Obstetrics and gynaecology

Termination of pregnancy via telemedicine service safe and effective

Women using an online telemedicine service for medical termination of pregnancy (MTOP) reported good outcomes, a study in the *BMJ* has found.

The study authors analysed data on all women from the Republic of Ireland and Northern Ireland who contacted the Women on Web telemedicine helpdesk, between January 2010 and December 2012.[1] (In both countries termination is not available through the formal healthcare system except in restricted circumstances).

The free service is available to women up to 10 weeks' pregnant. Women complete a consultation form on the website and the medical information on the form is reviewed by a doctor. If clinical criteria are met, the doctor issues a prescription according to the WHO recommended dose regimen for MTOP. Mifepristone and misoprostol are posted out by a partner organisation.

During the three-year period, 1,636 women were sent MTOP packs by post. Of these 1,181 later confirmed both receipt and use or non-use of the pills. All were under 10 weeks' pregnant, had completed on-line medical screening, and had access to real-time on-line advice.

A total of 1,023 women used the MTOP pills. Outcome data were available for almost all of them, 1,000 i.e. 97.8%. Of the 158 women who did not use the pills; some had a spontaneous miscarriage, others decided to travel abroad for a termination or to continue with the pregnancy.

A survey conducted four weeks after dispatch of the pills found that 992 of the 1,000 women who did use the pills successfully ended their pregnancies, 99.2% (95% CI: 98.4-99.7%). Of these 947 had a successful MTOP 94.7% (95% CI: 93.1-96.0%).

There were 45 women who required surgical intervention, 4.5% (95% CI: 3.3-6.0%). The surgical intervention rate was similar to the rates in studies of MTOP in the clinical setting.[2]

Adverse events were reported by 31 women, 3.1% (95% CI: 2.1-4.4%). Of these 2.6% required antibiotics and 0.7% a blood transfusion. There were no maternal deaths.

Other symptoms reported included heavy bleeding (requiring >2 maxi pads per hour for > 2 hours), persistent pain, and fever (>39˚C) in 51, 24 and 17 women respectively. Overall, 92 women were advised to seek medical care, and the vast majority did so - 87 i.e. 95% (95% CI: 87.8-98.2%).

Virtually all the women, 99.7%, reported being able to cope with their decision to have a termination.

Because of the nature of the service it was not possible to account for outcomes in the 38% of women lost to follow-up. This is a problem not unique to this area of research.

The study does show that telemedicine and provision of MTOP pills by post to women in early pregnancy appears to be both a safe and effective method of pregnancy termination available to women in countries with restrictive access to termination. It appears to offer a safe choice particularly to those women without the financial means to travel abroad for a termination, or worse who might consider employing unsafe methods.

DR CHRIS BARCLAY

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Cardiovascular disease

Drinking tea every day may lower risk of ischaemic heart disease

Daily tea consumption was associated with an 8% relative risk reduction in ischaemic heart disease and a 10% relative risk reduction in major cardiac events, in a large prospective study from China.

This prospective study enrolled 512,891 participants, aged 30-79 years, from five urban and five rural areas across China between 2004 and 2008. Participants were asked in a questionnaire about their frequency of tea consumption over the past 12 months, age at which they first started drinking tea, type of tea most commonly drunk (green tea, oolong tea, black tea, or others).

Tea consumption was measured in grams of tea leaves added which may be a better measure of tea consumption than number of cups.

After excluding those with cancer, heart disease and stroke at baseline, the study included 199,293 men and 288,082 women who were followed up until 31 December 2013. Data on the incidence of ischaemic heart disease were collected through disease registries and the national health insurance databases.

During a median follow-up of 7.2 years, there were 24,665 cases (7.19/1,000 person-years) of ischaemic heart disease and 3,959 cases (1.13/1,000 person-years) of major coronary events, including 2,601 cases of fatal ischaemic heart disease and 1,358 non-fatal myocardial infarctions.

Tea consumption was associated with a reduced risk of both ischaemic