INTRODUCTION OF AN ABORTION SERVICE AT FAMILY PLANNING CLINIC IN VICTORIA: A PROCESS EVALUATION

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Medication abortion service at FPV

• In 2015 Family Planning Victoria (FPV) included Medication Abortion (MTOP) as a core component of our suite of reproductive and sexual health services.

• The delivery of MTOP services at FPV involves;
  • Pre-screening abortion enquiries over the phone or in person
  • An appointment for consultation and medication provision
  • Follow up care (48 hour phone contact, 2-3 week follow-up appointment)

• FPV clinic are training environments so a ‘one stop shop’ approach was adopted.
  • Every stage of the process would be conducted on-site including ultrasound and pathology, Rhesus status point of care testing.
Evaluation

• A 12 month evaluation was undertaken using a range of data sources to measure reach, transferability, client satisfaction, and clinical outcomes.

• Data sources used in the evaluation included;
  • Phone logs
  • De-identified records from the clinical database
  • Anonymous client feedback
  • Semi-structured interviews with staff
MTOP Service Reach

288 Phone Enquiries
Appointments booked
n=184 (63%)

156 MTOP Appointments
MTOP Delivered =142 (91%)
Successful = 134 (94%)
Incomplete = 6 (4%)
Unsuccessful = 1 (0.5%)
Non-Compliance = 1 (0.5%)

Post MTOP Follow up
48 Hour Phone Contact
n=116 (82%)
2-3 week appointment
n=82 (58%)
Accessibility of Service

- 35% of appointments were occupied by Government concession card (CC) holders
  - This figure exceeded the anticipated service model of 1 in 4 appointments being allocated to CC holders

- Of women who attended an appointment:
  - Average age was 29 (16 to 44)
  - 26% first pregnancy
  - 36% had had a previous termination
The majority of patients (77%) lived within 25km radius of the clinic.
- 7% of clients from regional Victoria.

Likelihood of attendance at the 2-3 week follow-up appointment was associated with residential distance from clinic.
- Only 33% of clients residing greater than 25km from the clinic returned for follow-up.
Clinical Outcomes

• Rate of complications were consistent with international data

• Significant uptake of contraception post MTOP.
  • Higher reported uptake of Long acting reversible contraception (LARC) when compared to national data (Richters, J., et al).

Contraceptive uptake post MTOP

• 33 clients identified IUD as their preferred contraceptive choice post MTOP.
  • 60% had an IUD insertion booked for their 3-week follow-up.

• 21 clients identified Implanon as their preferred contraceptive choice post MTOP.
  • 70% had an Implanon insertion booked for their 3-week follow-up.
Client Feedback

• Overwhelmingly positive client feedback
  • 85% rated their overall care to be excellent
  • 15% rated their overall care to be very good

• “The service made an incredibly difficult decision as straightforward as possible. You're doing the community a great service.”

• Client feedback used to improve service provision
  • e.g. Review of provision of information to clients
Staff Experience

• Overall FPV clinical staff indicated that their experience with MTOP has been generally positive
  • High level of support from other staff and low stigma at FPV

• Some staff reported initial concerns about the response of family and friends on learning of their involvement in the service
  • However these staff subsequently indicated they had not experienced negative responses
Conclusion

• Family Planning Clinics are an appropriate setting to provide medication abortion services to women

• Significant uptake of contraceptive options post MTOP (especially LARC)
  • The provision of Implanon insertion at the initial MTOP clinic consultation is currently underway

• Further work is required to improve access to medication abortion services in Victoria