

Reviewer's report

Title: Ladies in Waiting: The timeliness of first trimester termination of pregnancy services in New Zealand

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Reviewer: Janie Benson

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Comments on "Ladies in waiting: the timeliness of first trimester termination of pregnancy services in New Zealand"

Overall comments: The manuscript is an interesting and nicely-written description about a topic that deserves more attention---women's delay in obtaining TOP services once they have decided to obtain an abortion---and from a geographical area that not so many of us are familiar with. The authors had an advantage in having access to records from 9 of 13 abortion clinics in New Zealand supplemented by a client questionnaire.

Major Compulsory Revisions: Due to the likely lack of knowledge about the NZ health system among most readers (including myself), I suggest that the authors provide a brief overview of how the system works. It is not clear why women have to first visit their GP before they can obtain an appointment for a TOP. In fact, the majority of questionnaire respondents reported that their GP required more than one visit. Why are women not able to access TOP clinics directly? Is this a policy of the health system that any service beyond "primary care" requires a GP referral? One of the longest delays occurs between the first contact with the referring doctor and the booking date for the TOP. If women could avoid the GP step, would that reduce delays? Are TOP clinics so busy that GPs cannot make rapid appointments, and hence, women wait? Is cost of care a factor in delay? Who pays for TOP services? Are TOP clinics publicly operated and funded? Do women have the option to seek care in any TOP clinic?

Introduction, page 3: Suggest including the latest induced abortion rate in NZ. Also, suggest that you add complications rates for the various gestational ages to portray low rates at early stages of pregnancy, and increases with later gestations.

Introduction, page 4: The points about the stresses of delay following an identified need/decision for a procedure are well-taken. However, I suggest several clarifying points. I am not sure of the meaning of "affect how the patient chooses to interact with the health system." The authors note quality of life measures, but are there negative physical outcomes as well? While an unintended pregnancy is an immense stress and a crisis to a woman, it is important not to confuse this comment with the unfounded argument made by anti-choice advocates that abortion "causes" negative mental health outcomes.

For the vast majority of women who have an abortion, the psychological stress associated with a crisis pregnancy quickly resolves after their procedure. The point to emphasize in this paper is that once a woman makes a decision to have an abortion, delay in having the abortion contributes to the stress she is feeling due to an unintended pregnancy.

Page 8 and Table 2: I strongly suggest adding a pathway diagram that indicates the mean number of days between each step in the process. This figure would supplement Table 2, which provides important information, but the steps are not additive to result in the total mean days from first contact to actual TOP.

Results and Table 3: In addition to delay by gestation, did you find differences in delays by ethnicity or by geographic location? Since different clinics have different policies, is there variability in delays for women seeking care at the different clinics? It would also be helpful to comment on the 4 “missing” TOP clinics. What were the reasons these clinics did not participate? Do the authors suspect that the overall findings would have been different with more clinics participating?

Results: I wonder if the low rates of medical abortion use and delay in obtaining care are inter-related. Just 46% of women (page 7) now are even eligible by gestation for medical abortion, a loss of options for women. But unless there is a fairly major change in the care process so that women can access services earlier, it may be difficult to significantly increase use of medical abortion.

Minor essential revisions: Conclusions, page 10: "...study conducted during a single three month time period..." Page 5 indicates study conducted between 1 and 30 April 2009.

Conclusions, page 11: Self-selection bias and low rate of questionnaire response: Women with a long delay could be overrepresented among the sample, but the opposite could also be true. Women with long waits to obtain care may have been frustrated with the overall process and not interested in doing anything more than leaving the clinic as quickly as possible, including declining to complete the survey.

Thank you for the opportunity to review this manuscript.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.