



CASE STUDY

Using the Abortion Care Quality Tool (ACQTool) to understand and compare abortion care quality

Researchers use a newly developed tool to compare the quality in facility-managed and pharmacy-sourced self-managed medication abortions in Bangladesh



SCHOOL OF
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METRICS FOR MANAGEMENT

BACKGROUND

High-quality abortion care is fundamental to reproductive autonomy, health, and human rights. Quality of care is the degree to which health services produce desired outcomes and providers use the best available evidence. Ensuring high quality abortion care includes, but is not limited to, providing sufficient, accurate information on what to expect, how to recognize warning signs, and where and when to access follow up care if needed or wanted. Examining and addressing disparities in the quality of care provided is, therefore, integral to ensuring that individuals' rights to safe abortion care are upheld.

Availability of safe abortion has increased globally, with the medications misoprostol and mifepristone. Self-managed medication abortion (SMA), where an individual terminates their pregnancy with medications without formal clinical management, is now recognized by the World Health Organization as a recommended model of abortion care under certain circumstances. This has the potential to improve abortion access, especially in restricted settings. As the use of SMA becomes more recognized, questions around the quality of care delivered to those seeking SMA arise.

Do patients have adequate support before, during, and after the procedure to safely navigate it? Are they able to easily acquire the information they need, in a format that is effective to them? Are they treated with respect? Do they get appropriate support in the event of adverse events?

CHALLENGE: COMPARING QUALITY OF CARE IN FACILITY-MANAGED VS PHARMACY-SOURCED, SELF-MANAGED MEDICATION ABORTION

Assessment of abortion care quality has been hampered by the absence of a common definition of quality care, limited knowledge of and evidence related to abortion care in different contexts, and the lack of a validated, standardized, and effective tool to measure the quality of care.

This has been especially true in low- and middle-income countries. Additionally, the tools that have been used have not integrated a client-centered lens, despite the importance of assessing interpersonal and technical aspects of a client's care experience.

In research conducted in Bangladesh, the key concern was effectively assessing the quality of care provided to patients seeking medication abortion from public and private facilities and to clients who had an SMA via pharmacy-sourced SMA to both determine the overall quality of abortion care, and to identify any disparities in care between the two sources.

Read more in the [BMJ Sexual & Reproductive Health Journal](#)

- [Full research article](#)
- [Blog post](#)

SOLUTION: EMPLOYING A VALIDATED ABORTION CARE QUALITY TOOL FOR RELIABLE, COMPARABLE ASSESSMENT

Developed by [Metrics for Management](#), [Ibis Reproductive Health](#), and [Ipas](#), the [ACQTool](#) is a short set of [indicators](#) (up to 29 in total, depending on the context in which it is used) developed by an international panel of experts, through extensive research and usability testing, to provide an accurate assessment of the quality of abortion service an individual has received during and after an abortion experience. Having been tested in numerous contexts across Bangladesh, Ethiopia, and Nigeria, the ACQTool is unique in that it uses a patient-centered, rights-based approach to evaluating quality of care, assessing both technical and interpersonal aspects of the client's experience.

The ACQTool allows for the measurement of abortion quality similar to that for other health services, and potentially enables the linking of quality of care to key health outcomes – demonstrating that improving quality leads to better health.

The ACQTool is designed to enable both facility-based care and out-of-facility medication abortion providers and support networks (e.g., pharmacies and hotlines) to measure the quality of care their clients receive when seeking an abortion. It provides the first global, evidence-based standard for assessing abortion care quality in low- and middle-income countries for both facility and SMA contexts. The ACQTool can be used to measure quality of care from the referral stage through follow-up post-abortion services.

For this analysis, researchers leveraged exit and 30-day follow-up surveys collected between February 2020 and September 2021 (which includes an unplanned pause between March 2020 and September 2020 due to the COVID-19 pandemic), from medication abortion clients at medical facilities in the public and private sector and pharmacies from three districts in Bangladesh, to assess quality of care, using the ACQTool.

Eighteen of the 29 ACQTool indicators were used because they were applicable to both facility-based and pharmacy-sourced abortion care. Client exit interviews were collected by trained research assistants, with site staff referring potential participants to the research assistants. All participants provided informed consent, and research assistants conducted client exit interviews either in-person in a private space, or by telephone. Thirty days after completion of the client exit interview, the research assistant called the client to complete the follow-up survey via telephone.

The 18 quality indicators are organized into six domains:

- access
- decision-making
- client-provider interactions
- supplies, medicines, and equipment
- technical competence
- information provision.

