



**Tonight's webinar will  
begin shortly**



After six years of diabetes check-ups, you notice that *pigmentation on her cheek.*

You decide to excise the lesion and find early melanoma.

General practice – everything you've trained for **and more**



become a GP



RACGP



GENERAL PRACTICE  
**HEALTH**  
— OF THE —  
**NATION**  
2021

A unique insight into the state  
of Australian general practice

Visit our website to find out  
what this year's report reveals:  
[www.racgp.org.au/hotn](http://www.racgp.org.au/hotn)





RACGP

# PRACTICE OWNERS NATIONAL CONFERENCE

14–15 May 2022, Hobart

The fourth RACGP Practice Owners National Conference is coming to Hobart and will feature an exciting two-day program full of education, professional development and networking opportunities.

Visit [practiceowners.racgp.org.au](https://practiceowners.racgp.org.au)

*#GPPracticeOwner*



# Upskill. Download.

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RACGP | CPD

2020

22

# GPBT



# General Practice Business Toolkit

Helping you look after the business side of general practice

Establish, manage and enhance your practice using our new General Practice Business Toolkit.

Build a sustainable business with six easy-to-navigate modules and a brand new set of interactive tools.

- Use the billing calculator to learn how to achieve your financial goals.
- Design your ideal practice layout.
- Set your vision and values and focus on what's important to you as a practice owner.

**TO FIND OUT HOW YOU CAN GET THE MOST OUT OF THE TOOLKIT, VISIT [www.racgp.org.au/gpbt](http://www.racgp.org.au/gpbt)**



**We will begin in  
45 seconds**

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**RACGP**

Alcohol and Other Drugs

GP Education Program

Training GPs to help  
people tackle alcohol  
and other drug use



[racgp.org.au/AOD](http://racgp.org.au/AOD)



# *NACCHO–RACGP* *Resource Hub*

Supporting effective and culturally  
safe primary healthcare

Learn more at  
[www.racgp.org.au/cultural-safety](http://www.racgp.org.au/cultural-safety)

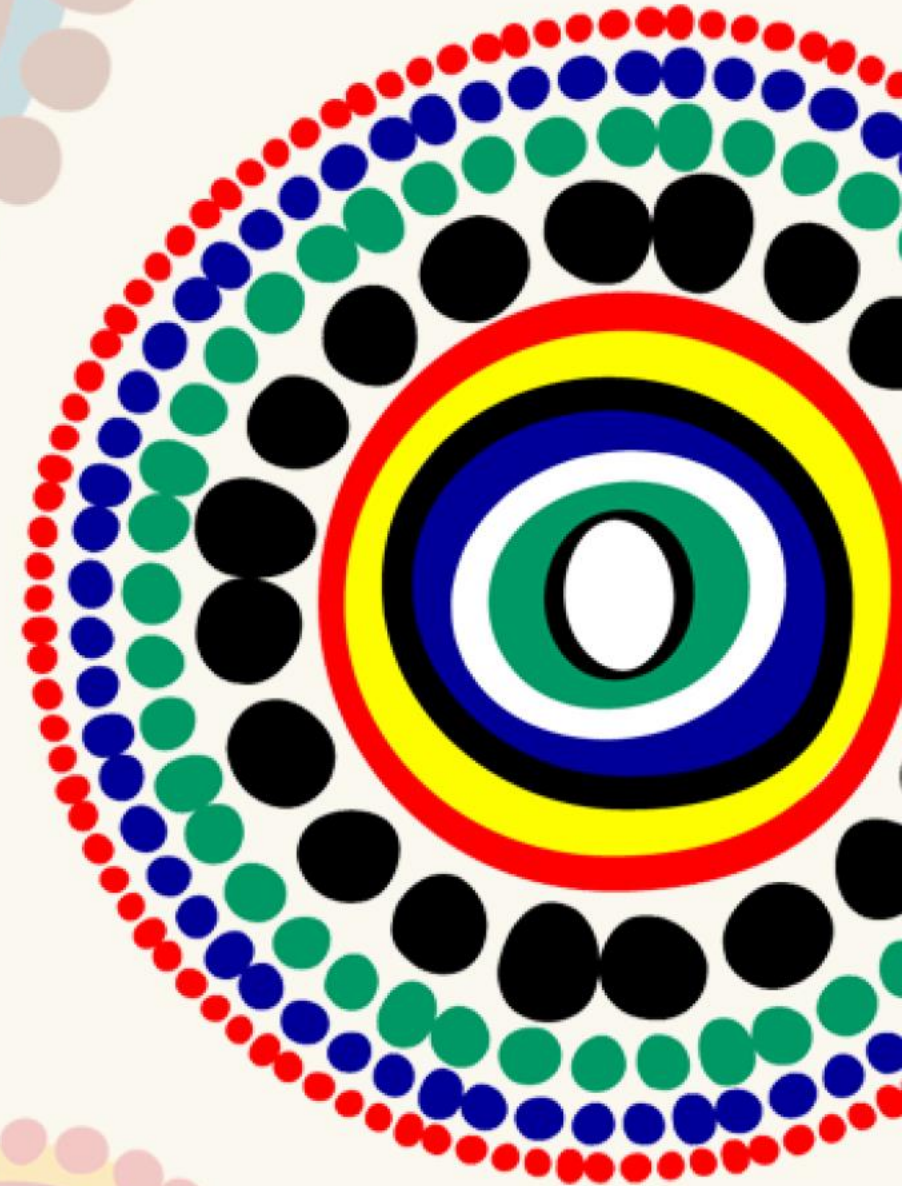


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**NACCHO**



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**We will begin in  
15 seconds**



