What needs to happen?
Abortion services in Ontario must be accessible, safe, appropriate, timely, and non-judgmental within an integrated and sustainable reproductive health system. Actions need to focus on the MOHLTC’s ability to support access to high-quality abortion services in Ontario.

Where we are now
Abortion service provision is safe with less than 1% complication rate; however, the abortion system is fragile (i.e. few providers offer the majority of services, operating room services are affected by lack of resources, and competition for operating room time).

Access to abortion varies depending on gestational age, geographic location, and women’s financial resources with respect to travel costs and fees.

Medical abortion¹ (when medications are used to end pregnancy) is not uniformly available in Ontario.

Where we want to be
Abortion services are stable, sustainable, and a core service available in hospitals, specialty clinics and primary care settings.

Abortion services and support are accessible and appropriate based on gestational age and geographic location.

Medical abortions can be accessed through primary care for women in Ontario and this access is supported by appropriate surgical back-up.

Background: A cross-provincial Abortion Expert Panel was formed to develop key recommendations and messages about abortion services in Ontario. The Panel based these recommendations on their own areas of expertise, through stakeholder consultation, and the findings of an Ontario-based study¹ by Dr. L. Ferris through the Institute for Clinical Evaluative Sciences. The research included a statistical examination of the provision of, and access to, non-emergent abortion services in the province; an examination of Family Physician/General Practitioners practice patterns and medical curriculum; and complications associated with non-emergent abortions¹.

Key Recommendations: The MOHLTC can play a key role in improving system design and equity of access to abortion services in Ontario, by providing overall direction and leadership for system development, and by providing a supportive remuneration system. The MOHLTC should:

¹ For more information regarding recommendations for other stakeholders, please see Echo’s series of Echo Advances related to access to abortion at www.echo-ontario.ca
Ensure that abortion services for pregnancies under 12 weeks’ gestation are a component of core hospital care (for those hospitals with appropriate obstetrics and gynaecology services).

Address geographic barriers by ensuring local service through hospitals that also provide a range of other services (this helps address issues of anonymity for both patients and providers).

Establish a policy that ensures access to a hospital-based provider in each region for procedures under 12 weeks’ gestation. This will support access to procedures as well as provide essential back-up services that are only available in hospitals.

Designate sites across Ontario for abortions at 16 weeks’ gestation and over.

Establish a data system to support system monitoring.

Improve alignment and adherence to ethical and legal obligations of health care providers.

Establish a coordination mechanism for wait-time management.

Adjust OHIP fee codes for medical and surgical abortion to allow follow-up by email and phone to meet the needs of hard-to-reach women and increase follow-up rates.

Facilitate inter-provincial billing.

Support the approval of the use of mifepristone (in combination with misoprostol) in Canada, as it is proven to be a safe, effective method to terminate a pregnancy.

Establish a centralized source of reliable information for accessing abortion services.

Support development of third-party complaint process for health care services.

For more information, please contact Echo at 416.597.9687.

About Echo: Improving Women’s Health in Ontario
Echo: Improving Women’s Health in Ontario is an agency of the MOHLTC. Our vision is improved health and well-being and reduced health inequities for Ontario women. For more information, please go to www.echo-ontario.ca.
References:


