DEVELOPMENT AND TESTING FOR A NATIONAL SURVEY: THE CANADIAN ABORTION PROVIDER SURVEY (CAPS)

Regina Renner, MD, MPH, FRCSC, FACOG

CLINICAL ASSOCIATE PROFESSOR, DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
CONTRACEPTION AND ABORTION RESEARCH TEAM
CO-DIRECTOR, FELLOWSHIP IN FAMILY PLANNING UNIVERSITY OF BRITISH COLUMBIA
REGINA.RENNER@UBC.CA

DISCLOSURES

Faculty: Regina Renner

Relationship with commercial interests:

- Nothing to disclose

Research / Project funders:

- CIHR

OBJECTIVES

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

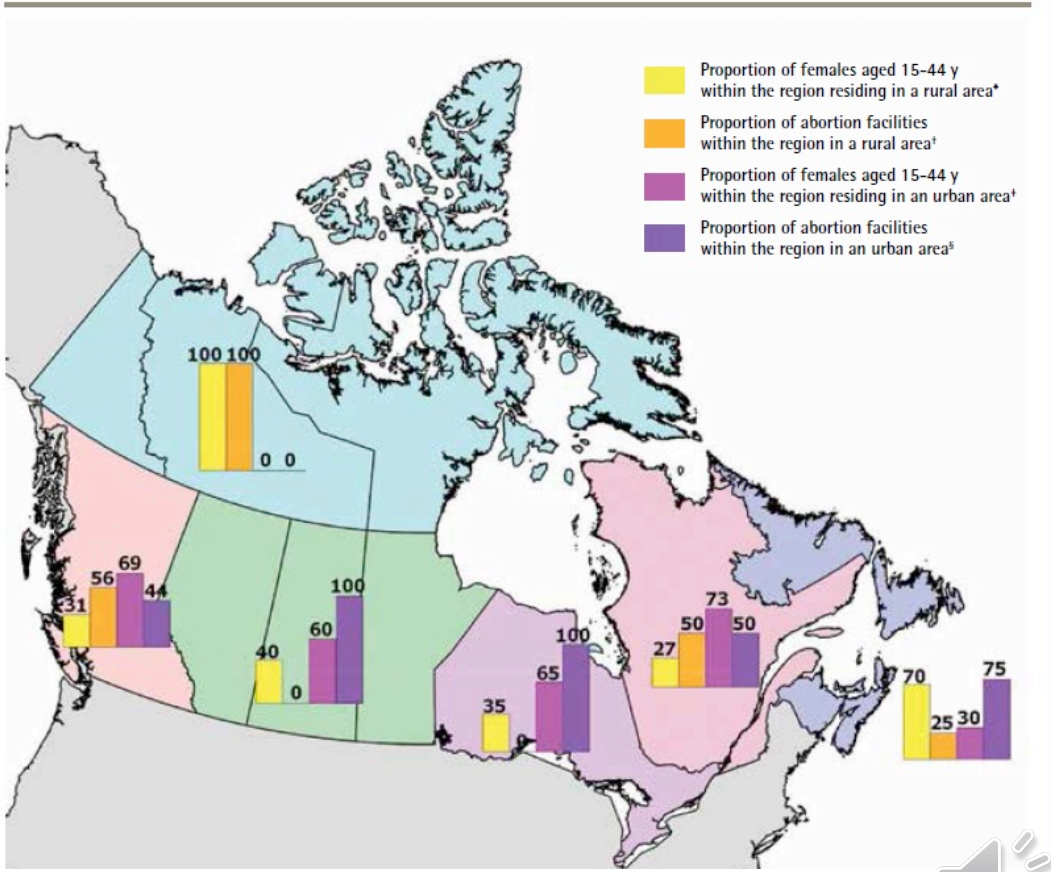
BACKGROUND

Abortion access in Canada

- Limited for women living in rural/remote communities
- Some women 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.*



