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Title

The 2019 Canadian Abortion Provider Survey

Priority 1 (Research Category)

Survey research or cross-sectional study

Presenters

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Abstract

Context: Recently, updated Canadian surgical and medical abortion practice guidelines were released, mifepristone was approved by Health Canada for first trimester medical abortion (FTMA) as a regular prescription, and nurse practitioners (NPs) began to independently provide abortion care. These changes enabled a shift for abortion provision into primary care. Objective: (1) Describe the abortion care workforce, (2) Evaluate the reported clinical abortion practice compared to current clinical practice guidelines, and (3) Assess stigma and harassment experienced by providers. Study Design: Cross-sectional, self-administered, anonymized survey available in French and English. Setting: National survey of abortion providers in Canada. Population studied: Physicians and NPs providing abortion care in 2019 were contacted through national professional health care organizations. Outcome measures: Respondent demographics, characteristics of first and second trimester surgical and first, second and third trimester medical abortion (STTMA) practices, and stigma and resilience experienced by providers. Results: Between July and December 2020, 435 physicians and 30 NPs were recruited, representing every province and territory in Canada. The highest proportions were from the most populated provinces: Ontario (31.8%) and Quebec (23.6%). Most physicians were family physicians (n=246) or obstetrician-gynaecologists (n=185). Among 358 FTMA respondents, 61.3% reported having less than five years experience and 99.4 % used a mifepristone misoprostol regimen. Of 115 STTMA respondents, 58.5% used an off-label but guideline supported mifepristone misoprostol regimen. Respondents included 222 first and second trimester surgical abortion providers. Only 4.6% of 109 second trimester surgical abortion provider respondents used mifepristone for preoperative cervical ripening. Twelve percent of respondents experienced harassment or violence in 2019, most commonly as picketing or confrontations at their workplace. Conclusion: Introduction of mifepristone and changes in abortion guidelines, regulations and licensing changed the abortion workforce and care in Canada. Respondents reported overall provision of FTMA in line with current guideline. Guideline supported second trimester use of mifepristone has not been fully adopted yet. The results of this study will inform knowledge translation activities directed at health system, policy, and service leaders.