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Bogotá abortion nurse perspectives on abortion quality of care

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An abstract of
A thesis submitted to the Faculty of the
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Abstract

Bogotá abortion nurse perspectives on abortion quality of care
By Adriana Bracho

In May 2006 the Constitutional Court in Colombia made a landmark ruling (C-355/06), allowing abortion to be legal in three circumstances: pregnancy resulting from incest or rape, a fetal abnormality incompatible with life, and a pregnancy threatening the life or health of a woman. The purpose of this research is to help understand the current status of quality of care of legal abortions in Bogotá. The study has two core questions related to nurses and their experiences in abortion services: What do nurses currently assisting abortion patients consider to be high-quality care for abortion services? What education on abortion have nurses received throughout their training? The study questions were answered through a qualitative research study using semi-structured, one-on-one interviews with nurses who worked exclusively with abortion patients in designated hospital abortion departments, nurses who worked with both abortion and non-abortion obstetric patients and nurses who worked administratively with abortion patients. In total ten nurses were interviewed representing seven different hospitals and clinics. A thematic data analysis using inductive and deductive coding was conducted for all interviews using the software MAXQDA10 based on interview notes and transcripts written in Spanish.

The analysis lead to three major finding areas, quality of care of abortions, abortion education in Colombia and recommendations for improved service, and eleven major themes. Within quality of care of abortions, the major themes were professionalism, information, integrated services, and compassionate care. The major themes for abortion education in Colombia were abortion education in nursing school, training from the Ministry of Health, and other sources for training. The four major themes for recommendations to improve abortion care are education, overall service experience, improved access and changes to the ruling. The first public health implication of this work is that components referenced by nurses defining their perspectives on quality of care closely mirrors those found in other definitions of quality of care, most notable the Bruce-Jain framework used by the WHO to define quality of care for reproductive health services. The second public health implication shows that nurses do not suggest that anyone other than the attending physician perform the abortion.

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"Remember that we live in a country with a 'machista' culture, with a very strong religious culture, with a Catholic Church that is very tough on abortions." - Nurse, Public Hospital

In May 2006 the Constitutional Court in Colombia made a landmark ruling (C-355/06), allowing abortion to be legal in three circumstances: pregnancy resulting from incest or rape, a fetal abnormality with a physician certification that it is incompatible with life, and a pregnancy certified by a physician to threaten the life and/or health of a woman (Prada, "Unintended Pregnancy and Induced Abortion in Colombia"). While it has been a decade since the Constitutional Court passed C-355/06, published reports in English and Spanish lack discussion on the topic of quality of care of abortions in Colombia and the role of nurses in abortion services. Only one major study co-sponsored by Fundación Orientame and Fundación ESAR, organizations based in Colombia with a mission to improve sexual and reproductive health rights and access, has shed light on the quality of care of abortion in Colombia. This study assessed quality of care of abortions in seven Latin American countries -Mexico, Colombia, Peru, Guatemala, Ecuador, Paraguay and Bolivia- based on inputs from patients, administration, and physicians, and included 4 nurses in the study (Téllez and Rodríguez). Lack of literature on quality of care of abortions may be due in part because nearly all of abortions in Colombia are done illegally, with the latest figure in 2008 showing legal abortions accounting for only around 0.08% of the estimated 400,400 induced abortions (Prada, "Unintended Pregnancy and Induced Abortion in Colombia").

Documented high-quality of care standards for legal abortion services can be used to promote legal abortion services, as studies have shown that the use of family planning services increases when patients perceive to be receiving higher quality of care (Creel, Sass, and Yinger). The exact

conditions defining of high quality of care can vary between hospitals but the World Health Organization (WHO) defines quality of care using the Bruce-Jain Framework (Malarcher and Shah). The WHO defines the Bruce-Jain framework for reproductive health service quality of care through the following dimensions: the patient receiving adequate information and counseling on family planning, offering the patient choices of contraception methods, the technical competence and ability of the provider to give the family planning service, interactions between the whole healthcare team and the patient, follow-up services, and the patient receiving all the necessary medical services (Malarcher and Shah; Creel, Sass, and Yinger).

The role of nurses in the process of the abortion service is integral to the perceived quality of services because they spend a large amount of time with the patient pre and post abortion and their actions can affect how comfortable patients feel throughout the process. Knowing what constitutes high-quality of care for nurses, is one of the steps in assessing the quality of abortion services. One study found that in Colombia the cost of post-abortion complication care ranged from $44 to $141 per person (Prada, Maddow-Zimet, and Juarez, "The Cost of Postabortion Care"). Lack of high-quality abortion services leads to major health and economic costs for women and the government. One of the characteristics that mark the difference between safe and unsafe abortions is the safety and quality of care of the services (Berer, "Making Abortions Safe"). Low-quality, unsafe abortions can result in serious complications including death, hemorrhage, sepsis, and damage to the cervix, vagina, and uterus (Grimes et al.). In Colombia, post-abortion complications are often treated at secondary or tertiary level hospitals, costing the government nearly $14 million a year (Prada, Maddow-Zimet, and Juarez, "The Cost of Postabortion Care"). The World Health Organization (WHO) and International Planned Parenthood Federation (IPPF) consider the dilating and curettage or D&C

procedure to be “obsolete” and should be replaced whenever possible by vacuum aspiration or medical abortion for first trimester abortions (“Safe Abortion: Technical and Policy Guidance for Health Systems”; “First Trimester Abortion Guidelines and Protocols”). One study found that secondary and tertiary hospitals in Colombia that chose to perform D&C resulted in higher costs than if they had followed WHO and IPPF recommendations for less invasive procedures (medical abortion or vacuum aspiration) (Prada, Maddow-Zimet, and Juarez, “The Cost of Postabortion Care”). This is because the median cost for a surgical abortion ranged from $189 to $213 depending on the facility, compared to the median cost of $45 for medical abortions and vacuum aspirations (Prada, Maddow-Zimet, and Juarez, “The Cost of Postabortion Care”).

Based on the evidence given, not all legal abortion services within the first trimester in Colombian hospitals are of the same quality based on WHO recommendations for safe abortions. Without knowing the current quality of legal abortion procedures, little can be done to improve upon these services in order to decrease complications and encourage women to use the healthcare system to access abortions. To understand differences in quality of abortion services, it is necessary to know what is being considered high-quality of care for abortion services in Colombian hospitals among medical professionals who assist in the services. This allows assessment to be conducted in order to find out what procedures and professional environment are considered high-quality. Based on this information, the study aims to partially fill the knowledge gap of the latter, healthcare professionals, through learning about nurse perspectives of quality of care.

Colombia allows for individual conscientious objection, set out in the Colombia Constitutional Court rulings T-209 (2008) and T-388 (2009), wherein a healthcare provider can refuse to be involved in abortion procedures if it goes against their moral, ethical, philosophical,

or religious beliefs (Cabal, Olaya, and Robledo; *"*Prevención del aborto inseguro en Colombia:"). However, this only applies to physicians because legally, the only medical professionals who can be conscientious objectors are those physicians that are directly involved in the abortion procedure (Cabal, Olaya, and Robledo). Physicians who are conscientious objectors are required under the rulings to refer women to a provider who does perform abortions and if none can be found, then the physician must provide the abortion service regardless of conscientious objector status ("Prevención del aborto inseguro en Colombia").

