

Time is of the Essence: A Qualitative Analysis of Delays Women Face with Access to Abortion Services at Homerton University Hospital

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1. Introduction

Ease of access and reduction of delays are critical in abortion care as it is a time sensitive procedure [1]. Delays in access to care means that gestation thresholds are crossed and women are prevented from getting early medical abortions at home [2]. An understanding of how these barriers affect women will allow healthcare professionals to tailor their services based on patient experience. High satisfaction levels will empower women to turn in the future and recommend the services. Working to improve quality of abortion care is necessary to improve service delivery and health outcomes [1].

2. Aims

The primary objective was to identify delays faced in access to abortion care services. The secondary objective was to analyse how barriers to access impact patient satisfaction with the care pathway.

3. Methods

A patient satisfaction survey with 10 questions was subject to qualitative analysis. 76 women took part in the survey.

Study Centre

HUH provides medical & surgical abortions up to 24 weeks. From August 2018, women were able to self refer to HUH through a central booking service commissioned from BPAS or obtain a referral through their GPs. City & Hackney provide a greater proportion of NHS abortions compared to other London boroughs [3].

4. Results

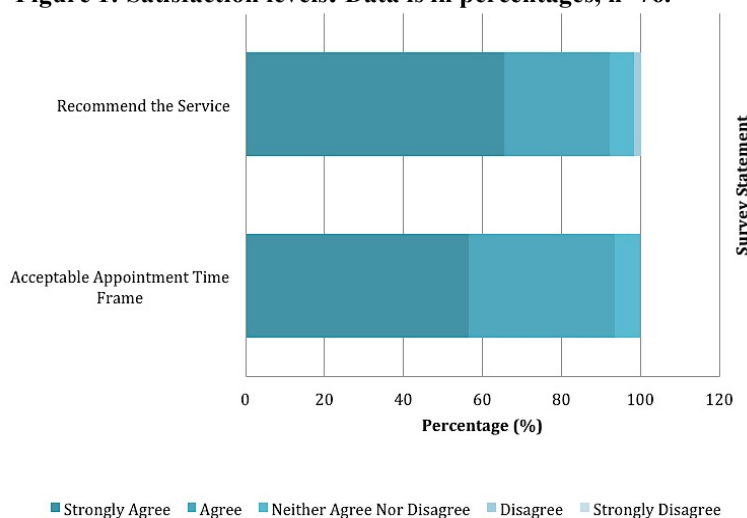
A. Referral pathways to Homerton, n=76.

Source of Information	Number of Participants	Percentage (%)
General Practitioner	24	32
Sexual health clinic	17	22
Internet	12	16
Repeat service user	9	12
Family & Friends	6	8
Outliers		
Newham	1	1.3
General	2	2.6
Hospital	1	1.3
Mile End		
Hospital		
Leeds General		
Hospital		

B. Expectations

11.8% (n=9) stated that they faced delays in attending their appointment. 14.5% (n=11) felt that they were unaware of what would happen in their appointment. 78.9% (n=60) of women believed that the time spent in clinic was acceptable to them.

Figure 1: Satisfaction levels. Data is in percentages, n=76.



5. Conclusion

HUH provided a total of 1640 abortions in 2018 [3]. 76 women took part in this survey. A larger sample size is needed to capture the experience of the patient cohort. The expansion of the HUH abortion service into a national tertiary referral service created the need for this survey owing to the regional variation in barriers to access such as financial, transport and childcare costs. Positively, these statistics do not indicate a huge variation in access to the HUH clinic, despite the expansion of the service. The gestational limits also vary amongst the hospital providers of abortion care illustrating that the provision of access to abortion varies greatly even within London. Funding of NHS abortion services also varies across the country. A multicenter study across London could highlight regional variation in access to abortion care.

References: 1. Kumar U, Baraitser P, Morton S, Massil H. Decision making and referral prior to abortion: a qualitative study of women's experiences. J Fam Plann Reprod Health Care. 2004;30(1):51-4. 2. Culwell KR, Hurwitz M. Addressing barriers to safe abortion. Int J Gynaecol Obstet. 2013;121 Suppl 1:S16-9. 3. Department of Health and Social Care. Abortion Statistics, England and Wales: 2018. In: Care DoHaS, editor. UK: GOV.UK; 2018. p. 1-27.

