SPHERE

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

VIRTUAL ANNUAL MEETING 2021
23 & 25 NOVEMBER 2021

#SPHERE2021

SPHERE

Australian Government
National Health and Medical Research Council

NHMRC

MONASH University

ACKNOWLEDGEMENT OF COUNTRY

SPHERE wishes to acknowledge the Traditional Custodians of the various lands where we work and live and pay our respects to Elders past, present and emerging. SPHERE extends that respect to Aboriginal and Torres Strait Islander peoples attending this event.

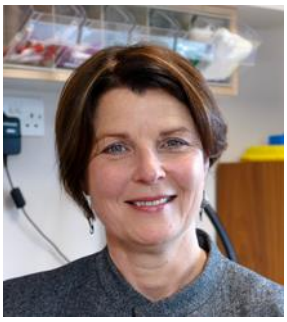
DEAN, FACULTY OF MEDICINE, NURSING AND HEALTH SCIENCES, MONASH UNIVERSITY

Professor Christina Mitchell

Professor Christina Mitchell trained as a physician scientist specialising in clinical haematology. She received a degree in Medicine from the University of Melbourne and consultant training in haematology at The Alfred Hospital, Melbourne. She graduated with a Fellowship from the Royal Australian College of Physicians and also a Fellowship in Pathology. She obtained a PhD from Monash University and her post-doctoral studies were undertaken in the field of intracellular signalling at Washington University Medical School, St Louis, USA.

KEYNOTE SPEAKERS

Dr Mary Favier



Dr Mary Favier is a general practitioner and GP trainer in a four doctor practice in Cork, Ireland. She is immediate past president of the Irish College of General Practitioners (ICGP) and a member of the current Covid 19 National Public Health Emergency Team (NPHET). She is a co-founder of Doctors for Choice Ireland (2001), Doctors For Repeal (2017), Doctors TogetherForYes (2018), Start Abortion providers group (2018) and is current Co-Chair of Global Doctors for Choice. She co -authored the ICGP clinical guidance for Early Medical Abortion (2018). She is an early medical abortion provider in her GP practice in Cork.

Professor Judith Stephenson

Judith Stephenson is the Margaret Pyke Professor of Sexual & Reproductive Health at UCL, and Honorary Consultant in Sexual & Reproductive Health at CNWL and Honorary Consultant in Women's Health at UCLH.

After training in clinical medicine at the University of Oxford and UCL Medical School and junior hospital doctor posts in London, she studied epidemiology at the London School of Hygiene & Tropical Medicine. For the past 30 years she has held academic posts at UCL, first in HIV and Sexually Transmitted Disease Epidemiology, and, since 2005, in Women's Reproductive Health.

Judith's research has changed policy and practice nationally and internationally, e.g. in relation to chlamydia screening and preconception health. Her current research spans prevention of pregnancy https://www.contraceptionchoices.org, planning and preparation for pregnancy and how the preconception period influences mother and child health across the life course.

She received the UCL prize for Leadership in Public Engagement in 2012, an NIHR Senior Investigator Awards in 2014, renewed in 2019 and the Women of Achievement in Healthcare Award from Women in the City, 2015.

PANELLISTS

Panel 1: Preparing a workforce that can meet the sexual and reproductive health care needs of women in Australia: what needs to be done?

A/Professor Faye McMillan

Associate Professor Faye McMillan is a Wiradjuri yinaa (woman) originally from Trangie, NSW and Deputy National Rural Health Commissioner. Faye has received numerous accolades for her leadership and contribution to population health, education, equity and the community. In 2019 she was named as the NSW Aboriginal Woman of the year; in 2017 she was recognised in the Who's Who of Australian Women; and in 2014 she was included in the Australian Financial Review and Westpac 100 women of influence. In 2021 Associate Professor McMillan was appointed as a Member (AM) of the Order of Australia in the Queen's Birthday 2021 Honours List. Professor McMillan's appointment recognises her significant service to Indigenous mental health, and to tertiary education.

Faye holds a Doctor of Health Science, Master of Indigenous Health Bachelor of Pharmacy, Graduate Certificate Wiradjuri Language, Culture and Heritage, Graduate Certificate Indigenous Governance, and Graduate Certificate in Education. She is a Senior Atlantic Fellow for Social Equity and founding member of Indigenous Allied Health Australia (IAHA) and was a board member of IAHA from 2009-2017. Faye is the first registered Aboriginal Pharmacist.

Dr Karen Price

Dr Karen Price is the current President of The Royal Australian College of General Practitioners. She was awarded the 2016 RACGP FMCER grant to undertake her part time PhD with the Monash Department of General Practice. She is exploring the construct of peer-connection in general practice. This explores GPs' wellbeing, and goal-directed informal learning.

Karen's research builds on her lifetime expertise as a GP. She is the co-developer and facilitator of GPs Down Under, an 8000+ member community of Australian and New Zealand GPs. She has chaired committees and developed mentor programs for both the AMA and the RACGP. Karen began her general practice in a large procedural practice which included providing medical assistance to the local district police surgeon. She has also been a successful practice owner growing a languishing practice into a thriving community practice in under a decade whilst wrangling three young school-aged children (who are now fully grown).

She is published on women's medical leadership and received a 2011 Monash University award for medical student teaching. Karen continues to develop evidence-based medicine, leadership, advocacy, and peer support, in both research and her ongoing clinical general practice.

Dr Benjamin Bopp

Dr Benjamin Bopp was recently appointed the President of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists and has been a specialist O&G for more than 20 years. He is currently the Director of Obstetrics at Gold Coast University Hospital, a position he has held for the last three years. Previously, he worked as a generalist (obstetrics, gynaecology and IVF) in private practice.

In addition to previous involvement with the College Women's Health Committee, Continuing Professional Development and Revalidation Committee, and Education Strategy Committee, Ben has been actively involved with the SIMG Assessment Committee, which he currently Chairs, and is also Chair of the College's Australian Workforce Working Group.

Ben has been a RANZCOG Councillor since 2010 and Board Director since 2016.

PANELLISTS

Panel 1: Preparing a workforce that can meet the sexual and reproductive health care needs of women in Australia: what needs to be done?

Dr Zoe Bradfield

Dr Zoe Bradfield is a midwifery academic and research fellow with a joint appointment between Curtin University and King Edward Memorial Hospital in Western Australia. She has more than 20 years' clinical and leadership experience working in rural and metropolitan health settings. Zoe is the current Vice President of the Australian College of Midwives, the peak professional body for midwifery in Australia.

Zoe is also a Co-Director of the Transforming Maternity Care Collaborative, bringing together key national and international stakeholders with the goal of improving care for women and their families. Her work and leadership in collaborative research has been acknowledged in a recent honorary appointment at the Burnet Institute.

Zoe has recently published research exploring the knowledge, confidence and practices in the provision of sexual and reproductive health education by midwives working in a tertiary setting in WA.

Dr Zoe Wainer

Dr Zoe Wainer is the Deputy Secretary for Public Health in the Victorian Government Department of Health.

She has previously held roles as the Director of Clinical Governance at Bupa Australia and New Zealand, Chair of the Board of Dental Health Services Victoria and a Director on the Board of the Victorian Responsible Gambling Foundation. Her passion and expertise in public health has driven formal and informal collaborations with the ICHOM, Harvard Business School and The University of Texas at Austin, Dell Medical School in value-based health care across multiple organisations. Zoe also has a continued advocacy focus on the importance of sex differences across health from basic research to health systems implications.

Zoe holds a Bachelor of Medicine, Bachelor of Surgery from Flinders University, and has a clinical background in cardiothoracic surgery and thoracic surgical oncology. She has a PhD and a Master of Public Health from The University of Melbourne, is a fellow of the Australasian College of Health Service Management and is a graduate of the Australian Institute of Company Directors.

Ms Maria Bubnic

Maria Bubnic is the Executive Director of Prevention and Public Health at the Victorian Government Department of Health. She has a strong health background, including in the sector and has significant senior experience in leading and developing strategic partnerships.

Maria's role with the Department of Health enables the policy and operational interface with the work of the Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate.

Maria is passionate about service excellence and innovation, combining data, insights and technology, leading strategic policy and state-wide system reforms, and partnering for outcomes that matter to individuals and communities.

When she's not leading prevention and population health, Maria is a movie buff and she loves reading. If the sun is shining, you'll find Maria outdoors running, walking and cycling. Always front and centre are travelling and making memories with family and friends.

PANEL 1 FACILITATOR

A/Professor Charlotte Hespe

Associate Professor Charlotte Hespe works part-time in clinical General Practice in Inner City Glebe as a Principal of a 19-doctor Group Practice. She also works as Head of General Practice and Primary Care Research for University of Notre Dame, Australia, School of Medicine, Sydney. She is actively involved with the Royal Australian College of General Practitioners (RACGP), GP Networks, Medical Education (through undergraduate, post graduate and Registrar student teaching) and GP research. Charlotte is the current chair of the RACGP NSW/ACT Faculty Council and a Director on the RACGP Board. She is a past Chair and Director of GP Synergy and Central and Eastern Sydney PHN.

PANELLISTS

Panel 2: Consumer and policy session

Innovative approaches to women's sexual and reproductive health care service delivery: examples from around Australia and lessons learned

Ms Jo Flanagan

Jo Flanagan is the CEO of Women's Health Tasmania, a statewide health promotion service which delivers services, resources and training as well as sharing evidence to influence and shape policy in Tasmania.

Jo has spent the last 28 years in senior management roles in human services, with an emphasis on innovative service delivery, social policy and advocacy.

Jo is a Board Member of the Australian Women's Health Network and represents AWHN on the SPHERE Coalition.

Dr Ahmad Syahir Mohd Soffi

Syahir is a sexual and reproductive health doctor who calls Darwin their home. They have recently joined the SPHERE Coalition as the new Medical Director of Family Planning NT. They are a passionate provider of – and an advocate for – abortion healthcare and are the Clinical Lead of the Pregnancy Options Service at Royal Darwin and Palmerston Hospitals, the referral centre for complex and second trimester abortion healthcare in the Top End. Syahir also sits on the board of the Northern Territory AIDS and Hepatitis Council, the peak body for communities affected by – and at risk of – blood-borne viruses in the NT and is completing a Masters in Global Health, in pursuit of specialist training in Public Health Medicine.

PANELLISTS

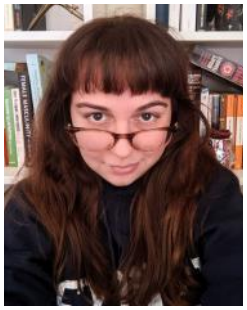
Panel 2: Consumer and policy session

Innovative approaches to women's sexual and reproductive health care service delivery: examples from around Australia and lessons learned

Ms Catherine Hannon

Cath is a Nurse and Midwife by training and has worked for several years in the Abortion & Contraception Service, The Women's Hospital, Melbourne. The Women's is the key provider of publicly funded abortion and contraception services in Victoria. Cath is currently the Project Manager, Sexual & Reproductive Health Clinical Champion Project. The Clinical Champion Project aims to increase access to abortion and contraception care by building workforce capability and system capacity to provide best practice abortion and contraception services in primary care and secondary hospital settings. The CCP provides state-wide clinical leadership, expertise and mentoring activities to providers of medical and surgical abortion and long acting reversible contraception (LARC).

Ms Alex Robinson



Alex Robinson is a reproductive and sexual health nurse and a Project Manager at Family Planning NSW, building the capacity of local service providers in regional and rural areas to provide high quality reproductive health services that are sustainable in the long-term. She graduated her Masters of Nursing with a specialisation in mental health nursing has worked in primary care and community settings across Sydney and has a wealth of experience in establishing new clinics. Her published works centre on LGBTIQ+ health care experiences and she has a special interest in equity in access to health care.

