

Understanding factors for safe medication abortion when far from emergency services

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Introduction

- **Rural-urban inequities** limit abortion access.
- **Current guidelines** require immediate access to emergency care.
- **Medication abortion (MA)** is generally **safe** (1.7/1000) but may need transfusion in rare cases.
- **Evidence is lacking** on transfusion urgency and risk factors.

Objective

- To determine the **urgency, timing, and risk factors** for transfusion after MA.
- To understand **rural and remote perspectives** on MA provision.
- To inform **guidelines** and **shared decision tools**.

Methods

Study Design:

- Four-country mixed-methods study: Canada, Scotland, Sweden, Australia.



Components:

- 1. Systematic Review:** Identify gaps in current evidence on post-MA transfusion risk.
- 2. Population Health Data Analysis:** Analyze linked government administrative datasets for incidence, timing, healthcare use post-MA.
- 3. Case-Control Chart Review:** Retrospective analysis of clinical records to explore urgency and risk factors for post-MA transfusion.
- 4. Qualitative Interviews:** Conduct interviews with rural-remote patients and their HCPs to capture experiences, trade-offs, and decision-making preferences.

Integration:

- Triangulate findings across methods to generate comprehensive, context-specific evidence.

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Clinical guidelines limit medication abortion (MA) to those with immediate access to emergency services in case of hemorrhage

But...Post-MA Transfusion urgency, timing and risk factors are largely unknown:
this blanket restriction may be unnecessary

Results

- **Systematic review** shows gaps in evidence on transfusion urgency and risk factors after MA.
- **Existing studies** report low transfusion rates (~0.2%).
- **Population data (Ontario)** suggest transfusions are not usually immediate.

