CREATING AN AFFORDABLE, ACCESSIBLE MTOP SERVICE:

EVOLUTION OF PROCESSES AND A RETROSPECTIVE CLINICAL AUDIT IN A RURAL PRIMARY HEALTH SETTING

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Providing accessible medical abortion services in a Victorian rural community: Retrospective Clinical Audit

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Background

To explore and understand the characteristics of the women attending the MToP service.

Patients attending between January 2015 and September 2016 were included

Data extracted included:

- Participants age
- How far they travelled
- contraceptive coverage at the time of presentation
- contraceptive coverage following MToP
- any adverse events associated with MToP.

Statistical Methods

- Descriptive statistics were used to describe the women attending the clinic
- Binomial exact methods were used to calculate the proportion and 95% confidence intervals of women who had a successful termination
- Associations between categorical variables were investigated using chi2 tests;
- Associations between categorical variables and continuous variables were analysed using Kruskal wallis test.
- Factors associated with initiating effective contraception were investigated using logistic regression.

Results:
Description of the women

- There were 229 presentations, representing 223 women.
- The median age of women was 25 years (range 14 - 46, 50% were aged between 21 – 31 years).
- The median length of gestation was 49 days (range 30 – 110 days).
- The median distance travelled was 12 kilometres to attend the clinic (range 1-1367 kilometres), with 50% travelling between 4 and 55 kilometres to attend.

Results:
Contraception at the time of presentation to the clinic

- Data about contraceptive use was available for 195 women,
- 143 (73.3%) reported no contraception,
- 2 reported emergency contraceptive pill (1.0%),
- 10 used condoms (2.1%),
- 39 (20.0%) reported hormonal contraception.

Results:
Contraception post presentation to the clinic

- Among the 156 women using no contraception, condoms or emergency contraception at the time of pregnancy, 113 (72.4%) initiated a more reliable form of (hormonal) contraception post presentation to the MToP service.

Results:
Outcome of pregnancy choices

- 172 women (75.1%; 95%CI: 69.0%, 80.6%) had a successful MToP,
- 2 women - MToP failed, requiring a surgical termination (0.9%; 95%CI: 0.1%, 3.1%),
- 7.4% selected a surgical termination initially,
- 4.4% continued with the pregnancy,
- 3.5% miscarried,
- 8.7% were lost to follow up with their outcome unknown.
- For 171 women (75%) this was their first termination
- 40 women (17%) reported at least one previous termination.

Results:
Adverse events/complaints

- No adverse events were recorded during the study period.
- No complaints were received from the local community.

Discussion

- We found that more than more than 80% of the women attending the clinic chose to terminate their pregnancy after receiving appropriate counselling,
- Most of these women were not using an effective contraception at the time of the unintended pregnancy, however almost ¾ were using hormonal contraception post presentation to Gateway MToP clinic,
- 8.7% of patients who were lost to follow up - we cannot presume that all had a successful outcome.

Take home message

This study demonstrates that MToP can be provided safely to Australian rural women in their local community using an accessible and affordable service model, provided there are skilled professionals available who are motivated and willing to develop a service that is appropriate for the needs of the local rural community.

The evolution of integrating medical termination of pregnancy into a rural primary health care setting:

What we have learnt?

CONTEXT: Clinic 35

- Sexual and reproductive health service integrated into a larger primary health care setting
  - Medical Practice, Refugee Clinic, ATOD Services, Headspace, Counselling, Hepatitis C, HIV
- Nurse-led model with GP support
- Funded Nursing position Victorian Department of Health
- FREE and you do not need a Medicare Card
- Targeted to high risk and hard to reach populations
- Staffed 5 days a week

BACKGROUND: TIMELINE

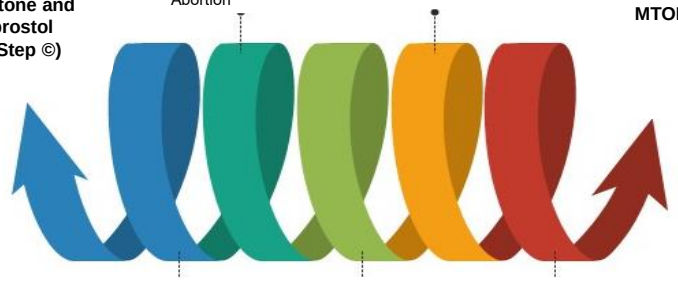
2012 2013 2014 2015

TGA listing Mifepristone and Misoprostol (MS 2-Step ©)

CERSH held forum in Hume Region: "Supporting Rural Women Experiencing Unplanned Pregnancy and Abortion"

MTOP Training developed and delivered in Hume Region

Clinic 35 commenced MTOP service



CERSH partnered with metropolitan services to improve access to MTOP and decentralise abortion services in Victoria

Working party established: Members included: The Royal Women's, FCC, FPV, CERSH

Clinic 35 GP undertook MTOP prescriber training

BACKGROUND:
TIMELINE

- 460 MTOP's since commencing in 2015
- 2 Prescribing GP's since June 2017

PROCESS EVALUATION:
COMMUNICATION

- Advertising
  - Negotiations with Board of Gateway Health to advertise on website and social media
  - Risk Analysis
- Non MS2-Step prescribing GPs in our service
  - Conscientious objection: Legal Requirements
  - Templates
  - Access to nursing staff
- Communication with other providers
  - Standardised letter
  - Letter to referring GP

PROCESS EVALUATION: Communication

- Relationships with stakeholders were nurtured, allowing opportunity for in put and feedback:
  - **Wodonga Specialist Obstetrician & Gynecologists**: Mechanism put in place to encourage “conservative management” for Emergency Department presentations post MTOP
  - **Medical Imaging:** To minimise the requirement for repeat ultrasound to assess viability- *Please confirm intrauterine pregnancy*
  - **Pharmacy:** Do not dispense after this date

PROCESS EVALUATION: Collaboration and Sharing

- Termination of pregnancy clinical network
- Collaboration with CERSH - Evaluation/ Research: clinical audit and women’s voices
- Victorian Sexual and Reproductive Health Strategy – input of Nurse-led MTOP model
- Workforce development
- Sharing of our resources and templates

PROCESS EVALUATION: Training

- Arguably most important step in implementation and ongoing provision of the service is training of Reception staff
- Dealing with sensitive phone calls
- Helps to have a check list:
  - Ensures all patients get a consistent message
  - Normalise the process thus reduces the risk of a vulnerable patient feeling judged by practice staff

PROCESS EVALUATION: MTOP PROCESS

- Led by feedback from clients, internal staff and external stakeholders
- Examples of evolution of process:
  - BHCG 7/7 post MTOP
  - Information email to all clients booking in for MTOP
  - Checking in with front of house staff
  - Maximum - 3 appointments per day
  - Initiation of LARC on day of MTOP (where possible)

WHY DOES IT WORK?

CLIENT

- Cost
- Nurse-led
- Integrated
- Holistic
- Flexible
- Available
- Advertising

SERVICE PROVISION

- Support from CERSH & GH
- Funded Nursing position
- Integrated Model
- Initial and continued consultation/communication with stakeholders
- Process Evaluation
- Geographical location

Conclusion

- 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.

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