

# 2019-2021 ACHIEVEMENT REPORT

























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# Message from the Director of SPHERE





I am very pleased to present to you the SPHERE Achievement Report for 2019–2021. This report describes the work that the team at SPHERE has undertaken in the last two and half years.

When we were first awarded funding by the National Health and Medical Research Council to establish a five-year Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care, we knew that it would be a privilege to lead a research program that is focused on a very important area of women's health. This has been a long time coming!

I am especially grateful to the team of investigators that we have assembled to deliver the SPHERE research program. Many of us have a long history of working together to advocate for issues that impact women's access to sexual reproductive health services, particularly in the areas of abortion, contraception and preconception care. We are all very committed to ensuring that issues such as access, equity and high-quality care are at the forefront of the work that we do in SPHERE.

#### **Chief Investigators**



PROFESSOR DANIELLE MAZZA Director of SPHERE, Monash University



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PROFESSOR KIRSTEN BLACK



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PROFESSOR WENDY NORMAN The University of British Columbia

I would like to thank the "engine room" of the SPHERE research program - our research fellows, PhD students, Honours students, academic GP registrars, research affiliates and project support staff who have contributed immensely to the delivery of a research program that has evolved significantly since we first commenced in 2019. Our research program has expanded to include three large clinical trials in primary care and two projects that are focused on the implementation of the Australian government's National Women's Health Strategy. We also have a substantial number of smaller projects that contribute to generating more evidence that can improve clinical practice and inform policy decisions, particularly those that address issues relating to equitable access to women's sexual and reproductive health services.

I would also like to acknowledge our advisory groups and the many partner organisations and stakeholders who have contributed and supported us through our research program and through the advocacy work of the SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition. It

is always inspiring to work with so many people who are passionate and who share a common goal of advancing the rights of women in Australia to be able to access comprehensive sexual and reproductive health services that meet their needs. We look forward to continuing these important collaborations and partnerships over the next few years.

Finally, I would like to say how incredibly proud I am of the work and the progress that we have achieved so far under SPHERE. There are still many exciting opportunities for us to pursue in the years ahead that involve developing and strengthening new collaborations and increasing the breadth and quality of research within SPHERE. We are very much looking forward to those opportunities and to working with you to continue achieving better outcomes in women's sexual and reproductive health through primary care.

## Professor Danielle Mazza, Director, SPHERE Centre of Research Excellence

#### **Associate Investigators**



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# **SPHERE members**

#### **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)
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- Professor Deborah Bateson (Family Planning NSW)
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- Dr Philip Goldstone (Marie Stopes Australia)
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- Professor Daniel Grossman (University of California, San Francisco)
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#### Stakeholder Advisory Group

- 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)
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- Dr Kate Cheney
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- Dr Kristina Edvardsson (La Trobe University)

#### Research affiliates

- Dr Melissa Harris
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- A/Professor Luke Grzeskowiak (The University of Adelaide)
- Dr Jessica Fitch (The University of Sydney)
- Dr Leesa Hooker
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- Ms Sarah Ratcliffe
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- Dr Shelly Makleff (Monash University)

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- 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 (Monash University)
- Ms Lauren Moloney (Monash University)
- Ms Seema Deb (Monash University)
- Ms Ridmi Dolamulla (Monash University)
- Ms Tara Dev (Monash University)
- Ms Rose Liu (Monash University)

#### **Project support staff**

- Ms Kellie Hamill (Monash University)
- Ms Amelia Grevis-James (Monash University)

#### **Academic GP registrars**

• Dr Ching Kay Li

#### Management

- Dr Maria de Leon-Santiago (Monash University)
- Ms Nilab Hamidi (Monash University)

#### **Social Media Coordinator**

• Dr Karen Freilich (Monash University)



52

research projects in abortion, contraception, preconception care and health economics



49

peer-reviewed publications



>\$6m

in research funding

## 3 large clinical trials in primary care:

General practice, practice nursing and pharmacy SPHERE 2019-2022: A snapshot



- **36** Project Investigators
- **10** Research Fellows
- **9** Research Affiliates
- 8 PhD students
- 6 Honours students
- 4 Administrative Staff



