

Accessing abortion outside jurisdiction following legalisation of abortion in the Republic of Ireland

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ABSTRACT

Background After having one of the most restrictive abortion laws worldwide, Ireland legalised abortion in January 2019. We examine how legalisation impacted on demand for online telemedicine outside the jurisdiction.

Methods We analysed anonymised data from 534 people from Ireland seeking online telemedicine abortion prior to legalisation (January–March and October–December 2018) and in the first 3 months following legalisation (January–March 2019). Numbers, characteristics and reasons for seeking the service before and after legalisation were compared. Content analysis of emails from people seeking the service following legalisation explored reasons for seeking care.

Results Half as many people contacted Women on Web in the 3 months immediately after legalisation as compared with contacts 12 months prior (103 vs 221). Of these, the proportion receiving the service reduced, from 72% prior to legalisation to 26% after legalisation ($p \leq 0.001$). After legalisation, access related reasons for seeking online telemedicine featured less while reasons relating to privacy, stigma and avoiding protestors featured more.

Conclusions People continued to seek abortion through online telemedicine after legalisation, though the number of contacts reduced by half and the proportion receiving the service decreased considerably. To address access issues, policy measures should promote normalisation of abortion, legislate for safe zones around providers, and consider access in situations of coercive control or abuse including the role of telemedicine in the local model of care. Abortion provided through online telemedicine continues to be an important part of providing safe, accessible abortion even after legalisation.

INTRODUCTION

In May 2018, a majority of voters voted in favour of legalising abortion in the Republic of Ireland (hereafter Ireland),

Key messages

- Despite legalisation of abortion in Ireland on 1 January 2019, people in Ireland continue to seek online telemedicine abortion outside the jurisdiction.
- Half as many people contacted an online telemedicine provider in the first 3 months following legalisation, citing privacy and avoiding stigma and protestors as their reasons for doing so.
- Telling people contacting an online telemedicine abortion service about legally accessible abortion locally considerably reduced the number receiving the service but did not eliminate it.

repealing one of the most restrictive abortion laws worldwide. Abortion in Ireland is regulated by Health (Regulation of Termination of Pregnancy) Act (HRTPA) 2018,¹ implemented on 1 January 2019. Abortion is permitted without restriction up to 12 weeks' gestation and thereafter, where there is risk to the life, or of serious harm to the health, of the pregnant person, or where there is a condition indicating fetal death within 28 days of birth. The law requires a 3-day wait between first consultation and receiving care.

Abortion is provided free of charge in primary care up to 9 completed weeks' gestation by general practitioners (GPs) and women's health clinics, and in maternity hospitals between 10 and 12 weeks' gestation. Abortion after 12 weeks is provided in maternity hospitals.² On implementation in January 2019, 290 of 2500 GPs and 9 of 15 hospitals provided abortion,² rising to 373 GPs and 10 hospitals by April 2020.³ Medical abortion is the

principal method available and surgical abortion availability is very limited. The Health Service Executive (HSE) funds a phoneline and website ('MyOptions') providing information on providers and counselling services and a 24-hour nursing helpline.

Before 2019, people travelled to access abortion or accessed medical abortion through online telemedicine services.⁴⁻⁶ This article discusses contact by people from Ireland with the online telemedicine abortion service Women on Web (WoW) immediately before and after legalisation of abortion comparing numbers, patterns and reasons for seeking the service. No previous literature discusses the impact of legalisation on demand for online telemedicine abortion outside the jurisdiction. The data were generated prior to onset of COVID-19 when use of telemedicine in abortion services in Ireland was introduced on a temporary basis.

Women on Web (WoW)

WoW is a non-profit organisation using online telemedicine to provide abortion care in areas with no or restricted access.^{5,6} People contact WoW through their website by filling out an online form describing their circumstances, gestational age and medically relevant pre-existing conditions (online supplemental appendix 1). If clinical criteria are met, a physician prescribes according to the World Health Organization (WHO) recommended dosage regimen for medical termination of pregnancy⁷ up to 12 completed weeks' gestation. WoW provides guidance on taking the pills, monitoring the process, possible adverse effects and how to respond if these occur. A trained help desk team provide help throughout the abortion process.

