CASE STUDY

CLINIC 185:

Establishing a Medical Abortion Clinic at Peninsula Health

Report prepared and written by Dr Rachel Bush – March 2022

whise

Peninsula Health

GOOD HEALTH DOWN SOUTH

A Sexual & Reproductive Health Strategy for the Southern Metropolitan Region

ACKNOWLEDGEMENT OF COUNTRY

WHISE acknowledges and pays our respects to the Traditional Owners of the land that our offices are situated on, the Yaluk-ut Weelam Clan of the Boon Wurrung. As an organisation working in the Southern Metro of Melbourne, we also acknowledge the Traditional Owners of the lands and waters across our region. We pay our respects to them, their cultures and their Elders past, present and emerging.

We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.

ACKNOWLEDGEMENTS

The right to procure an abortion is absolutely vital to women's sexual and reproductive health and to gender equality. This work will ensure that greater numbers of women in the Southern Metropolitan Region have access to the services required to exercise their right to reproductive and bodily autonomy.

Women's Health in the South East (WHISE), would like to acknowledge the tireless advocacy and commitment of Peninsula Health, in particular, Midwife and Sexual & Reproductive Health Nurse Practitioner Cathy Halmarick, without whom Clinic 185 would not exist. It is with utmost gratitude and respect that we dedicate this case study, outlining the lengthy process to establishing a medical abortion clinic, to Cathy Halmarick and her colleagues at Peninsula Health, and commend it to our partners and stakeholders to be used as a guide to implement services that will enhance women's health and wellbeing across the Region.

WHISE and Peninsula Health would also like to thank and acknowledge the following people and organisations who have made Clinic 185 possible. Special thanks to **Dr Sarah Jeffs** who provided education to GPs in the Southern Metropolitan Region and has continued to be a great resource and support.

The Royal Women's Hospital – Champion's Project
Catherine Hannon – Obstetrics & Gynaecology
Dr Paddy Moore – Obstetrics & Gynaecology

Sexual Health Victoria *formerly* Family Planning Victoria
Dr Suzanne Pearson – Education provision
Dr Kathy Mc Namee – Education and clinical support

Peninsula Health Team
Dr Jolyon Ford – Head of Obstetrics & Gynaecology
Dr Nicola Martin GP (specialist women's health)
Colleen White & Alice Urban – Operation Directors
Robyn Holmes – Sexual Health Nurse
Angie Giasli – Sexual Health Nurse/Project Worker
Jodi Vuat RN – Initial project worker

GP Liaison
Danielle Rule

Pharmacy Department
Sarah Fotheringham – Associate Director of Pharmacy
Marta Turek & Desiree Hong – Senior Pharmacists

Policies and Procedures/Documentation
Megan Kane – Prompt Administrator
Emmaly Roberts, Carla Van Waart & Jenelle Katramados – Health Information Managers

Marie Stopes
MS2 Step GP Education and Resources

Gateway Health – Resources

1800MyOptions
Carolyn Mogharbel

South Eastern Melbourne Primary Health Network (SEMPHN)

WHISE

Who are we?

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region. WHISE is a not-for-profit organisation that focuses on empowering women.

We work to improve the health and well-being of women in our region by providing health information and education to governments, organisations, education providers, and community groups.

Our team of health promotion professionals work to promote gender equality, sexual and reproductive health and the prevention of violence against women.

Primary prevention

Primary prevention in health promotion is at the very core of what we do. It is a deliberate way of changing the underlying causes of poor health. Rather than treating disease, our work seeks to prevent disease. WHISE work aims to reduce incidence of poor health of women in our community.

We train and raise understanding about gender equality because we know that this is the root cause of violence against women. We work in partnership with communities on sexual and reproductive health to support women to take control over their own health and well-being.

Health promotion and primary prevention increases community well-being and most importantly for us, empowers women.

Where we work

We work across 10 local government areas. Our area of work is called the South Metropolitan Region of Melbourne and consists of approximately 1.3 million people, representing about one-quarter of the state's total population.

We cover the 10 local government areas of City of Port Phillip, City of Stonnington, City of Glen Eira, Bayside City Council, Kingston City Council, City of Greater Dandenong, City of Casey, Cardinia Shire, City of Frankston and Mornington Peninsula Shire.

INTRODUCTION

At WHISE, our goal is to empower women and improve their health and wellbeing. We achieve this by delivering health information and education to governments, organisations, education providers, and community groups. There are people and organisations in our region who are also doing incredible (and sometimes unseen) work to improve the health and wellbeing of women and to increase their access to appropriate healthcare. We have therefore written this case study to celebrate this work and to share the associated processes, challenges and achievements to inform the practice of others.

