b>Clients where safeguarding referral made</b>	28	19.31%
Referral made from information disclosed at teleconsultation	28	100%
Referral made from additional information disclosed in face-to-face consultation	0	-

# Eligibility for Treatment Without Scan

## Reliable menstrual history

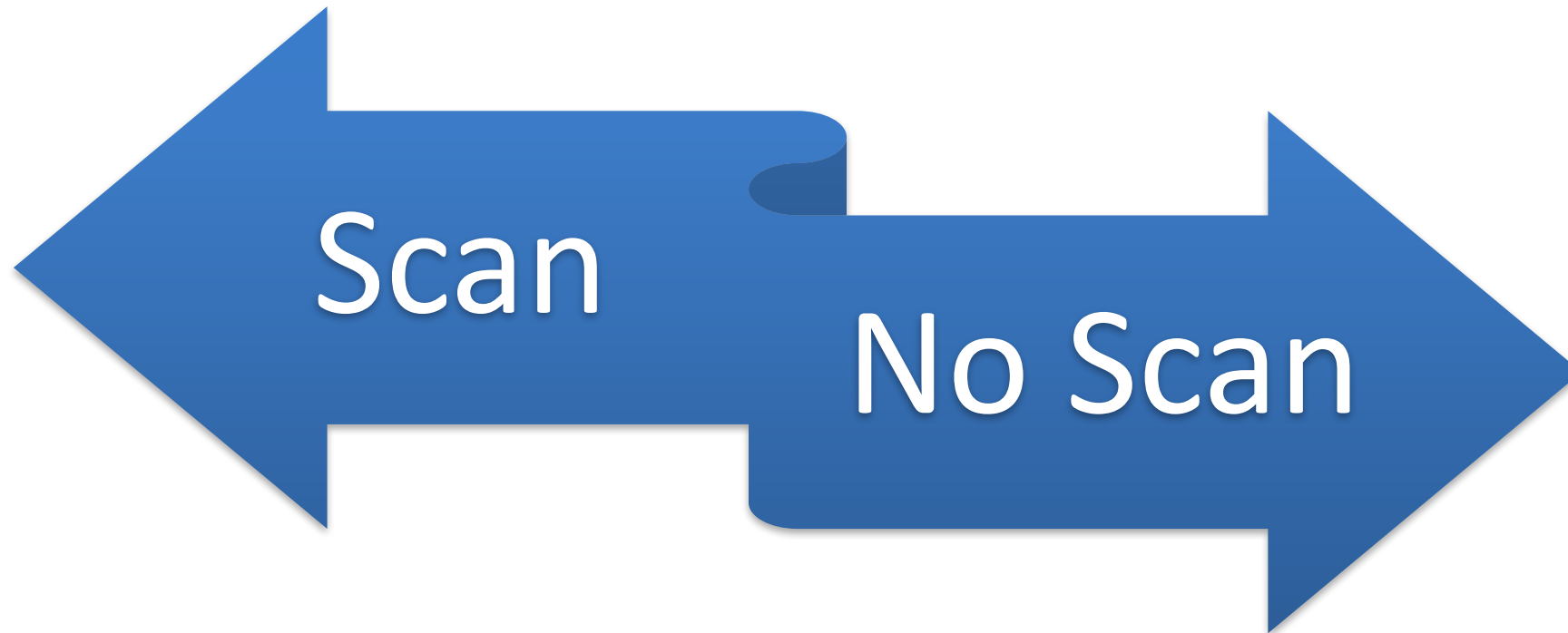
- Certain LMP
- LMP “normal”
- Regular cycles
  
- Consider influence of hormonal contraception

## Low risk ectopic

- No vaginal bleeding
- No pain
- No IUD/IUS in place
- No history ectopic
- No history tubal damage



# Informed choice



# Ranked views on ideal aspects of abortion service

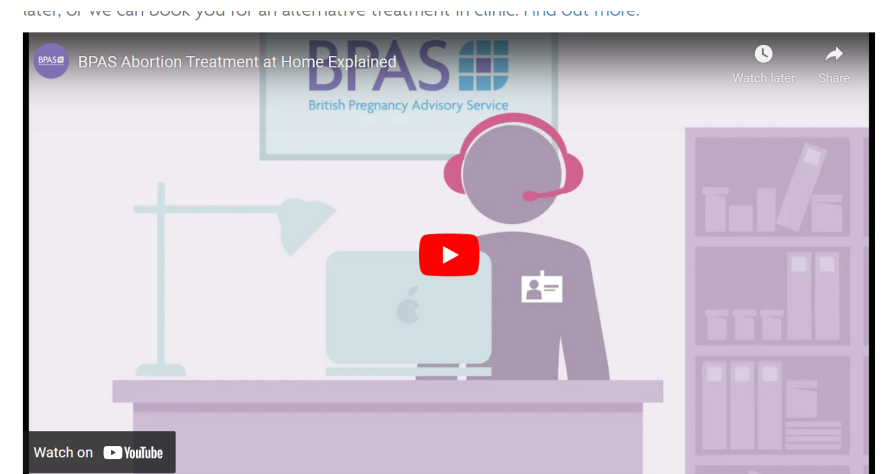
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# Other pre-procedure testing

- No need for Rhesus determination as anti D not required for medical abortion up to 12 weeks (WHO, SFP)
- Consider haemoglobin if signs/symptoms concerning for anaemia.
- Risk assessment for STIs.

