Women's Sexual and Reproductive Health Coalition

Increasing access to effective contraception in Australia: A consensus statement

Recommendation	***Responsibility***
1. Provide free contraception for women under the age of 25 (including LARC procedural costs)	*Federal government*
2. Embed training in contraceptive counselling and insertion/removal of LARC in all obstetrics and gynaecology, GP, practice nurse, nurse practitioner and midwife training programs (including a focus on sensitive enquiry for identifying reproductive coercion and abuse)	*Colleges and training programs (e.g. RANZCOG, RACGP, ACM, ACN, APNA)*
3. Provide appropriate remuneration for nurses, nurse practitioners and midwives providing contraceptive services, LARC insertion and removal procedures, and medical abortion care, as well as subsidised costs for related equipment	*Federal government*
4. Ensure appropriate remuneration and reimbursement for GPs providing LARC insertion and removal services, including through increased MBS rebates and subsidised costs for related equipment	*Federal government*
5. Increase access to immediate postpartum LARC before hospital discharge through provision of contraceptive counselling antenatally and postnatally, and in training for midwives and obstetric staff in IUD and implant insertions	*State/Territory governments, through Local Hospital Networks*
6. Improve health literacy about contraception and emergency contraception among community members	*Federal government*
7. Ensure equitable access to relationships and sexuality education in schools, including age-appropriate content on contraceptive options (including LARC and emergency contraception)	*Federal and State/Territory governments*
8. Fund PHNs to develop an integrated regional approach to contraception care that identifies gaps in service provision at a local level (with consideration of the needs of remote, rural and regional patients), commissions health services to fill those gaps, and maps the availability of services	*Federal government, through Primary Health Networks*
9. Incentivise GPs and other health practitioners to undertake LARC insertion/removal training in areas of need, as identified by regional reporting	*Federal government, through Primary Health Networks*

Version: 1, 20 July 2022

SPHERE

NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

Background

There is a high unmet need for effective contraception in Australia, and a number of barriers to access including high costs, misinformation among women and health practitioners, and limited health practitioners who can insert and remove long-acting reversible contraception (LARC) such as intrauterine devices (IUD) and implants. One-quarter of women have experienced an unintended pregnancy in Australia[1], with rates even higher in non-urban areas[2]. Unintended pregnancies may be attributed to non-use of contraception, inconsistent use or contraceptive failure[2], and can place significant physical, social and financial strain on women and their families[3,4]. Younger women are more likely to experience an unintended pregnancy than older women[2,5], and are more likely to use less effective methods of contraception such as the oral contraceptive pill, condoms and withdrawal[6]. The uptake of more effective methods such as LARC is relatively low in Australia, with only 11% of women aged 15-44 years using a LARC method in 2018[7]. Increasing access to effective contraception could be achieved through addressing financial, knowledge and health workforce barriers, as outlined below.

Addressing financial barriers

There are a number of financial barriers to obtaining effective contraception in Australia, including costs of repeat prescriptions (e.g. oral contraceptive pill), contraceptive methods not subsidised on the PBS (e.g. vaginal ring and non-hormonal Copper IUD), and LARC insertion-related costs. Despite the long-term cost-effectiveness of LARC methods, the upfront costs and multiple appointments which may be required can make this unaffordable for many women[8]. Making contraception free for all women under 25 years of age, as occurs in France and Sweden, and as occurs in New Zealand for some methods and the United Kingdom for women of any age, would increase access to and uptake of effective methods.

Addressing knowledge barriers

Lack of familiarity with, and misinformation about, LARC among both women and health practitioners is another key barrier to the uptake of these effective methods of contraception[8]. Improving health literacy about contraception among community members and ensuring equitable access to relationships and sexuality education in schools (including age-appropriate content on contraceptive options) would support informed-decision making.