According to a protocol document drafted by the Ministry of Health entitled "Prevención del aborto inseguro en Colombia: Protocolo para el sector salud" (Prevention of unsafe abortions in Colombia: Health sector protocol), the status of a conscientious objector cannot be attained by nurses, anesthesiologists, hospital administrators, secretaries, judges or any other medical professional not directly performing the abortion procedure ("Prevención del aborto inseguro en Colombia:"). As a result, nurses who do not agree with abortion procedures may interact with abortion patients either in the pre-abortion or recovery phases. As such, some nurses may not provide the same level of care they provide other patients, either intentionally or unintentionally. Part of this can be traced to a lack of nursing education, including sensitization with abortion procedures and patients. Due to the previous illegality of abortions in Colombia, nurses who graduated from nursing school before the 2006 court ruling, probably received limited, if any, education about abortion. Even after the 2006 court ruling nursing education on abortion can vary given that each nursing school has its own curriculum. However, women may obtain additional information and capacity building on abortion services from various sources in Colombia outside of traditional schooling including local organizations (Fundación Orientame), government organizations (Ministries of Health and Social Promotion), and international

organizations (United Nations Population Fund). However, only Fundación Orientame offers a class with physical training on abortion procedures, while the rest do not and merely introduce and supplement knowledge about abortion procedures, and women's and reproductive health rights.

As of 2015 within the 34 countries in Latin America and the Caribbean, 22 countries have laws that are more restrictive than in Colombia, and 7 of those countries do not allow abortion for any reason except to save the life of the woman ("Facts on Abortion in Latin America and the Caribbean"). Understanding what constitutes high quality of care for abortions in a Latin American country would allow the remaining 22 countries to already have a studied benchmark for services, if they begin to allow for laxer abortion laws. These other countries who do have more restrictive abortion policies can learn from Colombia's changes to provide circumstances to receive legal abortion services, but only if this gap in knowledge is filled.

The goals of the research are two-fold: to learn about the current quality of care definitions from the perspective of nurses and investigate how nursing education impacts abortion service preparedness. The information found in the research can help both nursing schools and the Ministry of Health in Colombia understand the quality of the experience women go through when obtaining legal abortions and how nurses use their education in order to define quality of care of interactions with women obtaining abortion services. Given that this year marks the 10th anniversary of the Colombian Constitutional Court's ruling, C-355/06, the purpose of this research is to help understand the current status of quality of care of legal abortions conducted in Bogotá. In order to fill in the gap in the knowledge on this topic, the research will rely on the use of in-depth interviews with nurses currently working with abortion patients in public and private hospitals in Colombia.

The study conducted has at its core two questions related to nurses and their experiences in abortion services:

1. What do nurses currently assisting abortion patients consider to be high-quality care for abortion services?
2. What education on abortion have nurses received throughout their training?

While the topics of barriers to abortion, consequences of unsafe abortions, and estimates of numbers of abortion are important topics, one part of the narrative often overlooked is the experience of women obtaining legal abortions. What is the quality of their experience when dealing with a healthcare system who begrudgingly provides legal abortions? The gap in knowledge impedes fully understanding women's experiences in obtaining abortions. There is a need for studies, like this one, as a first step in understanding the quality of care being provided in legal settings in Bogotá.

This topic of study has implications for understanding the current state of abortion service provision and education in Bogotá. The study can provide information on whether nursing schools or the Department of Health are training nurses sufficiently enough to be providing high-quality of care abortion services. Additionally, investigating definitions of high-quality of care in abortion services can assist the Ministry of Health in verifying that the guidelines set out in Resolution 4905 are being interpreted and carried out correctly.

Definition of terms

Abortion service professional

Any medical professional (doctor, nurse, psychologist) that is involved in the process of obtaining an abortion.

Unsafe abortion

According to the World Health Organization (WHO), the definition for an unsafe abortion is "a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Legal abortion

An abortion obtained within the parameters of the existing abortion law in the country. If the country, like Colombia, has restrictions to the legality of abortions, the abortion must meet one of the circumstances which makes it eligible to be legal. These abortions are done by trained medical professionals at hospitals or clinics.

Medical abortion

Medical abortion is also commonly referred to as the "abortion pill" or RU486. It involves using the combination of mifepristone pills orally and misoprostol pills orally, sublingually, vaginally or buccally in order to induce termination of pregnancy at the hospital/ medical professional's office or at the patient's home. This method for abortions is strongly recommended for use in the first trimester, up to 9 weeks gestation ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Vacuum aspiration

Vacuum aspiration is a less invasive surgical abortion considered one of two preferred abortion methods for first trimester abortions, according to WHO and IPPF ("Safe Abortion: Technical and Policy Guidance for Health Systems";"First Trimester Abortion Guidelines and Protocols"). It can be done manually (MVA- manual vacuum aspiration) or electrically (EVA-electric vacuum aspiration) until 15 weeks gestation. For both types of aspiration, the cervix is dilated and a cannula is inserted into the uterus attached to a vacuum source to provide suction to vacate uterine contents ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Dilation and Curettage (D&C)

Dilation and Curettage is a surgical type of abortion used during the first trimester considered by the WHO an outdated technique for first trimester abortions ("Safe Abortion: Technical and Policy Guidance for Health Systems"). The cervix is dilated and then a curette, a surgical instrument, is inserted into the uterus and scrapes the uterus, removing the tissue inside the uterus ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Dilation and Evacuation (D&E)

Dilation and Evacuation is a surgical abortion procedure used after the first trimester. The cervix is dilated over a few hours using a dilator or misoprostol, a cannula attached to an electronic suction apparatus is inserted into the uterus to partially remove tissue through suction and forceps are inserted into the uterus to remove larger pieces of tissue ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Chapter Introduction

There are extremely limited studies to date on the quality of care of abortions in Colombia. The Colombian abortion context is unique to South America as it is the only Spanish-speaking South American country to allow abortions in the case of rape, incest, maternal health and fetal abnormalities incompatible with life without the need for parental authorization ("Facts on Abortion in Latin America and the Caribbean"; "The World's Abortion Laws Map"). The only other Spanish- speaking country in South America with comparable liberal abortion laws is Uruguay, who allows abortion without restriction but requires parental authorization for minors seeking abortions ("Facts on Abortion in Latin America and the Caribbean"; "The World's Abortion Laws Map"). The need for parental authorization changes the population which obtains legal abortions in Uruguay because according to the WHO, parental authorization dissuades adolescents from going to health system hospitals and instead increases the chances of adolescents seeking abortions from centers outside the legal health system ("Safe Abortion: Technical and Policy Guidance for Health Systems").

Similar to Colombia, there is limited information on the quality of care of legal abortions in Uruguay, indicating an overall lack of studies and resources available to define the current state of quality of care for legal abortions in Spanish-speaking South America. The following literature review attempts to overcome this obstacle by including resources that give background on different aspects of the study questions in both the Colombian context and international context.

Quality of care for abortions

The World Health Organization (WHO) has a general definition of quality of care for all medical services, as well as a specific framework for defining quality of care for reproductive health services based on the Bruce-Jain Framework.