Ms Sonia Kohlbacher

Sonia Kohlbacher is studying for a Bachelor of International Public Health at the University of New South Wales and plans to pursue a Master of Women's Health Medicine. After a decade of raising awareness and advocating for actions to address women's health issues as a journalist in Australia and Cambodia, she is transitioning into a career in women's health. Sonia is passionate about using her personal and professional experience to help women better access primary healthcare professionals, support and resources to make informed decisions about their health. She is also a current member of the SPHERE Consumer Advisory Group.

ANNUAL MEETING PROGRAM

Day 1 – 23 November 2021 (morning session – 9:00 am-12:15 pm AEDT)

Welcome **9:00-9:15**	Professor Danielle Mazza Director of SPHERE and Head of Department of General Practice, Monash University
Speeches **9:15-9:30**	Professor Christina Mitchell Dean, Faculty of Medicine, Nursing and Health Sciences, Monash University
SPHERE highlights and launch of SPHERE Achievement Report 2019-2021 **9:30-10:00**	Professor Danielle Mazza Director of SPHERE and Head of Department of General Practice, Monash University
MORNING BREAK 10:00-10:30	
Keynote presentation *Increasing access to abortion services through primary care: the Irish experience* **10:30-11:15**	Dr Mary Favier Immediate past president of the Irish College of General Practitioners
Panel discussion *Preparing a workforce that can meet the sexual and reproductive health care needs of women in Australia: what needs to be done?* Facilitator: Associate Professor Charlotte Hespe **11:15-12:15**	Panellists • A/Prof Faye McMillan, Deputy National Rural Health Commissioner • Dr Karen Price, President, The Royal Australian College of General Practitioners • Dr Benjamin Bopp, President-Elect, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists • Dr Zoe Bradfield, Vice President, Australian College of Midwives • Dr Zoe Wainer, Deputy Secretary for Public Health, Victorian Government Department of Health • Ms Maria Bubnic, Executive Director, Prevention and Public Health, Victorian Government Department of Health
LUNCH BREAK 12:15-1:00	

Day 1 – 23 November 2020 (afternoon session – 1:00-4:30 pm AEDT)

Consumer preferences and experiences **Chair: Professor Marion Haas**	**Presenter**
Influences on condom use: A secondary analysis of women's perceptions from the Australian Contraceptive ChOice pRoject (ACCORd) trial **1:00-1:15**	Dr Cathy Watson
Measuring individual level abortion stigma in Australia and New Zealand: adapting existing instruments **1:15-1:30**	Ms Sarah Ratcliffe
Online self-assessment tools to enhance preconception health **1:30-1:45**	Dr Edwina Dorney

Day 1 – 23 November 2021 (afternoon session – 1:00-4:30 pm AEDT)

Consumer preferences and experiences **Chair: Professor Marion Haas**	**Presenter**
An observational study of patient experiences with a direct-to-patient telehealth abortion model in Australia **1:45-2:00**	Professor Danielle Mazza
Considerations of abortion as a pregnancy option among women attending antenatal care in rural NSW (poster) **2:00-2:10**	Ms Anna Noonan
Preferences for the delivery of early abortion services in Australia (poster) **2:10-2:20**	Dr Jody Church
Women's preferences for lifestyle risk reduction during interconception: A scoping review protocol (poster) **2:20-2:30**	Dr Sharon James
Access to sexual and reproductive health services during the COVID-19 pandemic: a protocol to explore intersecting barriers to care (poster) **2:30-2:40**	Dr Shelly Makleff
AFTERNOON BREAK 2:40-2:55	
General practice delivery of sexual and reproductive health care **Chair: Professor Deborah Bateson**	**Presenter**
Establishing a Community of Practice: A Protocol for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) Study **2:55-3:15**	Dr Sharon James
Understanding models of care for intrauterine device provision in general practice **3:15-3:30**	Ms Lauren Moloney
Is it feasible to use general practice patient records to identify women at high risk of adverse pregnancy outcomes for preconception care? (poster) **3:30-3:40**	Ms Nishadi Withanage
Nurse delivery of sexual and reproductive health care for women **Chair: Ms Jo Millard**	**Presenter**
Nurse and midwife involvement in task-sharing and telehealth service delivery models in primary care: a scoping review **3:40-3:55**	Ms Jessica Moulton
Nurse-led models of long-acting reversible contraception and medical abortion provision in rural general practice: outcomes of a codesign process **3:55-4:10**	Ms Jessica Moulton
The ORIENT study: improving access to long-acting reversible contraception and medical abortion (poster) **4:10-4:20**	Dr Jessica Botfield
The London Measure of Unplanned Pregnancy to enhance family planning & preconception care and midwives understanding of its applications (poster) **4:20-4:30**	Dr Kate Cheney

Day 2 – 25 November 2021 (morning session – 9:30 am-12:30 pm AEDT)

Keynote presentation	**Presenter**
A new beginning? Preconception health and care from a UK perspective **9:30-10:15**	Professor Judith Stephenson Margaret Pyke Professor of Sexual & Reproductive Health, University College London
Establishing the prevalence **Chair: Dr Karin Hammarberg**	**Presenter**
The prevalence of unplanned pregnancy and associated factors among a population-based cohort of young Australian women **10:15-10:30**	Dr Leesa Hooker
Hormonal long-acting reversible contraception provision following early medical abortion in Australia: patterns of use and likelihood of repeat medical abortion **10:30-10:45**	Dr Luke Grzeskowiak
Induced abortions among childbearing women in Victoria: an observational study using the Victorian Perinatal Data Collection (poster) **10:45-10:55**	Dr Kristina Edvardsson
Estimating abortion incidence and associated factors among a national cohort of young Australian women: An analysis of the Australian Longitudinal Study on Women's Health (poster) **10:55-11:05**	Dr Mridula Shankar
Reproductive health care among Aboriginal and Torres Strait Islander women in Australia: Where are the data? (poster) **11:05-11:15**	Dr Jessica Botfield
MORNING BREAK 11:15-11:30	
Establishing the evidence (systematic reviews) **Chair: Dr Samantha Chakraborty**	**Presenter**
The effectiveness of preconception care interventions in primary care settings: A systematic review **11:30-11:45**	Ms Nishadi Withanage
Acceptability of immediate postpartum and post-abortion long-acting reversible contraception provision to adolescents: A systematic review **11:45-12:00**	Mx Pip Buckingham
Clinical practice guidelines for preconception care in Australia and New Zealand, a scoping review (poster) **12:00-12:10**	Dr Edwina Dorney
Findings and clinical practice implications of a systematic review of the preconception health care needs of women with chronic conditions (poster) **12:10-12:20**	Dr Karin Hammarberg
A systematic review of international clinical guidance for preconception care (poster) **12:20-12:30**	Dr Edwina Dorney
LUNCH BREAK 12:30-1:15	

Day 2 – 25 November 2021 (afternoon session – 1:15-4:30 pm AEDT)

Pharmacy delivery of SRH care **Chair: Dr Safeera Hussainy**	**Presenter**
Pharmacy-based initiatives to reduce unintended pregnancies: A scoping review **1:15-1:30**	Mx Pip Buckingham
Pharmacists' provision of sexual and reproductive health care to adolescents: a systematic review (poster) **1:30-1:40**	Dr Anisa Assifi
The ALLIANCE (Quality Family Planning Services and Referrals in Community Pharmacy: Expanding Pharmacists' Scope of Practice) trial: Study protocol for a stepped-wedge trial (poster) **1:40-1:50**	Dr Samantha Chakraborty
Understanding the feasibility and acceptability of pharmacists as sources of contraceptive information, from pharmacist and consumer perspectives: work in progress **1:50-2:10**	Mx Pip Buckingham
AFTERNOON BREAK 2:10-2:30	
Sexual and reproductive health care for women from culturally and linguistically diverse backgrounds **Chair: Professor Kirsten Black**	**Presenter**
General practitioner perspectives and experiences on delivering early medical abortion services to women from culturally and linguistically diverse backgrounds **2:30-2:45**	Ms Rhea Singh
Ethics of research with refugees and displaced people: a systematic review of guidelines (poster) **2:45-2:55**	Ms Natasha Davidson
Improving contraceptive health literacy and increasing preference, and uptake, of long acting reversible contraception (LARC), among women from priority groups: A protocol of the EXTEND PREFER study (poster) **2:55-3:05**	Ms Nilab Hamidi
Consumer and policy session **Chair: Professor Danielle Mazza**	
Innovative approaches to women's sexual and reproductive health care service delivery: examples from around Australia and lessons learned **3:05-4:05**	• Dr Ahmad Syahir Mohd Soffi, Medical Director of Family Planning NT • Ms Catherine Hannon, Project Manager, Sexual & Reproductive Health Clinical Champion Project • Ms Jo Flanagan, CEO, Women's Health Tasmania • Ms Alex Robinson, Project Manager, Family Planning NSW • Ms Sonia Kohlbacher (consumer representative)
Conclusion and next steps **4:05-4:30**	Professor Danielle Mazza

SPHERE

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

Chief investigators

Professor Danielle Mazza, Monash University
Professor Jane Fisher, Monash University
Professor Angela Taft, La Trobe University
Professor Kirsten Black, The University of Sydney
Professor Jayne Lucke, La Trobe University
Professor Marion Haas, University of Technology Sydney
Dr Safeera Hussainy, Monash University
A/Professor Kevin McGeechan, The University of Sydney
Dr Wendy Norman, The University of British Columbia

Associate Investigators

Clinical A/Professor Deborah Bateson, Family Planning NSW
Dr Kathleen McNamee, Family Planning Victoria
Dr Philip Goldstone, Marie Stopes Australia
Mrs Janet Michelmore, Jean Hailes for Women's Health
A/Professor Jane Tomnay, The University of Melbourne
Professor Sharon Cameron, The University of Edinburgh
Professor Jeffrey Peipert, Indiana University
Professor Kristina Gemzell-Danielsson, Karolinska University Hospital
Professor Daniel Grossman, University of California, San Francisco
Professor Diana Greene Foster, University of California, San Francisco

Stakeholder Advisory Group

Clinical A/Professor Deborah Bateson, Family Planning NSW
Dr Kathleen McNamee, Family Planning Victoria
Dr Philip Goldstone, Marie Stopes Australia
Mrs Janet Michelmore, Jean Hailes for Women's Health
A/Professor Jane Tomnay, The University of Melbourne
Professor Heather Douglas, The University of Queensland
Dr Michael Gannon, Clinician Expert in Women's Sexual and Reproductive Health
A/Professor Charlotte Hespe, Notre Dame University
Ms Tania Ewing, Tania Ewing & Associates
Professor Rachel Skinner, The University of Sydney
Ms Sian Rudge, The Sax Institute
Ms Jo Millard, Australian Primary Health Care Nurses Association
Ms Stefanie Johnston, Pharmaceutical Society of Australia
Hon Dr Helen Haines MP, Member for Indi, Victoria
Professor of Practice Sharman Stone, Monash University

Consumer Advisory Group

Ms Marianthi Fadakis
Mx Sam Jones
Ms Clare Mitchell
Ms Darcy Money
Ms Isabelle Stevenson
Ms Chiedza Malunga
Ms Sonia Kohlbacher
Ms Rosie Allan
Ms Melanie McGuane

