Increasing access to affordable fertility control in Melbourne’s west:
Barriers, enablers and recommendations for medical abortion provision

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Action for Equity: A Sexual and Reproductive Health Plan for Melbourne’s West 2013-2017 incorporates primary prevention and service coordination initiatives that work to achieve sexual and reproductive health equity. One of the plan’s key objectives is to increase access to affordable contraceptives and fertility control throughout Melbourne’s west, including increasing the provision of medical abortion.

Abortion provision in Melbourne’s western region

There is no publicly available data on abortion provision and access in Melbourne’s west. However, research undertaken by Women’s Health West (WHW) has found that that provision of, and subsequent access to, medical abortion is limited in the region. This is likely due to a number of factors that will be explored in this report.

A key Action for Equity project has been the delivery of professional development sessions to medical professionals specifically focusing on medical abortion provision and access. This project has been delivered by WHW in partnership with the Royal Women’s Hospital and the North Western Melbourne Primary Health Network, with additional support from MS Health. Most recently, WHW collaborated with Women’s Health in the North to increase the geographic practitioner reach.

The purpose of these sessions is to strengthen knowledge of medical abortion, specifically the historical and current use of mifepristone and misoprostol (also known as MS-2 Step), provisional considerations (e.g. contraindications), and the registration processes for general practitioners (GPs) and pharmacists. The sessions also provide insight into potential referral pathways and real-life case studies to assist participants to conceptualise the challenges and benefits associated with medical abortion, and strategies to mitigate complications and risk.

What has been delivered so far?

Between April 2015 and June 2017, WHW has coordinated the delivery of four professional development sessions to a total of 68 health professionals.

Information sessions are tailored to the needs of GPs and pharmacists, particularly those practicing in the western region of Melbourne. Of the 68 attendees, most were GPs and pharmacists and other participants included practice managers, practice nurses, international medical graduates (IMG), health promotion workers and pharmacy technicians. The breakdown of attendees can be seen in Figure 1:
Most attendees practiced in Melbourne’s western region, including practitioners from:

- Footscray  
- Yarraville  
- Werribee  
- Altona  
- Melton  
- Ascot Vale  
- Sunshine  
- Point Cook  
- Wyndham Vale  
- Hoppers Crossing  
- Caroline Springs  
- Taylor’s Hill

A small proportion of attendees practiced outside of Melbourne’s inner-west, including Gisborne, Geelong, Ringwood, Lalor and Dandenong, demonstrating the widespread demand for such professional development in Melbourne and beyond.

Evaluation data demonstrates that these sessions significantly enhanced attendees understanding of the procedures and training requirements associated with medical abortion, as well as appropriate referral pathways to streamline timely provision. Evaluation data also indicates that sessions were well received by participants, who overwhelmingly identified that they were provided with a quality learning experience and ample opportunity for active participation.

**What have we learnt from attendees?**

**Insight into their existing referral pathways**

Limited localised referral pathways were apparent. Combined evaluation data showed that health professionals commonly referred patients to private or centralised public services that include the Royal Women’s Hospital, Marie Stopes and the Fertility Control Clinic. These services are located in Melbourne’s CBD and pose significant barriers for some women in regards to appointment availability, affordability, transportation, childcare and a lack of infrastructure to support attendance and post-procedure follow-up.

In addition to outlining existing referral pathways, health professionals were asked to list their ideal care and referral pathways if they were to become a medical abortion provider. This question required attendees to outline which pathology, ultrasound and pharmacy services they would utilise in medical abortion provision, as well as where they would refer for medical abortion complications, follow-up and aftercare services. The majority of participants were able to identify which pathology, ultrasound, pharmacy and emergency department they would use in their ideal referral pathway. This is a likely reflection of existing referral pathways and networks for other services provided to their patients. Conversely, a number of practitioners were unable to identify where they would refer a patient if they were experiencing abortion-associated complications. This suggests that prior to the workshop, attendees were unfamiliar with the services that could offer this support and highlights a potential area for GP and service capacity development.

**Barriers and enablers to medical abortion provision**

Health professionals were asked to identify existing barriers to medical abortion provision within their practice or pharmacy as a part of a needs analysis conducted at the beginning of the sessions. These barriers offer an insight into the factors that include external factors that impact on health professionals’ willingness and capacity to provide medical abortion, and how efforts can be tailored to redress these.
The three barriers most commonly identified were:

1. A lack of support from colleagues and practice management, that include religious and cultural beliefs and ethical considerations
2. Insufficient education, training and resources
3. Inadequate emergency and after-hours support

Other barriers identified included uncertainty regarding legal implications, limited awareness of the procedure among patients, incomplete referral pathways, fear of patient non-compliance, time management, inability to promote the service, privacy and limited knowledge of dispensing pharmacies.