The WHO definition for quality of care encompasses six characteristics explained further in the table below:

World Health Organization Quality of Care Characteristics	
Effective	Evidence based health care resulting in improved community and individual health outcomes
Efficient	Providing health care through avoidance of resource waste and resource maximization
Accessible	Timely, skilled, appropriate, and geographically based health care
Patient Centered/ Acceptable	Taking individual patient preferences and aspirations and community culture when providing health care
Equitable	Not varying in the quality of health care given based on gender, race, ethnicity, geographical location, socioeconomic status or other personal characteristics
Safe	Providing health care with minimal harm and risk to the patient

Table adapted from WHO quality of care definitions from Bengoa et al.

The WHO uses the Bruce-Jain framework to define quality of care standards for all reproductive health care. The framework uses six dimensions to assess quality of care: "provision of choice; information and counselling for clients; technical competence; good

interpersonal relations; continuity of care; and appropriate constellation of services" (Malarcher and Shah). Additionally, the WHO has created a model which explains the role of the Bruce-Jain definitions within the larger delivery of medical service, between program efforts and program impact (Malarcher and Shah).

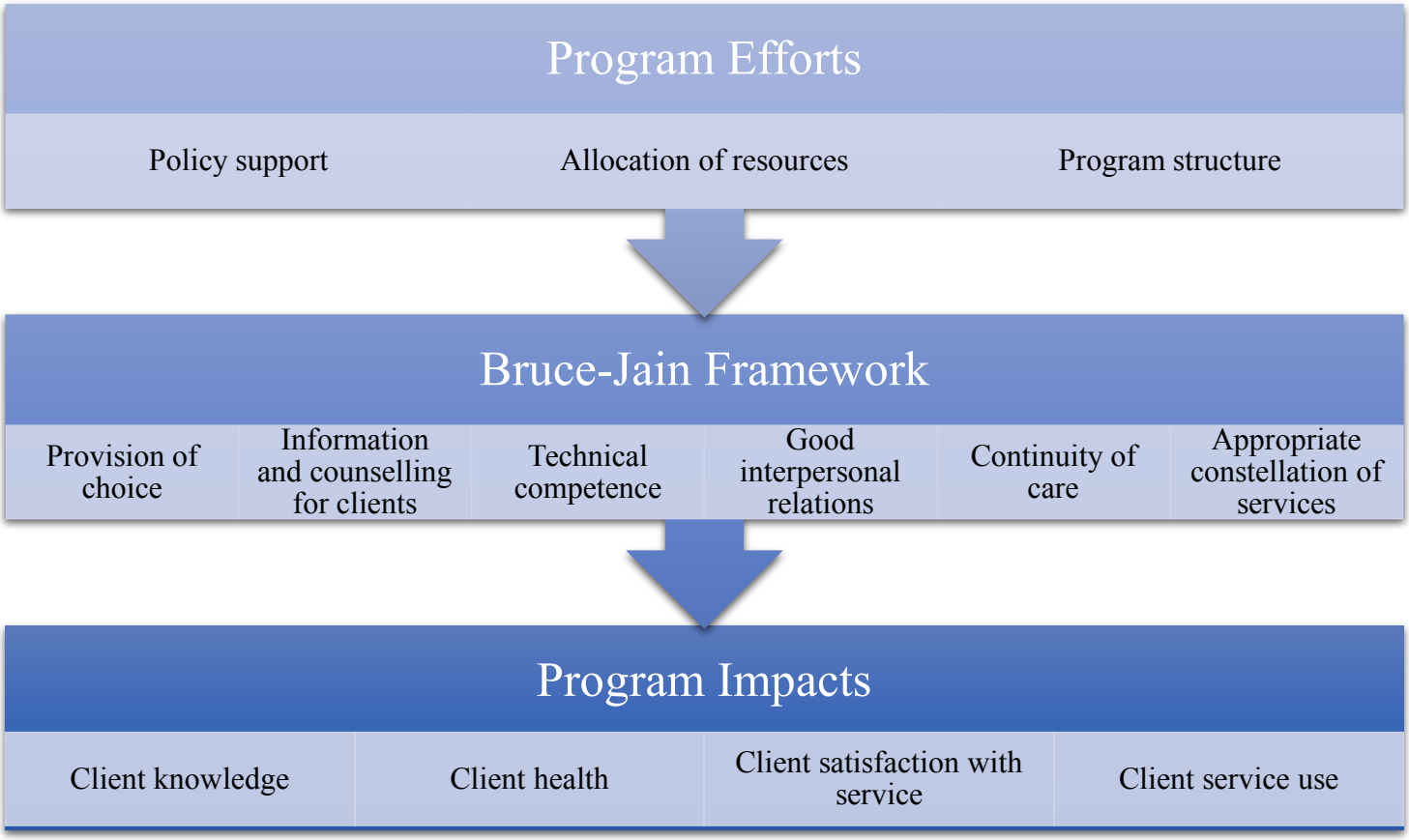

Figure adapted from framework model in Malarcher and Shah.

In conjunction with the 2006 court ruling C-355/06, two policy regulations were passed in December 2006 effecting all medical service providers within the country's health system, private and public alike. The Ministry of Social Protection passed Resolution 4905, establishing technical norms for quality of care for abortions. The Ministry of Social Protection also passed Decree 4444, creating a policy which restated and reinforced the parameters set out in ruling C-355/06 regarding the three circumstances for legal abortion (Prada et al.; "Suspensión Del

Decreto Que Regula La Provisión De Servicios De Aborto"; “Decreto Número 4444 De 2006”). While Decree 4444 was temporarily suspended in 2009 and ultimately annulled in 2013, the circumstances surrounding obtaining legal abortions has not changed ("Suspensión Del Decreto Que Regula La Provisión De Servicios De Aborto"). The original Constitutional Court ruling, C-355/06, is still in effect allowing abortions to continue to be performed legally if they fall under one of the three categories.

The Ministry of Social Protection Resolution 4905 dictates the following criteria as mandatory quality of care standards for abortion services (“Resolución Número 4905 De 2006”):

- The completion of the abortion procedure within 5 days from the first appointment with physician.
- Creation and implementation of education and training materials on abortions within all institutions providing medical services within the Colombian health care system. These trainings directed to all medical professionals must be offered at all times of the year so that medical professionals are properly prepared to perform abortions.
- Incorporation of education and training on abortion services into curriculums of institutions of higher learning (nursing and medical schools).

In addition to Resolution 4905, the Ministry of Social Protection created a series of technical norms in a separate protocol document for each step of the abortion service, from the initial to follow-up visit, and for every type of abortion procedure. This protocol was based on the first edition of WHO guidelines for safe abortions. According to the Technical Norms protocol document, the general guidelines for quality of care of abortions in Colombia include

but are not limited to ("Norma Técnica para la atención de la Interrupción Voluntaria del Embarazo (IVE)"):

- Sexual and reproductive health services should be integrated services to prevent unwanted pregnancies and increase access to other sexual and reproductive health services (family planning and contraception counseling, sexually transmitted diseases and HIV/AIDS prevention and sexual health rights).
- There should be prompt handling of abortion services by medical providers in order to prevent complications from abortions due to delays in obtaining the abortion.
- All abortions should be performed in a non-discriminatory and respectful environment.
- All abortion service professionals are obligated to keep all information pertaining to the patient confidential.