The ACQTool dataset also includes 12 priority abortion quality outcomes selected based on literature and expert input. Eight of these, all client-reported health and behavioral abortion outcomes at 30-day follow-up, were included in this analysis.

The key independent variable for this study was abortion care source: facility-managed medication abortion or pharmacy-sourced SMA.

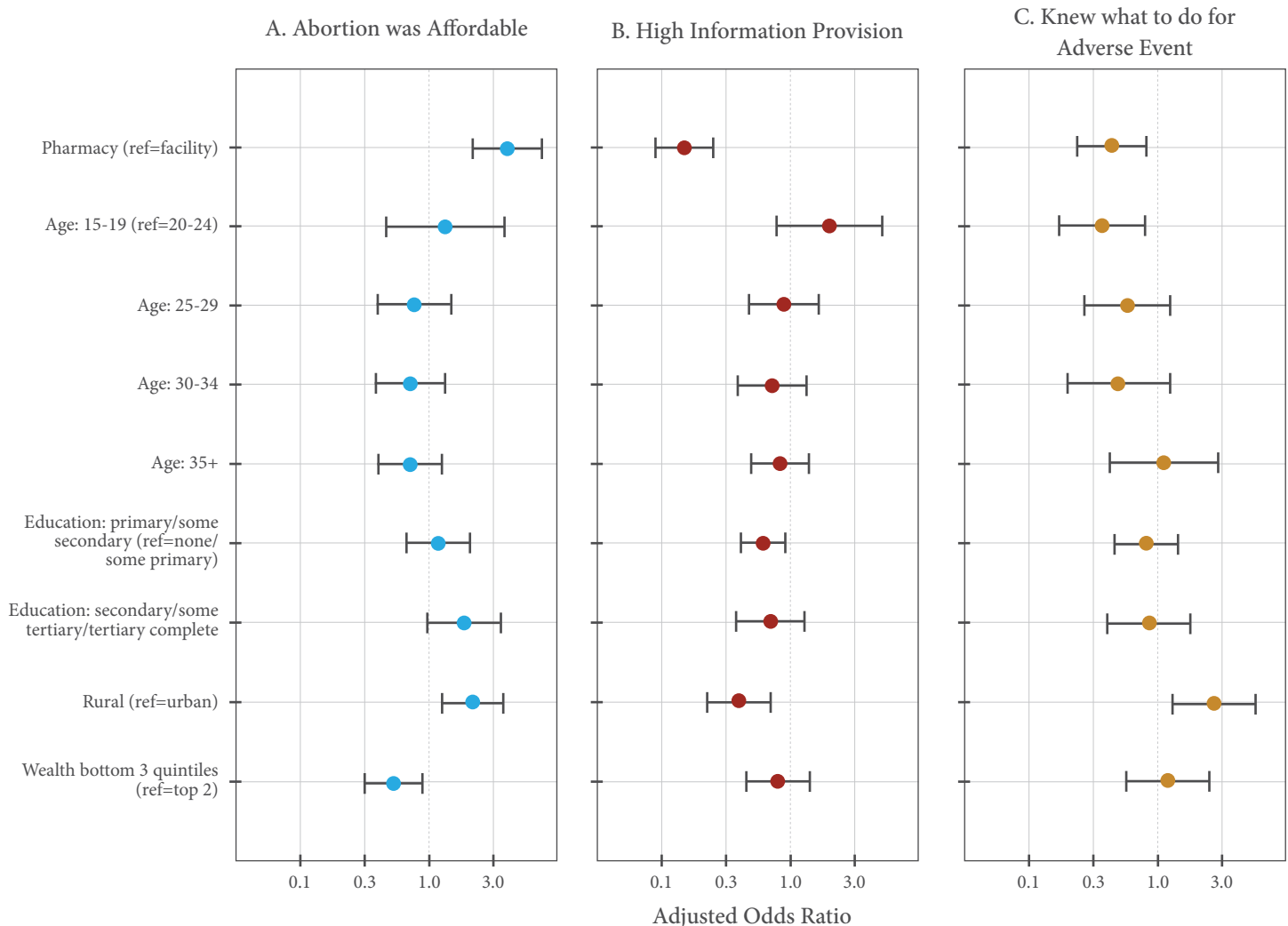
Additional individual client characteristics were also considered:

- age in categories (15–19, 20–24, 25–29, 30–34, and 35+ years)
- education (none/some primary, primary complete/some secondary,

- secondary complete/some tertiary, tertiary complete or higher)
- marital status (married/cohabitating, divorced/separated/never married)
- occupation (domestic/housewife or other, where “other” includes any paid employment and students)
- religion (Islam, Hinduism)
- ethnicity (Bengali, Aboriginal)
- residence (rural, urban)
- wealth index measured using the EquityTool (version 2017), a validated, country-specific index of wealth measured in quintiles that includes ownership of household items (top two vs bottom three quintiles)
- medication abortion regimen (misoprostol + mifepristone, misoprostol alone, don't know)
- type of facility (public, private)
- weeks of gestation at abortion.

