

28 August 2023

RANZCOG Women's Health Committee
Via Email: womenshealth@ranzcoг.edu.au

Dear Secretariat

Re: RANZCOG Clinical Guideline for Abortion Care: an evidence-based guideline on abortion care in Australia and Aotearoa New Zealand

The Royal Australian College of General Practitioners (RACGP) thanks the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for the opportunity to provide feedback on the RANZCOG clinical guideline on abortion care.

The RACGP supports holistic approaches to reproductive health, which includes improving access to safe medical or surgical abortion services for women^{i, ii}, and we commend the RANZCOG on developing this comprehensive guideline. This guideline will be helpful for GPs who support women in the various aspects of reproductive health. A sound implementation strategy and accompanying support will be key to ensuring the guideline is used in the primary care setting.

Specific comments on the guideline recommendations

- **Recommendation 6** – For early medical abortion up to 10 weeks pregnancy the recommended regime comprises mifepristone 200mg orally followed 24-48 hours later by misoprostol 800mcg by buccal, sublingual or vaginal route.

RACGP recommendation: Provide a link or information about Australian product(s).

- **Recommendation 7** – Serum or urine beta-hCG following abortion up to 10 weeks pregnancy *can be used* to detect an ongoing pregnancy.

RACGP recommendation: Use “*consider using*” rather than “*can be used*”. This will be more in line with good practice point 15, which encourages patient choice in the decision-making process.

- **Section 6.11 Abortion and antibiotic prophylaxis (p28)**

The guide advises consideration be given to screening for sexually transmitted infections (STIs) and/or antibiotic prophylaxis in accordance with published guidelines with consideration of local prevalence.

For the treatment of women who test positive for a STI, RANZCOG should consider either deferring to the precise wording of the electronic Therapeutic Guidelines (eTG) regarding antibiotic prophylaxis regimens, or removing mention of specific regimens and deferring entirely to local policies. The current wording in the draft guide could be read as suggesting that eTG presents Doxycycline-based regimens and Metronidazole/Azithromycin based regimes as equivalent prophylactic options, where this is not the case.

RACGP recommendation: Consider deferring to precise eTG wording for antibiotic prophylaxis regimens, or removing mention of specific regimens and deferring entirely to local policies for treatment of women who test positive for a STI.

Recommendation 23 – the method of abortion for women with a scarred uterus should be a decision made between the patient and their clinician as there are increased risks of complications at the time of the procedure.

RACGP recommendation: Caesarean section has been considered in the evidence and so should be specifically mentioned in the recommendation.

General comment

It is important that advice is inclusive of trans and gender diverse and intersex people.

RACGP recommendation: Ensure content and language is reflective of all groups.

The RACGP thanks RANZCOG for the opportunity to provide this feedback. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, National Manager, Practice Management, Standards and Quality Care on (03) 8699 0544 or stephan.groombridge@racgp.org.au

Yours sincerely



Nicole Higgins
RACGP President

ⁱ RACGP welcomes TGA changes improving access to medical abortion access across Australia. RACGP July 2023
<https://www.racgp.org.au/gp-news/media-releases/2023-media-releases/july-2023/racgp-welcomes-tga-changes-improving-access-to-med>

ⁱⁱ RACGP submission to the senate enquiry into universal access to reproductive healthcare. RACGP December 2022
<https://www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2022-reports-and-submissions/racgp-submission-to-the-senate-inquiry-into-un-1>