

Supporting evidence-based, values-aligned choice of early abortion method: Development of an online patient decision aid

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Background

- 1 in 3 women in Canada will have an abortion in their lifetime
- People seeking abortion care have two options for first trimester care – medical or surgical abortion

Purpose

- To adapt and pilot test an online, interactive patient decision aid for choice of early abortion method

Methods

- **Design:** User-centred design study
- **Data collection:** Interviews (Phase I & II), online survey (Phase III)
- **Sample:** Community members at risk of unintended pregnancy (all phases); health care providers offering abortion services (Phase III)
- **Outcomes & measures:** System Usability Scale (SUS); user-friendliness; implementation preferences; open ended feedback

Phase III Results

	Community (n=25)		Clinicians (n=25)	
	N	%	N	%
Gender				
Cis-gender woman	23	92%	24	96%
Non-binary	2	8%	1	4%
Abortion ever				
No	17	68%		
Yes	4	16%		
Prefer not to say	4	16%		
Abortion provided				
Medical			18	72%
Surgical			1	4%
Both			3	12%
No response			3	12%
SUS Mean (SD)	76.9 (7.7)		80 (11.9)	
User-friendliness				
Best	8	32%		17%
Good	17	68%		75%
Okay	0	0%		4%
Poor	0	0%		4%
Worst	0	0%		0%
Implementation				
Before consult	23	92%	23	92%
During consult	8	32%	10	40%
After consult	12	48%	13	52%
Other	1	4%	0	0%
Would not use	0	0%	1	4%

We developed a highly usable, evidence-based online patient decision aid for choice of method of first-trimester abortion.

92% of clinicians and patients would use the patient decision aid before the initial consultation.



Values clarification forces trade-offs (Annotation pointing to the 'Leave' button)

Quick exit for user privacy (Annotation pointing to the 'Leave' button)

Help making a plan (Annotation pointing to the 'Next Steps' navigation link)

Resources connect users with abortion services and other supports in their community (Annotation pointing to the 'Data sources' link)

Users found the website easy to use and compare options (Annotation pointing to the 'Begin' button)

Informed by best evidence from clinical practice guidelines and qualitative studies on patient preferences and pain side effects (Annotation pointing to the bottom of the page)

Conclusions

- The patient decision aid was usable and could be implemented in the care pathway
- We used rigorous methods, inclusion of clinicians and community members external to development, sensitivity to privacy and patient needs
- Potential limitations include sample size, and few demographic details about community users
- Our next step is a randomized controlled trial of PtDA vs usual care

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