Research suggests telemedical abortion procedures rarely result in adverse effects and risks are no different for telemedical abortion services than in-person abortion services.^{5,8} People from Ireland used WoW to access abortion care before legalisation of abortion.^{4,9,10} Since legalisation, people from Ireland contacting the service receive an automatic response explaining the availability of legal abortion services locally. Those who still cannot access abortion locally are provided with the service and invited to explain why they need the service by email.

METHODS

WoW provided anonymised data on people from Ireland accessing their services during the first 3 months and the last 3 months of 2018 prior to legalisation, and during the first 3 months of 2019 after legalisation to compare use of the service after legal change.

In an online questionnaire (online supplemental appendix 1), people provided their age; last menstrual period (LMP); number of previous pregnancies, abortions, children and miscarriages; gestational age; whether or not they had a pregnancy test or ultrasound; reasons for contact; and their location. All data were anonymised and exported into SPSS for analysis. Data from 2018 and 2019 were analysed separately and compared. To analyse differences, t-tests were performed on quantitative variables and z-tests were performed on categorical variables.

Some 71 of 103 people from Ireland who completed the WoW online questionnaire in January–March 2019 corresponded further by email with the help desk. This email correspondence was collated, anonymised and exported into MS Word for content analysis. A codebook (online supplemental appendix 2) was generated inductively reflecting content in the data to identify reasons for seeking online telemedicine abortion services.

People provided informed consent to the anonymous evaluation of their data at the time they completed the online form. WoW removed all identifying information before providing the data for analysis, therefore no ethics approval was required.

Patient and public involvement

It was not appropriate or possible to involve patients in the design, conduct, reporting or dissemination plans of this research.

RESULTS

Analysis of online questionnaire

The number of people from Ireland who contacted WoW, that is, completed the online form, for the three time periods is compared (table 1). In the 3 months immediately preceding legalisation, October–December 2018, 210 people contacted WoW. In the

Table 1 Demand for Women on Web services from Ireland

Measure of demand	1 year before legalisation Jan–Mar 2018 (n=221)	3 months preceding legalisation Oct–Dec 2018 (n=210)	3 months after legalisation Jan–Mar 2019 (n=103)	Jan–Mar 2019 compared with Jan–Mar 2018 P value
Contacts (n)	221	210	103	<0.001*
Completed requests (n)	158	134	27	<0.001*
Completed requests as a proportion of total contacts (%)	71.5	63.8	26.2	<0.001†

*z-test for rate ratio comparing January–March 2019 to January–March 2018.

†z-test for difference in proportions comparing January–March 2019 to January–March 2018.

Table 2 Characteristics of people from Ireland contacting Women on Web by time period

Characteristic	2018 (n=431)	2019 (n=103)	P value
Mean age (years)	29.63	28.79	0.266*
Mean last menstrual period (LMP)* (n)	39.07	38.38	0.635*
Mean number of pregnancies (n)	2.32	2.23	0.645*
Mean number of abortions (n)	0.25	0.29	0.442*
Mean number of miscarriages (n)	0.26	0.20	0.397*
Mean number of children (n)	1.27	1.26	0.972*
Percentage who took pregnancy test (%)	97.5	89.3	<0.001†
Percentage of pregnancies >7 and ≤10 weeks (%)	19.0	0	<0.001†

*t-test difference in mean.

†z-test difference in proportion.

first 3 months after legalisation, January–March 2019, 103 people contacted WoW, a decrease of 52%.

One year prior to legalisation, (January–March 2018) 221 people made contact, compared with 103 people in the first 3 months after legalisation (January–March 2019), a significant decrease of 54% ($p \leq 0.001$).

Considering the number and proportion of contacts from Ireland proceeding to receive the service (complete requests), in the 3 months prior to legalisation (October–December 2018), 134/210 (64%) contacts received the service. By comparison, in the 3 months immediately after legalisation (January–March 2019), 27/103 (26%) contacts received the service.

