

MacHSR Future Leaders Fellowship program Final reporting (Cohort 1)

Name: Eleanor Johnson

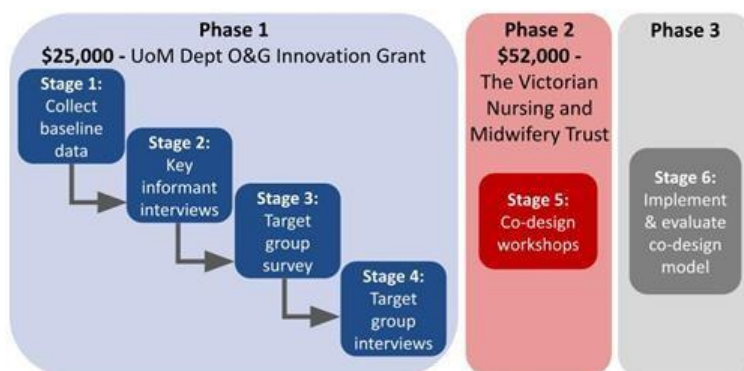
Project title: Partnering with the community to co-design a comprehensive abortion care service in Melbourne's North: A mixed methods multiphase study

Project overview: <https://medicine.unimelb.edu.au/research-groups/obstetrics-and-gynaecology-research/the-co-designing-abortion-care-in-melbournes-north-research-team>

Achievements/Outputs:

- Selected as a **2024 MACH-Track trainee** enabling me to continue working on this research.
- Second author for a research article exploring abortion care provision in Victoria over the last decade. This article has been accepted for publication. This research is not part of the co-design project, but the MacHSR fellowship meant I had the capacity to contribute to this work.
- Second author for a research article exploring our stage 2 findings. This has been submitted to BMC Women's Health and we are awaiting feedback.
- October 2023: **Northern Health Research Week 2023**- Top 10 abstract for Stage 2 research- poster
- September 2023: **ACM – National Conference 'Be the change' 2023**- EJ & KC (Kate Chaouki – co-investigator) presented Stage 2 – Key informant interview findings.
- June 2023: **Northern Health – Grand Rounds**- EJ & KC presented Phase 1 of the research project as part of a series on nursing and midwifery led research at Northern Health
- March 2023: **Northern Foundation International Women's Day Breakfast**- EJ & KC were invited to meet the Minister for Health, Mary-Anne Thomas, and the Parliamentary Secretary for Women's Health, Kat Theophanous, to discuss the expansion of Northern Health's Family Planning Clinic and our midwife-led abortion care co-design research. The Premier's statement on this which mentions the research can be found [here](#). Mary-Anne Thomas's comments about the morning meeting can be found [here](#).

Project workflow



Phase 1

- Stage 1: Collect baseline data – complete
- Stage 2: Key informant interviews – complete
- Stage 3: Target group online survey – complete
- Stage 4: Target group semi-structured interviews – complete

Phase 2

- Stage 5: Co-design workshops – work underway with workshops anticipated to occur in early-mid 2024.
- This report will focus on Stages 3 & 4 of this research as this is what I focused on during MacHSR.**

Summary – Stage 3: Target group online survey

Ethics and local governance approval for Stages 3, 4 and 5 was received at the end of February 2023 (HREC/18/Austin/44). The target group cross sectional online survey was live from March – May 2023.

Recruitment:

-Consumers attending the Broadmeadows Hospital family planning clinic; social media advertising of the survey (Appendix 1) via Facebook, Instagram and Twitter operated through the Northern Health Communications team; our Northern Health and community stakeholder groups (e.g. Narrun Wilip-giin – NH Aboriginal Support Unit, 1800myoptions, the Multicultural Centre for Women’s Health, etc).

Population:

The target group for this survey was women or gender diverse people aged 18-50 years, in the Northern Health catchment region who have ever accessed abortion care or would consider accessing abortion care in the event of an unintended pregnancy (i.e. a pregnancy that is mistimed, unplanned or unwanted at the time of conception).