Research Fellows

Dr Samantha Chakraborty, Monash University
Dr Asvini Subasinghe, Monash University
Dr Sharon James, Monash University
Dr Jessica Botfield, Monash University
Dr Anisa Assifi, Monash University
Dr Mridula Shankar, Monash University
Dr Karin Hammarberg, Monash University
Dr Jody Church, University of Technology Sydney
Dr Kate Cheney, The University of Sydney
Dr Kristina Edvardsson, La Trobe University

Research affiliates

Dr Melissa Harris, The University of Newcastle
Dr Luke Grzeskowiak, The University of Adelaide
Dr Jessica Fitch, The University of Sydney
Dr Leesa Hooker, La Trobe University
Professor Deborah Street, University of Technology Sydney
Ms Sarah Ratcliffe, The University of Sydney
Dr Shelly Makleff, Monash University

PhD students

Mx Pip Buckingham, Monash University
Ms Jessica Moulton, Monash University
Dr Edwina Dorney, The University of Sydney
Ms Anna Noonan, The University of Sydney
Ms Natasha Davidson, Monash University
Ms Nishadi Withanage, Monash University
Ms Desireé LaGrappe, La Trobe University

Honours students

Ms Rhea Singh
Ms Lauren Moloney

Project support staff

Ms Kellie Hamill, Monash University
Ms Amelia Grevis-James, Monash University

Management

Dr Maria de Leon-Santiago, Monash University
Ms Nilab Hamidi, Monash University

Social Media Coordinator

Dr Karen Freilich, Monash University

ABSTRACTS

Day 1 – 23 November 2021
(afternoon session – 1:00-4:30 pm AEDT)

Influences on condom use. A secondary analysis of women's perspectives from the Australian Contraceptive ChOice pRoject (ACCORd) trial

Watson C[1], McGeechan K[2], McNamee K[3], Black K[2], Lucke J[4], Taft A[5], Haas M[6], Peipert JF[7], Mazza D[1]

[1]Department of General Practice, Monash University, [2]The University of Sydney, [3]Family Planning Victoria, [4]School of Psychology and Public Health, La Trobe University, [5]Judith Lumley Centre, School of Nursing and Midwifery, La Trobe University, [6]Centre for Health Economics Research and Evaluation, University of Technology, [7]Indiana University School of Medicine, Department of Obstetrics & Gynecology

Background: Low confidence in ability to negotiate condom use in challenging situations has been identified as a factor relating to inconsistent or incorrect condom use. Our aim was to describe use of condoms by women attending general practice and their perception on their own ability to negotiate condom use.

Method: Observational study of sexually active women aged between 16 and 45 recruited from 57 general practices in metropolitan Melbourne, for the ACCORd cluster randomized controlled trial. Descriptive statistics applied to data collected at baseline interviews concerning condom use; logistic regression to assess the relationship between participant characteristics and the certainty of using condoms in a range of hypothetical situations.

Results: Questions regarding contraceptive use were answered by 698 women. 325 (31%) reported current condom use; with 137 (42%) using condoms as their sole form of contraception. Dual contraception was used by 36% (123/342) of women using oral contraception, compared with 18% (26/147) of women using long-acting reversible contraception (LARCs; P<0.0001). Of those who used only condoms for contraception, most (n=117) had a steady male partner, and inconsistent use was reported by 20% (18/90). Women were less likely to be confident about negotiating condom use in hypothetical situations where substance use was involved (P<0.001).

Discussion: Condoms are widely used. Women are less likely to negotiate condom use when alcohol and other drugs are used, and are less likely to use condoms with LARCs compared with use with oral contraception. Even when condoms are the sole form of contraception and partners are perceived as extremely willing to use them, use is still inconsistent, leaving women at risk of pregnancy and STIs.

Implications for practice: Women are less likely to be confident negotiating condom use in the context of substance use, potentially increasing risk of sexually transmissible infections (STIs) and unplanned pregnancies. Using condoms along with more effective contraceptive methods is recommended.

For further details about this study, please contact cathy.watson@monash.edu

Measuring individual level abortion stigma in Australia and New Zealand: adapting existing instruments.

Ratcliffe SE[1,2], Pinkus RT[2], Dar-Nimrod I[2,3], Juraskova I[1,2,] Dhillon HM[1,2].

[1] The University of Sydney, School of Psychology, Centre for Medical Psychology & Evidence-based Decision-making. [2]The University of Sydney, Faculty of Science, School of Psychology, [3]The Charles Perkins Centre, University of Sydney.

Background: Qualitative research reports individual level abortion stigma in Australia and New Zealand (ANZ). However, no validated instruments for quantifying individual level abortion stigma in ANZ exist (Ratcliffe et al., under review). We aimed to adapt the Individual Level Abortion Stigma scale (ILASs) and Abortion Providers Stigma Scale – Revised (APSS-R) for the ANZ context to ensure culturally valid measurement.

Method: People with experience accessing, providing, and/or advocating for abortion and abortion access, and representatives of relevant organisations, were recruited through professional networks and social media. In focus groups and interviews, participants reviewed instrument relevance of items for ANZ, appropriateness of wording, and discussed issues not covered. Instruments were adapted by the research team who are experienced in instrument development and stigma measurement.

Results: Between October and December 2020, 76 individuals volunteered to participate. Of these, 16 participated in 4 focus groups and 16 in individual interviews. Participants found the ILASs and APSS-R broadly relevant to the ANZ context. Contextual differences between the U.S.A., Australia, and New Zealand were identified. Suggestions included amended wording, additional items, and development of instruments for advocates of abortion access and organisations providing and/or advocating for abortion access. Different approaches to scoring and the contextual factors influencing abortion stigma, experiences answering questions about stigmatisation, and participants' research recommendations were identified. The ILASs and APSS-R were adapted for relevance to the ANZ context and for advocates. An instrument for individual level abortion stigmatisation of organisations was developed.

Discussion: Our team is validating these instruments while investigating potential stigmatisation from instrument completion and methods for mitigating such stigmatisation. Future research should adapt and validate the ANZ instruments for other subgroups, for example Migrant, Refugee, and First Nations people.

Implications for practice: These instruments are crucial for better understanding abortion stigma in ANZ and informing abortion stigma interventions.

For further details about this study, please contact sarah.ratcliffe@sydney.edu.au

Online self-assessment tools to enhance preconception health.

Dorney E[1], Boyle J[2],Hammarberg K[3],Black K[1]

[1] Faculty of Medicine and Health, Central Clinical School, The University of Sydney, Sydney, Australia, [2] Monash Centre for Health Research and Implementation, School of Public Health and Preventative Medicine, Monash University, Melbourne, Australia, [3]Global and Women's Health, School of Public Health and Preventative Medicine, Monash University, Melbourne, Australia

Background: Pregnancy planning and preconception care benefit women, their children, and future generations. Barriers to preconception care include time constraints, access to health professionals and a lack of resources. Digital health tools, such as online self-assessment tools, are a possible enabler to the uptake of preconception care. The Healthy Conception Tool is an online, preconception health self-assessment tool in Australia. Optimising it can open opportunities to reach a wide range of people, including those in priority groups.

Method: We performed in-depth interviews with women and men of reproductive age (18-41 years), who were able to speak and read English, from metropolitan, rural, and remote Australia. Recruitment was via social media (FaceBook). Interviews were audio recorded and transcribed by a third-party service. The recordings and were analysed by 2 authors (ED and KB) to identify key themes and explore features that foster engagement and promote behaviour change in the HCT.

Results: We interviewed 20 women and 5 men who reported being keen to learn how to prepare for pregnancy and access their health information online, preferencing reputable sources. None of the men and only 30% of the women were familiar with the term "preconception care" and almost all participants stated they would not have found this tool online with its current title. Participants found the tool easy to use but wanted more personalised results. There were mixed views on methods for ongoing engagement with the tool.

Discussion: Women and men are keen to learn how to prepare for pregnancy. Online self-assessment tools need to be easy to find, use, and communicate health messages effectively. More research will be undertaken to explore a more appropriate title, style options, and ways to convey results.

Implications for practice: Optimising this tool can improve the delivery of preconception care and improve the health of women, their partners, and their children.

For further details about this study, please contact edwina.dorney@sydney.edu.au

An observational study of patient experiences with a direct-to-patient telehealth abortion model in Australia

Thompson TA[1], Seymour JW[1], Melville C[2], Khan Z[3], Mazza D[4], Grossman D[5]

[1]Ibis Reproductive Health, Cambridge, Massachusetts, USA, [2]Marie Stopes Australia, Melbourne, Victoria, Australia.
[3]The University of Texas Southwestern Medical Center Medical School, Dallas, Texas, USA.,[4]Department of General Practice, Monash University, Notting Hill, Victoria, Australia,
[5]Advancing New Standards in Reproductive Health (ANSIRH), Department of Obstetrics, Gynecology and Reproductive Sciences, University of California San Francisco, Oakland, California, USA.

Background: While abortion care is widely legal in Australia, access to care is often poor. Many Australians must travel long distances or interstate to access abortion care, while others face stigma when seeking care. Telehealth-at-home medical abortion is a potential solution to these challenges. In this study, we compared the experience of accessing an abortion via telehealth-at-home to accessing care in-clinic.

Methods: Over a 20-month period, we surveyed patients who received medical abortion services at Marie Stopes Australia via the telehealth-at-home service or in-clinic. We conducted bivariate analyses to assess differences in reported acceptability and accessibility by delivery model.

Results: In total, 389 patients were included in the study: 216 who received medical abortion services in-clinic and 173 through the telehealth-at-home service. Telehealth-at-home and in-clinic patients reported similarly high levels of acceptability: satisfaction with the service (82% vs 82%), provider interaction (93% vs 84%), and recommending the service to a friend (73% vs 72%). Only 1% of telehealth-at-home patients reported that they would have preferred to be in the same room as the provider. While median time between discovering the pregnancy to first contact with a clinic was similar between groups, median time from first contact to taking the first abortion medication was 7 days longer for telehealth-at-home patients versus in-clinic patients (14 days (IQR 9-21) vs 7 days (IQR 4-14); $p<0.01$).

Conclusion: The telehealth-at-home medical abortion service has the potential to address some of the challenges with provision of abortion care in Australia.

For further details about this study, please contact danielle.mazza@monash.edu

Considerations of abortion as a pregnancy option among women attending antenatal care in rural NSW

Noonan A[1,3], Tomnay J[2,3], Black K[1,3], Roberts S[4], Greene Foster D[4], Luscombe G[1]

[1]University of Sydney, [2]University of Melbourne, [3]SPHERE Centre of Research Excellence, [4]University of California San Francisco - Bixby Center for Global Reproductive Health

Background: In rural Australia, access to quality reproductive health care is a complex unmet challenge. Limited availability of services is compounded by logistical, financial, societal and geographic barriers. Insight into the extent to which rural women in Australia can determine the outcomes of their pregnancies is important to identify gaps in service provision, including the prevention and treatment of unwanted pregnancies.

Method: This project takes a mixed methods approach, adapting components of existing studies from United States and Australia. Pregnant participants accessing antenatal services in four rural NSW sites are invited to complete an online survey. The survey includes the London Measure of Unplanned Pregnancy (LMUP), a 6-question psychometrically sound tool used to determine pregnancy intention, as well as an additional question about abortion as an option for the current pregnancy. All participants who indicate they considered an abortion are then invited to a follow up interview to explore the circumstances and/or reasons behind their decision-making.

Results: This project is in its early stages of recruitment, with results expected in mid-2022.

Discussion: This project proposes a new approach to understanding pregnancy intention and decision-making in rural settings by examining links between the LMUP and abortion consideration. It is inspired by and complements research undertaken as part of the large scale USA-based Turnaway Study, which sought to describe the physical and mental health effects and socioeconomic impact on women who successfully obtained an abortion compared to those who were not successful.

