Pro-choice or No-choice? Midwifery Led Abortion Care in Canada

by Noël Patten, MA

In the 1988 Morgentaler Decision, the Supreme Court decriminalized abortion, but it did not end the challenges Canadian women face when accessing abortion.[1,2,3,4] Access barriers in Canada include limited hospital-provided abortion services, lack of rural services and funding, unexpected costs, anti-choice health care providers and lobbying, and a growing scarcity of abortion care providers. Many of these constraints could be eased by introducing midwife-provided abortion services. Midwives are educated in well-woman care and sensitive issues regarding women's reproductive and sexual health.

Legal or Accessible: Is There a Difference?

Only 15.9% of hospitals offer abortion services.[4] Although 46.4% of the 100,039 abortions in Canada in 2004[5] were performed in clinics, they are less anonymous and less available in rural/remote areas. Access is further restricted in some provinces, where women must pay $500-$750 for a clinic abortion.[3] The cost of travel can be up to $1200 for women seeking abortions outside of their home province[4], and only some provinces will reimburse for abortions procured away from home reference?. Nova Scotia, for example, grants only partial funding to clinics that offer abortions[6] and thus, there are currently none in that province.[4] In New Brunswick, because the government refuses to pay for abortion services offered outside the hospital setting, there is a large burden on the few hospitals with abortion services and women are often forced to get out-of-province abortions for which they may not be reimbursed.

All of these access limitations are compounded for women who are marginalized, particularly those who are low-income, women of colour, immigrant or refugee women and those who do not speak English or French. Is there evidence to support this claim? . Even though abortion is a "medically required service" according to the Canada Health Act, this status is meaningless unless government funded abortion is aligned with the Act's five principles including public administration, comprehensiveness, universality, portability and accessibility.[7,8]

Access to legal abortion is further limited by a shortage of abortion care providers[9,10]and a deficiency in reproductive health training about contraception, pregnancy options counseling, medical and surgical abortion techniques and the dangers of unsafe abortion.[11] Such training would help contextualize abortion and reduce thestigmaassociated with the the procedure with the hope that more medical students would become future providers.[10,11] What about nurses? In Ontario many private abortion clinics (publicly funded) are owned and operated by nurse practitioners.

Why Midwives?

Considering the scarcity of abortion care providers and facilities in Canada, midwives could significantly expand abortion care. In Canada, midwives provide support, care and advice to women during pregnancy, labour and the postpartum period, conduct births and provide care for the newborn and infant.[12] Midwives also play an important role in health counseling and education extending to women's general, sexual and reproductive health and childcare. While the abortion rate in North America is low (21 per 1000) compared to rates worldwide (31 per 100), abortion is an important component of well-woman care.[13,14]

Midwives are well-suited to provide abortion services for several reasons: they undergo extensive training

in female physiology and reproduction; they are mandated to order tests and prescribe certain drugs; and perhaps most importantly, are skilled in developing rapport and trust with women regarding their sexual and reproductive health. Minimally, registered midwives in Canada are well-suited to provide first trimester medical abortions which tend to be more private and accessible, contain an element of control for women and are a safe alternative to surgical abortion.[14, 15] An important potential contribution of midwives is their ability to offer services in a wide range of settings, usually in small, self-contained, woman-friendly clinics, thereby increasing access for women in many communities, urban and rural. As the midwifery profession expands across Canada, midwives can increase abortion access in areas of Canada without hospital or clinic-based abortion facilities.

