ACCESS TO EARLY ABORTION IN NEW SOUTH WALES AUSTRALIA: HEALTH PROVIDERS PERSPECTIVES

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UTS:HEALTH

BACKGROUND

- Lack of evidence limits the capacity of reproductive and sexual health services to:
  - target reductions of unintended pregnancies; and
  - to provide appropriate services for the management of these pregnancies.
- Recent changes in policy have increased type of abortion service options for women
- No studies examine the practices, needs, perceptions and experiences of health professionals regarding abortion in NSW
- FPNSW commissioned and funded a statewide study to explore access to abortion services in NSW and to provide evidence to inform service policy and planning

RESEARCH OBJECTIVES

- Investigate the practices, experience, training, attitudes and perceptions of health care professionals in providing abortion referral/non referral and provision of abortion (medical and surgical);

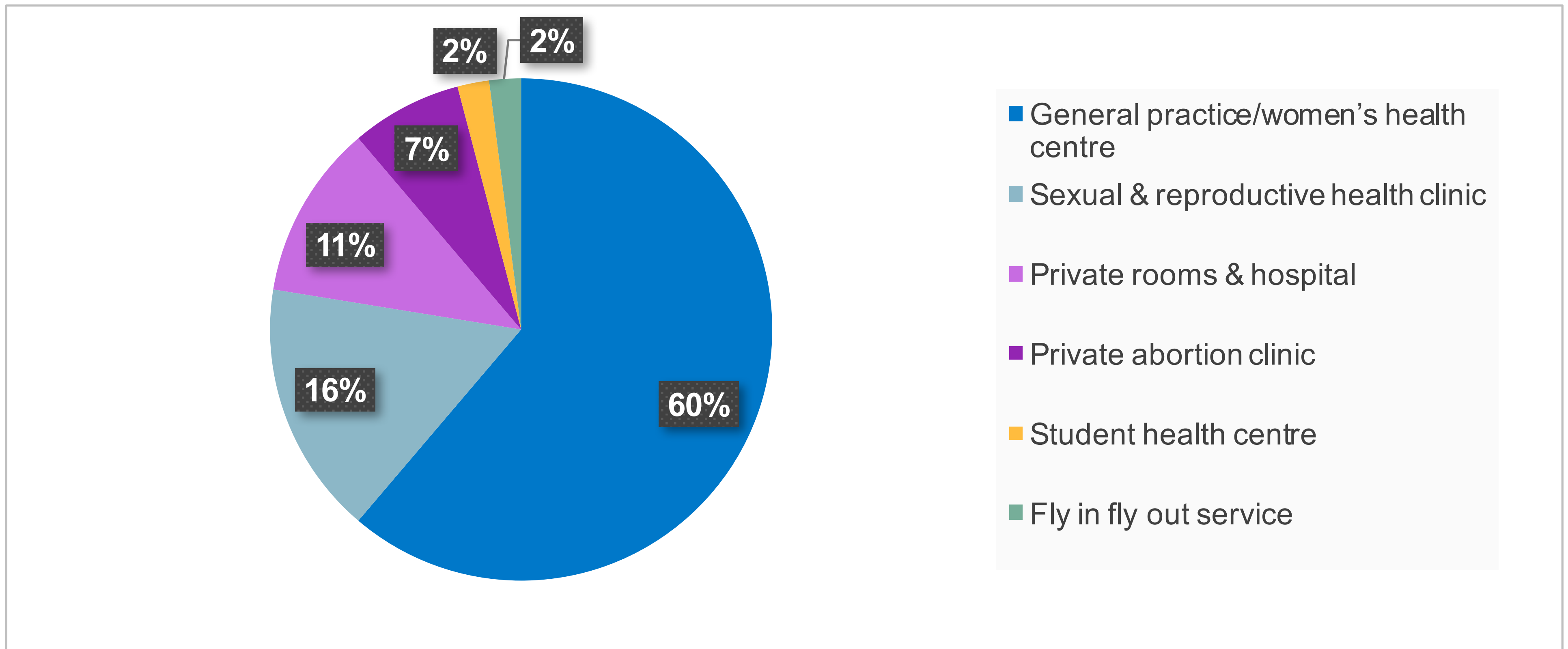
METHODS

- Interpretive qualitative study
- Selection & recruitment: service mapping in NSW & stakeholder consultation → development of a geographic matrix to map service characteristics
  - 8 geographic areas (metropolitan, rural and remote)
  - Abortion providers/ non providers, males/ female, practice type and size
- I hr interviews: face to face/ skype/ telephone
- Verbatim transcription and analysis using a access framework and inductive coding

RESULTS: HEALTH CARE PROFESSIONALS

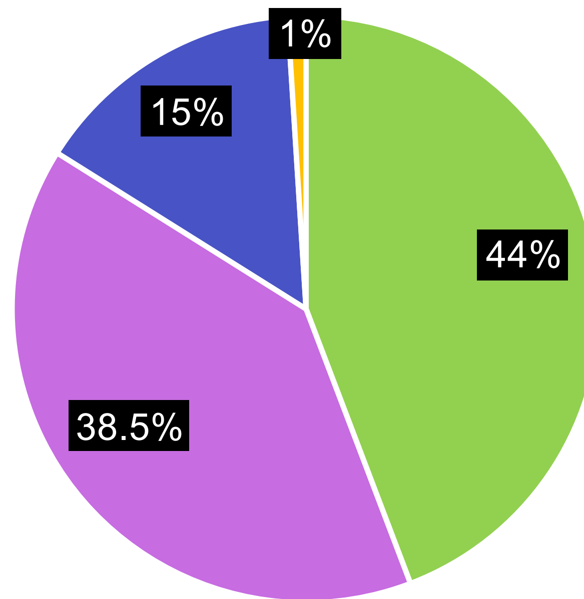
Health care professionals (N=81)	Abortion provider		Non-provider	
	N=22	27%	N=59	73%
General practitioner	5	6.2%	22	27%
Gynaecologist	7	9	3	4%
Dedicated abortion provider	5	6.2%	-	-
Sexual health physician	3	4%	7	9%
GP surgeon	1	1%	-	-
Nurses	1	1%	24	30%
Aboriginal health worker	-	-	3	4%