The purpose of this case study was to highlight promising practice as well as capture and share the challenges and barriers, enablers, and success of establishing the medical abortion clinic/provision at Peninsula Health.

To do so, a Sexual and Reproductive Health Nurse Practitioner was interviewed as she was known to have led the development of Peninsula Health's model and invested much time and energy in advocating for access and equity to medical abortion services in the region.

The participant has worked at Peninsula Health in various areas such as post-natal care, delivery suite and the special care nursery, and contributed to setting up the first midwifery home care service. A passion for women's sexual and reproductive health was sparked after working in a sexual health clinic (formerly known as a family planning clinic) which inspired the participant to further her education and complete a Master's degree at the University of Melbourne to become a Nurse Practitioner.

In 2017, Peninsula Health received government funding which was directed to the community health sector to set up a Sexual and Reproductive Health Hub. The participant was offered the position to provide clinical care and to develop a 'model of care' which was well suited to the Nurse Practitioner role. Indeed, it has been suggested that "nurse-led models of medical abortion care has the potential to increase access and reduce associated costs," and Nurse Practitioners have the training and skills to provide vital such services (Marie Stopes Australia, 2020).

The participant has successfully developed and implemented two Medicare funded women's health clinics and one non-Medicare service which are operational across three sites including Frankston Hospital, Hastings and Rosebud Community Health Centres. Two Sexual Health Nurses work with the participant along with a General Practitioner (GP). The clinic is available to all people who are biologically female and provides sexual and reproductive health services including, but not limited to, contraceptive care, screening for sexually transmitted infections, pregnancy testing and management options, preventative health screening, and menopausal health issues. Importantly, it was the first health service in Australia to receive a Rainbow Tick of accreditation so that they are able to provide inclusive care and commitment to LGBTIQA+ consumers.

Amongst these achievements, the participant has been key in developing an early medical abortion model of care and setting up a medical abortion clinic service at the Hastings site. The clinic is staffed by a female GP and Sexual Health Nurse. The service is run weekly (Tuesday afternoons) and is listed on 1800MyOptions. It is this aspect of the women's health clinic that will be the focus of this case study.

After providing a brief background, the findings from the interview will be presented in relation to the guiding questions asked during the interview including the method for implementing the medical abortion clinic, the service model, the challenges encountered and strategies for overcoming them, key relationships, achievements to-date, ongoing challenges, and opportunities for enhancement. The report will end with conclusions and recommendations.

Background

Despite the legal status of abortion in Victoria, few GPs provide early medical abortion for a pregnancy under nine week's gestation. Indeed, it is estimated that in Australia, only about 4% of GPs are prescribers of MS-2 Step, the medication for an early medical abortion (Mazza, et al., 2020). This is a very small proportion of GPs which suggests that gaps and barriers exist that limit access to medical abortion. Some of the common barriers reported by GPs include a feeling that medical abortion is not within their scope of practice, fear of stigma, and a lack of clear referral pathways (Mazza, et al., 2020; Dawson, et al., 2017; Deb, et al., 2020).

Medical abortions are still dictated by factors outside of a woman's or person with female sex genitals' control; and access to services is often associated with high out-of-pocket costs. Indeed, several other barriers to safe and timely medical abortion have been reported and include lack of social support and a lack of policy and resources to ensure adequate service provision (Doran, 2015; Doran & Hornibrook, 2016).

Unintended pregnancies occur at a higher rate among women who are socio-demographically disadvantaged and/or living in rural areas (Marie Stopes International Australia, 2008; Mazza, et al., 2020). Furthermore, the previously cited barriers to service access have been found to be more pronounced for women in rural areas with about two-thirds requiring financial assistance to exercise their reproductive choice (Family Planning Alliance Australia, 2016; Shankar, et al., 2017).

As part of the Victorian Women's Sexual Health Priorities (2017-2020), priority action area number two was, "Victorians have improved access to reproductive choices." Thus, the government funded the development of eight new community-based sexual and reproductive health hubs. Indeed, part of the funding criteria included offering clinical services to women who opt for medical termination of pregnancy. Two of these new hubs are located in Dandenong (Monash Health) and Frankston (Peninsula Health). The role of these hubs is to provide publicly funded sexual and reproductive health services which may include medical abortion. This case study report will discuss the processes of establishing a medical abortion service.

FINDINGS

The participant was interviewed via Zoom using a descriptive exploratory qualitative approach (Polit & Beck, 2009) which allowed for a naturalistic inquiry of the participant's experiences. The interview was recorded and transcribed. The findings are organised below according to the guiding questions asked during the interview.

