

# CART-GRAC Holiday Newsletter

Contraception and Abortion Research Team  
Groupe de recherche sur l'avortement et la contraception

PHSABC

Winter 2017

## Highlights of 2017

### Mifepristone Implementation Research in Canada: CART-Mife Study

Mifepristone, the "gold standard" for medical abortion care, became available in Canada in January 2017. This innovation presents an exceptional opportunity to decrease inequities in access to safe, high-quality abortion care, particularly for rural and remote populations.

CART's national CIHR-funded, mixed-methods implementation research aims to understand and address the facilitators and barriers for successful initiation and ongoing provision of medical abortion service among health care professionals and how these relate to the distribution and availability of services throughout Canada.

The study currently focuses on mifepristone uptake among physicians and pharmacists, but has begun to expand to engage nurse practitioners and midwives.

### Canadian Sexual Health Survey

We are using the data collected from 1671 women across all 5 Health Authorities and 21 LHAs in BC to build an advanced health economic modelling platform which will provide estimates of costs and health outcomes associated with government policy options for contraception subsidy.

This survey will also provide reliable indicators to better address current gaps in sexual health needs, and particularly to evaluate the relationship

of behaviors, social determinants of health and pregnancy outcomes to contraception use and unintended pregnancy.

In this year we began data cleaning and presented some of our first findings to government public health leaders in BC, Ontario, Manitoba and to Canada's Chief Public Health officer, and to senior leadership at Public Health Agency of Canada. We began work with these leaders to plan nationwide implementation of this survey.

### SMART Program

This BC Government-funded pilot program provides highly effective contraceptives free to all BC women at the time of abortion. This program was based on the recommendations that CART made to the Government, using data from two RCTs investigating post-abortion contraception, linking participant data with government health administrative data to determine pregnancy outcomes. The Program preparations began mid 2016 and launched Jan 2017. CART is engaged in the evaluation of the program.

### Better Contraceptive Choices: Immediate vs. delayed IUC Insertion after 2nd trimester abortion

We have nearly completed the data analysis of one year outcomes of this RCT study, and are very excited to present our findings on pregnancy rates, IUC expulsion, removal and complications between the immediate and delayed insertion groups! The team is finalizing the manuscript of the main results for publication.

### Contraception Decision Tool

This project is developing and pilot testing a woman-centered contraception decision aid tool. This web-based platform will provide women with knowledge about highly effective contraceptives and generate recommendations based on individual circumstances. Our next step is to pilot test the tool to ensure that it meets the needs of, and is highly rated by, Canadian women as useful in helping them make contraception decisions.

**We've had a productive 2017 and could not have done it without our partners!**

*Thank you!*



## Spotlight on Research: CART-Mife Study

The objectives of the study are three-fold:

(1) understand implementation facilitators/barriers for mifepristone nationally; (2) assess impact of an online “Community of Practice” clinical support platform (CAPS); (3) develop integrated knowledge translation (iKT) to improve mifepristone related health policies, systems and practice.



- Beginning January 2017, we enrolled physicians, pharmacists and stakeholders in the study.
- Quantitative data include surveys of providers at baseline, 6 months and one year after enrollment.
- Qualitative data include open survey questions, semi-structured interviews and data from the CAPS.
- Using iKT with a diverse team of relevant decision makers, we aimed to detect and mitigate health policy, system and service barriers to support effective primary care implementation of mifepristone.

Our iKT strategies with decision makers have been working effectively. Through evidence briefs, GIS-maps, face-to-face meetings, CAPS member announcements, and regular correspondence, these strategies contributed to identification and removal of the unnecessary federal requirements on Mifepristone.

In November 2017, Health Canada announced removal of the restrictions on distribution, prescribing and dispensing of mifepristone:

- ◆ Language has been changed from “physician” to “health professional”, including pharmacists, nurse practitioners, nurses and midwives who can also be the mifepristone medical abortion providers.
- ◆ Pharmacists may dispense directly to patients, replacing the prior restriction to “physician-only” dispensing.
- ◆ Gestational age limit has been extended to 63 days.
- ◆ Mandated health professional training is no longer required.
- ◆ There will no longer be any registration of health care professionals authorized to prescribe or dispense mifepristone with the manufacturer.

By Dec 8th, 2017, **726** participants completed the baseline survey, and **90** interviews were conducted with stakeholders and health care providers.



The CART-Mife study will soon be expanded to include **Nurse Practitioners** who are interested to provide mifepristone medical abortion, to answer the research question - To what extent will NP provided mifepristone abortion improve access to abortion in Canada?

CART will co-lead the NP Mife Implementation Study with three nursing leads - Dr. Ruth Martin-Misener (Dalhousie U), Dr. Denise Bryant-Lukosius (McMaster U) and Josette Roussel (Canadian Nurses Association), with research resource and expertise support from *The Canadian Centre of Advanced Practice Nursing Research* [www.fhs.mcmaster.ca/ccapnr](http://www.fhs.mcmaster.ca/ccapnr) to implement this study.

