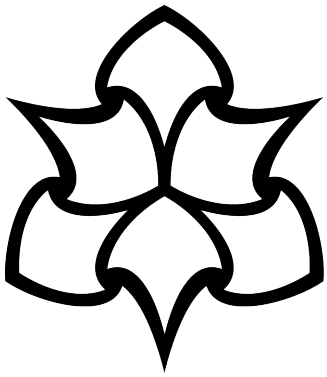

Evaluating MyOptions: Experiences of Ireland's Abortion Information and Support Service

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Abstract

Background

The Irish government enacted a new, significantly liberalised law on abortion in 2018 and doctors began providing abortion care in January 2019. The Irish public health service, the Health Service Executive, established a dedicated abortion information and support service called MyOptions to facilitate abortion access and provide non-directive counselling and clinical advice. The service does not make appointments for abortion seekers. In 2020, the Abortion Rights Campaign (ARC), an Irish grassroots advocacy organisation, researched Irish residents' experiences of abortion care, including using MyOptions.

Methods

ARC collected data using an online survey between September 2020 and March 2021. The survey gathered qualitative and quantitative data. Qualitative data was coded and analysed using NVIVO software following a grounded theory approach. Quantitative data was analysed descriptively.

Results

Respondents' reported varied understandings and experiences of using MyOptions. Many were not aware of the service before they needed to access abortion care. Some respondents described MyOptions as useful and compassionate. Other respondents described a lack of clarity from MyOptions about the scope and nature of its service and scant information about how to obtain an abortion after 12 weeks, including for medical reasons. Respondents reported that the need to contact General Practitioners (GPs) on their own was stressful, intimidating, and time-consuming, as was GPs' refusals to provide referrals to abortion providers.

Conclusions

MyOptions benefits abortion seekers who are under 12 weeks and are comfortable contacting a GP. It works less well for people who do not fit these criteria. An 'appointments booking' service could resolve some of these issues. Guidance on how to access abortion for medical reasons and abortion after 12 weeks would also improve the service.

Key messages

- Half of respondents did not know where to get an abortion; a third said they did not know where to find information on abortion.
- MyOptions does not arrange appointments, creating a risk of abortion seekers encountering anti-choice GP's or 'timing out' of the legal window to access care.
- MyOptions provides little or no information on abortion after 12 weeks, including for indiviudals seeking abortion for foetal anomoly or because of their own health.

Introduction

After the referendum to Repeal the 8th Amendment in May 2018, the Irish government enacted legislation to significantly expand the scope of legal access to abortion (1, 2). The Health (Regulation of Termination of Pregnancy) Act 2018 came into effect on the 1st of January 2019, allowing for access to abortion under four conditions: on request for individuals whose pregnancy has not exceeded 12 weeks since the last menstrual period; in the case of medical emergencies; and when the pregnancy has exceeded 12 weeks but two medical practitioners affirm that there is either "a risk to the life, or of serious harm to the health" of the pregnant person or the pregnancy entails fatal foetal abnormalities. Abortion services are provided under Ireland's public health system, the Health Service Executive (HSE), through a community-focused, General Practitioner (GP)-led programme.

One in ten GPs have registered with the HSE to provide abortion care (3). Some counties have an abundance of registered abortion providers and others have few or none. GPs may elect to provide care to their own patients without registering with the HSE as an abortion provider. Some specialised family planning clinics such as the Irish Family Planning Association (IFPA) or Well Woman also provide abortion care. Clinical guidelines permit the provision of care by GPs and clinics up to 10 weeks of pregnancy, and require individuals to attend one of the 10 maternity hospitals that provide abortion care between 10 and 12 weeks. Almost all abortions involve the use of medication, including those between 10-12 weeks; surgical options are rarely offered.

A key element of abortion care provision in Ireland is MyOptions, the national helpline run by the HSE 'that provides free and confidential information and counselling to people experiencing an unplanned pregnancy'(4). The HSE implemented MyOptions to function as a non-directive counselling service and a mechanism to facilitate access to abortion, as well as a clinical advice helpline for people undergoing early medical abortion.

MyOptions gives abortion-seekers contact details for providers and removes the need for health practitioners to advertise that they provide abortion care. The MyOptions service was designed to address two known barriers to abortion care – poor public awareness of how to obtain an abortion, and practitioner concerns about professional stigma and targeting by anti-abortion groups (5). However, this article argues that these objectives have not been met.

MyOptions marks a significant change for the government: previously, the HSE actively discouraged abortion in its resources for the public. Although Irish citizens had a right to access abortion information, fears of criminal and professional repercussions of 'promoting' abortion made providers less willing to openly share details of how to access abortion care (1,6,7).

