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REVIEW ARTICLE

Implementation of Telemedicine Services for Safe Abortion Access During the Covid-19 Pandemic in Colombia

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ASBTRACT

Background: Covid-19 represented a health, humanitarian and economic crisis that affected the world's population, causing changes in the dynamics, structure and behavior of society. Health services were reorganized or interrupted due to the change in the prioritization of health needs and tele-abortion was one of the alternatives to ensure access to safe abortion during the pandemic.

Aim: To identify the challenges and opportunities for the provision of tele-abortion services in Colombia, specifically in the Profamilia Association during and after the Covid-19 health emergency.

Methods: Qualitative exploratory-descriptive research, based on the methodology of systematization of experiences, developed in three stages: the review of public policy documents, the use of manuscript and oral primary sources, and the analysis of the information collected.

Results: In Colombia, the health crisis led to a more accelerated implementation of telemedicine and telehealth standards. The implementation of tele-abortion services in Profamilia began in 2020 through the "Mía Kit" as part of a strategy to expand the right to self-managed abortion. The organization faced challenges and opportunities at the organizational, socio-political and cultural levels. The challenges were related to the need for training in the effective use of Information and Communication Technologies, the lack of guidelines for the provision of tele-abortion services and social imaginaries about the suitability of face-to-face care. Opportunities were found to be related to national coverage, protocols, programs and organizational policies on abortion care, and the preference of some users to receive abortion care in a non-face-to-face setting.

Conclusion: Tele-abortion represents an opportunity to reduce the stigma associated with this intervention, allowing women to access this service in an environment they consider adequate and safe. Virtual advising and accompaniment are essential for this practice to be effective.

Keywords: Self-managed abortion, Tele-abortion, Telemedicine, Covid-19, Sexual and reproductive health and rights.

INTRODUCTION

The global situation due to the Covid-19 disease, produced by the SARS-CoV-2 virus, was classified as a pandemic by the World Health Organization (WHO) in March 2020, due to its accelerated propagation speed and the severity of its effects [1]. This disease represented a health, humanitarian and economic crisis that affected the world population, causing changes in the dynamics, structure, and behavior of society; which brought with it new challenges.

Governments at the international and local levels took multiple measures to control the pandemic, such as preventive closures, border closures, providing economic support to vulnerable groups, and use of personal protective equipment, among others [2]. In Colombia, the measures imposed by the Government for control and prevent the massive contagion of the population in order to avoid the collapse of the health system, led to the establishment of mandatory preventive isolation, which caused the closure of multiple establishments and the modification the way of care of different sectors of society.

Regarding the health sector, it was demonstrated that since the pandemic began, the services were reorganized or interrupted for the change in the prioritization of specific health needs. This led to stop providing care in other services and solve specific health needs to prioritize economics resources and human talent in health to respond to the health emergency.

This exacerbated the pre-existing barriers in health, where the most vulnerable population groups were affected to a greater extent, such us ethnic populations, poor people, people with disabilities, and LGBTI people [3,4] who presented greater difficulties in accessing the required health services on time, such as the control of communicable and non-communicable diseases, access to sexual and reproductive health services, including safe abortion, among others [5]. It has been described that during health emergencies sexual and reproductive rights are affected by different situations that result in an increase in gender-based, sexual, psychological, economic, and domestic violence against women by the people with whom they live, unwanted pregnancies, and the increase in sexually transmitted infections (STIs) [6,7].

As mentioned above, the global crisis led governments and health actors to reformulate and restructure in order to guarantee, in the case of Colombia, the fundamental right to health. This led to the exploration of different alternatives, among which telemedicine was consolidated as one of the most effective for health monitoring and care.

Tele-abortion or self-managed abortion through information and communication technologies (ICTs) was one of the alternatives to ensure access to safe abortion during the pandemic [8]. Since the pandemic, it has been considered a service that can potentially contribute to reducing the gaps in access to specialized health services. However, this is field that has been little developed in Colombia.

