Increasing Access to Abortion Care in Canada: Building Supportive Pathways: Healthcare Roles and Language in Abortion Care

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THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

LAND ACKNOWLEDGMENT

We acknowledge that UBC CPD work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

What is your relationship to the territory or the land that you're on?

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DISCLOSURES

Speakers

- **Carol-Anne Vallée**, MD Obstetrician and Gynecologist: Nothing to disclose
- **Mélina Castonguay**, midwife and reproductive health consultant: Nothing to disclose
- **Kendra Weerheim**, BSc, MN, RN(EC) Primary Care Nurse Practitioner: received financial compensation from Abortion Care Canada for speaker role on "Ask an Expert" panel for Medical Abortion trainees

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Planning Team

- **Stephanie Ameyaw**, Program Manager (UBC CPD): Nothing to disclose
- **Chris Morrow,** Executive Medical Director (UBC CPD): Nothing to disclose
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LEARNING OBJECTIVES

1. Identify how different healthcare roles contribute to abortion care and support for patients.
2. Practice using language and responses that are non-judgmental and supportive, recognizing how actions and words can influence a patient's feelings about their pregnancy options.
3. Practice using non-judgmental, supportive language to when communicating patient options.
4. Recognize abortion care considerations relevant to each professional role.

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The Role of Healthcare Professionals in Abortion Care

- All professionals working in the health-care system have a role to play in abortion care.
- Anyone can be the first point-of-contact.
- Even when you are not a person's first point of contact, you actions can truly impact someone's experience accessing abortion care.

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Anyone can experience barriers to abortion access, some population are particularly underserved

Black, Indigenous, and other people of colour (BIPOC)

These groups experience health inequities related to racism. In effect, they often receive lower-quality health care (compared to white people), even if they are more likely to experience health complications during pregnancy.[1]

Learn more about abortion access and Indigenous Peoples in Canada

People with mental health challenges, problematic substance use, or disabilities

This group may consider abortion to be available but not accessible. People with disabilities may be unable to quickly access last minute in-person appointments. Providers might be reluctant to offer abortion care to people with mental health or substance use issues due to the potential loss in follow-up.

People living in poverty

These people may face economic barriers to accessing an abortion. Poverty impacts an individual's ability to take time off work for appointments. Additionally, the cost and time of travel to appointments disproportionately impacts these people.

People with low literacy and lack of education

These people may face many barriers to accessing abortion care. Issues may include the inability to communicate in English or French, lacking education in health literacy, reproductive anatomy, conception, and contraception options. Some of these issues may be particularly hindering for newcomers to Canada.

Sexual and gender minorities (2SLGBTQI+)

These people are as, if not more, likely than their cisgender, heterosexual counterparts to experience an abortion in their lifetimes, yet face significant barriers to accessing sexual and reproductive health services, including denial of abortion care.[2]

Young people

Youth face many barriers to getting abortion care despite evidence that abortion is safe and efficacious among adolescents.[3] Obstacles include low income (cost), challenges taking time off school (travel), and lack of support systems or parental involvement.

Barriers

Barriers may be structural (financial, legal or regulatory policies) or personal

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Providing Person-Centered Abortion Care

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Every Role Matters

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Key Considerations

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Patient Education & Support

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Comprehensive Abortion Care Support

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From Stigma to Rights: The Legal Landscape of Abortion

Abortion has a long history of being stigmatized in Canada and globally

Many countries have formal laws against terminating pregnancies for medical and/or personal reasons

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Canadian Abortion Laws: Legal Rights Amidst Social Stigma

Canada has no laws criminalizing abortion, for any reason, at any gestational age

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Person-Centered Care

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Given the religious and ethno-cultural and religious diversity of the Canadian population, as well as the heterogeneity of people *within* the same group, it is important never to make assumptions about an individual clients stance on abortion / unplanned pregnancy

Neutral and Inclusive Language

- Avoid value-laden terms:

Compassionate, Fact-Based Abortion Care

- ❑ Use Facts & Statistics:

Examples of Neutral & Empathetic Question

- During point-of-care (POC) testing:
  “How do you feel about possibly being pregnant right now?”

- Exploring options:
  “Would you like to talk about your options, given this pregnancy was unplanned? (Abortion, adoption, parenting)”

- Future reflection:
  “Can you imagine yourself in one year if you terminate? If you parent? What about in five years?”

- Addressing fears:
  “What scares you the most about _____?”

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Why it Matters

- Encourages open, non-judgmental conversations
- Supports patient autonomy and decision-making
- Helps patients process emotions and fears

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Cultural Considerations & Provider Self-Reflection

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Providing Unbiased and Compassionate Pregnancy Counseling

Present All Options Equally

- Offer abortion, adoption, and parenting without preference or bias.

Avoid Assumptions

- Do not automatically congratulate a pregnant person—their feelings may be complex

Show Empathy

- Recognize and respect each individual’s unique experience of pregnancy

Why It Matters:

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Abortion in Canada *Who and Why*

People of all genders, faiths, cultures, relationship statuses, and socio-economic strata access abortion

Abortion is the **2nd most common** reproductive health procedure[1]

31% of Canadian women* experience abortion[1]

★ study did not gather data on gender v. sex, but there are likely trans people who do not identify as women captured by this rate.

~50% of abortions occur among people aged **18-29 years**[1]

~50% of abortions are among those who have **previously given birth**[2]

30% of people seeking care have **had a prior abortion**[2]

>50% of people report using contraception at the time of conception[3]

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Roles in Abortion Care: Nurse, Nurse Practitioner / Physician / Prescriber

- Urine dip
- Language (person-centered, neutral and inclusive)
- Options counselling
- Contraception
- Teaching medication administration

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Roles in Abortion Care: Midwife

- Urine dip
- Language (person-centered, neutral and inclusive)
- Options counselling
- Contraception
- Teaching medication administration
- Prescribing w/ Medical Directive

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Roles in Abortion Care: Counsellor

- Options counselling
- Linking to community resources
- Pre- / post-abortion support
- Trauma-informed

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Resident / student

- Learning to detail all-pregnancy options
- Adapting care to vulnerable populations
- Understanding the complexity of life situations and the value of comprehensive and sensitive person-centered care

Online Education: WE ALL HAVE A ROLE TO PLAY

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Home Dashboard

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Key Message

All professionals working in the health-care system have a role to play in abortion care, though they may not, directly, prescribe or perform terminations.

Examples include:

- A primary care nurse testing urine for presence of bHCG.
- A cardiologist treating someone with a condition that would not permit safe pregnancy and delivery.
- A nurse practitioner providing assessments to newcomer immigrants and refugees.
- An ER doctor investigating abdominal pain in a 45-year old woman.
- A midwife providing care at the 6-week postpartum visit.
- A social worker or therapist hearing about desired or past abortions.

Key Takeaways

- Anyone can be the first point-of-contact
- Use inclusive terms like “pregnant person” instead of “mother” or “woman”
- Discuss pregnancy options equally (abortion, adoption, parenting)
- Any and every professional can play a role in preventing trauma by offering and discussing detailed information

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