



# Clinical Excellence in Abortion Care

---

Michael Nevill MSc RN  
Clinical Director  
NUPAS  
United Kingdom  
[Michael.nevill@nupas.co.uk](mailto:Michael.nevill@nupas.co.uk)

# How to achieve clinical excellence

Using the patients  
voice to achieve  
clinical excellence

Bench  
polic

M

nes

se  
ack,



## Active Patient Involvement

- Patient focus groups
- Patients forming part of your governance committee
  - Review and ratify policy
  - Review audits
  - Review literature
    - Brings a different perspective
- Visit patient areas – fresh pair of eyes



# Patient Feedback

Important to understand how  
patients found their experience

Not easy in abortion care

When to ask?

What questions do you want to ask?

How will you use that feedback?

# Patient Feedback can be very useful

- *The staff were all lovely. I was so scared to be put to sleep, but the surgeon and the staff were very good.*
- *The only thing was the guy on the phone when I first called. He wasn't friendly and I got a bit irritated when I couldn't hear him.*
- *A clean space, I felt comfortable and a great customer service.*
- *I would have preferred more anonymity on which service we were here for. The receptionist was very loud in the waiting room, announcing when I was coming*
- How will you use this feedback?

# Complaints

Was it upheld?

What learning can you identify?

Organisational learning?

- Action plans, Communications

# An example

*...I knew I was going to bleed but at no point did I think my life would be in danger....*

What's gone wrong here?

Inaccurate description of the treatment?

Patient information leaflets not detailed enough?

Patient didn't listen?

Too much information given and unable to take it all in?

Inadequate Consent?

# Consent

- To include an accurate description of the treatment
- A description of the risks and complications
  - Not just a list
  - Should you talk about worst case scenario, or the average experience?
- Supply a copy of the consent form (important for when treatment is not happening immediately – EMA)
- Accompanied by accurate literature



Patient involvement in research

Patients' expectations of the treatment are important:

Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic. Reynolds-Wright JJ, Johnstone A, McCabe K, et al. *BMJ Sex Reprod Health* 2021;47:246–251

Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. Aiken ARA, Lohr PA, Lord J, Ghosh N, Starling J. *BJOG* 2021;128:1464–1474

Women's opinions on the home management of early medical abortion in the UK. Lohr et al. *BMJ Sex Reprod Health* 2010

# NHS Online Patient information

(accessed 12/9/24)

## Common side effects

- Whether you've a surgical or medical abortion, you'll experience bleeding. This bleeding normally continues for up to 2 weeks, depending on how many weeks pregnant you were. **This bleeding will feel like a period.**

## After an abortion

- .....For all types of abortion, it's likely you'll have some **stomach cramps**.....

# Conclusion



**Listen to your patients  
and get the involved**



**Actively encourage  
feedback**



**Learn from complaints**



**Review consent  
procedures**



**Review patient  
literature (online,  
paper, text)**

# Final thought

We talk abortion every day, we know a lot about it, for us it's an every day occurrence

For our patients this is often a once only experience and most know very little about it

There is an imbalance of power - need to balance that out by providing information

Patients who are informed and know what to expect have a better experience and a more satisfied outcome.



Thank you for listening