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

Women's Sexual and Reproductive Health COVID-19 Coalition

A consensus statement on achieving equitable access to abortion care in regional, rural and remote Australia

Recommendations

1. *That the Australian government commission the development of an Australian abortion care standard that includes key performance indicators (KPIs)*
2. *That local hospital districts/regions and primary health networks (PHNs) are required to report publicly against the KPIs on an annual basis to monitor progress in achieving and maintaining the standard*
3. *That the Australian government lead a National Federation Reform Council process that mandates that at a local hospital district level, major regional or tertiary hospital services provide:*
    - *Comprehensive abortion care with appropriate escalation and referral for:*
        - *Women with complex medical/psychological, financial and/or social circumstances*
        - *Women at later gestations*
        - *Women referred from community-based health services for further management (including for complications)*
    - *Abortion training for health professionals and students in the hospital setting (including gynaecology and GP trainees, nurses, nurse practitioners, midwives and pharmacists)*
    - *Collaborative support for regional medical and surgical abortion providers*
4. *That PHNs are funded to develop an integrated regional approach to abortion care that involves:*
    - *Identifying gaps in service provision at a local level with careful consideration of the needs of remote, rural and regional patients*
    - *Commissioning one or more abortion services (considering surgical and where required medical) to fill those gaps. These commissioned services will:*
        - *Be delivered by suitably trained practitioners in accredited surgical facilities including day procedure centres and local/regional hospitals (practitioners will be well supported by the larger regional/tertiary hospital to deliver care in an integrated way with local gynaecological and hospital services)*
        - *Provide abortion care training for primary care and other community-based health professionals and students to build capacity and support sustainable and ongoing local/regional abortion service provision*
    - *Strong collaborative links and referral pathways*

Background

Access to abortion care in Australia is highly inequitable, with limited availability and inconsistent access to both medical and surgical abortion services and few publicly-funded options available in most states, particularly in regional, rural and remote areas (case study 1). One in four women in Australia have experienced an unintended pregnancy, and approximately one-third of these end in abortion (1). The rate of unintended pregnancy is disproportionately higher amongst those living in non-urban areas (2), and access to abortion services similarly differs by geographical location due to few abortion providers in rural and regional areas, smaller communities and long distances required to access services (3).

Case study 1: Abortion services in rural & remote QLD during the Covid-19 pandemic

"Approximately 29% of Australia's population live in rural and remote areas… Access to sexual and reproductive health services such as contraception and abortion is hampered by several factors. Geographical remoteness from specialist services is compounded by conservative attitudes and conscientious objection to the provision of contraception and abortion. Most regional public hospitals do not routinely provide abortion care except in the case of fetal anomalies, and often the only local alternative for healthcare is a faith-based private provider, where neither contraception nor abortion are offered…

Sexual and Reproductive Health [services] have had to charter private planes to deliver surgical abortion services in central and north Queensland, as the COVID-induced collapse of the domestic travel industry bites...

For most of the last 12 months, provision of abortion care in Australia has been even more challenging than usual due to the lack of commercial flight availability caused by movement restrictions in the COVID-19 pandemic. There is a long-term shortage of local abortion providers in regional and rural areas and we have regularly relied on fly-in, fly-out clinical staff to guarantee service provision…"

-Dr Catriona Melville, Marie Stopes Australia

Sources:
www.ogmagazine.org.au/23/2-23/abortion-services-in-rural-remote-australia/
www.abc.net.au/news/2020-05-02/abortion-providers-take-private-flights-during-coronavirus/12181846

Challenges and barriers to accessing abortion care

Low number of abortion providers

There are relatively few abortion providers in the primary care setting and hospital system in Australia (4, 5) and even fewer who can manage complex medical and gynaecological cases (6). Only a minority of specialist and trainee obstetricians and gynaecologists perform surgical abortions, due in part to institutional barriers and public stigma (5). Only 3,018 out of approximately 29,017 registered GPs are active prescribers of medical abortion drugs (4).

Sparse and inconsistent public hospital provision

Inconsistencies in abortion provision in public hospitals in particular, including sparse availability in many parts of Australia, create further inequalities in access (7). The low numbers, or in some cases, complete lack of public and private hospital abortion providers in some regional areas (8) mean few referral pathways exist particularly for surgical abortion, as most providers are located in metropolitan areas. Many hospitals do not perform abortions (9)

as it may not be an explicit expectation under their service agreement, and some faith-based public and private hospitals prohibit provision of abortion and contraception (6, 10) (case study 2).

Case study 2: Women's healthcare in a Catholic Hospital

"Mater Mothers' Hospitals are the largest provider of maternity and newborn care in Australia…

What services are not provided at a Catholic hospital? The Catholic Church values human life from conception. Therefore, in accordance with the principles of the Church, we do not provide termination of pregnancy or contraceptive procedures.

