A trans-national examination of the impact of the COVID-19 pandemic on abortion requests through a telemedicine service

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ABSTRACT

Background The COVID-19 pandemic is limiting access to reproductive healthcare worldwide. Substantial research gaps remain regarding the impact of the pandemic on access to abortion care.

Methods We performed a cohort analysis of abortion requests made through the telemedicine abortion service Women on Web (WoW) between 18 March 2020 and 4 May 2020. We used binary logistic regression analyses to test the association between COVID-19 as a reason for the help request and reporting having had an ultrasound to determine gestation and/or use of contraception. A subanalysis of Italy, Argentina, Malaysia and the United Arab Emirates (UAE) was executed to explore differences between countries.

Results Of requests made during the study period, 43.5% (n=1972) were COVID-19-related. A negative association was found with having had an ultrasound to determine gestation length and COVID-19-related requests. Italy had the highest percentage (66.5%, n=117) of COVID-19-related requests in the subanalysis, followed by Argentina (55.3%, n=68), Malaysia (51.9%, n=41) and the UAE (44.4%, n=75).

Conclusions Almost half the women and pregnant people having an abortion through WoW reported experiencing obstacles to abortion care because of COVID-19. Abortion guidelines should be updated to permit abortion services via telemedicine. This is especially urgent during the ongoing pandemic.

Key messages

⇒ More than 40% of women who requested an abortion during the study period stated COVID-19 as a reason for using the service.
⇒ Women and pregnant people living in countries with a liberal abortion law were more likely to state COVID-19 as a reason for experiencing obstacles to local abortion care.
⇒ Women and pregnant people with COVID-19-related requests were less likely to have had an ultrasound to determine gestation length.

INTRODUCTION

The ongoing severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, COVID-19) pandemic has a major impact on public health and health systems. Government responses to limit the spread of the pandemic vary worldwide, with different lockdown measurements and quarantine orders affecting access to safe abortion care.1 2 Evidence shows that when safe abortion is unavailable or restricted, women and pregnant people might undergo an unsafe abortion, risking their health and lives.3 Of the 56 million abortions that take place worldwide each year, approximately 25 million are unsafe.4 It is estimated that during the COVID-19 pandemic, 10% of women and pregnant people who would normally have access to safe abortion services will instead undergo an unsafe abortion.3 Consequently, an additional 3.3 million unsafe abortions were predicted to occur in low- and middle-income countries in 2020.5

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) states that governments should ensure support for self-management of medical abortion care with remote approaches in order to improve access to abortion care.
care during the COVID-19 pandemic. Medical abortion with mifepristone and misoprostol is 95%–98% effective in terminating pregnancies in the early first trimester. Multiple studies confirm the safety and acceptability of medical abortion, also when provided through telemedicine. The World Health Organization (WHO) also recommends self-management of medical abortion with the use of mifepristone and misoprostol.

A significant rise in abortion requests to telemedicine services in European countries has been reported during the pandemic. Obstacles to abortion care increased generally, including in countries where abortion services are legally available. Despite the growing demand for self-managed medical abortion with telemedicine, many countries still reject this form of abortion.

Major gaps remain in the evidence regarding the impact of the ongoing COVID-19 pandemic on abortion care. We aimed to gather additional knowledge about the impact of the COVID-19 pandemic on abortion care worldwide by analysing abortion requests received during an early period of the COVID-19 pandemic by the worldwide telemedicine abortion service Women on Web (WoW).

METHODS
A cohort analysis was executed to analyse reasons given for requesting a medical abortion through the telemedicine service WoW between 18 March 2020 and 4 May 2020. Women and pregnant people who seek an abortion through WoW fill out an abortion consultation form, and data were extracted from this survey. The survey consists of 30 binary, categorical (multiple options could be chosen) and open questions requesting the following information: data on the current pregnancy, their medical history, and their reasons for seeking an abortion (see online supplemental material). The digital clinic WoW only prescribes a medical abortion to persons with a reported maximum of 10 weeks gestational age. Gestational age can be based on an ultrasound or on the date of their last menstruation.

On 18 March 2020, WoW added an extra response option, ‘because of COVID-19’, to the question ‘What are the main reasons why you are requesting an abortion through WoW?’. We collected data from this date until 4 May 2020. On that date, the second Google Core Update of 2020 began, and WoW’s website experienced severe findability difficulties in Google’s search engine: the website had a drastic 90% decline in visits. This problem lasted for a period of weeks. Therefore 4 May 2020 is the end date of this study.

