



GOOD HEALTH
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Medical Abortion Education Information Session Evaluation Report

During September 2020, two Medical Abortion (MA) education information sessions were delivered by The Royal Women's Hospital, in partnership with Women's Health in the South East, Monash Health, Peninsula Health, 1800 MyOptions, a local MA provider, with the support of the South Eastern Melbourne Primary Health Network (SEMPHN). One session was held for General Practitioners, nursing staff and other medical professionals (53 attendees). Another session was specifically designed for Practice Managers (15 attendees). The sessions were conducted via Zoom due to COVID-19 restrictions and provided information about:

-  Safe medical abortion procedures
-  Local abortion pathways and clinic supports available in the region
-  Available ongoing training and support for providers

Findings

To better understand participant's knowledge and needs around MA, 2 surveys were conducted. They included 1 pre-session survey and 1 post-session 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 explored participant's experiences and understanding of MA. The survey also sought to identify participant's motivations and some of the barriers they might encounter or need to facilitate practitioners to consider becoming a provider of MA.

1. The possibility of complications

Participants expressed concerns around their capacity to provide MA in their practice. Of particular importance was the view that complications might arise following a MA.

"Adequate support for the person's pain, bleeding and prolonged process"

2. Support mechanisms in place

Participants were not confident about how well a woman might be supported following the procedure, particularly if a complication arose. Concerns were expressed about the capabilities of local hospitals and whether the woman would receive appropriate and non-judgmental support – especially after hours.

3. Inconsistent knowledge and training about MA

Participants expressed the need to increase their knowledge and understanding of MA. Several participants identified a lack of understanding and considered themselves ill-equipped to becoming a provider.

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

4. The role of personal values

For many of the participants, personal values played a large role in both motivating them to consider becoming a provider as well as being seen as a barrier for others. For some, being 'pro-choice' had compelled them to learn more about MA. For others, being able to increase access and choice for women was a significant motivator.

"To support and educate women in their decisions"

Equally significant was the view that the stigma and political or religious views of some, whether in the community or as practitioners, could impede the availability of MA in some communities. Concerns were expressed around being targeted for providing MA whilst others considered how such stigma might impact on women and their choices.

"Patients need a place where they can go and not feel judged"

5. Work load and ability to provide MA

Concerns were expressed about being able to adequately support women. MA was seen by many as time consuming, involving several appointments. Participants were concerned this might prevent practitioners from providing MA, especially amongst disadvantaged communities.

"It takes time to provide the service well, we are not remunerated for the effort and time involved"

6. Limited access and availability of MA in the SMR

Over 90% (91.1%) of participants expressed the view that access in the SMR for termination is 'very poor' or 'poor' (48.9%) or 'fair' (42.2%). Only 8 out of the 50 participants identified as having undertaken the necessary training and/or registration to be able to provide MA.

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

7. Support and resources for health professionals

Participants were explicit in the need for continued professional development and ongoing support to be able to consider becoming a provider. Many participants expressed a wish to participate in future training or information sessions.

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

8. Recommendations/Future Work

- 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,
- 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
 - to join 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.
- Follow up with GP's who expressed interest in being contacted by the Clinical Champions Project and identify opportunities to support practitioners to become medical abortion providers.

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.

*'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.