CANADIAN ABORTION PROVIDER SURVEY (CAPS)

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BACKGROUND





ABORTION ACCESS IN CANADA

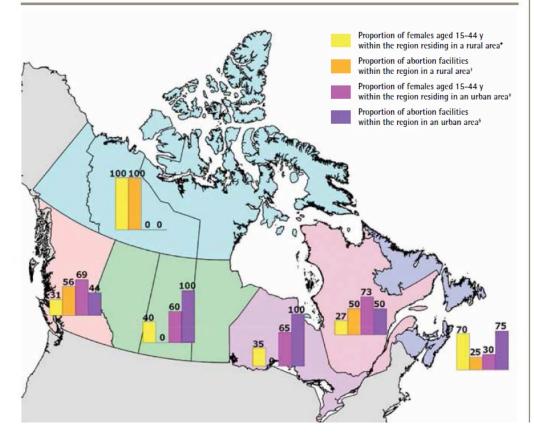
Limited for patients living in rural/remote communities

Some patients travel long distances to access abortion

Leads to delays in care and later gestation at abortion

Norman WV, Guilbert E, et al. Canadian Family Physician 2016 Sethna C, Doull M. Spatial disparities and travel to freestanding abortion clinics in Canada. Women 's Studies International Forum 2013

Figure 1. Abortion health service facilities in Canada, 2012: Facilities with an urban or rural location, compared with location of residence for females aged 15-44 y.







Abortion health services in Canada

Results of a 2012 national survey

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Abstract

Objective To determine the location of Canadian abortion services relative to where reproductive-age women reside, and the characteristics of abortion facilities and providers.

This article has been peer reviewed. Can Fam Physician 2016;62:e209-17





First-trimester medical abortion practices in Canada

National survey

Edith R. Guilbert MD MSc Althea S. Hayden MD MPH Heidi E. Jones MPH PhD Katharine O'Connell White MD MPH E. Steven Lichtenberg MD MPH Maureen Paul MD MPH Wendy V. Norman MD MHSc

Abstract

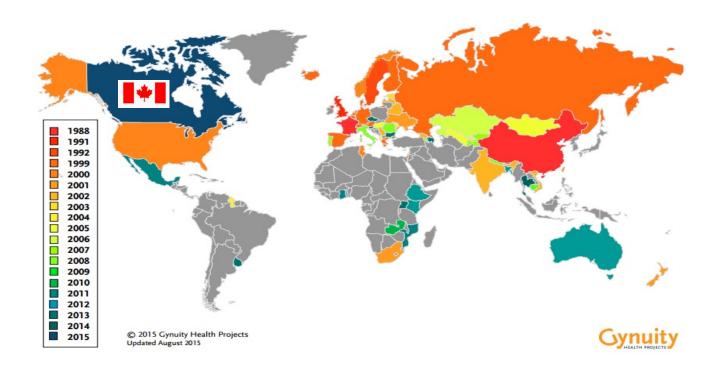
Objective To understand the current availability and practice of first-trimester medical abortion (MA) in Canada.

VOL 62: APRIL • AVRIL 2016 | Canadian Family Physician • Le Médecin de famille canadien





MIFEPRISTONE APPROVED IN CANADA IN 2015







NEW CLINICAL GUIDELINE

CLINICAL PRACTICE GUIDELINE

No. 332, April 2016 (Replaces No. 184, Nov. 2006)

Medical Abortion

This clinical practice guideline has been prepared by the Induced Abortion Guidelines Working Group, and approved by the Executive and Board of the Society of Obstetricians and Gynaecologists of Canada.

PRINCIPAL AUTHORS

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Abstract

Objective: This guideline reviews the evidence relating to the provision of first-trimester medical induced abortion, including patient eligibility, counselling, and consent; evidence-based regimens; and special considerations for clinicians providing medical abortion care.

Intended Users: Gynaecologists, family physicians, registered nurses, midwives, residents, and other healthcare providers who currently or intend to provide pregnancy options counselling, medical abortion care, or family planning services.

Target Population: Women with an unintended first trimester pregnancy.

Evidence: Published literature was retrieved through searches of PubMed, MEDLINE, and Cochrane Library between July 2015 and November 2015 using appropriately controlled vocabulary (MeSH search terms: Induced Abortion, Medical Abortion, Mifepristone, Misoprostol, Methotrexate). Results were restricted to systematic reviews, randomized controlled trials, clinical trials, and observational studies published from June 1986 to November 2015 in English. Additionally, existing guidelines from other countries were consulted for review. A grey literature search was not required.





REVISED CLINICAL GUIDELINE

SOGC CLINICAL PRACTICE GUIDELINE

No. 360, June 2018

No. 360-Induced Abortion: Surgical Abortion and Second Trimester Medical Methods

This guideline has been prepared by the Surgical Abortion Working Group, reviewed by the Guideline Management and Oversight Committee, and approved by the Board of the Society of Obstetricians and Gynaecologists of Canada.

