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Original research article

"If I ever did have a daughter, I wouldn't raise her in New Brunswick:" exploring women's experiences obtaining abortion care before and after policy reform☆

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Abstract

Introduction: New Brunswick (NB)'s *Regulation 84-20* has historically restricted funded abortion care to procedures deemed medically necessary by two physicians and performed in a hospital by an obstetrician-gynecologist. However, on January 1, 2015, the provincial government amended the regulation and abolished the "two physician rule."
Objectives: We aimed to document women's experiences obtaining abortion care in NB before and after the *Regulation 84-20* amendment; identify the economic and personal costs associated with obtaining abortion care; and examine the ways in which geography, age and language-minority status condition access to care.
Methods: We conducted 33 semistructured telephone interviews with NB residents who had abortions between 2009 and 2014 (n=27) and after January 1, 2015 (n=6), in English and French. We audiorecorded and transcribed all interviews and conducted content and thematic analyses using ATLAS.ti software to manage our data.
Results: The cost of travel is significant for NB residents trying to access abortion services. Women reported significant wait times which impacted the disclosure of their pregnancy and the gestational age at the time of the abortion. Further, many women reported that physicians refused to provide referrals for abortion care. Even after the amendment to *84-20*, all participants reported that they were required to have two physicians approve their procedure.
Conclusions: The funding restrictions for abortion care in NB represent a profound inequity. Amending *Regulation 84-20* was an important step but failed to address the fundamental issue that clinic-based abortion care is not funded and significant barriers to access persist.
Implications: NB's policies create unnecessary barriers to accessing timely and affordable abortion care and produce a significant health inequity for women in the province. Further policy reforms are required to ensure that women are able to get the abortion care to which they are entitled.

Keywords: Abortion; Canada; Reproductive health; Health disparities; Mifepristone

1. Introduction

Canada is one of only a small number of countries without federal restrictions on abortion [1]. However, the procedure remains provincially and territorially regulated [2]. Although one in three Canadian women will have an abortion over the course of their reproductive lives [2], there are significant disparities in access to abortion care across the country, both between and within provinces [3–5]. Yet, even with Canada's "patchwork" landscape of abortion care, New Brunswick has long represented an outlier with regard to legislation [5]. The province's *Regulation 84-20* under the *Medical Services Payment Act* stipulates that provincial insurance only covers abortion care under specific circumstances. Until 2015, procedures eligible for coverage and reimbursement were required to be performed in a hospital facility, deemed medically necessary by two separate

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medical practitioners, and provided by a physician who specializes in obstetrics and gynecology [6].

New Brunswick's legislation surrounding abortion coverage has faced significant criticism [7]. Indeed, in 1995, the former federal Health Minister Diane Marleau instructed provinces and territories to fund medically required procedures in medical clinics [8]. Later that same year, she issued a follow-up statement warning that provinces and territories that had yet to comply with this directive would face penalties [9]. Yet, more than two decades later, New Brunswick still fails to fund clinic-based abortion care. In July 2014, the Morgentaler Clinic in Fredericton, New Brunswick's only private abortion provider at the time, closed its doors after stating that it could no longer afford to provide services without provincial funding [10].

The clinic closure effectively mobilized a number of reproductive justice and rights groups to rally around the exceptional and punitive nature of New Brunswick's abortion legislation. In response to their targeted advocacy work, Premier Bryan Gallant amended *Regulation 84-20* such that as of January 1, 2015, two physicians are no longer required to sign off for women to access hospital-based abortion care and the providing physician was no longer required to be an obstetrician-gynecologist [11,12]. However, abortions performed outside of hospital settings, either within or outside of the province, remain ineligible for provincial reimbursement [12,13].

New Brunswick has a population of roughly 750,000 [14], and approximately 1,000 aspiration and surgical abortions are performed in-province each year [15,16]. At the end of 2016, there were four abortion-providing facilities in New Brunswick: two public hospitals; one regional hospital which only serves patients from the surrounding area; and Clinic 554, a freestanding medical center in Fredericton which began providing services in 2015 after the Morgentaler Clinic closure and a subsequent grassroots fundraising campaign [17,18]. The freestanding clinic is the only facility in the province that performs procedures past 13 weeks and 6 days [18].

Although there has been an abundance of anecdotal evidence to indicate that residents of New Brunswick face undue systematic barriers in obtaining abortion care, there has been a lack of rigorous investigation into women's abortion experiences in the province. In the summer and fall of 2014, we conducted a qualitative study to document women's abortion experiences in New Brunswick and to shed light on the impact of *Regulation 84-20* on access to timely and affordable care. In the second half of 2015, we conducted a follow-up component of the project in order to explore the impact of the amendment to *Regulation 84-20* that went into effect on January 1, 2015, on women's lived experiences.

2. Methods

From July 2014 through the end of 2015, we conducted semistructured in-depth interviews with 33 women who had obtained an abortion when they were residents of New Brunswick in two phases. From July 2014 through October 2014, we interviewed 27 women who had obtained at least one abortion in the 5 years prior to the interview (Phase 1). From July 2015 through December 2015, we interviewed six women who had obtained at least one abortion after January 1, 2015 (Phase 2). In addition, to be eligible for the study, women in both phases had to be at least 18 years old at the time of the interview, be sufficiently fluent in English or French to answer questions, and have access to a telephone or Skype.

2.1. Data collection

We recruited participants through a number of mechanisms including posting flyers in community venues and on online fora such as Kijiji and Craigslist and circulating the study announcement on listservs and through social media. After a participant expressed interest in the study, we conducted an initial intake call to provide additional information about the study, determine eligibility, provide the consent form and schedule a mutually convenient time for the interview.

The PI of the study (A.M.F.), a medical anthropologist and medical doctor with two decades of experience conducting qualitative research, and/or a trained member of our all-woman study team from the University of Ottawa conducted all telephone/Skype interviews. With permission, we audiorecorded the interviews, which averaged 60 min in length. Interviewers followed the guide that began with a series of open-ended questions about the participant's demographics and background, reproductive health history, pregnancy history, and general experiences accessing both primary and reproductive health care services. We then asked participants details about their abortion experience(s), including the circumstances surrounding the pregnancy that was terminated and the process of locating a provider, scheduling an appointment, obtaining the service and receiving follow-up care. Finally, we asked women about their retrospective feelings about their abortion(s), the ways in which services could be improved in New Brunswick, and their knowledge of and opinions about mifepristone; the gold standard medication abortion drug was not available during this study but had been approved by Health Canada during Phase 2 [19]. We took notes during the interviews and formally memoed shortly thereafter. All participants received a CAD40 (US$30) gift card to amazon.ca.

2.2. Data analysis

We began reviewing data as they were collected in order to identify common themes, draw initial connections between ideas and establish thematic saturation. Memoing after each interview served an integral role in this process and allowed us to reflect on the interviewer's impact on the data collection process [20]. Drawing upon interview transcripts, notes and memos, we conducted content and thematic analyses of the interactions using both predetermined categories and codes based on the