Implications for practice: This project will provide insights into the reasons why rural women receiving antenatal care did not access or take up abortion services. This is important not only in understanding rural women's pregnancy decision-making, but also identifying any gaps in and barriers to service provision in rural areas – specifically abortion.

For further details about this study, please contact anna.noonan@sydney.edu.au

Preferences for the delivery of early abortion services in Australia

Church J[1], Haas M[1], Street D[1]

[1]Centre for Health Economics Research and Evaluation, Faculty of Health, University of Technology Sydney

Background: Early Medical Abortion (EMA) is a relatively new way of delivering abortion services. There is limited understanding of the factors that influence choices regarding EMA. Discrete choice experiments (DCEs) are an ideal way of investigating preferences for the provision of EMA services.

Method: A DCE was constructed to determine preferences for different modes of delivery of EMA services, including telehealth and nurse-led provision. Respondents were asked to imagine that they were helping their local health service plan the future provision of abortion services and asked to choose between two services that differed in terms of referrals, health care provider, consultation type, location of testing, service provision, follow-up consultations and cost. Conditional and mixed logit models were used to estimate overall preferences. Latent class analyses were used to explore heterogeneity.

Results: Preliminary results from a pilot study (N=151) demonstrate that respondents had strong preferences for lower cost abortion services and chose face-to-face consultations and follow-ups with specialists or GPs, over consultations via telehealth or with a nurse practitioner. Respondents preferred obtaining EMA medications from a pharmacy or doctor's surgery rather than receiving them in the post. Overall, respondents selected options more in line with surgical abortion than EMA; however, approximately 70% of respondents indicated that they would prefer both options to be available.

Discussion: These preliminary findings illustrate the trade-offs people are willing to make in terms of provision of abortion services. The strong preferences for lower cost abortion services signals that high out of pocket costs may be a barrier for women seeking an EMA.

Implications for practice: Increasing the uptake of EMA may rely on changing the delivery of these services in terms of health care providers, consultation/ service delivery and overall cost.

For further details about this study, please contact Jody.Church@uts.edu.au

Women's preferences for lifestyle risk reduction during interconception: A scoping review protocol

James S[1], Moulton, J[1], Assifi A[1], Botfield J[1], Hanson, M[2], Black K[3], Mazza D[1]

[1]SPHERE, NHMRC Centre of Research Excellence, Department of General Practice, Monash University, [2]Institute of Developmental Sciences, Faculty of Medicine, University of Southampton,[3]Discipline of Obstetrics, Gynaecology and Neonatology, Faculty of Medicine and Health, University of Sydney

Background: A key priority area of the National Women's Health Strategy 2020-2030 and pregnancy guidelines is to prevent lifestyle risks. However, antenatal engagement with women about lifestyle risk reduction can be too late to prevent some adverse pregnancy outcomes and childhood risks. For example, smoking during pregnancy can be associated with low birth weight, childhood asthma and obesity. Smoking for mothers is also responsible for chronic conditions such as emphysema and cardiovascular disease. As maternal parity increases, the maternal mortality rate also increases and it is noteworthy than many deaths are associated with pre-exisiting conditions such as cardiovascular disease and obesity. To reduce future adverse maternal and infant outcomes with subsequent pregnancies, the interconception period is an ideal time to intervene. However, this requires exploring women's preferences about lifestyle risk reduction in this period.

Method: In a SPHERE seeding grant project women's preferences for engagement with lifestyle risk reduction during interconception will be reviewed. Following search term finalisation, six databases will be searched; Embase, Medline, Cochrane, PsycInfo, Cinahl, and Scopus. Papers will be screened by two authors in Covidence and included if they are in English, focussed on the study's aim, and peer-reviewed. To reflect contemporary challenges for women, papers published 2010-present will be included for review.

Results: A total of 1734 papers have been imported for screening. Title-abstract screening is now underway.

Discussion: This research will provide new knowledge informing the implementation of strategies to engage better with women about lifestyle risks between pregnancies, and to support their reproductive and long-term health goals.

Implications for practice: Consumer informed initiatives about women's attitudes to interconception lifestyle risk reduction, especially with increasing parity, will support health professional and community capacity. This project will leverage SPHERE's networks for dissemination and provide evidence for similar strategies in other settings.

For further details about this study, please contact sharon.james@monash.edu

Access to sexual and reproductive health services during the Covid-19 pandemic: a protocol to explore intersecting barriers to care

Makleff S[1], Taft A[2], Fisher J[1]

[1]Monash University,[2]La Trobe University

Background: Surveys in Australia suggest a changing sexual and reproductive health landscape during the Covid-19 pandemic, with shifts in pregnancy intentions, escalating gender-based violence, and challenges obtaining needed care. Qualitative research can help advance our understanding of the multiple and intersecting barriers to and facilitators of access.

Method: We present a protocol for a phenomenological qualitative study to understand the intersecting barriers to sexual and reproductive health services during the COVID-19 pandemic in Australia from the perspective of people seeking care. We use abortion as a proxy for sexual and reproductive health services that have multiple barriers to access. Data will be collected using in-depth interviews with people who succeeded in obtaining abortion care during the pandemic despite challenges, as well as those who were unable to access abortion despite attempting to do so.

Results: Protocol development highlighted challenges with recruitment, especially for people who wanted abortion services but were not able to obtain them due to obstacles they encountered. We address this through partnership with community organizations to facilitate recruitment.

Discussion: The study will elucidate access issues for abortion specifically and sexual and reproductive health services more broadly, and help us consider how to conceptualize intersectionality of barriers to care and the role that access plays in quality of care. The findings will have relevance for strengthening the weaknesses in the health system in preparation for escalating climate events and hazards beyond the pandemic.

Implications for practice: A participatory process through the SPHERE network will be used to interpret findings and develop strategies and develop policy- and program-relevant recommendations to increase access to sexual and reproductive health services during and beyond the pandemic.

For further details about this study, please contact shelly.makleff@monash.edu

Establishing a Community of Practice: A Protocol for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) Study

Mazza D[1], James S[1], Assifi A[1], Hamill K[1], Botfield J[1], Grevis-James A[1], Black K[2], Taft A[3], Bateson D[2,4], McGeechan K[5], Norman WV[6]

[1]SPHERE, NHMRC Centre of Research Excellence, Department of General Practice, Monash University,[2]Discipline of Obstetrics, Gynaecology and Neonatology, Faculty of Medicine and Health, University of Sydney,[3]Judith Lumley Centre, College of Science, Health and Engineering, Latrobe University, [4]Family Planning NSW,[5]School of Public Health, University of Sydney,[6]Department of Family Practice, University of British Columbia

Background: Utilisation of long-acting reversible contraception (LARC) by Australian women remains low, despite guidelines recommending increased use. In addition, expanding the numbers of primary care clinicians willing to provide LARC and early medical abortion (EMA), has proven challenging. Approximately 10% of general practitioners (GPs) prescribe and fewer than 20% of pharmacists dispense EMA medication, creating great inequity in access, particularly for young and rural and remote women.

Method: This four-year mixed methods project is a partnership between SPHERE and relevant key industry, professional, government and non-government organisations. The online Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) network was established with support from a knowledge exchange workshop with key stakeholders. The online multidisciplinary and interactive online community of practice will run for 2 years and aims to support GPs, practice nurses and pharmacists working in primary care to deliver and support the provision of LARC and EMA services. Our primary objective is to increase the availability of LARC and EMA services in Australian primary care. This will be assessed through PBS and MBS data analysis. Surveys pre- and post-implementation of AusCAPPS will assess the change in knowledge, attitudes and practices (KAP) of the three professional groups. A process evaluation will involve Google analytics, and interviews with network participants.

Results: A successful knowledge exchange workshop has been undertaken to support AusCAPPS development. The KAP surveys and AusCAPPS network was launched in July 2021 and recruitment is ongoing.

Discussion: The AusCAPPS network will increase access to much needed practice support, resources, and education and training; provide regional peer-networking opportunities; drive innovation; and coordinate sustainable improvements in access to and equity of these services nationwide.

Implications for practice: By supporting clinicians in providing LARC and EMA, we anticipate increased availability and equity of LARC and EMA services for women, particularly those in low socioeconomic or rural areas.

For further details about this study, please contact sharon.james@monash.edu

Understanding models of care of intrauterine device insertion in general practice: A Minor Thesis

Moloney L[1], James S[1] and Mazza D[1]

[1]Department of General Practice, Monash University

Background: Intrauterine devices (IUDs) are a safe and effective method of long-acting reversible contraception. In Australia, there is low uptake of IUD insertion, with other less effective contraceptive methods more commonly prescribed. The contraceptive needs of women, in Australia, are largely managed within general practice. To understand low uptake and improve service delivery and access, an exploration of GP IUD models of care is needed.

Method: This qualitative descriptive study recruited GP IUD providers across Australia using convenience and purposive sampling. The Booth et al. quality framework for Australian general practice guided the study. Twenty GPs participated in semi-structured, audio-recorded telephone interviews. Following de-identification, data were transcribed verbatim and managed in NVivo. Thematic analysis was informed by Braun et al.

Results: All participants used their own model of IUD provision. Commonalities between participants' delivery led to five recognisable models, which were: a) common, b) streamlined, c) same-day insertion, d) task-sharing and e) adaptable. We found that each participant generally used one model with some employing more than one within their practice. Many participants highlighted that there are many barriers surrounding IUD provision and being a GP inserter.

Discussion: This is the first study to describe Australian GP IUD models of care. Five IUD models of care were identified, the quality of these models was evaluated and areas for improvement included fewer appointments numbers, providers following current evidence on best practice and following an IUD model that prioritises patients' choices, needs and lifestyles. The common model was operated most by participants due to its suitability to general practice. However, this model may not be of the highest quality for women.

Implications for practice: Following only one model of care may not be best for providers and patients. Models of care should be adjustable to suit both patients' and their schedules.

For further details about this study, please contact lmol0009@student.monash.edu

Is it feasible to use general practice patient records to identify women at high risk of adverse pregnancy outcomes for preconception care?

Withanage N[1], Botfield J[1], Black K[2], McGeechan K[3], Cameron S[4], Mazza D[1]

[1]Department of General Practice, Monash University, Australia, [2]University of Sydney, Australia, [3]School of Public Health, University of Sydney, Australia, [4]University of Edinburgh, UK

Background: Preconception care (PCC) aims to enhance pregnancy outcomes and the health of women by managing risk factors that may lead to adverse pregnancy outcomes, such as excessive alcohol consumption, smoking, diabetes and obesity. To deliver effective preconception interventions in general practice settings, it is important for general practitioners (GPs) to be able to easily identify women at high-risk of adverse pregnancy outcomes using patient medical records. This project aims to determine the feasibility of identifying reproductive-aged women at high risk of poor pregnancy outcomes through reviewing general practice medical records.

Method: We will develop an audit tool of key risk factors, including, for example blood pressure, height, weight, medications, diabetic status, alcohol/ smoking use. Ten general practices will be recruited and invited to complete the audit template for 100 women of reproductive age consecutively seen at each general practice from January 2021. GPs will then be invited to discuss how they might utilise the information gained through the audit process to initiate preconception care delivery.

Anticipated Results: We anticipate findings will assist in understanding whether general practice medical records can be utilised to identify women at high-risk of adverse pregnancy outcomes, who may benefit from PCC, and to gain preliminary understanding of the proportion of women at high-risk of adverse pregnancy outcomes who attend general practices.

Implications for practice: Findings will contribute to the development of a checklist of potential risk factors during the preconception period which may be a useful reference tool for GPs seeing women of reproductive age. This may also contribute to consideration of how an electronic system could be adapted to automatically "flag" women who require PCC.

For further details about this study, please contact Nishadi.Withanage@monash.edu

Nurse and midwife involvement in task-sharing and telehealth service delivery models in primary care: a scoping review

Moulton J[1,2], Subasinghe AK[1,2], Withanage NW[1,2] & Mazza D[1,2]

[1]Department of General Practice, Monash University, [2]National Health and Medical Research Council SPHERE Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

Background: Expanded roles for nurses, involving nurse-led models of care, which include task-sharing and telehealth are key strategies to build the capacity of the primary care system. These strategies can also be applied to increase access to sexual and reproductive health (SRH) services in primary care, however they are yet to be developed or evaluated in general practice. To conceptualise and develop SRH nurse-led models of care in general practice, a synthesis of existing nurse-led model components and efficacy is required. The aim of this scoping review is to synthesise and map current evidence on nurse and midwife-led models of care including task-sharing and telehealth in primary care.

Method: This review was informed by the Joanna Briggs Institute (JBI) Methodology for Scoping Reviews. We included peer reviewed primary research published in English, that described models of care led by nurses and/or midwives (population), in task-sharing and telehealth models of care (concept) in the primary care setting globally (context). Five databases were searched, and articles were screened for inclusion in Covidence by three authors. Findings were mapped according to the research questions and review outcomes.

Results: Of 1863 articles screen, 56 were eligible for inclusion. Nurses delivered services for a range of conditions, mostly involving management for diabetes and hypertension. While one study discussed nurse-led postpartum haemorrhage management and one explored sexual dysfunction, there was a scarcity of literature on nurse-led sexual and reproductive services. Funding varied across countries and studies, with funding sources ranging from government partnerships to NGO funding. We also found that nurse-led models: allow nurses to work to the extent of their practice scope, are acceptable to patients and staff, and have shown improved health outcomes in intervention studies. These models were commonly supported by ongoing in-clinic and telephone mentoring from physicians or senior nurses and involve the use of a range of clinical tools to support service delivery.

Discussion: In this review we identified that nurse-led models are acceptable and efficacious, in the primary care setting, and explored a range of key facilitators to these models including mentoring, clinical tools, funding and supportive policy. We also demonstrated that there is a gap in the literature regarding nurse-led reproductive health service delivery models in primary care.

Implications for practice: This evidence will inform the feasibility and design of a nurse-led model of care for provision of early medical abortion and long-acting reversible contraception to increase access in rural and regional general practice.

For further details about this study, please contact Jessica.Moulton@monash.edu

Nurse-led models of long-acting reversible contraception and medical abortion provision in rural general practice: outcomes of a codesign process

Moulton JE[1], Subasinghe AK[1], Shankar M[1], Botfield JR[1,2], Bateson D[2,3], Tomnay J[4], Norman WV[5], Black KI[3], Mazza D[1]

[1]SPHERE, NHMRC Centre of Research Excellence, Department of General Practice, Monash University, [2]Family Planning NSW, [3]Obstetrics, Gynaecology and Neonatology, University of Sydney, [4]Centre for Excellence in Rural Sexual Health, University of Melbourne, [5]Department of Family Practice, University of British Columbia

Background: Compared to those living in urban areas, women living in rural and regional Australia face particular barriers in accessing sexual and reproductive healthcare due to extremely limited local services and high costs and are 1.4 times more likely to experience an unintended pregnancy. Nurse-led models of care for long acting reversible contraception (LARC) and early medical abortion (EMA) provision involving task-sharing and delivered through face-to-face consultations or via telehealth, could address these barriers and improve access to services but have yet to be developed or tested in the family practice context. We aimed to develop a nurse-led model of care for LARC and EMA provision in rural and regional general practice in Australia.

Method: Using a codesign approach, we conducted an online workshop with nurses, general practitioners (GPs), general practice managers, other health professionals, consumers and key stakeholders. The workshop was informed by the 'Experience-Based Co-Design' Toolkit and included discussion of existing task-sharing models in primary care and utilising experiences of these to map the patient journey in the context of LARC (particularly the contraceptive implant) and EMA provision. The workshop was recorded and transcribed, with data analysed.

Results: The model of care developed emphasises (a) preparing the practice for service implementation though training receptionists, nurses and GPs, informing local radiology, pathology, and pharmacy services of the start of the service, raising patient awareness of the service and setting up the booking service, (b) identification of the roles of nurses and GPs in the practice and how they will task-share in that practice (c) implementing protocols for booking appointments, patient assessment and counselling, ordering of investigations, follow up of results, referrals, insertion of implants and provision of EMA and patient follow-up and complications (d) peer support and networking through an online community of practice (e) use of resources such as patient information, multilingual resources, consent forms, checklists and local support services concerned with sexual assault and violence.

Discussion: A co-designed nurse-led model of care suitable for rural general practice was developed. This model which provides practices with guidance to set up and deliver nurse-led EMA and LARC services requires feasibility and acceptability testing prior to implementation

Implications for practice: We anticipate that the model, which will allow nurses to work to their full scope of practice, will increase accessibility of EMA and LARC in rural Australia.

For further details about this study, please contact Jessica.Moulton@monash.edu

The ORIENT study: improving access to long-acting reversible contraception and medical abortion

Mazza D[1], Shankar M[1], Subasinghe AK[1], Botfield JR[1], Moulton JE[1], Hamill K[1], Black K[2], Tomnay J[3], Bateson D[2,4], McGeechan K[5], Laba T[6], Norman WV[7,8]

[1]SPHERE, NHMRC Centre of Research Excellence, Department of General Practice, Monash University, [2]Obstetrics, Gynaecology and Neonatology, University of Sydney, [3]Centre for Excellence in Rural Sexual Health, University of Melbourne, [4]Family Planning NSW, [5]School of Public Health, University of Sydney, [6]Centre for Health Economics Research and Evaluation, University of Technology, Sydney, [7]Department of Family Practice, University of British Columbia, [8]Faculty of Public Health & Policy, London School of Hygiene & Tropical Medicine

Background: Ensuring access to contraception and abortion services is a priority of the National Women's Health Strategy 2020-2030. Women in rural and remote areas often experience difficulties in accessing long-acting reversible contraception (LARC) and medical abortion services. Extending the scope of practice nurses using innovative nurse-led models and task-sharing could help to overcome some access issues. While such models exist in community health and family planning settings in Australia and internationally, they have not been developed or evaluated in general practice. The ORIENT study aims to increase access to LARC and medical abortion for women in rural and regional Australia, through implementing a collaborative nurse-led model in primary care.

Method: ORIENT is a five-year pragmatic, stepped-wedge, cluster randomised controlled trial. We aim to implement and evaluate a co-designed nurse-led model of care that includes contraceptive implant insertions and use of telehealth to support LARC and medical abortion. We will recruit 32 general practices in rural and regional Victoria, New South Wales and Queensland. Practices will be supported to implement the model through online training and education, educational outreach via academic detailing, and engagement in a virtual Community of Practice. Evaluation will include changes in rates of LARC and MS2Step prescribing, and a cost-effectiveness analysis of the intervention compared to usual care.

Results: We anticipate that broadening the scope of practice nurses to support delivery of LARC and medical abortion services in general practice will increase access to essential reproductive health care for women living in rural and regional areas of Australia.

Discussion and implications: The ORIENT study will equip practice nurses with the resources, networks, knowledge and skills to increase the delivery of LARC and medical abortion in rural and regional areas. This has the potential to decrease unintended pregnancies and improve reproductive health outcomes for this priority population in Australia.

For further details about this study, please contact jessica.botfield@monash.edu

The London Measure of Unplanned Pregnancy to enhance family planning & preconception care and midwives understanding of its applications

Cheney K[1,2], Dorney E[1,2], Pelosi M[2], Khan S[2], Black K[1,2]

[1]Faculty of Medicine and Health, Central Clinical School, The University of Sydney, Sydney, Australia, [2]Sydney Local Area Health District, NSW

Background: Pregnancy planning and preconception care benefit women, their children, and future generations. The London Measure of Unplanned Pregnancy (LMUP) is a tool that can be used in antenatal care to identify women with unintended pregnancies, who require improved access to such services. This tool has recently been implemented into routine antenatal care in two Sydney Maternity centres. Investigating the completion rates, impact on practice and midwives understanding of the applications of the LMUP will assist in the effective implementation of this tool and improve the delivery of quality care for women and their families.

Method: We performed a mixed methods study that involved a retrospective review of the first year of LMUP data entered in the electronic medical records of women booked at the two maternity hospitals in the SLHD. Semi structured interviews with ten midwives across the two sites were performed to explore their understanding of the use of the LMUP and its application to antenatal and postnatal care.

Results: 6231 women were booked for public antenatal care between 1 December 2019 and 31 December 2020. The LMUP was completed in 2791 records (44.8%). 37% of women with unplanned pregnancies did not receive increased access to postpartum contraception. Midwives felt it was in their scope of practice to be using the tool. Time constraints, the impact of COVID-19 and lack of structured referral pathways were identified barriers to the implementation of the LMUP in routine care.

Discussion: The LMUP can identify women who require increased access to pregnancy planning services. Midwives support the inclusion of this tool in their practice. Service barriers need to be addressed to enhance the potential of this tool.

Implications for practice: This study will inform maternity and perinatal policy and practice and ultimately enhance reproductive outcomes of women and their families.

For further details about this study, please contact kate.cheney@sydney.edu.au

ABSTRACTS

Day 2 – 25 November 2021
(morning session – 9:30 am-12:30 pm AEDT)

The prevalence of unplanned pregnancy and associated factors among a population-based cohort of young Australian women

Hooker L[1], Shankar M[2], Edvardsson K[3], Lucke J[4], Norman WV[5], Taft A[3]

[1]Judith Lumley Centre/La Trobe Rural Health School, La Trobe University, [2]SPHERE, Monash University, [3]Judith Lumley Centre, La Trobe University, [4]School of Psychology and Public Health, La Trobe University, [5]School of Population and Public Health, The University of British Columbia

Background: Approximately one in four women have experienced an unplanned pregnancy in Australia. However, factors related to social and geographical disadvantages in accessing sexual and reproductive healthcare, including contraception, are not well defined making it challenging to inform public health prevention efforts. Using data from the new young cohort of the Australian Longitudinal Study of Women's Health (ALSWH), this study aimed to identify the prevalence of unplanned pregnancy and its variability by geographical residence and other factors.

Method: The analytical sample consisted of 9694 sexually active women aged 18-23 at baseline in 2013. Data on unplanned pregnancy was collected in survey 2 (2014).

We calculated the proportion of women who reported an unplanned pregnancy and fit unadjusted and adjusted multivariable logistic regression models to evaluate cross-sectional associations between variables of interest and this outcome.

Results: Participants' average age was 21 years, about half had above secondary school education, and 74% lived in major cities. Among women who ever had vaginal sex, 12% reported an unplanned pregnancy. This proportion was significantly higher among ever pregnant women. In bivariate analyses women living outside major cities had higher odds of an unplanned pregnancy, however this relationship became insignificant in the multivariable model. After adjustment, factors associated with an increased odds of unplanned pregnancy included low educational levels, contraceptive non-use and previous experience of coerced sex.

Discussion: Unplanned pregnancy was associated with structural and interpersonal factors, but not residence. One possibility is that social disadvantages typically associated with rurality, such as educational attainment and reduced contraceptive access, may explain the effect of rurality in the adjusted model.

Implications for practice: Efforts to expand access to contraception among young women must be coupled with testing strategies for sensitive enquiry and harm reduction responses to reproductive coercion.