It is important to note that the interview originally took place in February 2021. At the time of the interview, the medical abortion clinic had not been approved and opened to the public. This case study report has since been revised to reflect the progress which has occurred. This most notably includes the opening of the clinic.

Method for implementing the medical abortion clinic

The participant discussed the processes involved in initiating the medical abortion clinic. The starting point was receiving government funding to launch sexual and reproductive health hubs and "part of the criteria for funding was to establish pathways for women who require surgical termination of pregnancy and to offer clinical services to women who opt for a medical termination of pregnancy.

Establishing the pathway for delivering medical abortion services has been done in partnership with other organisations. As the participant stated,

> **In order to try and move the service forward, we have worked alongside WHISE, the Royal Women's Hospital [Clinical Champion Project], Sexual Health Victoria, the [Primary Health Networks] and Monash [Health] to develop strategies to increase awareness for GPs on the Mornington Peninsula. We did this by arranging three on-line forums which were delivered via Zoom; two were targeting to General Practitioners and the third was appropriate for Practice Managers and Nurses."**

Uptake of MS-2 Step provision by GPs was low in Mornington Peninsula and Frankston. The intention of the Zoom forums was to increase awareness, clinical skills and knowledge of primary health practitioners with the intention to increase women's access to medical abortion in primary care settings.

The Zoom forums were facilitated by "a GP representative from the Mornington Peninsula who talked about the medical abortion services." The GP described her

experience of setting up and providing an early medical abortion service. The GP described the model of care and the protocol for medical abortion management used by her practice. She discussed the importance of building relationships with other key providers, such as radiology, pharmacy and service providers within Peninsula Health such as the Early Pregnancy Assessment Service, for follow-up in the case of a complication. Following the forums, very few GPs completed the required medical abortion training through MSHealth so they could deliver the service. In the time since, however, there has been a gradual increase of providers with some offering bulk billing if clients meeting billing criteria. Nonetheless, the participant was adamant in saying, "this is not a criticism of primary care service providers. There are many barriers to establishing this sort of service and I believe the provider needs to have a special interest in this area in order to provide optimal care to women." Nonetheless, it was clear that given "there is certainly a need for an increase in services which provide abortion options," the participant and her colleagues are motivated to keep "trying to establish our own service at Peninsula Health."

Service model

The participant spoke about the intended service model and the pathways of care. The Nurse Practitioner will lead, plan and manage the medical abortion procedure. This involves confirming the decision for a medical abortion, taking a clinical history, identifying any contraindications, establishing expectations of the procedure, arranging follow-up care and a discussion on contraception options post procedure. Our hope is that clients will receive a point-of-care dating ultrasound at Peninsula Health. It should be noted that a nurse who has since joined the clinic is able to do point-of-care dating ultrasounds, however, they are yet to purchase a machine to conduct this service. The doctor prescribes MS-2 Step. For now, "only doctors can prescribe the MS-2 Step medical abortion medication."

Patients will purchase the MS-2 Step medication from Peninsula Health pharmacy or another eligible pharmacy. Under the Therapeutic Goods Association's requirements, the Pharmacist is required to complete online training which enables them to provide MS-2 Step.

The Nurse Practitioner or Sexual Health Nurse will then initiate a follow-up phone call with clients 3-5 days following receiving the MS-2 Step and a repeat consult with the GP approximately 2-3 weeks post. Both nurse/midwife-led models and nurse-delivered team-based models of medical abortion provision have the potential to reduce associated costs at a health-system level and increase access to abortion for women in regional and remote areas due to greater reach of services, but also for disadvantaged and vulnerable women in all settings (SPHERE, 2020). Provision of medical abortion by appropriately trained nurses is as effective and safe as physician provision and is supported by the World Health Organization (WHO, 2015).

Challenges encountered during the establishment stage and strategies for overcoming or minimising them

Several challenges to setting up the medical abortion clinic were identified by the participant. The first was the ability for GPs to deliver medical abortion services. Initially, the plan was to "establish the services within the community (primary health care) GP clinics." This was the preferred option so "women could see their own GPs or a GP within their clinic that they were more familiar with given the sensitive nature of their presentation."