Termination of pregnancy: We respect every woman's right to follow her conscience in medical decisions, including her right to request a termination of pregnancy. We understand this is a difficult decision often made under difficult circumstances and time constraints. However, Mater Mothers' Hospitals do not provide terminations of pregnancy. If such a request is made, in order to achieve the best possible outcome, we will ensure she has all the information she requires to attend another facility that will provide appropriate counselling and clinical services to help with a final decision, and provide ongoing support. However, if a woman's life is in danger, we will provide life-saving treatment even if the unintended consequence is the loss of her baby..."

Source:
http://brochures.mater.org.au/brochures/mater-mothers-hospital/women-s-healthcare-in-a-catholic-hospital

Limited provision in primary care

Accessing an early medical abortion (up to 9 weeks gestation) can be unnecessarily challenging due to both the limited provision of abortion care in general practice and the lack of transparency regarding the availability of services that do exist. About 30% of women in Australia live in regions in which there is no local GP provision of medical abortion including about 50% of women in remote Australia (11). Many GPs have limited knowledge about medical abortion (12, 13), or have concerns about a lack of access to surgical support if required (14). Whilst there is scope for task-sharing of this service between nurses and doctors in primary care, legislative barriers prevent nurses from becoming medical abortion prescribers (15, 16). This is a considerable barrier to provision of abortion care and is out of step with globally accepted normative standards (17, 18).

Widespread community and professional stigma and conscientious objection

Around 15% of Australian obstetrics and gynaecology fellows and trainees in 2009 were conscientious objectors of abortion (5). Conscientious objection may be higher in regional and rural areas and amongst GPs with one study undertaken in regional Victoria finding that 38% of interviewed GPs referred women to another GP due to conscientious objection (62% of these GPs were trained overseas) (12). Perceived stigma and concern about the risk of personal attack are also factors; GPs who provide abortion services have reported experiencing disapproval and strained relationships with colleagues (14). Many GPs do not advertise that they are delivering abortion care due to concerns about stigma in the community (19), meaning many women do not know the location of a service or provider (20). There are reports that some providers in regional and rural areas have ceased providing this service due to threats and abuse (21).

Few pharmacists dispensing medical abortion medicines

Women and health providers can also face difficulties in knowing which pharmacies dispense medical abortion medicines. Additionally, certification to dispense medical abortion medicines is pharmacist-specific, meaning the certified pharmacist must be available to dispense the medicines. Currently only 5,556 of 16,174 community

pharmacists are active dispensers of medical abortion medicines (4), and one in six pharmacists appear to be conscientious objectors (22).

Long distances to travel ("abortion deserts")

The long distances women often have to travel for an abortion poses a significant barrier to access (21). 'Abortion deserts', defined as areas where there are no GP prescribers and no surgical options and women have to travel more than 160km to access services (23), are common in rural and remote parts of Australia. Women must rely on hospitals and private clinics in metropolitan areas, which can pose financial and logistical challenges and delays to care. More than one in ten women require an overnight stay when accessing an abortion due to the long distance they are required to travel, and 4% have to travel outside their state of residence (24).

High out of pocket costs

As a result of few abortions being carried out in the public hospital setting, costs are pushed back onto individual women. Across Australia there is a lack of affordable or no-cost abortion services (24-29). Access to low-cost surgical procedures outside of public hospitals is difficult in most jurisdictions, and especially in rural areas where there are few providers (30). Additional expenses may also include travel costs, overnight accommodation, taking time off work and childcare if required (30). These additional expenses can be up to 41% of overall costs (24), and have also been identified as the costs which create greater difficulty in access (26). Two-thirds of women have to obtain financial assistance from one or more sources (e.g. partner, family members) to pay for their abortion (24). Women not eligible for Medicare, including international students and women on temporary visas, must also pay for the procedure and other associated costs in full. While Medicare rebates are available for consultations concerned with medical abortion (including, since July 2021, those consultations delivered by telehealth (31)), out of pocket costs and gap payments still apply.

Low awareness of telehealth option among women

Telehealth medical abortion is comparable in safety, efficacy and acceptability to in-person medical abortion services and can improve access (32, 33). However, whilst the availability of MBS telehealth item numbers has made telehealth medical abortion more accessible, medical abortion via telehealth is still limited by the small number of registered providers providing abortion care. Further, whilst Medicare-funded telehealth services can now be provided by GPs, non-government and private organisations, many women remain unaware of the availability of telehealth as a mode of delivery of these services (34, 35).

Limited training opportunities for future health workforce

The low and inconsistent number of abortions provided in hospital settings and primary care throughout Australia also has implications for health professional training, including future GPs and gynaecologists who may never be exposed to this area of medicine during their hospital rotations or in their GP training placements in the community (36). The future delivery of abortion services and the capacity of the health workforce to meet demand is therefore precarious.

Proposed ways forward

Abortion care standards, data collection and reporting framework

To guide a high quality of care and improve access to abortion services it is critical to develop a national abortion care standard in Australia, which includes key performance indicators and measures. This could be similar to the Abortion Care Quality Standard developed in the UK (37). Similar standards have been introduced in other countries for example, the Sexual Health Quality Standard in England and Wales (38) and the Sexual Health Standards in Scotland (updated standards out for consultation in 2021) (39) with governments mandating regular monitoring and

reporting of outcomes to track progress. This approach is much needed in Australia (40) to not only ensure regional level accountability but also to provide the data by which to monitor progress .