For further details about this work and the Coalition, please contact l.hooker@latrobe.edu.au

Hormonal long-acting reversible contraception provision following early medical abortion in Australia: patterns of use and likelihood of repeat medical abortion

Grzeskowiak LE[1,2,3], Subasinghe AK[4], Black KI[5], Calabretto H[6,7], Mazza D[4], Rumbold AR[2], Ilomaki J[3,8]

[1]College of Medicine and Public Health, Flinders University, [2]South Australian Health and Medical Research Institute, Clarence Rieger Building, Women's & Children's Hospital, [3]Centre for Medicine Use and Safety, Monash University, [4]Department of General Practice, Monash University, [5]School of Medicine and Health, University of Sydney, [6]SHINE SA, [7] Clinical and Health Sciences, University of South Australia, [8] Department of Epidemiology and Preventive Medicine, Monash University

Background: No population-based data exists on contraceptive uptake among Australian women following an early medical abortion.

Method: We analysed data from the nationally representative Pharmaceutical Benefits Scheme (PBS) 10% sample. The study cohort included women aged 15-49 years dispensed mifepristone for early medical abortion during 2013 to 2020. The primary outcome assessed was the frequency of hormonal contraceptive method within 60-days of early medical abortion. For the secondary outcome, a Cox proportional hazards model, generating hazard ratios (HR) and 95% confidence intervals, was used to examine the effect of postabortion contraceptive method choice on the likelihood of repeat early medical abortion within a 2-year follow-up period of the index early medical abortion. Analyses were adjusted for age, concessional status, calendar year, dispensing pharmacy location, and prescriber specialty.

Results: 11,140 women were dispensed mifepristone for early medical abortion during 2013-2020. Of these, 1 435 (12.9%) were dispensed hormonal LARC and 1 387 (12.5%) were dispensed other forms of hormonal contraception. Overall, 594 (8.3%) received a subsequent dispensing of mifepristone. Hormonal LARC dispensing was associated with a reduced likelihood of repeat EMA, compared with women who were dispensed COCP (aHR 0.34; 0.25-0.47) or no contraceptive method (aHR 0.34; 0.25-0.47). When separated by contraceptive method type, post-abortion dispensing of hormonal IUD (aHR 0.28; 0.17-0.47) and contraceptive implant (aHR 0.39; 0.27-0.58) were associated with the strongest reduced risk of repeat early medical abortion.

Discussion: Between 2012 and 2020, approximately 1 in 4 women are dispensed hormonal contraception within 60-days following an early medical abortion, with approximately 1 in 8 receiving hormonal LARC. Post-abortion LARC provision appears consistent since 2012. We have shown that post-abortion LARC provision reduces likelihood of repeat medical abortion.

Implications for practice: We provide robust real-world generalisable evidence that promoting use of LARC over other hormonal contraceptive methods will lead to reduction in subsequent unintended pregnancies and abortion.

For further details about this study, please contact Luke.Grzeskowiak@adelaide.edu.au

Induced abortions among childbearing women in Victoria: an observational study using the Victorian Perinatal Data Collection

Edvardsson K[1], Shankar M[2], Hooker L[1,3], Taft A[1]

[1]Judith Lumley Centre, La Trobe University, [2]SPHERE, Monash University, [3]La Trobe Rural Health School

Background: A recent study estimated the annual number of abortions to be 88,287 in Australia[1]. Despite abortion being a common reproductive health experience, there is limited data on the characteristics of women undergoing the procedure. This lack of data severely limits strategies aimed at preventing unintended pregnancy and improving equity in access to abortion services. Routinely collected perinatal data can contribute to filling this knowledge gap. We utilised data from the Victorian Perinatal Data Collection (VPDC) to estimate the prevalence of women having experienced an induced abortion as an outcome of the last pregnancy, factors associated with having experienced an induced abortion, and time trends.

Method: Data on all reported live births in Victoria 2009-2016 was obtained from VPDC (n=614 945). Analyses included descriptive statistics, and logistic regression for associations between key socio-demographic characteristics and the odds of having had an induced abortion as an outcome of last pregnancy.
Results: Overall, 6% of women had experienced an abortion as an outcome of last pregnancy; 9.6%, 3.1%, 3.2%, and 3.2% for parity 0, 1, 2, 3+ respectively. Factors associated with an increased adjusted odds of this outcome included being single at the time of childbirth, being >35 years, of parity 0, and living in a metropolitan area. There was a trend towards a decline in the overall prevalence in recent years.

Discussion: The experience of induced abortion as an outcome of last pregnancy is more common among older first-time mothers, those who are single at the time of childbirth, living in urban areas, and appear consistent across parities after the first birth. Further research is needed to explore the rural/urban differences in abortion experience.

Implications for practice: Safeguarding equitable access to appropriate sexual and reproductive healthcare is important at all stages of reproductive life.

For further details about this study, please contact k.edvardsson@latrobe.edu.au

Estimating abortion incidence and associated factors among a national cohort of young Australian women: An analysis of the Australian Longitudinal Study on Women's Health

Shankar M[1], Edvardsson K[2], Hooker L[3], Lucke J[4], Norman WV[5], Taft A[2]

[1]SPHERE, Monash University, [2]Judith Lumley Centre, La Trobe University, [3]Judith Lumley Centre/La Trobe Rural Health School, La Trobe University, [4]School of Psychology and Public Health, La Trobe University, [5]School of Population and Public Health, The University of British Columbia

Background: Induced abortion is a common reproductive experience, yet empirical data on its frequency and associated characteristics are not regularly collected. Such data is important to inform reproductive health programming, including delivery of contraception and safe and accessible abortion services. The Australian Longitudinal Study on Women's Health (ALSWH) is a vital data source on women's health and wellbeing, collecting information on a range of health topics. In this analysis, we use data from ALSWH's new young cohort to calculate abortion incidence rates, prospectively assess socio-demographic characteristics associated with its occurrence, and the uptake of contraception post abortion.

Methods: Consenting participants aged 18-23 years completed a baseline web-based survey in 2013 (n=17,010) and were followed-up annually to 2019. Reproductive health information included number of abortions, the year in which each occurred, and contraceptive use at last vaginal sex. Analysis is ongoing. We will utilise six rounds of data and analytical samples will include women who reported abortions at each survey, with sub-samples who reported a "recent" abortion in the previous year. We will conduct exploratory analyses to assess distributions of socio-demographic and reproductive health characteristics among the samples. Nest, we will calculate one-year abortion incidence rates overall, and sample-size permitting, by certain characteristics such as residence and education. Among women who reported an abortion in the previous year, we will use multivariable logistic regression analyses to assess factors associated with that experience. We will also assess factors associated with contraceptive use after an abortion, using data from the subsequent wave.

Results: We will provide estimates of abortion incidence among young Australian women and characteristics associated with contraceptive use post abortion.

Discussion and implications for practice: Findings will provide a descriptive understanding of young women using abortion care and offer insight into utilisation of contraception to reduce future risks of unwanted pregnancies.

For further details about this study, please contact mridula.shankar@monash.edu

Reproductive health care among Aboriginal and Torres Strait Islander women in Australia: Where are the data?

Botfield J[1,2], Griffiths E[3], McMillan F[4] & Mazza D[1]

[1] SPHERE, NHMRC Centre of Research Excellence, Department of General Practice, Monash University, [2] Family Planning NSW, [3] Kimberley Aboriginal Medical Services, Western Australia, [4] UNSW & Wiradjuri yinaa (woman)

Background: Unintended pregnancy rates in Australia remain high. This can be attributed to, in part, suboptimal access to contraception and reproductive healthcare for many women. Aboriginal and Torres Strait Islander women are a priority group for improving access to reproductive healthcare due to higher rates of pregnancy risk factors, teenage pregnancy and birth compared to non-Indigenous women. However, little is known regarding pregnancy intention formations, reproductive health decision-making and access, or the prevalence and impact of unintended pregnancy, among Aboriginal and Torres Strait Islander women.

Gap: Over the past decade, several national studies have been undertaken in relation to unintended pregnancy, associations and outcomes in Australia, however have not had a focus on Aboriginal and Torres Strait Islander communities. These studies have provided insights into contraception use at the time of unintended pregnancy, access to termination of pregnancy services, reproductive health literacy and experiences of sexual coercion, however, Aboriginal and Torres Strait Islanders were underrepresented or Indigeneity was not reported. The absence of data in relation to reproductive healthcare is a significant knowledge gap in a population group that is likely to be disproportionately impacted by unintended pregnancy.

Future directions: In addressing this gap, it will be important to focus on two areas of change. Firstly, there is a need for nationally representative studies relating to reproductive healthcare access among Aboriginal and Torres Strait Islander women to inform research priorities and policy and practice change. Secondly, it will be important to strengthen national policy in relation to the reproductive health of Aboriginal and Torres Strait Islander communities to guide efforts and provide the necessary commitment, budget and infrastructure. Collection of meaningful data within a supportive policy framework will help to identify research gaps and inform clinical service provision, education and health promotion initiatives across the spectrum of reproductive healthcare for Aboriginal and Torres Strait Islander women.

For further details about this study, please contact jessica.botfield@monash.edu

The effectiveness of preconception care interventions in primary care settings: A systematic review

Withanage N[1], Botfield J[1], Srinivasan S[2], Black K[3], Mazza D[1]

[1]Department of General Practice, Monash University, Australia, [2]Western Health, Australia, [3]University of Sydney, Australia

Background: The objective of this systematic review was to investigate the effectiveness of preconception care (PCC) interventions delivered to reproductive -aged women and men, in primary care settings, on reducing high-risk behaviours and improving pregnancy outcomes.

Method: A search of OVID Medline, Cochrane Central Register of Controlled Trials, EMBASE, Web of Science, Scopus and CINAHL databases from January 2000 to May 2021 was performed. We included studies that were randomized controlled trials (RCTs), conducted in primary care settings, included reproductive-aged women and/or men and were written in English. Two reviewers independently used standardized instruments for data extraction and quality assessment. PROSPERO registration: CRD42021235499.

Results: 30 articles reporting on 24 RCTs were included. Articles were from USA (n=10), Iran (n=8), Vietnam (n=5), China (n=2), Netherlands (n=2), Australia (n=1), India (n=1), and Sweden (n=1). Interventions focused on four main categories, including brief education (n=10), intense education (n=9), folate supplementation (n=7) and/or special diet (n=4). Only four articles reported improved pregnancy outcomes, including reduced pre-eclampsia, spontaneous pregnancy loss, increased infant birthweight and increased prenatal ferritin. Reduced high-risk behaviours were reported post-intervention, including reduced alcohol (n=4) and tobacco consumption (n=1), reduced maternal anxiety (n=1) /stress (n=2) /depression (n=1) and increased physical activity (n=2), weight loss (n=1), folate intake (n=7) and improved knowledge risk-behaviours (n=5). Overall study quality was moderate to weak with limitations related to selection bias, blinding, data collection methods, and participant attrition.

Discussion: PCC in primary care settings are effective in reducing high-risk behaviours. To support the implementation of PCC in primary care, there is a need for additional research evaluating its effectiveness on improving pregnancy outcomes.

Implications for practice: Whilst more evidence is required to establish the effectiveness of primary care based PCC on pregnancy outcomes, reproductive-aged women and men should receive PCC in as these interventions are effective in reducing high-risk behaviours.

