**Project ECHO: West Vic PHN Hub – Population Health Network: Reproductive Health Series**

**Series 1 - Session 8, Thursday 24th of August 2023**

**Bianca Forrester (Session facilitator & Clinical Lead of Innovation and Learning): Introduction**

* Project ECHO – panel & participant discussion about population health
* Primary care models for early medical abortion
* Acknowledgment of countries

**Naomi White (Senior Manager Regional Partnerships and Public Health): West Vic PHN**

* Acute rheumatic fever and rheumatic heart disease are newly notifiable conditions
* Webinar available on Wednesday 6th of September
* Registered nurses, pharmacists and Aboriginal and Torres Strait Islander health workers must complete immunizer training to continue to deliver COVID vaccines

**Prof Danielle Mazza (CF Head & Director): Dep of General Practice & SPHERE NHMRC**

* Almost 200 000 unintended pregnancies in 2020: approximately 40% of pregnancies
* People living rurally are 1.4 times more likely to have an unwanted pregnancy
* Live births (53%), abortions (31%), miscarriages (15%) and stillbirths (1%)
* 10.8% of Australian women use a long-acting reversible contraception (LARC) < 1% failure
* 31% of women in Sweden use a LARC
* MS-2Step: 10% of GPs are trained to administer medical termination of pregnancy
* Best practice women’s health services offer abortions
* Over 1/5 women have an abortion over their lifetime
* Phone and video consultation Medicare numbers for sexual and reproductive health
* ORIENT study: nurse-led care model to increase regional LARC and medical abortion access
* ALLIANCE trial: pharmacy-led care model to increase access to contraception and abortion
* Online GP training on effectiveness-based contraception counselling and rapid access clinics increase LARC uptake (41% at 3 years) and reduces unwanted pregnancies and abortions

**Barriers to accessing safe early medical abortions:**

* Medical terminations of pregnancy can be time consuming for the clinician
* Follow up of this cohort of patients can be poor

**Enablers to accessing safe early medical abortions:**

* Removing requirement for mandatory training to prescribe MS2Step
* Removing requirement for pharmacies to register to dispense MS2Step
* Allowing nurse practitioners and endorsed midwives to prescribe MS2Step
* Telehealth women’s health providers being listed on Health Pathways
* Marie Stopes, Clinic 66 and family planning organisations are reputable providers
* Phone and video consultation Medicare numbers for sexual and reproductive health: can access prescriptions from another state provider

**Case presentation by Dr Hannah Walker (UFS Medical)**

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| Situation: * 16-year-old requesting medical termination of pregnancy

Background: * U/S confirmed pregnancy 6 weeks 6 days gestation
* Christmas period: hospital clinic closed for 2 weeks 🡪 time sensitive

Assessment: * On the combined OCP 🡪 vomiting illness causing possible failure
* Patient did not want surgical termination of pregnancy

Recommendation: * MS2Step prescribed and dispensed
* Education
* Follow up serum bHCG at 2 weeks with a clinic appointment the following day
* DNA x 2
* Eventually undertook follow up bHCG

Questions for the group:1. How can we offer a time-efficient service?
2. Where does the responsibility lie for follow up?
3. How can we appropriately bill for the time as a practice?
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**Clarifying questions:**

* Was she interviewed alone? Was she coerced in any way?

**Recommendations:**

* MS2Step training requires 3 hours to complete 🡪 the training is well worth the time
* Create pathways for follow up through the clinic to improve efficiency: requires set-up
* Different models of care and billing available 🡪 resource provided to guide care models