The dependent variable of ‘COVID-19-related’ requests was used when a woman or pregnant person chose the option ‘because of COVID-19’ as one of the reasons or the only reason for requesting an abortion through WoW. The independent variables were ‘age’, ‘contraceptive use when becoming pregnant’, ‘ultrasound to determine gestation’ and ‘country of residence’. The variable ‘age’ was categorised (≤20, 21–25, 26–30, 31–35, ≥36 years).

All the abortion consultation forms submitted from 18 March 2020 until 4 May 2020 were included in the study. Countries with more than 20% of missing data for the chosen variables were excluded.

We performed data cleaning in Excel, a process that included organising the data, removing system errors and duplicates, and coding the variables. After data cleaning, the data were downloaded into IBM SPSS 25 for statistical analysis. We executed a logistic regression analysis to test the association between the dependent variable ‘COVID-19-related’ and the independent variables ‘age’, ‘ultrasound to determine gestation’ and ‘contraceptive use when becoming pregnant’. For the categorical variable ‘age’, the youngest age group (≤20) was set as the reference category.

We selected the countries Italy, Argentina, Malaysia and the United Arab Emirates (UAE) for subanalysis to reflect a representation of different continents of the world, with different abortion laws and with sufficient COVID-19-related requests to analyse. Africa lacked countries with sufficient requests, and the United States of America (USA) was not included because WoW does not operate in the USA. For the subanalysis of the selected countries, Italy was set as the reference category. To ensure the reliability of all analyses, an odds ratio (OR) and a 95% confidence interval (95% CI) were calculated. A significant association was found when the p value was smaller than 0.05 (p≤0.05).

Ethics approval statement
The data were anonymised before they were received by the researchers. The participants gave informed consent to their data being used for the purpose of research before filling in their requests. Ethical approval was obtained from Karolinska Institute (Dnr 2020–05406).

RESULTS
A total of 4962 women and pregnant people completed the online consultation to request a medical abortion through WoW during the period 18 March 2020 to 4 May 2020. The average age was 25.4 years, ranging from 13 to 67 years (ages were self-reported by the women/pregnant people, and were not verified). The requests came from 171 different countries, but Thailand was excluded from the analysis as due to a system error 94.8% of the values for the variable ‘COVID-19-related’ were missing. Table 1 represents a frequency list of the top 26 countries.

Of all he requests made between 18 March 2020 and 4 May 2020 (n=4962), 1972 (43.5%) requests were COVID-19-related. Of the COVID-19-related requests, the percentage of women who had an ultrasound was 16.9% compared with 24.4% of the...
**Table 1** Frequency table of abortion requests and COVID-19-related requests received by Women on Web (WoW) between 18 March 2020 and 4 May 2020: 26 most frequent countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Requests (n=4344) (n(%)</th>
<th>COVID-19-related=Yes (n=1742) (n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland</td>
<td>681 (15.7)</td>
<td>316 (46.5)</td>
</tr>
<tr>
<td>South Korea</td>
<td>548 (12.6)</td>
<td>67 (12.4)</td>
</tr>
<tr>
<td>Germany*</td>
<td>389 (9.0)</td>
<td>179 (45.7)</td>
</tr>
<tr>
<td>Thailand</td>
<td>343 (7.9)</td>
<td>6 (18.3)</td>
</tr>
<tr>
<td>Great Britain</td>
<td>234 (5.4)</td>
<td>159 (68.8)</td>
</tr>
<tr>
<td>Japan</td>
<td>203 (4.7)</td>
<td>64 (32.0)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>194 (4.5)</td>
<td>53 (27.7)</td>
</tr>
<tr>
<td>Brazil</td>
<td>189 (4.4)</td>
<td>76 (41.1)</td>
</tr>
<tr>
<td>Italy</td>
<td>177 (4.1)</td>
<td>117 (66.5)</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>177 (4.1)</td>
<td>75 (44.4)</td>
</tr>
<tr>
<td>France*</td>
<td>149 (3.4)</td>
<td>86 (59.3)</td>
</tr>
<tr>
<td>Argentina</td>
<td>124 (2.9)</td>
<td>68 (55.3)</td>
</tr>
<tr>
<td>Mexico</td>
<td>109 (2.5)</td>
<td>39 (36.4)</td>
</tr>
<tr>
<td>Chile</td>
<td>106 (2.4)</td>
<td>34 (32.1)</td>
</tr>
<tr>
<td>Northern Ireland (UK)</td>
<td>102 (2.3)</td>
<td>73 (73.0)</td>
</tr>
<tr>
<td>Malaysia</td>
<td>81 (1.9)</td>
<td>41 (51.9)</td>
</tr>
<tr>
<td>Hungary</td>
<td>80 (1.8)</td>
<td>42 (53.8)</td>
</tr>
<tr>
<td>Morocco</td>
<td>78 (1.8)</td>
<td>46 (61.3)</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>70 (1.6)</td>
<td>32 (48.5)</td>
</tr>
<tr>
<td>Ireland</td>
<td>65 (1.5)</td>
<td>46 (70.8)</td>
</tr>
<tr>
<td>Portugal</td>
<td>61 (1.4)</td>
<td>33 (55.0)</td>
</tr>
<tr>
<td>Malta</td>
<td>42 (1.0)</td>
<td>24 (61.5)</td>
</tr>
<tr>
<td>Qatar</td>
<td>41 (0.9)</td>
<td>18 (47.4)</td>
</tr>
<tr>
<td>Colombia</td>
<td>39 (0.9)</td>
<td>18 (46.2)</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>36 (0.8)</td>
<td>17 (48.6)</td>
</tr>
<tr>
<td>Australia</td>
<td>26 (0.6)</td>
<td>13 (50.0)</td>
</tr>
</tbody>
</table>

