

Enduring Barriers to Quality Termination Care in the UK

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This paper will draw on data from an evaluation of termination services for the Liverpool and Sefton areas, located in the Merseyside region of North West England carried out between January 2000 and May 2001. The evaluation aimed to; assess the extent to which top services meet existing national quality standards, identify and map current termination provision, establish service user satisfaction with termination care: elicit and explore the views of women who have had a termination about the quality and appropriateness of the treatment they have received. The methodology placed an emphasis on the voices of women who had recently experienced termination and incorporated the following; 63 semi-structured interviews with service users, a questionnaire survey of 403 service users, 30 semi-structured interviews with termination service health professionals and other health workers and a survey of 166 general practitioners. In 2001 the Royal College of Obstetricians and Gynaecologists set out a set of quality standards for UK termination services. These were used as benchmarks for evaluating the quality and accessibility of local services throughout the research. The research found that local services were falling short of good practice and national quality standards in a number of areas including; waiting times, choice of method, information, pre and post termination counselling, the treatment of women requesting repeat termination, under 16 year olds requesting termination and the audit and monitoring of services. The paper argues that in the UK, which provides legalised abortion within the framework of a national health service, there are a range of persistent barriers both practical and ideological which restrict access to termination services and can operate to compound the enduring stigma associated with termination. The paper will outline these barriers and argues that commissioners and providers of termination services must take proactive steps to ensure termination care is not a marginal “cinderella” service but has a key and positive role to play in the emerging UK models of integrated sexual health care and strategies.