Reviewer’s report

Title: Spatial dimensions of telemedicine and abortion access: a qualitative study of women’s experiences

Version: 0 Date: 20 Mar 2019

Reviewer: Erica Chong

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I found this paper to be interesting, and of value in that it focuses on voices of abortion patients, who are often overlooked or stereotyped. While I did not find some of the findings particularly revolutionary - that a 72 hour waiting period law imposes undue burdens and allowing the first visit to occur by telemedicine reduced this burden - I did find the following information of particular interest:

- The 72 hour waiting period translated into a median wait of 8 days;
- The stigma experienced by some women was internalized so deeply that even though they bore the burden of these unjust laws, they still felt that it was necessary for 'other, reckless' women.

Some suggestions that could make the paper stronger:

- Consider rephrasing 'mandated disclosure visits' as 'mandatory counseling visits' - the former is not a term I see used widely.
- Place the 72 hour waiting period law into context - Utah has numerous anti-abortion laws, including funding restrictions, parental consent, and unnecessary clinic regulations that all contribute to a hostile climate that makes abortion extremely stigmatized.
- There is a growing body of research on direct to patient telemedicine that would be worthwhile to acknowledge (see the Hyland et al article on the Tabbot Foundation's service in the Aust N Z J Obstet Gynaecol (2018) or any of the Women on Web articles. Gynuity Health Projects is operating the TelAbortion project in the U.S. where the abortion pills are mailed to patients after a video consult. While eliminating one in-person visit makes a big difference, patients still need to travel sometimes great distances for the other in-person visit. If the entire service could be provided by telemedicine it would be much more convenient for patients.
- The abstract - 'we explored women's experiences of using telemedicine for the first step' - gave me the expectation of hearing details of how women found it to communicate via video, whether it strained the doctor-patient relationship, how providers navigated the challenge of having to disclose mandated information that was factually incorrect. Did patients mostly do the video
consult at home, or elsewhere? If any of these details could be included it would be very interesting.

- In the Methods section, how many patients completed the online survey? Was there a sampling scheme used to select who was recruited? The authors note that participants were a ‘diverse group of women’ - was that by design?

- About one-third of the sample lived relatively close to the clinic (within 50 miles). Did this group differ in their motivation for using telemedicine, or their experience in accessing care?

- The section on religious influences (332-393) could be shortened. What could be expanded upon is something alluded to in the Discussion - how low-income patients were disproportionately affected by the 72 hour waiting period.

- There is no mention of study limitations in the Discussion.

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