

Medication abortion at FPV

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Background

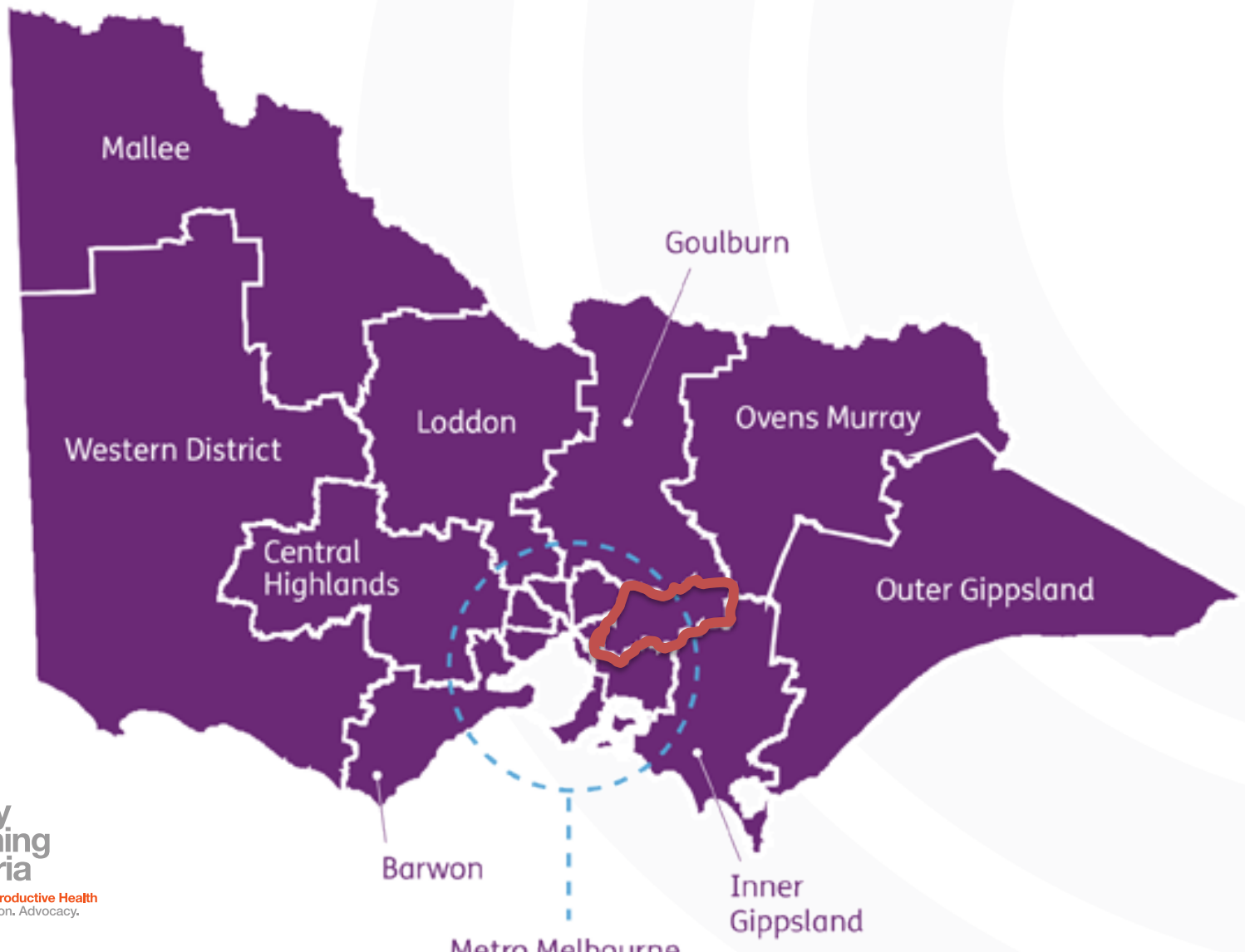
- Long time in the making
- Supportive CEO
- Excellent board support
- Concerns about staff attitudes
- Belief that it is important to “fly the flag” as an organisation with anonymity for staff
- Cost recovery model subsidising one in four HCC bulkbilled



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MOU with local hospitals



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One stop shop

- Recognised women will be coming from diverse geographical areas
- Ultrasound useful for IUD training
- Difficult to get a bulk billed ultrasound for pregnancy related
- Phone consult with nurse and link to protected information
- Back up Box Hill and Anglis



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Difficulties

- Very early gestation
 - At least 6 weeks on attendance unless living near by
- Plans to travel
- Clearly miscarried before presenting
- Living conditions, partner knowledge
- Not clear what they are in for
- Getting across breadth of possible experience
- Some surgical would likely be a much better option
- Doubling up information



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Learnings

- Stigma appears to have decreased
- Very positive experience for staff
- Good success at “selling IUDs”
- Practitioners utilising pregnancy related counselling items hard to find
- Hospitals women have presented to acutely, excellent job
- Dr Marie helpline is fantastic
- If I were young enough...



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Where to from here

- Continuously refining model, esp paper work and phone consultation
- Add in model of seeing clients with external ultrasound and rhesus at our adolescent clinic
- Supporting primary care



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