SERVICE/SETTING: HEALTH CARE PROVIDERS



RESULTS: REMOTENESS CLASSIFICATION

Health care providers n=81



FINDINGS: PUBLIC SECTOR ABORTION PROVISION

- Limited number of hospitals providing early abortion services
- Complex drivers affecting service provision
  - Not identified as a core service priority or an essential service
  - Concern that if provide surgical abortion – it will attract high demand and impact negatively on other services
  - Lack of transparency within the health sector of the availability of surgical abortion services and mechanisms to access services
  - Lack of dedicated human and financial resources
  - Highly dependent upon willingness and availability of medical providers
  - Professional and service stigma attached to provision of services

FINDINGS: PRIVATE SECTOR ABORTION PROVISION

- Overall health professionals said women were satisfied with care provided in the private sector
- Two predominant business models for services
  - Corporate e.g. Dr Marie & Gynaecology Centres Australia
  - Solo practitioners (usually GPs)
- Limited number of free standing private clinics in metropolitan locations, lack of rural and remote service provision
- GPs noted distance to travel to clinics and high cost of services
- Nurses expressed concerns re quality of counselling/follow-up
- Medical workforce is very small, and reported working across multiple clinics and experiencing stigma

FINDINGS: GPs & MEDICAL ABORTION

- Spectrum of low to high demand, GP driven versus women accessing informal 'word-of-mouth,' online forums, social media to find GPs
- Provision of MTOP leads to: stigma, negative impact practice reputation & change in type of practice; influx of out of practice, single visit, self referrals with poor compliance for follow-up resulting in increased workload & stress
- No mechanism for GP MTOP providers to identify other MTOP providers and seek MTOP peer support for service provision, particularly in rural and remote settings

FINDINGS: GPs & MEDICAL ABORTION

- Motivations for provision vs non provision of Abortion services

  You need to be kind of committed to wanting to do this because the premiums will cost you quite a bit more. So you need to make sure that you're going to be working providing a few days a week

  Some GPs noted that it was "*all too hard*" to provide MTOP (issues with accessing misoprostol, ordering Anti-D, coordinating ultrasounds, hospital for referral)

- Role of pharmacies in access to drugs and MTOP
  - Delays between prescribing and availability from local pharmacies for treatment
  - Lack of accredited pharmacists &/ often only 1 in pharmacy accredited to dispense
  - Non-stocking of MTOP medication due to ethical/ religious views of pharmacy/pharmacist

FINDINGS: GP REFERRAL FOR COMPLICATIONS

Formal referral and consequences

- A GP MTOP provider reported the refusal of a local hospital gynaecologist to provide basic care - GP reports no longer providing MTOP's due to lack of referral pathway and professional support
- Rural GP MTOP providers who sought back up for MTOP, reported receiving ' a lack of response' from the local hospital and 'resistance'
- *A GP MTOP* provider who referred a patient who had some bleeding, *'got an earful from the then Head of Department about why he was doing that'*
- Informal referral arrangements
- GPs noted that they needed good contacts for a referral service: "a friendly gynaecologist" in the public system who would look after any complications.

FINDINGS: NURSE REFERRAL AND BROKERAGE

- Nurses roles includes: pre-abortion counselling and screening for sexual violence, post abortion check-ups, contraception counselling and follow up, negotiation of fee with private clinics, loans and transport to clinics.
- Nurses in NGOs and public community health centres referred women to GP MTOP providers they knew of or had learned about through the "grapevine".
- Women's health nurses noted that any negotiation with public providers to obtain an abortion for a woman relied on having a personal or long term professional relationship with a doctor. If they moved this connection was lost and difficult to "claw back".

SUMMARY AND IMPLICATIONS FOR SERVICES

- No dedicated state-wide service which has implications re leadership, advocacy, clinical excellence and training re public sector access to abortion
- Abortion is not routinely considered in scope in primary health care setting as an essential component of comprehensive early pregnancy services
- Abortion is not routinely integrated into women's reproductive, sexual and pregnancy care services in NSW
- Lack of transparency re abortion treatment options, service availability & costs
- Lack of formal networks for abortion counselling, referral and follow-up across public and private sectors at local, regional and state level

SUMMARY AND IMPLICATIONS FOR WORKFORCE

- Limited medical provider knowledge of early abortion management methods, health literacy and medico-legal issues
- Ageing medical provider workforce with no identified succession planning
- No formal medical workforce planning, training, mentoring and peer support of future clinical workforce
- No formalised role or training for nurses in service provision, however workforce informally acting as brokers
- No service-specific training for the administrative workforce to support women-centric, confidential, non-judgemental service provision

PROJECT TEAM AT FPNSW AND UTS

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