Partner Organisations



>100

members in Women's Sexual and Reproductive Health COVID-19 Coalition



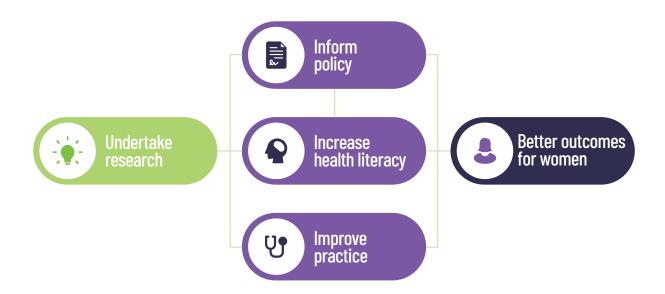
## Social Media & Podcasts

Twitter, Instagram, Facebook & Spotify

# What does SPHERE want to achieve?

Australian women continue to have poor sexual and reproductive health, which impacts not only on their physical, social and economic wellbeing but also their families and the broader society. Around one in four women have experienced an unintended pregnancy in the last ten years, with one-third of these women choosing to have an abortion.1 Contraceptive utilisation and management do not reflect best practice guidelines, with the vast majority of women prescribed less efficacious forms of contraception (e.g. the pill) rather than long-acting contraceptive methods<sup>2</sup> (intrauterine device or contraceptive implant). Additionally, many women have risk factors (e.g up to 50% of pregnant women are obese3) that put them at increased risk of poor pregnancy outcomes.

SPHERE recognises that the Australian primary care workforce plays a critical role in ensuring that the sexual and reproductive health needs of women are met. Consequently, SPHERE's research program is focused on generating new evidence that will improve the quality, safety and capacity of primary health care services to achieve better sexual and reproductive health outcomes for women, particularly in the areas of abortion, contraception and preconception care. The evidence generated from SPHERE's research will be used to inform policy (national and local level); increase sexual and reproductive health literacy of women (especially those who are at increased risk of poorer outcomes); and improve practice among primary health care providers (general practitioners, pharmacists and practice nurses).



<sup>&</sup>lt;sup>1</sup>Taft et al (2018). Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. Med | Aust, 209 (9): 407-408

<sup>&</sup>lt;sup>2</sup> Grzeskowiak et al (2021). Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. ANZJOG, 61 (1): 128-134

<sup>3</sup> https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/body-mass-index

# **Major activities**

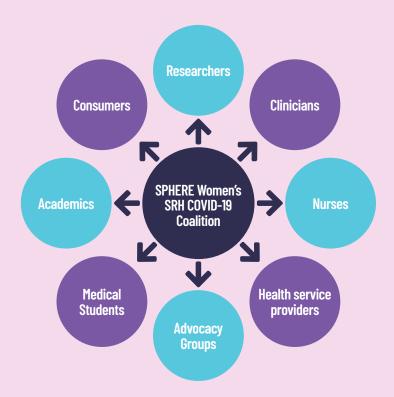
SPHERE's research and advocacy activities are focused on four key areas that are highly relevant to the delivery of high quality, accessible sexual and reproductive health care for women in Australia: evidence-based practice, workforce support, new models of care and rural health and workforce issues.

#### Promoting evidence-based practice

High quality sexual and reproductive health care for women should be based on current best evidence. In response, SPHERE established the Women's Sexual and Reproductive Health COVID-19 Coalition in 2020 to give a strong, collective voice to secure high quality sexual and reproductive health services for women during the COVID-19 pandemic and beyond (https:// www.spherecre.org/coalition). The aim of the Coalition is to collectively advocate for evidence-informed policy and practices in women's sexual and reproductive health care. This has largely been achieved by gathering, synthesising and disseminating evidence-informed policy and practice briefs, consensus statements and public letters that promote the delivery of high quality and accessible sexual and reproductive care for women.

To date, the Coalition has more than 100 members who have collectively produced 12 consensus statements on relevant issues such as reproductive coercion, provision of emergency contraception and early medical abortion, nurse and midwife-led models of care for early medical abortion, and publicly-

funded abortion service provision. The Coalition has also advocated for COVID-19 pandemic-related issues such as the use of telehealth to provide early medical abortion, provision of long-acting reversible contraception during the COVID-19 pandemic, contraceptive method considerations for individuals with active COVID-19 infection and the shortage of norethisterone-containing pills in Australia.