Therefore, the purpose of the research was to identify the challenges and opportunities for the provision of tele-abortion services in Colombia, specifically in the Profamilia Association (Profamilia) during and after the Covid-19 health emergency.

METHODOLOGY

This is an exploratory-descriptive qualitative study, based on the methodology of systematization of experiences. This methodology features the use of different sources and information-gathering techniques to produce knowledge based on the experiences of those who are directly involved in a specific practice [9,10].

This research was developed in three stages and addressed the initial situation of Profamilia's experience in the design and implementation of the telemedicine abortion service. In the first stage, public policy documents related to abortion, telehealth, and telemedicine in Colombia were reviewed.

In the second, primary sources of information, both manuscript and oral sources were used. The primary manuscript sources included internal documents such as organizational policies, protocols, reports, and presentations related to the provision of self-managed abortion services.

The primary oral sources were the narratives of the people directly involved in the experience to be systematized. Three focus groups were carried out with the participation of fourteen people from the organization involved in the provision of the service, among them:

- Support staff: people with functions related to recruitment; staff training; purchasing, marketing and distribution of products or supplies related to abortion care, and the organization's technological infrastructure.
- Service providers or people in charge of orienting service users such as doctors, nurses, and psychologists.
- Strategic level staff. This group included Profamilia's Executive Director, the Health Manager and the Director of Clinical Management and Quality.

Three users of Profamilia's tele abortion services were interviewed as well as an official of the

Colombian Ministry of Health and Social Protection (MSPS in Spanish) in charge of sexual and reproductive health issues at the MSPS's Promotion and Prevention Department.

Finally, in the third stage the information collected was analyzed with the support of the Nvivo12 software. The information was classified according to two axes of analysis: challenges, related to the challenges to be overcome that are important or a priority to be addressed to improve the provision of tele-abortion services; and opportunities, related to the facilitators for the access to the service.

The challenges and opportunities were analyzed in three levels, considering that they may be due to organizational limitations, as well as to the socio-political environment and/or the cultural framework of the people, as follows:

- At the organizational level: These were the organization's own limitations and advantages, which can be adjusted through its direct action, such us capacity building, training and quality education of staff, as well as the acquisition of tools or the adoption of procedures and protocols.
- Sociopolitical level: This category is related to the external sociopolitical system that affects the proper operation, which cannot be directly changed by the organization. These challenges and opportunities require another type of action, such as political advocacy, whose results materialize in the medium and long term. Since, they depend on the organization's capacity for articulation and advocacy, and on public-political decision-making involving other actors in the political and governmental agendas.
- At the cultural level: The challenges and opportunities were linked to the values, social norms, and cultural practices of each person. This transformation requires profound changes in individual behavior.

Ethical considerations

The research was approved by the Profamilia's Research Ethics Committee through minute number 15 of August 11, 2020. Participation in the study was voluntary and through informed consent the recording of the focus group or interviews was accepted. The audios and transcripts were alphanumerically labelled to guarantee anonymity, and they were found by the responsibility of the research team that conducted the study.

RESULTS

During the development of the research, Profamilia's experience implementing telemedicine services was recent, however, progress was made in the provision of the services under this modality, including abortion services.

The results of the study are structured as follows: presentation of the regulatory framework in Colombia; design and implementation of tele-abortion services at Profamilia; and the challenges and opportunities identified in the design and implementation of such services.

Regulatory framework regarding abortion and telemedicine

Colombia has widely recognized sexual and reproductive rights in its normative and judge-made framework, while their full exercise is related to other fundamental rights such as equality, privacy, life, personal integrity, education, health care, among others.