One year prior to legalisation (January–March 2018), 158/221 (72%) contacts received the service compared with 26% receiving the service 3 months after legalisation (January–March 2019), a significant decrease of 46% ($p \leq 0.001$).

Characteristics of those contacting WoW in 2018 (January–March and October–December) and 2019 (January–March) were similar regarding mean age, LMP,

number of pregnancies, number of previous abortions, number of previous miscarriages and number of children ($p=0.226$ to 0.972) (table 2).

A smaller percentage had taken a pregnancy test at the time of contact in 2019 than in 2018 (89.3% compared with 97.5%, $p<0.001$). The percentage with pregnancies between 7 and 10 weeks' gestation decreased ($p<0.001$), with no one of this gestational age in 2019 but 20 (19%) of this gestational age in 2018 contacting WoW.

Reasons for contacting WoW were indicated on the questionnaire from a predefined list (online supplemental appendix 1). These data were available for 212/221 contacts from January–March 2018 and 95/103 contacts from January–March 2019 and analysed in table 3. After legalisation, reasons relating to access were cited less frequently. The proportion citing 'abortion pills are not available in my country' decreased from 38% to 13% ($p<0.001$), the proportion citing distance as a barrier to access decreased from 34% to 16% ($p<0.001$), and the proportion citing legal restrictions decreased from 89% to 44% ($p<0.001$).

Conversely, reasons relating to privacy and stigma were cited by a greater proportion after legalisation. The proportion who wanted to keep their abortion private increased from 26% to 41% ($p=0.008$), and the proportion needing to keep their abortion secret from family increased from 12% to 32% ($p<0.001$). Stigma was cited as a reason to seek WoW services in 9% of cases in 2018 compared with 22% of cases in 2019 ($p=0.002$). Not wanting to deal with protestors was cited by 5% in 2018 but increased to 11% in 2019 ($p=0.087$).

Content analysis of emails

In the 3 months after legalisation, 103 people from Ireland completed WoW's online questionnaire requesting the service. All received an automatic response explaining how to access abortion locally, of which 71 corresponded further with WoW by email and 27 received the service. Content analysis of this correspondence explored reasons

Table 3 Reasons women accessed Women on Web by time period

Reason	Jan–Mar 2018 (n=212) n (%)	Jan–Mar 2019 (n=95) n (%)	Difference in proportion %	P value*
I would rather keep it private	55 (25.9)	39 (41.1)	+15.2	0.008
Abortion pills are not available in my country	81 (38.2)	12 (12.6)	–25.6	<0.001
I do not want to deal with protestors	11 (5.2)	10 (10.5)	+5.3	0.087
My partner is abusive	5 (2.4)	8 (8.4)	+6.0	0.015
I need it to be a secret from my family/partner	26 (12.3)	30 (31.6)	+19.3	<0.001
Distance	72 (34.0)	15 (15.8)	–18.2	0.001
Cost	86 (40.6)	32 (33.7)	–6.9	0.252
Stigma	19 (9.0)	21 (22.1)	+13.1	0.002
Legal restrictions	188 (88.7)	42 (44.2)	–44.5	<0.001

*z-test for difference in proportion.

†Women could provide more than one reason, consequently the sum of proportions is greater than 100 for each time period.

for seeking online telemedicine outside the jurisdiction following legalisation.

Reasons cited included not wanting to deal with protestors and feeling uncomfortable about going to their own GP for privacy reasons or fear of judgement. Fears regarding privacy or judgement related to living in small communities or having long-standing personal or professional relationships with their GP.

“Abortion is legal only 2 weeks and anti-abortion protest are around many GP practices which you have to walk through. I am worried that I would know someone and I do not want this to happen.” [NB. This correspondence took place in early January 2019 and the person is stating that the time of writing is only 2 weeks after legalisation of abortion and the introduction of abortion services.] “While abortion was recently made legal in Ireland, I live in a small rural town. My neighbour is the secretary in my doctor’s office and my doctor herself has been very vocal about how she feels abortion is wrong.”

