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Women's Health in the South East

GOOD HEALTH DOWN SOUTH

Medical Abortion Education Information Session

Evaluation Report

CONTENTS

Executive Summary

Victoria's first ever 'Women's sexual and reproductive health: key priorities 2017-2020' was launched to improve the sexual and reproductive health of all Victorian women*. The plan focuses on several key priority areas including improving access to reproductive choice for all women.

In line with this priority, Women's Health in the South East produced 'Good Health Down South: A Sexual and Reproductive Health Plan for the Southern Metropolitan Region 2018-2021'. The strategy is a three-year plan incorporating primary prevention and service coordination initiatives to achieve health equity. One of the plan's objectives is to improve the coordination of existing sexual and reproductive health services in the Southern Metropolitan Region (SMR), including increasing the provision of medical abortion. The SMR has two funded Sexual and Reproductive Health Hubs, located in Dandenong (Monash Health) and Frankston (Peninsula Health). The hubs are funded to provide sexual and reproductive health (SRH services), in particular medical abortion and long acting reversible contraception (LARC).

In consultation and collaboration with key partners and stakeholders, Women's Health in the South East (WHISE) facilitated two sessions in September, 2020, to increase primary health practitioners' awareness, clinical skill and knowledge of medical abortion with the intention to increase women's access in primary care settings. In 2012, the Therapeutic Goods Administration (TGA) approved a licence to import and distribute the medication abortion drug (RU486) in Australia, and the following year it was listed on the Pharmaceutical Benefits Scheme (PBS). Despite this there remains limited access and availability of medical abortion in primary care settings. Evidence suggests that negative cultural norms related to abortion, fear of stigma, lack of training, support, and visibility in professional networks contribute to real and perceived barriers to providing medical abortion care (Seema, et al., 2020).

This evaluation report provides important insights into health practitioners' views around the barriers as well as motivating factors for those interested in becoming a provider of medical abortion. From the two surveys undertaken - a pre-webinar survey and a post-webinar survey - findings reveal the need for greater support of health practitioners, particularly to allay concerns and fears about the nature of the medical abortion procedure. The findings reveal significant fears around the possibility of complications arising and how patients and doctors might be supported in such cases. Moreover, findings suggest concerns around whether hospitals and other health professionals will be able to provide the necessary clinical support especially post procedure care.

Provision of medical abortion is well within the scope of primary care and improves the breadth of women's sexual and reproductive health services that GPs can deliver (Mazza, et al., 2020).

*Throughout the report 'women' is used as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may require access to MA.

Background

Good Health Down South: A Sexual and Reproductive Health Plan for the Southern Metropolitan Region 2018-2021 (GHDS) is a three-year plan that incorporates primary prevention and service coordination initiatives that work to achieve health equity. GHDS partners include state and local government departments, community and women's health services, hospitals, primary health networks and specialist statewide services. One of the plan's objectives is improve the coordination of existing sexual and reproductive health services in the SMR, including increasing the provision of medical abortion.

Despite the legal status of abortion in Victoria, numerous gaps and barriers exist that limit access to early medical abortion (under nine week's gestation). It is estimated that approximately four percent (4%) of GPs (in Australia) are prescribers of MS-2 Step, the medication for an early medical abortion (Mazza, et al., 2020). GPs are Australia's most visited primary care provider, making them well positioned to deliver integrated reproductive health care to women (Dawson, et al., 2017). Evidence suggests that lack of training, isolation and lack of support are key barriers to GPs establishing and providing early medical abortion services (Seema, et al., 2020). As part of the Victorian Women's Sexual Health Priorities (2017-2020), priority action area two, 'Victorians have improved access to reproductive choices', the following projects received funding and have supported this collaborative project to occur:

- The Clinical Champion Project, The Women's Hospital to support workforce capability and strengthen system capacity to provide medical, surgical abortion and contraception services
- Eight new community-based Sexual and Reproductive Health Hubs. The SMR has two hubs, located in Dandenong (Monash Health) and Frankston (Peninsula Health). The role of the hubs is to provide publicly funded medical abortion and long acting reversible contraception (LARC) services

Methodology

Discussions commenced in mid-2019 to support the development of services at each of the Sexual and Reproductive Health Hubs. In addition, through consultation with 1800 MyOptions and analysis of region-based data, the lack of medical abortion providers was identified in the SMR. In response, the Clinical Champions Project (The Women's), WHISE and the Sexual and Reproductive Health Hubs commenced planning for a series of region-wide medical abortion information sessions targeting GPs and nurses to support medical abortion service delivery.

During September 2020, two medical abortion education information sessions were delivered by the Clinical Champion Project (The Women's Hospital), in partnership with WHISE, Monash Health, Peninsula Health, 1800 My Options, a local medical abortion provider, with the support of the South Eastern Melbourne Primary Health Network (SEMPHN). The first session, conducted on September 8, was intended for GP's, nursing staff and other medical professionals seeking to increase their knowledge and understanding of medical abortion (53 attendees). The second session was specifically designed for Practice Managers (15 attendees). Both sessions were recorded.

Both information sessions were conducted via Zoom due to COVID-19 restrictions and provided information to enable participants to:

GP and nurses information Session:

1. Participants will be able to describe safe medical abortion procedures
2. Participants will be able to describe local abortion pathways and clinic supports available in the region
3. Participants will be able to describe available ongoing training and support for providers

Practice Manager Session:

1. Participants will be able to identify essential components of safe medical abortion service delivery
2. Participants will be able to describe local abortion pathways clinic supports available in the region
3. Participants will be able to identify clinical support available to services providers in the region

As was highlighted to participants, these sessions provided information on the clinical & practice considerations for medical abortion service delivery and the available supports and referral pathways for providers in their local area. Following the sessions, providers could choose to undertake registration through MS Health to become a prescriber of MS-2 Step, the medication regime for medical abortion with further support available from the Clinical Champion Project, The Women's.

In line with these aims and to better gauge participants' needs, current understanding and experience of medical abortion, two surveys were conducted: one pre-webinar survey and one post-webinar survey. A total of 50 participants responded to the pre-webinar survey while 45 participants (85% response rate) responded to the post-webinar survey. The pre-webinar survey sought to clarify participants' experience and understanding of medical abortion. The survey also sought to identify participants' motivations and views on some of the barriers and support mechanisms they might encounter or need to facilitate practitioners to consider becoming a provider of medical abortion.