However, several barriers have prevented this model from eventuating as the participant stated,

> **"there is no specific MBS item which funds this type of consultation. There's still a stigma associated with abortion care which I think is slowly being overcome, but there may be other reasons why doctors don't embark on this type of care."**

However, support and assistance from trusted health professionals including Peninsula Health - Head of Obstetrics and Gynaecology, a Women's Health GP, and Senior Pharmacists have helped to build confidence amongst GPs in the community. These key practitioners have been instrumental in establishing the medical abortion service. Furthermore, it is hoped that having "a lead organisation like Peninsula Health ... comfortably providing [medical abortions] might see a greater up-take in primary care."

Second, a lack of information and understanding of medical abortions was cited by the participant as being a barrier among clinicians. It became apparent that clinicians were concerned about the safety of medical abortions. To overcome this challenge, an experienced doctor at the Royal Women's Hospital (Clinical Champion) "delivered some very good information sessions to GPs on the Mornington Peninsula which really did help to dispel a few of the myths around the risks associated with providing medical abortion services."

Nonetheless, the participant recognised that these concerns "still take a little while to overcome."

A third major challenge which was discussed related to "access to getting dating scans for women because there were no radiology departments on the Mornington Peninsula that were able to do dating scans without an out-of-pocket cost." This was underlined as a considerable challenge for two reasons. The first being that radiology departments are at "maximum capacity at the moment." There is a high demand for appointments, but priority is given to "people that come through the [Early Pregnancy Assessment Service] clinic or [Emergency Department]."

Women are required to have a dating scan before getting a medical (and sometimes a surgical) abortion and "you can't say, we can delay that for a few weeks, that'll be fine…if you are uncertain about the current gestation of the pregnancy, you need a fairly prompt scan." The second reason this was a considerable challenge relates to out-of-pocket costs as dating scans were not bulk billed. This can present a major barrier for some women, particularly those within lower socio-economic areas. Indeed, these costs are in addition to other out-of-pocket costs including "the cost of the medication, …[the] cost for a visit with the GP, or any other issue, for example the cost of transport." To overcome this challenge, as mentioned in the previous section, the participant and the doctor completed theoretical training and are yet to complete practical training for conducting ultrasounds. However, a nurse has also been recruited to work in the service, who is accredited to perform ultrasounds. Once an ultrasound machine is procured, dating scans will be conducted at the clinic.

Fortunately, since establishing the Medical Abortion Clinic, the radiology department at Peninsula Health has agreed to bulk bill urgent scans for the medical abortion service. Furthermore, another private radiology service has opened at Mornington and they also offer bulk billed dating ultrasounds (although there can sometimes be a delay getting a scan from this service).

Developing clear pathways so women can locate the sexual and reproductive health hub has also been a challenge. Clear pathways mean that women "don't always have to contact the 'Access' service to arrange an appointment in community health or [the] outpatient clinic." The solution to this barrier was to deliver a presentation to the 'Access' clinicians so that they understood the urgency of this type of referral. They now send an email directly to the clinicians or contact a clinician via a work mobile phone so that prompt contact can be made with the client.

Other strategies were used to promote the service and pathways including a GP liaison notified GPs working in Frankston and the Mornington Peninsula that the service was being launched; the service was listed on 1800MyOptions who supported establishment of the service and serves as a regular referral point; and WHISE's Health Promotion Officer for Sexual and Reproductive Health has been supportive in the establishment and promotion of service pathways.

Another challenge was "making sure that clients have access to pharmacies that are able to provide the MS-2 Step medication." In order to dispense MS-2 Step, pharmacists are required to complete a specialised course. This means women are not able to fill their prescription at every pharmacy. However, this was overcome as the hospital pharmacy and a local pharmacy in Hastings (where the clinic is located) have agreed to provide the medication. There are also other pharmacies that while located further away, have agreed to keep the medication in stock to meet needs.

Several sizeable barriers therefore had to be managed but the participant remained committed to establishing the medical abortion service. When asked how she and her team have managed to get this far, the participant responded, "you've heard the saying persistence overcomes resistance? It's really about that. Keep communicating with clinicians in positions of authority who also understand the importance of such a service and change will happen. Just keep reminding them that this is still an issue and that we need to do something about it."

Relationships

Throughout the interview, the participant mentioned building relationships with various health professionals. These relationships, which have been discussed above, served different purposes. For example, a relationship was formed with a GP representative who delivered informative Zoom forums. The purpose of these forums was to educate other GPs about medical abortions so they would feel confident to undertake training which would enable them to prescribe MS-2 Step.

As discussed, relationships were formed with trusted health professionals and Clinical Champions, such as the Head of Obstetrics, a GP and a pharmacist, to increase the confidence among GPs.

Given the stigma that is attached to medical abortions, it was hoped that support from prominent individuals would increase confidence and comfort among GPs who were hesitant to provide this service.

