The SOGC Supports High-Quality, Accessible Abortion Care

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We live in unprecedented times. In an era where restrictions limit access to abortion in only a handful of jurisdictions globally, American women now have fewer reproductive health rights than their mothers and grandmothers did.[1,2] As our neighbours south of our border face a dawning crisis in health care, the Society of Obstetricians and Gynaecologists of Canada (SOGC) stands firmly in support of reproductive choice and equitable access to safe, high-quality abortion care for all people in Canada and around the world. We join FIGO and over 100 health organizations globally in condemning the U.S. Supreme Court decision to roll back the right to abortion. And now, more than ever, we affirm the goal set out in our 2019 position statement on access to abortion services—"to ensure equal access to safe abortion for all Canadians and to have well-trained and prepared health care providers offering a choice of medical or surgical termination in a secure network of care, close to home."

Equitable access to abortion care is a basic human right. The full range of reproductive options has been available in Canada since abortion became legal in 1969, and, in 1988, access improved when Canada was one of the first countries to fully decriminalize abortion. With the introduction of mifepristone for early medical abortion in 2017, rapid uptake improved access in all provinces and territories (except Québec),[3] while maintaining safe care.[4] Although nearly half of abortions performed in provinces outside of Québec are medical, the need for surgical abortion, particularly second-trimester surgical abortion, remains. When it comes to surgical abortion, Canada faces challenges to ensuring an adequately trained and distributed health care provider workforce to meet the needs of patients across our vast country. The SOGC strives to improve equitable access to high-quality medical and surgical abortion services through its core activities of guideline development, training, and advocacy.

Since 1996, the SOGC has produced the national guidelines for abortion care and follows a world-leading, guideline development process to ensure this guidance is kept up to date according to rigorous evaluation and synthesis of the latest and highest quality evidence. In addition to guidelines for medical and surgical abortion, the SOGC's Sexual Health and Reproductive Equity (SHARE) Committee recently released guidance on providing abortion care via telemedicine and access to abortion care during the pandemic.

The SOGC and its members have developed and deliver training programs and practice tools for abortion care. When mifepristone was approved for use in Canada, the SOGC, working with Health Canada, convened the College of Family Physicians of Canada and the Canadian Pharmacists Association to collaboratively develop the Canadian self-learning training program for members in all three organizations. This ensured that Canadian providers would not face the same barriers to medical abortion training as their counterparts in other countries, where training initiatives often prioritized, or were restricted to, current or higher volume abortion providers. The SOGC also provided a development grant and expert advice to Canada's Contraception and Abortion Research Team to create the Canadian Abortion Provider's Support - Communauté de pratique canadienne sur l'avortement community of practice site (www.caps-cpca.ubc.ca). This platform of patient and provider resources and expert advice is available to health care professionals licensed to provide abortion care in Canada.

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Medical abortion is now widely available across the country in a variety of health care settings. A recent Ontario study, presented at our Annual Clinical and Scientific Conference in June, found that the number of abortion providers per 100 000 women in Ontario more than tripled in the 2 years after mifepristone was available as a normal prescription, with a higher density of providers in rural than urban areas,[5] and with no increases in the rates of abortion or complications.[4] Early findings across Canada support this rate of rapid adoption,[6] with the exception of Québec.[7,8]

Despite a large increase in the number of physicians and nurse practitioners currently offering medical abortion to their patients, people seeking medical abortion may nonetheless have difficulty finding a provider offering this type of care, as it is not always advertised to patients outside the health care provider's practice. Several confidential services exist to connect those seeking abortion to a health care provider. We urge our members currently providing abortion care to list themselves with one or more of these resources (see Box).

The adoption of medical abortion in Québec has been slow because of regulations that restricted the prescription and use of mifepristone. On July 14, Québec's licensing body, the Collège des médecins du Québec, announced that it had lifted the prescribing restrictions for physicians and will be reviewing other policies related to access, including its 9-week gestational age limit for medical abortion. We hope these planned changes will result in equitable access to abortion for the women of Québec.

Although centres across Canada provide abortion care beyond the first trimester, only a handful care for patients after 18 weeks gestation,[3] and many facilities struggle to fund the training programs and post-licensing fellowships required to build and maintain a staff capable of performing these complex and advanced procedures. Provincial and territorial ministries of education must collaborate with faculty across Canada to ensure their health care workforces can meet the needs of their residents, whether training takes place in province, or, as is increasingly transpiring, health care providers working in smaller provinces receive support to train in larger centres. Funding for second-trimester training programs is more important than ever to maintain access to services now and in the future. In 2020, our American colleagues recognized *complex family planning* as a subspecialty of obstetrics and gynaecology. Although this is not a recognized subspecialty in Canada, the need for this subspecialty care exist across our country nonetheless.

Equitable access is Canada's biggest challenge to providing high-quality abortion services. The SOGC acknowledges the commitment of its members who provide this essential service. We thank you for your contributions to improving access to reproductive autonomy and choice. We encourage physicians and nurse practitioners who serve reproductive-aged patients to consider offering medical abortion services to those in need and ask abortion providers, even those who only occasionally provide these services, to list themselves with one of the trusted national patient hotlines. We implore the Collège des médecins du Québec to follow best evidence as they continue to review their policies on access to medical abortion. Finally, we urge ministries of education across Canada to provide dedicated funding programs that will support the training of family doctors and obstetrician–gynaecologists in advanced and complex family planning provision, including second-trimester surgical abortion.

As we await with sadness the repercussions of the decision in *Dobbs v. Jackson Women's Health Organization*, the SOGC recommits to supporting its members and clinicians in Canada and around the world to attain the knowledge and skills needed to ensure all people have equitable access to a full range of options for high-quality reproductive care. We will continue to advocate for changes that support this goal.

Box. Examples of services that connect people seeking abortion with health care providers

Action Canada for Sexual Health & Rights
Choice Connect Canada
National Abortion Federation
Options for Sexual Health in British Columbia

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