

Termination of Pregnancy: Training and clear guidance can have a meaningful impact on services

Adequate knowledge on Termination of Pregnancy (TOP) is essential for provision of adequate services. Our systematic review showed a prevalent lack of adequate knowledge of TOP legislation and clinical practice from healthcare students and staff, internationally. TOP services were introduced in ROI in 2019 without much time for preparation of its roll-out. There was no clear or focussed training prior to introduction of these services. Our study, carried out in a tertiary maternity hospital, showed low levels of knowledge on TOP among healthcare professionals. These findings reinforce international calls for adequate TOP training and education to ensure adequate and high-quality TOP services. Updated and clearer clinical guidance on TOP services are needed.

What do we already know?

The Health (Legislation of Termination of Pregnancy) Act was signed into law in December 2018 allowing a woman to access termination services for early pregnancies <12 weeks gestation.¹ January 1st 2019 marked the first day of this new service.

Terminations of pregnancies with a gestational age of <9 weeks take place in primary care (i.e. with General Practitioners, GPs). For TOP of ≥9 weeks and <12 weeks gestation women are cared for as an inpatient in secondary care facilities (i.e. maternity hospitals).¹ While the majority of TOPs take place in primary care, **the rapid introduction of the service meant that maternity hospitals were still unprepared for their role.**

Additional pressures were put on the participating hospitals to provide comprehensive care, initially without additional funding, resources or staffing.²

Both GPs and hospital staff voiced concerns about the lack of training and education.³ **Hospital staff received no national training** despite Interim Clinical Guidance stating that “All clinical staff, including medical, midwifery, nursing and support workers should receive evidence- based training”.⁴ **This is problematic given the importance of their role in facilitating safe and effective care.** Irish medical schools, midwifery and nursing courses do not provide TOP education and so most staff were left to navigate this new responsibility without support or prior experience.⁵

The introduction of TOP services in maternity hospitals seems to have had limited planning. Staff were not consulted prior to its introduction (in the planning and execution of services) and the impact of this is still evident.

What did we do?

We conducted 3 studies regarding important aspects for the implementation of TOP services in Ireland:

Systematic Review^a examining, internationally, the level of knowledge of healthcare professionals (HCP) and students on TOP legislation, methods and procedures and potential TOP complications.

Survey to clinical staff^b (n=133) in a large maternity hospital in 2019 to measure levels of knowledge on TOP among staff, the training received and main challenges to the service.

Audit of the first year of early TOP services^c (<12 weeks gestation) in a large maternity hospital to understand the care provided, the protocols followed, and potential areas for improvement.

What did we find?

POOR LEVEL OF KNOWLEDGE

- Internationally, **poor knowledge on TOP legislation and clinical practice** was reported for healthcare professionals (HCPs) and students.
- The main issues identified included limited awareness of specific circumstances for legal TOP and poor understanding of methods and medical regimens recommended.
- In our survey, just **one-quarter correctly answered all questions** on the current legislation and 63.2% on complications.

NEED FOR CLEAR GUIDELINES AND CLINICAL PROTOCOLS

- Our survey showed that need for clear protocols was most commonly identified as an important factor for service provision. This seems to indicate that **staff did not have access to hospital-specific guidance** during the key phases of introduction of TOP services.
- The audit in a large maternity unit showed the **TOP care received varied** in: length of time until admission, medication administration timings, management of retained products, follow-up and involvement of medical professionals in care. Less than half the women received a documented review with a doctor pre-discharge and none were prescribed contraception prior to leaving hospital.

THE NEED and DESIRE FOR TRAINING

- Internationally, education/training, experience in provision of TOP and receiving reminders of legislation were the main factors associated with better TOP knowledge. In our survey, the **main identified challenges to the service were lack of training and education, staffing and resources**.
- It is important to promote participation of HCPs and students in provision of TOP services. The audit we completed showed that **only small proportion of hospital consultants participated in TOP care** (two provided care for over half the cohort).
- **Most survey respondents (88%) had not received training prior to introduction of TOP services**. Of those who did, few (9%) believed it to be sufficient. There was a clear need and desire for staff education and training.

What can be done to improve TOP services?

Based on our findings, we recommend that **clarity on protocols is rolled-out** and that **staff are educated** about TOP guidelines to ensure a standardised delivery of care that protects the welfare of both staff and women. The care of women seeking TOP should not be reliant on a small number of participating consultants. Inclusion of **TOP teaching in healthcare students' curricula** is essential.

Adequate training allows preparation of current and future HCPs to provide high-quality, respectful and compassionate care.

The continuing success of the TOP service relies on the willing participation of staff and the competency and knowledge of these participating HCPs.

References

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Further information

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- c. O'Shaughnessy E, Leitao S, Russell N, O'Donoghue K. Termination of pregnancy services: a year in review in a tertiary maternity hospital. BMJ Sexual & Reproductive Health. 2021;47(3):231-2.