This article reports on research into barriers to abortion under the new law conducted by the Abortion Rights Campaign (ARC), a grassroots all-volunteer group dedicated to achieving free, safe, legal, and local abortion everywhere on the island of Ireland (8). On 27 September 2020, ARC launched an online survey to collect data on people's experiences that ran until 31 March 2021, open to anyone who had accessed, or attempted to access, an abortion in Ireland since the introduction of services. This article reports specifically on survey respondents' understandings and experiences of MyOptions.

Methods

The Abortion Access Research working group of ARC designed and conducted the study, and retained a professional social scientist to analyse the results. To ensure that the research met ethical standards, ARC consulted with a number of experts specialising in the areas of reproductive healthcare, policy evaluation, and research ethics. Two researchers from Maynooth University, Ireland, reviewed ARC's ethics application. In addition, the group consulted with a range of migrant, Traveller, LGBTQ and disabled people's groups, amongst others, to maximise the accessibility and representativeness of the proposed research.

The survey used a mixed methods approach and generated both qualitative and quantitative data. In the interest of safeguarding respondents' privacy and emotional wellbeing, all questions were made optional; that is, a respondent did not have to answer any question in order to advance to the next one, and the denominator for each question varies as a result. ARC had the survey translated and posted in eleven languages to make it more accessible to residents of Ireland. Toward the end of the survey period, ARC made available the services of an Irish Sign Language (ISL) interpreter to assist respondents in completing the survey. The ARC website posted links to all 11 surveys and ARC disseminated them to various networks.

The research team used quantitative data descriptively to get a sense of the frequency of particular experiences as well as to identify demographic characteristics of respondents. The team used NVivo software to code and analyse qualitative data. Whilst the project adopted a largely 'grounded theory' methodology, the following themes directed the initial coding (9, 10):

- Awareness of MyOptions
- Understanding of MyOptions'role in facilitating access to abortion
- Experience of MyOptions service

Data

A total of 402 people responded to the survey, 388 of whom answered in English, 5 in Irish, 6 in Arabic and 3 in Polish. White Irish respondents were somewhat overrepresented (88.43% (n=289) vs. 82.2% in the population); and 88.56% (n=302) were Irish Citizens, reflecting their numbers in the population. Respondents lived in 24 of the 26 counties in Ireland, with good representation across urban, rural, and small town settings. The largest single age cohort was respondents of 35 years and above.

Public/Patient Involvement

Although patients were not explicitly involved in the design of the survey instrument, ARC members include past patients and potential future abortion seekers, as do the members of the organisations ARC consulted (described above). A team of ARC researchers designed the survey (with guidance from academic researchers independent of ARC). They also co-ordinated data collection and co-produced the report this paper is based on. These researchers

also co-produced this paper in collaboration with two academic researchers unaffiliated to ARC.

Findings

Knowledge and Understanding of MyOptions

Slightly more than half of respondents did not know where to go to get an abortion (54.04%) (n=158). Almost a third said they did not know where to find information on abortion (32.24%) (n=76) .

The majority of respondents stated that they used 'Google' or 'the internet' to seek information, and most frequently used the MyOptions webpage and the IFPA website after searching. One participant explained how her initial lack of understanding deterred her from using MyOptions:

> I imagined MyOptions was going to give me different options available to me rather than an abortion…I really wish it had been more obvious online that you just need to call MyOptions to get a list of GPs!"

Experiences of contacting MyOptions

Nineteen participants (13.5%) were extremely positive and grateful for the assistance they received. One respondent stated:

> "[The] woman on [the] end of the line was very caring and responsive, made sure to give me multiple opportunities to talk with her if I wanted to offload."

Another respondent said:

> "They were so professional and so very kind to me. I was so lost and alone and they helped me so much with no judgement."

Four respondents, however, reported issues with MyOptions counsellors being 'rude' or 'cold'. One participant stated:

> "The first time I called the lady on the phone couldn't have been more helpful and understanding. I rang a second time and the lady I got I felt was a bit cold. It put me off ringing again."

Respondents reported being unable to contact the helpline, because of technical issues and the limited evening and weekend hours. One respondent said: “Not great, very long waiting time before I could speak to anyone. Their webchat service essentially doesn't work.”

Experiences of using MyOptions as a liaison

Survey respondents had mixed experiences of using information provided by MyOptions to connect with abortion care providers. Highlighting a gap in MyOptions’ remit, one respondent explained:

> “When I called the MyOptions line I asked if my own GP provided abortion services. They told me she wasn’t listed, meaning she doesn’t take new patients, but that she might provide services for existing patients. The only way to find out if she would provide me with care was to call my doctor’s office and ask. I really didn’t want to ask and have them say no and then have to go back there in future…MyOptions should be able to tell you if your GP provides services for existing patients and not have patients have to ask their own GP’s receptionist a potentially difficult question at a stressful time.”