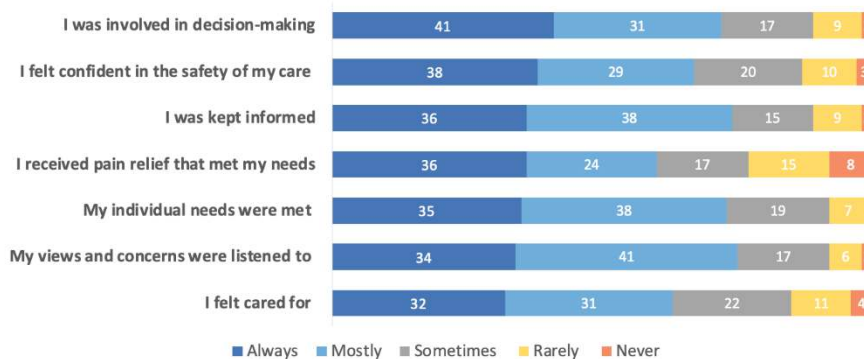
Results

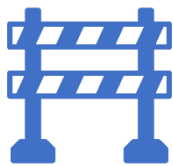
There were 1275 survey responses with 1006 respondents completing all required sections of the survey. Of those that completed the survey, the demographic features have been included as an Appendix (Appendix 2). Of the completed survey responses, 420 (42%) of the respondents had previously accessed abortion care. Our primary outcome of interest was patient experience as defined by a person’s rating of satisfaction with their overall abortion care experience (“All things considered, how satisfied were you with your abortion care experience?” Responses were reported on a 5-point Likert scale – 1. very dissatisfied, 2. dissatisfied, 3. neutral, 4. satisfied, 5. very satisfied). This scale was selected to ensure consistency throughout the survey (other survey questions also utilise a 5-point Likert scale). This was then transformed into a dichotomised variable, 1-3 being ‘not satisfied’ and 4-5 being ‘satisfied’.

We hypothesized that approximately 83% of participants would report being satisfied with their care (reported as being between 72-93% in research from other high income settings). We required a minimum sample size of 215 to report proportions with a 95% confidence interval and to provide a margin of error of plus or minus 5%.

Approximately 62% (259/420) of respondents reported being satisfied with their abortion care experience. These findings refute our hypothesis and highlight the extent to which improvement in abortion care is needed in Melbourne’s north. Satisfaction is not the sole determinant of patient experience. Therefore, we explored other contributors to patient experience and provided the opportunity for qualitative feedback also.

Figure 1: Stacked bar chart of participant responses about their experience of abortion care (%)





The most frequently selected barriers to accessing care in the region were **cost** (63%), **stigma** (37%), **difficulty finding abortion care services** (36%), **obstructive or unhelpful healthcare providers** (32%), arranging **transport** (31%) and arranging **time off work** (29%).

The most highly rated interventions that consumers thought we should introduce to our service were:

- educational information in a wider variety of language/formats,**
- midwife/nurse led early medical abortion,**
- increased access to mental health support,**
- increased availability of abortion/contraceptive care appointments,**
- telehealth for early medical abortion.**



Further analysis of the quantitative survey data is needed and there is a significant amount of free text responses that require qualitative analysis. An interim analysis of our findings has been presented to a NH Hospital Executive. I aim to work towards disseminating findings from this Stage through publications, conference presentations, etc, and using this data to inform the development of content for the Stage 5 co-design workshops.

Summary - Stage 4: Target group semi-structured interview

Our semi-structured interviews commenced on Monday the 3rd of April and concluded on 10th of July. The interviews took place on Northern Health grounds or via Zoom according to participant preference. We have completed 13 consumer interviews in total (our aim being 10-12). The interviews aimed to facilitate access for target group members who were interested in this research topic, but may have been unable to participate in an online survey or workshop for whatever reason (e.g. literacy/visual reasons, linguistic diversity, time constraints, etc), to contribute, engage and 'have their say'. Participants were purposively selected to try and ensure as broad and diverse input as possible and included people who spoke languages other than English at home and required an interpreter, people who were born outside of Australia, people who identified as being of Aboriginal and/or Torres Strait Islander origin, people who are wheelchair users and people who identify as non-binary/gender diverse.

The semi-structured interview guide is included as an Appendix (Appendix 3). The interviews ranged from 30 minutes to 90 minutes in total. Data will be used to create a 'trigger' video used as part of the experience-based co-design workshops (Stage 5) to facilitate discussion and findings will be disseminated through publications, conference presentations, etc.

