

INCREASING ACCESS TO MEDICAL TERMINATION OF PREGNANCY THROUGH NURSE-LED MODELS OF CARE

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Introduction: Evidence suggests rural women experience significant barriers to first trimester abortion including lack of support around unplanned pregnancy, lack of access to actual abortion services, and increased cost associated travel and the abortion procedure. In an effort to minimise these barriers and thus improve access to abortion services in North East Victoria, Clinic 35 was supported by the Centre of Excellence in Rural Sexual Health (CERSH) to integrate a nurse-led model of care for medical termination of pregnancy (MTOP) into a sexual and reproductive health care setting.

Methods: Nurse-led clinics are a model of care indicated where there are gaps in access to services, high demand or waiting periods, and or workforce shortages. These clinics are run by nurses with advanced skills and knowledge, and work autonomously with the support of a multidisciplinary team, and or medical director. Sexual Health Nurses (SHN) at Clinic 35 coordinate the pathway for MTOP. They undertake the initial consultation, facilitate unplanned pregnancy options counselling, make a detailed physiological assessment, and order required investigations in consultation with the medical director. Clients are subsequently rebooked with the SHN and Medical Director to confirm eligibility and prescribe MTOP. Clients are then followed up 3 weeks later by the SHN.

Results: Through the nurse-led model, Clinic 35 is able to provide access to MTOP for the cost of a PBS script \$38.30 or \$6.20 with a health care card.

Conclusion: Nurse-led clinics are an innovative use of the nursing workforce that improves patient's outcomes and facilitate timely access to specialist services, in particular medical termination of pregnancy. Moreover, this model is transferable to many primary health care settings including General Practice, and community health.

Disclosure of Interest Statement: Nil