#### Consensus Statements

#### **ABORTION-RELATED ISSUES**

- Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond
- Evidence-based practice and policy recommendations regarding early medical abortion
- Nurse- and midwife-led provision of mifepristone and misoprostol for the purposes of early medical abortion
- A consensus statement on publicly-funded abortion service provision: a duty of care
- A consensus statement on achieving equitable access to abortion care in regional, rural and remote Australia

#### REPRODUCTIVE COERCION

A consensus statement on reproductive coercion

#### **CONTRACEPTION-RELATED ISSUES**

- Coalition consensus statement on the provision of long-acting reversible contraception during the COVID-19 pandemic
- Shortage of norethisterone-containing pills in Australia: advice for GPs
- Contraceptive method considerations for individuals with active COVID-19 infection
- Provision of emergency contraception
- A consensus statement on 52mg levonorgestrel-releasing IUD as emergency contraception: examining the evidence

#### PROGRESSING THE IMPLEMENTATION OF THE NATIONAL WOMEN'S HEALTH STRATEGY

 A consensus statement on implementation and monitoring of the National Women's Health Strategy 2020–2030: "Maternal sexual and reproductive health" priority area

The success of the Coalition can be measured by its impact on a number of key policy decisions in the 18 months since its inception. Most notable of these is the introduction of Medicare telehealth rebates for sexual and reproductive health consultations, which includes medical abortion<sup>1</sup>. Other policy decisions that were informed by the work of the Coalition include an increase in the Medicare rebate for IUD insertion from March 2022<sup>2</sup> and the removal of the requirement of Anti–D administration for medical abortion from the national guidelines<sup>3</sup>.



<sup>&</sup>lt;sup>1</sup>COVID-19 Temporary MBS Telehealth Services: Blood borne viruses, sexual or reproductive health services. http://www.mbsonline.gov. au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/\$File/FAQ-COVID-19-SRH-Providers-Post.pdf

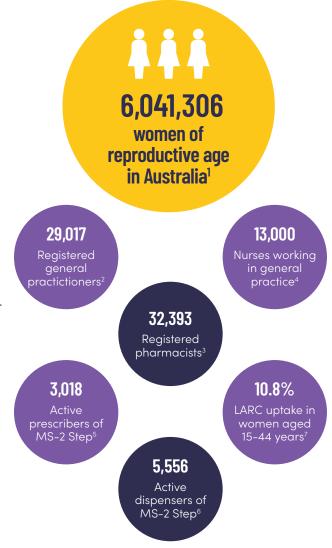
<sup>&</sup>lt;sup>2</sup>Department of Health, Australian Government. \$354 million to support the health and wellbeing of Australia's women https://www. health.gov.au/ministers/the-hon-greg-hunt-mp/media/354-million-to-support-the-health-and-wellbeing-of-australias-women

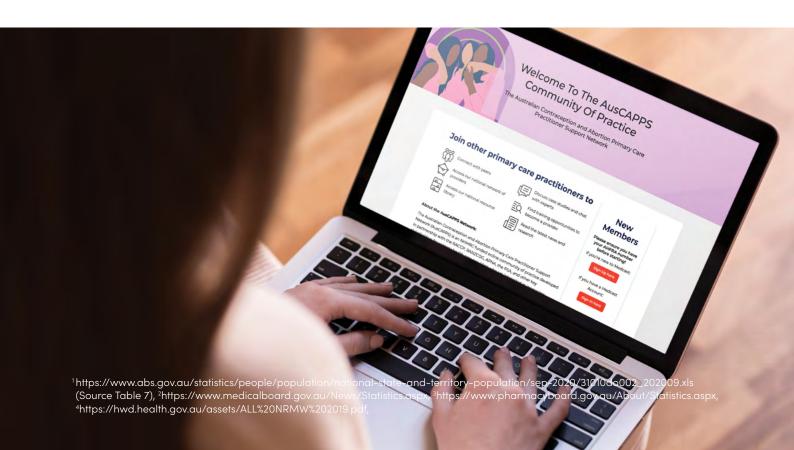
<sup>&</sup>lt;sup>3</sup>National Blood Authority. Prophylactic use of Rh D immunoglobulin in pregnancy care 2021. https://www.blood.gov.au/anti-d-0