Challenges

- **Ethics delays:** We submitted a protocol for Stages 3, 4 & 5 to a National Mutual Acceptance Scheme HREC in September 2022. We originally chose to apply to this NMA HREC site as they were recommended by a senior researcher based on their relatively short turn-around times. Given the subject matter of our work, we contacted their ethics department several months prior to submission to ensure the HREC would be able to review our project as it was affiliated with a Catholic Hospital. We were assured that the HREC was an independent body and would be able to review our project. Unfortunately, despite these assurances we were told in October 2022 that a Hospital Executive overruled the HREC and determined they could not review/provide approval for our project due to the subject matter and we needed to apply elsewhere. We then resubmitted to Austin HREC (~2 month delay).

- **Governance delays:** The Research Contract Agreements between Northern Health and the University of Melbourne (for Prof Vaughan's time and support) and Deakin/Western Health (for Prof Rasmussen's time and support) were held up which delayed governance approval by several weeks (~2-3 weeks).

Appendix 1

Survey flyer & social media advertising



We want to improve patient experience of abortion care in Melbourne's north

SURVEY PARTICIPANTS NEEDED

We are looking for people aged 18-49 who live in Melbourne and have accessed abortion care or would consider accessing abortion in the event of an unintended pregnancy.

We invite you to take part in an **anonymous** online survey to help us understand more about your experience and ways to improve care locally. It will take approximately 10 minutes. You could win one of four \$50 gift vouchers.

To check your eligibility to take part, please follow the QR code or this link.



<https://redcap.link/codesigningabortioncareinmelbournenorth>

This study has received ethical approval from the Austin Human Research Ethics Committee: (HREC/91066/Austin-2022-345023) and is supported by Northern Health and the University of Melbourne.

Image by Angelina Bambina on Shutterstock

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We are looking for women and gender-diverse people aged 18-49, who live in Melbourne, and have accessed abortion care or would consider accessing abortion in the event of an unintended pregnancy.

- We invite you to take part in an anonymous online survey to help us understand more about your experience and ways to improve care locally.
- It will take approximately 10 minutes.
- You could win one of four \$50 gift vouchers.

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SURVEY PARTICIPANTS NEEDED
We want to improve patient experience of abortion care in Melbourne's north



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redcap.healthinformatix.unimelb.edu.au

Co-designing abortion care in Melbourne's north LEARN MORE

You, Gabby McLeish and 64 others

66 10 11

Appendix 2

Survey participant demographic characteristics



Age:
Median - 33
IQR - 28-39



Gender:
90% identified as women
10% identified as gender diverse (e.g. non-binary, agender, gender fluid or gender-queer, other)



Aboriginal and/or Torres Strait Islander people:
2.5% of respondents identified as being of Aboriginal and/or Torres Strait Islander origin



Most common country of birth:
Australia - 83%
England - 3%
New Zealand - 3%
India - 1%
United States of America - 1%

Most common ethnicity or culture that respondents identify as:
Australian - 84%
North-west European (e.g. British, Scottish, Irish, Welsh, German, Swiss, French, Danish, Swedish) - 18%
Southern or East European (e.g. Italian, Spanish, Croatian, Greek, Polish, Czech) - 7%
South East Asian (e.g. Thai, Vietnamese, Malay, Filipino, Indonesian, Singaporean) - 4%



Education:
Year 12 or under - 9%
TAFE/Technical - 3%
Certificate or diploma - 15%
University degree or higher - 73%

Appendix 3:

Stage 4 semi-structured interview guide

Themes	Questions
Introduction	<ul style="list-style-type: none"> • Can you tell me about yourself?
Barriers to abortion access	<ul style="list-style-type: none"> • In your experience, do you think there are any barriers to abortion access in the northern region of Melbourne? If so, what do you think they are? • Do you think there are ways to address these barriers? If so, how? • How do you think the COVID-19 pandemic and associated lockdowns impacted abortion and reproductive health care access (if at all)?
Patient experience	<ul style="list-style-type: none"> • Can you describe your experience of seeking abortion or contraception care? • What were the positive aspects of the experience? • What were the negative aspects of the experience?
Quality improvements	<ul style="list-style-type: none"> • Thinking about your experience, is there anything that could have been done differently? • What do you think could be done to improve abortion services more generally? • What would your ideal abortion care service look like?
Conclusion	<ul style="list-style-type: none"> • Is there anything else you would like to add? • Is there anything you would like to ask me (the researcher)?