

Action for Equity

**Increase access to affordable contraceptives and
fertility control throughout Melbourne's west
(MTOp project)**

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*Developed by Women's Health West
for the Western Region Sexual and Reproductive Health Promotion Partnership*

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Background

Action for Equity: A Sexual and Reproductive Health Plan for Melbourne West 2013-2017 is a four year plan that incorporates primary prevention and service coordination initiatives that work to achieve health equity. Action for Equity partners include state and local government departments, community and women's health services, hospitals, a primary health networks and specialist statewide services. One of the plan's objectives is to increase access to affordable contraceptives and fertility control throughout Melbourne's west, including increasing the provision of medication termination of pregnancy (MTOP).

Medication termination of pregnancy (MTOP) professional development evaluation summary

On 29 April 2015, a professional development training was delivered at the Inner North West Melbourne Medicare Local in Parkville, Melbourne. The training was delivered by The Women's Hospital, in partnership with Women's Health West, Inner North West Medicare Local and cohealth. This evening included an overview of:

- Current abortion service provision in Melbourne's west
- MTOP clinical service provision for general practitioners (GPs) who are wanting to become a prescriber
- A practice example from a GPs currently providing MTOP in Melbourne's
- Question and answer session.

Attendees completed a professional development needs assessment survey at the end of the event, as well as an evaluation form relating to the session. The purpose of the needs assessment was to determine what clinical and professional support practitioners need to increase MTOP provision.

Results

Thirteen professionals attended the training, with ten completing the session feedback form and eight completing the needs assessment feedback form. Six of the eight professionals in attendance were general practitioners. One nurse and one pharmacist also attended¹. Five of the eight professionals currently practice in the western region of Melbourne. Professionals practiced across the following locations:

- Park Orchards/Ringwood
- Footscray
- Melbourne CBD
- Kensington
- Brunswick West
- Werribee
- Unknown

One professional (pharmacist) was already a provider of MTOP. This individual currently practices in Werribee.

Usual care and referral pathways

Professionals were asked to state their care and referral pathways for pregnant women seeking counselling for pregnancy options and abortion. Service that practitioners refer to are outlined in the table below. Respondents could provide more than one response for each question.

¹ Fields of practice included family medicine, women's health, general medicine, youth, primary health care with people who inject drugs and an unspecified area of practice.

Table 1: Usual care and referral pathways for termination of pregnancy

	Requests pregnancy options counselling ¹	Requests termination of pregnancy
Royal Women's Hospital ²	5	4
Marie Stopes International	3	3
Themselves	3	0
Family Planning Victoria	2	1
Private Obstetrician and Gynaecologist	1	2
Other [^]	0	1

¹ If requested by the patient

² Includes Pregnancy Advisory Service (PAS) and Choices Clinic for counselling and termination, respectively

[^] Other response was 'referral to abortion provider' but no other details were given

The two most common referral services for counselling and abortion were the Royal Women's Hospital Pregnancy Advisory Service (PAS) (n=9) and Marie Stopes International (n=6) located in inner Melbourne (Parkville and East Melbourne, respectively). Other services noted include counselling delivered by the practitioner's services, Family Planning Victoria and private gynaecologists or obstetricians. Similarly, other referrals for termination of pregnancy included private gynaecologists and obstetricians or other abortion providers not already mentioned.

Ideal care and referral pathways

Professionals were asked to state their ideal care and referral pathways if they were to become a MTOP provider. This will help in identifying existing relationships and pathways as well as gaps in service communication or familiarity.

Six professionals answered this series of questions (Table 2). Most professionals (n=5) identified that their pathways would include ultrasound services, with one professional stating that they would need to establish a relationship with an ultrasound service. Professionals identified Marie Stopes International as the most preferred on-call advice service for MTOP information (n=3), including one professional who needed to establish if this was possible. One professional voiced their concern about being able to identify and reach an on-call service for advice while working after-hours. Almost all professionals (n=4) did not have a clear pathway for MTOP professional networks.

Table 2: Ideal care and referral pathways for termination of pregnancy (if they were to become an MTOP provider)*

	Yes	No	Yet to establish
Follow-up and after care	6	0	0
Ultrasound Services	5	0	1
Pathology Services	5	1	0
Hospital emergency backup	4	0	2
On-call advice for women experiencing complications	2	1	3
Ongoing professional development	2	1	3
Professional network of colleagues for MTOP work	1	1	4

* Data missing for one professional (not answered)

In relation to ongoing support and backup, professionals identified Royal Women's Hospital, Werribee Mercy, Sunshine Hospital and Box Hill Hospital as their emergency department for

MTOP referral. Of these, the most commonly stated emergency locations were Royal Women's Hospital and Werribee Mercy (three selections each, some professionals provided multiple responses to each question). All participants (n=6) stated that either themselves or a colleague would provide follow-up and after care for patients.