Abortion was recognized by the Colombian high courts as a fundamental right, according with the three circumstances established in Ruling C-355 of 2006 [11]:

i. When a physician certifies that the continuation of pregnancy endangers the life or health of the mother;
ii. When a physician certifies that there is serious malformation of the fetus which makes its life unviable; and
iii. When the pregnancy is the result of conduct, duly reported, that constitutes as rape or non-consensual sexual intercourse, abusive or non-consensual artificial insemination or transfer of a fertilized ovule, as well as incest.

However, on February 21, 2022, Constitutional Court decided to modify article 122 of the Penal Code in Ruling C-055 of 2022 decriminalizing abortion when performed before 24th week of gestation. After this period, the 3 grounds decriminalized in 2006 are maintained, with no limit on gestation time [12].

Regarding the modality of telemedicine care, Colombia has had a regulatory framework for more than a decade. This regulatory framework is made up of 15 legal provisions, most of which were issued prior to the pandemic (Table 1). Among them, Law 1419 of 2010, which establishes the guidelines for the development of telehealth in Colombia. In this Law, telehealth is defined as "the set of health-related activities, services and methods, which are carried out at a distance with the help of the Information and Communications Technologies (ICTs). It includes, among others, telemedicine and tele-education in health" [13]. However, the health crisis meant a more accelerated implementation of the regulations referring to telemedicine and telehealth in Colombia.

Table 1. Most relevant telemedicine and tele-abortion regulations in Colombia.

Instrument	Objective
Law 1341 (July 30, 2009)	This law determines the general framework for the creation of public policy that will govern the Information and Communications Technologies (ICTs) sector, its general ordinance, the competition regime, standards for user protection, as well as matters concerning coverage, quality of service, the promotion of investment in the sector and the development of these technologies.
Law 1419 (December 13, 2010)	The purpose of this law is to develop Telehealth in Colombia, as a support to the General Social Security Health System (SGSSS in Spanish), under the principles of efficiency, universality, solidarity, integrality, unity, quality and the basic principles contemplated in this law.
Law 1438 (January 19, 2011)	The purpose of this law is to strengthen the General Social Security Health System through a public health service delivery model that, within the framework of the Primary Health Care strategy, allows for coordinated action by the State, institutions and society to improve health and create a healthy environment that provides higher quality, inclusive and equitable services, whose focus and objective of all efforts are on the country's residents.
Court Ruling 2003 (2014)	The purpose of this Court Ruling is to define the types of procedures and conditions for the registration of Health Service Providers and the authorization of health services, as well as to adopt the Manual for the Registration of Health Service Providers and Authorization of Health Services, which is crucial part of this court ruling.
Court Ruling 3280 (2018)	The purpose of this Court Ruling is to create the Comprehensive Care Route for the Promotion and Preservation of Health, which clearly establishes that since the Voluntary Termination of Pregnancy (VTP) is a fundamental right, health services related to it must be guaranteed in an effective, timely manner which ensures quality in care. In the case of telemedicine, all protocols and regulatory determinations governing the matter must be observed, both in telemedicine and in relation to abortion.
Court Ruling 5857 (2018)	The purpose of this Court Ruling is to fully update the Health Benefits Plan charged to the Capitation Payment Unit, as a collective protection mechanism, and to establish the coverage of the health services and technologies that must be guaranteed by the Health Promoting Entities (EPS in Spanish) or the entities that take their place, to the members of the General Social Security Health System, in the national territory, under the quality conditions established by the regulations in force.
Court Ruling 2654 (2019)	The purpose of this Court Ruling is to establish provisions for telehealth and parameters for the practice of telemedicine, its categories, the use of technological means, quality and safety of care, as well as information and data to preserve the quality and safety of care, as determined by Laws 527 (1999), 1266 (2008), 1581 (2012), 1712 (2014) and Decree 1377 (2013).
Court Ruling 3100 (2019)	The purpose of this Court Ruling is to define the procedures and conditions for the registration of health service providers and the authorization of health services, as well as to adopt, in the technical annex, the Manual for the Registration of Health Service Providers and Authorization of Health Services, which is a fundamental part of this administrative act.

