MONASH University

JEAN HAILES
RESEARCH UNIT

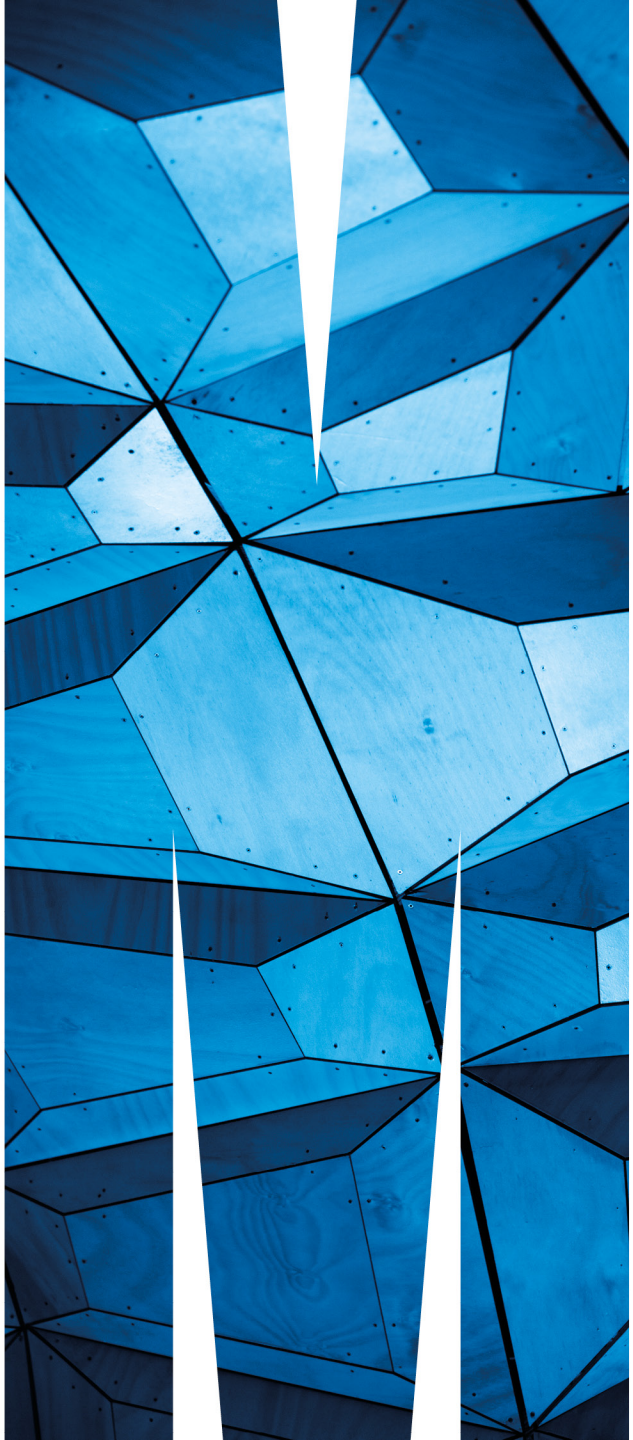
Optimising women's emotional wellbeing in pregnancy advice and abortion services in Australia

Heather J Rowe

Monash University
Melbourne Australia

GROUP OF EIGHT AUSTRALIA

ASPOG Brisbane 4 August 2017



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Abortion – emotional and psychological dimensions