*The frequencies of Germany and France are not comparable to the other countries, as all the German and French requests in 2020 were saved in the WoW database. For all other countries where WoW operates, requests without any form of additional correspondence are automatically deleted 3 weeks after the booking date.

Frequencies of COVID-19-related requests made during the period 18 March 2020 to 4 May 2020 are presented in Table 3 for the four included countries. Italy had the highest percentage of COVID-19-related requests, with an average of 66.5% during the study period. Women requesting an abortion in Malaysia and the UAE showed a significant negative association for COVID-19-related requests compared with women living in Italy.

**DISCUSSION**

This study describes and analyses abortion requests received by WoW during the period 18 March 2020 to 4 May 2020. The negative association between having had an ultrasound and ‘COVID-19-related requests’ indicates that women and pregnant people were less likely to have had an ultrasound to establish gestational length. Their inability to obtain an ultrasound may be an indication that COVID-19 limited access to reproductive healthcare and/or impacted their willingness to seek healthcare due to potential risk of infection. This finding is in line with a study performed by Marie Stopes International in the UK, South Africa and India, which concluded that access to reproductive healthcare has been constrained during the pandemic.¹

Another explanation could be that in some countries there was a rapid move to change guidelines for medical abortion, permitting access without the need for an ultrasound.¹³

The negative association between not having used contraception and COVID-19-related requests suggests that women and pregnant people seeking abortion and citing COVID-19 as a factor were more likely to have used contraception. Research conducted by the United Nations and Sexual Reproductive Health Agency predicted that fewer women would have used contraceptives during the pandemic in low- and middle-income countries.¹⁸ The contradictory finding can potentially be explained by the fact that the research population of this study consists of people who probably do not live in extreme poverty. Not much is known about the socioeconomic status of the research population. However, access to the Internet is required to use WoW services, so persons requesting help might not experience financial barriers to accessing contraceptives. Another explanation may be that during the pandemic the ability to have casual non-COVID-19-related requests. Of the COVID-19-related requests, 43.3% had not used contraception, compared with 46.9% of the non-COVID-19-related requests. No significant association was found with age. There was a significant negative association between having had an ultrasound and COVID-19-related requests (OR 0.630, 95% CI 0.543 to 0.733). A significant negative association was also found between not having used contraception and COVID-19-related requests (OR 0.864, 95% CI 0.767 to 0.972) (see table 2).
sex is reduced due to closure of meeting places and lockdown regulations, as well as fear of infection.\textsuperscript{19} Research shows that women in casual relationships are less likely to use contraception, compared with women in consistent relationships.\textsuperscript{20} For some women and pregnant people contacting WoW, contraception failure or failure to access services may have taken place before the lockdown started in their country. Therefore, the pandemic did not affect their ability to access contraceptives yet, and the results of the analysis could be biased as a result, at least initially.