Many mentioned time and distance as barriers to accessing local services, citing some counties with no providers, and others where there were long waits to see a provider. Some reported GPs in their area not taking new patients. Mindful of the 12-week gestational limit, women sought care from WoW when concerned about delays in the process.

“I’ve been on the website and it takes too long to go through as they want to offer counselling first and double check if I want to go ahead, which I 100% do.”

Being in an abusive relationship which prevented women making the two consultations required by law also featured.

“I’m doing this, this way through you, as I can’t let my husband know anything and I won’t be able to make it out of the house for doctor’s appointments and stuff ... I really need your help.”

Some explained they were not able to access local abortion care because they were undocumented or illegal immigrants.

DISCUSSION

Our findings show that over a 3-month timeframe half as many people from Ireland contacted online telemedicine abortion service WoW seeking care following legalisation as had contacted the service 3 and 12 months prior to legalisation. Most made contact after 10 weeks’ gestation, suggesting that approaching the 12-week gestational limit for unrestricted abortion raised concerns about potential delays or the required waiting period preventing people receiving care locally. WoW provided information to facilitate accessing abortion locally and clarify misconceptions, for example, that counselling is not required before accessing abortion care, or that accessing care through

WoW can be more expeditious than accessing local services. Informing people of local availability of abortion led to a considerable reduction in the number progressing to receive the service, though did not eliminate it.

Women cited concerns about privacy, stigma or encountering protestors or reported difficulty attending for two appointments due to partner surveillance and control. Only women who could not use local services for reasons such as an abusive partner, accessed the services of WoW. Measures to redirect people to local services where possible contributed to the considerably lower uptake of online telemedicine services in January–March 2019 at 26% compared with January–March 2018 at 72%. Notwithstanding, one in four (26%) contacting WoW after legalisation proceeded to receive the service.

Data from the UK confirm people from Ireland continued to travel to access abortion after legalisation (375 in 2019) with one in four (98) under 12 weeks’ gestation, when they would have qualified for abortion in Ireland.^{11 12} Analysis of WoW data here provides further evidence that people in Ireland continued to seek abortion outside the jurisdiction after legalisation.

Content analysis of emails gives some insights into the reasons why. There was confusion over how the service is provided, for example, assuming the need to register with a GP provider which is not necessary. Concerns about confidentiality and stigma meant people avoiding attending local GP surgeries. Delays accessing services due to the mandatory 3-day wait or misconceptions that counselling must be attended before accessing abortion also directed people away from local services. Misconceptions about the law featured at this early stage of implementation. Many were unaware they could access abortion without restriction up to 12 weeks’ gestation on a no-cost basis and of the ‘MyOptions’ information service.

A key limitation of this study is that data analysed are generated during service delivery and are more limited than if generated specifically to explore reasons seeking online telemedicine. However, this is a hidden and hard to reach population and being able to derive these insights are important. A strength of this study is triangulation; the online questionnaire and email data informed and validated each other.

CONCLUSIONS

People from Ireland continued to seek abortion through online telemedicine after legalisation, though the number of contacts reduced by half and the proportion receiving the service decreased considerably. This article’s findings suggest policy measures are needed to promote normalisation of abortion, to address access issues, for example, for women experiencing coercive control or violence, and to legislate for safe zones in the vicinity of abortion providers. They suggest a role for telemedicine within the Irish model of abortion

care. Since COVID-19, a temporarily revised model of care introduced telemedicine and our data strongly support the continuation of this facility. Abortion provided through online telemedicine continues to be an important part of providing safe, accessible abortion even after legalisation. Analysis of data generated by WoW for a much longer time period comprising the years 2019 and 2020 is underway by the authors to assess contact with online telemedicine outside the jurisdiction as legal abortion care became more established.

Correction notice This article has been corrected since it first published. The provenance and peer review statement has been included.

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Contributors RG and ARAA planned and designed the study. RG generated the study data. SB and MK carried out the data analysis and wrote up an extended version of the findings from which SB, MK, RG and ARAA developed an extended discussion. CC devised the format for this article using extended analysis and discussion by SB, MK, RG and ARAA, distilled the discussion and developed the conclusions. All authors contributed to revisions for the final draft. CC submitted the article and is the corresponding author.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

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Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data may be obtained from a third party and are not publicly available. Women on Web (www.womenonweb.org) hold these data and may make fully de-identified data available to researchers on application.

