

Understanding Medical Abortion Access and Safety in Canada

Findings of the Health Canada collaboration
with a researcher-network for post-marketing
surveillance of Mifegymiso®



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Abortion Access in Canada was Inequitable Before Mifegymiso® Approval

Prior to the introduction of mifepristone, abortion access was inequitable across Canada, particularly for those from rural areas. Medical abortion using mifepristone had the potential to address this, if it could be provided in primary care. Mifegymiso® (mifepristone/misoprostol combination product) was approved by Health Canada in 2015 and became available in January 2017.

Collaborations between Health Canada and the UBC-based Contraception and Abortion Research Team (CART) led to an important opportunity to understand post-marketing utilization and safety. The Distribution and Administration restrictive measures introduced with Mifegymiso® were largely removed by November 2017. With our Canadian Institutes of Health Research funded 2016-2019 study on barriers and facilitators of medical abortion practice in primary care, we learned:

Key Triggers for Uptake of Medical Abortion Practice

- **Removal of restrictive measures** by Health Canada
- **Strategic communication** of changes to providers
- **Leadership** from individual physicians and pharmacy organizations
- **Prescriber-pharmacist relationships** to support dispensing of Mifegymiso®
- **Patient awareness** of medical abortion option

In Québec, uptake was limited by inconsistencies between Health Canada and the policies of the Collège des médecins du Québec.

Abortion Access and Safety After Regulatory Changes

Ongoing research is investigating how regulatory changes impacted abortion utilization and safety in Ontario and BC.

Early results from Ontario (ICES) comparing 2012-16 with 2018-19:

- Overall rate of abortion stable
- Increase from 3% to 30% of all abortions provided as medical abortion by 2019
- Number of providers nearly tripled once Mifegymiso® restrictions lifted; most are family physicians
- Proportion of abortions performed after the first trimester decreased
- Rate of adverse events is stable
- Ongoing pregnancy infrequent (<1%) after medical abortion (ie, changed mind after drug dispensed, or required surgical abortion after drug taken)

I would definitely not have done [abortion care] had they stuck to the original rules where we had to purchase, store all the products.
– Family Physician, Rural BC

A group of us – two pharmacists, the nurse practitioner who works in the sexual office clinic, and a couple of family doctors – we got together, talked about how we were going to do it locally.
– Pharmacist, BC

Regulatory Changes Supported Access to Abortion Care During the Covid-19 Pandemic Response

In response to an evidence request from Health Canada, CART conducted a survey among health care professionals on their experiences providing abortion during the pandemic. These findings summarize multiple choice responses from 68 practitioners and qualitative responses from over 300 practitioners representing every province, with Quebec responses excluded.

Canada's Pandemic Abortion Services:

- Abortion care was considered an essential service
- Access was maintained in most cases, and increased to include rural and remote patients
- Practice transitioned easily to align with the SOGC guidance during pandemics
- Providers reported few new safety issues

Canada's Pandemic Abortion Professionals:

- **89% provided medical abortion via telemedicine** during the pandemic, compared with 16% before the pandemic
- **83% followed the SOGC protocol** for the provision of medical abortion via telemedicine
- **52% reported that patients identified a lack of access to family planning** more often as the reason for seeking abortion care during, compared with before, the pandemic

We have moved quite seamlessly to no-touch medical abortion.
– Nurse Practitioner, Urban Ontario

It has been beneficial as abortion care can be delivered virtually to all who want it and to my out-of-town patients.
– Family Physician, Urban Ontario

I plan to continue to provide telehealth abortion services even after the pandemic ends, due to the success I have had and the positive feedback from my patients.
– Physician, Urban Ontario

Collaborations and Communication Between Researchers, Healthcare Providers, and Decision Makers Improved Access to Care

Timeline of Collaboration with Research Team

- **July 2015** – Approval of Mifegymiso®
- **July 2016** – Start of CIHR funded CART-MIFE study
- **October 2016** – Health Canada meets with CART – regular collaborations established; Removal of required observed ingestion
- **January 2017** – Launch of the Community of Practice for mifepristone abortion health care practitioners
- **March 2017** – Health Canada attends monthly CART-MIFE study investigator meetings
- **May 2017** – Removal of some restrictions
- **November 2017** – Removal of most prescribing and dispensing restrictions, increased gestational age limit
- **April 2019** – Removal of mandatory ultrasound requirement
- **April 2020** – Start of CART-MIFE outcomes study (BC/ON linked health admin data analysis)

Community of Practice for Healthcare Providers

The community of practice (Canadian Abortion Providers Support, CAPS, (www.caps-cpca.ubc.ca) is an online platform for health care providers to access expert and peer support, tools for practice and member announcements.

- **1410 members** including physicians, pharmacists, nurse practitioners and midwives
- **22,766 downloads** of resources
- **Engaging weekly 'latest news' emails** were valued as a best source for new regulations and guidelines and offered 'two-way' updates through brief member polls to inform decision-makers
- **Key communication** platform to both understand and support the health care provider experience

I think it [the Canadian Abortion Providers Support platform] is a fantastic resource because it has a lot of information on how to provide services, on where to find pharmacists...It's sort of a nice centralized way of getting information and distributing information to the people who are among the providers.