Italy had the highest frequency of COVID-19-related requests of the countries included. Italy was the epicentre when the pandemic began in Europe, and lack of information, movement restrictions, and gynaecological staff reassigned to COVID-19 care might have contributed to barriers to accessing local abortion care.\textsuperscript{21, 22} The high percentage of COVID-19-related requests for women and pregnant people in Argentina might be explained by the fact that Argentineans often seek help for an abortion from local abortion rights activist organisations. These organisations were also affected by the pandemic.\textsuperscript{23}

The increase in COVID-19-related requests in Malaysia during the pandemic is in line with a recent

### Table 2

Frequencies of age categories, ultrasound and contraception for COVID-19-related requests (yes/no) and summary of logistic regression analysis (all countries)*

<table>
<thead>
<tr>
<th>Parameter</th>
<th>COVID-19-related=No (n=2563, 56.5%) (n (%))</th>
<th>COVID-19-related=Yes (n=1972, 43.5%) (n (%))</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤20 (Reference)</td>
<td>473 (18.5)</td>
<td>365 (18.5)</td>
<td></td>
</tr>
<tr>
<td>21–25</td>
<td>731 (28.5)</td>
<td>518 (26.3)</td>
<td>0.918 (0.769 to 1.096)</td>
</tr>
<tr>
<td>26–30</td>
<td>611 (23.8)</td>
<td>502 (25.5)</td>
<td>1.065 (0.889 to 1.275)</td>
</tr>
<tr>
<td>31–35</td>
<td>397 (15.5)</td>
<td>306 (15.5)</td>
<td>0.999 (0.816 to 1.223)</td>
</tr>
<tr>
<td>≥36</td>
<td>351 (13.7)</td>
<td>281 (14.2)</td>
<td>1.037 (0.843 to 1.277)</td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>608 (24.4)</td>
<td>325 (16.9)</td>
<td>0.630 (0.543 to 0.733)</td>
</tr>
<tr>
<td>Missing: 69</td>
<td></td>
<td>Missing: 48</td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-use</td>
<td>1192 (46.9)</td>
<td>849 (43.3)</td>
<td>0.864 (0.767 to 0.972)</td>
</tr>
<tr>
<td>Missing: 24</td>
<td></td>
<td>Missing: 12</td>
<td></td>
</tr>
</tbody>
</table>

*Thailand is excluded.

CI, confidence interval; OR, odds ratio.

### Table 3

Frequencies of requests through Women on Web (WoW) for Italy, Argentina, Malaysia and the United Arab Emirates, including COVID-19-related requests, per month, from 18 March 2020 to 4 May 2020

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Italy</th>
<th>Argentina</th>
<th>Malaysia</th>
<th>UAE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population* (millions)</td>
<td>60.5</td>
<td>45.2</td>
<td>32.7</td>
<td>9.9</td>
</tr>
<tr>
<td>Abortion law*</td>
<td>On request</td>
<td>To preserve health†</td>
<td>To preserve health</td>
<td>To save the woman’s life</td>
</tr>
<tr>
<td></td>
<td>Parental authorisation/ notification required</td>
<td>Permitted in cases of rape</td>
<td>Law explicitly includes mental health</td>
<td>Permitted in cases of fetal impairment</td>
</tr>
<tr>
<td>Requests (%=calculated by row)</td>
<td>18 March 2020–4 May 2020 (n=559) (n (%))</td>
<td>124 (22.2)</td>
<td>81 (14.5)</td>
<td>177 (31.7)</td>
</tr>
<tr>
<td>COVID-19-related=Yes (%=column)</td>
<td>18 March 2020–4 May 2020 (n=361) (n (%))</td>
<td>68 (55.3)</td>
<td>41 (51.9)</td>
<td>75 (44.4)</td>
</tr>
<tr>
<td>OR (95% CI)</td>
<td>Reference</td>
<td>0.623 (0.388 to 1.001)</td>
<td>0.544 (0.317 to 0.935)</td>
<td>0.402 (0.260 to 0.622)</td>
</tr>
</tbody>
</table>

*Abortion law.\textsuperscript{28} Population.\textsuperscript{29} †The abortion law recently changed in Argentina and now allows abortions until 14 weeks ‘on request’.\textsuperscript{30} The abortion law during the time of collecting the data was used for this study.