Figure 1: Time to transfusion (week), after MA, Ontario, 2018-2021

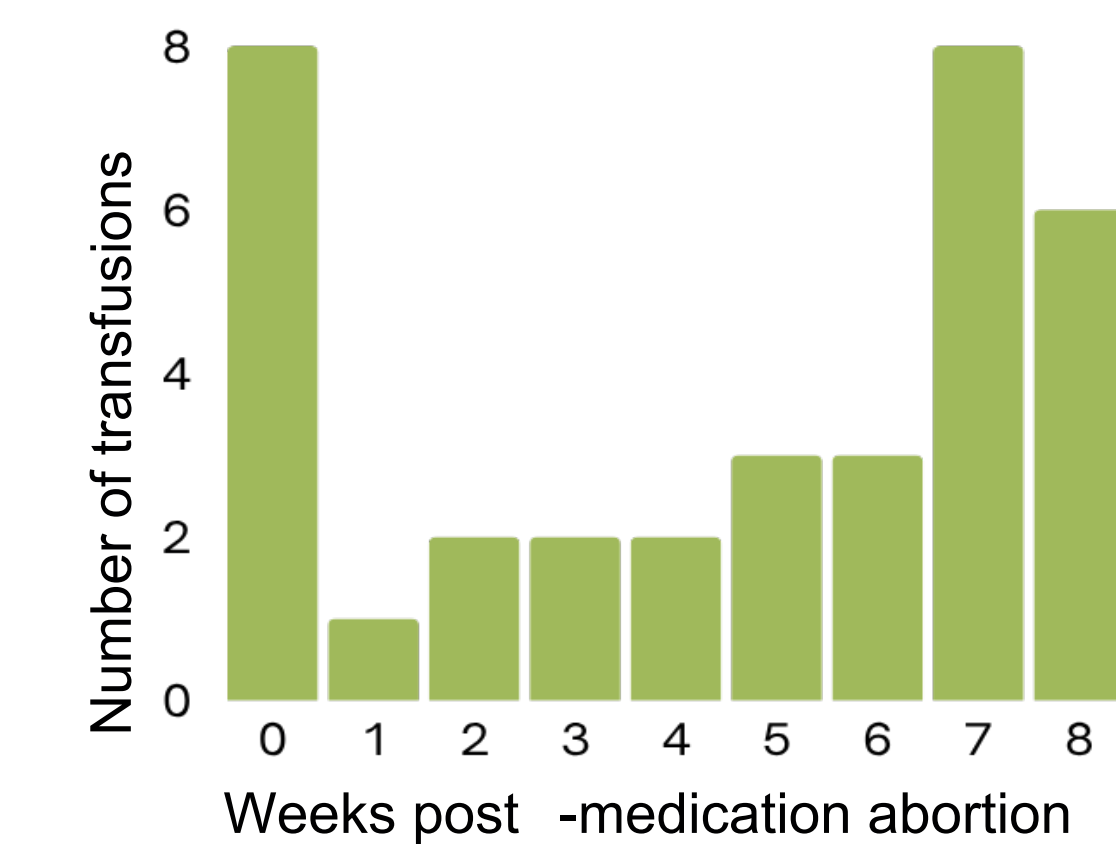
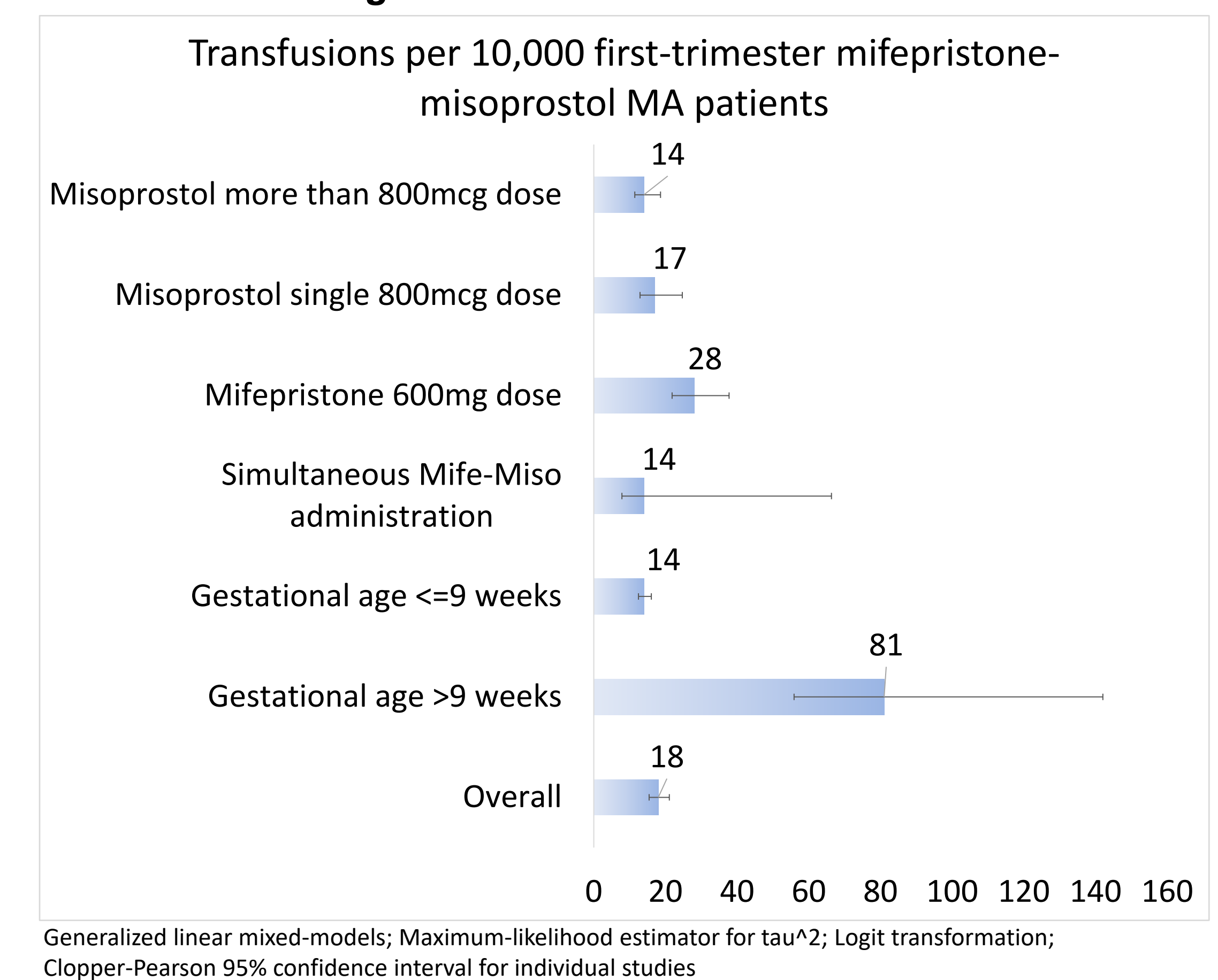


Figure 2: Incidence of Transfusions- metaanalysis from Systematic Review of Clinical Studies 2000-2023 in high resource settings.



Implications

- **Current guidelines may over-restrict** MA access for rural patients.
- **This study will fill critical knowledge gaps** to improve guidelines.
- Aim to **increase safe access** to MA in rural and remote settings.

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