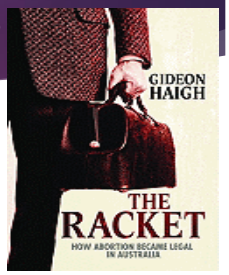
Can a tertiary hosp deliver abortion care that is woman centred?

DR PADDY MOORE
EARLY PREGNANCY SERVICES
ROYAL WOMEN'S
HOSPITAL : MELBOURNE
2016

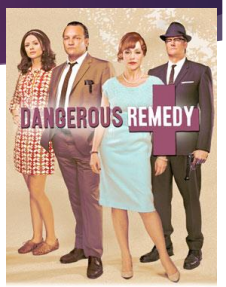
RWH: tertiary hosp delivering basic health care.

The way we were:
Victorian legislation prior to 2008



- Legislation within criminal code
  - Victorian Crimes Act 1958 ss 65,66
- After 1969 case law
  - R V Davidson
- Menhennit Ruling
  - Defined the terms under which abortion was lawful

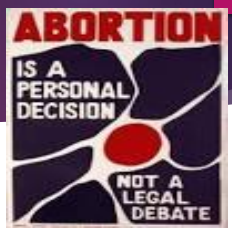
Abortion law reform: crucial step.



The Act is a profound shift in the relationship between the state and its female citizens. It changes both nothing and everything. Nothing, because the number, rate and incidence of abortion will not change. And everything, because for the first time women will be recognised as the authors of our own lives. With that comes our full citizenship.

Jo Wainer Pro choice activist
New Matilda Nov 25 2008

: Victoria 2017



2009
Majority of General Practitioners approve of abortion – 87% of GPs surveyed by MSI.

2012:
M S I exclusive provider of Mifepristone

2015 PBS approval of MS 2 Step
up to 63 complete days gestation

2017
Vic Govt release Sexual and reproductive health strategy: Decentralisation of services as key aim

RWH :some data (2015)

- 3 : average no of attempted calls to intake
- 30% calls to service managed
  - Referred to private/alternate providers
  - No service available
- 5 : days mean wait till clinic apt
- 7 days till procedure 90% within target
- 60% cases <14 weeks
- 35% < 9 weeks
- Surgical abortion available up to 18 completed weeks gestation
  - Very limited access to medical abortion after 9 weeks
  - Abortion review panel >18 weeks
    - Institutional discomfort for non fetal abnormality
- Gestational age >14 weeks
  - 60% fetal abnormality
  - 25% domestic violence/reproductive coercion

RWH

- 13 public abortion lists per month. (120 cases)
  - 15 EMA
- 30-35% from beyond metropolitan Melbourne.
  - 50% from further than 2 hrs away .
- Abortion the single most common reason women travel to RWH from rural regions.(2015)
- Pregnancy Advisory Service @ RWH
  - defacto state wide information and referral service

THE PROBLEM LIST

- LARC access still problematic
  - wait for public hospital clinic 8 -24 months.
- Still limited services outside Metropolitan Melbourne but improving.
- Very limited capacity of public abortion services to meet demand.
- Phone service overload
- Cumbersome multi appointment system to access service
- Large proportion of women travelling to a tertiary centre.
- Too few providers .

Review of systems/process

Lag of model of care

- More responsive to patients needs
- Find ways to improve efficiency
- Ensure evidence based guidelines
- Embrace new developments
  - Technology/info sharing/
- Decentralise MTOP and develop regional STOP capacity

NEW Directions For Choices

Strategies looking to external community capacity building

External partnerships

CENTRE FOR EXCELLENCE IN RURAL SEXUAL HEALTH
CERSH
THE UNIVERSITY OF MELBOURNE

FERTILITY CONTROL CLINIC
ESTABLISHED 1972

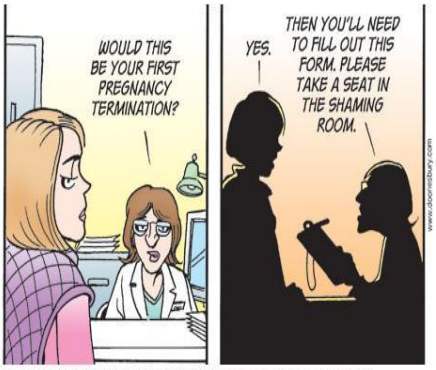
family planning victoria

increase regional capacity MTOP training CERSH lead

Reality check.