CI, confidence interval; OR, odds ratio; UAE, United Arab Emirates.
The increase in requests received by PRAAM in requests for safe abortion in 2020 compared with Malaysia (RRAAM), which observed a 48% increase due to COVID-19-related travel restrictions, the ability to leave the country to obtain an abortion was limited. The UAE showed the strongest negative association in the subanalysis and has the most restrictive abortion law of the selected countries. Based on the safe abortion care model of Benson, in countries with a restrictive abortion law, such as the UAE, laws and policies are the greatest barrier to accessing safe abortion care.

A limitation of this analysis is the short study period and resultant limited sample due to the technical problems noted and the impact of the Google Core update. Also, the reason ‘because of COVID-19’ did not specify the exact barrier that women experienced. It could be that local abortion clinics were closed, that women and pregnant people did not want to travel to a clinic because they were afraid of infection, or another COVID-19-related reason, but this cannot be discerned from the available information. A recommendation for future research is a qualitative study to explore the opinions and experiences of women and pregnant people who used the telemedicine abortion service during the COVID-19 pandemic.

A strength of this study is that it addresses a research gap regarding the impact of the COVID-19 pandemic on abortion access. The study includes data from several diverse countries, and thus provides a macro view of the subject.

Conclusions
The results of this study indicate that women and pregnant people in many countries had reduced access to local reproductive healthcare in order to obtain a safe abortion during an early period (18 March 2020 to 4 May 2020) of the COVID-19 pandemic. As a result of reduced access to reproductive healthcare, fewer women and pregnant people obtained an ultrasound to determine gestational length. Countries with a supportive abortion law and strong lockdown measurements experienced COVID-19 as a greater barrier to access abortion care compared with countries with a less supportive abortion law, where access was already very restricted. However, COVID-19 posed a major barrier for women and pregnant people in countries with a restrictive abortion law as well. Telemedicine helped to address the barriers to abortion care, but availability was and remains insufficient. There is an urgent need for policymakers to expand access to medical abortion by allowing and encouraging the use of telemedicine, changing the interpretation of laws, and allowing self-management of medical abortion. Such changes will enable women and pregnant people to access safe medical abortion care, ensuring the right to abortion, including during the ongoing COVID-19 pandemic.

Correction notice This article has been corrected since it was first published. The author order has been changed.

Contributors LtvO conducted the research and analysed the results under the supervision of RG and MW. RG and KG-D also contributed to the analysis. All authors made a substantial contribution to writing the article.

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Competing interests One of the authors (RG) was employed by the non-governmental organisation that provided the data for the research (Women on Web), and a second author (LtvO) was a student intern at the same organisation.

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. Although this study was an analysis of secondary, anonymised data, with no direct participant involvement, the research questions were informed by the needs of women who rely on Women on Web to access abortion.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon reasonable request. Anonymised data may be available upon reasonable request to Women on Web.

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REFERENCES
Consultation form Women on Web

I need an abortion
Do you have an unwanted pregnancy? Our trusted online abortion service can help you do a safe abortion with pills

Manage your own abortion safely
The abortion pill is safe, effective and simple to administer. Medical abortions performed in the first 10 weeks of pregnancy have a very low risk of complications and resemble having an early miscarriage that can be safely taken care of in the privacy of your own home.

After you have completed the online consultation below, a medical abortion can be prescribed to you by a licensed medical provider. The combination of two pills, mifepristone and misoprostol will be sent to you via mail. Our help desk and medical team will provide step-by-step instructions and walk you through the process in real time.

Women on Web can provide you with assistance if:
- You are less than 10 weeks pregnant.
- You do not suffer any severe illnesses.
- You have problem accessing safe abortion.

Consultation
The online consultation consists of 25 questions and is meant to familiarize our medical team with your situation and to make sure you can safely have a medical abortion. Before you start the consultation, if possible, please confirm your pregnancy with a pregnancy test or an ultrasound. All the information you provide will remain confidential.