FIGURE 1. ADJUSTED ODDS OF ABORTION AFFORDABILITY, INFORMATION PROVISION, AND KNOWING WHAT TO DO FOR AN ADVERSE EVENT IN BANGLADESH

Adjusted odds ratios are shown for each outcome (A. Abortion was affordable to the client, B. high information provision,¹ and C. knowing what to do if an adverse event occurred).



¹ High information provision is a binary variable representing reporting all (versus only some or none) of the information provision items where statistical significance was observed between health facility and pharmacy groups (indicators: received sufficient provider explanation; prepared if complication occurred; can determine complete abortion; and all questions answered).

RESULTS: IMPROVED UNDERSTANDING OF ABORTION CARE QUALITY IN BANGLADESH

Of 550 abortion clients participating in this study, 146 received a facility-managed medication abortion and 404 had a pharmacy-sourced SMA. Results showed that clients' experience of abortion quality of care in both pharmacy-based SMA and facilities were generally rated as high quality. Facility clients reported higher quality for five indicators, and pharmacy clients reported higher quality for two indicators. The remaining 11 quality indicators did not differ between facilities and pharmacies.

The majority of clients obtained an abortion at less than 13 weeks of gestation. Pharmacy clients were more likely to live in urban areas and were generally wealthier. These clients were more likely to report that the cost of abortion was affordable, despite government subsidies for public sector care. Pharmacy clients were also more likely to report receiving a desired contraceptive method. A key area in which pharmacies scored lower than facilities was information provision. Pharmacy clients were less likely to know what to do if an adverse event occurred. Pharmacy clients were also less likely to report that the provider was supportive of decisions.

Facility clients had slightly higher levels of education and were more often people of Hindu faith. They more commonly accessed care in the private sector. These clients were significantly more likely to indicate that all the needed information was provided to them and they felt supported by their provider in their decisions. These clients were also more likely to know what to do in the case of adverse events, though the other seven abortion outcome indicators showed no significant differences between facility and pharmacy clients.

One significant finding was that adolescents aged 15–19 years were less likely than older respondents to indicate that they knew what to do in the case of an adverse event. This indicates a need for adolescents to be provided with medical abortion information that is understandable to them, underscoring the need for more youth-friendly abortion care overall.

While poor-quality information provision by pharmacies is not a problem unique to abortion, it is of particular importance for those working to ensure safe access to abortion. Pharmacies are often the first point of contact for people seeking abortion and are an important source of information and referrals. Pharmacies are also likely to be more available in rural areas and are more accessible for people with limited resources and autonomy.

Lessons Learned

1. The ACQTool provided a simple and standardized way to measure and compare quality indicators across settings and populations.
2. The ACQTool effectively allows quality measurement, which facilitates quality improvement.
3. The ACQTool is based on extensive qualitative interviews with abortion clients, ensuring the measurement indicators used are those that matter most to abortion seekers.

NEXT STEPS

Patient-centered quality of care is a human right. Feeling prepared and knowing what to expect is also key to a positive abortion experience for the client. Receiving sufficient explanations, feeling prepared if a complication occurs, understanding how to determine a complete abortion, and having all questions answered are central to quality care and can determine client outcomes and well-being.

The results of this study suggest that information provision is a key point of intervention for quality of care in pharmacies to improve client experiences, especially considering the lower cost. These findings can inform future interventions in the sample focus areas in Bangladesh. Specifically, providers and funders can increase the provision of accurate, evidence-based information and education, particularly for pharmacy clients and adolescents.

Ensuring that medical abortion clients – especially adolescents and pharmacy-SMA clients – understand what to do if an adverse event occurs, is a critically needed safety measure. Additionally, improving the affordability of facility-based abortion services may be an area for consideration.

The findings of this study may also inform other health care and abortion care research, including global efforts to improve quality of care. It may also serve as a baseline for monitoring ongoing progress in care, or the effectiveness of interventions targeted to improving quality.

For information on the ACQTool, visit <https://www.acqtool.org>

M4M can help you use the ACQTool in your project. For more information, contact communications@m4mgt.org

For more information on ACQTool use in Bangladesh, contact Laura Jacobson jacobsonlaura@gmail.com