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Correction: *Accessing abortion outside jurisdiction following legalisation of abortion in the Republic of Ireland*

Bras S, Gomperts R, Kelly M, *et al*. Accessing abortion outside jurisdiction following legalisation of abortion in the Republic of Ireland. *BMJ Sex Reprod Health* 2021;47:200–4. doi: 10.1136/bmjshr-2020-200849

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Appendix 1: Online questionnaire from Women on Web

Questionnaire

Before starting the consultation, do a pregnancy test and an ultrasound, if possible. The consultation consists of around 25 questions. All information will remain confidential.

At the end of the consultation you will be asked to make [a donation of at least 90, 80 or 70 euro, depending on the country where you live and your economic circumstances](#). If you are in a very difficult economic situation, let us know. Please give as much as you can to help other women who are in a similar situation as you but cannot afford to donate anything.

For more information about medical abortion please look under [Questions and Answers](#). To know who we are, please look under [About Women on Web](#).

If you have any questions send an [email to Women on Web](#) (info@womenonweb.org)

If possible, please do the consultation in your native language.

I read and agree with the Terms of Use.

1. Yes.
2. No.

I will answer all questions of the online consultation truthfully and consent to sharing this information with the medical team. I can withdraw my consent at any time by emailing to info@womenonweb.org. All information will remain confidential.

Did you take a pregnancy test?

1. Yes, and I am pregnant.
2. No, but I did an ultrasound and I am pregnant.

3. No, I did not do a pregnancy test.

Did you have an ultrasound?

An ultrasound is important because it can determine the exact length of your pregnancy and can diagnose an ectopic pregnancy (a pregnancy outside the womb). If you had an ultrasound, please email a photo or scan of your ultrasound to info@womenonweb.org.

1. Yes.
2. No.

If you did not do an ultrasound, why not?

1. I cannot afford one
2. I cannot get to a clinic to get one because of distance or lack of transportation
3. I did not know that I needed one
4. I am afraid my partner or other people will find out
5. I just did not have time to do it
6. I am unsure where to get one
7. I thought I did not need one as I am sure I am pregnant and I know how long I have been pregnant

Do you have an unwanted pregnancy?

1. Yes, I need an abortion.
2. Yes, but I want to continue the pregnancy and give the baby up for adoption.

3. No.

How do you feel about your decision?

Different women have different feelings about the decision to have an abortion. You might feel guilty, confused, selfish, stupid, scared, peaceful, afraid, happy, resolved, grieving, ashamed, irresponsible, sad, numb, comfortable, confident, angry, trapped, doubtful, relieved, disappointed or any other feeling.

1. I can cope with my feelings about my decision.
2. I am troubled by my feelings and worried about possible psychological effects and would like more information.

Are you worried about the psychological effects?

You may be at risk for psychological disturbances.

- If you are seeking an abortion because of medical or genetic concerns regarding your health or the health of your fetus
- If you already suffer from psychiatric illness
- If you are conflicted about having an abortion
- If you have been delayed in seeking abortion

If you are conflicted about having an abortion, consider your other possibilities. You can also choose to give your baby up for adoption, or you can choose to continue the pregnancy. No one can force you to have an abortion. Try to find someone who you can discuss the experience with, such as a close friend or relative, your partner, your parents, or a trusted medical professional. Though no one can tell you what to do, by listening they can provide you with support during an intense time. If you feel alone and ashamed of your decision, perhaps you might consider exploring the ["I had an abortion"](#) part of this site, where women

who have had abortions and supporters speak out on the subject and discuss their experiences. Connecting with others who have had similar experiences can help you alleviate feelings of loneliness and shame.

If you are genuinely suffering from a psychological disturbance, please look for professional help.

1. I can cope with my feelings about my decision.
2. I would like to stop the online consultation and have psychological help first.

Are you sure you want to end your pregnancy and no one is forcing you?