(For clarity, this evaluation report will predominantly highlight survey findings and results pertaining to those responses received from the session intended for GP's and nursing staff.)

A further session is scheduled for November 2020 with a focus on management of post procedure complications.

Results

Background of participants

In the pre-webinar survey, participants identified predominantly as General Practitioners (56%) and nurses (34%). Participants who identified as 'Other' included an intern, GP registrar and a university lecturer teaching medical students.

Participants' postcodes revealed that a majority worked in the SMR. The table below highlights the most common areas identified, however participants were also found to come from adjoining suburbs and local government areas (LGA's) within the SMR. Only three participants were identified from suburbs outside the SMR.

Suburb	Number of participants
Dandenong	5
Frankston	5
Monash University	3
Fountain Gate/Ferntree Gully	3
Mornington	3
Glenhuntly	2
Clayton	2
Springvale South	2
Cheltenham	2
Bentleigh/Ormond/McKinnon	2
Berwick	2

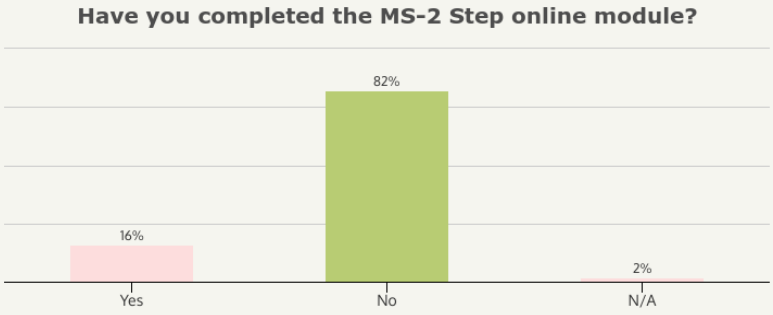
Significance of the Study

Current understanding and confidence/ experience of medical abortion procedures

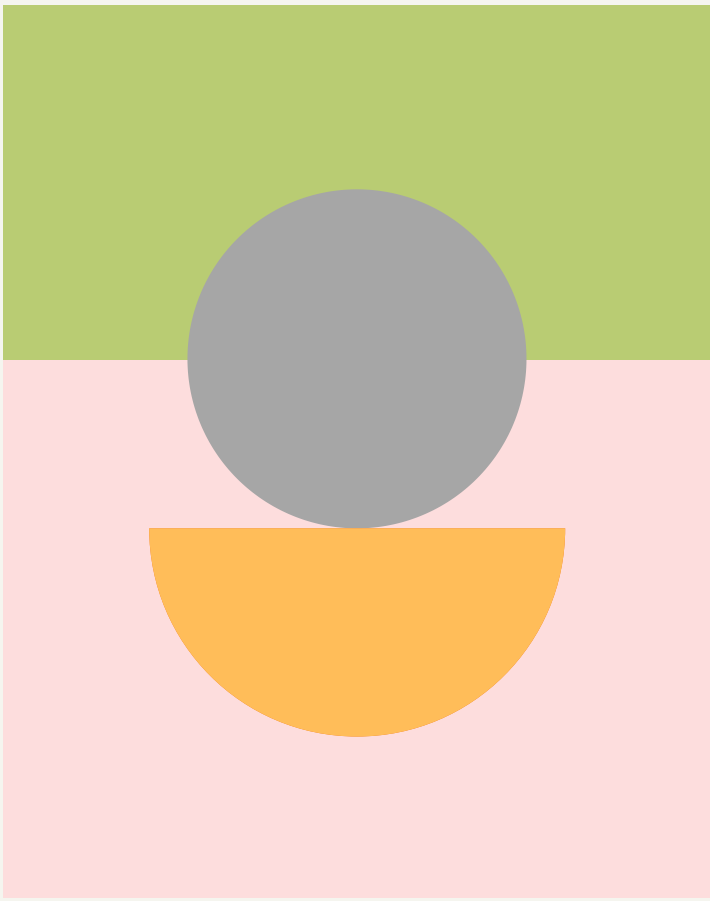
Since the introduction and availability of medication for medical abortion (MS-2 Step) and the legislative support that enables a woman's right to choose, primary care providers have seen a greater opportunity to incorporate medical abortion care into practice (Dawson, et al., 2017). However, the uptake by primary care providers has been shown to be relatively low with only a few medical practitioners taking up this opportunity. As a way to address this challenge, the medical abortion information webinar was designed to increase awareness and support more clinicians to become providers.

To better understand participants' current knowledge and understanding, participants were asked whether they had completed the MS-2 Step online module. This is an important question as medical practitioners wishing to become providers of medical abortion, must complete an online course via the MS Health website (https://www.ms2step.com.au). There is no cost and it takes approximately 4-6 hours. Individuals with FRANZCOG or DRANZCOG Advanced certificates will get immediate certification on registering and are not required to do the training (Rasmussen, 2018).

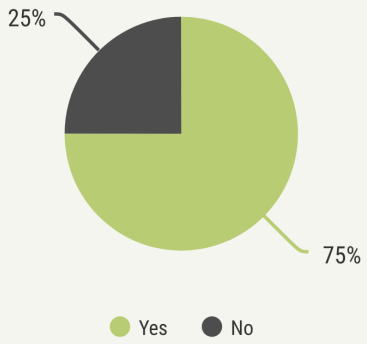
As the chart below reveals, 40 participants (82%) indicated that they had not undertaken the online module. Only eight participants (16%) indicated they had completed the online module. A total of 49 participants answered this question.



Participants were also asked if they currently provided medical abortion. Only eight out of the 50 participants were able to answer this question with only six responding 'yes' - they did provide medical abortion currently. From these, six participants that answered 'yes', five identified as GPs and one identified as a pharmacist. While the response rate to this question is very small (compared to other questions) it is important to emphasise that only a small fraction of participants could respond to this question. This is predominantly because only a very small number of participants responded with a 'yes' to the previous question about having completed the MS-2 Step online module. Furthermore, it makes sense that out of the eight who have undertaken the MS-2 Step online module, only six are currently providing the procedure.