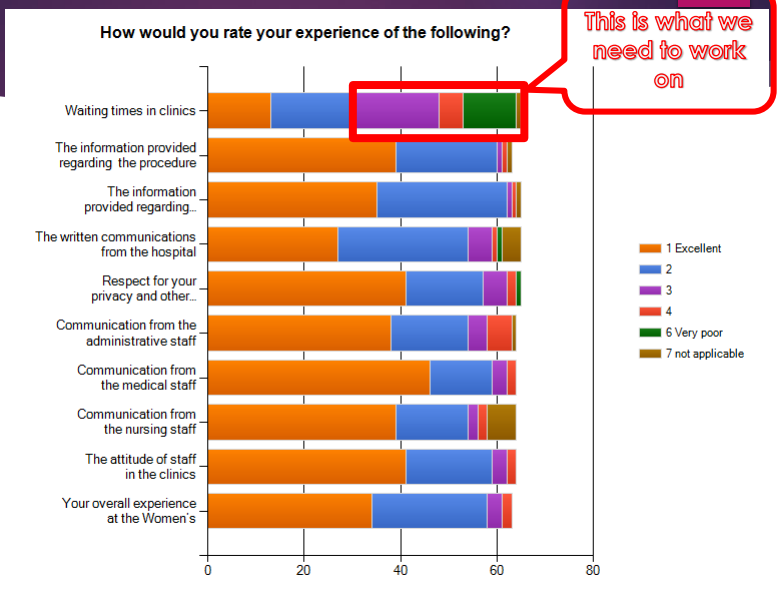
- How much has changed from the viewpoint of those women seeking a service

Do you have an unwanted pregnancy? Click here. This online medical abortion service helps



Part of the strip which has been rejected by several papers. Photograph: Doonesbury

Choices -Patient survey results



Decrease waiting Times Improve flow of service.

Implemented

- Designated scanning and booking clinician to prevent bottlenecks
- Increase no of same day procedures
- Introduce buccal administration of misoprostol
- 85 % LARC rate at surgical TOP
- Nurse lead provision of MTOP
  - Increase nursing role
    - Contraceptive options counselling
  - Slow build to capacity
  - Faster pre-admission response

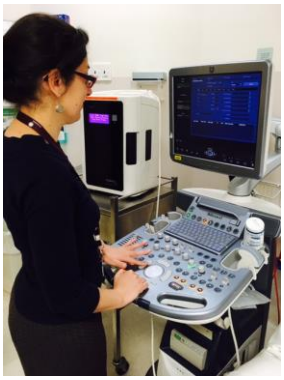
More to implement.

- Increase access to same day services for non medically complex
- Anticipate changes in proportion of complex patients and greater gestational age.
  - Access to those most requiring tertiary services
- More MTOP ?
- Further promotion of decentralisation/primary care setting/nurse lead mode
- Shared clinical documentation
  - /intake social work/care planning
  - Nursing/info/assessment
  - Consent and case coordination/booking
  - Initiatives to improve access to post partum contraception
    - C section IUD
    - Pre discharge LARC

Change management

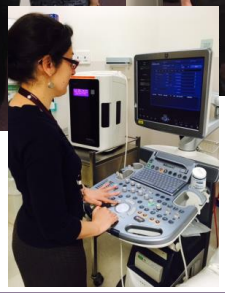
- Planning Sessions
- Whole group half days
- Patient and staff engagement
- Further system analysis re clinic flow
- Review of services
- Development of MDT
  - Redesign clinic structure

- Improve intake /reception
- Innovative information sharing
  - Pre consult abortion methods and contraceptive options
- Upskilling to a completely flexible work force
  - ,scanning/larc insertion available by majority of clinicians
- Self collection for screening
- Improve post partum contraceptive response



Choices Clinic : whats in a name?

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