

***“It’s really about assisting this woman to be in charge of her fertility and her uterus”* ABORTION HEALTHCARE PROVIDERS TALK ABOUT DELIVERING EQUITABLE, TIMELY, SAFE AND ACCESSIBLE SERVICES IN AOTEAROA NEW ZEALAND**

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Background:

Aotearoa New Zealand’s decriminalisation of abortion in 2020 enabled self-referral and removed legal criteria for abortion under 20 weeks, legislating abortion as a reproductive health issue. However inequities persist with recent data showing Māori and Pacific women/people with a uterus access abortion later than non-Māori/non-Pacific. To augment our research with Māori and Pacific women accessing abortion services, we asked healthcare staff about provision of abortion post-decriminalisation, with a view to informing equitable access to and through abortion healthcare.

Methods:

This qualitative study involved semi-structured interviews with a purposive sample of healthcare providers from six abortion services. Māori and Pacific researchers interviewed staff, underpinned by Kaupapa Māori and Pacific research methodologies. Interviews were audio recorded and transcribed verbatim. Data were analysed using reflexive thematic analysis and coded inductively, with codes organised, discussed and re-organised until final themes were created.

Results:

Thirteen healthcare workers were interviewed. They were doctors, social workers, midwife/ counsellors, a nurse and an administrator. Here we focus on three themes from their data including:

- Access barriers from the enduring stigma surrounding abortion
- The importance of culturally safe care
- Risks and benefits of telehealth in delivering safe, affordable and accessible abortion care

Conclusion:

To pay heed to the dignity of women and fulfil the aim of the 2020 legislation, abortion should be a normal part of sexual reproductive healthcare. People who work in abortion services are critical in ensuring women are offered culturally safe care. Telehealth can provide wider and faster access to abortion care, but there are hidden financial costs for women, lost contraceptive opportunities and gaps in information sharing between the national telehealth service and abortion clinics.

The new legislation has assisted providers to deliver more equitable and accessible abortion services but there is further health system change needed alongside information across all communities.

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