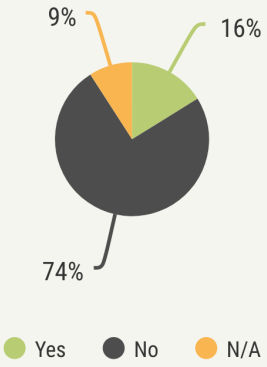


Do you currently provide medical abortion (n:8)



A slightly higher number of participants, seven (16%) were able to answer 'yes' to the question "Is medical abortion provided in your practice?" - four of whom were nurses and 3 were GPs. Interestingly, none of these seven participants were providers themselves. A total of 32 participants (74%) participants responded 'no'.

Is medical abortion provided in your practice?



We can see that amongst this cohort of participants, only a small number of participants have undertaken the MS-2 Step online module and/or are currently providing medical abortion.

Motivation to providing medical abortion

It had been anticipated that the introduction of medical abortion to the PBS in Australia in 2012 would improve access to abortion to women by integrating the procedure in primary care settings. However, "as of August 2019, there were only 1345 certified GP prescribers of medical abortion in Australia out of an estimated 35,000 practicing GPs and it remains unclear how many are actively providing this service" (Mazza, et al., 2020).

To better understand these concerning statistics, our survey sought input into what might motivate participants to providing medical abortion. This was an important question as so few had indicated that they had not undertaken the online MS-2 Step module yet. A range of responses were given to this question including:

"Safe, easy, can be prescribed as an outpatient and have GP follow up. Less expensive"

"Choice for patients and easier accessibility"

"Increase options for women. To ensure prompt response to women with unplanned pregnancies."

"Socioeconomic factors and young age or parental objections"

"" To assist women to manage and unplanned or unwanted pregnancy without surgery"

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"I would like to be able to offer this service in future"

"To support and educate women in their decisions"

"I am pro-choice and believe in providing the service to my community and supporting women in their reproductive choices and bodily autonomy"

"I think it is important that women are offered a choice-and if they choose medical abortion it should be provided by their GP-a person who provides them with whole patient care and will be able to continue to provide that care."

"Less distressing for patients"

"Choice for patients and easier accessibility"

"I am interested in hoping to find solutions for patients who find themselves in a difficult predicament. (This has come about a bit during these covid lockdowns) I would like to be more informed so I am able to offer help to patients"

"No motivation. Patients need a place where they can go however and not feel judged"

Motivations

We can see that these motivations fall into specific categories;

WANTING TO ENHANCE OPTIONS FOR WOMEN LOCALLY

Awareness that there is currently a lack of appropriate providers in local areas.

PERSONAL AND PROFESSIONAL VALUES OF GP

a number of participants cited their 'pro-choice' stance as a motivation for wanting to learn more about medical abortion and potentially becoming a provider.

SUPPORT THE MENTAL AND OVERALL WELL-BEING OF CLIENTS WHEN SEEKING SUPPORT AND ADVICE ABOUT AN UNPLANNED PREGNANCY

Participants also wanted to be able to provide continuity of care to clients so that they could be adequately be supported in their local area with their local GP.

HAVING A GREATER UNDERSTANDING ABOUT MEDICAL ABORTION

Respondents were motivated by wanting to be able to provide accurate, useful and supportive information and referral pathways to clients.

AFFORDABILITY OF MEDICAL ABORTION

Many respondents wanted to be able to provide more affordable services to clients. Many understood the financial barriers women currently face when seeking a termination.

Barriers

Barriers to providing medical abortion

Although participants were able to highlight a variety of motivating factors to being able to provide medical abortion, the low uptake of practitioners providing medical abortion suggests that barriers or issues continue to exist for practitioners. Participants were asked about what they saw as the barriers to providing medical abortion. A number of barriers were cited including:

"Not knowing enough about it"

"Lack of integration with local gynaecology unit, local hospital does not do an abortion list, can refer in women with failed MTOPs for D&C but no direct specialised referral pathway or midwife lead to liaise with in these cases (have to send in via miscarriage clinic)"

"Local Pharmacy may not be supportive, have had a pharmacist dispense the MS2 step at the public counter instead of in private consulting room to a patient who was very traumatise by her treatment and felt publicly shamed.."

"No MBS rebate item- it takes time to provide the service well, we are not remunerated for the effort and time involved"

"Cost, access, complications and support"

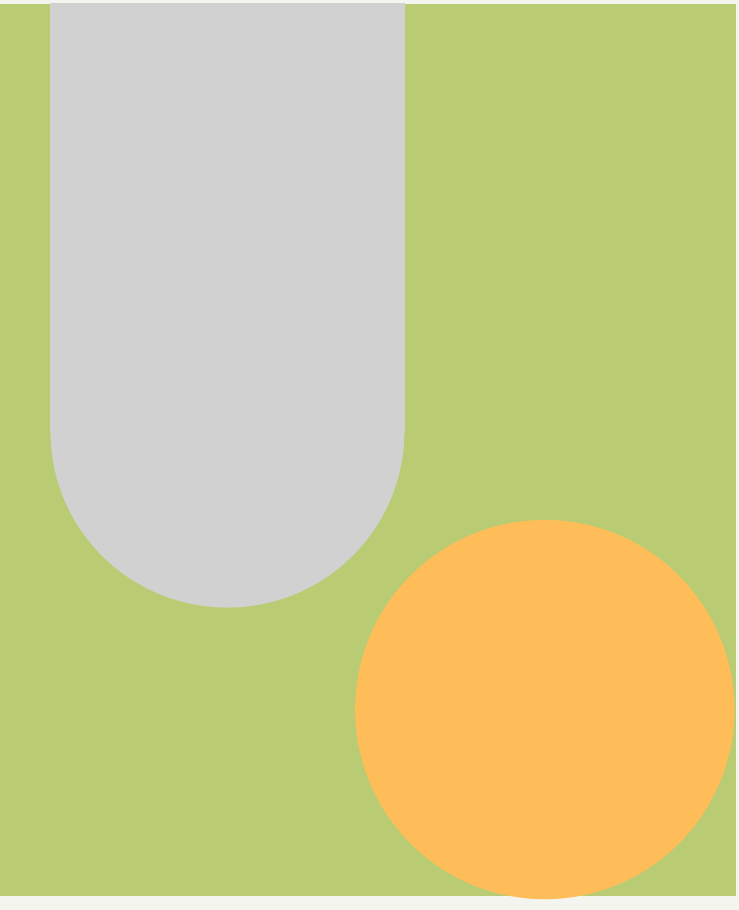
"Access to trained GP's"

"Adequate staff trained. Out of hours support"

"Lack of colleagues providing service locally to provide support and back up for leave/ advice with complications- can feel isolated."