## CAPS - Canadian Abortion Providers Support Platform

This is a bilingual community of practice support platform that engages a wide range of interdisciplinary licensed health care professionals interested to provide medical abortion care with mifepristone. It provides resources to support mifepristone practice, as well as interactive features for members, in either English or French.

Features include:

- Ask an Expert
- Locate / Add a Pharmacist
- Member Announcement
- Take a poll
- Who Pays for Mifepristone
- Share a Case or Experience
- Patient Information Materials
- Frequently Asked Questions
- Latest News



The CAPS engages nearly 500 members since launching early in 2017! To become a member, register at: [www.caps-cpca.ubc.ca](http://www.caps-cpca.ubc.ca)

find out more at [cart-grac.ubc.ca](http://cart-grac.ubc.ca)

## New Project!! - Midwifery Mifepristone Implementation Study



CART was recently awarded a CIHR Planning and Dissemination Grant to support a planning meeting that aims to develop a midwifery mifepristone implementation research study for Canada. The spring Planning Meeting will engage midwifery leaders from academic, health system and government settings, and from midwifery regulators and associations to determine how best to design a study.

Since Mifepristone became available in January 2017, midwives across the country have expressed interest in this innovative practice. The midwifery Mife Implementation Research (co-led by Drs. Wendy Norman and Liz Darling) will identify and address health policy, system and service barriers, facilitators and solutions to promoting the effective implementation and uptake of midwifery provided mifepristone medical abortion care.



Dr. Liz Darling

## Selected Publications on CART themes, among CART members

Wong K, **Hum S, McCarthy L, Dunn S.** Beyond Plan B: A Qualitative Study of Canadian Pharmacists' Emergency Contraception Counselling Practices. *J Obstet Gynaecol Can.* 2017 Nov;39(11):1021-1027.

Burgess C, **Henning P, Norman WV, Manze MG, Jones HE.** A systematic review of the effect of reproductive intention screening in primary care settings on reproductive health outcomes. *Fam Pract.* 2017 Sep, 1–10.

**Norman WV.** Revisions to the Sexual Behaviours Module of CCHS: Rationale for suggested improvements. Invited Brief for the Public Health Agency of Canada. 2017Oct22.

Edwards C, Panjwani D, Pendrith C, Ly A, **Dunn S.** Knowledge of and Interest in the Copper Intrauterine Device Among Women Seeking Emergency Contraception. *J Obstet Gynaecol Can.* 2017 Aug 2. pii: S1701-2163(17)

30441-3.

**Norman WV.** Mifegymiso. Evidence summary prepared at urgent government request (Drug Review Panel, BC Ministry of Health). 2017 May 17.

**Norman WV, Dickens BM.** Abortion by telemedicine: an equitable option for Irish women. *BMJ.* 2017 May 16.

**Asgharpour M, Villareal S, Schummers L, Hutcheon J, Shaw D, Norman, WV.** Inter-pregnancy interval and pregnancy outcomes among women with delayed childbearing: Protocol for a systematic review. *Syst Rev.* 2017 Apr;6(1):75.

**Norman WV, Downie J.** Abortion care in Canada is decided between a woman and her doctor, without recourse to criminal law. *BMJ.* 2017 March 24.

**Norman WV, Mazza D.** Calling a Spade a Spoon: Are non-American donors likely to need the same

“reshaping” of terms for International Family Planning? *World Health and Population.* 2017 Jan 17(1): 21-25.

**Norman WV, Soon J.A.** Requiring physicians to dispense mifepristone: an unnecessary limit on safety and access for medical abortion. *CMAJ* 2016 Dec; 188:E429-E430.

**Dunn S, Guilbert E.** Contraception d'urgence. *J Obstet Gynaecol Can* 2016 Dec 38(12): S143-52.

**Troskie C, Soon J, Albert A, Norman, WV.** Regulatory approval time for hormonal contraception in Canada, the US and the UK, 2000-2015: a retrospective data analysis. *CMAJ Open.* 2016, 4:4.

**Samiedaluie S, Peterson S, Brant R, Kaczorowski J, Norman WV.** Validating abortion procedure coding in British Columbia administrative database. *BMC Health Services Research* 2016 Jul; 16:255.

## Visiting Scholars



**Danielle Mazza**  
(November 2016)

**Professor Danielle Mazza,** Monash University, is an Australian leader in women's sexual and reproductive health, preventive care, and guideline development and implementation. Her research in sexual and reproductive health spans issues such as improving access to medical abortion through general practice, achieving better delivery and uptake of preconception care, fertility awareness and contraceptive counseling. She has >\$16.5m in research funding in this 5 years



**Meredith Temple-Smith**  
(April 2017)

**Professor Meredith Temple-Smith** is the Director of Research Training in the Department of General Practice, University of Melbourne. She is the Chief Investigator on a cluster RCT of chlamydia testing in general practice. She is on the Executive of the Australasian Sexual Health Alliance, and is an academic lead for APCReN, an organization which brings together primary care practice based research networks Australia-wide. She has written or co-written over 80 peer-reviewed publications.

# WE WISH YOU THE BEST OF THE SEASON

*Happy Holidays*

*From CART-GRAC*

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