Relationships have been formed with the staff at the outpatient clinic. Given that many women are referred to these services through the outpatient clinic, the participant wanted to "inform [the emergency department] that there may be increased numbers of women in the community having medical terminations." A brief presentation was delivered to the Emergency Department (ED) to inform them of potential clients. These information sessions will be repeated regularly for staff as they orientate to Peninsula Health ED.

Finally, relationships were formed with local pharmacists. As discussed, pharmacists are required to complete additional training so they can dispense MS-2 Step.

Achievements to-date

The greatest achievement was getting the medical abortion clinic up and running. It is now open and taking appointments. However, there were other notable achievements and highlights along the way which deserve recognition. The main achievement discussed by the participant was "that Peninsula Health have … recognise[d] that there's a demand for a pregnancy choices service, we regularly receive phone calls from clients experiencing an unplanned pregnancy wondering what to do and where to go for assistance."

Although this demand would be present Victoria-wide, it is certainly worth mentioning that the team at Peninsula Health have not ignored it. Rather, they have continued to develop solutions and strategies to overcome challenges and barriers to establishing the clinic. As the participant stated,

> **I do spend time reflecting on some of the barriers and challenges the team have faced in establishing the service. It is a bit hard to believe the service is actually operational! I feel very fortunate to work alongside a doctor and sexual health nurses who are also passionate about the services we provide here."**

Another achievement relates to the location. That is, the clinic is in Hastings which is an area previously without an MS-2 Step prescribing doctor. The Community Health Centre at Hastings is in a lovely, relaxed setting with easy and free parking. This also benefits women in Frankston. There is a train from Frankston for those without private transport. The service is hoping to provide taxi vouchers for women who are financially disadvantaged. Therefore, the clinic will be well-placed to fill a need for safe and affordable terminations.

Other achievements include securing in-person and over the phone translators as well as Auslan translators. The clinic is now serviced by Dorevitch Pathology who will collect pathologies (i.e., vaginal swabs, blood tests, pap tests) and an outside box has been set up for out of hours collections. The clinic is accessible for women with disabilities as it is all on one level, hi-low couches are available, and the clinic rooms have wide doorways.

Ongoing challenges

Some ongoing challenges to overcome were noted. As discussed above, access to point-of-care dating scans is an ongoing challenge. Although a nurse has been recruited who is accredited to perform scans and the participant and doctor are completing a course to become accredited, a lack of resources is an issue. As the participant stated, "we need an ultrasound machine and we also need a sterilising unit … and this is expensive equipment. So finances are definitely a barrier." Nevertheless, they are committed to persist until they receive the funding to purchase the required equipment "so that we can make this an efficient and comprehensive service."

Adequate staffing was also raised as an ongoing challenge. The participant stated it is a "privilege" to work in this role, however, "our services are expanding and so we are going to need more staff to meet the demand. This is one of our biggest challenges, we have such a small team and that means reliance on just a few people. If someone takes leave or needs personal leave, there is increased pressure on remaining staff. I would love to recruit another Nurse Practitioner and GP so that we could provide continuity of care." There is therefore a need to "establish a robust service that is not just reliant on a few people, it is important that we have a workforce, a team of people that can step into each other's roles and take over." This will be especially important as the number of clients accessing the clinic increases.

As mentioned, since conducting the interview, another nurse has been recruited, however, a full-time staff member would be ideal.

A lack of funds and staff therefore represented ongoing challenges to establishing a holistic and robust service.

Opportunities for enhancement

One main opportunity for enhancement was discussed in the interview. Given that Peninsula Health is a large organisation, people are going to access the medical abortion clinic via different pathways. It is therefore important to ensure the staff at each access point has the correct information as well as sensitive and respectful care when they interact with patients. The participant stated that this is an important area to enhance because

> **often the GPs or the doctors in ED aren't aware of the sexual and reproductive health services here at Peninsula Health."**

Once Peninsula Health have established the medical abortion clinic, it is envisaged this will encourage GPs in the broader primary care sector to provide medical abortion in their clinics.

CONCLUSIONS

This case study report has demonstrated the time, effort and persistence that is required to establish a medical abortion service. While staffing and funds remain to be ongoing challenges, the importance of persevering and ensuring this service is available cannot be understated.

We know through anecdotal evidence that there is high need for medical abortion services. This is of particular benefit in the Southern Metropolitan Region where there is a rich diversity of women including those of low socio-economic status and/or CALD backgrounds who may not be able to afford more costly abortion procedures. It is hoped that this report will inspire others and provide advice or guidance for establishing a medical abortion service.

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