
How We Provide Abortion Care: Highlights from the 1997 and 2002 NAF Provider Surveys

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Faculty disclosure

- Dr. O'Connell has no financial affiliations to disclose

Note: Additional disclosure information is located within the program



Learning Objectives

At the conclusion of the session, participants will be able to:

- Discuss the importance of taking a holistic approach to abortion care.
 - Describe the challenges related to language and nomenclature when discussing abortion.
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Learning Objectives (cont)

- Identify the gaps in services and factors affecting access to care that women may face when seeking a second-trimester abortion.
 - Discuss common clinical practices among national abortion providers, and how these practices relate to the evidence.
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NAF Provider Survey

Researchers:

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- Maureen Paul, MD, MPH
- Melissa Simon, MD

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Evidence and Practice

- Good evidence about best practices in abortion care
 - But do our practices follow the data?
 - What can patients expect when they go into their doctor's office for an abortion?
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National Abortion Federation Survey

- Only comprehensive organization of North American abortion providers
- Members:
 - Clinics
 - Individual providers
- Conducted to document current practices



NAF Provider Surveys

- Initial survey in 1997
 - First-trimester surgical abortion practices only
- Follow-up survey in 2002
 - First- and second-trimester
- Sent to all active NAF members
- Administrative questionnaire
- Clinician questionnaire (in 2002 only)




Response Results

78%
(289/364)
clinics
responded

273
clinics
returned
admin
survey

293
providers
returned
clinician
survey


* 180 clinics



How Many Procedures Provided?

U.S. Clinics


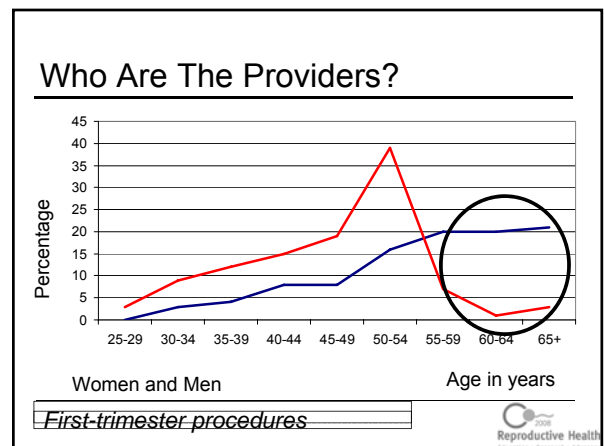
First Trimester	Second Trimester
326,750 D&Cs 28,400 medical	68,900 D&Es 3,643 inductions

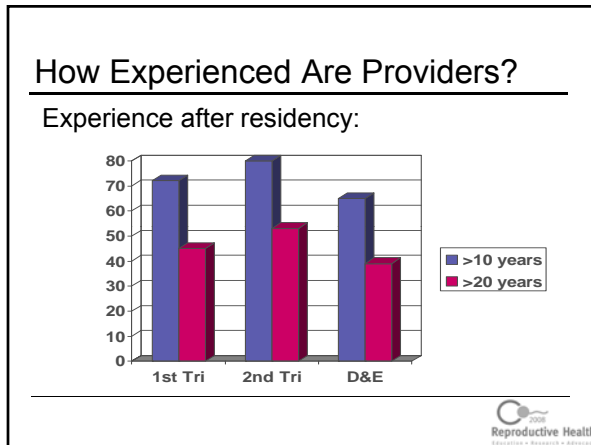
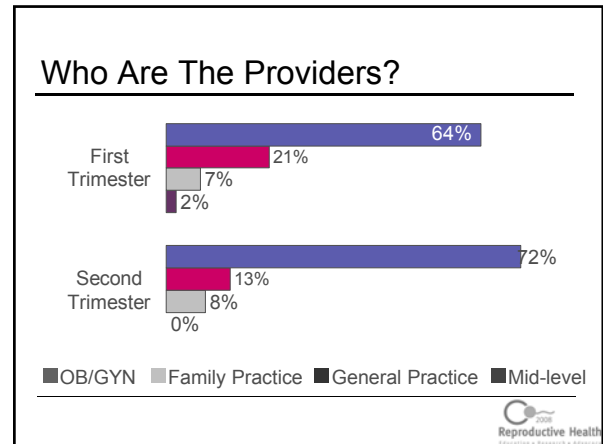
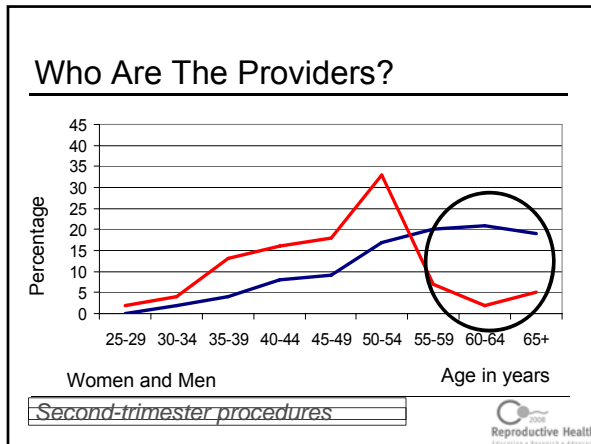


How Many Procedures Provided?

Canadian Clinics

First Trimester	Second Trimester
25,750 D&Cs *	1,850 D&Es no inductions



When Can I Get An Abortion?