"People's personal ethics, and morals"

"Biased, politically based and religious influence"



"Adequate support for the person's pain, bleeding and prolonged process compared with STOP [surgical termination of pregnancy]"

"I am just starting to build my knowledge"

"I am a nurse practitioner and do not have prescribing rights for MS2Step. Our Sexual & Reproductive Health Service has one Dr employed for 4 hours per week in this service"

"Uncertainty as to the potential for complications. The first patient I referred for one bled for a few weeks and required surgical management"

These quotes suggest that barriers continue to exist for clinicians to provide this service. They include:

- GPs' ethics around providing this service
- Stigma
- Lack of training
- Perceived lack of support afterhours especially if there are complications
- Liability GP's might face
- Length of process and possible time restrictions if greater support is needed or complications arise
- Cost of providing service

The barriers cited amongst participants reflects other research where clinicians revealed similar concerns. Specifically, for rural practitioners the process involved to determine the length of pregnancy, the need for an ultrasound, blood tests and follow up consultations has been seen as prohibiting given the small number of service providers and time required to get these done (Tomnay, 2019). In addition, practitioners have also cited the stigma that might arise as a result of becoming a provider and having to negotiate the bias or negative feelings from pharmacists or the general community.

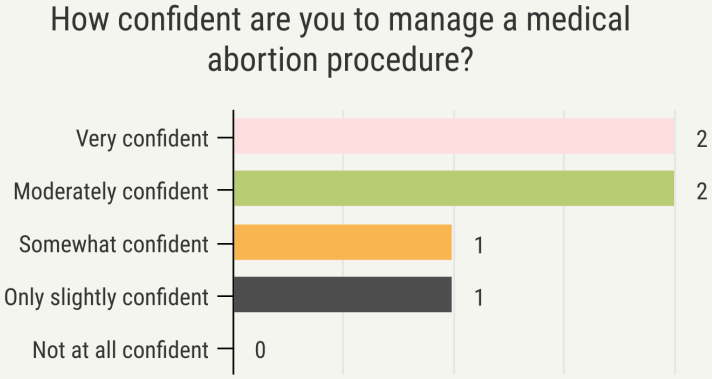
Several participants also cited the role of complications arising as a possible barrier to becoming a provider. However, evidence suggests that complications are not common with one article citing that the possibility of hemorrhage is around 0.1% and infection at 0.1% amongst women who undertake medical abortion (Rasmussen, 2018).

Experience with medical abortion procedure and pathways

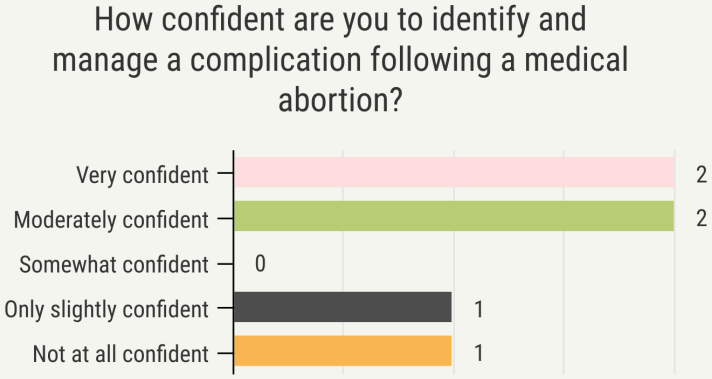
As mentioned previously, several of the questions posed in the pre-webinar survey could only be answered by a few of the participants: those participants who are current medical abortion providers and who have undertaken the MS-2 Step online module. This cohort included five GPs and one pharmacist. As such, the data provided here for these specific questions are given with the caveat that:

1. the response rate is low and;
2. may not be representative of those participants who could not answer those questions.

Moreover, while the data to these questions is comparatively low, this data is nevertheless relevant. The data provides an insight into current understandings and highlights the barriers and gaps amongst the cohort which is unsurprising and reflective of the general low uptake amongst clinicians around Australia. For those participants who could answer these questions, participants were asked about how confident they were in managing a medical abortion procedure. From the six participants that could respond to this question, two participants indicated that they were 'very confident' in managing a medical abortion procedure; two indicated they were 'moderately confident'. The two other participants indicated that they were 'somewhat confident' and 'only slightly confident', respectively.



In responding to the question 'How confident are you to identify and manage a complication following a medical abortion?' two participants responded 'Very confident'; two responded 'Moderately confident'. Interestingly, one participant indicated they were 'Not at all confident', with one other indicating they were 'only slightly confident'.



Participants were asked about their usual referral pathways to manage a complication that might arise following a medical abortion. From the six participants that were able to answer this question;

- four indicated that they would refer to the closest hospital, specifically the Emergency Department,
- one indicated that they would refer back to the prescribing doctor,
- one participant indicated they would refer to the "local early pregnancy clinic at Frankston Hospital".

Resources and supports

Resources and supports needed to be able to provide medical abortion

A number of resources and supports were identified by participants when asked about what would assist and support practitioners to be able to provide medical abortion. They included:

Resources and supports	
Good training and skills	33%
Support for clients and staff	29%
Clear follow up procedures in place	24%
Hospital back up in case of complications	24%
Access to after-hours support for clinicians and clients	18%
Access to well written information about the process for both staff and clients	18%
A good understanding of the procedures and policies pertinent to the procedure	18%
Clear referral pathways particularly in the event of complications	16%
Having well trained staff at the practicing clinic – i.e. not just amongst GPs	16%
Counselling for clients	16%
Education	13%
Mentoring	9%
Resources	9%

"Expertise locally free cost if STOP required following time for follow up upskilling staff including nursing staff to triage and manage follow up as well. Clear referral pathways for complications or on going medical management - good local partnership."

"Adequate knowledge and skills. Support at all times. Support from local services."

"Up to date education, support of peers."

"Hospital back up in the event of retained POC (Products of conception)/ heavy bleeding. Trained staff at the clinic."

"Education - both written and verbal. Consent. Follow-up and counselling."

