

Background

Certified nurse-midwives (CNMs), nurse practitioners (NPs) and physician assistants (PAs) practice in underserved settings¹ and perform many aspects of early pregnancy management.² Around the world and in several US states, CNMs, NPs and PAs provide first-trimester aspiration abortion. The remaining US states permit only physicians to provide abortions despite decreasing access to abortion care and growing evidence that clinicians provide first-trimester aspiration abortions with safety rates similar to those of physicians.³ In 2007, UCSF initiated a Health Workforce Pilot Project (HWPP) to evaluate the safety, effectiveness and acceptability of clinicians in providing first-trimester aspiration abortion.

Study design

This multi-site prospective evaluation study will collect data from 6,000 patients whose first-trimester aspiration abortion was provided by a CNM, NP or PA which will be compared with an equal number of patients seen by physicians and with published standards for abortion safety.

Patients are women 16 or older⁴ who are seeking a first-trimester aspiration abortion at a participating clinic. Patients review a consent form prior to their abortion and are asked whether they agree to have their procedure performed by CNM, NP or PA. Patients who decline clinician provision have the option of being a part of the physician comparison group. All patients who consent to participate in the study receive an anonymous satisfaction survey immediately following their abortion procedure, participate in a four-week survey, and their chart is abstracted for demographic, clinical and safety data.

Certified Nurse-Midwives, Nurse Practitioners, and Physician Assistants as Abortion Providers:

Preliminary findings from the California Health Workforce Pilot Project (HWPP) #171

Molly Battistelli, BA 🗉 Kristin Nobel, MPH 🗉 Shauna Nyborg, BA 🗉 Diana Taylor, RNP, PhD 🗉 Tracy A Weitz, PhD, MPA

Results

The following preliminary findings include data collected between 08/14/2007 and 02/28/2010.

Patient enrollment

6,315 patients (83.4% of eligible) were enrolled in the HWPP project. Over 50% (n=3,324) of the enrolled patients had their aspiration abortion procedure performed by a CNM, NP or PA. 2,926 patients (46.3%) were seen by a physician as part of the physician comparator group and 65 patients (1%) did not have an abortion procedure.

HWPP patient enrollment



Acceptability

75% (n=4,360) of the patients present on a day when a CNM, NP or PA was available (n=5,786) agreed to have the clinician perform their abortion procedure. 989 patients who consented to be seen by a CNM, NP or PA were re-directed into the physician comparison group to maintain clinic flow and reduce patient wait times. A small number of women (n=65), after consenting to be seen by a clinician, decided against an abortion or were referred out due to medical reasons.



Patient characteristics

Patient characteristics are currently available for 5,884 (94%) of the 6,250 patients enrolled in the HWPP project. On average, the patients are women in their mid-twenties who have had one child and one previous abortion. Patients represent the overall demographic distribution of California, with the majority describing their ethnicity as White or Hispanic. Half (51%) of the procedures were covered by Medi-Cal, and 28% of women paid cash.

Patient satisfaction

Preliminary results from anonymous patient satisfaction surveys (n=4,044) administered immediately following their abortion procedure indicate high satisfaction rates (mean 9.4; scale 0-10) whether they were seen by a CNM, NP, PA or physician.

HWPP abortion procedures

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Patient safety

The HWPP project collects details about any case in which a patient experiences a qualifying diagnosis or treatment. Reported incidents are categorized according to the following definitions:

- Abortion-related complications include cases where there is a diagnosis of incomplete abortion, failed abortion, hemorrhage/excessive bleeding, hematometra, infection, cervical injury, uterine perforation, anesthesia-related complication, or an "other" diagnosis determined by the Data and Clinical Safety Monitoring Committee (DCSMC) to be abortion-related.
- Non-abortion-related incidents include concurrent medical problems which are diagnosed/ treated at the time of the abortion procedure (e.g., ectopic or molar pregnancy, pre-existing medical condition).
- System incidents include cases in which a patient self-refers to a hospital or for emergency care but does not receive an abortion-related diagnosis or treatment.

Incidents by provider type

1 in 3 surveyed CNMs, NPs and PAs in California Of the total procedures, there were 77 (1.2%) have expressed interest in providing first-trimesabortion-related complication diagnoses. 47 of ter abortion as part of the comprehensive care these (1.4% of 3,324) occurred among patients they offer their patients. These clinicians may hold the key to reducing California's abortion provider seen by a NP, CNM or PA, and 30 (1.0% of 2,926) shortage and preventing delays in care. occurred among patients seen by a physician.

Incidents by provider type

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Incident classification	CNM/NP/PA (n=3,324)		Physician (n=2,926)		Total (n=6,250)	
	%	n	%	<u> </u>	%	n
System incident	0.2%	5	0.1%	4	0.1%	8
Non-abortion-related incident	0.2%	8	0.2%	7	0.2%	15
Abortion-related complication	1.4%	47	1.0%	30	1.2%	77
Total	1.8%	60	1.4%	41	1.6%	100

As of 02/28/2010, all abortion-related diagnoses have been minor⁵ and were resolved without adverse outcomes. The most common type of minor abortion-related complication diagnoses reported were incomplete abortion, hematometra, mild pelvic infection, and post-abortion bleeding/ pain. 10 of these complications (4 experienced by CNM, NP and PA patients and 6 by physician patients) were immediate; they occurred at the time of the procedure. The remaining 67 complications (43 experienced by CNM, NP and PA patients and 24 by physician patients) were delayed; they occurred after the patient left the clinic. The most frequent delayed complication diagnosis is symptomatic intra-uterine material that is treated by uterine aspiration or with medications.

Conclusion and significance

Preliminary data from the HWPP project suggest that patients accept-and are highly satisfied with-clinician provision of first-trimester aspiration abortion. Abortion-related complication rates are within expected range and published standards.