The definition of a safe abortion encompasses the legal aspect of being able to have an abortion, the provider training and knowledge of how to do abortion procedures, necessary medical equipment, training on and use of medical abortion and vacuum aspiration -manual or electric- and when to use dilation and curettage or other surgical procedures (Berer, "Making Abortions Safe"). A hallmark of safe abortions in developed countries is the use of methods that result in fewer complications, like medical and MVA abortions, during first trimester abortions ("First Trimester Abortion Guidelines and Protocols"). However, the preference for newer, less risky procedures is not always followed in countries who have recently decriminalized abortion, leading to abortion procedures that are legal but not of high quality (Berer, "Making Abortions Safe"). This is why it is important to understand the quality of legal procedures in countries that have recently decriminalized abortion and identify what standards constitute high quality of care for abortions in these countries.

Education for nurses

The National Abortion Federation (NAF) is the professional organization for North American abortion providers with member organizations in public and private medical clinics in the United States, Canada, Mexico and private clinics in Colombia. NAF has links on their website to various curriculums for abortion services. However, the latest NAF curriculum resource is aimed toward medical school and residency education, while the available NAF curriculum aimed at nurse practitioners has not been updated since 1999 ("Educational Resources: National Abortion Federation"). Another nursing school curriculum created by the Abortion Access Project that focuses on abortion and reproductive choice, is also from 1999 and no longer available, making it seem that at this time, supplemental abortion curriculums in nursing school may need to be updated.

Ipas, an international organization dedicated to improving sexual and reproductive health rights for women, currently has three different abortion training manuals available: a comprehensive abortion manual for healthcare providers, a manual for professionals who train providers in complete abortion care and a specific manual to train health care workers to handle post-abortion care complications ("Ipas's Newly Revised Woman-Centered, Comprehensive Abortion Care Training Package"). The only manual relevant to the study topic is the manual for healthcare professionals because it includes information on how to perform the various types of abortions endorsed by the WHO, treat post-abortion complications, and monitor the quality of service (Turner and Huber). An important feature of this manual is the inclusion of a Values Clarification Attitude Transformation (VCAT) training for healthcare providers before the dissemination of training information (Turner and Huber). By encouraging participants in the training to perform the VCAT, it allows for healthcare providers who undergo this exercise to

learn more about both abortion and complication service provision and their own beliefs and values on the subject of abortion.

A local organization, Fundación Orientame, offers classes for the general public to learn more about abortion law, sexual and reproductive health and women's health issues ("Educación y Capacitación"). The class is not aimed to teach medical professionals how to provide an abortion, but is geared toward understanding the law and women's reproductive health rights in Colombia. These classes are of limited use to train nurses because it is not grounded in the clinical care aspects of the abortion service. However, Fundación Orientame also offers a didactic and clinical training class conducted at Fundación Orientame clinics aimed specifically for health professionals that allows participants to have a hands-on clinical experience learning about the approved abortion procedures, the comprehensive care model for giving abortions and quality of service for abortions ("Educación y Capacitación"). This is a unique and important resource for nurses in Bogotá because it not only teaches and reinforces quality of care components for abortion, but it also teaches participants how to perform the entire abortion service, allowing the class to be helpful for both physicians and nurses.

In 2014, eight years after the partial legalization of abortions the Colombian Ministry of Health and the United Nations Population Fund (UNFPA) created a series of five training manuals entitled "Lineamientos Técnicos para la Prestación de Servicios en Salud Sexual y Reproductiva" for in-person capacity building aimed at both abortion providers and administrative officials in hospitals ("Prevención del aborto inseguro en Colombia"). These manuals have the explicit goal of training abortion providers so that they are able to provide abortion services, thereby increasing the ability for all women to have access to abortion services, and addressing beliefs towards abortions through a VCAT exercise.

Nursing in relation to abortion

The Colombian Ministries of Health and Social Promotion abortion service requires four steps as outlined by the following protocol written by the ministries and UNFPA ("Prevención del aborto inseguro en Colombia")*:*

1. ***Initial Consult***

The initial consult is the entry into the abortion services. It can be performed by a general practitioner or a specialist in a public or private hospital. Two steps are required in the initial consult to verify if a woman fits within the three acceptable causes for a legal abortion: the clinical history evaluation (including confirmation of pregnancy and gestational age) and the assessment of the mental health and emotional state of a woman by a general practitioner or psychologist (if available). At the time of the initial consult, regardless of the woman's decision to go through with the abortion or not, future use of contraceptive methods can be discussed and a regimen can be prescribed. Additionally, medical professionals assisting the patient should direct her on how to report cases of rape or incest to the appropriate authorities. Also, the patient should be directed to a psychologist if the woman needs additional counseling before or during the abortion process. However, none of these additional steps should delay the woman's ability to get an abortion.

2. ***Guidance and advisement***

The second step in the abortion protocol document is not an obligatory step, but it is highly recommended. During this step, a psychologist, social worker or other professional trained in reproductive health rights works with the woman through any emotional distress that may have caused the pregnancy or may have occurred while obtaining the abortion. The protocol stresses that all information obtained during these sessions must remain strictly confidential.

3. Procedure

A required step for the abortion procedure is the selection of the most appropriate method of abortion based on gestational age and patient's preference by the physician. At the time of the procedure the patient is required to sign an informed consent sheet that certifies that she willingly chooses to have an abortion and has received information about her rights, the abortion procedure, and the associated risks.

4. Follow-up

Coming back to the medical center for follow-up is not a required step if the patient has previously received information about where to go if complications arise and already started on a birth control method. For medical abortions, women do not need to have a follow-up visit if they have been educated on how to verify that all material has been expelled from their uterus. If not, a follow-up visit should be conducted 1-2 weeks after the procedure where the patient will be checked to make sure there are no complications. The medical institution can advise her and evaluate her success in starting a contraceptive method.

Nurses assist in the abortion service by interacting with patients and addressing their needs in steps 1, 3 and 4. Additionally, nurses can conduct the follow-up visit and assist in family planning and contraceptive method advisement.

In 2008 the World Health Organization (WHO) published a paper which concluded that nurses and other mid-level healthcare providers (physician assistants, midwives) could be trained to safely and effectively perform medical abortions and vacuum aspirations in the first trimester (Berer, "Provision of Abortion by Mid-level Providers"). Based on this information, the WHO endorses the use of nurses providing medical abortion and vacuum aspiration abortions in order to increase the number of available providers.

Methodology

The purpose of this project is to better understand the conditions necessary to meet the definition of high-quality care based on the perspective of nurses in Bogotá, Colombia who work with abortion patients in a medical or administrative capacity. In order to meet this purpose, the project has two study questions:

1. What do nurses currently assisting abortion patients consider to be high-quality care for abortion services?
2. What education on abortion have nurses received throughout their training?

The two study questions were answered by conducting a qualitative research study using semi-structured, one-on-one interviews.

