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2

The role of Advanced Nurse Practitioners in the availability of abortion services

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Despite the legalisation of abortion in many countries worldwide, access to abortion is often restricted in many ways. Lack of availability of trained and willing physicians, inadequate and poor infrastructure as well as affordability are issues that are still contributing to poor access to abortion for many women living in countries that have legalised abortion. Improving access to early abortion despite the declining number of doctors willing to provide abortions is being addressed in some countries by expanding the role of advanced nurse-midwife practitioners in this field. There is good evidence to suggest that the outcome of first-trimester abortions performed by suitably trained non-medical practitioners is comparable in terms of safety and efficacy to abortions performed by doctors. These mid-level practitioners also have a key role in providing post-abortion care and contraception to women. We need to address outdated laws and regulations as well as political challenges that restrict both the ability of advanced nurse-midwife practitioners to provide abortion care and the opportunities to train them appropriately.

Scope of the problem

Obtaining accurate data for abortions is challenging, and especially so for unsafe abortion and its consequences. Each year, there are an estimated 19 million unsafe abortions worldwide.[1] Nearly 7000 women die each year as a result of illegal, unsafe abortions, mostly in developing countries, making this a significant cause of maternal mortality. In addition, annually, an estimated 8 million women

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experience complications related to unsafe abortion that need medical treatment.[2] These estimates have hardly changed over the past 10 years. Data suggest that even though, globally, the overall abortion rate has declined, the proportion of unsafe abortion is on the rise, especially in the developing world. In countries with restrictive abortion laws, untrained providers and poor access to high-quality abortion services, women are much more likely to experience immediate complications, long-term disabilities or, sometimes, death due to unsafe abortions.[3]

Background

Why has the number of maternal deaths from unsafe abortions remained unchanged over the past decade, despite increasing legalisation of abortions? To answer this question we need to analyse the available, albeit incomplete, data worldwide relating all aspects of abortion.

Legalisation of abortion is a fundamental step towards addressing access to abortion care but such services ultimately depend on a number of factors, including the availability of affordable clinicians who are skilled and willing to provide abortions within realistic travelling distances for women. Even in countries with liberal abortion laws and safe abortion services, access to abortion is influenced by the availability of trained clinicians willing to offer this service. Early abortion is one of the safest surgical procedures, yet it carries a significant stigma for both women and health-care providers. This is evident in the United States where access to abortion services has become increasingly limited due to the decline in the number of abortion providers.[4] The thinning ranks of abortion providers in the United States are the result of a number of factors. Vociferous religious and anti-abortion pressure groups harass physicians and their families, including the sending of death threats and, tragically, even the murder of abortion providers. Poor financial remuneration as well as failure of post-graduate medical training programmes to routinely include abortion training have both contributed to the current situation in the United States. In other countries, abortion providers face similar pressures and, on occasion, are shunned by their professional peers and have been excommunicated by the Church[5], all of which impacts on the number of physicians prepared to provide abortion care.

Training in first- and second-trimester abortion provision is becoming increasingly optional, as opposed to routine, in obstetrics and gynaecology training programmes in some countries such as the United States.[6,7] It is often forgotten that even in developed countries, before abortion was made legal, unsafe abortion claimed the lives of many women. It is estimated that, in the 1930s when abortion was illegal in Britain, ~15% of maternal deaths in the country were related to illegal abortion. Many younger doctors working in developed countries today have never seen or treated the direct consequences of illegal abortion and hence may lack the personal commitment to provide safe abortion care. Ambivalence of society and political correctness seem to prevent robust discussion of this issue. Whatever the reasons, the increasing shortage worldwide of gynaecologists trained and willing to do abortions is currently raising interest in the role of other clinicians such as family physicians, other primary women's health-care doctors, nurse practitioners and physician-assistants in abortion provision. The reasons for the willingness of some health-care professionals to provide abortion services, whilst others opt out, is interesting to ponder but beyond the scope of this article.

Legal issues

A recent report[2] by the Alan Guttmacher Institute estimates that, globally, 40% of women of childbearing age live in countries with highly restrictive abortion laws (those that prohibit abortion altogether, or allow the procedure only to save a woman's life or to protect her from physical or mental health). Nearly 60% of the world's population lives in countries where abortion is legally allowed for a broad range of reasons. Even in these countries, there are varying restrictions on abortion access. Countries such as France and Great Britain have gestational limit requirements. A married woman in Turkey may not have an abortion without the permission of her husband and, in Belgium and Germany, women are required to obtain counselling and wait for a certain period before having the abortion.

The situation is compounded by the failure of politicians and health professionals to rise to the challenge of providing this very necessary and important aspect of reproductive health care to women. Legal requirements in many countries specify both the type of medical facility in which abortions must