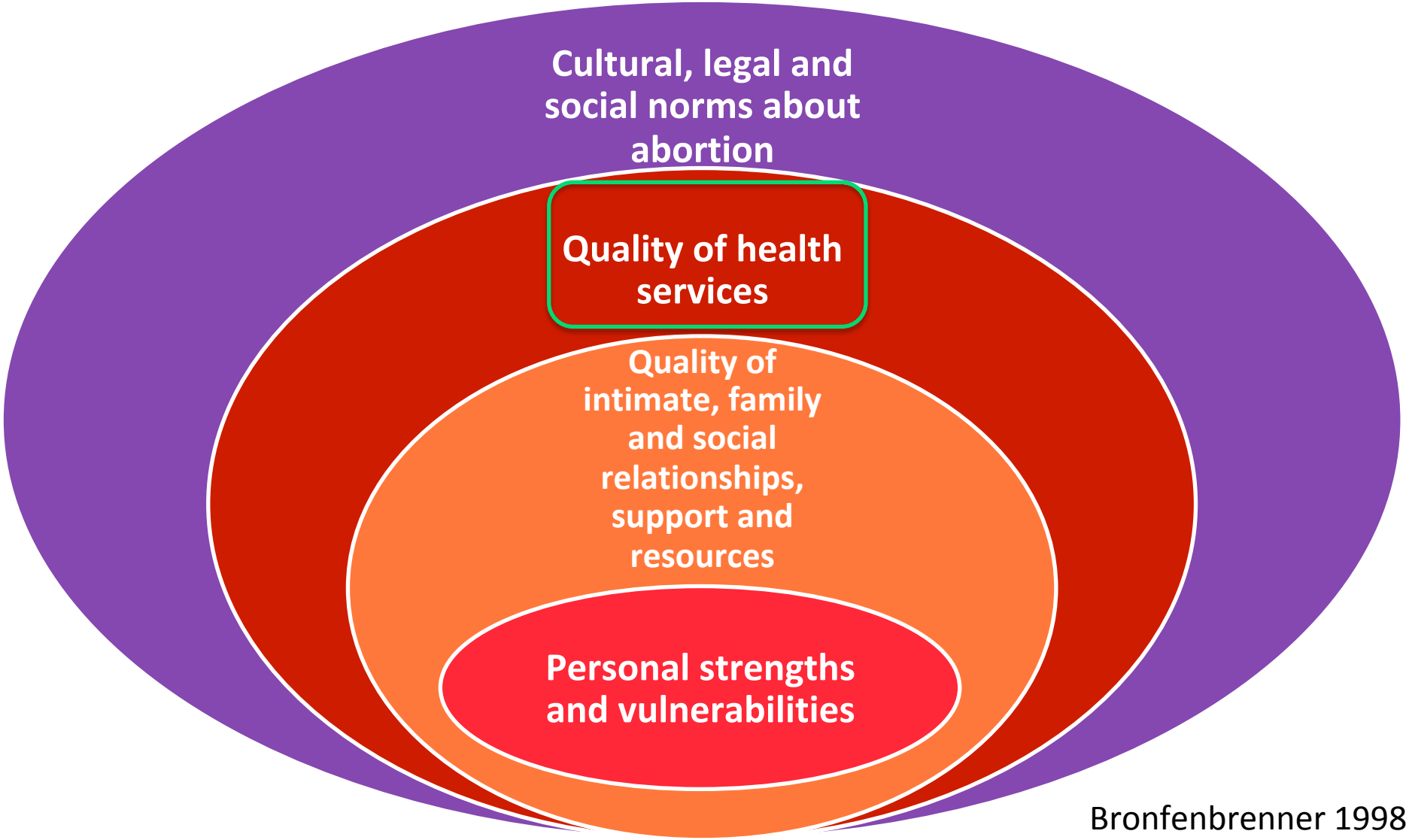
- Common (Sedgh 2012)
- "A difficult solution to a problem" (Kirkman *et al*, 2011)
  - Context and complexity
    - Life circumstances
    - 'Unsupportable' pregnancy (Macleod 2016)
    - Ambivalence (Allanson and Astbury 1995)
    - Stigma
    - Moral and legal complexities
- Psychological sequelae
  - Psychological turbulence common
  - Serious adverse mental health consequences rare

(Friedman et al 1974, Dagg 1991, Adler et al 1992, Zolese and Blacker 1992, Fergusson et al 2008)

AUSTRALIAN STATES AND TERRITORIES

State/Territory	Law	Conditions
Queensland	Criminal code: 7 years (woman); 14 years (practitioner) imprisonment	Legal if risk to risk a woman's mental or physical health (2009).
NSW	Criminal code: 10 years imprisonment	Legal if to protect physical or metal health including for financial and social stresses (1971)
Victoria	Legal up to 24 weeks gestation (2008)	Exclusion zones enforced
Tasmania	Legal up to 16 weeks gestation (2013)	Exclusion zones enforced
South Australia	Legal	Must be performed in hospital with two doctors' approval
Western Australia	Legal up to 20 weeks gestation	Practitioner fines if unlawful
Northern Territory	Legal up to 14 weeks; emergency up to 23 weeks	Must be performed in hospital with two doctors' approval
ACT	Legal	Must be performed in hospital

BIOPSYCHOSOCIAL MODEL OF ADAPTATION



Bronfenbrenner 1998

QUALITY OF HEALTH CARE

- "doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results."

  National Committee for Quality Assurance 2014

  - "the extent to which health-care services improve health outcomes in a manner that is consistent with current professional knowledge"

    Institute of Medicine USA 2013

  - health care that is "acceptable, accessible, effective, efficient, equitable, and safe"

    World Health Organization 2006

  - "the way individuals and clients are treated by the system providing (reproductive health) services"

    Bruce 1990; Jain 1989

  - "care that is safe, effective and delivers a positive patient experience"

    Monitor 2013

The 4 As Framework for Assessing Quality

- Availability
- Accessibility
- Affordability
- Acceptability

Penchansky *et al* 1981

PREGNANCY ADVICE AND ABORTION SERVICES

- Availability
  - Legality
  - Financing
  - Restrictions
  - Level of health service
  - Requirements e.g. mandated counselling
- Accessibility
  - Geographic location
  - Booking services
  - Timeliness
  - Cultural competence
  - Youth-appropriate
- Affordability
  - Responsibility for payment

Acceptability

- choice of contraceptive methods
- information given to patients
- technical competence
- interpersonal relationships
- continuity and follow-up
- appropriate constellation of services

(Bruce 1990; Jain 1989, Creel 2001)

Framework for abortion care (Leonard and Winkler 1991)

1. Technology
   - Acceptable, high standard, regulatory compliant, setting appropriate
2. Technical competence
   - Training, supervision, mechanisms for practice
3. Interactions among women and service providers
   - Non-judgemental, respect for confidentiality, privacy
4. Information and counselling
   - Training; informed decisions
5. Post-abortion contraception and reproductive health care
   - Informed decisions
6. Availability and management
   - of equipment, supplies and medication
7. Access to care
   - Availability, cost, integration with other reproductive health services

WOMEN'S VIEWS

- International, English language, peer-reviewed literature
  - Papers meeting inclusion criteria (n=14)
    - 9 USA
    - 1 Mexico
    - 2 Sweden
    - 1 Finland
    - 1 UK
    - Survey (n=10)
      - 1 population based
      - 9 service based
        - » 7 cross-sectional
        - » 2 cohort
    - Qualitative (n=4)
      - 2 face-to-face interviews
      - 1 open ended survey questions

10 THINGS MOST IMPORTANT TO WOMEN

Principle	References
1. Communication and human part of the care. • most already made up mind • no need to confide • met emotional needs elsewhere • opportunity to specify needs for counselling and receive individualised care • sensitive to the unique situation of each client	Sihvo 1998; Moore 2011
2. Service accessibility • choice of primary or specialist care	Rubin 2008; Makenzius 2012; Finnie 2006
3. Timely care • ease of booking • immediate appointments	Taylor, 2013; Becker, 2011; McLemore 2014; Tilles, 2016
4. Clinic environment • safe, supportive, friendly atmosphere • normalises experience • mitigates negative experiences, stigma, protesters	Taylor 2013; Ely 2007; Kimport 2012
5. Treatment by clinic staff • professional, courteous, respectful, non-judgmental • emotional support	Taylor, 2013; Kaiser/Picker 1999; Becker 2011; Ely 2007; Kimport 2012 Tilles 2016; Wu 2015; Makenzius

10 THINGS MOST IMPORTANT TO WOMEN

Principle	References
6. Privacy and confidentiality	Kaiser/Picker 1999, Becker 2011
7. Information from clinic staff • as much as want to know • choices, procedures, emotions, what to expect	Kaiser Family /Picker Institute 1999 Ely, 2007, Becker 2011, Tilles 2016, Wu 2015
8. Pain well managed	Taylor 2013, McLemore 2014, Makenzius 2012, Wallin Lundell, 2015
9. Post procedure assistance • continuity of care	Kaiser Family /Picker Institute 1999, Becker 2011
10.Trauma-informed care • recognises and responds to impact of prior trauma	Wallin Lundell, 2015