Other participants reported frustration that they had to arrange the appointment with the GP themselves, after initially believing that MyOptions would make arrangements for them. As one said *“I had to get someone to ring up for me. Can be intimidating to place that call.”*

Other respondents described how, even when they were provided with contact information, arranging an appointment with a GP took time. As one participant said, *“we had to keep calling GP surgeries until we found one with a doctor who was willing to provide abortion care.”* Another explained, *“I rang 9 GP clinics before getting an appointment. This may not seem like a lot but when you are distressed and panicking, it is a lot.”*

Another respondent reported negative experiences with practices that she had been referred to. This respondent had to call *MyOptions* again for additional contact details. They stated, *“I rang three different practices and two of the receptionists were very rude on the phone to me…I had to call MyOptions for a second time, I was extremely upset.”*

MyOptions and failure to refer

Almost one in five respondents (18.98%) (n=26) respondents said that doctors unwilling to provide care failed to refer them to someone who would. Being denied a referral had a

significant negative impact on patients, creating "fear", "confusion", and "unnecessary stress". One respondent said *"initially I went to my GP who refused to help me. Gave me no information other than a phone number and just told me to call the HSE."*

Another stated *"my GP would not treat me or advise me where I could procure an abortion and just told me I could find information on the HSE website myself".*

Perspectives on the limited scope of MyOptions

Respondents noted that MyOptions provides little if any information to those seeking to access abortion after 12 weeks gestation, including information on how to access abortion on grounds spelled out in the Health Act 2018 (fatal foetal anomaly and risk to health including mental health of the pregnant person). One respondent who was waiting for amniocentesis test results said:

> "I was worried that there might be a 24-week time limit. The girl on the phone didn't know the answer. She looked up the legislation for me (which I had done before the call) and she read it to me. But the wording is hard to understand. I was disappointed that she didn't know the answer to this important question."

Discussion

Establishing and promoting a single, identifiable contact point for information about abortion reflects good health system design principles (11, 12). However, this research indicates serious limitations with the MyOptions service as a means to promote full access to abortion care in Ireland. Despite an initial promotional campaign in early 2019, residents of Ireland have minimal awareness and understanding of MyOptions, limiting its potential to play this critical role.

Another significant weakness is that the MyOptions website does not clearly state that callers can obtain the contact details for registered abortion providers near them through this service. The requirement to call limits the accessibility of needed information to anyone who feels more comfortable communicating via text or who is deaf or hard of hearing, as booking an ISL appointment is a further step.

This research identifies shortcomings of MyOptions as a referral mechanism for abortion-seekers. Best practice in referral supports individuals' movement through the health system

(13). Yet, MyOptions only provides partial support; it is not an 'appointments booking' service. Individuals' movement from first contact with MyOptions to an appointment with an abortion provider and receipt of care can be protracted. How long this movement takes is critical. Abortion access in Ireland is geographically limited after 10 weeks and legally restricted after 12 weeks (2). The fact that MyOptions does not arrange appointments with medical practitioners means there is a risk of abortion seekers 'timing out' of the legal window to access care.

The need to contact GPs directly also leaves room for anti-abortion clinicians to delay or obstruct access to care. Ireland has clear legal and professional ethics mandates that clinicians who decline to provide abortion care are required to refer patients to a different provider in a timely manner (1). However, as in other jurisdictions, care can be delayed or obstructed by individual clinicians if they refuse to provide precise, clear, and timely referral (5, 9, 14).

As the data illustrated, MyOptions was not designed to provide information to people seeking abortion beyond 12 weeks or for problems with either their health or foetal health. This gap raises a further question about the usefulness of MyOptions for catering to a diverse range of abortion experiences, including people who have just missed the cut-off or who have complex abortion care cases.

Limitations

The study has several limitations. As an online survey it is not representative as respondents self-selected. It was also designed and distributed by an advocacy group so this may have impacted the sample. As there were no forced response questions, there is missing data where respondents chose not to answer.

Conclusions and Recommendations

These findings, especially when coupled with established international evidence, point to key areas for improvement. Specifically, they provide a strong argument for adding a service to make appointments for individual patients to MyOptions. They also point to the need for more training on how to interact with callers and a commitment to provide information on navigating the abortion law after 12 weeks or traveling abroad. If the HSE and Department of Health want MyOptions to be abortion seekers' first point of contact, it is critical that they

commit to ongoing promotion of MyOptions and clarification of its scope in public-facing material. By making these improvements, the HSE can turn the idea of a centralised abortion information service into a real gateway for access.

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