BACKGROUND

Abstract

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

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

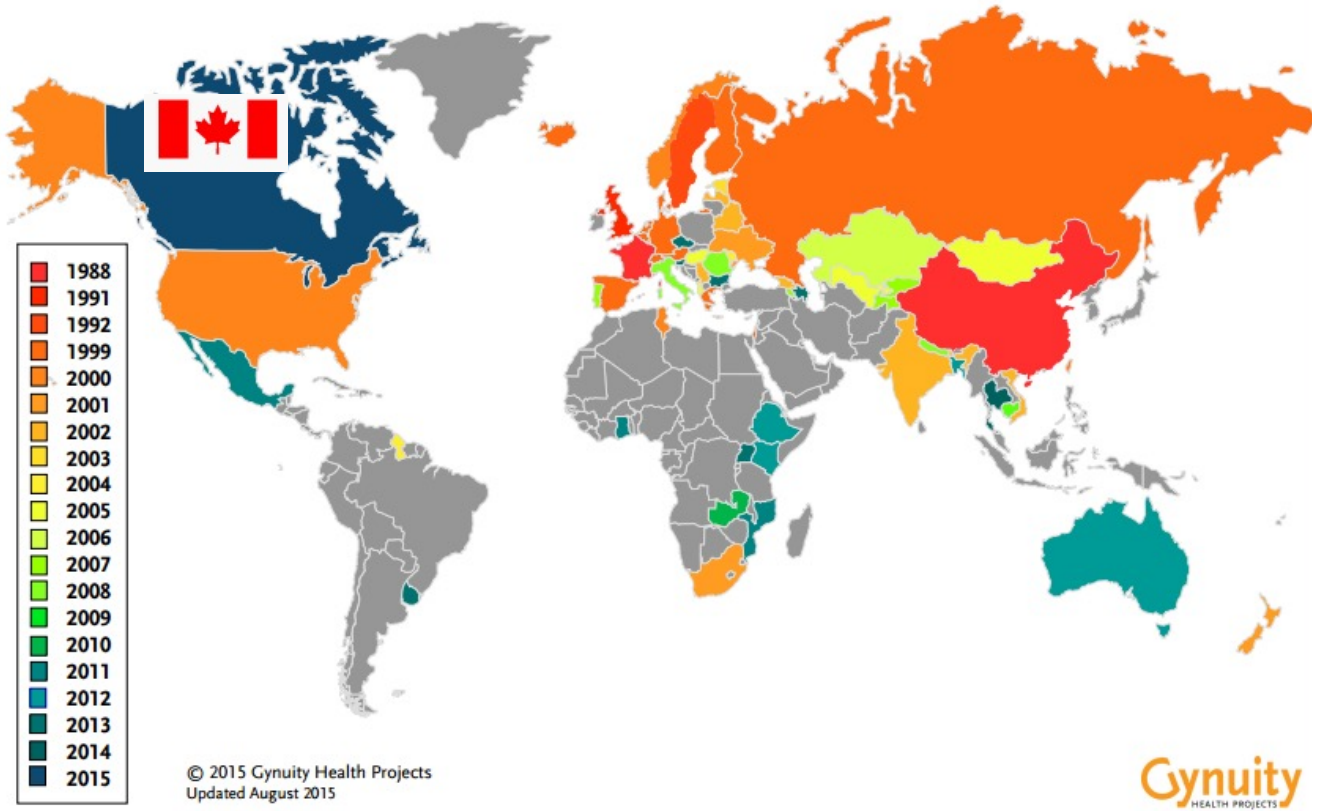
National survey

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.

Mifepristone Approved



CLINICAL PRACTICE GUIDELINE

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

Dustin Costescu, MD, Hamilton ON (co-chair)

Edith Guilbert, MD, Quebec QC (co-chair)

Jeanne Bernardin, MD, Moncton NB

Amanda Black, MD, Ottawa ON

Sheila Dunn, MD, Toronto ON

Brian Fitzsimmons, MD, Vancouver BC

Wendy V. Norman, MD, Vancouver BC

Helen Pymar, MD, Winnipeg MB

Judith Soon, PhD, Vancouver BC

Konia Trouton, MD, Victoria BC

Marie-Soleil Wagner, MD, Montréal QC

Ellen Wiebe, MD, Vancouver BC

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); Édith Guilbert, MD, Québec City, QC (Co-chair); Jeanne Bernardin, MD, Moncton, NB; Amanda 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, feticide, 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.