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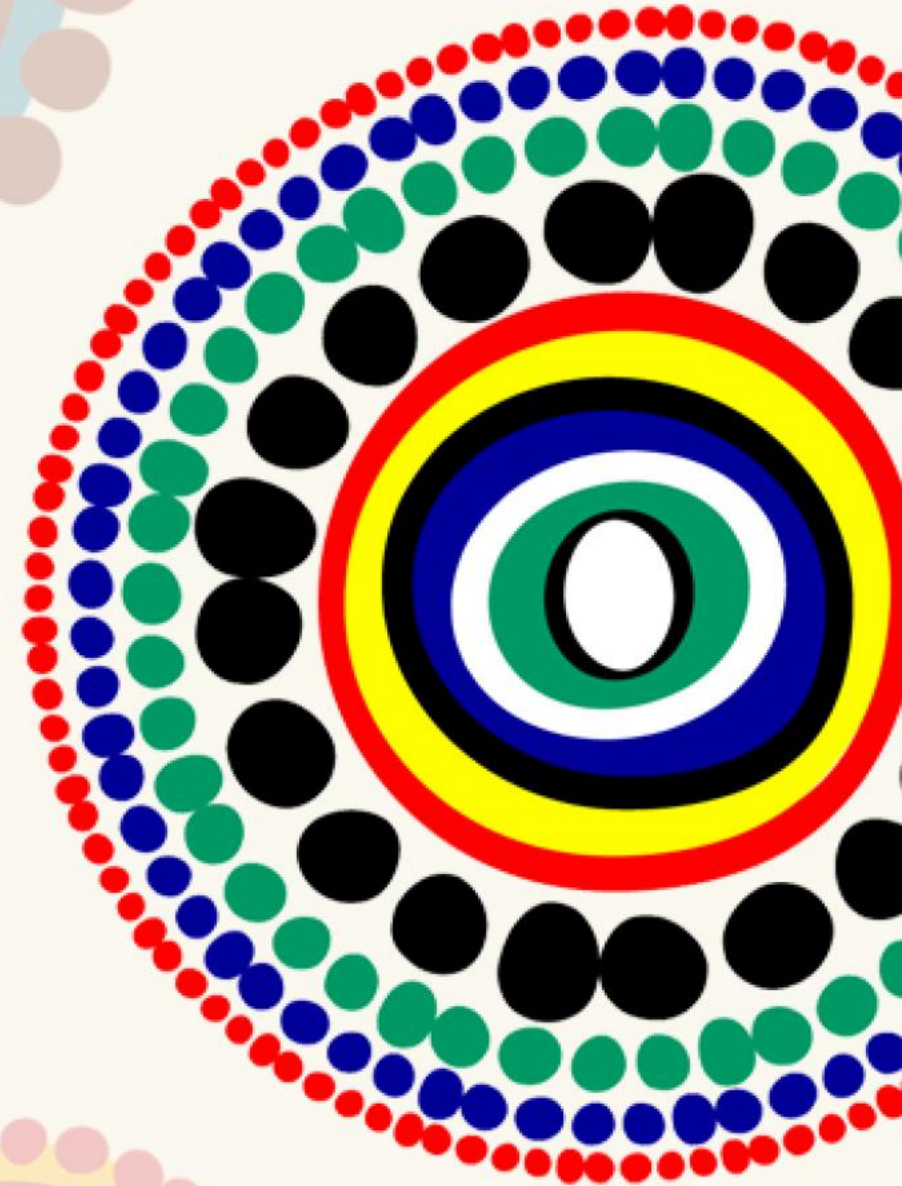