Strong leadership and investment to implement a regional framework for abortion care in regional/rural areas
Abortion is an essential health service and as such responsibility for the delivery of this service nationwide must be held by the Commonwealth Department of Health.

To truly support reproductive choice and decision-making it is important that women are able to choose between having a medical and surgical abortion, depending on the gestation of their pregnancy. Routine medical and surgical abortion care should be managed through local and regional community-based health and hospital services (including local/regional hospitals, day procedure centres, gynaecologist clinics and general practices). Community-based provision of surgical abortion could be facilitated through regionally targeted infrastructure funding from state or federal governments and co-location in local hospital or day procedure centres. Women with complex medical/psychological, financial and/or social circumstances and women presenting at later gestations could then be managed in the local/regional hospital setting (a hub and spoke type model). All hospitals providing women's health services (e.g. early pregnancy loss services (miscarriage management and support)) have a duty of care to provide surgical abortion care, an essential women's health service, and already have the capacity to do so. Establishing rapid referral pathways and provider training opportunities in both the hospital and community settings will be important to facilitate this, as well as providing better information to raise awareness of telehealth options available to women.

Federal and state governments should focus on the implementation of abortion services in hospitals. This should be facilitated through a National Federation Reform Council process mandating that at a local hospital district level, major regional or tertiary hospital services provide:

- Comprehensive abortion care with appropriate escalation and referral for:
    - Women with complex medical/psychological, financial and/or social circumstances
    - Women at later gestations
    - Women referred from community-based health services for further management (including for complications)
- Abortion training for health professionals and students in the hospital setting (including gynaecology and GP trainees, nurses, nurse practitioners, midwives and pharmacists)
- Collaborative support for regional medical and surgical abortion providers
- Public reporting against the KPIs on an annual basis to monitor progress in achieving and maintaining the abortion care standard

Primary Health Networks (PHNs) should be funded by the Australian government to develop an integrated regional approach to abortion care that involves identifying gaps in service provision at a local level (with careful consideration of the needs of remote, rural and regional patients), and commissioning one or more abortion services (considering surgical and where required medical) to fill those gaps in areas of need in their network region. These commissioned services will:

- Be delivered by suitably trained practitioners in accredited surgical facilities including day procedure centres and local/regional hospitals (practitioners will be well supported by the larger regional/tertiary hospital to deliver care in an integrated way with local gynaecological and hospital services)
- Provide abortion care training for primary care and other community-based health professionals and students to build capacity and support sustainable and ongoing local/regional abortion service provision

PHNs must ensure collaboration with, and integration between, community-based health services and regional/tertiary hospitals to promote continuty of care for women, ensure strong collaborative links and referral

pathways, and ensure that community-based abortion providers are well-supported to deliver care in an integrated way with gynaecological and hospital services. PHNs should also be required to report publicly against the KPIs on an annual basis to monitor progress in achieving and maintaining the abortion care standard. PHNs will therefore be responsible for identifying areas of need in their local regions and commissioning community services in response (as they currently do for mental health and drug and alcohol services at a regional level).

A similar model has been successfully implemented in the area of mental health in Australia, as described in case study 3. A similar approach could be undertaken to establish and deliver abortion care in the community. Like the headspace model, this will require synergistic planning with, and co-investment on behalf of, state and territory governments, as well as the support and involvement of local communities (41).

Case study 3: *headspace:* Australia's National Youth Mental Health Foundation

"*headspace*, Australia's national youth mental health initiative, was created in 2006 in response to the recognition that the existing health system needed to be much more accessible and effective for young people with mental and substance use disorders. With funding of more than $54 million from the Australian Government, a carefully constructed and selected system of 30 "communities of youth services", or integrated service hubs and networks, across the nation (was) established, supported by programs for community awareness, workforce training and evidence-based resource material.

headspace aims to improve access, and service cohesion and quality, and ultimately health and social outcomes, for young people aged 12–25 years experiencing mental illness and related substance use problems. Within the Council of Australian Governments framework (now known as the National Federation Reform Council), this (required) synergistic planning with, and co-investment on behalf of, state and territory governments, as well as the support and involvement of local communities and the wider Australian society."

Source: McGorry PD, Tanti C, Stokes R, Hickie IB, Carnell K, Littlefield LK, et al. headspace: Australia's National Youth Mental Health Foundation — where young minds come first. Med J Aust 2007;187(7):S68. https://www.mja.com.au/journal/2007/187/7/headspace-australias-national-youth-mental-health-foundation-where-young-minds

Increasing access to abortion care will contribute to meeting the goals of the National Women's Health Strategy (2020-2030), which seeks to ensure pathways to care are strengthened, particularly for women in rural and remote areas, and includes "equitable access to pregnancy termination services" as a key measure of success (42). Government and stakeholder commitment to women's reproductive health and health system strengthening is critical to ensure equitable and timely access to abortion care by women regardless of where they live in Australia.

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.

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