

National Institute for Health and Care Excellence

Abortion care quality standard

Stakeholder engagement – deadline for comments 5pm on 22 October 2019

Email: QStopicengagement@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.

We would like to hear your views on these questions:

1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.
2. Do you have an example from practice of implementing the key development source that underpins this quality standard? If so, please provide details in the supporting information column below.

Organisation details

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal College of Midwives
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	

Name of person completing form	
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	
Type	[Office use only]

Quality improvement comments

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement ?	Supporting information
		Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	<p>If available, any national data sources that collect data relating to your suggested key areas for quality improvement?</p> <p>Don't paste other tables into this table as your comments could get lost. Type directly into this table.</p>

<p>Key area for quality improvement 1</p> <p>Provision of adequate information – improving access to services</p>	<p>There is evidence that there is a lack of information available about how to access services including vulnerable population e.g. undocumented migrant women, homeless who are not registered with GP.</p> <p>In addition, there is a considerable amount of misinformation online that may be impacting</p>	<p>Inability to access adequate information can lead to late presentation. The earlier in pregnancy an abortion is performed the lower the risk of complications. Easy access to appropriate information would represent lower risk for women, as well as a cost benefit.</p>	<p>Kung, S. et al. (2018). Access to abortion under the health exception: A comparative analysis in three countries. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0548-x</p> <p>World Health Organisation (2014) Clinical practice handbook for safe abortion https://www.who.int/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/</p> <p>Doctors of the World (2017) DOTW Department of Health and Social Care formal review of The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/DoTW_Response_to_DH_formal_review.pdf</p> <p>Humanism (2019) Abortion Factsheet https://humanism.org.uk/2019/01/31/abortion-factsheet-launched-to-challenge-spread-of-junk-science-in-schools/</p>
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	women's choices i.e. that abortion leads to breast cancer or mental health problems.		
Key area for quality improvement 2 Provision of adequate information – interacting with services	There is evidence that women often do not receive adequate information when interacting with services.	Women need to know what to expect when viewing the pregnancy and what to expect after the abortion procedure. Women who are having an abortion for fatal fetal abnormality also need information about the diagnosis and the	Purcell, C. et al. (2017) Self-management of first trimester medical termination of pregnancy: a qualitative study of women's experiences. https://www.ncbi.nlm.nih.gov/pubmed/28421651

		<p>procedures relating to fetal remains.</p> <p>Failure to provide adequate information could lead negative experiences which may cause delays in presentation in the future.</p>	
<p>Key area for quality improvement 3</p> <p>Appropriate training for staff, including midwives, to ensure, amongst</p>	<p>There is evidence that women prefer nurse-midwife-led services over physician-led services.</p>	<p>Nurse and midwife led services are more cost effective.</p> <p>There is also evidence that there is a shorter time between referral and assessment in</p>	<p>Sjöström S, et al. (2016) Medical Abortion Provided by Nurse-Midwives or Physicians in a High Resource Setting: A Cost-Effectiveness Analysis. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0158645</p> <p>Royal College of Midwives (2018) State of Maternity Services – England https://www.rcm.org.uk/media/2373/state-of-maternity-services-report-2018-england.pdf</p>

<p>other things, that all staff are able to refer onwards with accurate and current information on alternative services available</p>		<p>nurse-midwife led services compared with physician-led services.</p> <p>However, nurse-midwife led services are hindered by shortfalls in training.</p> <p>Please note, workforce pressures have an impact on the availability of training for midwives and the RCM continues to campaign for staff shortages to be addressed.</p>	
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<p>Key area for quality improvement 4</p> <p>Dignified care – finding ways to reduce the stigma around abortion</p>	<p>There is good evidence that there is a stigma associated with abortion.</p>	<p>Women who have had abortions experience fear of judgment, self-judgment and a need for secrecy. Secrecy is associated with increased psychological distress and social isolation.</p> <p>Aside from the negative impact on women's experiences and health, negative experiences may cause delays both in terms of</p>	<p>Hanss Schmidt, F. (2016) Abortion Stigma: A Systematic Review https://onlinelibrary.wiley.com/doi/full/10.1363/48e8516</p>
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		accessing the service and in any subsequent presentations.	
Key area for quality improvement 5 Appropriate follow up – including advice regarding contraception and access to national support groups	Provision of follow-up care, including aftercare and support is variable.	Women may need support following abortion for a number of reasons for example: management of future fertility, access to support, and in the event of complications.	Royal College of Obstetricians and Gynaecologists (2015) Best practice in comprehensive abortion care https://www.rcog.org.uk/globalassets/documents/guidelines/best-practice-papers/best-practice-paper-2.pdf

Additional developmental areas of emergent practice			
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to QStopicengagement@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.