Press Release No. 190 (March 29, 2020): Institutions must continue to provide sexual and reproductive health care.	This bulletin provides guidelines to prevent the spread of coronavirus and stresses the issue that sexual violence must not be invisible, and therefore, that health care for victims of sexual violence, including abortion must not be suspended and is urgent.
Court Ruling 536 (March 31, 2020) "Action Plan for the Provision of Health Services During the Containment and Mitigation Phases of the SARS-CoV-2 Pandemic (COVID-19)."	The purpose of this Court Ruling is to organize the provision of health care services for hospitalization, surgery, outpatient, emergency, specific protection and early detection, as well as diagnostic support and therapeutic complementation, provided in Colombia in the context of the pandemic and sanitary emergency related to SARSCoV-2 (COVID-19), declared by the Ministry of Health.
Technical Guidelines for Addressing the Effects of the COVID- 19 Pandemic on Fertility 21 April 2021.	Seeks to strengthen interventions that guarantee sexual and reproductive rights, especially those aimed at the reproductive autonomy of women, girls and adolescents, a vulnerable population in the context of the health emergency.
"Provisional guidelines for the health care of pregnant women, newborns and breastfeeding, in the context of the COVID-19 pandemic in Colombia", June 16, 2021.	Presentation of the "general considerations for the health care of pregnant women", according to which abortion care cannot be interrupted and health care providers must make the necessary adjustments to their models of care and provision of this procedure to prevent the spread of COVID-19, but, above all, to guarantee this medical service, reporting the provisions of Ruling C-355 (2006), without ignoring the counseling and provision and post-event contraceptives.

Source: Created by Profamilia, based on document review.

The implementation of Profamilia's tele-abortion services

The risk of Covid-19 infection and the implementation of other governmental measures to mitigate it (such as mandatory social isolation or curfews) created new access barriers to safe abortion and exacerbated pre-existing ones. To mitigate barriers to access to safe abortion and other health services, between 2020 and 2021, the Ministry of Health and Social Protection issued different documents (Table 1) emphasizing the urgency of abortion and the prohibition of its suspension.

In Profamilia, abortion services have been provided since 2006, in compliance with Constitutional Ruling C-355, which recognized abortion as a right in three circumstances, and, recently, with the new Ruling C-055 of 2022. Tele-abortion services and, in general, the possibility of providing attention in health care by telemedicine modality was thought up in Profamilia since 2019. However, it was in early 2020 when offering this modality of care became relevant and was accelerated due to the health crisis caused by the Covid-19 pandemic, in order to ensure the uninterrupted and continuous provision of the essential health services.

Profamilia's vision for telemedicine abortion is to reach all the people where and when they need it, which is why it thought up and designed the "Mía Kit," inspired by the word "Autonomía" (which in English means Autonomy), to be implemented in 2020. Mía was part of a strategy that sought to expand the right to abortion by facilitating its self-administration, after medical assessment and prescription.

The Mía Kit consist of a box containing the necessary medication to perform the abortion with medications, informative brochures for the self-administration that graphically accompany the process of care and Profamilia contact in case of any need expressed necessity by the user, sent to her home or picked up at any Profamilia clinic. In addition, the kit contains oral contraceptive methods so that the person can start family planning once the procedure is completed.

On May 15, 2020, Profamilia started to provide services through this modality with a pilot test that consisted of the activation of the care route for the operation and performance review of the following processes: i) change management with the personnel and its capabilities, ii) application of consent forms, iii) appointment scheduling, iv) quality of synchronic contact between health personnel and users, v) familiarity of health personnel with the technological tool developed for healthcare (*SaludTools*) and vi) receptiveness of users to receiving healthcare through this modality.

