

## **Access to Medical abortion in NSW: insights from women**

Dawson A<sup>1</sup>

Bateson D<sup>2</sup>

Nicholls R<sup>1</sup>

Doab A<sup>1</sup>

Estoesta J<sup>2</sup>

Brassil A<sup>2</sup>

Sullivan E<sup>1</sup>

<sup>1</sup>. Centre for Public Health, Faculty of Health, University of Technology Sydney

<sup>2</sup>. Family Planning New South Wales

### **Background:**

Recent changes in Australia's national policy with the approval of mifepristone and misoprostol for medical termination of pregnancy (MTOP) have led to increased choices for Australian women. In New South Wales, there is no statewide data on abortion and incomplete information on MTOP. Further, there is limited research concerning women's abortion knowledge and views. We undertook a qualitative research study to investigate women's opinions, perceptions and practices concerning MTOP.

### **Methods:**

Ninety women from urban, rural and remote locations were interviewed with a range of views on abortion. A deductive content analysis methodology was employed to analyse transcripts based upon a framework we developed to examine access to early abortion.

### **Results:**

Most women were unable to describe characteristics of surgical or medical methods, unless they had personally undergone the procedure. There was little awareness that MTOP was available and that it could be accessed through GPs. Women who recounted personal stories of their medical abortions, indicated knowledge of GP providers via word of mouth or social media. Some women noted having being sent away by GPs with incorrect or no information, particularly in rural areas. Participants anticipated that they would be fearful of the judgemental attitudes of GPs if they needed an abortion. This was usually based on past negative experiences when accessing contraception.

### **Conclusion**

There appears to be considerable scope for public education campaigns for women on the abortion options available to them. Sensitivity training and standards for GP provision of MTOP may help to support timely referral and up-to-date information. Practice nurses could play a role in advising women in busy GP practices. However, providing information for women about GPs who are currently offering MTOP services remains a challenge as many GPs may wish not to advertise this.

### **DISCLOSURE OF INTEREST STATEMENT:**

The authors declare no conflicts of interest