The study population were nurses, male and female, who currently assisted patients obtaining legal abortion procedures in private and public hospitals in Bogotá, Colombia. Inclusion criteria allowed for three types of nurses into the study: nurses who worked exclusively with abortion patients in designated hospital abortion departments, nurses who worked with both abortion and non-abortion obstetric patients and nurses who worked administratively with abortion patients. While nurses educated in Colombia were preferred, nurses educated outside of Colombia were not excluded as long as the nurses were presently assisting abortion patients. Exclusion criteria excluded: nurses trained to assist abortion patients but who currently were not assisting in abortion services in either an administrative or medical capacity; nurses who assisted abortion patients in illegal procedures; nurses who worked in abortion centers not part of the Colombian healthcare system and/or centers which are not covered by national insurance. The reason for the inclusion and exclusion criteria was to define quality of care as it is currently being practiced and interpreted by nurses in legal abortion procedures. A legal procedure is being

defined by this study as a procedure done in a hospital which is part of the greater healthcare system of Colombia and with a patient who fits into one of the three criteria constituting a legal abortion under the Constitutional Court ruling C-355/06.

The acquisition of participants was based on a snowball method of sampling, with references for participants coming from key informants, nursing participants and doctors who participated in qualitative interviews in another project that was part of the larger quality of abortion care study being performed in Bogotá, Colombia. Through the snowball technique it was quickly evident that the pool of possible participants was limited as the same participants were being recommended by multiple sources.

The interviews were semi-structured, one-on-one interviews performed at the hospitals where participants worked. Interviews were conducted during the work day in a private and separate part of the hospital where the participant would not be overheard by their co-workers or superiors. This protocol was followed to ensure that participants felt comfortable during the interview and would be encouraged to answer the study questions honestly and fully. All interviews were recorded on a cellular phone and included a note taker to ensure that important points in the interview were not missed.

Participants referred by other participants or key informants were contacted by study staff via email or phone. Once contacted, participants were told basic information about the topic of the study and who had referred them. If participants agreed to take part in the study a mutually convenient time between the interviewer and participant was chosen for the interview to take place at the participant's work. Before starting the interview, the participants were once again told about the purpose of the qualitative study and signed an informed consent form approved by the Institutional Review Board (IRB) from Emory University (IRB00081604) and the study host

organization, Fundación Orientame. All instruments used in the study were approved by Emory University IRB and the study was granted Exempt Status. Consent from participants was obtained to both participate in the interview and to record the interview for future transcription. Key informants were recruited and contacted through the same process. However, key informants were only asked to consent to participate in the interview as they were not recorded.

The instruments used for this research were the informed consent sheet, demographic information sheet and the nursing interview guide. All materials were first created in the United States and approved by Emory University IRB. Materials were then edited and validated in Colombia through the help of Fundación Orientame staff and key informants, ultimately resulting in approval from Fundación Orientame IRB. Validation was accomplished by practicing the interview questions on Fundación Orientame staff and key informants as well as incorporating comments to make the interview guide culturally appropriate in the phrasing of questions.

The demographic information sheet was given at the end of the interview and included basic questions: gender, age, years working in abortion services, affiliation of hospital(s) where participants currently work, and the number of abortion services assisted. However, the demographic information sheet was anonymous and did not include names of the participant or the hospital name of where they work. The nursing interview guide was a semi-structured interview guide that served as the basic questions that should be asked in the interview. The topics in the interview guide included: background information on participant's interest in the field of nursing, their role in the abortion service, opinions on the general definition of quality of care, opinion on the definition of quality of care for abortion services, general background on

nursing education, specific education on abortion, and recommendations to increase the quality of care for abortion services.

A thematic data analysis using inductive and deductive coding was conducted for all interviews using the software MAXQDA10. At the time of the interview the note taker wrote down general notes on the participants answer to each of the pre-planned interview questions and when possible jotted down notes on answers to probing questions. Interview notes were the first source material used for analysis through deductive coding and identification of overarching themes based on each interview question. The interviews were then transcribed verbatim into Spanish by study staff. Further analysis was conducted in Spanish using the Spanish transcripts in order to keep the meaning of phrases from being misinterpreted. A deeper analysis was conducted with the transcripts to identify properties of themes based on deductive coding of the three main objectives of the interview: quality of care of abortions, abortion education and recommendations. Reflexivity was performed during this step and all thoughts were written down in a separate notebook. Analysis was accomplished by inductive coding and identifying the main ideas and themes of each response. Analysis was done first for themes within the general objective of quality of care of abortions, then abortion education and lastly themes within the context of recommendations were explored. When possible quotes were identified to illustrate the property of the theme.

Results

Demographic Results

In total, ten nurses were interviewed from seven different hospitals (four public and three private hospitals). All ten nurses were of the "enfermera jefe" level which is the equivalent of a registered nurse (RN) in the United States. There were five nurses interviewed from public hospitals and five nurses interviewed from private hospitals. All ten nurses received the level of education equivalent with a Registered Nurse degree in the United States, and only one of the participants was male. Apart from working at hospitals, one of the participants also worked at a doctor's office. Only one participant received their nursing education outside of Colombia. This individual received their nursing education in Cuba before emigrating to Colombia. For the abortion education in nursing school section of the results, the one participant who did not attend nursing school in Colombia was excluded from the results.

Table 1 below shows that nurses assisting abortion patients are usually at two ends of a spectrum: with almost half of participants (four nurses) assisting in less than ten cases within the last six months and the other half (four nurses) assisting with more than thirty abortion cases within a six-month period. This is influenced by the inclusion within the study population of nurses who work with abortion patients in both an administrative capacity and a medical capacity. Only two participants assisted in between ten and twenty cases in the last 6-month period.

Total number of abortion cases participant has assisted with in the previous 6 months	
Fewer than 10 cases	**4**
Between 10 and 20 cases	**2**
More than 30 cases	**4**

Table 1. Total number of abortions assisted by the participant in the past six months

Table 2 shows that eight out of the ten participants have been working with abortion patients for six years or less, which expected given that abortions became legal less than a decade ago. Half of participants (five nurses) had been working with abortion patients between one and six years. However, two participants stated that they had been working with abortion patients for more than twenty-five years. Of note, there was a gap in years of service with no participants having worked with abortion patients for six to twenty-five years

Number of years assisting with abortion services as a nurse	
1 year or less	**3**
Between 1 and 6 years	**5**
More than 25 years	**2**

Table 2. Years participant has been assisting abortion patients as a nurse

When asked why they chose the nursing profession, responses from participants could be fit into two categories: career interest and a background of helping other. Two nurses cited their career interest in the topic of health and another two nurses said they wanted to be doctors but were not able to and instead became nurses. Three participants said that they wanted to spend their lives helping others and saw nursing as a way to do so and another three participants said that they were influenced and/or inspired by member of their immediate family who had or currently was working as a nurse.

Defining high-quality of care for abortions

Participants were asked to define characteristics of high quality of care specifically for abortion services. These results encompass definitions of high quality of care for abortion services for both the participant's individual hospital and Colombia in general. After conducting thematic analysis on the ten interviews, there were four main themes found among the participants: professionalism, information, integrated services and empathy.

Additionally, during the course of the interview nurses also mentioned current problems affecting quality of care for abortions. The two issues mentioned were the structure of the healthcare system and difficulties in obtaining abortion services. The infrastructure of the health system in Bogotá was cited to be a problem because in some hospitals it creates too high of a demand for services, which leads to crowded waiting rooms and less privacy and anonymity for patients seeking abortions. This happens, according to the participant, in hospitals, like the one where she works, where the majority of patients are on the subsidized insurance scheme (low-income patients on an insurance similar to that of Medicaid). Difficulties in accessing abortion services was described to be caused by various reasons that all lead to longer wait times and increased gestational age at time of abortion: having appointments with multiple providers before getting the legal approval to have an abortion, transportation and cost associated with going to multiple abortion clinics in order to find a provider who will perform the service, and needing to go through the insurance provider before the procedure can be done.