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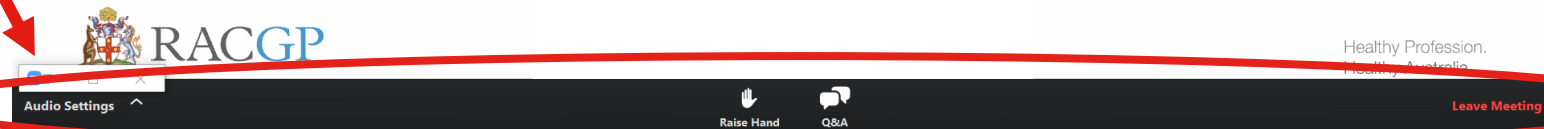
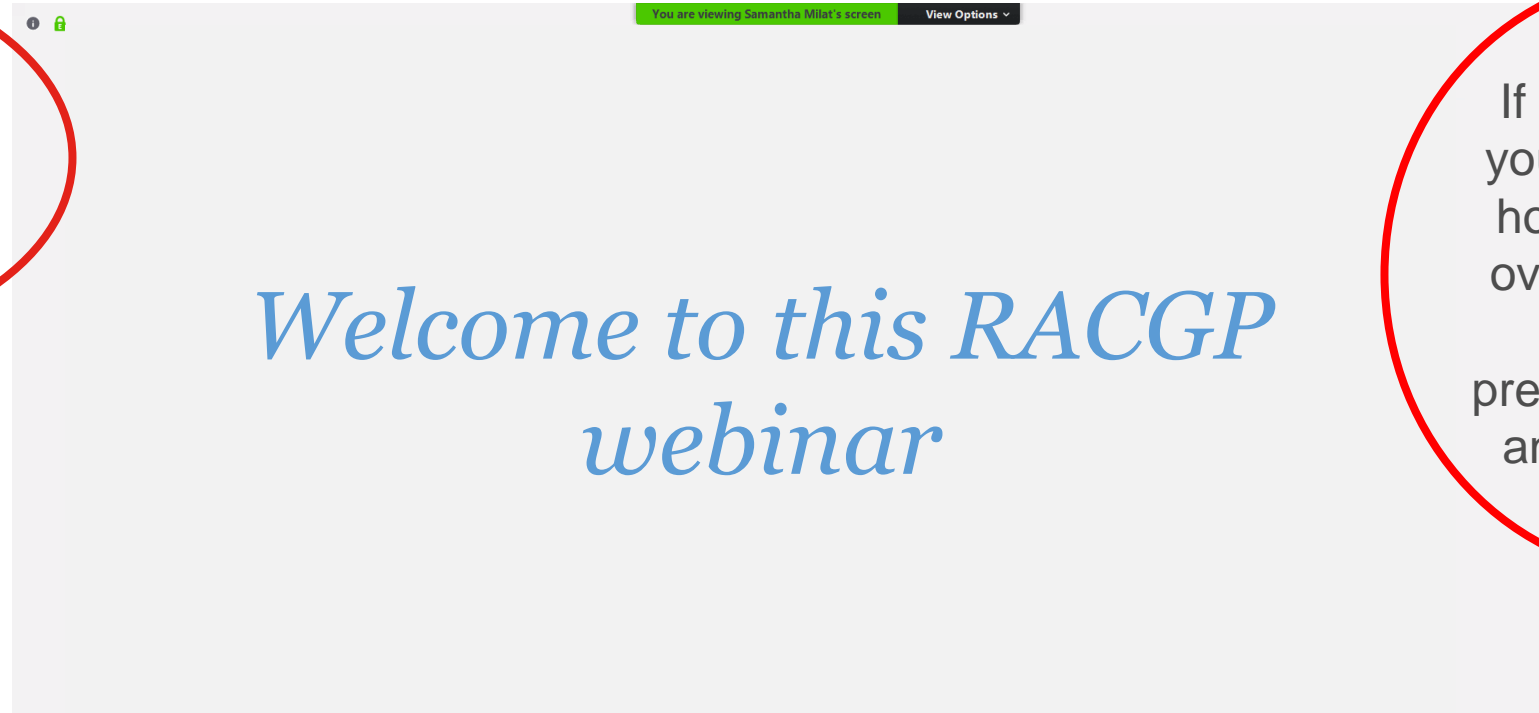
# Welcome to tonight's webinar

# *GPs and Medical abortion: Challenges, barriers and safety across Australia*

# Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen

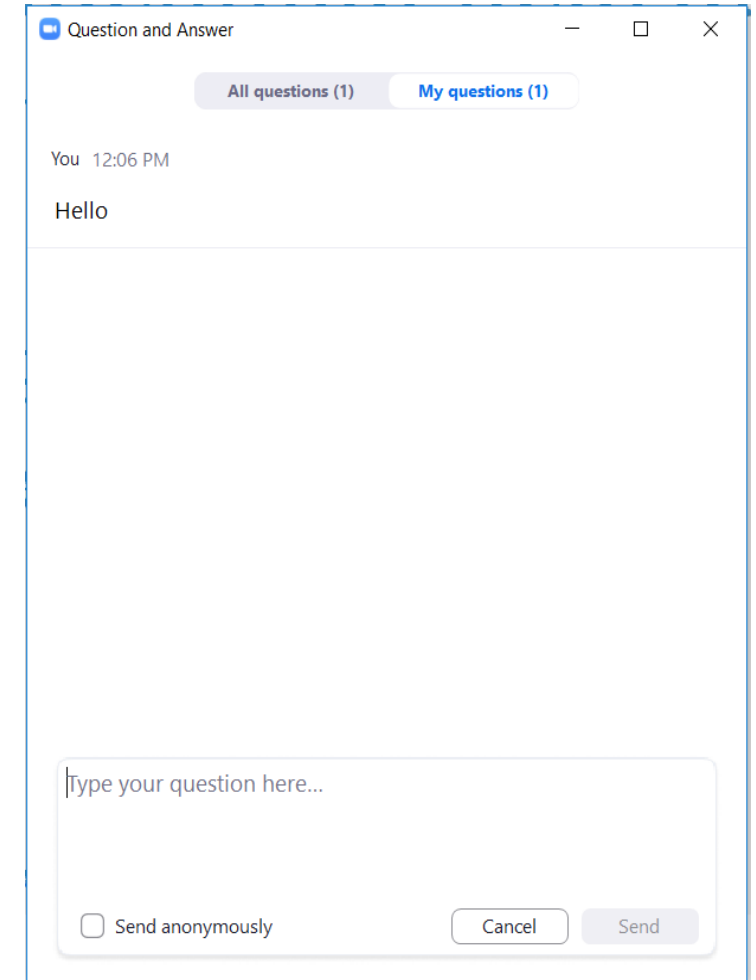
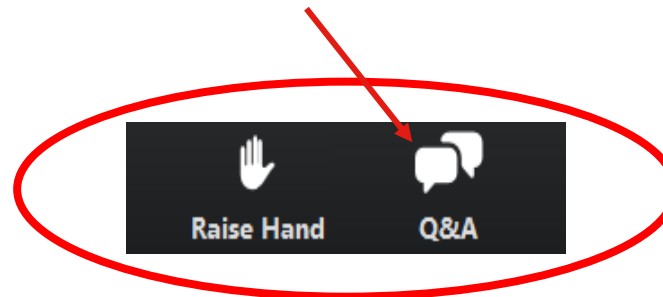
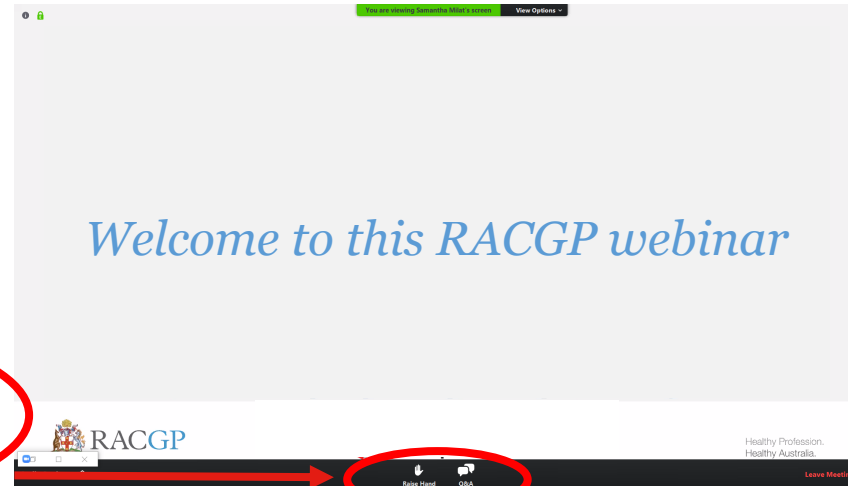
If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear



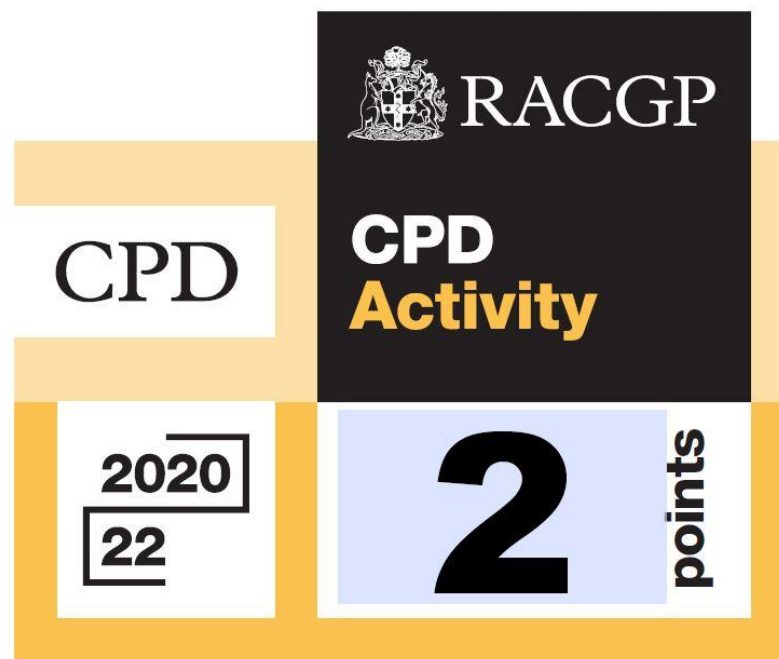
# *Listen only mode*

You have been placed on “mute” to optimise the learning experience for you and your peers

Use the question box function to talk to us.



# CPD

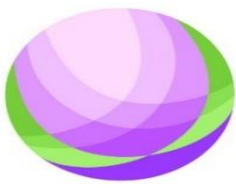


A graphic representing a CPD award. It features a central black rectangle with the RACGP crest and logo at the top. Below the logo, the text "CPD Activity" is displayed in white and yellow. To the left of the black rectangle is a white box containing the text "CPD". Below the black rectangle is a light blue box containing the number "2" and the word "points" written vertically. To the left of the light blue box is a white box containing the date "2020" and "22" in separate boxes. The entire graphic is framed by a yellow border.

# *Acknowledgment of country*

I would like to acknowledge the traditional owners of the lands from where each of us is joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.



# The AusCAPPS Network

**AusCAPPS** is a **free** online network designed to support GPs, practice nurses and community pharmacists to provide **long acting reversible contraception and medical abortion**.

By joining **AusCAPPS** you can:

- connect and chat with like-minded peers,
- put questions to expert clinicians,
  - Find a local provider
  - Build local networks and
- keep up to date with the latest resources, guidance and training opportunities.

CALLING ON GPs, PRACTICE NURSES AND COMMUNITY PHARMACISTS

## JOIN THE AUSCAPPS NETWORK

*Focusing on improving access to contraception and medical abortion in Australia*

Join by scanning the QR code or by visiting [medcast.com.au/communities/auscapps](https://medcast.com.au/communities/auscapps)

\*Must have an AHPRA number

MONASH University THE UNIVERSITY OF BRITISH COLUMBIA LATROBE UNIVERSITY UNIVERSITY OF SYDNEY SPHERE MARIE STOPES AUSTRALIA Family Planning Tasmania ASHHNA Family Planning Victoria Family Planning WA RACGP CHILDREN BY CHOICE apna Australian Government Department of Health Australian Women's Health Nurse Association Inc. Jean Hailes SHINE Health Quarters Pharmaceutical Society of Australia AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Monash University Human Research Ethics Committee #28002



<https://medcast.com.au/communities/auscapps/>



[AusCAPPS.trial@monash.edu](mailto:AusCAPPS.trial@monash.edu)





# Presenters



Dr Amy Moten  
Chair – RACGP Sexual Health Medicine  
Specific Interest group



Dr Miranda Sherley  
General Practitioner

# *Poll*

What's your role in primary care? (GP, Practice Nurse, Practice Owner...)