1. I am sure I need an abortion and nobody is forcing me.
2. No, I am not sure.

For some women, ending a pregnancy is a difficult decision. If you cannot discuss the abortion or alternatives with a healthcare provider, we advise you to talk about it with a good friend or a relative. We seriously advise young girls to talk with their parents or another trusted adult about their situation, decision and the abortion procedure. It is very important that your decision was made free of coercion. You should never do an abortion if you are not sure or if somebody is forcing you! You can always return if you decide it is right for you. You cannot continue with the consultation. Please look for help with your situation. Talk with a friend or find a professional.

Where do you live?

This service is for women in countries where access to safe abortion is restricted.

Select country:

When was the first day of your last menstruation?

Date:

Today you are pregnant ... days (... weeks and ... days).

A medical abortion works best if the medicines are taken as early as possible in pregnancy and are most effective up to 70 days (10 weeks) of pregnancy.

How long have you been pregnant?

1. less than 7 weeks
2. between 7 and 10 weeks
3. more than 10 weeks

To exactly determine the length of your pregnancy, you can get an ultrasound.

You can also calculate how long you have been pregnant by determining how many weeks ago your last period was. Calculate what day your last period started. You should include that day and start counting up until today.

Are you able to get to a hospital or first aid centre in 60 minutes or less?

1. Yes
2. No

Just as when you give birth or miscarry, it is important that you are near basic medical care in case complications occur.

Make sure you can get near a hospital or first aid centre within 60 minutes when doing a medical abortion!

1. I want to continue the consultation and I hereby declare that I will only take the medicines at a place nearby a hospital and I will stay there until the abortion has taken place.
2. I want to stop the consultation.

Although there is only a small chance of complication, it is absolutely necessary for you to be within one hour of help. If you are losing too much blood or get an infection you will need to get medical aid quickly. This is also the case when a woman has a miscarriage or gives birth. Women should always have access to good health care in case something goes wrong during abortion, miscarriage, or birth.

Treatment for the complications of an abortion is the same as those of a spontaneous abortion (miscarriage). If there is a problem, you should always go to the hospital or any doctor. The doctor cannot see the difference between a miscarriage and an abortion. If you think the hospital staff might report an abortion to the police, you can just tell them that you had a miscarriage.

If you cannot get near to a hospital or first aid centre to do the abortion, you cannot continue with your request.

Do you have somebody who can help you during the medical abortion?

1. There will be somebody with me during the medical abortion.
2. I do not know anybody who could be with me.

In the rare case of a complication, a partner or friend will be able to help you get the medical care you need.

Are you sure you cannot find somebody you trust?

1. I will make sure that somebody with me during the medical abortion.
2. I want to stop the consultation.

You should never attempt to do an abortion alone.

While doing the abortion, it is important to have someone close by; this can be a partner, a friend, or a relative who knows about the abortion and who can help in case of complications.

Once the bleeding starts, someone should stay in contact with you to help should complications occur. If you do not want to tell anybody about the abortion, you can also tell somebody near you that you do not feel very well and if they can check on you every 2 hours.

Do you have an IUD in place?

1. No, I do not have an IUD.
2. Yes, I have an IUD in place.

An IUD is a contraceptive, a small coil of about 3 cm inserted by a doctor in the womb to prevent pregnancy. If possible, we advise to have it removed before a medical abortion can be done.

Go to a doctor to have the IUD removed.

1. I hereby declare that I will go to a doctor and have my IUD removed before doing the abortion.
2. I want to end the consultation.
3. I can return to the website after I have the IUD removed.

You can use the medications if you have an IUD. A woman who has an IUD and is pregnant must have an ultrasound because the risk of an ectopic pregnancy (pregnancy outside the womb) is higher.

Do you have an STI?

1. No, I do not have a STI.
2. I might have a STI.

An STI is a sexually transmitted infection such as Chlamydia or Gonorrhea. The risk of such an infection increases when one has unprotected sex and after rape. If you have been raped we advise you to get tested for STI's and to go to the police.

Go to a doctor to get treatment for the STI.