"Better understanding of what is involved. Stakeholders input"

"Knowing what contact is available for women during the process and what support is available for prescribing doctor during the process"

"Well trained doctor/practice staff and reasonable proximity to specialist/hospital backup."

As can be seen from the list and quotes above, several aspects received greater emphasis amongst participants. In particular, we can see the significance given to having good training and skills as well as having support in place for patients and staff. As mentioned earlier in the report, some of the barriers identified by participants hindering practitioners from providing medical included a perceived lack of support and training for professionals. The lack of visibility of the procedure, with limited trained and clinical guidelines means practitioners lack the experience, knowledge and skills to provide medical abortion.

Significantly, in answering this question, a number of participants expressed concerns around potential complications arising and whether clients and staff would be supported in hospitals for post procedure care. A total of 24.4% of participants identified having hospital back up as an aspect that should be in place to enable more practitioners to provide medical abortion services.

Overall, medical abortion is known to be a safe and effective procedure. However, complications can arise and may need to be managed by the local hospital gynaelogical team. As the network of medical abortion providers in primary care is limited, a perception exists that the procedure is difficult and complications are common.

The evidence about the risks involved in a medical abortion suggest that complications are rare. Marie Stopes Australia reports that amongst some of the risks of medical abortion include:

- Incomplete abortion, retained products of conception is the most common complication (1-4%).
- Ongoing pregnancy occurs in less than 1% of cases.
- Infection is uncommon (less than 1%).
- Excessive bleeding severe enough to require a blood transfusion occurs in around 1 in 1,000 cases.

(Marie Stopes Australia, 2016)

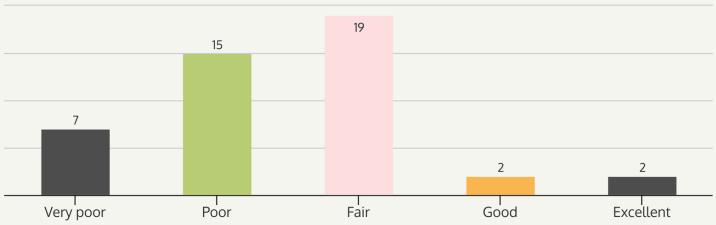
Highly rated was also having support in place. Although the notion of 'support' was interpreted differently by some participants, some commonalities were identified encompassing a number of aspects including:

- Support from local services
- Support at all times
- Support of peers
- Support from community
- Support for women during procedure
- Support network of colleagues
- Access to support services for patients
- Family support

Opinions on levels of access and availability of medical abortion services in the SMR

Participants were asked about how they saw the current levels of access and availability of medical abortion in the SMR. As the chart below reveals, only four participants thought that the current levels of access and availability of medical abortion services in the SMR were 'good' or 'excellent'. A majority of participants (22) indicated that the levels of access and availability are currently 'very poor' (seven) and 'Poor' (15). A total of 19 indicated that access and availability was 'Fair'.

Level of access & availability of medical abortion services in the SMR



As has been reported throughout this report, only a fraction of GPs throughout Australia have undertaken the necessary training to become providers of medical abortion. This has meant that access and availability remain low in many communities including the SMR. The views and opinions of participants therefore may accurately reflect the low levels of access existing in the community and may also highlight, for some participants at least, their motivation to improve their knowledge and consider becoming a provider.

It's important to state however, that several participants (a total of nine) commented that they were unclear or unsure about the levels of access and availability in the region. This may be due in part to participants' lack of experience in dealing with medical abortion, hence they have not had to consider how appropriate or otherwise access might be to medical abortion in the SMR. These comments might also reveal a lack of awareness about referral pathways amongst some of the participants.

"I'm not really sure what the costs or availability are? I do know Marie Stopes exists and other family planning clinics but not sure of costs"

"There are not many providers who bulk bill for vulnerable women"

"I haven't referred for this in some time"

"We have several GP's in the Mornington Peninsula who provide this service. It would be good to have more."

"Not sure"

"What services? None"

Participant's needs

Participants were asked about what they hoped to take away from the webinar. Responses included:

Responses	
Improve knowledge	60%
Build confidence to talk about abortion	31%
Gain confidence to consider becoming a provider and/or definitely become a provider	33%
To assist clients in a more informed manner	22%
Better understanding of referral options	18%
Greater knowledge about accessing services and resources	18%
Learn about educational pathways to become a provider	13%

"Confidence in starting to use my ms2step knowledge and offering medical top in clinic"

"Knowledge that will enable me to discuss medical abortion with my patients-and the ability to provide them with this if that is what they choose"

"Establish network with other MTOP providers. Find out how others manage complications/ patients not attending follow up. Idea's for how to improve my MTOP practice. Advocate for improvement (improved rebate for women for Ultrasound to be bulk billed, MBS item for MTOP, ways to reduce complexity of the process for women and create better pathways for referring failed MTOPs/complications)."

"Further education, as I'm looking to move back into General Practice and have an interest in women's health".

"Improved knowledge"

"An understanding"

"Protocols and pathway to start delivering"

""Lots of information and referral options for client opportunities. For partnerships locally to make this option more accessible locally."

"To learn what is available for people, the process and costs"

These responses highlight the significance for participants wanting to learn more and become more knowledgeable about supporting clients and their own professional development. Particularly significant is the high importance placed on improving participant's knowledge, with 60% of respondents providing this feedback. Interestingly, 15 participants (33%) cited 'to become a provider' or 'gain confidence to consider becoming a provider' as an aspect of what they hoped to take away from the webinar.

Post webinar survey

The post webinar survey sought feedback and input about some of the practical aspects of the webinar, including relevance of topics and whether presentations had met participants' needs or learning outcomes.

Participant's responses were overwhelmingly positive. As the table below outlines, two out of the four learning outcomes received rates above 90% with an average of 87% of participants stating that their learning needs had been entirely met overall.

