

## **Meeting the needs and values of abortion seekers through person-centred care: findings from a scoping review**

### **Authors:**

Van Rensburg C<sup>1</sup>, Shankar M<sup>2</sup>, Makleff S<sup>1</sup>, Moulton J<sup>1</sup>, Keogh L<sup>1</sup>

<sup>1</sup>Centre for Health Equity, University of Melbourne, Melbourne, Australia

<sup>2</sup>Nossal Institute for Global Health, University of Melbourne, Melbourne, Australia

### **Background:**

Access to quality abortion care is critical to fulfilling sexual and reproductive health and rights. Person-centred care is a key component of quality and refers to the responsiveness of healthcare services towards the needs, values, and preferences of care seekers. Despite its impact on health outcomes, such as future health-seeking behaviour, person-centred care is an under-examined component of quality abortion care. We aimed to identify what aspects of person-centred abortion care are important to or valued by abortion seekers across contexts and models of care. In this presentation, abortion seeker refers to someone who has experienced any aspect of the abortion care pathway (pre-abortion care, abortion care, and post-abortion care).

### **Methods:**

Our scoping review was guided by the Arksey and O'Malley framework. We used directed content analysis as it allows for existing person-centred care theory to be refined with the perspectives of abortion seekers. Coding was based on domains presented in the Person-Centred Care Framework for Reproductive Health Equity: dignity, autonomy, privacy, communication, social support, supportive care, trust, and health facility environment.

### **Results:**

Of the 124 included publications discussing person-centred abortion care, 85 were based in high income countries. The majority of included papers were qualitative. This presentation will describe the aspects of person-centred abortion care deemed important to abortion seekers, the most common aspects being communication (i.e. providing comprehensive and accessible information to inform decision-making), supportive care (i.e. responsive care and non-obstructive referral pathways), and dignity (i.e. non-judgemental care, and normalising abortion). The presentation will consider the implications for healthcare services and the Australian health system.

### **Conclusion:**

Findings can be used to inform quality improvement activities and interventions aiming to improve person-centred abortion care. Further, the results will have actionable implications for the development of an instrument to measure person-centred abortion care for the Australian context.

### **Disclosure of Interest Statement:**

No funding was received for this research.