Medical abortion: it is time to lift restrictions

To the Editor: In their article, De Costa and colleagues[1] clearly demonstrate the importance of making mifepristone freely available for prescription to all registered Australian medical practitioners, and they emphasise that the current need for special registration discourages general practitioners to become involved in medical abortion provision. We conducted a cross-sectional study of 39 GPs and 30 primary health care nurses from regional or rural Victoria and identified additional uptake barriers.[2]

Most study participants showed important gaps in medical abortion knowledge, despite their overall positive stance on abortion and extensive experience with women with unplanned pregnancies, and only a few indicated to be current medical abortion providers. Although nearly all health practitioners indicated they would support a colleague in providing abortions, fewer GPs than nurses were interested in medical abortion training. The main reported uptake barriers to medical abortion provision included a lack of training opportunities as well as the absence of local support services required in Australia for the recommended pre-abortion ultrasound and for surgical back-up in the case of complications. Participants additionally worried about the legality of providing abortions, and some indicated that their practices would not allow the provision of this service.

Abortion access for Australian women in regional and rural regions is still very restricted. By moving early medical abortion provision into the primary health care setting of underserved regions, and particularly in general practice, this situation can be considerably improved. However, the uptake among GPs remains low.[3] In addition to addressing uptake barriers, alternative solutions to improve abortion access in underserved areas should be further explored as well, such as the use of telemedicine (until recently provided by the Tabbot Foundation) and the inclusion of primary health care nurses in the abortion provision process — an evidence-based practice that is already extensively implemented in a range of high income countries.[4,5] A nurse-led model approach not only addresses the shortage of physicians but also the time-intensive aspect of the medical abortion process, and it provides women with choice and flexibility, which is indispensable to their reproductive autonomy and, thus, to their overall welfare.

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