



The evolution of integrating medical termination of pregnancy into a rural primary health care setting: What we have learnt?

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Overview

- Background: Supporting rural women experiencing unplanned pregnancy & abortion: Hume Region
- Medical Termination of Pregnancy (MTOP):
 - Approved Australian regimen
 - Eligibility
- Implementation of medical termination of pregnancy in a rural primary health care setting:
 - Planning
 - Nurse-led Model
 - Learnings
- Some stats

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Background

AUGUST 2012
Mifepristone (Liphepharma™) and Misoprostol (GylMiss®) were approved by TGA, subsequently listed on PBS

CERSH partnered with metropolitan services to improve access to MTOP and decentralise abortion services in Victoria

2012

2013

CERSH facilitated a meeting for Hume region health professionals, identified:
- MTOP for GPs and nurses,
- Knowledge and skills to support rural women experiencing unplanned pregnancy and abortion

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Background Cont.

MARCH:
Working party established members including: The Royal Women's, FCC, FPV, CERSH

JUNE:
Knowledge and skills to support rural women experiencing unplanned pregnancy and abortion: Training held in Benalla

2014

JANUARY 2015:
CLINIC 35 First MTOP!

MAY:
In partnership with HML, CERSH facilitated clinical training for GPs

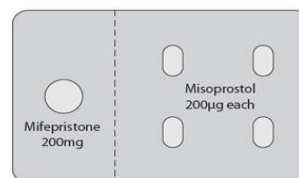
SEPTEMBER:
Clinic 35 GP undertook MTOP prescriber training

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Medical termination of pregnancy



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Medical Termination of Pregnancy

- Mifepristone (RU486) discovered in 1980
- The combination of mifepristone and prostaglandin for termination of pregnancy is a well established regimen that is safe and effective
- Used around the world for 20 years
- Available now in more than 50 countries:
 - 1988: France, Switzerland and China
 - 1991: UK
 - 2000: USA
 - 2001: New Zealand
 - 2012: Australia MS Health

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Choice of method

MTOP	STOP
High success rate: 95-98%	High success rate: 95-100%
Used in early gestation <9 weeks	Used at later gestation
Process occurs in privacy of home	Procedure performed at a centre
Surgical Instruments not required	Instruments inserted into uterus
No anaesthetic	Anaesthetic required
Medications are self administered	A clinician performs the procedure
Abortion usually occurs within 4-6/24 post 2 nd dose, and lasts 1-2 days	Procedure takes 5-10 minutes with a recovery time of up to 3 hours
Requires 2 visits to Health centre	Can be completed in one visit
Pain ranges from mild to severe Bleeding may be heavy or prolonged	Pain and bleeding post STOP is typically less

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1. Approved Product Information MS-2 Step (mifepristone, misoprostol)

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MS-2 Step: Australian approved regimen

- Medical termination of a developing intra-uterine pregnancy up to 63 days gestation
- MS-2 Step:
 - Mifepristone 200mg orally (1 tablet) followed by Misoprostol 800mcg orally/buccal (x4 tablets) 36-48 hours later₁

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1. Approved Product Information MS-2 Step (mifepristone, misoprostol)

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MS-2 Step: Client Eligibility

- Informed, voluntary choice
 - How and where the medications will be taken
 - Potential risks and side effects
 - Access to after hours and emergency care
 - Follow-up is essential
 - Alternative treatment (surgical abortion)
- Meets legal requirements for respective state/territory
- Gestational age no more than 63 days gestation
- No Medical Contraindications

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1. Approved Product Information MS-2 Step (mifepristone, misoprostol)

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Implementation of medical termination of pregnancy in a rural primary health care setting

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The Setting: *Clinic 35*

- Sexual and reproductive health service that is integrated into a larger community health setting
 - GP Practice, Refugee Clinic, ATOD Services, Headspace, Counselling, Hepatitis C
- Funded by Victorian Department of Health
- FREE and you do not need a Medicare Card
- Targeted to high risk and hard to reach populations, i.e. Youth
- Staffed 5 days a week
- Nurse-led
- GP Support

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Planning

- Partnership approach
- Planning undertaken in collaboration with partners
 - CERSH
 - Hume Medicare local
 - Another local GP Practice
- Model of care development
 - Nurse-Led
- Recruitment of Pharmacy
 - Willingness to undertake MS-2 Step training
 - Looked to Pharmacotherapy dispensing pharmacies

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Planning Cont.

- Consultation with key stakeholders
 - Medical Imaging Providers: Bulkbilling, requesting medical imaging
 - Emergency Departments: dealing with an MTOP client
 - Specialist Obs and Gynaecologists: inform of intention
- Communication Strategy
 - Professional networks, Word of Mouth, Talk Talk Talk

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Why Nurse-led Model?

- Nurse-led model excellent opportunity to increase access to MTOP in rural areas
- Consultations and administration is time consuming: initial consult 45 minutes
- Nurses make detailed physiological assessment, subsequent care planning, initiation and delivery of treatment, monitoring of patients condition, management of medications, and specialist referral in consultation with Medical Director/ GP
- Requires good working relationship with Medical Director/GP & Pharmacy who have undertaken MS2Step Training

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Client Pathway: Consistency

- Development of rigorous, clear client pathways in consultation with prescribing GPs, dispensing pharmacy and other GP service
- Development of standardised administrative documents
 - Client Consent
 - Letter to Pharmacy with Reply Notification
 - Letter to Emergency Department
 - Letter for anti-D administration
 - Checklist for other GPs
- Investigations required prior
 - Pelvic USS, BHCG, FBC, Bld Grp + Abs, Fe Studies

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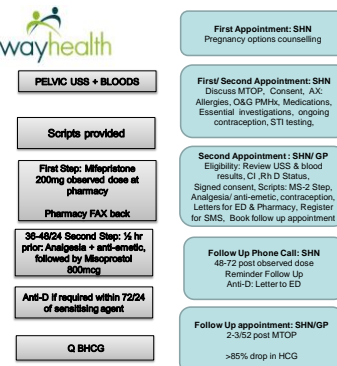


Client Pathway: Consistency

- Essential follow Up:
 - Telephone call from SHN after second step
 - Serum BHCG: If has dropped by $\geq 85\%$ by 2 weeks can be reassured has been successful
- Ongoing contraception
- STI Screening
- Special considerations
 - RhD Negative clients: administration of anti-D
 - Clients who live > 30 minutes from medical assistance

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