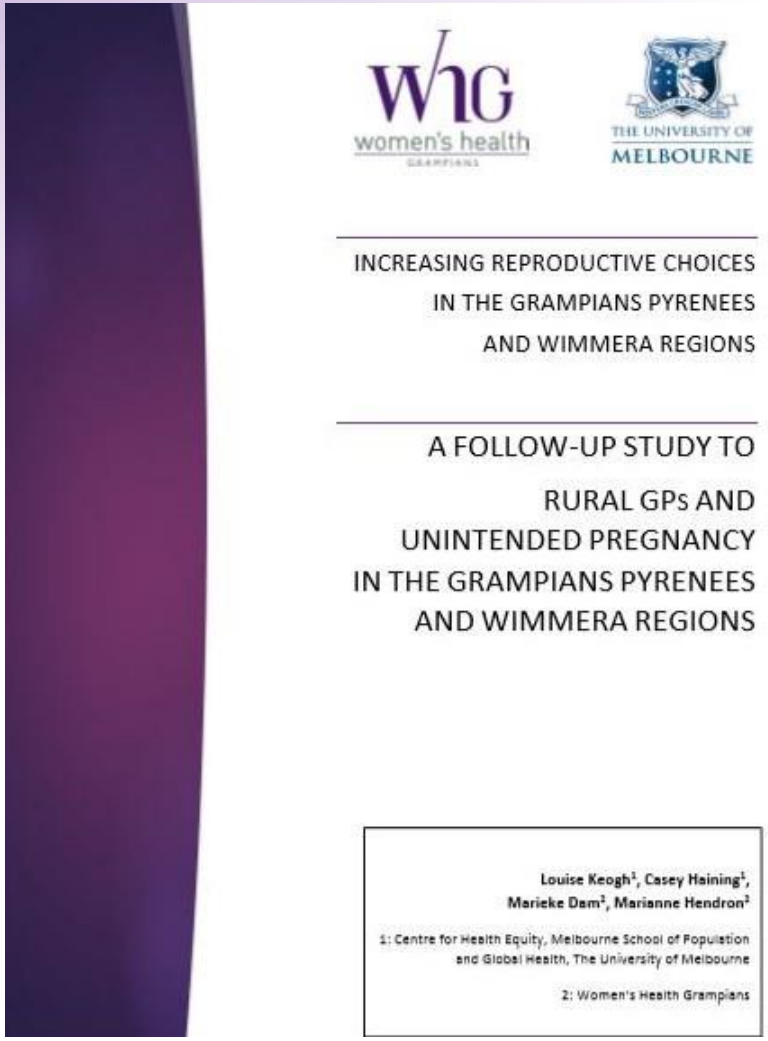
Increasing Reproductive Choices Research and Evaluation Report Launch

Speakers today:

- Department of Health and Human Services: Milica Markovic, PhD
- Melbourne University: Associate Professor Louise Keogh
- Royal Women's Hospital: Dr. Paddy Moore



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Acknowledgement to Country

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Milica Markovic, PhD
Department of Health and Human Services

REPORT LAUNCH

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Increasing Reproductive Choices project
Overview

- 2017 a baseline survey to better understand GP referral practices for unintended pregnancy options and abortion
- DHHS funding of the Increasing Reproductive Choices Project to help ensure women had access to reproductive health services in the region where they reside and work.
- The aims of the project were to:
  - Identify, strengthen and improve awareness of referral pathways;
  - Improve general knowledge in the region with respect to abortion services and legal obligations; and
  - Develop an evaluation framework to measure the outcomes of the project and share findings with other rural regions.
- Evaluation of Project

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Associate Professor Louise Keogh

Melbourne University

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FOLLOW-UP STUDY: RURAL GPs AND UNINTENDED PREGNANCY IN THE GRAMPIANS, PYRENEES AND WIMMERA REGIONS

Louise Keogh[1], Casey Haining[1], Marieke Dam[2], Marianne Hendron[2]

1: Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne

2: Women's Health Grampians

Outline

HOW DID THE 2019 SURVEY COMPARE WITH 2017?

REFLECTIONS ON THE INCREASING REPRODUCTIVE CHOICES PROJECT

WHAT WE CAN LEARN FROM CASE STUDIES?