FEMINIST MODEL OF ABORTION CARE (Ely 2007)

- Woman-centred
  - driven by needs of individual patient
  - flexible, guided by woman
  - does not insist on decision-making guidance
  - gives access to allied health/specialist support if required
- Address negative societal attitudes
  - counteracts stigma
  - increases reproductive control and confidence
  - reduces self-blame

Protects mental health

Protocols for mandatory counselling within laws

STATEMENTS AND CLINICAL PRACTICE GUIDELINES

- Inclusion criteria
  - English language
  - Publicly available

- 13 identified
  - Medical colleges n=6
  - NGOs n=6
  - Cochrane Library

STATEMENTS AND CLINICAL PRACTICE GUIDELINES

- Medical colleges n=6
  - RCPI/OBGYN Institute Ireland
  - RCOG UK
  - ACOG USA
  - RCOPSC Canada
  - SOGC Canada
  - RANZCOG Australia & New Zealand
- NGOs n=6
  - World Health Organization
  - IPAS International Pregnancy Advisory Services
  - IPPF International Planned Parenthood Federation
  - Guttmacher Institute
  - MSI Marie Stopes International
  - National Abortion Federation

STATEMENTS AND CLINICAL PRACTICE GUIDELINES

Principle	Statements and guidelines
1. Communication and human part of the care	RCOG SOGC RANZCOG IPPF
2. Service accessibility	RANZCOG IPPF
3. Timely care	IPPF
4. Clinic environment	RCOG SOGC RANZCOG IPPF
5. Treatment by clinic staff	RCOG SOGC RANZCOG IPPF
6. Privacy and confidentiality	RCOG SOGC IPPF
7. Information from clinic staff	RCOG SOGC RANZCOG IPPF
8. Pain well managed	IPPF
9. Post procedure assistance	RCOG IPPF
10. Trauma-informed care	IPPF

Levels of evidence provided: RCOG RANZCOG SOGC **but clinical aspects only**

- RCOG
  - Tailored care
  - Female staff
  - Culturally-sensitive professional interpreters
  - Attention to mental health history
  - Decision counselling only for those who need it
  - Pathways to additional support available
- SOGC
  - Capacity for voluntary informed consent
  - Prompt referral if conscientious objection
- RANZCOG
  - Improved health literacy, access to and uptake of contraception
  - Equitable access to SRH including abortion
  - Monitoring and research; succession planning

- Cochrane Reviews
  - 4 reviews
    - Mid-level providers
    - Medical methods first trimester
    - Medical methods mid-trimester
    - Medical vs surgical methods
      - One ‘women’s dissatisfaction’ outcome

      (but not estimable in any pairwise comparison)

EVALUATING QUALITY OF ABORTION SERVICES

Dennis 2016

Identifying indicators

Systematic review

- 13 peer-reviewed articles; 8 reports
- 75 indicators (only 33% derived from clients)
  - policy, health systems, trained-provider availability, women's decision-making, and morbidity and mortality (n=67; 89%)
  - client-provider interactions (n=8; 11%)
- top 12 indicators with high agreement
  - timely services, opportunities for women to express concerns, respectful care

