

INTRODUCTION

- Family Planning NSW started offering abortion services in January 2020, following decriminalisation of abortion in NSW in October 2019.
- The COVID-19 pandemic has highlighted disparities in access to reproductive and sexual health (RSH) care, including access to abortion information and services.
- In addition to maintaining face-to-face consultations, Family Planning NSW rapidly introduced the option for telehealth (phone and video) medical abortion from April 2020 in response to the emergent COVID-19 pandemic.

AIM

This study was undertaken to understand the role of a flexible service delivery model (face-to-face and telehealth) in ensuring access to medical abortion care during the pandemic.

METHOD

De-identified demographics information of patients accessing medical abortion services via telehealth or face-to-face consulting between April 2020 and September 2021 was extracted from the Family Planning NSW medical records system.

ETHICS APPROVAL

The study was approved by Family Planning NSW Ethics Committee (R2020-01).

RESULTS

860 MEDICAL ABORTIONS WERE PROVIDED BY FAMILY PLANNING NSW BETWEEN APRIL 2020 AND SEPTEMBER 2021

702 FACE-TO-FACE CLINIC VISITS

158 TELEHEALTH

12% DID NOT SPEAK ENGLISH AT HOME

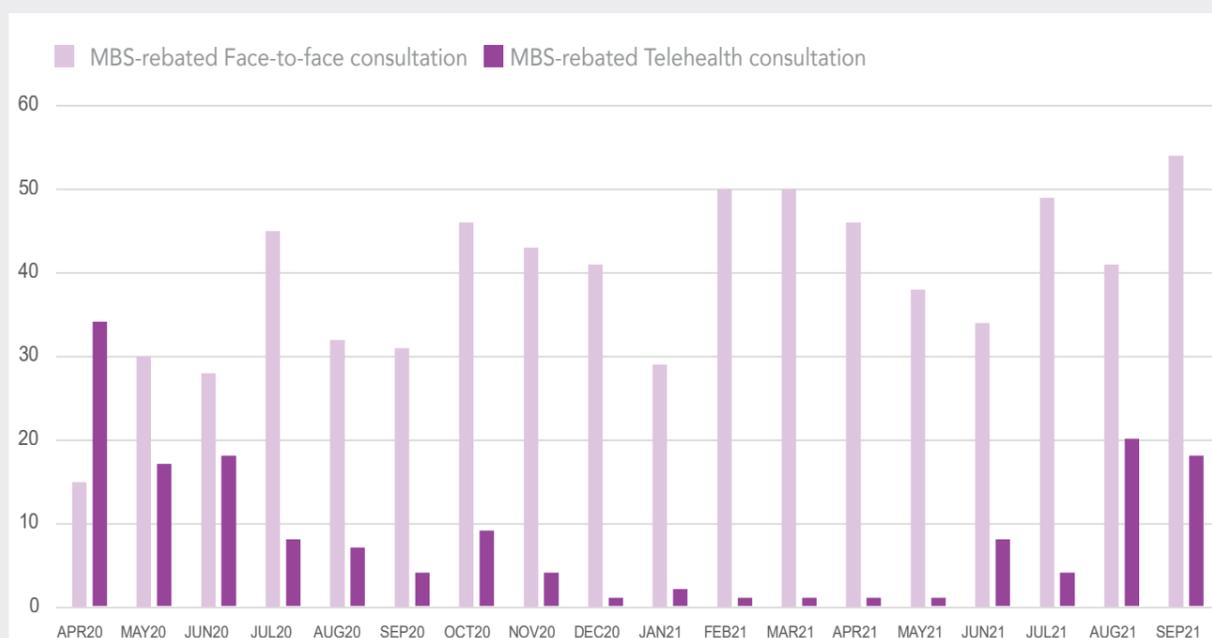
8% WERE ABORIGINAL AND/OR TORRES STRAIT ISLANDER

3% WERE LIVING WITH DISABILITY

OVER HALF WERE AGED **UNDER 29** **63%**

LIVED IN REGIONAL/ REMOTE AREAS **24%**

FIGURE 1: ACCESS TO MEDICAL ABORTION SERVICES AT FAMILY PLANNING NSW DURING COVID-19 PANDEMIC



MBS-rebated Telehealth consultation service restricted to existing patients since July 2020

MBS-rebated Telehealth service reinstated to all patients sought SRH services since July 2021

CONCLUSIONS:

Family Planning NSW has seen an increasing demand for abortion care during the pandemic since the opening of our service.

Although face-to-face consultations remained the most popular model for abortion care, the availability of Medicare-rebated telehealth for all patients correlated with an increase in use of this mode of care, and supported access to essential reproductive and sexual health services.