THIRD CROSS-SECTIONAL SURVEY OF ABORTION PROVIDERS IN THE UNITED STATES AND CANADA

PI: HEIDI JONES, PHD, MPH

Background: The socio-political climate in which abortion services occur differs significantly between the United States (US) and Canada. These different environments may impact recruitment, retention and quality of life for abortion clinicians as well as their approaches to medical practice of these services. Building on previous surveys of National Abortion Federation (NAF) member clinics in the US in 1997[1] and 2002,[2-4] we implemented the third cross-sectional survey of abortion practice and clinicians' experiences with stigma, harassment and resilience. For this third round of surveys, we expanded the sample to include all publicly identifiable clinics in the US and Canada. The objectives of this study were: to assess the extent to which abortion providers are aging and how stigma and harassment may impact providers in the US compared to Canada; to evaluate the extent to which clinicians follow evidence-based guidelines for abortion procedures in the US and Canada; and to explore variations in practice by clinic-level and clinician-level characteristics.

Methods: We conducted a cross-sectional survey of abortion facilities identified via publicly available resources and professional networks in the US (n=703) and Canada (n=94) from June through December 2013. Clinic administrators responded to facility-level questionnaires; surgical and medical abortion clinicians responded to individual-level surveys which included reporting on medical practice and a 15-item validated stigma scale.[5]

Key Findings: A total of 461 facilities participated: 383/703 (53%) in the US and 78/94 (82%) in Canada. In the US, these facilities provided an estimated 382,545 first trimester and 38,458 second trimester abortions in 2012. These abortions represent 54% of the estimated total abortions in the US using CDC estimates from 2010,[6] or 40% of the estimated total abortions provided in 2011 per Guttmacher Institute.[7] In Canada, participating facilities provided 70,307 first trimester and 4,779 second trimester abortions, 90% of the estimated 83,708 abortions reported in Canada as a whole in 2012.[8] Nearly half of abortion facilities in Canada (49%) were located in Quebec where only 22% of women of reproductive age (15-44 years) reside.

638 clinicians from responding facilities participated; 433 from the US and 205 from Canada. In both countries, the mean age of the providers was 50 years. In the US, while 53% of all providers were under the age of 50, 60% of providers of second trimester procedures were 49 or younger. 10% of US providers were of retirement age (67 years or older) compared to 6% of Canadian providers (p=0.14). Among US clinicians who provided first trimester surgical procedures, 15% were 67 years or older.
83% of US facilities and 32% of Canadian facilities experienced at least one form of harassment in 2012. Non-hospitals were more likely to experience acts of harassment than hospitals (85% vs. 24%, p<0.05). 41% of individual clinicians in the US and 18% in Canada reported personally experiencing harassment in 2012 (p<0.01). 13% of US providers reported having been physically or verbally threatened, while only 3% of Canadian providers reported this experience (p<0.01). While US clinicians reported higher stigma overall, they reported comparable levels of resilience and resistance to stigma.
The provision of medical abortion regimens was quite standardized and followed evidence-based guidelines. Mifepristone was the most common regimen in the US, while methotrexate predominated in Canada, where mifepristone is not yet available. The majority of providers in the US (88%) routinely

provided antibiotics to medical abortion clients, while only 27% of Canadian providers routinely did so ($p<0.001$). Opioids were more commonly prescribed as analgesics in the US than Canada. Analysis of surgical practice is ongoing.

Conclusion: In Canada, expansion of abortion services in provinces outside of Quebec may be warranted. Compared to 2002 findings, the trend for an aging of providers has been reduced, especially among second trimester practitioners. Despite higher levels of harassment in the US, providers report high levels of pride in their work. While medical abortion practice is uniform, future research on the best approach to provision of antibiotics and optimal pain management strategies for these procedures is needed.