Uptake of Medical Abortion Training since approval of Mifepristone in Canada



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Mifepristone in Canada

- Mifepristone was approved in 2015
 - 62nd country globally to approve the medicine
- Combination Product
 - Mifepristone 200mg + Misoprostol 800mcg
- In 2012, a National survey of abortion providers identified 62 medical abortion providers, with 3.8% of all abortions being first-trimester medical ¹
 - Methotrexate/Misoprostol

Regulatory Restrictions

Health Canada introduced a Safe-Prescribers Agreement upon approval of mifepristonemisoprostol²

- 1) ysician Training
- 2) armacist Training
- 3) Registration with Distributor
- 4) 24/7 Toll-Free (Freephone) Help Line
- 5) Witnessed Administration

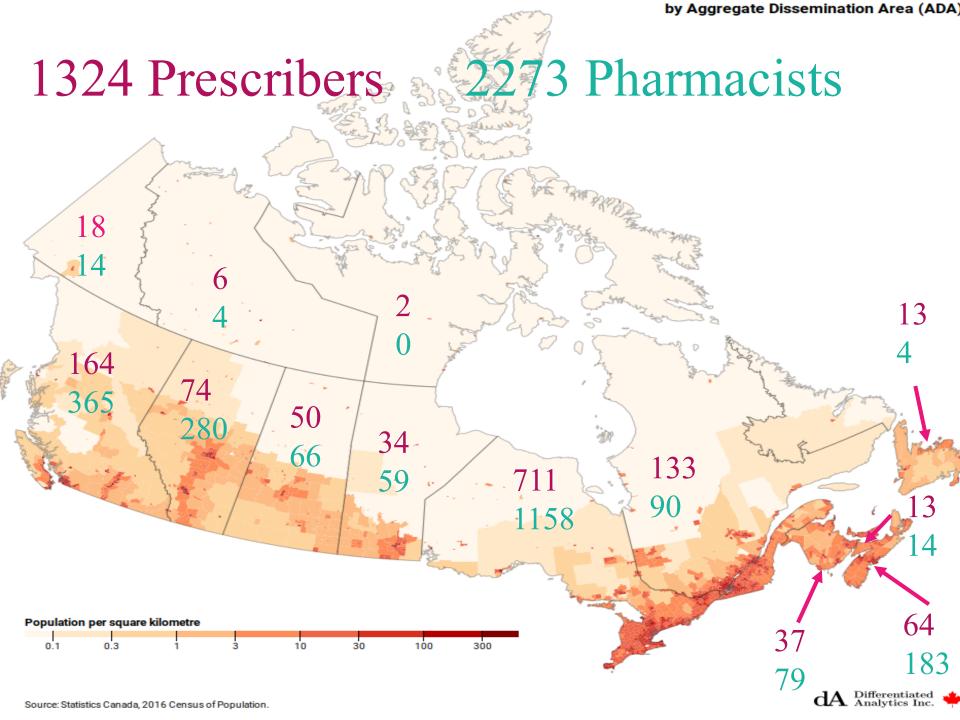
Advocacy in Action

- Clinical Practice Guideline
 - Society of Obstetricians and Gynaecologists of Canada
- Online-Based Training Program
 - 6 Credit Hours
 - Accredited by OBGYN/Family Medicine/Pharmacy Associations
 - Approved by Regulator to meet training requirements
- Community of Practice
- Mifepristone is now funded for approximately 2/3 of Canadians³

Clinical Question and Methods

• Since approval of mifepristone, and introduction of Medical Abortion Training Programme, how many healthcare providers have been trained and where are they located?

 Descriptive Analysis of training from January 2016 to August 2018



Results

- There are physicians and prescribers trained in every province and territory
 - Including PEI, where there has historically been no abortion clinic
 - Northern Territories are served by one clinic
- Compared to 2012, the number of trained medical providers has increased 2207% with the approval of mifepristone
- Medical abortion is available in areas where surgical facilities did not exist, though the number of providers largely follows population demographics

Discussion

- In 2017 there were 2099 OB/GYNs in Canada
 - 11.7% of OB GYNs have completed MA training
- In 2017 there are about 35 000 practicing family physicians
 - 1.9%
 - Family physicians with targeted practices (e.g. psychotherapy, emergency medicine) not excluded

Discussion

- Training is no longer mandatory as of 2018, therefore this may not represent all those who are trained
 - However it is the only MA training program available
- Training does not equal provision
 - We are unable to get prescribing information to know how many unique prescribers there are
- Midwives (N=47) were not considered providers, however pilots exist to engage midwifes in providing MA

Thank You



@McMasterOBGYN
@BirthControlDoc



References

- 1) Guilbert ER, Hayden AS, Jones HE, et al. First-trimester medical abortion practices in Canada: National survey. Can Fam Physician. 2016 Apr;62(4):e201-e208
- 2) Costescu D, Guilbert E, Bernardin J et al. Medical Abortion. J Obstet Gynecol Can 2016 Apr; 38(4):366-89.
- 3) Canadian Pharmacists Association. Mifegymiso Access and Coverage in Canada. https://www.caps-cpca.ubc.ca/AnnokiUploadAuth.php/7/73/Canadian CPhA Mifegymiso_access_coverage_advocacy_KT_110817.pdf