Dustin Costescu, MD, Hamilton, ON (Co-chair) Édith Guilbert, MD, Québec City, QC (Co-chair)

Surgical Abortion Working Group: Dustin Costescu, MD, Hamilton, ON (Co-chair); Edith Guilbert, MD, Québec City, QC (Co-chair); Jeanne Bernardin, MD, Moncton, NB; Arnanda Black, MD, Ottawa, ON; Sheila Dunn, MD, Toronto, ON; Megan Gomes, MD, Ottawa, ON; Brian Fitzsimmons, MD, Vancouver, BC; Lola McNamara, RN, Gatineau, QC; Wendy V Norman, MD, Vancouver, BC; Regina Renner, MD, Vancouver, BC; Konia Trouton, MD, MPH, Victoria, BC and Calgary, AB; Marie-Soleil Wagner, MD, Montréal, QC.

Disclosure statements have been received from all authors.

Key Words: Induced abortion, aspiration curettage, dilation and evacuation, second-trimester induction, family planning

Abstract

Objective: This guideline reviews evidence relating to the provision of surgical induced abortion (IA) and second trimester medical abortion, including pre- and post-procedural care.

Intended Users: Gynaecologists, family physicians, nurses, midwives, residents, and other health care providers who currently or intend to provide and/or teach IAs.

Target Population: Women with an unintended or abnormal first or second trimester pregnancy.

Evidence: PubMed, Medline, and the Cochrane Database were searched using the key words: first-trimester surgical abortion, second-trimester surgical abortion, second-trimester medical abortion, dilation and evacuation, induction abortion, felticide, cervical preparation, cervical dilation, abortion complications. Results were restricted to English or French systematic reviews, randomized controlled trials, clinical trials, and observational studies published from 1979 to July 2017. National and international clinical practice guidelines were consulted for review. Grey literature was not searched.





RESEARCH QUESTION

How are abortion services and workforce distributed and how has quality of care changed in Canada since 2012, particularly in relation to the 2017 introduction of mifepristone and to publication of new SOGC guidelines?





AIMS

Document the change in characteristics and distribution of the **abortion care** workforce since the 2012 Canadian Abortion Provider Survey;

Assess the **quality of care**, i.e., characteristics of actual abortion practices as compared to the revised Canadian clinical practice guidelines, in both medical abortion and surgical abortion practices and

Determine to what extent providers experience **harassment and stigma** in their work and explore their related **resilience and retention**





METHODS

National cross-sectional online survey for the year 2019

Inclusion Criteria:

Physician or Nurse Practitioner providing abortion care who has completed their professional training (school, residency, fellowship)

OR

Abortion service administrator such as program manager or medical director or operation lead





INCLUSION CRITERIA (CONT'D)

AND Have provided abortion care for a **live** embryo/fetus/pregnancy in 2019, as described below:

 ✓ have prescribed at least one first trimester medical abortion functioning as an independent MRP (most responsible provider)

OR

√ have performed at least one surgical abortion as an independent MRP (most responsible provider)

OR

have provided at least one second or third trimester medical abortion functioning as an independent MRP (most responsible provider)

OR

✓ have provided administrative support for abortion services

AND Are able to read and write in English or French





SURVEY INSTRUMENT

Section 1 Demographics (5min)

Section 2 Clinical abortion practices: First trimester medical abortion (FTMA) (15min)

First trimester surgical abortion (FTSA) (15min)

Second trimester surgical abortion (STSA) (15min)

Second/Third trimester medical abortion (STMA);

Induction of labour (10min)

Section 3 Administrator (10min)

Section 4 Diverse populations (5min)

Section 5 Stigma and resilience (Experiences as a provider or administrator) (5min)

Section 6 Remuneration and future research (1min)

All participants will be asked to complete sections 1, 4, 5 and 6. Clinicians will be asked to complete section 2. The greater the range of abortion care a participant provides (covered in section 2), the longer it will take to complete the survey. Administrators will be asked to complete section 3 instead of section 2.





RECRUITMENT











Association des infirmières et infirmiers praticiens du Canada









TIMELINE (4 YEAR GRANT)

Jan 2019 CIHR Grant awarded

Mar – Nov 2019 Survey preparation including multiple expert group meetings

Dec 2019 REB approval

2019 - ongoing Establishing recruitment partner relationships

Dec 2019 – Jan 2020 Piloting of English Survey in REDCap

Translating Survey into French

Jan – Feb 2020 Piloting French Survey in REDCap

Feb – July 2020 Revising Surveys

August 2020 Rollout of Survey

2021 Data analysis and Knowledge Translation activities

2022 Knowledge Translation activities





ACKNOWLEDGMENT













Association des infirmières et infirmières praticiens du Canada











STUDY TEAM

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THE SURVEY IS NOW CLOSED

The survey was conducted between June and December 2020. Data analysis now underway (500 responses)