Donations
At the end of the consultation, we ask that you donate 70, 80 or 90 euros depending on your location and your economic circumstances to enable us to continue our work of assisting women’s health. If you are in a very difficult economic situation, please let us know so we can assist you. If you are able to donate more, we ask you to give as much as you can so we can assist women in similar situations who may be unable to make a donation.

For more information about the procedure or administering the abortion pill, please visit our Questions and Answers page.

To find out more about our team and who we are, visit the Team and About Women on Web.

If you have any questions, please email us at info@womenonweb.org

I read and agree with the Terms of Use.

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.

Terms of Use and Privacy Policy
Did you take a pregnancy test?

Yes, and I am pregnant.  No, but I did an ultrasound and I am pregnant.  No, I did not do a pregnancy test.

What if you are not pregnant but take the medicines anyway?

Do a pregnancy test or ultrasound first.

I am sure I am pregnant.

Do a pregnancy test first. You can do a pregnancy test from the first day you missed your expected period and onwards. Before this time, the level of hormones produced by the pregnancy is too low to show up on the test and you may get a 'false negative' result. A pregnancy test can be bought at a pharmacy or drugstore. You only need to put a bit of urine on the test and after a few minutes you will see if you are pregnant or not. You can also go to your general practitioner or family doctor for a pregnancy test.

What if you are not pregnant but take the medicines anyway?

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.

☐ Yes  ☐ No:

If you have strong recurrent pain on one side in your lower belly, please get an ultrasound as that might be an ectopic pregnancy (outside the womb) and this is dangerous!

If you did not do an ultrasound, why not?
☐ I cannot afford one  ☐ I cannot get to a clinic to get one because of distance or lack of transportation  ☐ I did not know that I needed one  ☐ I am afraid my partner or other people will find out  ☐ I just did not have time to do it  ☐ I am unsure where to get one  ☐ I thought I did not need one as I am sure I am pregnant and I know how long I have been pregnant.

What is an ectopic pregnancy and how do you know you have one?

Do you have an unwanted pregnancy?

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

No, I want to stop the consultation.

Women on Web works to help women achieve the World Health Organization’s definition of health. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

How to find out if you are pregnant & how far along you are?

What if you are not pregnant but take the medicines anyway?

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.

You can read about the experiences of other women who have done abortions on the “I had an abortion” part of this site.

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

Do you require psychological counseling after you have had an abortion?
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 confused 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.

I can cope with my feelings about my decision.
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?
( I am sure I need an abortion and nobody is forcing me. [ ] 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?
Please choose a month and a day.

Pregnancy Calculator
This tool will help you estimate how many weeks pregnant you are.

Today you are pregnant ... days ... weeks ... 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.

Our online abortion service can assist you if you have an unwanted pregnancy; you are less than 10 weeks pregnant and struggle to access safe abortion. Please fill out our online consultation here.

How long have you been pregnant?
less than 7 weeks ... between 7 and 10 weeks ... 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 normal period started. You should include that day and start counting up until today.

How many weeks into your pregnancy can you do an abortion with pills?

What will happen if you do an abortion with pills after the first 10 weeks?
Are you able to get to a hospital or first aid centre in 60 minutes or less?

Yes | No

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

Why should you be within 60 minutes of a hospital or first aid centre when you do the abortion?

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

I want to continue the consultation and 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.

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 can not 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?

There will be somebody with me during the medical abortion | 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.

Why shouldn’t you be alone when you do a abortion with pills and what if you do it alone anyway?

Are you sure you cannot find somebody you trust?

I will make sure that somebody with me during the medical abortion | 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?

No, I do not have an IUD. | 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

I hereby declare that I will go to a doctor and have my IUD removed before doing the abortion. | I want to end the consultation. 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 think you have an STI?

No, I do not have a STI. | 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 STIs and to go to the police.
Go to a doctor to get treatment for the STI:
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.
I want to end the consultation 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?
I don't have any of the mentioned diseases: an allergy to misoprostol or mifepristone or another prostaglandin; chronic adrenal failure; hemorrhagic disorder (bleeding disease); or inherited Porphyria.

I have one of the mentioned diseases.
The mentioned conditions are very rare. If you are not already aware of them, you probably don't have them.

What is a contraindication and how do you know if you have one?

**Stop: you cannot have a medical abortion with your illness.**
Depending on your illness, you may still be able to have a surgical abortion.

