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Medical termination of pregnancy (MToP) in the Victorian rural context

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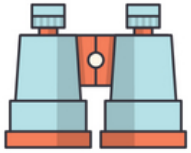
Staff: 5.6 EFT
Covering:
22 local government areas
~629,000 persons

This presentation

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MToP in the Victorian context



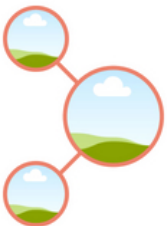
How rural MToP service expansion has happened



Current MToP service delivery in rural Victoria

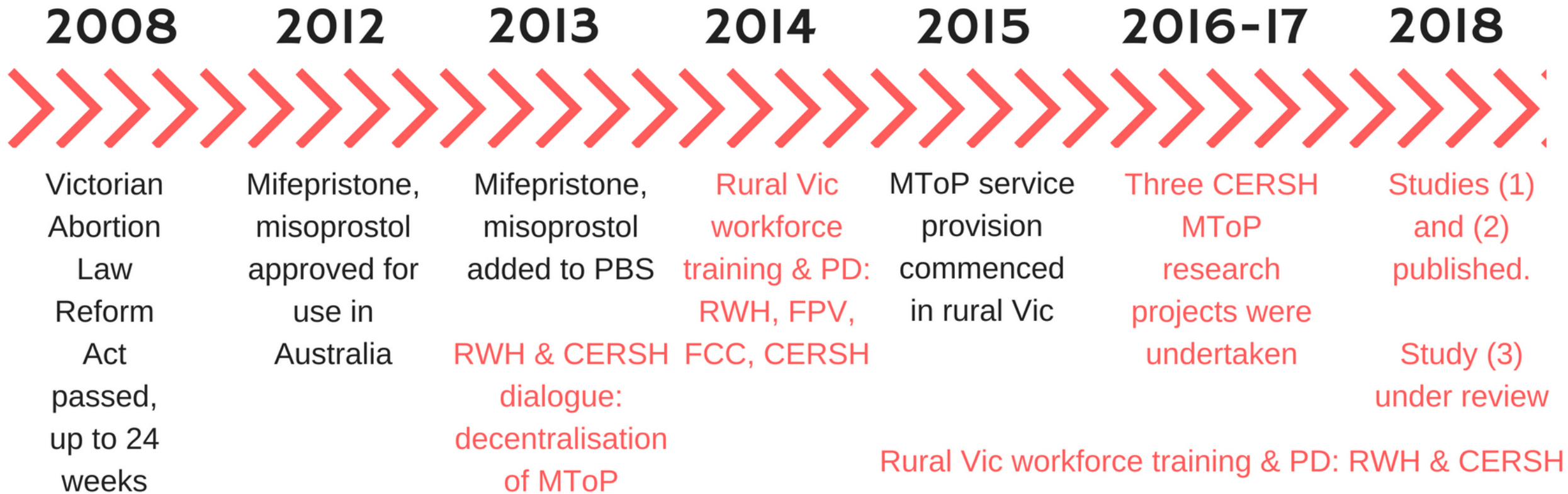


What we have learned about rural MToP service delivery



Considerations for further rural MToP service evolution

MToP timeline: rural Victoria



Understanding MToP service delivery

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Aim: Describe nurse-led rural MToP service. Investigate characteristics and contraceptive choices of service users
Descriptive study and retrospective chart audit



Aim: Understand rural women's experiences in obtaining MToP through a rural primary health service
Qualitative study



Aim: Assess the factors that influenced geographic decentralisation of MToP in rural Victoria
Impact evaluation

Study I: Providing accessible medical abortion services in a Victorian rural community: A description and audit of service delivery and contraception follow up

Jane E Tomnay, Lauren Coelli, Ange Davidson, Alana Hulme-Chambers, Catherine Orr, Jane S Hocking
Sexual & Reproductive Healthcare 16 (2018) 175-180



Key points

- 223 women. Median age: 25 years
- 172 (75.1%) had a successful MToP
- For 171 (75%), this was their first termination
- No adverse events recorded during the study period
- Most were not using an effective contraception at time of unintended pregnancy but almost $\frac{3}{4}$ were using hormonal contraception post presentation to clinic

Study 2: Australian women's experiences of a rural medical termination of pregnancy service: A qualitative study

Alana Hulme-Chambers, Meredith Temple-Smith, Ange Davidson, Lauren Coelli, Catherine Orr,
Jane E Tomnay

Sexual & Reproductive Healthcare 15 (2018) 23-27



Key points

- 59 women agreed to be contacted and 18 participated
- Median age 25 years
- Women's experience of accessing MToP through a rural nurse-led clinic were overall very positive
- However, other aspects of the process were described as stigmatising and difficult by some women

What we have learned

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Rural MToP services are well utilised and acceptable



Adverse events are few (and systems are in place if required)

What we have learned

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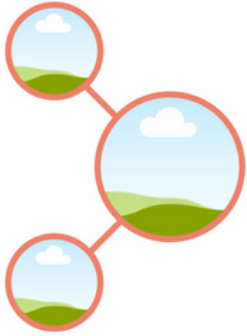