1. I want to continue the consultation and I hereby declare that I will go to a doctor and have my STI treated before doing the medical abortion.
2. I want to end the consultation.
3. If I want, I can return to the website once I have had my STI treated.

An STI has to be treated. Arrange an examination with a doctor so that the infection can be treated properly. Having an untreated sexual transmitted infection increases the risk of an inflammation of the womb and fallopian tubes. Such an inflammation is called a pelvic inflammatory disease (PID) or salpingitis or adnexitis. You should not use the medicines when you have an untreated STI.

Do you have any of the following illnesses?

1. I don't have any of the mentioned diseases: an allergy to Misoprostol or Mifepristone or another prostoglandin; chronic adrenal failure; hemorrhagic disorder (bleeding disease); or inherited Porphyrias.
2. I have one of the mentioned diseases.

A medical abortion can only be used when a woman has no serious illness. The below mentioned diseases are very rare. If you are not already aware of them, you probably don't have them.

Do you have any health conditions or diseases of your heart, kidney, liver, thyroid, mental, asthma or any other important information the doctor should know about you?

1. Yes

No

If yes, please give some more information about your health?

If any, what medication do you use?

If you have any questions you can contact info@womenonweb.org

What allergies do you have, if any?

Have you ever had any operations or caesarean sections?

1. Yes
2. No

As you answered yes, can you explain what surgery did you have? If you had a caesarean section: how many, when, what was the reason, did it heal well?

Do you know your blood type?

1. Yes
2. No

If yes, what is your blood type? Is it positive or negative?

If you are more than 9 weeks pregnant when you do the medical abortion and if you don't know your blood-type, you should go to a doctor to determine your blood-type.

If you have a rhesus negative blood-type you should get an injection with Anti-D within 72 hours of the start of your bleeding to make sure there will not be problems with the next pregnancy.

You can say you had a miscarriage and you have a rhesus negative blood-type in order to get the Anti-D injection.

How old are you?***Cause of the unwanted pregnancy:***

1. I did not use contraceptives
2. The contraceptives I used did not work
3. I was raped

Reason for requesting an abortion:

1. I have no money to raise a child
2. I want to finish school
3. I am too young

4. I just cannot have a child at this point in my life
5. I am ill
6. I am too old
7. My family is complete

How many pregnancies have you had (including the present one)?

How many abortions have you had?

How many miscarriages have you had?

How many children do you have, if any?

What are the main reasons why you are requesting an abortion through Women on Web?

1. It is hard for me to access abortion because of legal restrictions
2. It is hard for me to access abortion because of stigma
3. It is hard for me to access abortion because of cost
4. It is hard for me to access abortion because of distance
5. It is hard for me to access abortion because of childcare
6. It is hard for me to access abortion because of work or school commitments
7. It is hard for me to access abortion because I need to keep my abortion a secret from my partner or family
8. It is hard for me for me to access abortion because my partner is abusive

9. It is hard for me for me to access abortion because I do not want to deal with
protestors
10. I prefer to access abortion through Women on Web because I would rather take care
my own abortion
11. I prefer to access abortion through Women on Web because abortion pills are not
available in my country
12. I prefer to access abortion through Women on Web because I would be more
comfortable at home
13. I prefer to access abortion through Women on Web because I would rather have my
partner or friend with my during the process
14. I prefer to access abortion through Women on Web because I would rather keep my
abortion private
15. I prefer to access abortion through Women on Web because I find it empowering
16. It is hard for me to access abortion because I am an undocumented immigrant
17. Other reason

Do you want the abortion with pills send by post?

1. Yes.
2. No.

I read and printed the doctor's instructions.

Continue the consultation

Appendix 2: Code book email analysis

The following section depicts the codebook used for the analysis of the emails from women, who contacted Women on Web in 2019.