Please see the list of Sexual Health Clinics Worldwide to find help in your area or email to Women on Web info@womenonweb.org to help you find a provider.

Stop online consultation
What is a contraindication and how do you know if you have one?

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?
- Yes
- No

If yes, please give some more information about your health
Please provide as much information as you can, so that the we can proceed with your request without delay.

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 caesarean sections or other operations in your belly?  
☐ Yes ☐ No  
If 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?  
Please give as much information as you can, so that the we can proceed with your request without delay.

Do you know your blood type?  
☐ Yes ☐ 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?

And finally...  
Answering the questions below is optional.

What was the reason you became pregnant:  
☐ I did not use contraceptives ☐ The contraceptives I used did not work ☐ I was raped ☐ I wanted a pregnancy at first but my situation changed  
Reason for requesting an abortion:  
☐ I have no money to raise a child ☐ I want to finish school ☐ I am too young ☐ I just cannot have a child this point in my life ☐ I am ill ☐ I am too old ☐ My family is complete ☐ My partner does not want a child  
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?  
☐ Because of Corona Virus ☐ It is hard for me to access abortion because of legal restrictions ☐ It is hard for me to access abortion because of stigma ☐ It is hard for me to access abortion because of cost ☐ It is hard for me to access abortion because of distance ☐ It is hard for me to access abortion because of childcare ☐ It is hard for me to access abortion because of work or school commitments ☐ It is hard for me to access abortion because I need to keep my abortion a secret from my partner or family ☐ It is hard for me to keep abortion a secret from my partner or family ☐ I prefer to access abortion through Women on Web because I would be more comfortable at home ☐ I prefer to access abortion through Women on Web because I would rather have my partner or friend with me during the process ☐ I prefer to access abortion through Women on Web because I would rather keep my abortion private ☐ I prefer to access abortion through Women on Web because I find it empowering ☐ It is hard for me to access abortion because I am an undocumented immigrant ☐ Other reason
Supplementary material

Consultation form Women on Web

I need an abortion

Do you have an unwanted pregnancy? Our trusted online abortion service can help you do a safe abortion with pills

Manage your own abortion safely

The abortion pill is safe, effective and simple to administer. Medical abortions performed in the first 10 weeks of pregnancy have a very low risk of complications and resemble having an early miscarriage that can be safely taken care of in the privacy of your own home.

After you have completed the online consultation below, a medical abortion can be prescribed to you by a licensed medical provider. The combination of two pills, mifepristone and misoprostol will be sent to you via mail. Our help desk and medical team will provide step-by-step instructions and walk you through the process in real time.

Women on Web can provide you with assistance if:

- You are less than 10 weeks pregnant.
- You do not suffer any severe illnesses.
- You have problem accessing safe abortion.

Consultation

The online consultation consists of 25 questions and is meant to familiarize our medical team with your situation and to make sure you can safely have a medical abortion. Before you start the consultation, if possible, please confirm your pregnancy with a pregnancy test or an ultrasound. All the information you provide will remain confidential.

Donations

At the end of the consultation, we ask that you donate 70, 80 or 90 euros depending on your location and your economic circumstances to enable us to continue our work of assisting women’s health. If you are in a very difficult economic situation, please let us know so we can assist you. If you are able to donate more, we ask you to give as much as you can so we can assist women in similar situations who may be unable to make a donation.

For more information about the procedure or administering the abortion pill, please visit our Questions and Answers page.

To find out more about our team and who we are, visit the Team and About Women on Web.

If you have any questions, please email us at info@womenonweb.org.

I read and agree with the Terms of Use.

Yes | 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.

Terms of Use and Privacy Policy
Did you take a pregnancy test?

- Yes, and I am pregnant
- No, but I did an ultrasound and I am pregnant
- No, I did not do a pregnancy test

What if you are not pregnant but take the medicines anyway?

Do a pregnancy test or ultrasound first.

- I am sure I am pregnant

Do a pregnancy test first. You can do a pregnancy test from the first day you missed your expected period and onwards. Before this time, the level of hormones produced by the pregnancy is too low to show up on the test and you may get a 'false negative' result. A pregnancy test can be bought at a pharmacy or drugstore. You only need to put a bit of urine on the tester and after a few minutes you will see if you are pregnant or not. You can also go to your general practitioner or family doctor for a pregnancy test.

