

# Nurse Practitioner Prescribing of Mifepristone

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## 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.

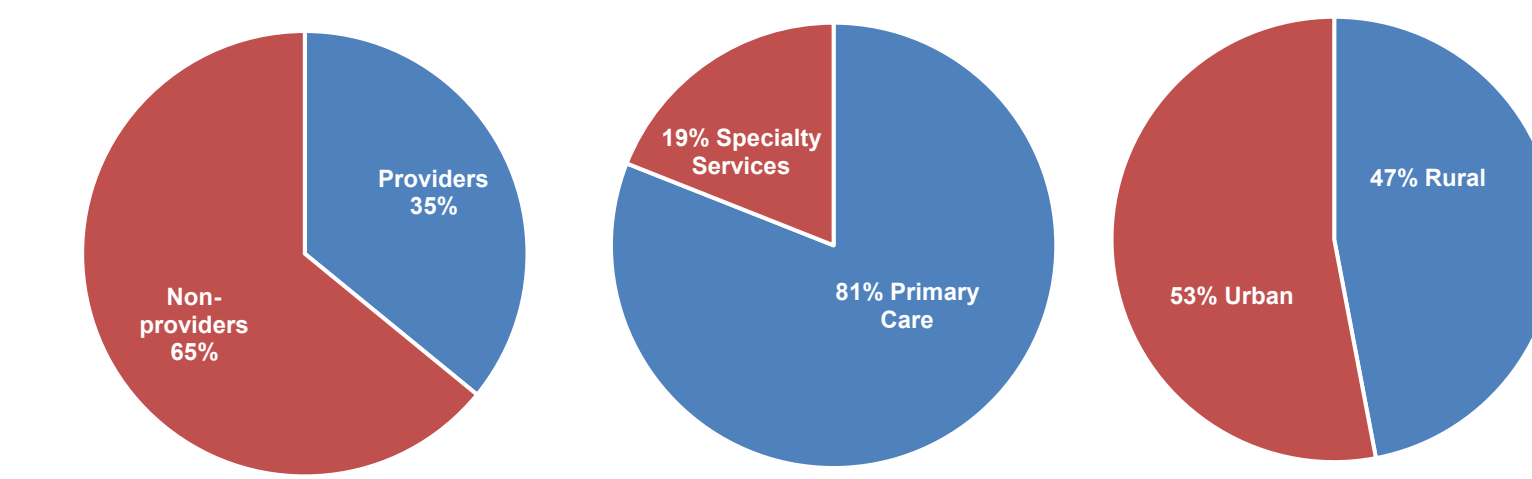
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# Training and Mentorship are Key Enablers to NP Prescribing of Mifepristone



## 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

Carson, A. et al. (2022). Optimizing the nursing role in abortion care: Considerations for health equity. *Nursing Leadership*, 35(1):54–68

## Acknowledgements



Image by Julia Hutt