Motivating factors for medical abortion provision were encouraging, and provide an understanding of existing perceptions of medical abortion held by health professionals. Primarily, health professionals recognised that medical abortion is an option that is affordable, accessible, convenient and responsive to the needs of community women and enhances choice and bodily autonomy. Professionals also identified the less invasive nature of medical abortion (compared to surgical abortion), the potential to intervene earlier in pregnancy and service ‘decentralisation’ as motivating factors in their provision.

Access to adequate resources, support and training was identified as vital in influencing health professionals' decision to provide medical abortion. Attendees were also asked to outline essential resources that would enable them to provide medical abortion in their practice or pharmacy. These align with both the barriers and motivating factors, and reinforce a need to support GPs and pharmacists in their ongoing service provision and medical abortion pathway establishment needs.

Essential resources included:

- Training on medical abortion administration and processes, including initial and refresher training
- Practice support, including collegial support and policies and procedures
- Coordinated local referral pathways, including a dispensing pharmacy within the area
- Digital and hard copy resources for practitioners and their patients, including information for those with low literacy or from culturally and linguistically diverse (CALD) backgrounds

More specifically, one professional expressed an interest in undertaking training to become a peer educator and support other GPs to offer medical abortion in their practices. This aligns with preliminary work currently being undertaken by WHW to develop a professional network of prospective and current medical abortion providers in the west.
What have we achieved thus far?

As a result of professional development sessions, at least 12 practitioners have gone on to start the medical abortion provision process in their practice or pharmacy, including the completion of medical abortion online registration, online training and referring colleagues to future professional development information sessions. Some local clinics have also gone on to expand their women’s health services, and have specifically requested that practitioners in their clinics complete the online registration process.

Case study: Altona Meadows clinic

A GP practicing in a small (two GPs, one nurse) Altona Meadows clinic attended the Medical abortion professional development workshop in 2016. The aim of attending was to gain a better understanding of the processes involved, a comparison to surgical abortion, and how provision would impact on insurance and other practice considerations. Following the delivery of this workshop, WHW followed up with attendees to determine if there was any additional information or resources they needed in order to progress registration, and the identification of referral pathways and service systems. During a follow-up meeting, it was evident that this GP had strong existing relationships with local ultrasound providers and pharmacists, and believed that there would be potential to collaborate with them to establish an affordable, streamlined process in the case of a patient presenting for a medical abortion.

WHW have maintained regular correspondence with this practitioner since 2016. During the most recent conversation, the practitioner advised us that a new GP had just been appointed at the clinic, and this practitioner was already a medical abortion provider. The clinic nurse has also attended numerous workshops and training pertaining to women’s health, including Pap screening and Implanon insertion, as a result of clinic having more discussions about improving the services offered to women. The consensus is that the clinic is better placed to support women to access medical termination in the local area. The biggest barrier to online registration has been time. This GP has also expressed interest in joining a profession network to expand his understanding and to share case studies and experiences.

Service auditing

Since November 2016, WHW has engaged in an ongoing process of western region service auditing to identify which pharmacies and GP clinics are current providers of medical abortion, including their bulk-billing status. WHW has contacted more than half of the 277 clinics and pharmacies identified in Melbourne’s western region (via electronic mapping) as a part of this process, and will continue to contact the remaining. Information collected to-date has identified that a total of 12 GPs (8.4 per cent) across eight clinics currently prescribe medical abortion, and five pharmacists (3.5 per cent) are current dispensers. Eighty six clinics and pharmacies (60 per cent) did not provide medical abortion and the remaining 40 (28 per cent) did not confirm the provision status of physicians or pharmacists. We expect our auditing to be an underrepresentation of actual provision based on a number of factors.

Information gathered through this process has formed a baseline for continued work in this area and highlights a number of factors that contribute to medical abortion access and access to abortion-related information in the west. Most notably, significant challenges were experienced when attempting to elicit information from intake staff and practice management regarding medical abortion provision. This pertained to staff awareness of the procedure, knowledge of whether GPs in the clinic prescribed, personal bias and beliefs about abortion, as well as fear of community backlash. Supporting the development of a
whole-of-clinic approach to enhance timely provision of medical abortion is viewed by WHW as pivotal to increased, affordable access.