RECOMMENDATIONS

The survey

The baseline survey conducted in 2017 **revealed limited services, high rates of conscientious objection, and a lack of clarity about options for women and referral pathways.**

In response, **the aims of the IRC** was to:

- Identify, strengthen and improve awareness of referral pathways;
- Improve general knowledge in the region with respect to abortion services and legal obligations, and;

We were able to repeat the 2017 survey to determine if these goals had been achieved:

- Short questionnaire with closed and open-ended questions, online and postal versions
- Sent to all GPs, sexual health nurses and practice nurses in the region
- Repeated previous questions, plus new questions about changes observed.

Survey participants

2017 23 of 84 GPs completed the survey (27%)

2019 28 of 103 health professionals completed the survey (27%)

The sample in 2019

- 19 doctors, 5 nurses, 3 other, 1 declined to answer
- 15 females and 13 male
- 24 to 72 years of age
- Worked in the region for 0 to 42 years, 13 years on average
- 12 trained in Australia and 13 trained overseas, compared to 65% overseas in 2017

Results – when women present with unintended pregnancy

The 2019 sample had more participants who saw 3 or more patients per year presenting with unintended pregnancy, so on average, they saw 5 women per year, compared to 3 per year in 2017

	2017 (%)	2019 (%)
When women present, GPs or HPs 'always' discuss		
future contraception	87	61
pregnancy options counselling	81	75
STOP	41	48
MTOP	27	43
tele-abortion	0	8

Conscientious Objection

Data from 2017

- 38% of GPs ‘sometimes’ or ‘always’ referred due to a conscientious objection
- 62% of overseas trained doctors ‘sometimes’ or ‘always’ referred due to a conscientious objection
- Suggestion that one participant (male, O/S trained) held a conscientious objection, but did not refer

Data from 2019

- Less likely to answer this question (7 non-responders compared to 2)
- 24% (who answered) ‘sometimes’ or ‘always’ refer due to a conscientious objection
- 5 of the 9 overseas trained doctors ‘sometimes’ or ‘always’ refer due to a conscientious objection

Doctors and conscientious objection

2017 survey

Medical training	Never	Rarely	Sometimes	Always	Declined to answer
Australia (n=8)	7 (88%)	1 (13%)	0 (0%)	0 (0%)	n/a
Overseas (n=15)	3 (23%)	2 (15%)	2 (15%)	6 (46%)	2

2019 survey

Medical training	Never	Rarely	Sometimes	Always	Declined to answer
Australia (n=8)	6 (100%)	0 (0%)	0 (0%)	0 (0%)	2
Overseas (n=9)	4 (44%)	0 (0%)	1 (11%)	4 (44%)	n/a

Open ended comments

Health professionals' opinions of services in their area

Code	2017 (%)	2019# (%)	Example quote
Limited or inadequate	57	43	*"Can be a problem if very young and if you are not able to travel. Also, if you [are] needing surgical or if you have no Medicare, which has been an issue cost wise for our women."*
Average or adequate	10	7	*"OK"*
Good	0	18	*"Becoming available in the region after [a now available] option [of] medical termination offered by a GP in town."*
Improved	5	29	*"Very good support"*
Limited knowledge/unsure	29	7	*"Local O & G not keen on terminations, not aware of other local options, I usually refer."*

one answer coded twice so total more than 100%

Open ended comments

Reflections on changes in the last 12-18 months with respect to the range and number of services

Code	2019 (%)	Example quote
Improved	60	*"Increased options and range of services available."*
No change	40	*"Same problem."*

Reflections on changes in the last 12-18 months with respect to referral pathways

Code	2019 (%)	Example Quote
Improved	60	*"Health pathways helpful"*
No Change	40	*"Not available unless you are prepared to do it their way."*

Only 36% thought training options had improved, with the majority reporting no change or that they were unsure about training options.

Where is improvement most desired?

What can we learn from case studies (a nurse, a GP and a pharmacist)?

ENABLERS:

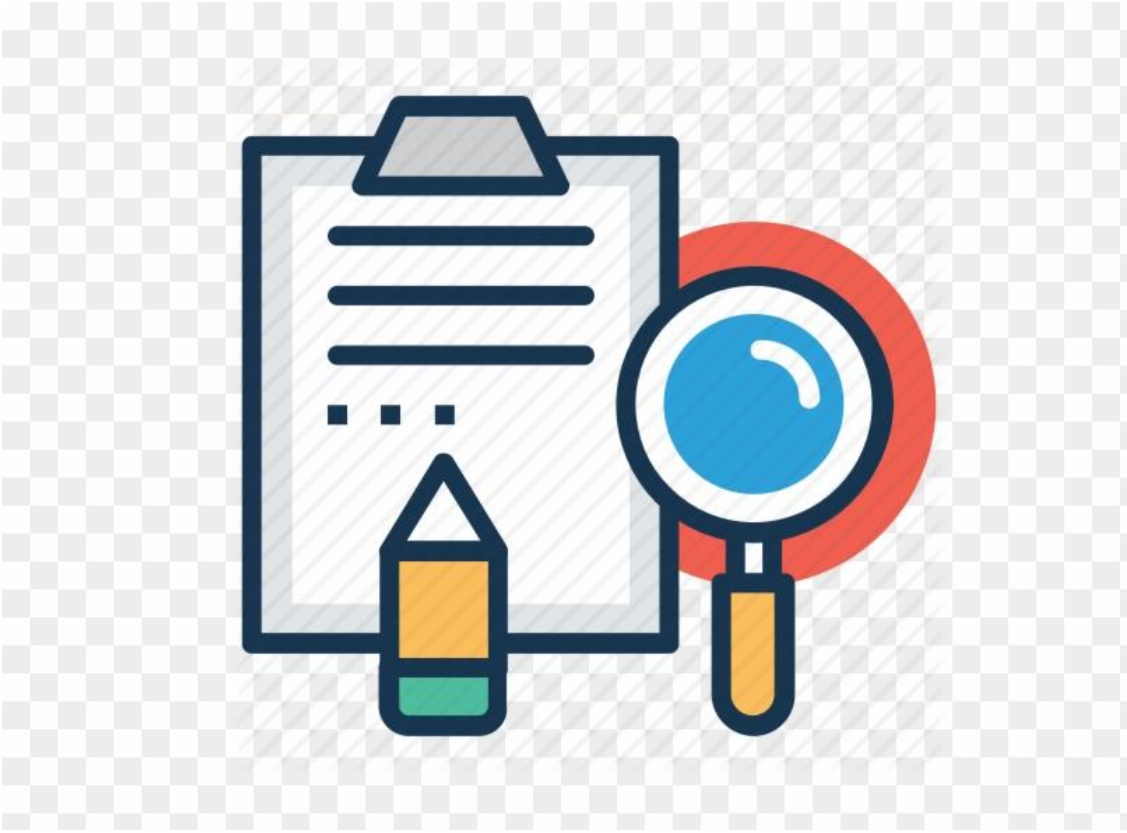
- Network and support from other health professionals in the region (multi-disciplinary – ultrasound, pharmacy, nurse, GP, reception, pathology etc.)
- Support from experts (Gateway, the Women's, 'MTOP providers down under' Facebook group)

BACKLASH:

- None reported, however, some personal judgement from other HPs

EXPERIENCE:

- Overall positive



Reference group reflections

Things that worked well

- Sessions with Paddy Moore
- The Reference Group
- Funding

Challenges and barriers

- GP failure to follow up after workshops
- Health professional obstacles
  - Misconceptions (e.g. about who needs abortions and why)
  - Local practice barriers (e.g. accessing ultrasound, pharmacy)
  - Inability to set up substantive pathways (need more GP providers)
- Sustainability of the project (once funding ceases)

Summary

Biggest impact of the IRC project has been on **the availability of medical abortion services and medical professionals' knowledge and awareness of medical abortion** as an option for women.

However, this is the area in which participants **would most like to see improvements.**

This indicates that in order to fully capitalise on the gains made so far, **work must continue.**

Strengths of the project include the active reference group, a funded project worker, support from the Women's Hospital and Gateway Health Service Wodonga and the Sexual & Reproductive Health Clinical Champion Project.