# *GPs and Medical abortion -* **challenges, barriers and safety across Australia**

# *Learning goals*

- Describe what medical abortion is in the Australian context
- Identify the barriers, facilitators, efficacy, and safety of medical abortion
- Describe legislative differences in access to medical abortion across states and territories of Australia
- Identify rural and regional challenges across Australia in offering medical abortion services

# *Unwanted pregnancy*

- Without contraception 80% chance of pregnancy within 1 year
- Contraception may fail (failure rate/ out of date/ used incorrectly/ etc)
- Some women do not have reproductive control
- In Australia 25% pregnancies unplanned
- 1/3 of these → abortion



# Options

- Continue pregnancy and keep baby
- Continue pregnancy and adopt/ foster baby
- Terminate pregnancy

Surgical  
Medical



publicdomainpictures.net

# Options

- Continue pregnancy and keep baby
- Continue pregnancy and adopt/ foster baby
- **Terminate pregnancy**

**Surgical**  
**Medical**



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# Poll



nps.org.au

## How experienced are you with medical abortion?

1. I don't really know much about it
2. I'm interested but haven't done any training at this point
3. I have done some training but have not provided a medical abortion yet
4. I have provided some medical abortions
5. It is a service I provide regularly



# Terminations

## Surgical

- Before and after 9 weeks gestation
- Need surgeon
- In hospital/clinic
- Not conscious
- Won't see gestational sack
- Less pain and bleeding
- No further appointments
- Cost? Public vs private

## Medical

- First 9 weeks gestation
- GP/ O&G/ Family Planning/ etc
- At home
- Conscious
- May see gestational sack
- More pain and bleeding
- Requires followup
- Cost?

# Terminations

## Surgical

- Haemorrhage requiring infusion 0.02-0.3%
- Infection 0.1-2%
- Retained products 0.3-2%
- Continued pregnancy <0.3%
- Subsequent evacuation 1%

## Medical

- Haemorrhage requiring infusion 0.1%
- Infection (PID) 0.1%
- Retained products 1.1-4.2%
- Continued pregnancy 0.8%
- Subsequent evacuation 3-5%

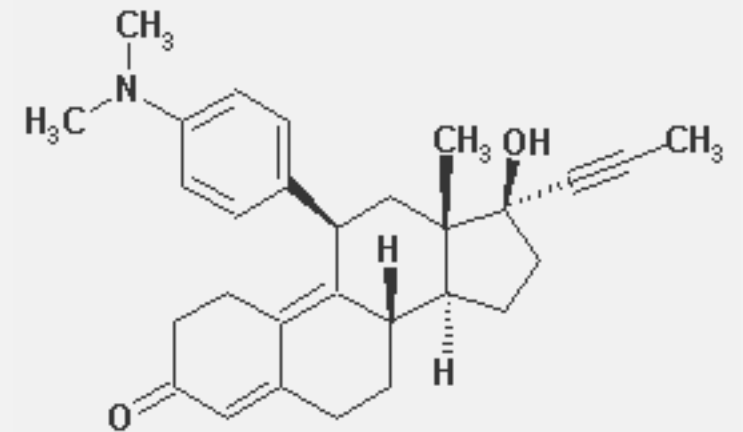
# *Medical termination*



- For **intra-uterine** pregnancy up to **63 days** gestation
- Can be performed by suitable qualified person eg FRANZCOG, DRANZCOG Advanced, or GP who has completed MS-2 step prescribing program
- Dispensed by an MS 2-step registered pharmacy
- Mifepristone 200 mg followed by misoprostol 4 x 200 mcg 36-48 hours later

# Step 1: mifepristone 200mg (oral)

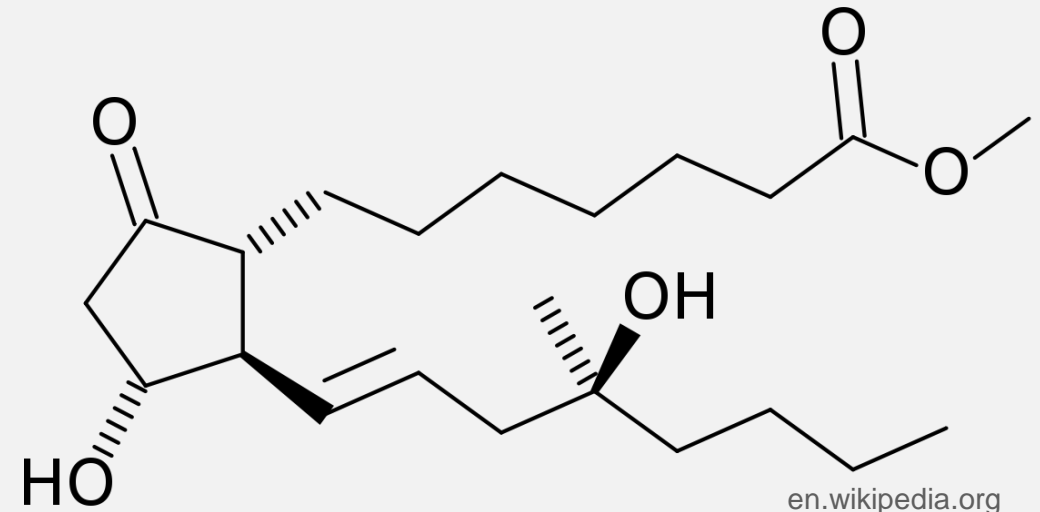
- blocks action of progesterone, endometrium no longer supported
- embryo stops growing and detaches
- softens and dilates cervix
- increases uterine contractility
- sensitises uterus to effects of prostaglandins
- can have loss of pregnancy at this point (5%)
- also has antiglucorticoid effects



Commons.wikimedia.com

# *Step 2: misoprostol 4x200 mcg (buccal)*

- synthetic prostaglandin E1
- softens cervix
- induces uterine contractions
- products of conception expelled