#### Workforce support

The Australian primary care workforce plays a critical role in ensuring that the sexual and reproductive health needs of 6,041,306 women of reproductive age in Australia are met. However, gaps in the provision of abortion and contraception services in primary care still exist

SPHERE seeks to address these service gaps by supporting the primary care workforce in Australia (general practitioners, pharmacists and practice nurses) to integrate the provision of medical abortion and long-acting reversible contraception services into their scope of practice. This support will be provided through the establishment of the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) network – a community of practice that will empower the primary care workforce to deliver best practice, evidence-based care to women of reproductive age who are trying to prevent or manage an unintended pregnancy (https://www.spherecre.org/the-auscapps-project). This online community of practice will increase access to much needed practice support, resources, and education and training; provide regional peernetworking opportunities; drive innovation; and coordinate sustainable improvements in access to and equity of these services nationwide.





Pharmacy-based



# New models of care to increase access to sexual and reproductive health services for women

Ensuring that all women in Australia can access sexual and reproductive health services in a timely manner regardless of where they live is a key focus of SPHERE's research program. Consequently, SPHERE is developing and trialling new models of care that could increase access to abortion and contraception services, which remain very challenging particularly for women living in rural and regional areas.

#### **ACCORd** ORIENT ALLIANCE **Clinical trial** Training to support Pharmacist training Proposed policy GP education and rapid nurse-led model of and funding to deliver referral to LARC insertion approach service delivery contraceptive counseling Metropolitan Setting Rural Rural Proven increased In progress In progress Outcome uptake of LARC Support systematic implementation of training for GPs and GP trainees on LARC and effectivenessbased contraceptive counseling **Policy** recommendations Establish a network of LARC insertion clinics around Australia at a a regional level with the capacity for

General practice-based

GPs to rapidly refer into

these clinics

**ACCORd** (The Australian Contraceptive Choice pRoject) was a trial of a complex intervention that involved online training of general practitioners in effectiveness-based contraceptive counselling and the provision of rapid referral pathways to longacting reversible contraception insertion clinics to determine if this would increase the uptake of longacting reversible contraception among women attending general practices in Melbourne, Australia. This intervention resulted in a significant increase in the uptake of long-acting reversible contraception among women who attended general practices in the intervention arm compared with those who received usual care. The findings from this trial indicate that this general practice-based intervention can assist in meeting the contraceptive needs of a high number of women who attend general practice for their contraception and has the potential to reduce the rate of unintended pregnancies and abortion in Australia.

Other models of care that are currently being developed and trialled within SPHERE include:

- The ORIENT Study (Improving rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, Tasksharing and telehealth) a nurse-led model in general practice that is aimed at improving the uptake of long-acting reversible contraception and increasing access to medical abortion in rural and regional areas
- The ALLIANCE Trial (Quality family planning services and referrals in community pharmacy: expanding pharmacists' scope of practice)

   a community pharmacy-led model that involves promoting the safe and effective use of contraceptive medicines amongst those at high risk of unintended pregnancy, such as women seeking the emergency contraceptive pill or early medical abortion in settings such as rural and regional communities

Both trials, funded by the **Medical Research Future Fund**, will involve an evaluation to determine the feasibility and economic viability of each model for scale up and wider implementation.

#### Rural health and workforce issues

Disparities in sexual reproductive health care continue to persist for women living in rural and regional areas. Women living in these areas are 1.4 times more likely to experience an unintended pregnancy than women living in metropolitan areas<sup>1</sup>. Factors that contribute to this include geographic isolation, limited access to contraception services, and lack of knowledge about where these services can be accessed.

Addressing this critical issue of inequity for women living in rural and regional areas is a key focus of SPHERE's work. In November 2021, the SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition released a consensus statement that sets out a policy blueprint for achieving equitable access to abortion care in regional, rural and remote Australia. Standards, public reporting against those standards at a regional level, regional level coordination and responsibility for service delivery and the involvement of primary health networks in this process are key aspects of this blueprint.