Opinion on current MTOP availability and willingness to prescribe

Appropriate access to MTOP and STOP in the western region of Melbourne

Overall, most professionals agreed that there was not appropriate access to termination services in Melbourne's west, specifically mentioning the lack of services in Sunshine and Werribee and for low income, marginalised women. Another stated that they only now knew of one prescriber, who presented at the information night, indicating their lack of knowledge of services in the west. However, this professional did not state their practice postcode, so it is unknown if they practice in the west. Another professional stated that they believed there was appropriate access via private clinics, but insufficient access via the public system.

Motivating factors for providing MTOP

Overarching themes for responses include low cost, ease and convenience, high demand (from students and other patients) and effectiveness. Other responses included:

I have provided surgical termination of pregnancy in the past and would provide medical termination of pregnancy now this is possible

(General Practitioner, family medicine, April 2015)

Income access/equity of the service for all women

(Nurse, Other, April 2015)

Freedom of choice

(General Practitioner, family medicine, April 2015)

Barriers to providing MTOP

Professionals were hesitant to provide MTOP for a number of reasons. The main themes included perceived lack of support from colleagues, concern about side effects, patient complexities and client follow-up failure. One commented that they often work with homeless women, which can make follow-up difficult.

[My] client group is complex (e.g. substance use, homelessness)...low capacity for safe follow-up and after hours care

(General Practitioner, primary health care with injecting drug users, April 2015)

Professionals also commented on the lack of support and back-up from their peers as well as a lack of clear protocol within their workplace.

Colleague's moral opinions

(General Practitioner, family medicine, April 2015)

Lack of support (for me)

(General Practitioner, family medicine, April 2015)

They also highlighted lack of after-hours services and part time work as barriers for providing MTOP.

Resources and support needed to provide MTOP in their practice

Professionals described various ways in which they could be supported to provide MTOP. Professionals mentioned their greater need for support was within their own practice (e.g. prescribing rights and clinic protocol) and from other services (e.g. finding a pharmacist that dispenses MTOP, ongoing training, obstetrics and gynaecology support and contacts at Box Hill and Royal Women's Hospital). One professional also mentioned the need for clear, easy to understand information for clients with low literacy. One also stated that they would like to undertake enough training to become a peer trainer and to support other GPs in their practice to offer MTOP.

Referrals, professional development and networking

Most professionals were agreeable to be placed on a referral list as MTOP providers. This included those who were already providers, those who were still to undertake the training and another who was willing to be a women's health nurse representative who would support women and refer them to GPs who provide MTOP.

When asked what their ideal method for ongoing professional development for MTOP was, professionals stated that an annual update (e.g. newsletter), Melbourne GP interest group and Marie Stopes' updates could be useful. Similarly, one professional also mentioned a Melbourne GP interest group as a way of networking with other professionals in the west, with another highlighting that this will need effective coordination.

Professional development training recommendations

Attendees were asked to rank topics from most to least useful to help inform future training provided by WHW. The following topics were ranked from 1-10, with 1 being the most useful and 10 the least useful for professionals (four professionals completed this section). Below are the average scores for each topic.

Table 3: Topics of interest for professionals (average) n=4

Topic	Average score (/10)	
MTOP case-studies assessing suitability for women: tailored by facilitators	4	Most useful
MTOP case-studies: brought by training participants for questions, answers and discussion	4	
Overview from Western Health and The Women's Hospitals on support they can provide in this work including the management of emergency.	4	
Practice overview from WHW including pregnancy options as well as current STOP, MTOP and unintended pregnancy counselling service-providers.	4.5	
MTOP training requirements	5	
Contraception and post-operative care	5	
Practice overview from GPs in the region who are already providing MTOP, including insurance and cost considerations	6	
Overview of abortion in Victoria (legal, social, medico-legal context) including statistics and facts regarding abortion	6.5	
Clinical practice overview for abortion consultations including MTOP efficacy and risk, as well as complex issues such as ambivalence, risk assessment and crisis intervention	7	Least useful

Other feedback and recommendations from professionals

An important point raised by one professional was the topic of contraindications² and the need to discuss it in any training provided. One professional mentioned that women's health nurses, although not able to provide MTOP, would like to be involved in any established network and training. Another highlighted the need for MTOP instructions and other relevant information to be available to women in languages other than English.

An evaluation form about the professional development session was completed by all 10 professionals and feedback was positive. A summary of the evaluation feedback form is provided below (Table 4).

