

Submission Id: 2799

Title

Medication abortion and nurse practitioner practice in Canada: A qualitative study

Priority 1 (Research Category)

Qualitative research

Presenters

Andrea Carson, PhD, Martha Paynter, MSc, RN, Wendy Norman, MD, MHSc, Emma Cameron, Ruth Martin-Misener, PhD, Sarah Munro, PhD

Abstract

Context: In 2015, Health Canada approved mifepristone for medication abortion for use in Canada and by 2017, the drug was available for use by physicians and nurse practitioners (NPs). As potential abortion providers, NPs could expand access to this necessary service for a broader population. There is a need to understand the NPs experiences implementing mifepristone in practice and the unique provider-specific barriers they face, to improve implementation of mifepristone in primary care.

Objectives: The objective of this study was to identify the context-specific barriers and enablers to NP provision of mifepristone in Canada. A key second objective was to improve implementation amongst NPs. **Study Design:** Mixed-methods implementation design. We report the qualitative component of this study. Qualitative data were analyzed using a feminist theoretical lens and organized thematically.

Setting or Dataset: Primary care, women's health, sexual and reproductive healthcare. **Population studied:** Nurse practitioners across Canada in primary care, women's health, and sexual or reproductive health (n=22). Nursing stakeholders in health administration, government, advocacy, regulation (n=20).

Results: NPs who provided mifepristone engaged in clinical leadership, community education and communication, and interprofessional outreach to offer this service in their practices. NPs who did not provide mifepristone felt it was either low priority in their practices, were unsupported by colleagues or employers to offer mifepristone, or faced major resource barriers (e.g. no access to emergency services in their region).

Conclusions: Participants' stories elucidate the potential value of NPs to improve and expand abortion access and pregnancy options for people in Canada. NPs also face multiple ongoing barriers to their provision of mifepristone. Allied health professionals, employers, policymakers, and administrators may use these insights to better support NPs in practice for improved reproductive health equity.