Integrating Early Abortion Services into Primary Care

Overview of Process

The Reproductive Health Access Project strives to integrate early abortion into primary care so that women can receive abortions where they get their general medical care. Incorporating abortion services is a process that requires thoughtful planning, sensitivity, and ongoing dialogue. It is a change that can take months or even years. It is not just a matter of adding a new medication or procedure; it requires an exploration of core attitudes and values. At the end of this process, patients gain access to abortion care in a safe, private, familiar environment; and health center staff members at all levels gain not only a deeper understanding of reproductive health, but also an enhanced ability to handle controversial issues in a positive, patient-centered manner.

Integrating abortion requires sensitivity and determination to overcome obstacles and barriers. Barriers depend on the existing culture of the practice, the level of knowledge and skill, as well as the attitudes and feelings of the staff. In order to effectively integrate abortion services, these concerns need to be identified and addressed. No single strategy will work for all health centers; cultural, geographic, and political differences call for individualized approaches.

If you are thinking about adding early abortion services at your health center, here are some suggestions about how to begin:

1. Start by identifying other medical providers, administrators and/or staff within your setting who might be interested and committed to providing abortion services. Initiate an informal discussion with colleagues about offering the service. Develop a plan for regular meetings of this Planning Committee. The Planning Committee will discuss tasks, timeline, potential obstacles and solutions to those obstacles. Possible tasks for the Committee (these vary from site to site) could include:

    - A survey of staff to ascertain how they feel about providing medical abortion at your site.
    - Values clarification exercise to address opposition/discomfort with providing medication abortion
    - Site-specific training for all staff who will be involved in medication abortion
    - Review of/development of site-specific protocol, including whether misoprostol will be provided on-site or prescribed.
    - Development charting tools
    - Ordering mifepristone
    - Coverage of call for medication abortion patients
    - Identifying suction back-up
    - Ultrasound:
        - If on-site, clinician training
        - If off-site, developing smooth referrals and educating Sonography staff.
    - Developing administrative support – who are key "players" who need to support this effort?

- Educating your billing department and sharing coding information
- Letting patients know abortion is available – informational materials, prochoice posters in offices, etc.

All of these materials are available on the Reproductive Health Access Project website.

2. Find out about other local health centers or medical providers who have successfully integrated abortion services into their practice. Invite them to a meeting of the Planning Committee so they can describe their experiences.

3. Identify and attend training programs relating to early abortion methods.

4. Inform staff members that you are considering the implementation of abortion at the health center, and that you are interested in getting an idea of people's thoughts and feelings about this. Implement an anonymous Staff Attitude Survey.

5. Establish regular meetings with staff (possibly in sub-groups depending on the size of the health center), to provide information and address concerns. Elicit staff members' input into the agenda for the meetings. Helpful topics could include:
   - Discussion of abortion service delivery in the context of reproductive choice, family planning, and the concept of helping every child to be a wanted child, and every parent to have their children when they feel they can best care for them. Ask staff members: what do our patients do when faced with an unwanted pregnancy? How do we counsel them, and where do we refer them? How might this process change if we offered abortion here?
   - Education of staff to the reality of the abortion provider shortage, and the potential impact on patients. Provide them with a history of abortion. Younger staff members may be unfamiliar with patients' experiences prior to abortion legalization. Share public health and research information about abortion.
   - Acknowledge that people on both sides of this issue have strong feelings.
   - Allow staff members to talk about how they feel and demonstrate respect for powerful feelings, even if they are hard to understand.
   - Use case scenarios or examples from actual practice.
   - Implement the Values Clarification Workshop in relatively small groups. This workshop should be co-facilitated and carefully planned. Strong feelings can be elicited during this workshop, so it is important that it is not the first time that staff hears that the center is considering the provision of abortion services. If you decide to implement the workshop, it is best delivered by skilled co-facilitators.
   - Help Staff to Stay Focused on the Needs of Patients

6. Present information on Early Abortion, including medication abortion and MVA, to all staff, including medical providers, nurses, and ancillary staff. It is important to avoid the assumption that everyone has the facts straight about abortion. For example, some staff

members may mistakenly envision medical abortion as a "procedure" similar to a suction abortion. Staff may think a manual aspiration abortion is identical to an electric vacuum abortion procedure, so having the manual aspirator available for staff to see and handle is helpful. Therefore this initial overview may be the first step in de-mystifying the process, realizing the benefits for patients, and embracing the possibility within one's practice. Even before a practice integrates early abortion, accurate knowledge facilitates appropriate referral to abortion providers. Brief role-plays of a provider-patient medical abortion encounter, with a question and answer period can be easily done in a 45 minute to one hour meeting with ancillary staff, nurses and even colleagues.

7. Consider implementing an anonymous Patient Attitude Survey. In some settings, demonstrating patient support for a service can help foster staff support.

8. Inform staff of survey results, and address staff concerns based on these results.

   For example, even staff members who support patients' choices may worry about security. It is important to address this concern, and develop a plan for security (see Frequently Asked Questions).

9. Develop a policy regarding staff members who feel that they are unable to participate in providing abortion services. In discussing these issues, it is important to clarify the differences between participating (i.e. counseling, administering medication, providing on-call services), from customary health center functions such as answering telephones, drawing blood, etc.). Be clear on the message that staff members will be given regarding these decisions.

10. When interviewing applicants for staff vacancies, discuss the issue of abortion. Applicants should assess how comfortable they would feel working in an office that provides abortion care.