Rural MToP services counter some structural inequities



Stigma is present for both rural service providers and women

What we have learned

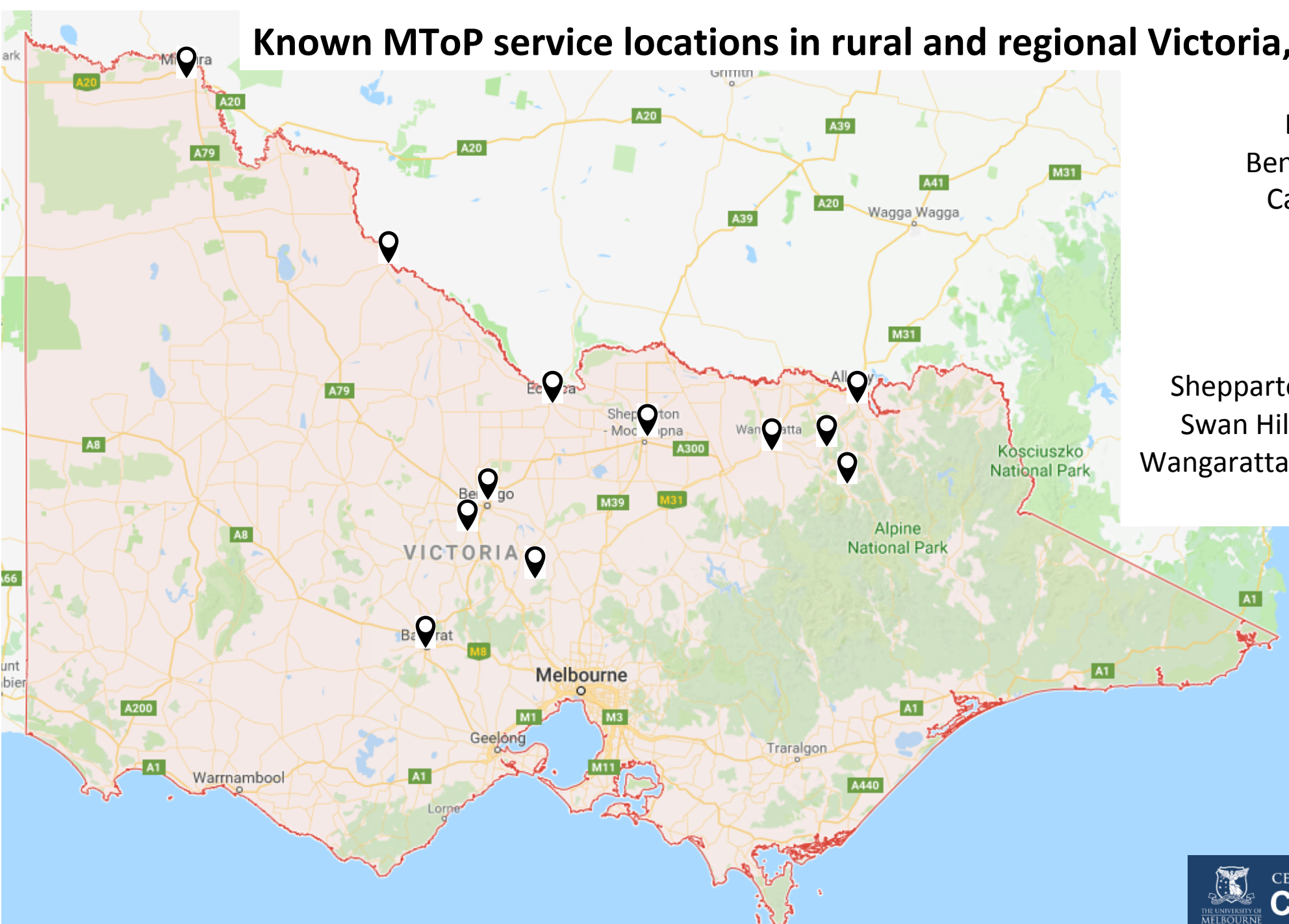


Rural MToP decentralisation can be dynamic and rapid



Rural MToP service provision is disjointed and inconsistent

Known MToP service locations in rural and regional Victoria, June 2018




- Ballarat: 1 CHS (BB)
- Beechworth: 1 GP practice (\$)
- Bendigo: 5 GP practices (3 BB, 2 \$)
- Castlemaine: 3 GP practices (\$)
- Echuca: 1 GP practice(\$)
- Kyneton: 1 GP practice (\$)
- Mansfield: 1 GP practice (\$)
- Mildura: 1 OB&G (\$)
- Shepparton: 1 GP practice, 1 OB&G (\$)
- Swan Hill: 1 primary health service (\$)
- Wangaratta: 1 CHS (BB), 2 GP practices (\$)
- Wodonga: 1 CHS (BB)



Victorian Rural Clinical Network for
Unintended Pregnancy and Abortion

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MToP learning modules online: www.cersh.com.au



Sustaining the rural sexual and reproductive health
workforce research

Future considerations



Sustainability: rural MToP service demand and supply issues



Replication: understanding new service system configurations

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Fertility Control Clinic: Dr Susie Allanson

Research participants: rural GPs, nurses, service users



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Thank you