For further details about this study, please contact nishadi.withanage@monash.edu

Acceptability of immediate postpartum and post-abortion long-acting reversible contraception provision to adolescents: A systematic review

Buckingham P[1], Moulton JE[1], Subasinghe AK[1], Amos N[1], Mazza D[1]

[1]Department of General Practice, Monash University

Background: Long-acting reversible contraception (LARC) methods are safe for adolescents and provide the greatest protection against repeat pregnancy when initiated during the immediate postpartum (IPP) and immediate post-abortion (IPA) period. The acceptability of this timing of placement to adolescents has not previously been examined in a review. We aimed to examine adolescents' (10-19 years) attitudes towards, experiences of and factors involved in the decision to initiate, decline or discontinue LARC IPP/IPA.

Methods: We searched seven bibliographic databases for original research published in English from 2000. Studies of design, from any country, focussed on IPP/IPA LARC, were eligible for inclusion. We assessed articles for eligibility, extracted data relevant to the outcomes of the review and undertook critical appraisal. Key themes were reported narratively.

Results: We identified 10 relevant articles. IPP availability improved LARC access. Attitudes to LARC IPP were associated with sociodemographic factors. Determinants of discontinuation and non-use included poor-quality contraceptive counselling, unanticipated side-effects and subsequent distress, misconceptions about LARC safety IPP and the influence of partners and community on autonomy. Two articles addressed IPA LARC; these did not describe decision-making factors. Limited evidence suggested contraceptive implants were preferred over intrauterine devices IPA and, in certain contexts, adolescents initiate LARC IPA at lower rates than adults.

Implications for practice: Based on limited evidence, IPP LARC placement appears acceptable to adolescents who do not experience side-effects and those given agency to use their chosen contraceptive method. Research on adolescents' lived experiences and perceptions of IPP/IPA LARC is needed to inform high-quality, person-centred contraceptive counselling.

For further details about this study, please contact Pip.Buckingham@monash.edu

Clinical practice guidelines for preconception care in Australia and New Zealand, a scoping review

Dorney E[1], Walker R[2], Cheney K[1], Hammarberg K[3], Boyle J[2], Black KI[1]

[1] Faculty of Medicine and Health, Central Clinical School, The University of Sydney, [2]Monash Centre for Health Research and Implementation, School of Public Health and Preventative Medicine, Monash University, [3]Global and Women's Health, School of Public Health and Preventative Medicine, Monash University

Background: Pregnancy planning and preconception care benefit women, their children, and future generations. Evidence shows that most women and men in Australia and New Zealand are not receiving preconception care. Several barriers have been identified in the delivery of preconception care such as clinician's lack of knowledge of preconception guidelines and a lack of consensus in preconception care guidelines both within Australia and internationally. Clinical practice guidelines are evidence-based resources that are designed to assist health care providers to exercise high quality clinical care.

Method: A systematic search across online health literature databases, guideline registers and relevant professional organisations. Search terms for preconception care and clinical practice guidelines were adjusted to align with relevant database requirements. Documents were eligible for inclusion if they were national or state based in scope, provided guidance on preconception care to health care providers, were evidence based, and published from 2010 onwards. The AGREE II Instrument will be used to assess guideline quality

Results: Our search found 556 eligible documents, six were appraised using the AGREE-II instrument. All documents provided some level of guidance on the lifestyle issues of diet and exercise with only two documents addressing the full scope of preconception care issues. The overall quality of these six guidelines was found to be low

Discussion: This scoping review did not identify any high-quality, evidence-based preconception care clinical practice guidelines for use in Australia or New Zealand. A structured and collaborative multidisciplinary approach with consumer input is needed to develop clinical practice guidelines for preconception care.

Implications for practice: This study informs of the need to develop high quality clinical practice guidelines for preconception care in Australia and New Zealand.

For further details about this study, please contact edwina.dorney@sydney.edu.au

Findings and clinical practice implications of a systematic review of the preconception health care needs of women with chronic conditions

Hammarberg K[1] and Fisher J[1]

[1]Global and Women's Health, School of Public Health and Preventive Medicine, Monash University

Background: For women living with non-communicable diseases (NCDs), pregnancy planning is essential to allow optimal disease control before pregnancy, changing a potentially teratogenic treatment regimen to one that is safer for the fetus, and contraceptive advice to delay or avoid pregnancy until it is desired, and the woman is in the best possible health. To inform clinical care, we reviewed the literature relating to the pregnancy planning health information needs of women with chronic non-communicable health conditions.

Method: The systematic review was conducted according to the PRISMA guidelines.

Results: Fifteen studies met eligibility criteria and were reviewed. The narrative synthesis of the findings revealed six themes. 1) Women with chronic conditions have unmet preconception health information needs, 2) Women with chronic conditions want personalised preconception health information, 3) Preferred sources of preconception health information, 4) Learning from the experiences of other women, 5) Improving preconception health (PCH) discussions with health care professionals (HCPs), and 6) Women want holistic care.

Discussion: This review found that women living with NCDs have unmet PCH information and service needs. HCPs in all settings, including general practitioners and medical specialists, have a shared responsibility to help women be as healthy as possible before they conceive.

Implications for practice: HCPs who care for women with NCDs need to ask about their pregnancy intentions proactively and routinely and provide personalised advice on how to avoid unplanned pregnancy and be in optimal health when they wish to conceive. Potential strategies to achieve this include training and educational resources to improve HCPs' capacity to discuss pregnancy plans with women in a non-judgemental way; a holistic approach to discussing potential risks of pregnancy considering the woman's unique circumstances; multidisciplinary care; and women having access to peer support and the narratives of peers who have lived experience of pregnancy planning.

For further details about this study, please contact Karin.hammarberg@monash.edu

A systematic review of international clinical guidance for preconception care

Dorney E[1], Boyle J[2], Walker R[2],Hammarberg K[3], Musgrave L[1,4], Shoenaker D[5], Jack B[6], Black K[1]

[1]Faculty of Medicine and Health, Central Clinical School, The University of Sydney, [2]Monash Centre for Health Research and Implementation, School of Public Health and Preventative Medicine, Monash University, [3]Global and Women's Health, School of Public Health and Preventative Medicine, Monash University, [4]School of Nursing and Midwifery, Faculty of Health, University of Technology Sydney, [5]University of Southampton, School of Primary Care, Population Sciences and Medical Education, [6]School of Medicine, Boston University Medical School, Boston University

Background: Pregnancy planning and preconception care benefit women, their children, and future generations. Several barriers have been identified in the delivery of preconception care such as clinician's lack of knowledge of preconception guidelines and a lack of consensus in preconception care guidelines both within Australia and internationally. Other barriers include lack of guidance on the preconception needs of priority populations. Clinical practice guidelines are evidence-based resources that are designed to assist health care providers to exercise high quality clinical care. It is essential that guidelines address the needs of priority populations who are known to experience increased rates of adverse health outcomes.

Method: A systematic search across online health literature databases, international guideline registers and relevant professional organisations. Search terms for preconception care and clinical practice guidelines were adjusted to align with relevant database requirements. Documents were eligible for inclusion if they were national or international in scope, provided guidance on preconception care to health care providers, were evidence based, and published in English from 2008 onwards. The AGREE II Instrument will be used to assess guideline quality. This study was registered on PROSPERO Registration Number CRD42021268130.

Results: This study is currently in the data extraction stage. The search yielded 6340 documents with 188 documents undergoing full text review and 73 documents eligible for inclusion. The quality of eligible studies will be assessed using the AGREE-II Instrument. Assessment of guideline capacity to support the delivery of equitable preconception care will be assessed using the AGREE-II domains of scope and purpose, stakeholder engagement and applicability.

Discussion: This systematic review will provide an assessment of the availability and quality of guidelines for preconception care. It will also assess if available guidance documents support the delivery of equitable preconception care.

Implications for practice: This study will inform of the availability of resources potential areas for future guideline development to aid clinicians in their delivery of preconception care.

For further details about this study, please contact edwina.dorney@sydney.edu.au

ABSTRACTS

Day 2 – 25 November 2021
(afternoon session – 1:15-4:30 pm AEDT)

Pharmacy-based initiatives to reduce unintended pregnancies: A scoping review

Buckingham P[1], Hussainy S[1,2], Amos N[1], Mazza D[1]

[1]Department of General Practice, Monash University, [2]Pharmacy Department, Peter MacCallum Cancer Centre

Background: Community pharmacy initiatives may mitigate barriers to contraception thereby supporting informed contraceptive choice and use. The objective of this scoping review was to summarise the feasibility, acceptability and health and economic outcomes of pharmacy-based initiatives to mitigate unintended pregnancy.

Methods: The review was conducted according to the Joanna Briggs Institute Methodology for Scoping Reviews. We searched seven databases in August 2019 and included articles that reported on evaluations of contraceptive care initiatives, post implementation. Two authors independently assessed articles for inclusion and extracted data related to the characteristics of the initiatives and the review outcomes: feasibility, acceptability and effectiveness. Included articles were critically appraised and findings summarised narratively.

Results: 49 papers met the inclusion criteria. The initiatives included emergency contraception (EC) supply and counselling (80%) and pharmacist-prescribed hormonal contraception and counselling (14%). Adjuncts of the EC-dispensing encounter involved counselling (2%) and initiatives that linked community and primary health services (e.g. rapid referrals to reproductive health clinics or dispensing of a one-month supply of oral contraception; 4%). Interventions improved access to contraceptive products but did not consistently reduce inequities, and the public health benefits of pharmacy initiatives were either small or lacking description in the literature.

Discussion: At the time of the review there was a lack of evidence regarding pharmacist-prescribed contraception, contraceptive counselling and outreach initiatives linking community-based and health services. Studies were difficult to compare due to variation in legislative reporting requirements for population indicators of unintended pregnancy, STIs and abortion across contexts.

Implications for practice: In Australia, there is the potential to extend community pharmacists' contraceptive care scope of practice to address service provision gaps in accessible, person-centred contraceptive care, but more research is needed in the local context.

For further details about this work, please contact Pip.Buckingham@monash.edu

Pharmacists' provision of sexual and reproductive health care to adolescents: a systematic review

Assifi A[1], Huang K[2] and Mazza D[1]

[1]SPHERE NHMRC Centre of Research Excellence, Department of General Practice, Monash University, [2]Faculty of Pharmacy and Pharmaceutical Science, Monash University

Background: Adolescents encounter greater barriers than adults when accessing primary care services for non-stigmatised health issues. Pharmacists are uniquely positioned to be an entry point into the primary care system for adolescents wanting to access SRH information, support or services as they are readily available within urban and rural communities and frequently accessed. Pharmacists have the opportunity to provide adolescents information and support, before they are able to secure an appointment with a general practitioner or practice nurses. This review aims to examine the provision and acceptability of SRH information and services (focusing on contraception and abortion medicines) to adolescent's by pharmacist.

Method: We undertook a systematic search of seven databases (Pubmed, Medline, Embase, CINAHL, Scopus, PsychInfo, Web of Science) to identified relevant studies. The Cochrane database was searched and reference lists of included articles will be manually searched. Studies will be screened by two authors and will be included if they meet the aim of the review, are in English and are original peer-reviewed studies published from 2000 onwards. Articles published from 2000 onwards are only included due to the shift in legislation and practices towards increasing the provision of SRH information and methods through the pharmacy setting.

Results: A total 1,941 articles were identified, once duplicates were removed 685 articles were reviewed by title/abstract. Full-text review of 216 articles is currently being undertaken.

Discussion: This review will draw together information on how adolescents' experience accessing information on contraception and abortion medicines through the pharmacy setting. And identify current barriers and gaps in the literature.

Implications for practice: Pharmacists have the opportunity to be an entry point for adolescents into the primary care system. This information can be used to inform strategies to better support pharmacists and engage with adolescents to meet their needs.