Once the pilot test was completed, improvement actions were identified, processes were adjusted, and the telemedicine service was implemented in

other Profamilia clinics. The route established for abortion care via telemedicine was the same as well as other services provided by this modality. It begins with the request by the user, continues with the scheduling, and ends with the provision of the service. The request can be made by the user through any of the channels provided by Profamilia: website, WhatsApp, or the Voluntary Termination of Pregnancy (VTP) hotline, through which virtual counseling (tele-orientation) is provided.

Challenges and opportunities in the implementation of the service

Profamilia's experience implementing the modality of care by telemedicine and, particularly, the provision of the tele-abortion service is rather new; however, it was possible to identify and document the challenges and opportunities that may limit or drive the continuation and expansion of the provision of services using this approach.

Profamilia faced organizational, sociopolitical, and cultural challenges related to the need for training in the effective use of the ICTs, the lack of guidelines from the competent entities regarding the provision abortion services by telemedicine and the social imaginaries regarding the suitability of face-to-face care.

When analyzing the service experiences of the participants of the focus groups and interviews, opinions such as:

"*When he (physician) called me, I understood some of the things he told me and some others I didn't, because as the internet signal was bad, and it was raining a lot here, it was very hard, then the signal was too weak*" [Profamilia service user]

"*We physicians were told that if we don't listen, see or touch (the patient), we cannot give a proper diagnosis, treatment, or management of the patient*" [Focus group providers]

In addition, there were opportunities related to matters within the organization or to situations external to it. Therefore, enhancing opportunities could have an impact on the improvement of telemedicine abortion services and, thus, on the expansion of the right to abortion, especially for those women or people with gestational capacity who face access barriers related to geography, travel costs, lack of care centers in their territories and the lack of trained and sensitive personnel to provide this service, among others.

In this sense, opportunities were found related to national coverage, protocols, programs and organizational policies on abortion care applicable throughout the Colombian territory, the relaxation of some of the requirements for enabling the provision of certain services under the telemedicine modality, as well as the preference of some users to receive abortion care in a non-face-to-face manner.

"*The pandemic gave us that opportunity, I mean, the rules were somewhat loosened. We were able provide virtual counselling, tele-abortion and telemedicine, I think that is important and with that we are opening the range of opportunities.*" [Strategic level staff]

"*Sometimes, with the person next to you, you are afraid to say things, so this way [by video call] you have more courage to say them. It takes away the fear and you can say what you feel*" [Profamilia user]

In order to systematize some of the lessons learned by the institution, Table 2 describes the challenges and opportunities during the implementation of the tele-abortion service at different levels: organizational, sociopolitical, and cultural.

Table 2. Challenges and Opportunities for the provision of abortion services at Profamilia.

Level	Challenges	Opportunities
Organizational	• Need for specific tele-abortion training. • Need for exclusive personnel for this care service. • Fear of appearing on camera and lack of ICT skills. • Interference due to poor connection quality which could extend the consultation time. • Long wait times and attention times. • Difficulties in registering medical records in the software designed for this type of care (*SaludTools*).	• Organizational experience. • The organization's privacy status. • Human resources trained in abortion care issues. • Human resources experienced in abortion techniques. • Installed capacity. • Adequate infrastructure and equipment. • Defined access routes and procedure manuals. • Favorable perceptions of users and health personnel involved in abortion care. • National coverage and nationally applicable protocols, programs and organizational policies on abortion care.
Socio-political	• Electric power and internet connection quality issues. • Strong economic constraints of target populations. • Restrictive interpretations on the delivery of mifepristone. • Lack of guidelines from relevant entities regarding the provision of abortion services via telemedicine. • Groups and mobilization against abortion and the new modalities of abortion care.	• Relaxation of some of the requirements for the authorization of telemedicine services. • Guidelines issued by health authorities in which abortion was identified as a basic service whose provision should be guaranteed in the context of the pandemic. • Existence of a growing movement of abortion rights advocates seeking to have a legal and social impact in favor of abortion.
Cultural	• Abortion stigma. • Difficulty in talking about SRH outside the privacy of the doctors' offices. • Preconceptions about the suitability of face-to-face care in health care.	• People's preference to receive abortion care in a remote setting. • People's familiarity with ICTs. • Progress towards social recognition of abortion as a right after more than a decade of its partial decriminalization.

Source: Created by Profamilia, based on information gathered from focus groups and interviews.

DISCUSSION

The restructuring of health care required by the situation caused by Covid-19 allowed Profamilia to have the first experience in the formulation of a new safe form of abortion care. In this way, Profamilia was a pioneer in Colombia in the design and implementation of the telemedicine abortion service, which proved to be a little-explored field, with multiple opportunities to be carried out in crises such as the pandemic and to be considered as a service to be offered permanently.

Colombia has a wide range of regulations related to sexual rights, reproductive rights, telemedicine, and those new guidelines for health care that were issued during the health emergency, allowing for a wide range of instructions. Despite this, during this time there was no clear legislation, clinical practice guidelines, or specific healthcare pathways that could guide the relationship between the use of ICTs and abortion services. The absence of these indications resulted in the generation of new health barriers for women who wished to access this service.

As in Colombia, the Covid-19 pandemic motivated some countries from European Union (EU) to redesign policies related to abortion regulation, consolidating more flexible regulations in order to facilitate access to this service. Countries such as France, England, Wales, Ireland, and Scotland, introduced telemedicine abortion services during the pandemic and approved the home use of both mifepristone and misoprostol until 9.6 weeks. Moreover, Italy in addition to increasing the gestational limit for the use of early abortion

medication to 9 weeks, moved the provision of this service from the hospital setting to local public health centers and family planning services. This increased the overall demand for self-managed abortion, since telemedicine made it possible for women to receive adequate counseling and support to perform this procedure from their homes [14].

Countries such as Belgium, Germany, Spain and Portugal strengthened regulations related to telemedicine abortion monitoring and counseling with digital certification. However, in other countries, such as Slovakia and Poland, the pandemic intensified restrictions on access to abortion services [14].

The implementation of telemedicine abortion healthcare sometimes generated astonishment and nervousness in the service providers, fear of facing new challenges in the use of ICTs and forced them to adapt to a different dynamic from the ordinary one. Therefore, the provision of abortion services through telehealth or telemedicine required the development of new abilities both in those who provided the service and in those who requested it. On the other hand, the provision of services by telemedicine is hindered due to the cultural imaginary that is held about the suitability of face-to-face healthcare personnel, since the quality of care is related to face-to-face contact. In addition, for some people, discussing about sexual and reproductive health in settings other than the physician's office is a conflict, as well as an obstacle to telemedicine. However, in the last decade, Grossman et al. have built important evidence in this regard [15–18] and have shown that tele-abortion does not affect the effectiveness or quality of service, neither does it increase the risk to women [15].

Before the Covid-19 pandemic, the Latin American Federation of Obstetrics and Gynecology Societies (FLASOG by its Spanish acronym) stated that telemedicine services made it possible to eliminate certain barriers related to geographic distance and lack of resources. Thus, telemedicine was an improvement in the delivery of health services in settings where access to technology or specialized health services was difficult. However, after the pandemic, a new need arose, that of maintaining interpersonal distance, which telemedicine makes it possible to solve by providing security, privacy, and dignity to the users [19].

Telemedicine abortion programs implemented during and after the pandemic have evidenced that these services are efficient, effective, and safe without the need for ultrasound [20]. Countries such as England and Wales have improved access to abortion services for all women through telemedicine and reduced barriers to healthcare, which has had a significant impact on the most disadvantaged groups [21]. Likewise, in Australia, the medical abortion service through telemedicine proved to be cost-effective, safe and successful since its implementation in 2015 [22].

