

Decision-making support within the integrated care pathway for women considering or seeking abortion

Guidance for commissioners on improving access and outcomes for women

Executive Summary

The purpose of this guidance

One in three women in England and Wales will have an abortion in their lifetime and abortion may be accessed by women in every town and every community. Those commissioning reproductive health services are responsible for pregnancy care pathways, including pathways for abortion care.

This fully referenced guidance is intended to provide information about commissioning local services to ensure that women of all ages can access the support they need to make an informed decision about their pregnancy if they are seeking or considering abortion, or are undecided about their pregnancy options.

It addresses: who is best placed to provide this support; what women typically want and need when making a pregnancy decision; and how provision can meet their needs both for good quality support and for robust and timely access to abortion if they choose it.

There is an outline of what should be provided at each point in the pregnancy pathway, specifically with regard to the decision-making process; and the distinction between pregnancy decision-making and consent to treatment. It includes a rationale for ensuring early access to pregnancy services; addresses women's needs post-abortion including follow up with contraception and unresolved emotional issues. This guidance draws on existing guidance, law, practice, and research. It does not duplicate, but seeks to complement, a range of current evidence-based good practice guidance documents on the commissioning of clinical abortion services.

The complete guidance includes:

- What support women seeking or considering abortion want and need
- Information on where decision-making support can be offered and by whom
- More on provision of counselling and women with additional support needs
- Different ways support can be provided within the care pathway
- Additional information on early access, training and regulation, auditing of services, women with additional needs and advice on contraception before abortion
- Links to evidence-based information from expert professional bodies and peer reviewed research.

Why is good commissioning important?

Good commissioning can help to ensure that women get the support they need with pregnancy decision-making. This can help women to make confident, informed decisions. It can reduce the stigma that is sometimes associated with abortion and which can contribute to 'negative psychological experiences post-abortion'¹. It can also provide a 'triage' process – identifying and referring those who need additional support from specialist services.

Importantly, good commissioning can support early referral to abortion services. This is important because early referral can maximise the length of time a woman feels she has available to her for informed, confident decision-making prior to proceeding with abortion, and can increase her opportunities to access professional support with this process. It is also important because 'An increase in the proportion of abortions performed under 10 weeks of gestation would result in significant cost savings for the NHS as a result of greater use of non-surgical and local anaesthetic methods, as well as the reduced risks to women consequent to reduced gestation.'²

Commissioning decision-making support in the care pathway

Women present with unintended pregnancies at very different points in their decision-making process. Any one-size-fits-all model is likely to result in some women finding the level of intervention invasive or obstructive and others finding it inadequate to meet their needs. Local care pathways for abortion should provide flexible and responsive services that allow women to spend as little or as much time as they feel they want discussing their options with a professional. Where support is provided in a range of settings, it is likely to maximise the number and range of women who will find it acceptable and accessible.

The care pathway for women seeking or considering abortion can be broken down into specific stages. All of these stages should offer opportunities to provide a discussion of pregnancy options and support with pregnancy decision-making with a practitioner who has received training in providing objective, evidence-informed pregnancy decision-making support based on the core principles of good practice.

1. Pregnancy testing
2. Information about pregnancy options and support with decision-making in a range of settings
3. Referral/signposting to the chosen pregnancy service (antenatal care or abortion care)

Then **if abortion is chosen**:

4. Assessment within an abortion clinic including obtaining 'valid consent' for treatment and an additional opportunity to provide information and triage for additional support/counselling.

What do women want and need? Pregnancy decision-making support

Decision-making support should be a **universal service** that all women are provided with at some point in the abortion pathway. Pregnancy decision-making support is the help that can be given by a trained practitioner to facilitate the decision-making process. At its most basic, it is a 'protected space' in which a woman feels she has time to consider and discuss her feelings and options confidentially with a non-judgmental professional, to ask questions and to establish her confidence in her decision. It entails providing whatever information and type of discussion a woman thinks is relevant to her.

1 American Psychological Association. (2008). *APA Task Force on Mental Health and Abortion*. Available: www.apa.org/pi/women/programs/abortion/mental-health.pdf (Accessed: 23/05/2013)

2 Royal College of Obstetricians and Gynaecologists. (2011). *Care of Women Requesting Induced Abortion*. Available: www.rcog.org.uk/files/rcog-corp/Abortion%20guideline_web_1.pdf (Accessed: 23/05/2013)

Summary core principles of best practice in decision-making support

Services, and those working within them, should be committed to the principle of reproductive control and the right of the women to choose whether or not to continue a pregnancy.