# *Who cannot have a medical abortion?*

- Ectopic pregnancy
- >63 days gestation
- IUD in situ
- Haemorrhagic disorder or on anticoagulants
- Condition requiring oral corticosteroids
- Nearest hospital with transfusion >2 hrs away for 2 weeks post abortion
- Hypersensitivity to mifepristone, misoprostol or other prostaglandins
- Inherited porphyria



Commons.wikimedia.org

# *When is caution needed?*

- Severe anaemia
- Ischaemic heart disease
- Asthma likely to require corticosteroid treatment
- Insulin-requiring diabetes
- Epilepsy



# *In a perfect world....*



Publicdomainvectors.org

**Visit 1:** Detailed patient history including sexual health/menstrual/gynaecological history, assessment for contraindications and risks, discussion of pregnancy options and discussion of ongoing contraceptive plans

- Form for FBC (anaemia), Blood group (in case transfusion needed), quantitative beta-hCG to confirm pregnancy and assist with dating
- Form for U/S (or possibly bedside U/S) to date pregnancy and confirm intrauterine. Best timing > 5 weeks gestation.
- Consider STI screening also



# *In a perfect world....*



Publicdomainvectors.org

## **Visit 2:** Review the results and confirm intrauterine pregnancy up to 63 days

- Review decision making and formal consent for medical abortion
- Patient education what to do and expect- provide written materials
- Identify support person to be with them over the next 2 days
- Plan B in case anything goes wrong (letter for hospital)
- Provide scripts MS 2-step, ondansetron or other antiemetic, endone or other strong pain relief, preferred contraceptive choice for ongoing contraception
- Form for beta-hCG on day of mifepristone and repeat 7-14 days later

# *In a perfect world....*



Publicdomainvectors.org

## **Check-in call:** at 3 days

- bleeding as expected?

## **Visit 3:** 2-3 weeks

- Followup to ensure symptoms followed expected course
- consistent with complete termination? Pregnancy symptoms settled?
- Check beta-hCG (80% drop at day 7)
- Using contraception? Any risk of a new pregnancy?

# *In a perfect world....*



Publicdomainvectors.org

After Mifepristone may get light bleeding

After Misoprostol 1-4 hours later cramping followed by bleeding heavier than a normal period. Expect clots

Bleeding eases after conceptus is passed, stays like a period for 5-7 days

Cramps stop within 24 hours

Most stop bleeding with in 2 weeks

Can have spotting 4-5 weeks

# *The law*

Laws regulating abortion vary around Australia

There is legal access to abortion in all states and territories

Legal conditions to lawfully perform an abortion vary substantially

Following slides based on [kinfertility.com.au](http://kinfertility.com.au) and  
[criminaldefencelawyers.com.au](http://criminaldefencelawyers.com.au)

To search specific laws <http://www.austlii.edu.au/>



[Commons.wikimedia.org](https://commons.wikimedia.org)

# *Poll*

## Where do you work/ provide medical services?

1. NSW
2. ACT
3. VIC
4. TAS
5. SA
6. WA
7. NT
8. QLD
9. Across multiple states/ territories

# The law



Kinfertility.com.au

# *The law- Oct 2021*



## **New South Wales**

- Crimes Act 1900 (NSW) section 82, Abortion Law Reform Act 2019 (NSW)
- Legal up to 22 weeks gestation
- After 22 weeks approval of 2 doctors needed and performed in hospital
- Person who performs **or assists** abortion must be qualified else offence (max 7 years imprisonment)
- Counselling must be considered/offered as part of consent
- Conscientious objectors must provide a referral or information for alternative providers
- Safe Zone Laws – no protests within 150m of clinic offering abortions

# *The law- Oct 2021*

## **NSW: Notification of termination of pregnancy**

To comply with the Abortion Law Reform Act 2019, details of each termination of pregnancy must be submitted to the NSW Ministry of Health within 28 days via the [secure online notification system](#)

In rare circumstances where internet access is unavailable, a [PDF notification form](#) is permitted. To ensure the accuracy of the data, all fields must be completed. The form must be emailed or faxed to the NSW Ministry of Health at [MOH-TOP-notifications@health.nsw.gov.au](mailto:MOH-TOP-notifications@health.nsw.gov.au). Any enquiries can also be directed to this address.



# *The law- Oct 2021*



**ACT**  
Government

## **Australian Capital Territory**

- Health (Improving Abortion Access) Amendment Act 2018 (ACT)
- up to 16 weeks
- “In specific cases, the Canberra Hospital can provide an abortion at a later gestation”
- GPs and Pharmacists in the ACT are able to apply to have an exclusion zone around their facility in order to prevent demonstrations or protests from deterring patients

# *The law- Oct 2021*



## **Victoria**

- Abortion Law Reform Act 2008 (VIC)
- Legal up to 24 weeks gestation
- After 24 weeks second medical practitioner must agree
- Person who performs or assists abortion must be qualified else criminal offence
- Conscientious objectors must on-refer to an alternative provider
- Exclusion zone 150m of establishment offering abortion

# *The law- Oct 2021*



## **Tasmania**

- Reproductive Health (Access to Terminations) Bill 2013 (TAS)
- Legal up to 16 weeks gestation
- After 16 weeks second medical practitioner must agree
- Person who performs or assists abortion must be qualified
- Conscientious objectors must on-refer to an alternative provider
- No conscientious objection if emergency to save woman's life or prevent serious physical injury
- Exclusion zone 150m of establishment offering abortion.