Professionalism

Four participants cited a form of professionalism as a part of providing high-quality of care for abortions. Two participants specifically cited not judging the patients as a key

component of quality of care for abortions. Part of the reason they gave was sensitization or lack thereof of physicians and nurses to patients who are seeking abortions.

Also included under professionalism was following law mandates and respecting patients. Included under the idea of following law mandates was making sure that patients who were coming to the hospital wanting to receive and abortion were not being turned away and were taken in as a patient to find out if they qualified under one of the 3 conditions for a legal abortion. Respect encompassed not only giving respect to the patient when the medical professional is interacting with the patient, but also when thinking of the patient and respecting the fundamental idea of women having the right to make the decision to have an abortion.

"But there are myths and people still are not sensitized to the fact that there is no need to judge the patients, to assume their conduct and that they have to respect them. And from there for example, it is a lack of quality care if the patients are being judged. It should be the opposite, trying to support them because it is the person's choice and that sort of thing should be respected. That is the important part of quality of care."

- Nurse, Private Hospital

Information

Three participants said that informing the patient about the abortion process was part of providing high quality care. This was further expanded upon to include: clarifying the concept of an abortion and the whole process for the patient, giving patients accurate abortion information and telling them that getting an abortion was within their legal right. This was expanded by some participants to include informing all patients about the existence of the abortion law, not just those coming in for abortions, so that if they were in a situation in the future where they might want to have an abortion, they already had information. The theme of providing information was meant to be empowering for women and was not meant to be used as a way to scare women into

not getting an abortion, which is consistent with the slogan used frequently by key informants and participants: “salud como derecho”. The words “salud como derecho” means health as a right and signifies the belief in Colombia that having access to healthcare is a human right. Also part of the information theme was making sure doctors and nurses are well trained to provide abortions.

Integrated Services

A large part of this theme was the idea of the “complete service” where patients coming in for abortions would also receive counseling from a psychologist before and after the abortion as well as family planning services. Seeing a psychologist was a specific service mentioned in the interviews because of the emotional nature of the abortion service on the woman. The visit to the psychologist is mentioned happening in conjunction with the abortion service instead of taking place after, showing a proactive and preventive view of integrated services. The complete nature of the abortion service also extended past the services received by the woman to services (like family planning) that would include other family members. Also included was follow-up visits for women after the abortion service to make sure that the woman is okay and serving as an additional opportunity to promote use of a family planning method.

“…and giving them [abortion patients] let’s say the other complementary services, which is not just the abortion, but also psychological support and everything that comes after: giving them family planning consultations so that this [having an abortion] does not happen again. It [the service] should be very complete, it should not only include the abortion service, but all other services surrounding that and their family.”

- Nurse, Public Hospital

Compassionate Care

One term that was repeated by six participants when talking about high-quality of care was "calidad humana" or "humanización", which translated means humane treatment of patients. This definition includes the ideas of expressing empathy and compassion to all patients as a basis for general high-quality of care, but this specific term was directed to abortion patients specifically by two nurses. Pain management was very important for quality of care for two participants when talking about compassionate care because it is a fundamental part of the work that nurses do for their patients, abortion and non-abortion alike. Giving pain medication to women post-abortion was the method most often mentioned as part of pain management. Confidentiality and anonymity were also mentioned by participants as an important part of compassionate care. This involved not talking about the abortion patient with other nurses in a context that was not professional as well as not talking about the abortion patient with other patients. Another part of this theme was being sensitive to the specific needs of abortion patients: keeping them separate from other OBGYN patients and not putting them in the same room where Doppler fetal monitors are being used to project fetal heartbeat. This specific condition was described by one nurse as having empathy towards women getting an abortion and the stresses that come with their situation.

"Like I told you, I think that it should be a process guided at the psychological, social and physical level so that humane treatment [of the patient] can be accomplished. It is not easy for a mom, that possibly wants to have her child, to hear 'Ma'am you need to abort the pregnancy because it [the child] is going to die'. Well, I think that first there needs to be a bio-psychosocial aspect to begin to have humane treatment."

- Nurse, Private Hospital

Abortion Education in Colombia

This theme had the most variety of experiences that were highly based on the individual. Specific education on abortion depended on the willingness of the participant to seek out different sources of education or on the particular hospital they were working in. Both exposure to abortion education and the information received as part of the abortion education was not uniform among participants. Three main themes of abortion education emerged from the analysis: abortion education in nursing school, trainings by the Ministry of Health, other sources of education.

Abortion education in nursing schools only included nine participants because one of the participants was educated in Cuba and was therefore excluded from the results in that theme. Out of the nine participants educated in Colombia, eight of the participants received no education on abortion services during their nursing school education. The remaining participant received limited education on abortion and it was in regard to the abortion law and not the abortion service itself.

Six of the nine participants who were educated in Colombia expressly stated that they did not feel their education prepared them for working with abortion patients and assisting in abortion services. One participant said that they felt their education did prepare them for assisting in abortion services and patients. The remaining participants did not comment on their preparedness for working in abortions.

Abortion education in nursing school

Although the majority of participants did not receive education on abortions in nursing school, there was mention of abortions within their nursing school education, albeit in a negative light. Unsafe abortions were the how the topic of abortions was mentioned in nursing school for

two participants without mention of how to interact with patients who present with abortion complications from unsafe abortions. One participant described their education on abortion as only talking about how abortions lead to maternal mortality and increase the number of maternal deaths in Colombia because they are unsafe. Two nurses stated that while they did not specifically learn about abortion in nursing school, they were taught about sexual and reproductive health in general.

Ministry of Health trainings

Three participants described their abortion education as taking place outside of nursing school and in the hospital where they work through capacity training offered by the Ministry of Health. In some cases, it was the first time that participants were exposed to the law (C-355/06) and the topic of abortion within an educational or training framework. Participants noted that these trainings were available to all hospital staff and were meant to be more about sensitization of hospital staff to the idea of abortion patients and the law, rather than training on how to perform abortions or assist with complications from unsafe abortions. One participant mentioned having been in the Ministry of Health training more than once. The amount of doctors and nurses taking the training who did not participate in abortion services varied between hospitals.

"Just here [the hospital]. I mean, when I first started to learn [about abortions], it was more than two years ago. That's when I learned. Well, it was when I entered the nursing department and they started sending me to the trainings [Ministry of Health trainings] on abortion. It was here where I learned it [abortion services], before that I had not heard anything about the ruling [C-355/06] or the topic."

- Nurse, Private Hospital

Other sources of education

One participant learned about abortion outside of the nursing school curriculum. The participant decided to make her thesis research project on abortion services in Colombia, at a time when abortion was still not legal, and through the project she learned about the medical aspects of abortion services.

Recommendations for improvement of quality of care for abortion services

Nurses were asked for recommendations to improve the quality of care of abortion services both within their hospital and within the Colombian healthcare system in general. All ten participants responded to this question and four independent themes emerged: education, overall service experience, improved access, and changes to the ruling. One participant had a recommendation on how to improve family planning in general in Colombia to prevent the need for abortion services in the future.