RECOMMENDATIONS

DEVLEOPED BY THE IRC REFERENCE GROUP

Identifier first line

Second line

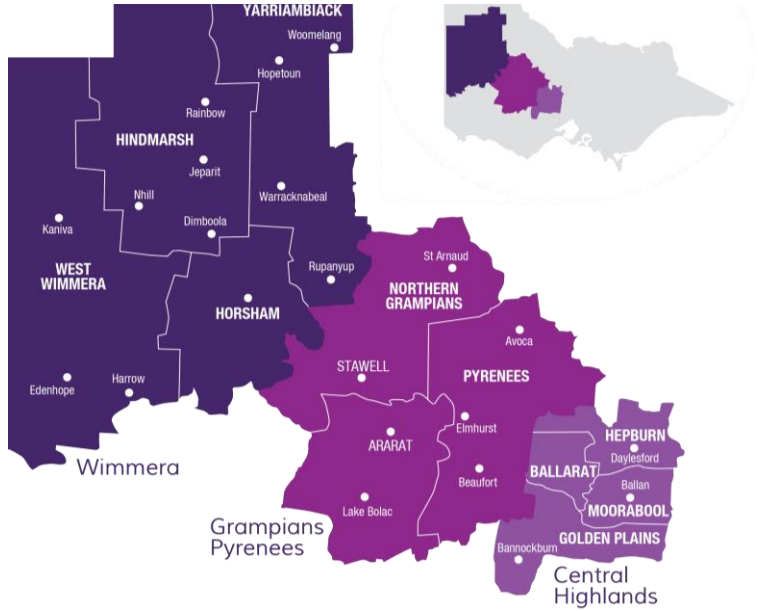
RECOMMENDATIONS

Maintain capacity in the region to continue this work, for example, by promoting a sustainable workforce through:

- Facilitating access to relevant workforce development opportunities locally
- Supporting emerging medical abortion providers through clinical champions
- Advocating for incentives to ensure financial viability of medical abortion provision, (eg MBS Billing Code for long consultations)
- Exploring opportunities for a nurse practitioner model (e.g. MBS Billing Code for nurse time to support medical abortion appointments)
- Telehealth for GP's (currently requires a specialist only for telehealth).

The IRCP Reference Group be maintained in order to support this work, for example:

- Monitor sexual and reproductive health service provision in the Grampians Pyrenees and Wimmera regions
- Provide rural and regional expertise, knowledge and advocacy to relevant peak bodies, statewide entities and networks with an interest in women's reproductive choices



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Thank you

QUESTIONS??

Dr. Paddy Moore

Royal Women's Hospital

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Access and equity to reproductive choices

Dr Paddy Moore
Clinical Lead
Clinical champion Project
The Women's

the women's
the royal women's hospital
victoria australia

February 2019.....

& today …

Improvements desired….

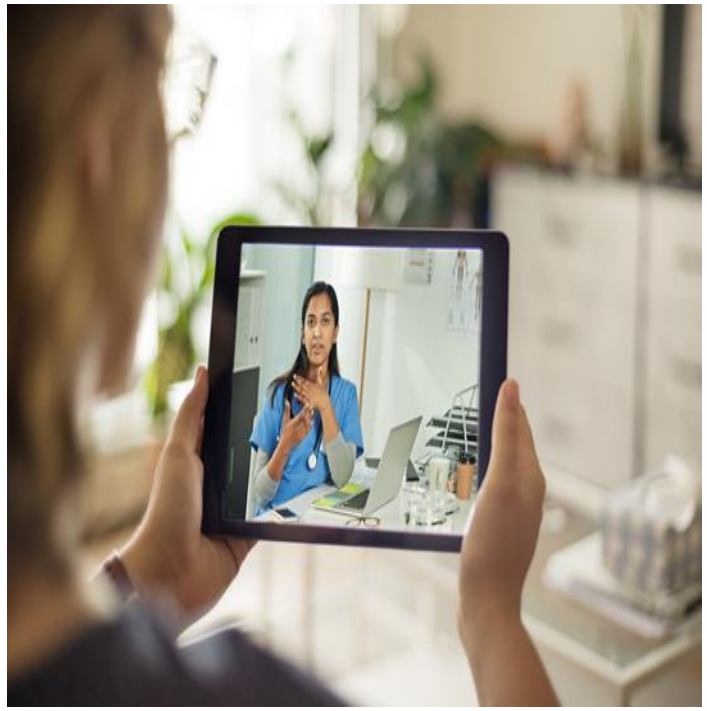
Access in the time of covid-19

Sexual & reproductive health service challenges

- Diagnosis
- Decision making
- Delivery of services
- Deployment of staff
- Dependent on human resources
- DHHS guidelines & regulations

