SPHERE
NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

Women's Sexual and Reproductive Health COVID-19 Coalition

Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond: a consensus statement

The Coalition makes the following recommendations:

1. *That MBS telehealth item numbers continue to be available to all Australian women (including both rural and urban women) for the purpose of accessing EMA via telehealth through Medicare.*
2. *That South Australian state government legislation is changed to remove the restriction of supply of mifepristone to solely hospital grounds to allow for provision of EMA in primary care and via telehealth.*

Telehealth is the use of telecommunication technology to provide healthcare and can be used to provide a range of healthcare services (1), including early medical abortion (EMA) (1, 2). Telehealth EMA is considered comparable in safety, efficacy, and acceptability to in-person EMA and can significantly improve accessibility of EMA for women* (1, 3). Non-directive pregnancy counselling, assessing eligibility for EMA, gaining informed consent, supplying medications (mifepristone and misoprostol), and assessing completion of EMA can all be successfully delivered by telehealth (1,4).

National and international peak bodies have recommended the use of telehealth services to increase timely access to EMA for women during COVID-19 (5-8).

Commencing on 13 March 2020, new temporary MBS telehealth items were made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers. These item numbers are available to a number of health professionals, including specialist doctors, General Practitioners (GPs), allied health workers, nurse practitioners, practice nurses, midwives, and mental health nurses (9). The availability of these MBS items has made telehealth EMA accessible to Australian women for the first time through Medicare. However, these MBS telehealth items are scheduled for review in September. Alterations to the eligibility of these MBS items (for example, restricting eligibility to elderly patients or those with a chronic disease or to patients who have consulted that doctor in the previous 12 months) will exclude the very women who require telehealth EMA services from being able to access them particularly vulnerable women, including those living in regional or remote communities (10).

*The coalition uses *women* as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may require access to hormonal contraception, abortion and women's sexual and reproductive health services

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We also note that under current legislation in South Australia, mifepristone can only be supplied in a hospital setting (11). EMA is therefore unable to be delivered by telehealth to South Australian women, placing them at increased risk during the pandemic and beyond.

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