

Factors that Influenced Initiation and Provision of Mifepristone Medical Abortion, from the Perspectives of Canadian Physicians and Stakeholders

2017-2019 Results from the Contraception and Abortion Research Team - Mifepristone (CART-MIFE) Study

Full findings available: Munro S, Guilbert E, Wagner M-S, Wilcox ES, Devane C, Dunn S, et al. Perspectives Among Canadian Physicians on Factors Influencing Implementation of Mifepristone Medical Abortion: A National Qualitative Study. *Ann Fam Med.* 2020 Sep 1;18(5):413-21.

You spoke and the policy makers listened

From 2017 to 2019, we interviewed 90 health care professionals and stakeholders across Canada



Providers reported restrictive federal regulation of mifepristone

Then things changed. By April 2019:



Health care professionals did not need to witness patients swallow mifepristone



Provider registration with manufacturer and patient consent form were no longer required



Pharmacists could dispense mifepristone directly



Mifepristone was approved up to 9 weeks gestational age and ultrasound was no longer required

But individual and organizational level barriers persisted

That made introducing mifepristone into primary care difficult for providers:

Provincial variation in patient subsidies and physician billing codes

Provincial restrictions from the Quebec College of Physicians

Lack of motivation to provide mifepristone among some family physicians who assumed abortion was already available in their community

To address persistent local barriers –

We need tailored solutions



Despite barriers, providers believe mifepristone is the new standard of care for medical abortion in Canada,

“Like I said, it’s the standard of care for the physicians”

And easy to provide,

“That was so crazy easy”



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