	Partially met	Entirely met
Describe safe medical abortion procedures	9%	91%
Identify essential components of safe medical abortion service delivery	7%	93%
Describe local abortion pathways in the Southern Metropolitan region	16%	84%
Rate the degree to which your learning needs were met	19%	81%

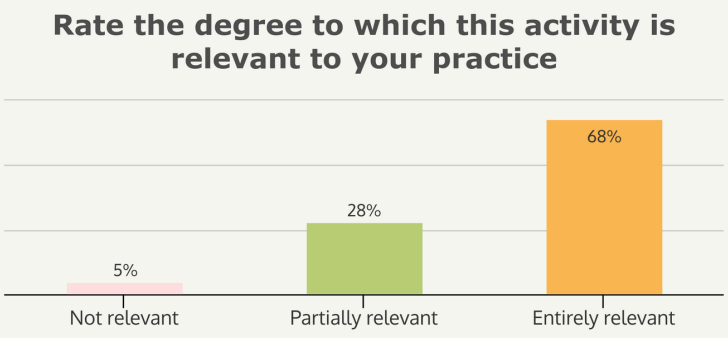
Amongst practice managers, 75% of participants responded that learning needs had been entirely met in regards to most learning outcomes, with 63% stating that their learning needs in general had been met.

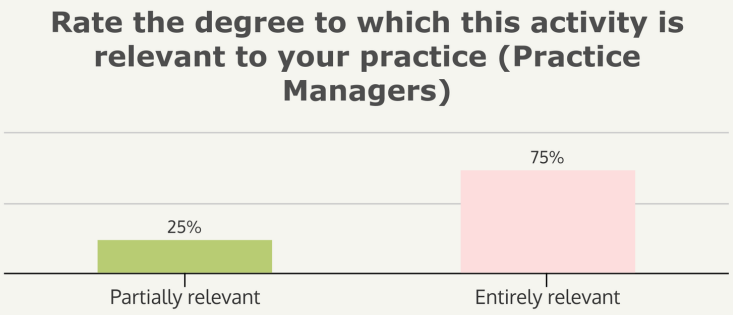
	Partially met	Entirely met
Identify essential components of safe medical abortion service delivery	25%	75%
Describe local abortion pathways clinic supports available in the region	25%	75%
Identify clinical support available to services providers in the region	25%	75%
Rate the degree to which your learning needs were met	37%	63%

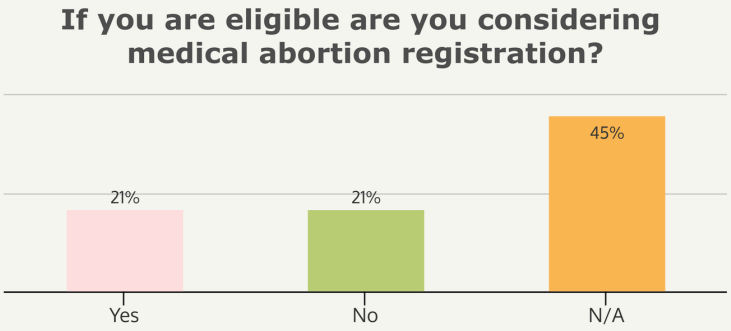
Considerations for future practice and provision of medical abortion

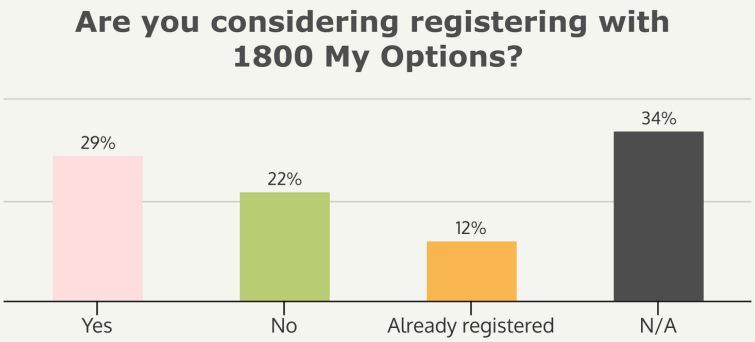
One of the aims of this information session was to improve access for women to medical abortion in the SMR. It was important therefore to find out whether the webinar had been useful or relevant to participants and whether this might prompt them to seek registration to provide medical abortion in the future.

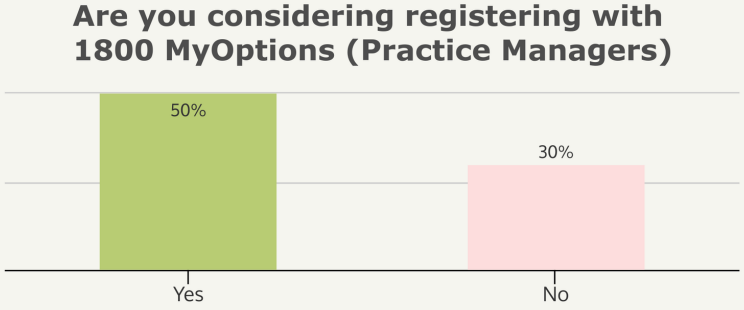
A total of 68% of participants responded that the webinar had been entirely relevant to their practice with 28% selecting partially relevant. Only 5% of participants responded that this had not been relevant.











In regards to practice managers, 75% stated that this had been entirely relevant. It's important to note that only eight participants participated in the survey. As such, the response rate to this and the other question is relatively low compared to responses given by health professionals.

Participants also responded positively to whether they would be interested in attending future sessions online. A total of 67% answered 'yes' with 33% of those providing contact details. Practice managers also responded positively with 83% (five participants) stating that they would be interested in future sessions.

In addition, participants were asked about whether they were considering medical abortion registration, if eligible. Out of the 42 participants that responded to this question, 9 participants (21%) indicated that they were considering medical abortion registration. Several participants indicated that they were already registered or had undertaken the training but had not yet actively provided a medical abortion procedure. A large percentage, 45%, responded to this question as not applicable. This cohort is likely to include participants who are ineligible for registration due to their professional roles being nurses or other medical professionals such as midwives or lecturers.

Participants were also asked about whether any of them were considering registering with 1800 MyOptions. A total of 12 participants (29%) indicated that they were, with a further five indicating that they were already registered. A number of participants (22%) indicated that they were not seeking registration with 1800 MyOptions. It is unclear as to why this might be the case. 1800 MyOptions presented at each of the sessions and encouraged services to register on the database to enable greater access to women seeking a medical abortion.

Amongst Practice Managers, 50% stated that they were considering registering with 1800 My Options. In contrast, only 30% of health practitioners stated they were considering registering.

What is 1800 MyOptions and why ask about the service?

