Training and Mentorship are Key Enablers to NP Prescribing of Mifepristone

Background
In 2017 mifepristone first became available for medication abortion in Canada and nurse practitioners (NPs) first became abortion providers as authorized mifepristone prescribers. Already fully decriminalized in Canada, remaining barriers to abortion—such as rural and remote location, patient knowledge and stigma—could potentially be addressed through NP leadership in provision.

Aim
Mixed methods study to understand barriers and enablers to mifepristone prescribing in NP practice and generate recommendations to improve implementation.

Methods
Sequential exploratory mixed methods study conducted from August 2020 to May 2021. Cross-sectional survey of NPs in Canada followed by semi-structured interviews with NPs and with stakeholders in health administration, government, advocacy, regulation. Feminist and interpretive theoretical lenses for analysis. Data organized data thematically. Descriptive analyses used to interpret quantitative survey data.

Author Affiliations
1. Faculty of Nursing, University of New Brunswick
2. Nova Scotia Health Authority
3. Centre for Gender and Sexual Health Equity
4. School of Nursing, Dalhousie University
5. Dept of Obstetrics & Gynecology, University of British Columbia (UBC)
6. Dept of Family Practice, UBC
7. London School of Hygiene & Tropical Medicine

Survey (N= 181 NPs)
Enablers included training and mentorship, local pharmacy stocking mifepristone, and surgical backup
Barriers include workplace policy restrictions and excessive time to ensure MA completion.

Interview Results
22 NPs and 20 stakeholder participants
Enablers included clinical leadership roles, engagement in community education and communication, and interprofessional outreach.
Barriers included low priority of abortion in NP practices, lack of support from colleagues or employers, and infrastructural barriers to ultrasound and emergency services.

Conclusion
Regulatory change is insufficient to change practice. Findings support the critical role for training and mentorship to improve uptake of NP prescribing, address employer restrictions and resource barriers. Need to augment abortion education to foster understanding and solidarity among colleagues. Findings can be integrated into policy, support practice changes, and direct future research efforts to advance equitable access to abortion.

References

Acknowledgements