The potential contribution of midwives in increasing access to abortion has been acknowledged by the American College of Obstetricians and Gynecologists[16] and the British Medical Association[17] where midwives play a very active role in contraception and family planning. In Canada, this has not been included in the midwifery scope of practice. South Africa's Choice on Termination of Pregnancy Act of 1997[18] includes a provision to train midwives to perform first-trimester abortions in order that services are available in primary health care facilities.[19] South Africa's Midwifery Abortion Care Training Programme includes 160 hours of training (80 theoretical and 80 clinical hours) under the supervision of experienced practicing physicians.[20]

Midwives' education and experience in perinatal care and births make them suitable candidates for doing abortions and providing post-abortion care and contraceptive services. The key to providing accessible abortion in Canada may lie with the ability of midwives, particularly those in rural or small urban centres, to perform abortions from their community practices. Midwives have the potential to change abortion access in Canada and be leaders in woman-centred, empowering and safe abortion services, particularly to disadvantaged or marginalized women, or women in remote and rural communities.

REFERENCES

1. Eggertson, Laura. (2001). Abortion services in Canada: a patchwork quilt with many holes. CMAJ, 164, 847-849.
2. Hyde, J.S., DeLamater, J.D., Byers E.S. (2006). Understanding Human Sexuality. Toronto: McGraw-Hill Ryerson.
3. Rodgers, S. & Downie, J. (2006). Abortion: ensuring access. CMAJ 175, 9.
4. Shaw, Jessica (2006). Reality check: A close look at accessing abortion services in Canadian hospitals. Ottawa: Canadians for Choice.
5. Statistics Canada. Induced Abortion Statistics 2004. (2007). Retrieved November 14 2007, from http://www.statcan.ca/english/freepub/82-223-XIE/2007000/part1.htm
6. Arthur, Joyce. Abortion in Canada: History, Law, Access. Pro-choice Action network. (1999). Retrieved November 12 2007, from http://prochoiceactionnetwork-canada.org/articles/canada.shtml
7. Abortion Rights Coalition of Canada. (n.d.). Retrieved November 11 2007, from http://www.arcc-cdac.ca/backrounders/access.html
8. Canada. Canada Health Act. Retrieved November 10 2007, from http://www.hc-sc.gc.ca/hcs-sss/medi-assur/overview-apercu/index_e.html
9. Foster, A.M., Polis, C., Allee, M.K., Simmonds, K., Zurek, M., Brown, A. (2006). Abortion education in nurse practitioner, physician assistant and certified nursemidwifery programs: A national survey. Contraception, 73(4), 408-414.
10. Koyama, Atsuko & Williams, Robin. (2005). Abortion in Medical School Curricula. McGill Journal of Medicine, 8(2), 157-60.
11. Medical Students for Choice. Fact Sheet: The Lack of Abortion Training and Providers in Canada. (2003) Retrieved November 12 2007, from http://www.ms4c.org/ca_region.htm
12. College of Midwives of British Columbia. (2007). Model of Midwifery Practice. Vancouver: CMBC.
13. Sedgh, G., Henshaw, S., Singh S., Åhman, E., & Shah, I.H. (2007). Induced abortion: Estimated rates and trends worldwide. The Lancet, 370, 1338-1345.
14. Narrigan, Deborah (1998). Early abortion: Update and implications for midwifery practice. Journal of Nurse-Midwifery, 43(6), 492-501.
15. Berer, Marge. (2005). Why medical abortion is important for women. Reproductive Health Matters, 136, 6-10.
16. National Abortion Federation (1997). Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions. Symposium Report. Washington, DC.

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17. British Medical Association. First trimester abortion: A briefing paper by the BMA's medical ethics committee. (2007). Retrieved November 10 2007, from http://www.bma.org.uk/ap.nsf/Content/Firsttrimester-abortion
18. Althaus, F.A. (2000). Work in Progress: The Expansion of Access to Abortion Services in South Africa Following Legalization. International Family Planning Perspectives, 26(2), 84-86.
19. Varkey, S.J. (2000). Abortion Services in South Africa: Available Yet Not Accessible to All. International Family Planning Perspectives, 26(2), 87-88.
20. Dickson-Tetteh, K. & Billings, D.L. (2002). Abortion Care Services Provided by Registered Midwives in South Africa. International Family Planning Perspectives 28(3), 144-150.

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