**Future work and recommendations**

The following aims and priorities set out in *Women’s sexual and reproductive health: Key priorities 2017–2020* directly correlate with WHW’s current and anticipated future work in this area, highlighting the potential to work in collaboration with DHHS and other service providers to:

- Improve awareness and knowledge of medical termination of pregnancy across the range of health care providers
- Increase the number of community and primary care providers who are trained and offer medical termination of pregnancy
- Increase access to medical termination of pregnancy through innovative and affordable models in primary care, particularly for regional and rural Victoria
- Ensure general practitioners are supported by specialists and health services in provision of medical termination of pregnancy

**Key considerations include:**

- Awareness of the procedure among practitioners and community women
- Addressing existing staff dynamics and practitioner beliefs within clinic settings
- Pervasive stigma within service provider settings and within the community
- Fragmented referral pathways and perceived incapacity to strengthen these
- Medical abortion myths (e.g. legal status, risk, insurance costs)
- The cost effectiveness for pharmacies to stock MS-2 Step

**Key recommendations include:**

- A focus on a whole-of-clinic approach that supports the diverse roles of individual employees to overcome practice-specific challenges to medical abortion provision
- Developing an overarching set of guidelines for medical abortion provision in general practice, including a set of policies, procedures and processes to inform and guide the work of intake staff, practice management, practice nurses and GPs
- Working closely with ultrasound services to increase their capacity to contribute to medical abortion pathways, including the bulk-billing of all dating scans
- Promoting existing health pathways currently outlined by Primary Health Networks
- Endeavouring to reduce stigma associated with the procedure through increased discourse, open promotion of service provision, enhanced provision and standardised messaging to redress misconceptions associated with medical abortion
- Developing a set of strategies for service promotion that increase awareness of the procedure among community women e.g. the creation of simple, user-friendly information, raising the profile of the procedure via popular media, imbedding comprehensive sexual health education into school curriculums
- Support the development of regional medical abortion provider networks
- Provide resources to organisations and services best placed to support the development of streamlined medical abortion pathways
- Continued research that embeds the voices of women seeking and using abortion services, as well as those of health professionals that make up referral pathways
WHW is committed to:

- Continuing longitudinal research with previous professional development attendees to determine current provision status, offer support and generate evidence-based models of care
- Supporting the development of a professional network of medical abortion practitioners in the west, with potential to replicate this model for wider network development
- Assisting in the development of strategies to raise the profile of the procedure among health professionals and community women, including a research piece into current awareness of, and attitudes towards, medical abortion
- Continuing to develop strategies to increase access to affordable fertility control in Melbourne’s west

**Conclusion**

WHW has undertaken comprehensive work to increase medical abortion provision in Melbourne’s west. Through the delivery of professional development sessions and a medical abortion service audit, it is evident that there are a number of key areas that women’s health services and health service providers can collaborate with the Department for Health and Human Services in order to streamline medical abortion pathways and provision.

Evaluation of professional development sessions provides invaluable insight into the key challenges health professionals face in their decision to provide medical abortion. Barriers identified are ongoing, typically occur at a structural level and include a lack of managerial support, pervasive stigma, inability to promote the service and insufficient education, training and resources in relation to medical abortion. Increased efforts to destigmatise and incentivise medical abortion provision in primary care settings, as well as the development of resources to support health professional training and practice, are fundamental to decentralising abortion services from the Melbourne CBD.

Opportunities to localise access to medical abortion will support women to access abortion at a time, place and cost that meets their needs. However, limited knowledge about how to achieve this as a result of limited training and referral pathways is evident. While many GPs have existing relationships with pathology, ultrasound and pharmacy services that may be drawn upon in a medical abortion pathway, this is likely a reflection of existing referral patterns for other services provided to their patients.

Strategies must be developed if streamlined, supportive medical abortion pathways are to be established in primary care settings and this will involve specialised capacity development for each of the services necessary in a referral pathway, the development of a set of processes and procedures for use by these services and a process of ongoing communication between these services and referring GPs. There is a clear role for women’s health and community health services to support this work.

Professional development sessions have proved successful in progressing medical abortion dialogue and registration among attendees, and have also prompted quality improvements for women’s sexual and reproductive health services within clinics, as identified in WHW follow-up research. WHW continues to work with practitioners to offer support in their medical abortion endeavours and gather case study information to inform ongoing work in this area.
Access to a professional network of medical abortion practitioners will provide a platform to share experiences, offer support and discuss best-practice models of care and updates within the sector. Through medical abortion service auditing and professional development sessions, WHW has built relationships with those currently providing the service within the region (and those considering it) and is well placed to support this professional development opportunity. Involvement might also increase confidence of practitioners to become ‘champions’ within their clinics, and support the introduction of practice-wide policies and service modifications pertaining to women’s sexual and reproductive health. The service auditing process has also allowed WHW to connect with those considering providing the service and prospective professional development workshop participants.