Offer D&C at 4wks LMP	34%
Offer D&C at 5wks LMP	31%
Offer D&C at 6wks LMP	29%
<i>Surgical abortion < 6wks LMP</i>	65%

Reproductive Health

When Can I Get An Abortion?

Offer mifepristone up to 49 days LMP	98%
Offer mifepristone up to 63 days LMP	65%
Offer mifepristone past 63 days LMP	2%

Reproductive Health

When Can I Get An Abortion?

Abortions >20 wks from LMP	50%
Abortions up to 24 wks LMP	25%
Weight or BMI restrictions	26%
Prior uterine incision (yes)	97%

* 2001 survey

Reproductive Health

2nd Trimester Abortion Availability

- **72%** of clinics (192/268)
- Most of these clinics were small (60%)
- **17%** of clinics (n=33) performed more than 1000 second-trimester cases annually
- **24%** of clinics also offer medical induction abortions
- Most clinics (76%) did not routinely use preoperative feticide



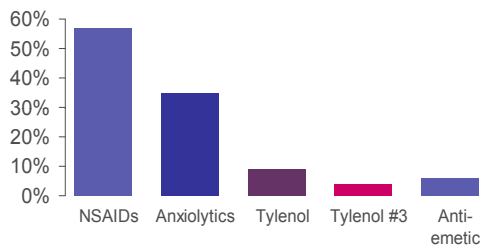
What Can I Expect When I Go?

Ultrasound Confirmation of Gestational Age

First Trimester Surgical Abortion	91%
First Trimester Medical Abortion	98%
Second Trimester Surgical Abortion	99%
Second Trimester Medical Abortion	100%



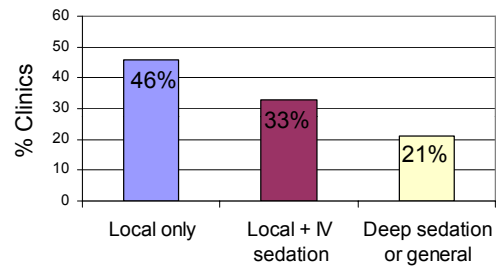
Pre-operative Medications



First-trimester procedures



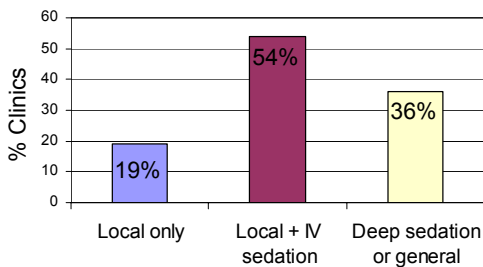
Anesthesia Options – 1st Trimester



For 40-100% of clients



Anesthesia Options – 2nd Trimester



For 40-100% of clients



1st Trimester Practices


Selectively use MVA	49%	↑ 18%
Routinely sound the uterus	10%	↓ 25%
Routinely use metal curette	47%	↓ 57%
Never use metal curette	32%	↑ 14%
Routine tissue exam	93%	↑ 91%
Routinely send tissue to path	22%	↓ 30%



Clinical Practices

Intra-operative Ultrasound


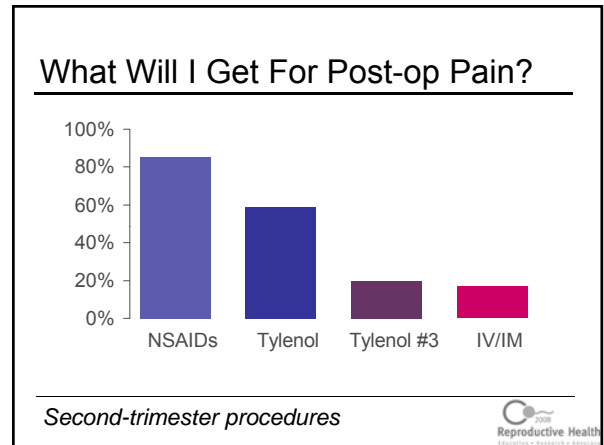
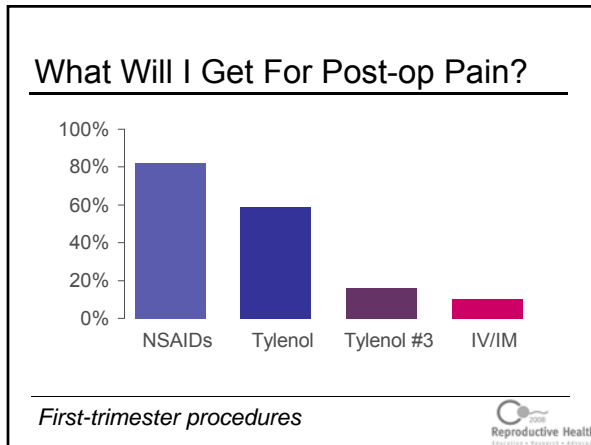
First Trimester – Routine	21%	↑ 7%
First Trimester – Problem cases	70%	↓ 87%
Second Trimester – Routine	51%	
Second Trimester – Problem cases	47%	



Clinical Practices

Antibiotic Prophylaxis

First Trimester Surgical Abortion	88%
2 nd Trimester Cervical Preparation	57%
2 nd Trimester Post-operatively	95%

- ### Where do we go from here?
- 1** Train more providers
 - 2** Continue CME of the best practices in abortion care
 - 3** Train more providers!
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