SUPPORTING AND PROMOTING THE PROVISION OF MTOP IN VICTORIA, AUSTRALIA.

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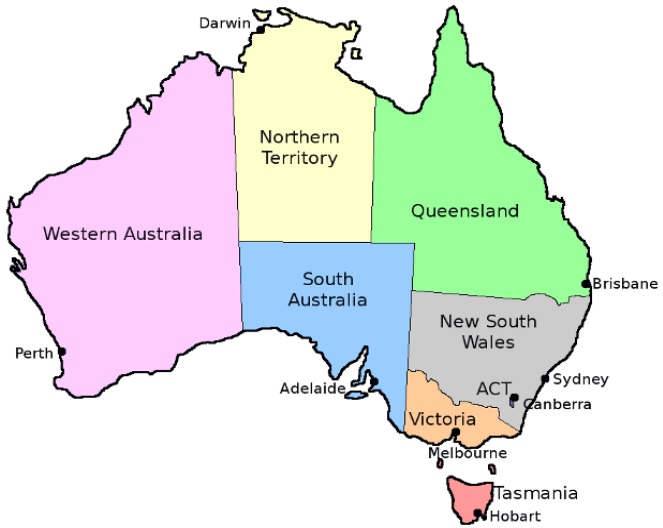
ABORTION IN AUSTRALIA



- 8 States and Territories of Australia
- 8 different criminal and health laws;
- Abortion removed from the criminal law in some states / territories, with varying criteria of gestation and other requirements;
- Abortion is situated within the criminal law in the other states but will be considered lawful if it meets certain criteria defined by the laws;
- Access to abortion across Australia is affected by diverse service models, distance and remoteness, cost, and the impact of a diverse policy and cultural context.
- In Victoria abortion was decriminalised in 2008 and can be provided up to 24 weeks; and post 24 weeks with approval by 2 doctors.

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COMMUNITY ATTITUDES

- 87% of General Practitioners surveyed by MSI in 2009 found to approve of abortion
- Majority of Australians support abortion (1);
- A study (2) found broad support for the availability of induced abortion by Fellows and specialist trainees of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Newspoll in December 2013 found 85% of Victorians supported a woman's legal right to choose.

1: de Crespigny LJ Wilkinson DJ, Douglas T Textor M, and Savulescu J 2010 'Australian attitudes to early and late abortion' *Medical Journal of Australia*, vol.193, pp.9-12.

2: de Costa, C, Russell, D, and Carrette M. eMJA 2010; 193 (1): 13-16

MTOP IN AUSTRALIA

- Contemporary medications for MTOP became available within certain limitations in Australia in 2006 as a result of social and policy reform overturning a ministerial veto on its importation.
- The Therapeutic Goods Administration (TGA) in 2012 increased access to mifepristone for the purpose of MTOP
- In 2013 mifepristone was able to be subsidised under the Australian federal government's "Pharmaceutical Benefits Scheme";
- This created the opportunity for further development and provision of abortion services across Australia's large geographical area.

VICTORIAN ABORTION PROVISION

- The majority of MTOP and STOP are provided in the private health sector
- Victorian public hospitals provide relatively limited numbers.
- Abortion service provision inequitable for regional and rural women and women on low incomes
- Victoria lacked a statewide strategy to offer equitable access to abortion to women across the state

The Royal Women's Hospital (the Women's)

- The major public hospital provider
- Receives a demand higher than it can meet
- Is a specialist tertiary hospital prioritising training and supporting external service development

VICTORIA - OPPORTUNITIES FOR CHANGE

- Victoria's reform of the abortion law in 2008 resulted in a decriminalised and progressive abortion law;
- Attitudinal change in the community and health sector since law reform;
- Continued advocacy within the women's health field;
- Developing international evidence base re MTOP;
- Organizational policy positions being developed;
- Recognition of the opportunity of MTOP by providers, educators, and health promotion organisations;
- Need to improve equitable regional access by decentralizing provision of MTOP from metropolitan providers - both public and private - to the regions;
- Desire to better manage demand, share the load and promote service development;
- MTOP could be implemented more readily than STOP.

TAKING ACTION

- The Women's was seeking to prioritise professional development, training, networking, mentoring and health promotion;
- A regional conference for sexual and reproductive health care providers organised by CERSH confirmed the need for and motivation for delivery of MTOP in the regions;
- The forum offered a unique opportunity for health professionals for networking, formation of new local partnerships , identification of mentors, heightening confidence, sharing information, and creating a platform on which to consider provision of MTOP previously lacking;

A collaborative public / private partnership of academics, abortion providers and health promotion advocates was formed, comprising:

- the Women's
- Fertility Control Clinic (FCC)
- Centre for Excellence in Rural Health (CERSH)
- Family Planning Victoria (FPV)

to develop a strategy to increase the involvement of interested regional health professionals in the provision of abortion.

STRATEGY

- North East Victoria – significant interest had been expressed in this region;
- A needs assessment identified key areas of interest.
- In 2014 the trainers travelled out to the region in order to present a full day professional development session, for no fee, auspiced by CERSH : "Supporting Rural Women Experiencing Unplanned Pregnancy and Abortion"

Topics:

- Pregnancy options counselling and risk / psycho-social assessment
- Medico – legal issues
- Clinical care and Guidelines
- Becoming a provider
- Focussed on MTOP

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REVIEW AND CONTINUATION OF STRATEGY

- Following evaluation of the first training day, a second full day comprehensive training day was provided in 2015 in another region of Victoria with similar needs.
- Total of 83 frontline workers trained over 2 years at the "Supporting Rural Women Experiencing Unplanned Pregnancy and Abortion" sessions.
- As well as didactic content at these sessions, the opportunity for networking resulted in the formation of localised regional mentoring and relationship development
- Follow up sessions on request by regional health professionals for GP practices in facilitating early termination of pregnancy resulted in six training events, total of 97 GPs and nurses
- Resulted in sharing of information and opportunities to form local partnerships to include pharmacists, ultrasound clinics, nurse led clinic models, after hours and back up consultation strategies

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RELATIONSHIP BUILDING AND FOLLOW UP

Further follow up sessions with the Women's surgical head of unit and CERSH met the need for individual health professionals from both regions to seek specific clinical guidance on routine as well as urgent matters to support the development of their new services, such as:

- Registering and qualifying
- Requirements for pharmacists
- Rapid response radiology / ultrasound
- Relationship with local hospitals for follow up of complications
- Costings
- Advertising

CONT.

Site visits and short term placement models at the Women's were offered and utilised, to offer:

- Observation of clinical processes
- Intake processes relating to psycho-social assessment, counselling models and risk assessment

The Women's prepared and disseminated generic evidence based policies and procedures to fledgling providers to assist with their set - up.

OUTCOMES - LOCAL SOLUTIONS

Early observed outcomes:

- Up to 14 new providers offering MTOP
- Local partnerships were developed with ultrasound and pharmacies;
- Diverse models developed to suit local requirements and culture;
- Doctor lead or nurse coordinated models evolved;
- Back up from local tertiary providers was established;

A referral network evolved:

- Enhanced referral system – as a result of trust and communication, information between the partner organisations, new providers and local communities was shared, enabling the Women's Intake service to inform women from specific regions about the existence of local services, helping fill a gap in existence of a centralised referral resource.

EVALUATION

CERSH is conducing current research and evaluation of the strategy:

- To identify the key mechanisms for rural MTOP service systems;
- To audit MTOP service delivery;
- Evaluate rural women's experiences of MTOP in regional communities.

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Questions

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