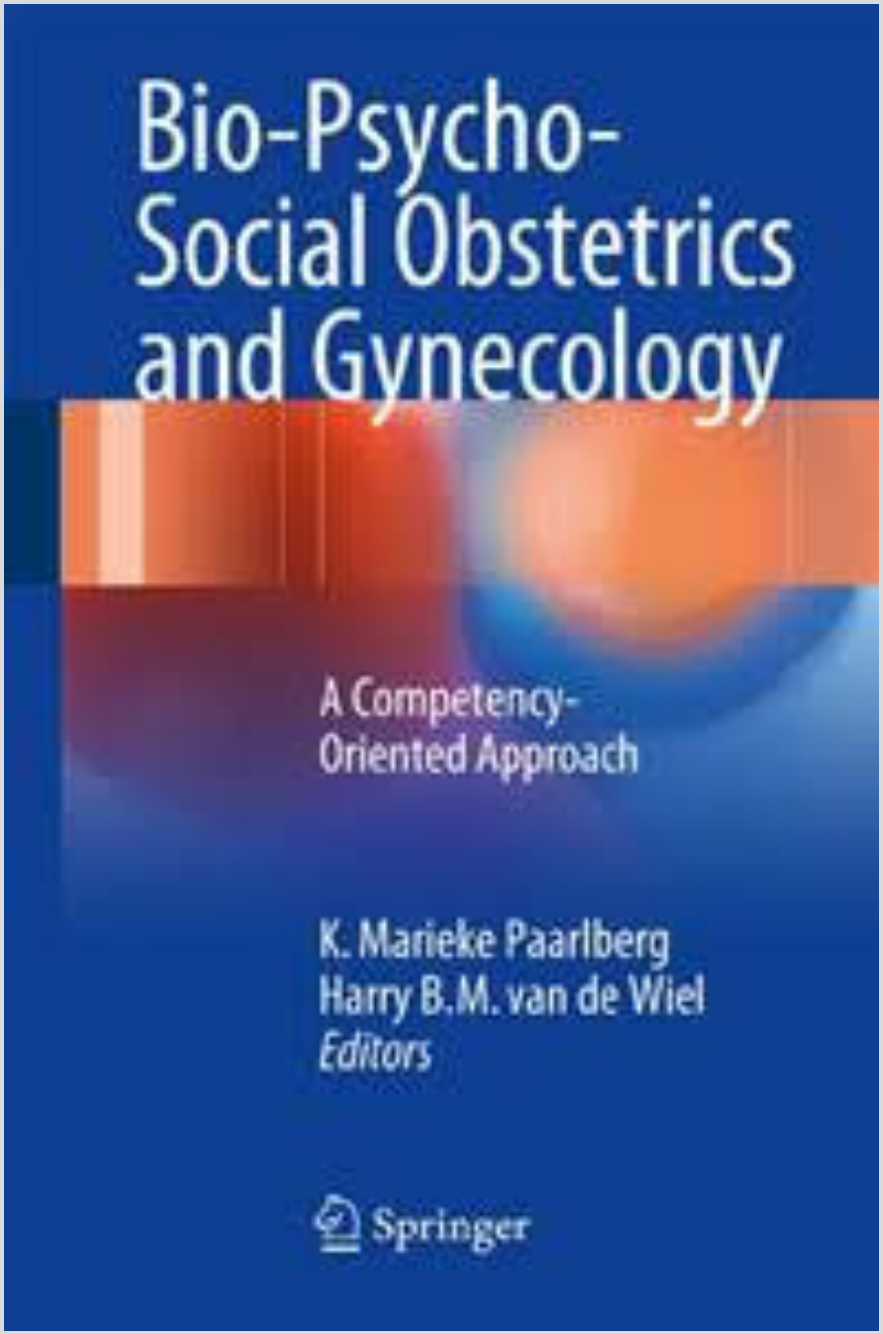
Agreed set of indicators required

THE ABORTION QUALITY AGENDA Lord 2017

- mainstream in other areas of medicine
- abortion providers
  - isolated
  - difficult legal environments
- set of indicators (PROMs):
  - important to patients
  - clinically relevant
  - measurable
  - accessible for benchmarking
  - agreed by consensus.
- professional advocacy

CLINICAL IMPLICATIONS

- Timely affordable access
- Counselling only if needed
- Safe, supportive, normalising clinic environment
- Mitigates social disapproval
- Professional, courteous, respectful, non-judgmental staff
- Caring and compassionate
- Trauma informed
- Privacy and confidentiality
- Information tailored to need about choices, procedures, emotions, what to expect
- Pain well managed



For details
see the ISPOG
website
www.ispog.org

Or the Springer
website :
http://
www.springer.com/it/
book/
9783319404028

TRAUMA-INFORMED CARE AND PRACTICE

… a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment

Blue Knot Foundation

Formerly Adults Surviving Child Abuse (ASCA)