

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

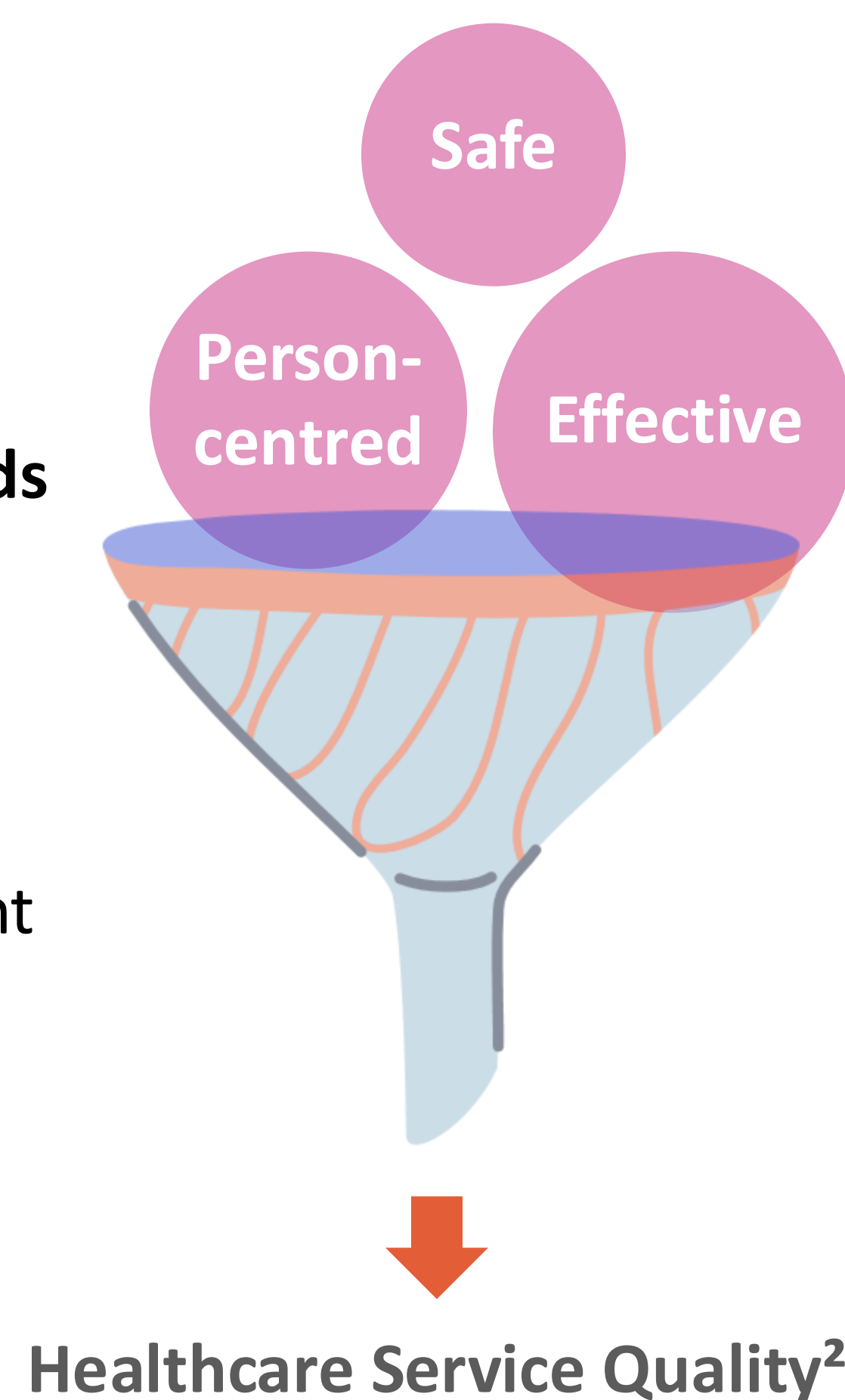
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1. Quality Abortion Care

- Health care access matters, but making substantial health gains requires high-quality care.¹
- Person-centred abortion care refers to **providing abortion care that is respectful of and responsive to abortion seekers' preferences, needs and values, and ensuring that their values guide all clinical decisions**³
- Person-centred care has historically been an under-examined component of quality abortion care⁴
- Perspective of abortion seekers has had little representation in quality improvement measures⁵