# *The law- Oct 2021*



**Government  
of South Australia**

## **South Australia**

- Criminal Law Consolidation Act 1995 (SA)
- Legal only if:
  - within 23 weeks
  - in a prescribed hospital by a legally qualified medical practitioner
  - medical practitioner of opinion abortion for “foetal disability” (seriously physically or mentally handicapped) or “maternal health” (mental or physical)
  - second medical practitioner agrees
  - must have lived in SA at least 2 months prior to abortion
- penalty for an illegal abortion is life imprisonment

# *The law- Oct 2021*

## **Western Australia**

- Criminal Code (WA) and Health Act 1911 (WA)
- Legal up to 20 weeks gestation and >16 yo
- After 20 weeks 2 medical practitioners from panel of 6 appointed by the Minister must agree mother or baby have severe medical condition and must be performed in approved facility
- Under 16 yo one parent must be informed and counselling offered
- Performed by a medical practitioner in good faith and reasonable skill/care
- Informed consent, woman will suffer serious personal, family or social consequences or serious danger to physical or mental health
- Penalty unlawful abortion up to \$50,000 and up to 5 years imprisonment (practitioner)



**GOVERNMENT OF  
WESTERN AUSTRALIA**

# *The law- Oct 2021*



## **Northern Territory**

- Legal up to 14 weeks gestation with approval from a doctor
- 14-23 weeks second medical practitioner must agree
- After 23 weeks only if the life of the pregnant person is at risk

# *The law- Oct 2021*



**Queensland  
Government**

## **Queensland**

- Termination of Pregnancy Bill 2018 (QLD)
- Legal up to 22 weeks gestation
- After 22 weeks second medical practitioner must agree
- Conscientious objectors must advise the woman they object and should on-refer to an alternative provider

# *Christine's unwanted pregnancy*

Christine is a 19 yo student who does part-time work in a cafe

Her period was late by 1 week but as she was travelling she had to wait 2 weeks to do a pregnancy test

The test was positive

Her periods are usually regular

Neither she nor her boyfriend want to continue the pregnancy

She has never been pregnant before

Her grandmother has come with her as a support person



# *Julie's unwanted pregnancy*

Julie is a 46 yo housewife

She has 5 children and has just realised she is pregnant again

Her period was late and she “felt pregnant” with tender breasts and nausea

She just can't face another baby and can't tell her husband or family as they would not accept an abortion

She is Rhesus negative and remembers being told that meant she would need anti-D if she had a miscarriage

# *Sally -the wrong father*

Sally is a professional in her mid 30s

She has no children and is keen for a pregnancy, but not with her current partner

She is not using contraception with him and has fallen pregnant

She wants to terminate the pregnancy but doesn't want him to know

She then wants to try for another pregnancy immediately

# *Potential barriers and other issues*



# *Potential barriers and other issues*

- Stigma/ shame/ embarrassment/ self-blame/ fear
- Family pressure/ community or religious beliefs and attitudes
- Disagreement within couple
- Lack of privacy (for consult or termination)
- Lack of independent choice (coercive relationships including financial control)



# *Potential barriers and other issues*

- Cost (doctor, blood tests, ultrasound, medication, time off work)
- Finding a doctor who offers abortions
- Finding a pharmacy that sells MS 2-step
- Again privacy – doctor, pathology, imaging and pharmacy staff is a lot!
- Getting everything organised in time
- Somewhere safe for the termination
  - place, support person, help nearby?
- Access to emergency medical support if something goes wrong
- Knowing when to seek help

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Healthy Profession.  
Healthy Australia.

# *Potential barriers and other issues*

- Health practitioner not trained or not confident?
- Health practitioner worried about legal repercussions?
- Health practitioner afraid of social repercussions?
- What if patient is Rhesus negative?
- What if the termination doesn't complete?
- What if it is close to 63 days?



Commons.wikimedia.org

# *Rural Regional issues*

- Finding a GP who provides abortion
- Finding a pharmacy that stocks MS 2-step
- Availability of appointments for imaging, blood and GP  
→ Getting everything done within 63 days
- Having access to emergency transfusion or surgery if needed



# *Barriers*

- (the law)
- stigma/ autonomy
- cost/ access
- GP knowledge/ confidence
- managing potential problems

[Commons.wikimedia.com](https://commons.wikimedia.com)



# *Stigma/ autonomy*

- Be seen to be an advocate for your patients
- Aim to have a welcoming environment
- Consider a formal process for booking termination consultations
- Use open, non-judgemental language
  - were you trying for a pregnancy or is it a bit of a surprise?
  - how are you feeling about it?
  - what do you think you want to do? Do you know what your options are?
- For shared consults allow consultation time with each person alone
- Explore barriers with the patient

# *Cost and access issues*

- Option for you to Medicare Bulk Bill one or more appointments
- Pathology can be Medicare Bulk Billed, could you collect?
- Negotiate with imaging provider for Bulk Bill/ Local hospital service/ bedside ultrasound (requires training in dating pregnancy)
- Talk to local pharmacy about registering with MS 2-step
- Find out which pharmacies in your area are registered
- Plan when /where they will take the medication, who will support them



[aph.gov.au](http://aph.gov.au)

# *GP visits- face to face*

- Standard GP timed visit: 3, 23, 36, 44
- Mental health visit >20 min: 2713
- Counselling > 1 person > 1 hour: 170 etc
- Non directive pregnancy counselling 4001:
  - The service is provided by a GP registered with Medicare Australia as meeting the credentialling requirements for provision of the service, and lasts at least 20 minutes.
  - The service is provided individually and in person to a person who is currently pregnant or has been pregnant in the 12 months preceding the service.
  - The person is not an admitted patient of a hospital or day-hospital facility.
  - The person has not received more than three services, per pregnancy, to which items 4001, 81000, 81005 and 81010 apply.