For further details about this study, please contact Anisa.Assifi@monash.edu

The ALLIANCE (Quality Family Planning Services and Referrals in Community Pharmacy: Expanding Pharmacists' Scope of Practice) trial: Study protocol for a stepped-wedge trial

Mazza D[1], Hussainy S[1,2], Bateson D[3,4], Johnston S[5], Tomnay J[6], McGeechan K[4], Church J[7], Cameron S[8], Grzeskowiak L[9], Nissen L[10], Chakraborty S[1], Assifi A[1], Buckingham P[1]

[1]Monash University Department of General Practice, [2]Pharmacy Department, Peter MacCallum Cancer Centre, [3]Family Planning New South Wales, [4]University of Sydney, [5]Pharmaceutical Society of Australia, [6]Centre of Excellence in Rural Sexual and Reproductive Health, [7]University of Technology Sydney, [8]University of Edinburgh, [9]Flinders University, [10]University of Queensland

Background: Many of the almost 35,000 community pharmacists in Australia dispense emergency contraception (EC) and 4,541 are registered to dispense early medical abortifacients (EMA). Pharmacists can provide contraceptive counselling; however, barriers such as a lack of contraceptive care training, absence of guidelines and resources, and funding to provide such services currently impede potential care benefits. Addressing these barriers could increase the accessibility and use of contraception and reduce future unintended pregnancies for women obtaining EC and EMA from pharmacies. Our aim is to compare contraception uptake among women who receive the ALLIANCE intervention with those who receive usual care, when seeking EC or EMA.

Method: ALLIANCE is a four-year, pragmatic stepped-wedge cluster-randomised trial. Intervention community pharmacies will be Quality Care Pharmacy Program-accredited with a private consultation room, and located in NSW, Vic or NT. All pharmacists will provide a period of usual care during the trial before participating in online training, academic detailing, an online community of practice, and referral pathways. Pharmacists will then offer rebated contraceptive counselling +/- referral. The primary outcome is the rate of hormonal contraception or copper-bearing intrauterine device use four months after EC or EMA. Secondary outcomes are rates of unintended pregnancy, abortion and continued contraceptive use at 12-months. We will also evaluate ALLIANCE implementation and cost-effectiveness.

Results: The intervention will be co-designed with consumers, pharmacists and leading sexual and reproductive health, primary healthcare and pharmacy organisations. Recruitment of pharmacies will commence in July 2022.

Discussion: We anticipate that the intervention will equip community pharmacists with the resources, networks, knowledge and skills to provide comprehensive, patient-centred contraceptive counselling.

Implications for practice: The intervention (if proven effective) can be rapidly scaled nationally, addressing key government priorities of increasing access to effective contraception and mitigating unintended pregnancy. This would improve reproductive health outcomes for women in Australia.

For further details about this study, please contact Samantha.Chakraborty@monash.edu

Understanding the feasibility and acceptability of pharmacists as sources of contraceptive information, from pharmacist and consumer perspectives: work in progress

Buckingham P[1,2], Hussainy S[1,2,3], Amos N[1,2], Bateson D[1,4,5], Norman WV[1,6,7], Soon J[8], Mazza D[1,2]

[1]SPHERE Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care, [2]Department of General Practice, Monash University, Australia, [3]Pharmacy Department, Peter MacCallum Cancer Centre, Australia, [4]Family Planning New South Wales, Australia, [5]Faculty of Medicine and Health, The University of Sydney, Australia, [6]Faculty of Medicine, University of British Columbia, Canada, [7]Faculty of Public Health & Policy, London School of Hygiene & Tropical Medicine, UK, [8]Faculty of Pharmaceutical Sciences, University of British Colombia, Canada

Background: Extending community pharmacists' contraceptive care scope of practice may reduce service provision gaps in Australia's fragmented health system. Community pharmacists can provide contraceptive information and counselling; however, pharmacists' knowledge, attitudes and practices (KAP), and consumers' perspectives, regarding pharmacy-based contraceptive counselling, have not previously been assessed. Therefore, the objectives of this research were: to examine community pharmacists' contraceptive counselling KAP and consumer perspectives on pharmacists as contraceptive information providers, and; to conceptualise a feasible and acceptable model of care.

Methods: From September-December 2020, we invited 2149 pharmacies to participate in a nationwide self-completed survey. The survey asked closed and open-ended questions about contraceptive counselling KAP, barriers and benefits. We analysed quantitative data with parametric and non-parametric tests and conducted content analysis of free-text responses. In 2021-2022 we will interview consumers aged 16-29, to understand essential components of person-centred contraceptive counselling, regarding: outreach, trust building, access, quality and follow-up support.

Results: We received eligible responses from 366 community pharmacies; 62 respondents provided short-answer data. Pharmacists' self-rated knowledge and confidence about combined oral contraceptives were high compared to other methods (all comparisons: $p<0.001$). Most pharmacists (85%) agreed that contraceptive counselling fits within their scope of practice. A lack of remuneration (66%), educational opportunities (55%) and professional guidance/ resources (54%) were important barriers. A few pharmacists counselled without expecting remuneration; most, however, needed to prioritise remunerated professional services. Those unsupportive of expanded roles expressed concern about medical profession obstruction and pressure to provide unremunerated patient care.

Discussion: Pharmacists' role in contraceptive counselling is not clearly defined; decisions to counsel are based on individual knowledge, perceived responsibility, and pharmacists' relative prioritisation of remunerated and unremunerated services under time pressure.

Implications for practice: A feasible community pharmacy contraceptive counselling service requires pharmacist training and remuneration. Guidelines, referral pathways and strategies to increase public awareness may facilitate implementation. Acceptability to consumers and the medical profession requires exploration.

For further details about this study, please contact Pip.Buckingham@monash.edu

General practitioner perspectives and experiences on delivering early medical abortion services to women from culturally and linguistically diverse backgrounds

Singh R[1], Mazza D[1], Shankar M[1], Subasinghe AK[1]

[1] Department of General Practice, Monash University, Australia

Background: Women from culturally and linguistically diverse (CALD) backgrounds have higher unintended pregnancy and abortion rates than Australian-born women yet underutilise sexual and reproductive health (SRH) services. Consequently, the National Women's Health Strategy has identified CALD women as a priority for improving access to SRH services, including early medical abortion (EMA). While general practitioners (GPs) are ideally placed to deliver EMA, little is known about how GPs should best deliver this service to CALD women. We aimed to explore GP perspectives and experiences in providing and improving EMA delivery to women from CALD backgrounds.

Method: Semi-structured, audio-recorded telephone interviews were conducted with 18 GPs nationwide who provided EMA to CALD women. GPs were purposively sampled using three strategies: email invitations to publicly listed EMA providers, social media posts on a special interest Facebook group, and participant referral. Following verbatim transcription, reflexive thematic analysis by two coders was used to develop themes and subthemes, categorised according to the Capability-Opportunity-Motivation Behaviour (COM-B) model.

Results: We identified four themes related to GPs experiences with EMA delivery to CALD women: (1) sociocultural influences; (2) structural barriers and disincentives; (3) poor provider preparedness; and (4) GPs conceptualisation of their professional role. GPs experienced challenges in communication and cultural competency that arose from insufficient training and access to resources. Additionally, inadequate Medicare reimbursement for EMA consultations contributing to large out-of-pocket payments for women was identified as a financial impediment to care as women from CALD backgrounds tend to be more socioeconomically disadvantaged than the general population.

Implications for practice: Enhancing EMA delivery to women from CALD backgrounds requires: (1) up-skilling of GPs in the provision of culturally competent care and cross-cultural communication; (2) multilingual EMA patient education resources and efficient systems for interpreter use; and (3) research into the feasibility of incentivising provision of this service.

For further details about this study, please contact rsin0008@student.monash.edu

Ethics of research with refugees and displaced people: a systematic review of guidelines

Davidson N[1], Hammarberg K[1], Fisher J[1]

[1]Global and Women's Health, School of Public Health and Preventive Medicine, Monash University

Background: Ethics guidelines for research have been developed to protect human research participants from harm. Some potential participants may be at higher risk of harm than others and require additional protections when participating in sexual and reproductive health research. The aim was to review systematically how vulnerability is addressed in research ethics guidelines with particular attention on refugee and displaced people**.**

Method: A search of grey literature was conducted using four strategies: (1) Google (2) targeted websites (3) the International Compilation of Human Research Standards and (4) reference lists of documents identified in (1), (2), or (3). Inclusion criteria were national or international guidelines relevant to countries/regions receiving refugees through United Nations Resettlement Programs. The review sought to identify if and how guidelines 1) defined vulnerability, 2) described population groups considered vulnerable, 3) described why population groups are considered vulnerable, 4) linked ethical considerations to vulnerability, and 5) linked ethical considerations to participants from refugee and displaced backgrounds.

Results: Of 2187 documents screened, 14 met inclusion criteria. While most guidelines referenced vulnerability or vulnerable populations, few addressed ethical considerations for vulnerable groups and only one explicitly linked vulnerability to ethical considerations for refugees and displaced people.

Discussion: Current guidelines provide insufficient concrete and practical guidance for researchers and ethics committees in relation to the ethics of research with refugees and displaced people. Guidelines need to be enhanced to include circumstances and context that may lead to vulnerability and how individuals who are vulnerable can best be protected from harm if they participate in sexual and reproductive health research.

Implications for practice: Based on the findings of this review, recommendations on how ethics guidelines can improve researchers' awareness of how to protect potentially vulnerable participants from harm will be proposed. Specific guidance is needed on fair selection of participants, informed consent, compromised autonomy, mistrust, confidentiality and the burdens and benefits of participation in preconception care research.

For further details about this study, please contact natasha.davidson@monash.edu

Improving contraceptive health literacy and increasing preference, and uptake, of long acting reversible contraception (LARC), among women from priority groups: A protocol of the EXTEND PREFER study

Subasinghe AK[1], Hamidi N[1], Buckingham P[1], Shankar M[1], Amos N[1], Tomnay J[2], Mazza D[1]

[1]Department of General Practice, Monash University, Australia, [2]Centre for Excellence in Rural Sexual Health, University of Melbourne, Australia

Background: Currently there are disparities in the use of effective contraception among women in Australia. This disparity has led to poorer sexual and reproductive health (SRH) outcomes among vulnerable populations, including greater rates of unintended pregnancy. In the PREFER study, an educational video was used to improve contraceptive health literacy and uptake of contraceptive methods among young Australian women. Building upon this research, the aim of EXTEND PREFER is to expand this intervention to three priority populations comprising young women from 1) rural and remote areas, 2) culturally and linguistically diverse (CALD) and 3) socioeconomically disadvantaged backgrounds.

Methods: Using targeted social media advertising, we will recruit 500 women aged 16-25 years from each priority group described above. Participants will view a short online video, developed in consultation with relevant consumers and stakeholders, detailing all available reversible contraceptive options. This video will be available in English with subtitles in Cantonese, Mandarin, Hindi and Arabic. Women will be asked to complete online surveys prior to, and immediately after, viewing the video to assess changes in knowledge and contraceptive preferences. Participants will also be invited to complete a six-month survey 6 months after baseline to assess any sustained change in contraceptive behaviours. Data collection will begin in October 2021 and completed by October 2022.

Results: We anticipate that the educational video will be effective in improving knowledge, preferences for, and uptake of, contraception among sexually active young women from priority groups in Australia.

Discussion and Implications for practice: Findings will determine the effectiveness of an educational video in improving contraceptive health literacy and use among priority populations. Upon the study's conclusion we will work towards the sustainability and broader dissemination of the intervention to promote better SRH outcomes among young women in Australia.

For further details about this study, please contact nilab.hamidi@monash.edu