Addressing health workforce barriers

Limited availability of healthcare practitioners trained in implant and IUD insertion and removal procedures impedes LARC uptake, particularly in rural and remote areas of Australia[8]. A lack of financial incentives for general practitioners (GPs) and other health practitioners to undergo necessary training is a barrier to providing this service[8], particularly when GPs and other practitioners commonly have to bear the costs of the training themselves. Furthermore, although registered nurses, nurse practitioners and registered midwives are well-placed to provide LARC insertion and removal services, as occurs in many other countries and in some settings in Australia[9-12], there is no remuneration available to support this model of task-shifting/sharing or to encourage nurses and midwives to undertake the training or provide this service. To increase access to LARC services, including provision in the immediate postpartum period, training in contraceptive counselling and insertion/removal of LARC should be embedded in all obstetrics and gynaecology, GP, practice nurse, nurse practitioner and midwife training programs (including a focus on sensitive enquiry for identifying reproductive coercion and abuse), along with appropriate remuneration for nurses, nurse practitioners and midwives in providing contraceptive care and LARC insertion. There

is also a need to ensure appropriate remuneration and reimbursement for GPs providing LARC insertion and removal services, including through increased MBS rebates and subsidised costs for related equipment.

Primary Health Networks (PHNs) should also be funded by the Australian government to develop an integrated regional approach to contraception care that identifies gaps in service provision at a local level (with consideration of the needs of remote, rural and regional patients), commissions health services to fill those gaps in areas of need in their network region, and maps the availability of services. PHNs would therefore be responsible for identifying areas of need in their local regions and commissioning services in response, as they currently do for mental health and drug and alcohol services at a regional level. LARC insertion/removal training could then be incentivised for GPs and other health practitioners in the areas of need identified by regional reporting.

Conclusion

Implementing these recommendations, as outlined in the table above, will increase access to effective contraception in Australia, support pregnancy planning, optimise health outcomes for women and their families, and contribute to achieving the goals of the National Women's Health Strategy 2020-2030[13].

Note: The Coalition uses *women* as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may access and use abortion and women's sexual and reproductive health services including other people who do not identify as women but can experience pregnancy and abortion and may need to access these.

SPHERE

NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

References

1. Taft AJ, Shankar M, Black KI, Mazza D, Hussainy S, Lucke JC. Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. Med J Aust. 2018;209(9):407-8.
2. Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McNamee K, et al. Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. Australian and New Zealand Journal of Public Health. 2016;40(2):104-9.
3. Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child and parental health: a review of the literature. Studies in Family Planning 2008;39(1):18-38.
4. Crowne SS, Gonsalves K, Burrell L, McFarlane E, Duggan A. Relationship Between Birth Spacing, Child Maltreatment, and Child Behavior and Development Outcomes Among At-Risk Families. Maternal and child health journal. 2012;16(7):1413-20.
5. Rassi A, Wattimena J, Black K. Pregnancy intention in an urban Australian antenatal population. Aust N Z J Public Health. 2013;37(6):568-73.
6. Coombe J, Harris ML, Wigginton B, Loxton D, Lucke J. Contraceptive use at the time of unintended pregnancy: Findings from the Contraceptive Use, Pregnancy Intention and Decisions study. Australian Journal for General Practitioners. 2016;45:842-8.
7. Grzeskowiak LE, Calabretto H, Amos N, Mazza D, Ilomaki J. Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. Aust N Z J Obstet Gynaecol. 2021;61(1):128-34.
8. Mazza D, Bateson D, Frearson M, Goldstone P, Kovacs G, Baber R. Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion. Aust N Z J Obstet Gynaecol. 2017;57:206-12.
9. Botfield JR, Tulloch M, Contziu H, Wright SM, Phipps H, McGeechan K, et al. Feasibility, acceptability and sustainability of postpartum contraceptive implant provision by midwives in NSW public hospitals. Women Birth. 2021;S1871-5192.
10. Botfield JR, Wright SM, Fenwick SE, Cheng Y. Training nurses in contraceptive implant procedures: implications for practice in Australia. Collegian. 2021;28(1):114-20.
11. Croan L, Craig A, Scott L, Cameron ST, Lakha F. Increasing access to contraceptive implants in the postnatal period via a home insertion service by community midwives. BMJ Sexual & Reproductive Health. 2018;44(1):61-4.
12. Ministry of Health. New Zealand Aotearoa’s guidance on contraception. Wellington: Ministry of Health; 2020.
13. Department of Health. National Women's Health Strategy 2020-2030. Canberra: Australian Government Department of Health; 2018.