"And its not getting the abortion, it is getting the population with family planning methods, with that type of information. Although there is [family planning method use], there should be a little more [effort] to reach this population, to encompass more that population so that they don't have to reach [a point to get] an abortion."

- **Nurse, Private Hospital**

Education

Five participants specifically mentioned education as a way to improve the quality of care of abortion services. They said that abortion education should be improved for both medical professionals and for women. Participants said that nursing and medical schools should include within their curriculum more information about abortions. Additionally, for nurses, one participant stated that there should be an abortion specific rotation offered to nursing students to work with abortion patients before graduating from nursing school. The additional education on abortion would help students who do find themselves on rotation interacting with abortion patients or working with abortion patients after graduation be sensitized and prepared to work with this vulnerable population. The theme of education also extended to patients. Nurses said that patients should be informed not only about abortion services but also about the law in itself and that obtaining an abortion is within their rights. The education of female patients was seen in

terms of empowering women and as a facet of women's rights and increasing women's autonomy.

Overall service experience

Two participants said that the way in which patients are treated and handled within the hospital should be changed. This included making sure that patients were not being judged and that patients seeking abortion services should be met with efficient service. The efficient service includes both being able to schedule an appointment with a provider, but also getting all the necessary paperwork and insurance handled quickly. Another participant said that the overall experience could be improved by using the abortion procedure that is most suited to the gestational age based on WHO guidelines. One participant recommended that all hospitals who offer abortion services invest in acquiring the necessary medical equipment to perform the abortion services. The hospital where the participant worked had an inauguration of a new department dedicated to sexual health and abortions, but the department could not perform abortions at the hospital because of a lack of equipment. The participant said that this was problematic because women who came into the hospital seeking the abortion care service had to be guided to a different hospital to get the procedure done, increasing the wait time to get the desired abortion.

"And the other thing, in general -let's say- for the country, not only for Bogotá. The World Health Organization has guidelines for the kinds of procedures that can be done for abortions for each trimester. In Colombia we keep on doing curettages, we keep on doing dilation and curettage, we keep on doing all those things, procedures that are so risky for a woman and -let's say- we could do other ones. So, the other thing would be to think of the necessary implementation of the type of procedures suggested by the World Health Organization."

- Nurse, Public Hospital

Improved Access

This theme had variation in terms of defining improved access. Two participants stated that increased patient flow into the hospital through better advertisement and communication, as well as opening more departments within hospitals, specifically geared towards sexual health and abortions, was important to improve access. They said that it would allow more doctors and nurses to be sensitized to abortion patients and it would help alleviate other hospitals which are more congested. Another participant said that the current congestion in the hospital system needed to be improved because it can cause delays in accessing abortion services through long wait times to see a doctor and can affect the quality of care they receive once inside the system. Along with improved access to abortions, improved access to family planning was also mentioned. This was discussed in terms of increasing women's reproductive health rights, another recommendation mentioned by a participant, but also as a way to prevent abortions.

"There are still a lot of people that don't know [abortion services at the hospital] despite the information we have given to clients that have come here [hospital]. (…) It is more a lack of communication and a lack of wanting to do it [abortion] here. People prefer to do it in places on Las Caracas [street in Bogotá which historically has been a place to get abortion services outside of the law], garages, and pay 200,000– 300,000 COP [$65-$100 USD] because they still don't know about this service."

- Nurse, Public Hospital

Changes to the ruling

While following the law mandates was defined as a core component of high-quality of care for abortions, not all nurses agreed with the current requirements for obtaining legal abortions. There were recommendations to make the requirements laxer and others recommended that stricter requirements be put into place for obtaining legal abortions. Two nurses were not in full agreement with the mental health component of the law, in which a

woman can obtain a legal abortion if the pregnancy has a negative affect on her mental health. They felt that this part of the law could be easily abused and as such, women could get abortions under circumstances that were not in accordance with the spirit of the law, i.e. women who obtain abortions because they do not want children at the time or want to finish school without having a child. Another nurse did not like the current language of the law because of the clause that allows a woman to get an abortion if there is a fetal abnormality incompatible with life. The participant felt that this clause allows women to selectively abort fetuses who will develop into mentally handicapped children, her specific concern was children with Trisomy 21, which the participant found to be wrong because of her own bias as one of her family member's was born with this condition. However, there was an opposing opinion that felt that the law should be expanded, so that abortions of more than 15 weeks can be more easily accessible to women.

"So if the mother- if the person- considers that the pregnancy is not viable because she is studying, because she is working, because with her condition it is considered that no [she can't have the child], then they apply the ruling. I think that part should be more limited."

- **Nurse, Private Hospital**

Discussion

Although there is some attempt of capacity building in abortion law at the hospital level, it seems to be too little too late based on the recommendations from nurses currently working with abortion patients. Even the current training employed by the Ministry of Health includes a values clarification (VCAT) exercise, is not enough to sensitize medical professionals to abortion patients and even with the training, it seems to be doing little to encourage professional interaction with abortion patients. The number of nurses that assist with abortion patients outside of the two major abortion clinics in Bogotá, Fundación Orientame and ProFamilia (an International Planned Parenthood Federation clinic), is extraordinarily small. The study participants comprise all identified nurses outside of the two major clinics that interact with abortion patients. However, having the trainings from the Ministry of Health seems to have improved access to abortion education in general. Multiple participants cited these trainings as the only training on abortion they have received in their careers, which is problematic because it allows nurses who are inexperienced with interacting with abortion patients work with a highly sensitive and vulnerable group of women. Not surprisingly six of the nine the participants educated in Colombia felt inadequately prepared to work in abortion services. As such, it can negatively impact the quality of care that is provided because of unpreparedness on how to help abortion patients.

While it has been nearly a decade since the partial legalization of abortions in Colombia, there is still a problem with communicating where the new abortion clinics are located. From the results, it appears that there is an imbalance in abortion patients between hospitals. Some hospitals are so overcrowded that quality of care diminishes because of an inability to separate abortion patients from other obstetric patients. While in other hospitals, there are so few abortion

patients that sensitization to abortion patients from other medical professionals does not happen, leading to a different set of abortion care issues, namely judgment and lack of respect towards the patient. Like one of the participants stated, one possible reason for the imbalance is because before the 2006 ruling abortions took place in one specific area of Bogotá, which also is where the main Fundación Orientame and ProFamilia clinics are because of their original start as a place to get safe abortions. As more clinics open up in hospitals in other areas of the city, it seems that there is a reluctance to embrace these new centers and deviate from going to the traditional places to get abortion services.

One troubling result found in the study is that even when hospitals have established a separate abortion specific center within the hospital, it still may not make an impact in terms of increasing access to abortion services because the equipment necessary to perform the abortion is not available at the new center. This can create a whole host of problems that impact quality of care: mistrust of abortion center information, increasing wait time to get an abortion and increasing the imbalance of patients between different abortion centers. A lack of proper abortion equipment in the new centers in hospitals may be one of the reasons why Colombia has a documented higher level of D & C procedures in secondary and tertiary healthcare centers (Prada, Maddow-Zimet, and Juarez, "The Cost of Postabortion Care"). If an aspirator is not available at these locations, then the alternative would be to use known efficient, albeit riskier, abortion procedure: D & C.

