National guideline on induced abortion

Evidence-based clinical guidelines represent a fundamental component of the NHS clinical effectiveness (NHS Executive, 1996) and clinical governance (Donaldson and Muir Gray, 1998) initiatives. The clinical effectiveness initiative was built around three themes — inform, change and monitor — with clinical guidelines representing the principal means of informing health-care professionals about the available evidence base on discrete clinical topics. Education and training programmes were seen as the main means of changing practice, and clinical audit the main way of monitoring practice and confirming beneficial changes.

Before the establishment of the National Institute for Clinical Excellence (NICE), the Department of Health funded a number of guideline development initiatives undertaken within the royal colleges. The Royal College of Obstetricians and Gynaecologists (RCOG) has developed a series of evidence-based clinical guidelines within its own Department of Health-funded initiative. The series addresses a number of important topics in reproductive health care, including male and female sterilization, menorrhagia and infertility. The seventh such guideline, published in March 2000, was entitled *The Care of Women Requesting Induced Abortion*.

The choice of abortion care as a topic for national guideline development has been welcomed by reproductive health-care professionals and pro-choice advocacy groups throughout the UK and beyond. The endorsement of this topic as a priority by both the RCOG and the Department of Health was seen as an acknowledgement that induced abortion represents a health-care need and that health authorities should accept responsibility for the abortions required by women resident in their districts.

METHOD OF GUIDELINE DEVELOPMENT

National guidance on guideline development (Mann, 1996; Scottish Intercollegiate Guidelines Network (SIGN), 1999) highlights three key requirements for producing valid recommendations:

Multidisciplinary
Guidelines must be developed by multidisciplinary working groups in which all key 'stakeholders' (including service-user representatives) for the given topic are represented.

Evidence-based
Guideline recommendations must be based on a systematic search and synthesis of available research evidence.

Evidence-linked
Individual recommendations within the guideline must be explicitly linked to the strength and quality of the evidence on which they are based using a recognized grading scheme.

The scheme for evidence-linkage used in the RCOG Abortion Care guideline, which is based on recommendations from the Department of Health and SIGN (Petrie et al, 1995), is summarized below.

Grade A: Requires at least one randomized controlled trial as part of a body of literature of overall good quality and consistency addressing the specific recommendation.

Grade B: Requires the availability of well-conducted clinical studies, but no randomized clinical trials on the topic of the recommendation.

Grade C: Requires evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates an absence of directly applicable clinical studies of good quality.

Good practice points: Recommended best practice based on the clinical experience of the guideline development group.

The abortion care guideline was developed according to these principles. The development group included representatives of the RCOG, the Faculty of Family Planning and Reproductive Healthcare, the Royal College of General Practitioners, the Faculty of Public Health Medicine, the charitable sector abortion providers and the Department of Health. A nurse counsellor and a representative of the RCOG's Consumers' Forum were also members.

THE RECOMMENDATIONS

The published guideline contains introductory sections on legal and ethical aspects of abortion plus 57 graded recommendations covering the following topic areas:

- Organization of services
- Information for women
- Pre-abortion management
- Abortion procedures
- Managing complications
- After-care.

These recommendations comprise seven grade A, 25 grade B, eight grade C and 17 'good practice points'. As an illustration, two key recommendations from the guideline are discussed below.

Organization of services

> **The earlier in pregnancy an abortion is performed, the lower the risk of complications. Services should**

therefore offer arrangements which minimise delay (e.g. a telephone referral system and direct access from referral sources other than general practitioners). Grade B.

This recommendation is based on evidence from large cohort studies that shows that increasing gestational age is associated with an increasing relative risk of complications of abortion. For example, the largest of these studies, from Ontario, included over 83 000 women (Ferris et al, 1996). Taking abortions performed at ≤9 weeks as the reference group, the relative risk of immediate complications was 1.3 for procedures at 9–12 weeks and 3.3 for those undertaken at 17–20 weeks.

Evidence from a 'before and after' study (Glasier and Thong, 1991) confirmed that the introduction of a telephone referral system, linked to dedicated clinic appointments for abortion assessment, significantly reduced the percentage of abortions undertaken at ≥12 weeks gestation from 21% to under 10%.

Pre-abortion management

Abortion care should encompass a strategy for minimising the risk of post-abortion infective morbidity. Appropriate strategies include antibiotic prophylaxis (Grade A) or screening for lower genital tract organisms with treatment of positive cases (Grade B).

Genital tract infection, including pelvic inflammatory disease, is a recognized complication of abortion, affecting up to 10% of cases. Evidence from a meta-analysis of randomized trials (Sawaya et al, 1996) showed that the use of antibiotic prophylaxis at the time of abortion is associated with a reduction of about 50% in the rate of subsequent infective morbidity.

Other investigators have argued that bacteriological screening of the lower genital tract before abortion, with treatment of those found to be carrying implicated organisms, would be a more appropriate strategy. The author's own group has compared universal prophylaxis with a 'screen and treat' strategy in terms of both clinical- and cost-effectiveness in a randomized trial (Penney et al, 1998). They found that universal prophylaxis was more effective, for some women, than the 'screen and treat' approach in minimizing short-term infective morbidity — and was also much cheaper. Nevertheless, on the basis of the whole body of available evidence, the development group recommended that, currently, either strategy is acceptable in routine clinical practice.

KEY POINTS

- Evidence-based clinical guidelines represent a fundamental component of the NHS clinical effectiveness and clinical governance initiatives.
- The seventh Department of Health-funded guideline developed by the Royal College of Obstetricians and Gynaecologists addressed the care of women requesting induced abortion.
- The guideline contains information on legal and ethical aspects of abortion and 57 graded recommendations covering six main topic areas.
- Passive dissemination of clinical guidelines is insufficient to promote change in practice. The Royal College of Obstetricians and Gynaecologists has supported implementation by complementary exercises including a national meeting and development of a 'patient version' of the guideline.

IMPLEMENTATION OF THE GUIDELINE

It is acknowledged within the NHS clinical effectiveness initiative that passive dissemination of clinical guidelines is insufficient to promote changes in practice (NHS Executive, 1996). Ideally, dissemination by distribution of printed material or electronically should be complemented by a range of interventions aimed at promoting the adoption of the guideline recommendations.

The RCOG has recognized this need and supported the launch and publication of the guideline by means of an educational meeting focusing on abortion care held in the College in March 2000. In addition, a subgroup of the original development group is now working on a 'patient version' of the guideline. This document is aimed at service users and will empower women to demand better abortion care by informing them about what good-quality care should include. HM

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