1800 MyOptions was established in 2018 to provide information and referral "to meet individual sexual and reproductive health needs" (1800 My Options, 2020). The service aims to provide non-judgmental information about contraception, abortion and general sexual and reproductive information. The service is supported by the State Government of Victoria and is administered by Women's Health Victoria.

The launch of 1800 MyOptions was instigated as part of the Victorian State Government's first ever Sexual and Reproductive Health Strategy (2017-2020). This strategy sets out key actions to reduce barriers and service gaps that affect women's access to reproductive and sexual health services (Women's Health Victoria, 2020).

According to its website, 1800 MyOption's guiding principles include providing all Victorian women with:

- A non-clinical and non-judgmental service;
- Centralised and comprehensive service information;
- Referral to relevant, trusted clinical, support and counselling services;
- Non-preferential referrals, based on each woman's needs and location;
- Coordinated and interconnected approach to service delivery.

(1800 My Options, 2020)

The significance of asking this question is largely due to 1800 MyOptions being able to have an accurate and reliable database of service providers in relation to medical abortion. While 1800 MyOptions provides information about a range of sexual and reproductive health concerns, anecdotal data from 1800 MyOptions indicates that over 96% of calls received relate to accessing an abortion. Being able to access accurate and relevant information and details is therefore vital to maximising women's ability to have control and choice over their sexual and reproductive options.

Moreover, research tells us that the majority of women who access surgical termination of pregnancy must pay for abortion at a private clinic. Few Medicare rebates are available so for most women, this is costly and a barrier in regards to access. The provision of medical abortion in general practice and the public health sector, in addition to private clinics, has the potential to increase women's access to abortion (Shankar et al. 2017). GPs are Australia's most visited primary care provider, making them well positioned to deliver integrated reproductive health care to women (Dawson et al 2017).

Supporting practitioners into the future

It is evident that in order to increase options for women seeking a medical abortion at the primary care setting, continued support of clinicians and support staff is needed. Participants were therefore asked about how they could be supported in their practice. A number of suggestions were given including:

Information about current guidelines	**13%**
Receive updates	**13%**
Nurse specific education	9%
Creation of support network	9%
Next steps	9%
Peer support	4%

"Through networks established and project and provision of clinician training and all that you have done"

"Would be good to chat about how to organise getting started with practice manager"

"Availability for advice which I anticipate would be readily available"

"Emailing updates to guidelines- for e.g. the change of anti-discrimination requirements was news to me"

"What next step I need to take?"

"More education for practice nurses"

In addition, participants were asked whether they would be interested in joining a regional medical abortion professional network. From the 37 participants that responded to this question, 11 (40%) responded 'yes' they would be interested, while 22 participants (60%) answered 'no'. However, only four participants provided their contact details.

Participants were also asked about whether they would be happy to be contacted by the Clinical Champions Network to discuss changes to practice. The Clinical Champion Project is based at The Women's Hospital, and "responds to the needs of individuals and organisations through support, advice and mentoring" (CERSH, 2020). Specifically, the network can provide;

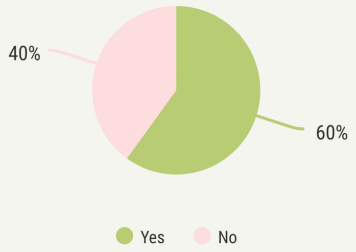
- Provide secondary consultation on clinical management of abortion and long action reversible contraception (LARC),
- Provide on-site training in intrauterine device (IUD) or Implanon insertion to eligible clinicians,
- Facilitate access to training opportunities at the IUD insertion clinic at The Royal Women's Hospital,
- Support and advice on organisational level change strategies to enable the routine provision of abortion and LARC direct service in primary care and publicly funded hospitals,
- Assist in the development and/or revision of evidence based clinical practice policies and procedures.

(CERSH, 2020)

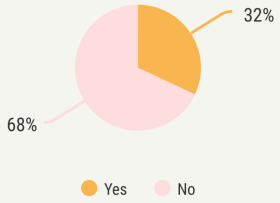
A total of five (32%) participants responded 'yes' they would be happy to be contacted, while 27 (68%) participants responded 'no'. A total of 40 participants responded to this question (five participants skipped this question).

Amongst practice managers, 83% stated that they would 'not' be interested in been contacted by the Clinical Champions Project, with two participants not responding to this question. However, one participant did provide their contact details which is important.

Would you be interested in joining a regional MA professional network?



Are you happy to be contacted by the Clinical Champions Project Manager to discuss changes to practice?



Conclusions

It is evident that the responses to the two surveys undertaken reflect the current trend amongst primary care providers within Australia; very few practitioners currently provide medical abortion in primary care practice. However, these events highlight the willingness of clinicians to improve their medical abortion knowledge and skill and to consider becoming a provider with appropriate supports in place.

There was a high level of interest in these events. Demand for the clinician session exceeded places available as the first session was booked out. Due to COVID-19 restrictions, the recording was accessible after the event and a further 24 health care workers accessed the recorded version of the presentation.

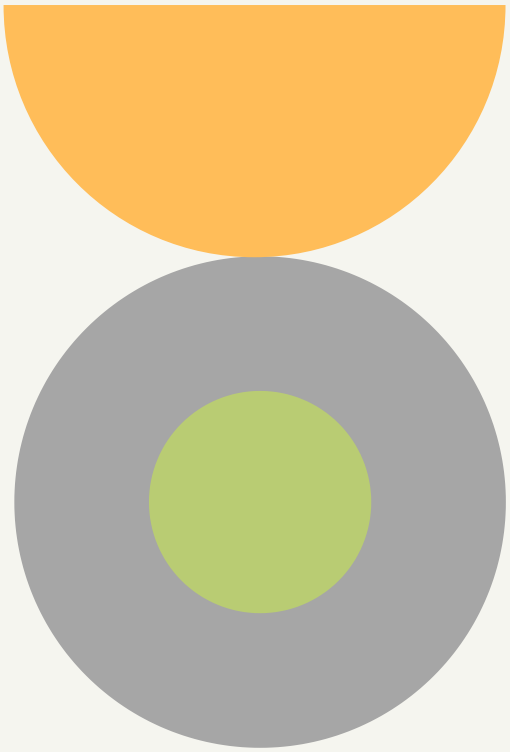
Several GPs expressed an interest in becoming a provider and registering with 1800Myoptions. It was clear clinicians required appropriate professional development opportunities and ongoing clinical and peer support to enable them to convert their interest in medical abortion to delivery of evidence-based medical abortion services in primary care settings. The report highlights the need to develop structures to support clinicians to overcome real and perceived barriers practitioners encounter to develop new skills, knowledge and confidence to provide medical abortion services.