One limitation is that the results obtained from the study are not generalizable due to the limited participant sample size and the location of the participants. However, the study was chosen beforehand to be limited to only nurses within the urban city of Bogotá and within the study population almost all possible participants were recruited. The small number of

participants is representative of limited study population and while thematic saturation was not reached, this was taken into account when choosing the specific population of nurses currently assisting abortion patients.

This study cannot and is not meant to be representative study for all nurses participating in abortion services in Colombia, only those in Bogotá assisting with legal abortion services in hospitals that are part of the Colombian health system, and as such does not attempt to present its findings as generalizable. Additionally, these views do not extend to cover nurses in general because it is clear from the limited study population that interaction with abortion patients is highly polarized. It is suggested to expand the study in the future to include nurses who work in obstetrics and gynecology but choose to not interact with abortion patients. This would allow for a better understanding of the overall experience that patients go through.

The interviewer for this study had limited experience conducting qualitative interviews before the study and as such, some themes may not have been adequately probed and information pertinent to the study may not have been obtained. Additionally, while the interviewer was fluent in Spanish, there still may have been some difficulties in communication that may impact the data collected.

Public Health Implications

The first public health implication of this work is that components referenced by nurses defining their perspectives on quality of care closely mirrors those found in other definitions of quality of care, most notable the Bruce-Jain framework. This framework created to define quality of care in reproductive health settings has the following criteria: "choice of contraceptive methods, information given to patients, technical competence, interpersonal relationships, continuity and follow-up, and the appropriate constellation of services" (Creel, Sass, and Yinger). Discussion with nurses yielded mention of giving patients appropriate contraception and abortion information, technical competence in the form of physician and nurse training and choosing the least risky procedure for the gestational age, interpersonal relationships through the use of humane treatment and compassionate care, follow-up visits to provide contraception, and providing the integrated services to wholly satisfy the woman's medical needs. Thus, all requirements of the Bruce-Jain Framework for quality reproductive health services are met, showing that, at least in theory, nurses in Bogotá agree with the conditions that define internationally accepted high-quality of care for reproductive services. This means that according to the guidelines set out by nurses, nurses who assist abortion patients understand how to provide high-quality of services and patients in turn, should be experiencing a high-quality of care in these hospitals. What still remains to be known, and can be the basis of further study, is whether nurses are following the guidelines they have self-defined as providing high-quality of care. Lastly, an application of these results is that these findings can guide the Ministry of Health in reviewing or reissuing new guidelines or trainings on quality of care for abortions that will serve to increase the overall excellence of legal abortion services in Colombia.

The second public health implication has to do with the role of the nurse. While the half the nurses explicitly advocated for improved nursing education on abortion and the inclusion of abortion rotations within the curriculum, not one nurse suggested that nursing or anyone other than the attending physician perform the abortion. Given, the uneven distribution of patients leading to overcrowding and lack of private areas in obstetric waiting rooms in some hospitals, it would seem that having a nurse provide a vacuum aspiration or medical abortion would limit the amount of time a woman would have to both be in the waiting room before the procedure and wait time to see physician and obtain the abortion. However, there seems to be little to no interest at this time from nurses working with abortion patients to physically be able to perform the abortions. This may be because conscientious objection in Colombia is at this time limited to only physicians, and nurses would not be able to conscientiously object. However, if nurses are trained to provide abortion then they may qualify for conscientious objection because according to Colombian law this status is granted to those individuals who actually perform the abortion procedure (Cabal, Olaya, and Robledo).

Recommendations

The first recommendation is that nurses be trained to provide medical abortions and vacuum aspiration abortions as recommended by the WHO in 2009 (Berer, "Provision of Abortion by Mid-level Providers"). Given that there are so few nurses who currently assist abortion patients, it would shift the burden away from those nurses who currently do not want to interact with abortion patients, in turn increasing the chances of a woman experiencing a high-quality service. This is based on the assumption that the nurse follows the definition of high-quality abortions defined by the nurses in this study. Additionally, it would provide Bogotá with more abortion providers who will provide safe abortions and it can help decrease wait times for patients seeking abortions in hospitals that have a high volume of patient flow. Based on a WHO paper, there is evidence promoting the use of nurses to provide abortions for first trimester abortions, specifically medical abortions and vacuum aspiration abortions. The publication bases the recommendation on the lack of differences in complications between abortions performed by physicians and abortions performed by mid-level providers (nurse practitioners, midwives and physician assistants) in Vietnam, South Africa, Great Britain and the United States where nurses have been able to provide abortions for years (Berer, "Provision of Abortion by Mid-level Providers"). A more recent study conducted in Northern California compared the outcomes of vacuum aspiration abortions performed by physicians and mid-level providers and found no difference in the percentage of abortion complications between these groups, suggesting that trained nurses are as capable as physicians of handling first trimester aspiration procedures (Weitz et al.).

In conjunction with the first recommendation, the second recommendation is to expand the abortion curriculum in nursing schools to include abortion rotations and clinical education on

abortion and post-abortion care, so that nurses can be sensitized to the abortion service and abortion patients before working in hospitals. There is merit in this recommendation because it is not unique to Colombia. In the United States, the American Public Health Association urges as one of their action steps that "All medical and nursing education bodies providing education and training to primary care clinicians to integrate abortion training into their didactic and clinical reproductive health curricula" ("Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants"). While larger organizations like Ipas, an international organization focused on sexual and reproductive health rights, have conducted studies recommending that nursing schools offer both didactic and clinical training on abortion care, there are limited curriculum templates available to respond to this need ("Expanding the Provider Base for Abortion-Related Care").

However, existing curriculums can be adjusted to fit the cultural needs of a Colombian nursing school. An American nursing school organization called Nursing Students for Choice has created a resource page for advocates who want to add a clinical abortion elective to their nursing school curriculum. It lists a syllabus for the course entitled Abortion Care Education (ACE) elective which includes information on abortion procedures, post abortion care, interacting with the patient, contraception and reproductive rights advocacy ("Syllabus and Learning Objectives for Abortion Care Education Project Elective"). The information within this curriculum would benefit Colombian nurses because all of the topics included in the syllabus were named by the study participants as part of the guidelines that defined high-quality of care for abortions. Additionally, the syllabus is structured in a way that presents basic information about abortion loosely formatted and highly dependent on outside resources, allowing the syllabus to be easily transferable to a different setting.

The third recommendation is that the nursing school curriculums should include value clarification exercises. Also known as Values Clarification for Abortion Trainers, VCAT, this training emphasizes understanding different viewpoints towards abortion and is a good exercise for both conscientious objectors and non-objectors to understand their viewpoints and how to be respectful of others. Performing VCAT exercises with medical professionals involved in second trimester abortions in Nepal and South Africa has shown that after the exercise are completed there are positive changes in participant mentality towards abortion in terms of compassion and empathy towards women, talking about the abortion service and providing the abortion service (Turner, Hyman, and Gabriel). Given the small amount of nurses that currently assist abortion patients, conducting a VCAT exercise during nursing school may help to increase the number of nurses willing to interact with abortion patients. At the very least the VCAT can sensitize nurses to abortion patients, one of the recommendations and conditions of quality of care defined by the study participants.

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