Table 4: Evaluation feedback form (n=10)

Learning outcomes	Partially met n (%)	Entirely met n (%)
Recall the training requirements for providing Medical Termination of Pregnancy	2 (20)	8 (80)
Describe the Medical Termination of Pregnancy procedures.	1 (10)	9 (90)
Explain the benefits of the referral pathways for GPs who provide Medical Termination of Pregnancy to for their patients.	3 (30)	7 (70)
<i>Quality of the workshop</i>		
The content was relevant to my learning needs as a practicing GP/health professional.		10 (100)
Overall the workshop provided a quality learning experience.	1 (10)	9 (90)
The speakers communicated effectively with the group.		10 (100)
There was plenty of opportunity for active participation.		10 (100)
The venue and catering was suitable and convenient.	3 (30)	7 (70)

Conclusions and recommendations

The recent MTOP professional development training demonstrates the acceptance of MTOP by professionals practicing in Melbourne's west and the surrounding areas. Professionals acknowledge the benefits of providing MTOP, mainly that it is low in cost, effective, convenient and that there is a high community need. Professionals did, however, highlight the current barriers to MTOP provision that exist within their own practice or organisation, as opposed to personal moral objection. A lack of knowledge of current MTOP providers and a perceived lack of services available within the west is also apparent. While this might currently pose a barrier for timely and streamlined referral procedures, the already recognised referral pathways to ultrasound and pathology services by professionals is promising.

Based on the feedback received at this session, Women's Health West recommends the partnership considered the following when designing its next MTOP professional development training:

- 1) The use of case studies to demonstrate various MTOP scenarios.

² A particular situation or condition for which regular procedures or treatment would not be recommended

This could include:

- Assessing suitability (including contraindications)
- Women with complex care needs (e.g. those that might be at greater risk of being lost to follow-up)
- The management of emergencies, especially if care is provided after hours
- Gaining support from fellow staff within their practice or organisation.

2) Outline the steps required to become an MTOP provider or supporter

This includes the online training required for GPs, the registration process for pharmacists and opportunities for other professionals, such as nurses, to act as representatives or supporters within their own practice or organisation.

3) A list of key contacts for emergency support

This includes key contacts at Marie Stopes International, Royal Women's Hospital (Pregnancy Advisory Service (PAS) and Choices Clinic) and other emergency services in the west.

Future considerations

4) Provide ways for MTOP professionals to network

Having an established network for professionals who currently provide or want to provide MTOP will allow with the sharing of knowledge and experiences. This could be achieved in the following ways:

- A quarterly or biannual meeting for professionals to network and share information
- The opportunity to subscribe to an emailing list
- A quarterly or biannual newsletter to share updates and details of any new providers and feature profiles of professionals in the area
- Ongoing biannual or annual professional development opportunities once training or registration has been completed

5) Create and disseminate a list of current providers of MTOP in the west

Informing prospective MTOP providers and other supporters of the current providers of MTOP

6) Redress lack of support within a practice or organisation

Providing professionals with information about how to approach the topic of abortion in their practice or organisation might assist in changing attitudes and misconceptions and might increase an individual's confidence to become a service provider and be known within their community as a provider. This could include providing information to a practice or organisation in relation to:

- Abortion in Victoria (legal, social, medico-legal context), including statistics and facts regarding abortion
- High public support and acceptance of women's right to access abortion
- The (low) risk of MTOP and comparing the opportunities and limitations of MTOP and surgical termination of pregnancy (STOP)
- Other providers of MTOP in their local area
- Emergency procedures and contact details at local hospitals and fertility control clinics (e.g. The Royal Women's, Marie Stopes International)

- Recommendations for establishing or updating clinical practice guidelines, protocols and procedures

This information might be suitable in booklet or pamphlet form or in a PowerPoint presentation that can be presented at a professional development session.

Women's Health West current project activities

Since November 2015, Women's Health West has been engaging with general practice and super clinics in the west to determine the prevalence of current MTOP providers. Preliminary results are presented below:

Number of clinics contacted: 125

Number of current MTOP prescribers: 8 (6.4 per cent)

Number of clinics that are not MTOP prescribers: 63 (50.4 per cent)

Number of clinics with unknown MTOP provision: 54 (43.2 per cent)

Current results do not include the City of Melbourne and are subject to further investigation. 'Unknown' includes clinics in which a practice nurse or manager was unsure of GP provision.

Preliminary results indicate that only a very small proportion of practices offer MTOP and that a large number of practice nurses and managers are unaware if they have prescribing practitioners onsite. This is likely to present difficulties for women's service accessibility in Melbourne's western region. In addition to this, pharmacies will also be contacted to determine provider status and radiology services will be mapped.