In order to support clinicians to support their interest to practice, the medical abortion clinical pathway needs to be defined, visible and accessible at all stages of care, from assessment through to successful completion of the procedure. The majority of care can be appropriately provided in primary care with gynaecological expertise as required. The expertise of the Gynaecology and Emergency Departments at the local regional hospital are essential to provide evidence-based care to manage a complication as the need arises. These are vital components in a complete service system. A visible service system provides reassurance to clinicians that a procedure commenced in primary care can be safely and effectively managed in a hospital setting as the need arises.

Due to limited access to clinical expertise and the real and perceived stigma about providing medical abortion, clinicians work in isolation from their professional colleagues. At the clinician focused session, the local medical abortion provider highlighted the need to identify local peer supports and for an accessible, reliable referral pathway to enable her to provide this care.

Participants conveyed concerns around their capacity to support clients appropriately, especially to manage a complication or for secondary consultation for clinical case management. This was a significant concern amongst participants and reflects the need for appropriate and visible clinical support from colleagues and other health care settings. Two Sexual and Reproductive Health Hubs have been funded in the SMR. These have the potential to provide clinical excellence and expertise in medical abortion services and offer reassurance to other providers in primary care settings. In addition, hospital-based gynaecological services have the role to provide evidence-based post procedure care and for secondary consultation to primary care clinicians throughout the clinical pathway. This report highlights the need to provide professional development and ongoing clinical support to overcome the barriers practitioners encounter to provide medial abortion services. These sessions can assist practitioners to increase their knowledge, skills and confidence to provide the medical abortion procedure with the support and expertise of local hospital services as required.

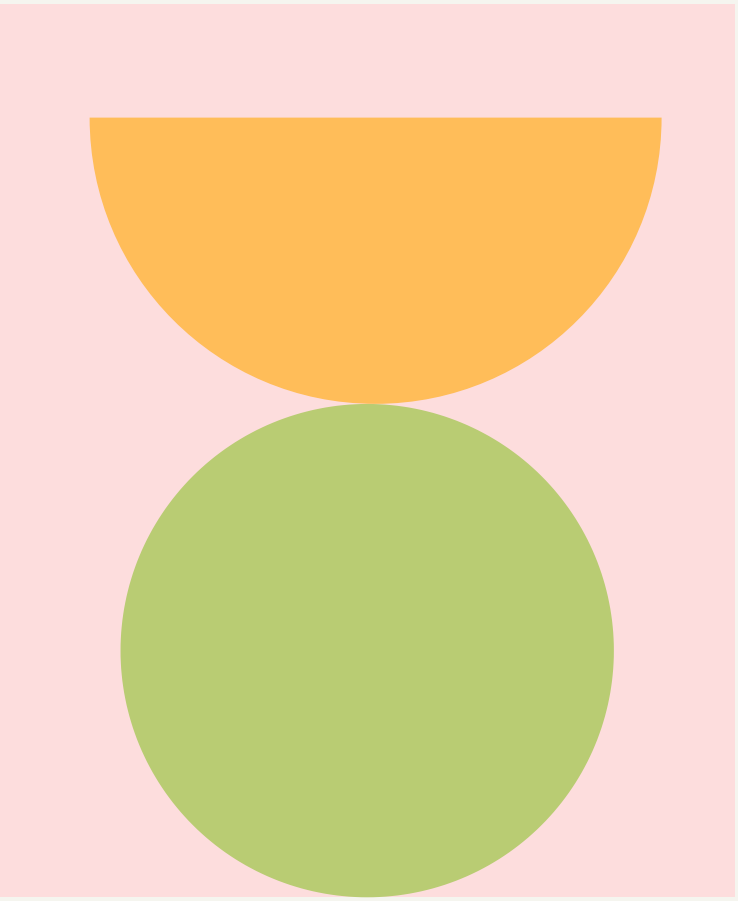
Medical abortion services can be safely and effectively delivered in a primary care setting as geographically close to where the service is requested with the support of a broader developed health service system. Visible medical abortion services promote reproductive health access and choice for women and pregnant people in the SMR.



Recommendations

In line with the findings from the two surveys conducted and feedback from participants, a number of recommendations and considerations for future work are provided here.

Responses reveal an important willingness and interest amongst participants to continue to build on their knowledge and to consider the possibility of becoming a provider. In collaboration with our partners and stakeholders, WHISE would like to be able to support practitioners and in turn increase access and availability for women within the SMR in regards to their pregnancy options and choices when considering an abortion.



Recommendations:

- Strengthening relationships with relevant teams in the SMR such as the funded Sexual and Reproductive Health Hubs, primary care and hospital based services to increase health professional's confidence, skill and knowledge.
- Promote and foster opportunities to develop innovative models of care to respond to local needs and contexts. These may include task sharing arrangements between a doctor and nurse to manage medical abortion care
- Provide ongoing support to identified GP practices to assist development of integrated medical abortion services and to list the service on 1800Myoptions database,
- Follow up with GPs who expressed interest in being contacted by the Clinical Champions Project and identify opportunities to support practitioners to become medical abortion providers.
- Provide opportunities for medical abortion clinicians to network. These may include developing a new network or promoting an established network for health professionals to share knowledge, skills and experience. This could be achieved in the following ways:
    - A quarterly or biannual meeting for professionals to network and share information in the SMR or
    - Promote an established network such as the Clinical Network for Unintended pregnancy facilitated by Centre for Excellence in Rural Sexual Health and the Clinical Champion Project.

We would like to acknowledge the work of Women's Health West in highlighting these recommendations in their work.

- https://whwest.org.au/wp-content/uploads/2017/10/MTOP-Professional-Development-Workshop-Evaluation-Report-_-March-2016.pdf
- https://whwest.org.au/wp-content/uploads/2017/10/MTOP_PDsummary_May2016.pdf

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Future work

A follow-up to the September webinar is being held in November 2020, focusing on Early Medical Abortion: Follow Up and Managing a Complication Post Procedure. The focus on this planned event is on the best practice management of follow-up and complication post procedure.