What if you are not pregnant but take the medicines anyway?

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.

- Yes
- No

If you have strong recurrent pain on one side in your lower belly, please get an ultrasound as that might be an ectopic pregnancy (outside the womb) and this is dangerous!

If you did not do an ultrasound, why not?

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

What is an ectopic pregnancy and how do you know you have one?

Do you have an unwanted pregnancy?

- Yes, I need an abortion
- Yes, but I want to continue the pregnancy and give the baby up for adoption
- No
- I want to stop the consultation

Women on Web works to help women achieve the World Health Organization's definition of health. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

How to find out if you are pregnant & how far along you are?

What if you are not pregnant but take the medicines anyway?

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, comforting, confident, angry, trapped, doubtful, relieved, disappointed or any other feeling.

You can read about the experiences of other women who have done abortions on the "I had an abortion" part of this site.

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

Do you require psychological counseling after you have had an abortion?
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.

I can cope with my feelings about my decision.
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?
I am sure I need an abortion and nobody is forcing me. [ ] No, I am not sure. [ ]

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less than 7 weeks | between 7 and 10 weeks | more than 10 weeks
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How many weeks into your pregnancy can you do an abortion with pills?
What will happen if you do an abortion with pills after the first 10 weeks?
Are you able to get to a hospital or first aid centre in 60 minutes or less?

Yes  | No

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

Why should you be within 60 minutes of a hospital or first aid centre when you do the abortion?

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I want to stop the consultation.

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

There will be somebody with me during the medical abortion | 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.

Why shouldn’t you be alone when you do a abortion with pills and what if you do it alone anyway?

Are you sure you cannot find somebody you trust?

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Do you have an IUD in place?

No, I do not have an IUD. | 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:

I hereby declare that I will go to a doctor and have my IUD removed before doing the abortion.

I want to end the consultation. 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 think you have an STI?

No, I do not have a STI. | 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 STIs and to go to the police.
Go to a doctor to get treatment for the STI.

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.

I want to end the consultation 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?

I don't have any of the mentioned diseases: an allergy to Misoprostol or Misoprostolone or another prostaglandin; chronic adrenal failure; hemorrhagic disorder (bleeding disease); or inherited Porphyria

I have one of the mentioned diseases.

The mentioned conditions are very rare. If you are not already aware of them, you probably don't have them.

What is a contraindication and how do you know if you have one?

Stop: you cannot have a medical abortion with your illness.

Depending on your illness, you may still be able to have a surgical abortion.

Please see the list of Sexual Health Clinics Worldwide to find help in your area or email to Women on Web (info@womensonweb.org) to help you find a provider.
Have you ever had any caesarean sections or other operations in your belly?
- Yes
- No
If 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?
Please give as much information as you can, so that we can proceed with your request without delay.

Do you know your blood type?
- Yes
- 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?

And finally...

Answering the questions below is optional.

What was the reason you became pregnant?
- I did not use contraceptives
- The contraceptives I used did not work
- I was raped
- I wanted a pregnancy at first but my situation changed

Reason for requesting an abortion:
- I have no money to raise a child
- I want to finish school
- I am too young
- I just cannot have a child at this point in my life
- I am ill
- I am too old
- My family is complete
- My partner does not want a child

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?
- Because of Corona Virus
- It is hard for me to access abortion because of legal restrictions
- It is hard for me to access abortion because of stigma
- It is hard for me to access abortion because of cost
- It is hard for me to access abortion because of distance
- It is hard for me to access abortion because of childcare
- It is hard for me to access abortion because of work or school commitments
- It is hard for me to access abortion because I need to keep my abortion a secret from my partner or family
- It is hard for me to access abortion because my partner is abusive
- It is hard for me to access abortion because I do not want to deal with protesters
- I prefer to access abortion through Women on Web because I would rather take care of my own abortion
- I prefer to access abortion through Women on Web because abortion pills are not available in my country
- I prefer to access abortion through Women on Web because I would be more comfortable at home
- I prefer to access abortion through Women on Web because I would rather have my partner or friend with me during the process
- I prefer to access abortion through Women on Web because I would rather keep my abortion private
- I prefer to access abortion through Women on Web because I find it empowering
- It is hard for me to access abortion because I am an undocumented immigrant
- Other reason