A Novel Regional Surgical Termination Service

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Introduction

Despite the World Health Organisation stating that "universal access to sexual and reproductive health information and services is central to both individual and community health, as well as the realization of human rights, including the right to the highest attainable standard of sexual and reproductive health" (p1) [1], and The Termination of Pregnancy Act 2018 decriminalising termination in Queensland, there were no surgical termination options for women living in North Queensland following the closure of Marie Stopes clinics in 2021 [2]. Since termination is a common procedure, with 6 out of 10 unintended pregnancies and 3 out of 10 of all pregnancies ending in termination (p2); and failure to provide safe terminations resulting in 38 940 deaths annually; the need for a surgical termination service in North Queensland was evident [1].

Aim

We aim to audit the first year (28/02/2023 – 29/02/2024) of the new surgical termination service at the Townsville Hospital – specifically the uptake and adherence to current surgical termination protocols, to identify areas for future improvement.

Clinical Guideline for Abortion Care

RANZCOG™ Excellence in Women's Health

Method

The nurse navigator collated patient demographic and service information in a large spreadsheet over the audit period, allowing three gynaecological doctors to then independently analyse the data.

Results

116 surgical terminations were performed within the first year of the Townsville service. Patient characteristics included women aged 14 – 45 years old, with 27 being the average age. 20% of then women identified as Aboriginal or Torres Strait Islander, and 6% were medicare ineligible. The majority (73%) were referred from GP's, with 12% living outside of the THHS catchment zone. 21% of interactions utilised Telehealth, resulting in 94% of people being contacted within 4 days of referral, and 97% having their surgery within 2 weeks. 92% of the STOP's were between 9-14 weeks gestation, with the earliest at k7, and latest at k14+5. There was 100% Anti D compliance for those who were rhesus negative and 100% Misoprostol ripening compliance, but only 91% successful antibiotic compliance. 89% of the patients who had a termination had STI screening, with 6 positive results treated. 100% of patients were counselled regarding contraception options, with a 73% contraception uptake. Mirena was the most popular (52%), followed by Implanon (20%). 100% of patients were offered counselling, mainly via Children by Choice; with an 87% counselling uptake, and 28% need further allied health support via social workers or psychologists. There were 17 events meeting criteria for complication; most commonly heavy bleeding (7), and passage of products prior to surgery (4); and less commonly adverse anaesthetic events (3), endometritis (2), and uterine perforation (1).

Discussion

This audit has highlighted the need to provide ongoing support and education for local GP's, as they are the primary referrers. It is also important to review and refine the process for medicare ineligible patients, as this appears to be a barrier to timely care and having a termination. There is clearly a demand for telehealth, thus it must be offered and utilised to increase access and engagement for women living rurally or experiencing hardship. The high uptake of support services demonstrates that it is vital to foster connections with Indigenous Health Workers, social workers, mental health teams, and independent organisations such as Children by Choice; to ensure holistic care is provided. It is recommended that a standardised, online charting plan be utilised to ensure consistent administration of cervical ripening, antibiotics, analgesia and anti-emetics; in conjunction with in-service education for the nurses and teams implementing this protocol. Any service providing terminations must ensure there is a clear process for conscientious objection to be communicated. The importance of STI and contraception counselling and provision cannot be understated, with particular care taken to ensure all options are available (for example copper IUD's).

Until further research exists to prove the optimal antibiotic type, duration, dose and timing; it is recommended the RANZCOG termination guidelines be followed. To reduce complications of bleeding and premature passage of products; this audit has suggested misoprostol be administered on admission to hospital (rather than self-administered at home), and the operation be delayed until full antibiotic treatment is completed in the case of positive STI results. Further audit cycles should explore patient experience and collect qualitative feedback.

1. World Health Organization. (2022). Abortion care guideline. World Health Organization. https://iris.who.int/handle/10665/349316 License: CC BY-NC-SA 3.0 IGO
2. Queensland Government. (2018). Termination of Pregnancy Act 2018. https://www.legislation.qld.gov.au/view/whole/pdf/asmade/act-2018-023