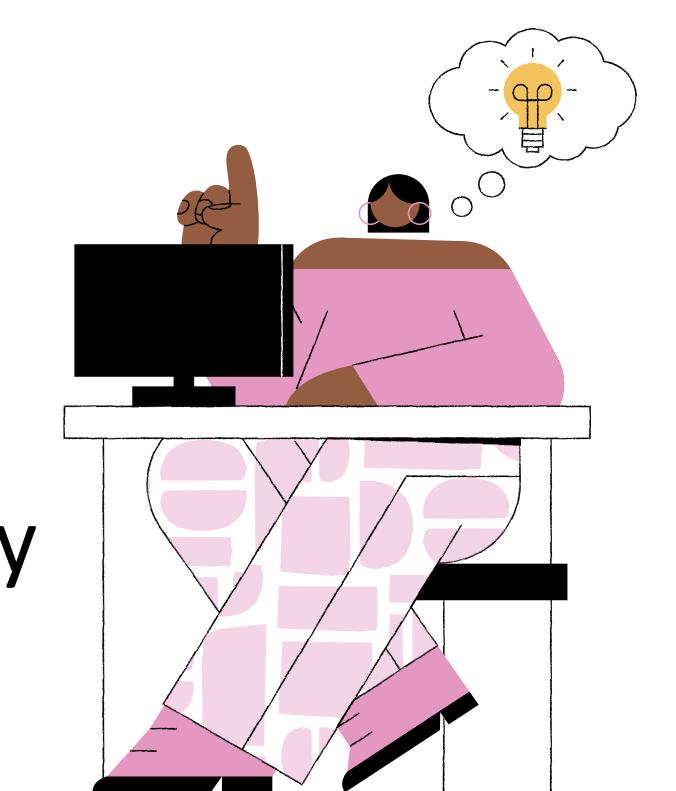


2. Research Question

According to published research, what domains of person-centred abortion care are important to or valued by people seeking abortions?

3. Methods

- Arksey and O'Malley framework for scoping reviews
- Database search Jan 2014 - July 2024 (MEDLINE, Scopus, PsycINFO, CINAHL)
- Qualitative content analysis to identify domains of person-centred care deemed important or valued by abortion seekers
- Coding categories were developed based on domains presented in The Person-Centred Care Framework for Reproductive Health Equity³



4. Results

- 123 articles included** in the scoping review, majority based in high income countries (n=85, 69.1%) and where abortion was available on request (n=83, 67.5%)
- 22 articles had a specific **focus on abortion seekers from priority communities, eliciting novel aspects of person-centred abortion care domains**
 - Rural or remote settings n=10
 - Young People n=6
 - Racial or ethnic minority groups n=2
 - Lower socioeconomic backgrounds n=2
 - Cross-border, refugee, and migrant abortion seekers n=1
 - Indigenous abortion seekers n=1
 - Transgender, nonbinary, and gender-expansive abortion seekers n=1
- Articles supporting each domain varied by country income level, legal setting, service delivery model, type of abortion care, and abortion care pathway
- The top 3 domains abortion seekers valued included:
 - Supportive care** where abortion seekers feel heard and can ask questions (n=79, 64.2%)
 - Dignity** where providers create kind and non-judgmental clinical environments (n=73, 59.3%)
 - Communication** where information is provided step-by-step and is understandable (n=72, 58.5%)



For Example:
Indigenous abortion seekers in Canada recommended the option to incorporate local cultural or traditional practices in their care and access to culturally safe aftercare services⁶ (Supportive Care Domain)

Suggesting that these domains are important to abortion seekers across contexts and models of care

Trust
n=26, 21.1%

Supportive care
n=79, 64.2%

Dignity
n=73, 59.3%

Communication
n=72, 58.5%

Autonomy
n=58, 47.2%

Health Facility Environment
n=44, 35.8%

Privacy
n=43, 35%

Social Support
n=29, 23.6%

Person-Centred Care Framework for Reproductive Health Equity (Adapted for Abortion Care)

5. Discussion

- Domains can **inform future abortion care guidelines** to ensure that they meet the needs and preferences of abortion seekers
- Findings will inform an **instrument to measure person-centred abortion care for the Australian context**



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