# Aides to decision making/counselling

- Scripts/checklists for clinical staff
- Web-based information
- Infographics/videos/animations
  - Eligibility
  - Process
  - Patient experience – breadth and depth (cite realist review)
  - Consent information



# Consent

- Provide access to risks and complications for client to review alongside verbal consent process.
- Consent software for obtaining signatures.
- Provide version of consent to client after consultation.

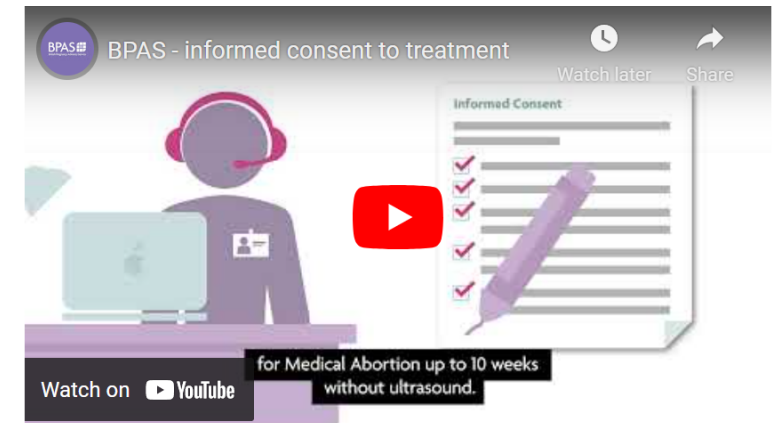
Expected effects of treatment ▶

Risks and complications of the abortion pill ▼

Significant unavoidable or frequently occurring risks

These are usually easy to treat and rarely have any long-term health effects:

- If you are treated without an ultrasound scan to date your pregnancy - the gestation of your pregnancy may be later than realised (less than 1 in 1,000). This can mean the abortion treatment fails, or there is more pain or bleeding, you may see a recognisable fetus or in extreme circumstances a live birth (1 in 10,000).
- Unpredictable time to complete the procedure
- Side effects of drugs such as nausea, vomiting, diarrhoea, headache, dizziness, fever/chills (1 in 10)
- Retained products of conception - where the pregnancy is no longer growing but some of the pregnancy tissue is left behind in the womb (2 in 100)



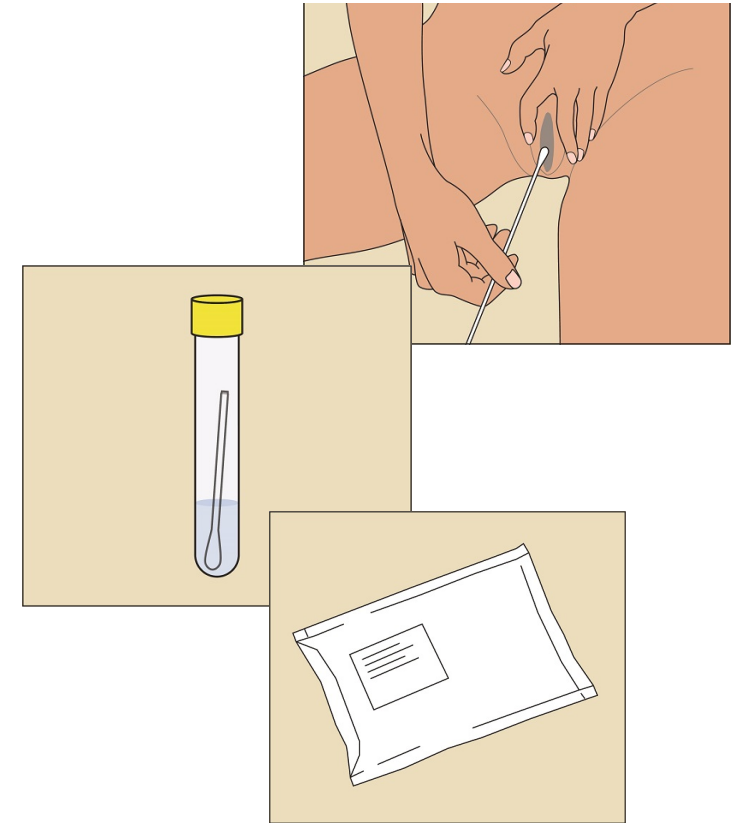
# Post-abortion Contraception

- Many patients welcome counselling about contraception at the time of an abortion consultation.
- Invite discussion without pressure to accept.
- Progestogen-only pills.
- Combined hormonal methods with self-reported blood pressure.
- SC DMPA (Sayana Press) with teaching via telemedicine, including first injection.
- Rapid access to IUC/implant (insertion within 5 days).



# STI by Post

- Self-swab for Chlamydia and gonorrhoea.
  - Advise to carry out pre-pills; may use post-abortion once bleeding subsides.
  - Addressed, postage paid envelope.
  - Results via text with call if positive to arrange treatment, partner notification.
- Finger prick HIV.
  - Non-reactive via text with call for reactivates and arrangement for confirmatory bloods.



# Summary

- The NTMA care pathway provides a simple, efficient way for people to access early medical abortion and related care (contraception, STI testing).
- Most components of an NTMA consultation mimic those of an in person one, simply delivered via remote technologies.
- For a successful NTMA consultation ensuring good technology, and appropriate setting, and being alert to adjustments needed to effectively receive and deliver information are essential.



**THANK YOU FOR YOUR  
ATTENTION.**

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