

CREATING AN AFFORDABLE, ACCESSIBLE MTOP SERVICE: EVOLUTION OF PROCESSES AND A RETROSPECTIVE CLINICAL AUDIT IN A RURAL PRIMARY HEALTH SETTING

*Lauren Coelli¹, *Jane Tomnay², Andrea Davidson¹, Catherine Orr¹, Jane Hocking³.

¹Gateway Health Wodonga, Clinic 35

²Centre for Excellence in Rural Sexual Health, University of Melbourne Department of Rural Health

³School of Global and Population Health, University of Melbourne.

*Joint first authors.

Background: Gateway Health is a large primary health care service located in rural Victoria. In 2014 Gateway Health implemented an integrated model of care to provide medical termination of pregnancy (MTOP) using a nurse led model with General Practitioner support.

Methods: The clinic, whilst providing a highly successful service, has encountered challenges. The key to overcoming the challenges has been continuous and evolving process evaluation which has enabled a rigorous and streamlined clinical pathway for the provision of MTOP. Included in this was a retrospective clinical audit of all women attending for MTOP between January 2015 and September 2016.

Process: Challenges encountered have been managed using the following strategies: collaboration; consultation; training; clinical supervision; sharing; and evaluation.

Audit: There were 229 presentations to the clinic during the audit period, representing 223 women, of which 172 women (75.1%; 95%CI: 69.0%, 80.6%) had a successful medical termination of pregnancy and for two further women, medical termination failed, requiring a surgical termination (0.9%; 95%CI: 0.1%, 3.1%). The women's mean age was 25 years, the median length of gestation was 49 days and 171 (75%) had not had a previous termination. Data about contraceptive use at the time of pregnancy was available for 195 women, 143 (73.3%) reported no contraception, 2 reported emergency contraceptive pill (1.0%), 10 used condoms (2.1%) and 39 (20.0%) reported hormonal contraception. Among the 156 women using no contraception, condoms or emergency contraception at time of pregnancy, 113 (72.4%) initiated a form of contraception post presentation to the MTOP service.

Conclusions: The continued success of the MTOP service at Gateway Health has been dependent on the ability to adapt to the growth of the service and to modify structures and processes to meet the needs of women and service providers. This has produced an innovative yet transferable model of care.

Disclosure of Interest Statement: There are no disclosures.