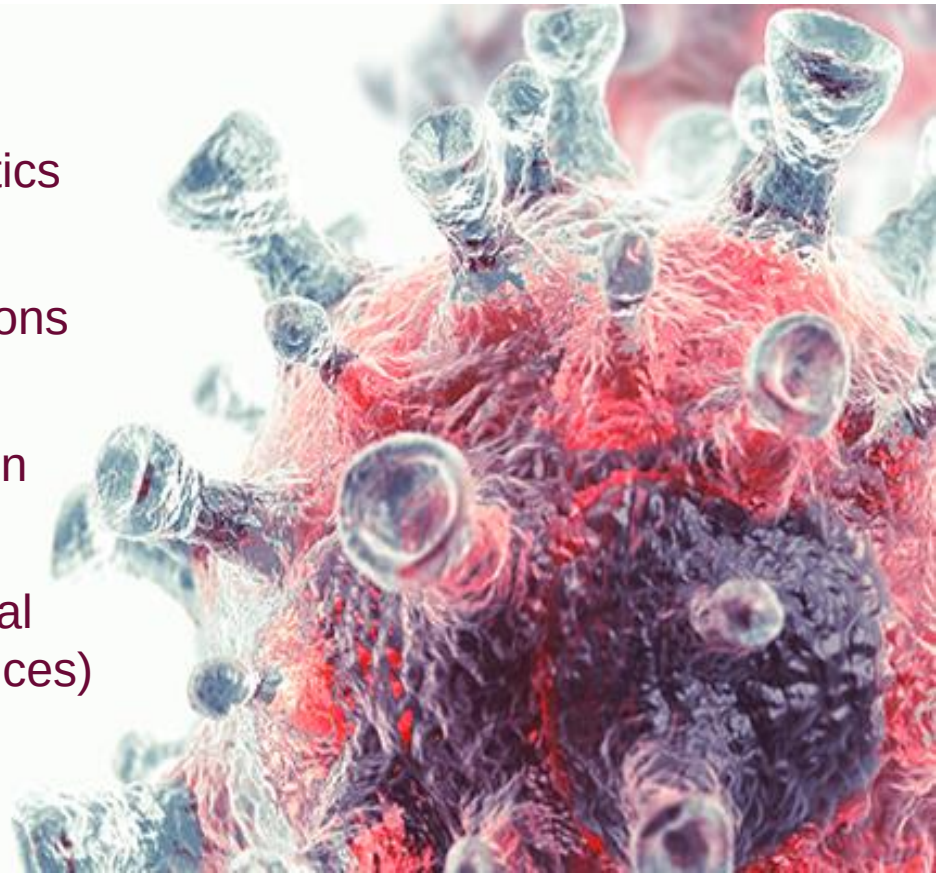
Covid crisis theory: creativity from adversity

- **C**ollegiality
- **R**esources - upskilling
- **I**nnovation
- **S**hared care across services
- **I**nternet: telemedicine in the spotlight
- **S**haring tasks within a service



Observations from the front line

- ↓ referrals
- access to diagnostics stable
- ↑ requests for options counselling
- ↑preference for non surgical
- ↑greater gestational age (in metro services)



Research questions

Women's lived experience

- SRH decision making in the context of a pandemic
- Intimate partner & family violence
- Shifting attitudes to & requests for medical vs surgical abortion
- Contraception need – has the baseline changed?

Marieke Dam
Women's Health Grampians

Recommendations for future work

- The ICRP Reference Group is retained in order to continue to sustain the focus on this important issue and to lead work on the identified recommendations.
- Capacity is maintained in the Grampians Pyrenees and Wimmera regions to advocate, liaise and promote communication and partnership with the Department of Health and Human Services (regionally and centrally in context of the SRH strategy), Western Victorian Primary Health Network and other key providers.
- Sexual and reproductive health service provision in Grampians Pyrenees and Wimmera is continually monitored by ICRP Reference Group in conjunction with 1800 My Options.
- A suitably trained and sustainable workforce is promoted through the provision and exploration of workplace and professional development opportunities, including MTOP and supporting regional providers.
- Rural and regional expertise, knowledge and advocacy is provided to relevant peak bodies, state-wide entities and networks working towards improved reproductive choices for women.
- Local education is provided through the provision of workshops that are not limited to health professionals

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Q&A session

Panellists for questions:

- Milica Markovic, DHHS
- Louise Keogh, Melbourne University
- Dr. Paddy Moore, Royal Women's Hospital
- Marieke Dam, WHG

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Marianne Hendron

CEO Women's Health Grampians

Closing and Thank You

Important contact numbers:

- 1800MyOptions: www.1800myoptions.org.au
- WHG, Shannon Hill: shannon@whg.org.au
- WHG, Marieke Dam: Marieke@whg.org.au
- Clinical Champions Project, Cath Hannon: Catherine.Hannon@thewomens.org.au

whg women's health GRAMPIANS