REASON FOR CONTACTING WOMEN ON WEB

DESCRIPTION	Women explain why they prefer to use the service of Women on Web over the locally available services.
INCLUDED	When a woman describes why she needs the services of Women on Web and cannot access the local services.
EXCLUDED	When a woman describes why she needs an abortion.
EXAMPLE	"I cannot access abortion in Ireland I do not want my partner to know what I am doing"

REASON FOR WANTING AN ABORTION

DESCRIPTION	Women describe why they feel they need to terminate the pregnancy they are currently experiencing.
INCLUDED	When a woman describes why she needs an abortion.
EXCLUDED	When a woman describes why she needs the services of Women on Web and cannot access the local services.
EXAMPLE	"I am a happily married woman with 2 daughter's who are my world. But financially, physically and mentally I do not feel that i can continue with this pregnancy"

QUESTIONS OR INFORMATION REGARDING SHIPPING

DESCRIPTION	Information or questions regarding the shipping of the medical abortion pills.
INCLUDED	Questions regarding the packages and it's shipping or arrival. Information on addresses.
EXCLUDED	Mentioning place of residence with regards to reasons for contacting Women on Web.
EXAMPLE	"I'm living in the republic of Ireland , will all packages be siezed by customs? If I order to the republic of Ireland will my package be siezed?"

QUESTIONS OR INFORMATION REGARDING ABORTION PROCESS

DESCRIPTION	The information a woman discloses regarding the process of her medical abortion, this also includes questions she has regarding the process.
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INCLUDED	The information women provide on the process of their medical abortion and questions regarding the process.
EXCLUDED	Information or questions regarding the pregnancy.
EXAMPLE	"I took four of the Misoprostol yesterday and i have been bleeding since, do i need to take more of the medicine?"

FINANCIAL INFORMATION AND LOGISTICS

DESCRIPTION	Information or questions regarding the financial or logistical aspects of the process around accessing the services of Women on Web.
INCLUDED	Information that women provide regarding payments or the logistics involved in their order. Questions that women ask regarding the payments of the logistics involved in their order.
EXCLUDED	Information regarding the shipping of their packages.
EXAMPLE	"I am not in a financial position at the moment to pay as I do not get my wages paid into my account till Tuesday."

INFORMATION ON PREGNANCY

DESCRIPTION	Information that women provide regarding their pregnancy.
INCLUDED	How many weeks women think they are pregnant. When their last menstruation was. Whether or not they took pregnancy tests or had an ultrasound. Information regarding their health or previous pregnancies.
EXCLUDED	Information on the abortion process.
EXAMPLE	"The first day of my last period was the 28th of December 2018. i took a pregnancy test yesterday and today."

QUESTIONS OR INFORMATION REGARDING ACCESSING ABORTION

DESCRIPTION	Messages asking for help or information on how to access abortion services.
INCLUDED	Asking for help from Women on Web or asking for other options to access abortion services. Includes asking Women on Web for help.
EXCLUDED	Asking for logistical information on the services Women on Web provides.

EXAMPLE

"Please let me know if you're able to help/ provide the pills or not."

CANCELLING THE HELP OF WOMEN ON WEB

DESCRIPTION	Women expressing that they no longer require the help of Women on Web.
INCLUDED	Women expressing that they no longer need the help of Women on Web because they found another option, because they chose to continue the pregnancy or because of logistical reasons.
EXCLUDED	Women asking for information on Women on Web or other abortion services.
EXAMPLE	"Please still time to cancel the post? I don't need the pills anymore."

LIMITED TIME

DESCRIPTION	Women expressing that they feel they have a limited amount of time within which they are still able to access abortion services.
INCLUDED	Women feel that they have a limited amount of time within which they want to access abortion services. This can include the services of Women on Web or others.
EXCLUDED	Women requesting the help of Women on Web.
EXAMPLE	"Can you please answer me? because time is going on, I need faster receive tablets, sorry"

EXPRESSING GRATITUDE

DESCRIPTION	Messages that express gratitude.
INCLUDED	Messages that express gratitude for the services Women on Web provided, including: the medical abortion, the email counselling and information. After women have cancelled the services of Women on Web their messages of gratitude are still included.
EXCLUDED	Messages requesting the services of Women on Web.
EXAMPLE	"I wanted to sincerely thank you for making this option available to me, I think it's an invaluable service that you provide to women."