# GP visits- telephone/ telehealth

- Sexual health consultations are exempt from the 12 month rule

	Video	Telephone
<5 min	92715	92731
<20 min	92718	92734
20-40 min	92721	92737
>40 min	92724	92740

# *Cost - PBS criteria*

## **MIFEPRISTONE (&) MISOPROSTOL**

Source [General Schedule](#) Body System [GENITO URINARY SYSTEM AND SEX HORMONES](#)  
> [SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM](#) > [OTHER SEX](#)  
[HORMONES AND MODULATORS OF THE GENITAL SYSTEM](#) Note

### [Authority Required](#)

Termination of an intra-uterine pregnancy

### **Clinical criteria:**

The condition must be an intra-uterine pregnancy of up to 63 days of gestation.

### **Treatment criteria:**

Must be treated by a prescriber who is registered with the MS 2 Step Prescribing Program.

# *GP knowledge*



- Do MS 2-step training
- Refer to Australian Therapeutic Guidelines
- Australian Prescriber vol 44(6) pp187-192
- Seek help – MS 2-step website, AusCAPPS, local Family Planning or Sexual Health services

# *Potential problems*



- If worried patient to call MS 2-step support line 1300 515 883
- Give written advice on when to seek help and who to call (see Australian Therapeutic Guidelines)
- Can provide an in-case letter on the day MS 2-step is prescribed including patient details, timing of MS 2-step and pre-treatment pathology results including blood group OR
- They can go to hospital say they were pregnant and think they are having a miscarriage



# *Potential problems*

## *- blood loss/ectopic*

- Emergency Department if
  - >2 large pads an hour for more than 2 hours
  - clots the size of a lemon or larger
  - feeling faint and bleeding heavily
  - severe abdominal pain
  - one sided pelvic pain
  - shoulder tip pain

# *Potential problems*

## *- retained products/continued pregnancy*

Patient to call clinic if:

- 7 days post misoprostol and still passing clots, have bleeding heavier than a period, have bleeding that stopped and restarted and as heavy as a period for 24 hours or more
  - 7 days post misoprostol and still cramping pain
  - 14 days post misoprostol and still bleeding similar to when it started
  - 4-5 weeks post misoprostol and still bleeding different to usual menstrual cycle
- 24 hours post misoprostol and no or minimal bleeding
- 24 hours post misoprostol and no pregnancy tissue or clots bigger than a grape
- 48 hours post misoprostol and still nauseous
- bleeding stops within 4 days of misoprostol
- 14 days post misoprostol and still have breast tenderness

# *Potential problems*

## *- retained products/continued pregnancy*

- Suspected retained products
  - watch and wait with serial beta-hCG and/or ultrasound
  - repeat misoprostol 400mcg and additional 400mcg at 4 hours if no significant bleeding
  - refer for D&C
- If continued pregnancy suspected abortion must be completed
  - beta-hCG and ultrasound to confirm
  - if still intrauterine pregnancy <63 days consider repeat MS 2-step
  - refer for D&C

# Potential problems

## - PID

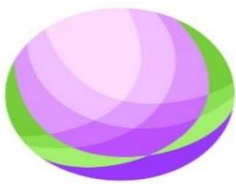
- Nothing in vagina 7 days post misoprostol
- Patient to call clinic if
  - fever, nausea or vomiting more than 48 hours post misoprostol
  - feeling systemically unwell
  - unusual vaginal discharge
  - pelvic pain other than expected cramping
  - tender abdomen/ pelvis
  - pain during sex
- If infection suspected
  - manage as endometritis/ PID(see Australian Therapeutic Guidelines / <https://sti.guidelines.org.au/>)

# *Learning goals*

- Describe what medical abortion is in the Australian context
- Identify the barriers, facilitators, efficacy, and safety of medical abortion
- Describe legislative differences in access to medical abortion across states and territories of Australia
- Identify rural and regional challenges across Australia in offering medical abortion services

# Q&A

Please type any questions you have in the Q&A box



# The AusCAPPS Network

**AusCAPPS** is a **free** online network designed to support GPs, practice nurses and community pharmacists to provide **long acting reversible contraception and medical abortion**.

By joining **AusCAPPS** you can:

- connect and chat with like-minded peers,
- put questions to expert clinicians,
  - Find a local provider
  - Build local networks and
- keep up to date with the latest resources, guidance and training opportunities.

CALLING ON GPs, PRACTICE NURSES AND COMMUNITY PHARMACISTS

## JOIN THE AUSCAPPS NETWORK

*Focusing on improving access to contraception and medical abortion in Australia*

Join by scanning the QR code or by visiting [medcast.com.au/communities/auscapps](https://medcast.com.au/communities/auscapps)

\*Must have an AHPRA number

Logos at the bottom of the flyer include: MONASH University, THE UNIVERSITY OF BRITISH COLUMBIA, LATROBE UNIVERSITY, UNIVERSITY OF SYDNEY, SPHERE, MARIE STOPES AUSTRALIA, Family Planning Tasmania, ASHHNA, Family Planning Victoria, Family Planning WA, RACGP, CHILDREN BY CHOICE, apna, Australian Government Department of Health, Australian Women's Health Nurse Association Inc., Jean Hailes, SHINE, HEALTH QUARTERS, Pharmaceutical Society of Australia, and AUSTRALIAN COMMISSION ON SAFETY AND QUALITY HEALTH CARE. Text at the bottom: Monash University Human Research Ethics Committee #28002.



<https://medcast.com.au/communities/auscapps/>



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