Services provided in primary care, community and abortion services should be:

1. Accessible and free
2. Timely
3. Evidence-based
4. Impartial
5. Confidential
6. Women-centred
7. Transparent
8. Respectful.

Services should also:

- Expedite access to appropriate services
- Provide an opportunity to discuss options for post-pregnancy contraception
- Meet the diverse needs of the population

And should reflect the duty to:

- Provide services within an equalities framework
- Mitigate potential delays caused by conscientious objectors
- Protect women from inappropriate medical interventions
- Create an environment free from pressure or coercion
- Reduce stigma.

Those providing this support should have participated in good practice training which: addresses values, professional boundaries and impartiality; provides up to date evidence-based information about pregnancy options and about local pregnancy pathways for both abortion and ante-natal care.

Counselling – who needs it?

Many women, especially those who are sure of their decision, do not feel counselling is appropriate or necessary for them and may find it intrusive. While there should be a **universal offer** of counselling for those who want or need it, it should not be a mandatory element of the abortion pathway. The RCOG guidance on care for women seeking abortion states that 'women who are certain of their decision to have an abortion should not be subjected to compulsory counselling'. However, 'healthcare staff caring for women requesting abortion should identify those who require more support in the decision-making process'. This may include women:

- with previous or current experience of mental health problems
- experiencing abortions undertaken on medical grounds
- experiencing abortions performed later in pregnancy
- with limited social support
- with feelings of ambivalence towards the abortion
- experiencing pressure from their partner or family to have, or not to have, an abortion
- belonging to a religious, social or cultural group which is antagonistic towards abortion
- who have been adopted, are in care, or are care leavers
- adolescents.

Counsellors should be trained at least to diploma level and have undertaken extensive supervised practice. They should also participate in workforce training in pregnancy decision-making support, be committed to the core principles of best practice and to timely referral of women to their chosen pregnancy service.

Commissioners' checklist of recommendations

1	Commissioning of services to support pregnancy decision-making should specifically aim to ensure robust and timely access to abortion procedures and antenatal care
2	Commissioners should map existing provision of services that support women with pregnancy decision-making and referral into abortion and ante-natal services
3	Free pregnancy testing should be available in a wide range of primary care, youth, education and community settings
4	Services which offer pregnancy testing – e.g. GP clinics, sexual health clinics, and specially trained workers in youth, education, community and social care settings, should develop protocols for supporting pregnancy decisions and onward signposting/referral to appropriate pregnancy services
5	Written information in appropriate language/format about pregnancy options, where to access support with decision-making, and how to access different pregnancy services should be provided wherever pregnancy tests are on sale including pharmacies and supermarkets and in any setting where women present early in pregnancy (for more information see Appendix Four)
6	Ensure that commissioning arrangements encourage existing primary care services pro-actively to offer pregnancy decision-making support and promote this aspect of their service as part of a comprehensive sexual and reproductive health service
7	Commissioners should ensure that workforce development and training to provide decision-making support is incorporated into service specifications and should be provided for all those working in frontline services with women (including young women) in clinical, non-clinical and counselling settings
8	Ensure that core principles of good practice are highly publicised and promoted so that women and their partners understand the nature of good quality support and their entitlement to it
9	Counselling, provided by suitably qualified and trained counsellors, working to core principles of good practice should be available locally for those women who need/request it before or after abortion
10	Commissioners should ensure that care pathways into all pregnancy services and other specialist services to support women are advertised and understood by all potential referrers and services providing decision-making support
11	Contracts with abortion providers should include provision of pregnancy decision-making support as an integral part of their service so that it is available for women who may not have accessed it up to that point
12	Commissioners should not include a reduction in DNA (did not attend) statistics as a performance indicator for abortion providers
13	Commissioning arrangements should follow RCOG recommendations on provision of STI prevention information, screening and treatment in abortion services
14	Contraceptive advice and information should be provided during the decision-making process and assessment for abortion. Provision of appropriate contraceptive methods should be included in commissioning of abortion services and a clear referral process and pathway should be in place for women to have timely access contraception after abortion
15	Local providers should collect data on user-satisfaction with decision-making support using examples in Recommended Standards for Sexual Health Services, MedFash
16	GPs, nurses, midwives or other practitioners who conscientiously object to abortion must ensure alternative referral routes for women and publicise these in practice/clinic information
17	Commissioners should only commission services that can provide evidence that they are working to the core best practice principles and to evidence-based guidelines such as that produced by the RCOG

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