AIMS

CIHR funded 4 year study to:

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

2. 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

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

METHODS OF SURVEY INSTRUMENT DEVELOPMENT

- Development of survey prototype
- Expert working group meetings
  - ✓ Multidisciplinary (researchers and clinicians from many sectors)
  - ✓ National representation
  - ✓ Iterative approach
- Preparation of online survey in REDCap
- Piloting of the survey; bilingual (English and French)
- Revision of the survey instrument

RESULTS

Expert working groups:

- 7 expert working groups of 5-10 participants each
- Included family physicians, obstetricians & gynaecologists, maternal-fetal-medicine specialists, midwives, nurses, and researchers
- Due to the complexity of some of the identified topics, such as interdisciplinary collaboration and differences between provinces, some of the survey sections underwent an iterative process of meetings and revisions until we reached consensus on constructs to include

Piloting:

- Extensive piloting of REDCaps branching logic by study team
- 29 English and 15 French speaking additional experts representing the study population confirmed content validity, clarity of language and usability of the survey instrument.

RESULTS

Survey instrument characteristics

- Cross-sectional
- National
- Bilingual (English and French)
- Online (REDCap)
- Self administered
- Complex branching logic

INCLUSION CRITERIA

- ✓ Physicians or Nurse Practitioners providing abortion care who have completed their professional training (school, residency, fellowship)

OR

- ✓ Abortion service administrators such as program manager, medical director or operation lead

AND

- ✓ Able to read and write in English or French

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

OR

- ✓ have provided at least one second or third trimester medical abortion functioning as an independent MRP

OR

- ✓ have provided administrative support for abortion services

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) (15min)

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)

Participants only see the questions that apply to the demographics or services they indicated in prior questions. 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.

CONCLUSION

- First step of our CIHR funded research project with the ultimate goal to improve women's access to high quality abortion care services
- The new national survey instrument is the product of a rigorous revision and testing process
- We plan to implement the survey in the 2nd half of 2020

ACKNOWLEDGMENT

STUDY TEAM

Principal Investigator:

Regina Renner, MD, MPH, FRCSC, FACOG, Clinical Associate Professor Department of Obstetrics and Gynaecology, University of British Columbia

regina.renner@ubc.ca, cart-grac.ubc.ca

CO-INVESTIGATORS:

Jon Barrett, MBBch, FRCOG, MD, FRCSC, University of Toronto

Madeleine Ennis, PhD, Postdoctoral Fellow, University of British Columbia

Stephanie Begun, PhD, MSW, RSW, University of Toronto

Melissa Brooks, MD, FRCSC, Dalhousie University

Denise Bryant-Lukosius, RN, CON(C), BScN, MScN, PhD, McMaster University

Damien Contandriopoulos, BSc, MSc, PhD, University of Victoria

Elizabeth Darling, BArtsSc (Hons), BHSc, MSc, PhD, McMaster University

Brigid Dineley, MD, MHS, FRCSC, University of British Columbia

Sheila Dunn, MD, MSc, CCFP (EM), FCFP, University of Toronto

Roopan Gill, MD, MPH, FRCSC, University of British Columbia

Edith Guilbert, MD, MSc, Laval University

Janusz Kaczorowski, MA, PhD, University of Montreal

Ruth Martin-Misener, NP, PhD, Dalhousie University

Kim McGrail, MPH, PhD, University of British Columbia

Sarah Munro, PhD, University of British Columbia

Wendy Norman, MD, FCFP, DTM&H, MHSc, University of British Columbia

Helen Pymar, MD, FRCSC, MPH, University of Manitoba

RESEARCH STAFF (UNIVERSITY OF BRITISH COLUMBIA):

Special thanks to our research assistants, work learn students and research managers:

Simran Grewal, BSc Work learn student CART

Michele Goulet, MPH, Work learn student and Research Assistant CART

Maria Vas, BSc, Research Assistant CART

Mahan Maazi, BSc student, Work learn student CART

Anita Chiu, BSc, Research Manager CART

Nicole Prestley, Research Manager WHRI