A Final Thought

Increasing abortion access is important and difficult. There will be moments of great satisfaction, along with moments of deep frustration. In the long run, a well thought out plan will enable you to provide sustainable and high quality services.

We applaud your efforts to ensure that every patient can access full reproductive health services from their primary healthcare provider.

Talking with Patients: Letting Our Patients Know It's OK to Talk to Us About Abortion

Many patients have recounted their awful experiences asking their primary care or OB/Gyn doctor about where to get an abortion. While it horrifies me that any clinician would humiliate a patient this way, I feel even worse when one of my patients tells me that they hesitated to talk to me about abortion. Thus, I decided to make my office into an obviously pro-choice environment.

> My patients already know that I love doing prenatal and infant care - the waiting room has a large bulletin board with my patients' baby pictures. I needed to find a similar way to let my patients know that I will support them whether or not they decide to continue their pregnancies.

When I came across a large poster of Planned Parenthood's, in bold red white and blue letters even, that says: "PROUDLY: PRO-FAMILY, PRO-WOMAN, PRO-CHOICE" I decided that this was perfect for my exam room. I put it up on one wall. On another wall I have a large painting, obviously done by a child, and another wall has an international picture of children holding hands. Then, I placed smaller buttons and bumper stickers here and there on the bulletin boards with messages such as "You are not alone, 45% of women have had an abortion" and "Ask me about Emergency Contraception". Now the room feels more balanced.

We have so little time during our office visits, yet patients often sit in my exam room for 10 or 15 minutes waiting for me. I knew my "atmosphere" was working when a patient said to me a few weeks after I had redecorated, "I don't know what it is about your office, but I feel so comfortable here."(I had to laugh because my office is so shabby: badly in need of new paint, new curtains and a modern sink. As a salaried employee of a community health center, I can redecorate only in small ways.) Maybe what made that patient feel comfortable is really the oven mitts I use as stirrup covers on the exam table, but I like to think it is the posters and buttons as well.

Over the years since I have redecorated, many patients have commented. No one has ever voiced any discomfort. The most moving revelations have come from patients in their late fifties and older who have taken the time to tell me about their abortions before 1973: amazing, scary, brave stories. And then they thank me for helping make sure younger patients will never have to suffer the way they did. My patients reaffirm for me their need for doctors to be open to hearing their dilemmas about contraception and abortion. Many people who have had abortions are living with a nagging fear about future infertility. They need reassurance about this. Almost every person with a uterus has experienced a few stomach-knotting days before their period came late. Patients appreciate having a doctor who actually wants to talk with them about pregnancy prevention and who will support them if their method fails.

Link to Pro-choice Posters

Link to Patient Attitude Survey

Talking With Staff: How to Begin A Conversation About Abortion With Office Staff

Clinicians who want to add abortion services to their health center's practice often wonder how to discuss this subject with staff and colleagues whose views on abortion are unknown. I have found it useful to bring up the subject in the context of a case discussion. The ideal case involves a patient well known to the staff who clearly needs an abortion – so much so that anyone but the most dogmatic "anti" would understand their need – but faces difficulty in getting the procedure done elsewhere. "If only they had been able to obtain this service from their own clinician, in the privacy of their provider's office."

The case that hit home for my staff was a 26-year-old cisgender woman who had intermittently lost custody of her first two children because of suspected abuse and neglect. Because she had a consistently depressed affect, I had been trying for some time to get her into psychotherapy. Her husband was also our patient. He did most of the daytime childcare while she worked, and then he worked night shifts. He was clearly exhausted by this schedule. All of the staff knew the family, because they often arrived late or missed and had to be rescheduled for appointments. The children were always behind in their immunizations and were in our "children of concern" file. We had referred them to the social worker and to early intervention services. Everyone who knew them agreed that another child was the last thing this couple needed. The mother then came to us with another unplanned pregnancy, asking for an abortion. We referred her to the local Planned Parenthood and did not see her again until she returned in her sixth month of pregnancy. When I began her prenatal care, I asked her about the planned abortion. She said she just could not go to "one of those clinics." I asked if she would have been able to go through with an abortion from me, in our office. She said, "Of course. Are you going to be able to do that?" Her case helped to inspire me to provide abortion services in our family health center.

During a team meeting in the health center, this story gave everyone pause. The discussion quickly became heated, with some staff members sympathizing and others condemning this patient for having become pregnant. The conversation allowed us to use a concrete example to examine staff members' objections. (A nurse said, "If abortion were readily available, some women might use it for birth control"; and a receptionist countered, "Well, which is preferable: another child for this family, or an abortion as birth control?") This case allowed us to discuss the importance of children being born wanted, not just as accidents of sexual activity. We talked about parenthood as a life-long responsibility, to be undertaken intentionally, not just because birth control failed.

Why should primary care clinicians offer early abortion?

- No picketers or harassment
- Patients with an unwanted pregnancy can make their health care decisions with a known health care system/health care provider.

- Patients will have increased continuity of care.
- Patients won't have to travel for abortion services.
- There will be decreased marginalization of patients seeking abortion and of abortion providers as abortion is integrated into primary health care services.

Link to Role-play for Teaching Counseling of Early Abortion

Link to Staff Attitude Survey

Link to Values Clarification Workshop Curriculum

Getting Started With Medication Abortion

Access clinical, administrative, patient education and teaching resources that will help you integrate medication abortion into your clinical practice here.

Getting Started With Aspiration Abortion

Access clinical, administrative, patient education and teaching resources that will help you integrate aspiration (manual vacuum aspiration/mva) abortion into your clinical practice here.