

# Provision of medical termination services at a primary care level: A clinical audit at Family Planning NSW Clinics from May to July 2021

## Authors:

Yen Li Lim<sup>1,2</sup>, Deborah Bateson<sup>1,3,4</sup>, Jane Estoesta<sup>5</sup>, Yan (Wendy) Cheng<sup>5</sup>, Hilary Bower<sup>1</sup>, Clare Boerma<sup>1</sup>

<sup>1</sup> Family Planning NSW, Newington, Sydney, Australia

<sup>2</sup> Sexual Health Clinic, Royal Prince Alfred Hospital, Camperdown, Sydney, Australia

<sup>3</sup> Specialty of Obstetrics, Gynaecology and Neonatology, Faculty of Medicine and Health, University of Sydney, Australia

<sup>4</sup> Centre for Social Research in Health, UNSW, Sydney, Australia

<sup>5</sup> The Research Centre, Family Planning NSW, Newington, Sydney, Australia

## Background/Purpose:

In Australia, medical termination of pregnancy (MTOP) for gestations up to 63 days (9 weeks) is recommended to take 2-3 consultations with a trained healthcare professional. This includes pre-abortion assessment, abortion provision and follow-up consultation in 14-21 days. A >80% decrease in Day 7 (D7) serum bHCG confirms successful MTOP. This audit of MTOP services at Family Planning NSW (FPNSW) clinics identified challenges and opportunities for quality improvement using tools from the Clinical Excellence Commission (CEC).

## Approach:

Clients attending FPNSW clinics for MTOP from May-July 2021 were randomly selected for audit, and a retrospective review of medical records was conducted. Files were audited for demographics, MTOP outcomes, test attendance, follow-up appointments and contraception choices. Ethics approval was granted on 18 May 2020 by the FPNSW Ethics Committee (HREC)

## Outcomes/Impact:

From May-July 2021, 139 women attended FPNSW for MTOP. 60 files were audited. 50% (n=30) of clients were aged 20-29. 45% (n=27) were primips. 65% (n=39) used no contraception prior. Post-MTOP, 63% (n=38) undertook a D7 bHCG test. Fewer than half (43%, n=26) attended MTOP follow-up. 32% (n=19) had no reported/diagnosed complication. 5% (n=3) required surgical intervention for retained products of conception, 5% (n=3) had expectant management and 1.7% (n=1) required additional misoprostol doses. Overall, 29% (n=17) had contraception initiated within 3 weeks and 7% (n=4) had long-acting reversible contraception (LARC, implant/intrauterine device) inserted within 6 weeks.

## Innovation and Significance:

The primary drivers of change identified were increase D7 serum bHCG tests undertaken, attendances at MTOP follow-up appointments and LARC insertions post-MTOP. Change strategies identified were educate clients about the importance of follow-up, increase available appointment times and schedule separate contraception appointment/s. Strategies were prioritised by impact, implementation and presented to the Clinical Leadership Team. Plan, Do, Study, Act (PDSA) cycles proposed would evaluate change strategies effects. Increased availability of follow-up appointments has been implemented. Further PDSA cycles provide continuous quality improvement

and may improve MTOP service accessibility and affordability in Australia at a primary care level.

**Disclosure of Interest Statement:**

The Family Planning NSW Research Centre facilitates the monitoring and evaluation of Family Planning NSW's own programs and services in Australia and the Pacific region. No pharmaceutical grants were received in the development of this study.