Case Study

Streamlining abortion consultations and treatment during the COVID-19 pandemic

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BACKGROUND

Dr Jane Dickson is a Consultant in Sexual Reproductive Health Care at the Aneurin Bevan University Health Board. Jane is the lead for the abortion service and also serves as the Clinical Director of sexual and reproductive health services for the Health Board.

As the Clinical Director, Jane is responsible for the oversight and governance of all sexual and reproductive health services in Gwent. These services include concerns related to contraception, sexual health testing, vasectomy, psychosexual counselling, sexual assaults, and more.

The abortion care service provides support to approximately one and a half thousand women a year across Gwent. Her team try to keep the majority of the care in-house, however, capacity is limited and, in the past, approximately between 10-20% of their activity was referred into third sector provision with BPAS, the British Pregnancy Advisory Service in Cardiff.

Since the COVID-19 pandemic began, Jane's team at the abortion care service has been able to streamline their services and are now doing the vast majority of care in-house.

AIMS

When the pandemic hit, the Abortion Care Services team found themselves in a good position as guidance was provided by the Royal College of Obstetricians and Gynaecologists (RCOG) who provide national care standards.

In the past every woman who requested an abortion rang for an appointment via the direct access telephone line and were usually provided with an in-person appointment set for 1-2 weeks' time. This appointment would take roughly 2 hours and would include a scan followed by a meeting with both a nurse and a doctor to consider the best way forward.

The new RCOG guidance aimed to reduce face-to-face meetings, limit patient exposure, provide information in an easy-to-digest format, and speed up the consultation process. The new process highlighted that not every woman needed to have a scan: if she was sure of her date, last period, and other concerning factors, she could actually have her treatment provided without the need for a scan.

Under the new RCOG process, most patients were provided with a telephone-based consultation within 1-2 days of reaching out, as opposed to the previous 1-2 week wait for in-person appointments. Following their appointment, a patient would have the choice of picking up their prescription from the clinic or having it posted out to them. The team produced a video resource to greatly help the patient feel more connected with the service. They also enabled sign-off by the two consultants before the patient's visit to the clinic to pick up the medication, without the need for further face to face interaction with multiple staff and the exchange of forms. For those emergency cases, an emergency line and visits for scans were also set up.

CHALLENGES

While the process was, in theory, seamless, Jane's team faced challenges around posting prescriptions out to patients. A patient must be within a certain timeframe of their pregnancy to legally take abortion medication and, with the delays in postage caused by the COVID-19 pandemic, the service was faced with considering whether the patient would receive their prescription on time. To ensure medication was received on time, this challenge was tackled by the team suggesting patients either picked-up their prescription in person or sent a representative to do so for them.

Another challenge the team faced was the loss of capacity in relation to surgical abortions. Due to the incredible rise in COVID-19 cases, hospitals deemed surgical abortions to be non-emergency procedures, so many women were pushed towards having medical abortions.

OUTCOMES

This approach greatly streamlined the abortion process for many of their patients. The team received outstanding patient feedback and found that there was much more of a sense of engagement with the service. Additionally, they saw an increase in cases with lower gestation rates which resulted in fewer failed abortion procedures and complications.

With the elimination of additional administration and long clinic wait times characteristic of the pre-COVID-19 approach, this process also cleared up time and space for women who needed surgical abortions to be seen in the community clinic as opposed to a hospital.

Overall, this change greatly enhanced patients' experience: reducing wait times, number of appointments and complications; increasing the robustness of prescribing and legal procedures; improving the patient's experience and condition, and contraception uptake; all the while maintaining a personal and human nature.

NEXT STEPS

Jane and her team have noted that this new model and associated processes should be kept in place post-lockdown as they have given them a chance to innovate and make necessary changes to an old, stagnant process.

The content the team created during their time in lockdown, including informational videos, were very well received and they would like to continue producing similar content and to ensure women are well informed and feel more involved in their care.

At present, the team does not have any plans to revert to their old model of care and hopes to help maintain a similar model in clinics across Wales, since all abortion leads have become more cohesive and interaction has improved. Jane also advocates for the law related to the consumption of the first abortion inducing tablet to be kept in place post-COVID-19, allowing women to take the pill at home rather than at a clinic or hospital, enabling early treatment whilst preserving the paramount safety requirements.

"Just because you've done something one way for a long time, that doesn't mean it always has to stay that way. . . . It's quite difficult to change anything from the standard way [but] it actually gave us a real opportunity to innovate. We learned that it was safe and we learned that we could provide a better quality service."

Jane Dickson