– OBGYN, Urban BC

Publications

Papers

- Norman WV, Munro S, Brooks M, Devane C, Guilbert E, Renner R, Kendal T, Soon JA, Waddington A, Wagner M-S, Dunn S. **Could implementation of mifepristone address Canada's urban-rural abortion access disparity: a mixed-methods implementation study protocol.** *BMJ Open*. 2019. 9:e028443.
- Norman WV, Soon JA. **Requiring Physicians to Dispense Mifepristone: An Unnecessary Limit on Safety and Access to Medical Abortion.** *CMAJ*. 2016 Dec 6;188(17018):E429-E430.
- Devane C, Renner RM, Munro S, Guilbert E, Dunn S, Wagner MS, Norman WV. **Implementation of Mifepristone Medical Abortion in Canada: Pilot and Feasibility Testing of a Survey to Assess Facilitators and Barriers.** *Pilot and Feasibility Studies*. 2019;5(1):126. doi:10.1186/s40814-019-0520-8
- Munro S, Guilbert E, Wagner M-S, Wilcox ES, Devane C, Dunn S, Brooks M, Soon JA, Mills M, Leduc-Robert G, Wahl K, Zannier E, Norman WV. **Perspective 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
- Paynter M, Martin-Meisner R, Norman WV. **Nurses are Key Members of the Abortion Care Team: Why aren't Schools of Nursing Teaching Abortion Care?** *Witness: The Canadian Journal of Critical Nursing Discourse*. 2019. 1(2), 17-29 <https://doi.org/10.25071/2291-5796.30>
- Rebić N, Gilbert K, Soon JA. **Now What!?! A Practice Tool for Pharmacist-Driven Options Counselling for Unintended Pregnancy.** *Canadian Pharmacists Journal*. In press, Accepted 2021 Jan 7.
- Rebic N, Munro S, Norman WV, Soon J. **Pharmacist Checklist and Resource Guide for Mifepristone Medical Abortion: User-Centred Development and Testing.** *Can Pharmacists Journal*. In Press, Accepted 2020 Nov 12.
- Dineley B, Munro S, Norman WV. **Leadership for Success in Transforming Medical Abortion Policy in Canada.** *PLOS ONE*. 2020 Jan 8;15(1):e0227216. doi:10.1371/journal.pone.0227216
- Shaw D, Norman WV. **When there are no abortion laws: A case study of Canada.** *Best Practice & Rsrch Clin Obst & Gyne*. 2020 Jan;62(1):49-62.; pii: S1521-6934(19)30055-0. doi: 10.1016/j.bpobgyn.2019.05.010.
- Wagner M-S, Munro S, Wilcox ES, Devane C, Norman WV, Dunn S, Soon JA, Guilbert E. **Barriers and facilitators to the implementation of first trimester medical abortion with mifepristone in the province of Quebec: a qualitative investigation.** *JOGC*. 2020 May;42(5):576-582. doi:10.1016/j.jogc.2019.10.037.
- Guilbert ER, Wagner M-S, Munro S, Wilcox ES, Dunn S, Soon JA, Devane C, Norman WV. **Slow Implementation of Mifepristone Medical Termination of Pregnancy in Quebec, Canada: A qualitative investigation.** *European Journal of Contraception & Reproductive Health Care*. 2020 Jun;25(3):190-198. doi:10.1080/13625187.2020.1743825.
- Norman WV, Munro S. **Let's keep our eye on the ball! Safety is important as pandemic conditions advance telemedicine abortion, but patient experience is also key.** *BMJ Sexual & Reproductive Health*. 2020;46(3):159-60. <http://dx.doi.org/10.1136/bmjsex-2020-200703>
- Bateson DJ, Lohr PA, Norman WV, Moreau C, Gemzell-Danielsson K, Blumenthal PD, Hoggart L, Li HWR, Aiken A, Black K. **The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries.** *BMJ Sexual & Reproductive Health*. 2020; 46:241-243. <http://dx.doi.org/10.1136/bmjsex-2020-200709>

Selected Abstracts from International Conference Presentations

Schummers L, Darling E, et al. **Do medication abortion complications increase when restrictive Risk Evaluation and Mitigation Strategy regulations are removed? A population-based study using single-payer linked health administrative data.** *Contraception*. Sept 2020. 2020;102(4): 273. [Presented Oct 2020 at major national conferences in USA, UK and Australia]

Norman WV, Munro S, et al. **Policy makers on the research team: real-time health policy improvements during mifepristone implementation research in Canada.** *Contraception*. 2018;98(4):331.

Dunn S, Norman WV, Martin-Misener R, Munro S, et al. **Supporting implementation of mifepristone abortion in Canada: A mixed methods study of a virtual community of practice.** North American Primary Care Research Group (NAPCRG) 2019 Annual Meeting. Nov 16-20, 2019.

Martin-Misener R, Norman WV, Roussel J, Bryant-Lukosius D, et al. **Protocol for implementation of nurse practitioner provision of medical abortion in Canada.** NAPCRG 2019 Annual Meeting.

Munro S, Wahl K, et al. **The role of researcher-policy maker partnerships on access to mifepristone induced medical abortions in Canada: Results of a realist evaluation.** *Contraception*. 2019 Sept.

Zusman E, Munro S, Norman WV, Soon JA. **Dispensing Mifepristone Medical Abortion in Canada: Survey Results of Pharmacists' Perspective.** Drug Information Association (DIA) 2020 Global Virtual Annual Meeting. Washington, DC, USA. June 14, 2020.

Health Canada evidence-based global-first deregulation of Mifegymiso® led to improved abortion access while maintaining safety. It ideally positioned Canada to transition seamlessly to pandemic virtual no-touch medical abortion protocols.

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