Facilitating access to safe abortion during the pandemic was a major issue, as demonstrated by estimates of the potential increase in unwanted pregnancies [8]. According to the United Nations Population Fund (UNFPA), Covid-19 resulted in 1.4 million unwanted pregnancies in 2020 by causing the suspension of family planning services. Government-imposed measures such as confinement, curfews, and shutdowns disrupted supply chains for contraceptive production and distribution, and the economic difficulty for women and their families to access contraceptives has made it difficult for women and their families to access them. In addition, data collected in 115 low- and middle-income countries showed that sexual and reproductive healthcare services were interrupted by an average of 3.6 months when systems overwhelmed their capacity to handle Covid-19 cases [23].

As a result of the confinement of the population due to the pandemic, existing inequalities intensified for people living in marginalization, poverty, contexts of violence, with disabilities, as well as the vulnerability of women and girls to sexual and gender-based violence within the family environment, which could result in an increase in unwanted pregnancies. Therefore, offering women the possibility of accessing a safe self-managed abortion through virtual counseling is a human rights imperative integrated with technological innovations [8].

Research has shown that tele-abortion services are preferred by those whose visits to the clinic are logistically or emotionally challenging. For women who access self-managed abortion, telemedicine helps reduce barriers such as travel to healthcare facilities, costs associated with clinical care, as well as reducing privacy concerns and waiting time for treatment [24].

WHO also confirmed that self-managed abortion is safe when people have access to appropriate information and health services if required at any stage of the process [25]. Likewise, abortion through telemedicine, without the need for ultrasound and with pills that are administered from home, offers women more possibilities to choose the abortion option they consider most appropriate and comfortable for them [20].

Women were particularly vulnerable to the effects of the socioeconomic crisis generated by the

pandemic and the measures adopted to contain it. The decrease in income, the exit from the labor market, and the increase in unemployment deepened the gender inequality that has historically affected them. This led to difficulties in traveling to health centers and acquiring necessary supplies such as contraceptive methods [26], for which telemedicine represented a way to mitigate these barriers.

According to UNFPA estimates, in a moderate scenario, adolescent women during the pandemic could have 20% more limitations in accessing contraceptive methods, so the marginal increase in the number of early pregnancies could vary to figures that would represent an increase in the specific adolescent fertility rate of between 6 and 11 percentage points [26,27].

In Colombia, the Covid-19 situation compromised the progress and postponed the implementation of comprehensive sexuality education programs (CSE programs), a commitment made in the 2013 Montevideo Consensus on Population and Development, which is a central measure for the prevention of adolescent pregnancy. For the Latin American and Caribbean region, this meant a 5-year setback in the reduction of the specific adolescent fertility rate, which according to estimates went from 61 to 65 live births per 1,000 adolescents aged 15 to 19 years [26,27].

The research results call on institutions to promote and strengthen tele-abortion services to guarantee safe conditions for women and people with gestational capability, reducing the risk of maternal mortality and morbidity due to unsafe abortion-related practices. Assuming leadership in the implementation of this service requires a multidisciplinary team and the generation of spaces for technical discussion, offering relevant and accessible information to the entire population. This can generate a new concept of telemedicine care, so it can generate confidence in people to access the tele-abortion service.

CONCLUSIONS

Covid-19 made the requirements more flexible and accelerated the approval of regulations related to the provision of some services under the telemedicine modality. In the case of abortion services, the Ministry of Health issued specific guidelines in which abortion was identified as a fundamental service whose provision should be guaranteed, leading the healthcare providers to focus on providing this service through telemedicine. This research calls on both public and private institutions to generate healthcare routes, regulations, and clear instructions for both health personnel and users, where adequate guarantees are provided for access to health services, specifically tele-abortion.

Tele-abortion was a modality that was promoted with the restructuring of care due to the pandemic. This modality represents an opportunity to minimize the stigma attached to abortion, allowing women to access this service in an environment that they consider adequate and safe, being virtual counseling and accompaniment essential for this practice to be effective.

Conflict of Interest

The authors have no conflicts of interest to declare.

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