SPHERE is also at the forefront of trialling innovative models of care to increase access for rural women. The MRFF-funded ORIENT Study will trial nurse-led models of care to improve access to long-acting reversible contraception and medical abortion in rural general practice. We are also conducting exploratory studies examining the experiences of women and health providers in rural areas to determine where gaps and barriers in service provision remain. SPHERE also continues to actively advocate for the continued availability of community-based sexual and reproductive health services delivered by telehealth as this can facilitate increased access to sexual and reproductive health care, such as medical abortion. This is particularly relevant for women who have to travel very long distances to access abortion services simply because there are no general practitioners who can prescribe medical abortion or there are no surgical abortion options. Additionally, SPHERE is in the process of establishing a Rural Health Advisory Committee to help guide us in our work.



# Delivering the SPHERE strategic plan

# What has SPHERE achieved so far?

Generate new knowledge that leads to improved outcomes

in women's sexual and reproductive health

#### SPHERE research program

SPHERE's focus is to generate new knowledge in three critical areas of women's sexual and reproductive health where there are significant evidence-practice gaps: abortion, contraception, and preconception care. Health economics is also an integral part of SPHERE, with the conduct of cost and cost-effectiveness analyses and preference elicitation studies to determine how likely our proposed interventions will be accepted and be successful in the Australian setting.

Since commencing in 2019, a total of 52 new projects have been undertaken by SPHERE across the areas of abortion, contraception, preconception care and health economics.



20 Original number of SPHERE projects

32
Number of new projects since commencing in 2019

17

Number of projects in abortion

21

Number of projects in contraception

11

Number of projects in preconception care

3

Number of projects in health economics

#### Abortion stream

SPHERE's work in the abortion stream is focused on improving the quality of care and access to medical abortion services in primary care. This involves:

- Gaining a better understanding of women's preferences regarding accessing a medical abortion and designing and piloting services that take these factors into account
- Identifying the gaps in medical abortion service provision in Australia, including for women from culturally and linguistically diverse backgrounds, so we can guide policy initiatives aimed at increasing access to these services, particularly in rural areas
- Translating international best practice and innovations, such as communities of practice, access to medical abortion via telehealth, and new nurse-led models of care for medical abortion, into the Australian context
- Developing new models of care and increasing the scope of practice of primary care providers to ensure equitable access to medical abortion and contraception services, particularly among highrisk and vulnerable population groups
- Exploring factors associated with the experience of unintended pregnancy and abortion nationally and in Victoria

- Examining general practitioners' experiences of providing medical abortion care to women from culturally and linguistically diverse backgrounds to understand current challenges in service delivery and inform strategies for improvements in general practice settings
- Investigating how cultural factors and issues, such as reproductive coercion, can impact women's access to sexual and reproductive health and the quality of care that they receive
- Exploring the experience of women living in rural and remote NSW with an unintended pregnancy
- Exploring pregnancy intention among pregnant women in rural NSW, including the consideration of abortion as an option
- Exploring the experience of rural and remote primary care practitioners in providing sexual and reproductive health, including access to abortion, to people in their area

#### Contraception stream

SPHERE's program of work within the contraception stream has been designed to address the high rate of unintended pregnancies in Australia. This will involve:

- Developing and trialling new models of care that can increase the capacity of primary health care providers (general practitioners, practice nurses and pharmacists) to deliver contraceptive services, particularly long-acting reversible contraception
- Designing and testing interventions that can increase the number of general practitioners who can provide long-acting reversible contraceptive services
- Improving the quality and delivery of contraceptive services in primary health care to include addressing women's preferences
- Designing and testing interventions to educate women about contraceptive options, particularly those who are at high risk of unintended pregnancy

- Understanding women's preferences regarding the delivery of and access to contraceptive services
- Understanding the role of midwives in postpartum contraception provision
- Measuring pregnancy intention and the counselling and delivery of post-partum contraception
- Exploring existing policy and clinical practice guidelines to guide the practice of post-partum contraception in Australia and New Zealand

#### Preconception care stream

SPHERE's program of work in preconception care is aimed at improving the delivery of preconception care to women of reproductive age across Australia. This includes identifying women who are at higher risk of poor pregnancy outcomes, which is critical to minimising adverse health outcomes in both women and their babies. Our research will involve:

- Analysing the evidence to determine what is best practice in the delivery of preconception care services in primary care
- Designing and piloting innovative models of care that will increase the capacity of general practice to deliver preconception care, particularly those who are at high risk of poor pregnancy outcomes
- Investigating women's preferences in the delivery of preconception care in general practice, including interventions that reduce risk during the interconception period
- The use of tools to improve the delivery of preconception care to priority groups
- Exploring the role of pharmacists in preconception and interconception care

#### Health economics

SPHERE's program of work within the health economics stream is designed to complement and supplement the research being undertaken in the abortion, contraception, and preconception care streams. In addition to contributing to each stream of work in terms of cost and cost-effectiveness analyses, a number of preference elicitation studies will also be undertaken. This will involve:

- Using discrete choice experiments and related research methods to provide a greater understanding of how consumers and providers make health care choices, which in turn will allow us to estimate the demand for and value of specific services or characteristics. This will allow us to estimate the uptake and costs of proposed "policy interventions" and whether these interventions are likely to be accepted and be successful in the Australian setting.
- Conducting discrete choice experiments to specifically understand women's preferences regarding the delivery of medical abortion and preconception care services and the outcomes associated with the use of long-acting reversible contraception.
- Using the analysis of women's preferences
  to inform the development of models of care
  for medical abortion, contraception and
  preconception care to ensure maximum uptake
  in primary health care, especially among highrisk or vulnerable groups.
- Using preference elicitation methods to assess
  the barriers and facilitators facing health care
  providers in the delivery of medical abortion
  services. The results will be used to design
  policies and practices aimed at increasing the
  capacity of community-based and primary
  health care services to be involved in the delivery
  of medical abortion, thus increasing access.



#### Generation of additional grants and funding

In 2018, SPHERE received \$2.5 million from the National Health and Medical Research Council (NHMRC) to establish a Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care. Since then, SPHERE has been awarded one Partnerships Project Grant from the NHMRC, two grants to implement the National Women's Health Strategy and two grants from the Medical Research Future Fund. In total, SPHERE has received more than \$6 million in additional research funding to expand our program of work in women's sexual and reproductive health in primary care.

#### 2018 **(→** 2019 2020 (→ 2021 Awarded NHMRC funding **SPHERE** commences Awarded two grants to Awarded MRFF Preventive to establish Center of implement the National and Public Health Awarded funding from the Research Excellence Women's Health Strategy Research Initiative Grant for the ALLIANCE Trial Australian Government for the Your Fertility program Awarded NHMRC Partnerships Project for the AusCAPPS Network Awarded MRFF Primary Health Care Research Grant for the ORIENT Study

#### The AusCAPPS Network

A community of practice to support the provision of long-acting reversible contraception and medical termination of pregnancy in primary care (NHMRC Partnerships Project Grant - \$1,470,160)

The Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network seeks to address long-standing and well-defined barriers to the primary care provision of long-acting reversible contraception and medical abortion in Australia. Replicating a highly successful Canadian model, we will establish, deliver and evaluate an innovative, multidisciplinary community of practice aimed at supporting general practitioners, pharmacists and nurses working in primary care to deliver these services. The AusCAPPS Network will



drive best practice and evidence-based care in the provision of long-acting reversible contraception and medical abortion services in Australia by increasing access to much needed practice support, resources, education and training and by providing peer networking opportunities for primary care practitioners who are interested in providing these services. Increased accessibility to long-acting reversible contraception and medical abortion will decrease unplanned pregnancies and improve health outcomes for Australian women.

#### The ORIENT Study

Improving rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, tasksharing and telehealth (MRFF Primary Health Care Research Grant - \$1,928,519)

Australian women living in rural and regional areas have higher rates of unplanned pregnancies and face difficulties accessing long-acting reversible contraception (intrauterine devices and implants) and medical abortion. Targeting a key goal of the National Women's Health Strategy and addressing consumer and key stakeholder calls for greater access to these services in rural and regional areas, we seek to broaden the scope of work of practice nurses to address this need. The ORIENT study will test the effectiveness and cost-effectiveness of a nurse-led model of care to increase the uptake of long-acting reversible contraception and improve access to medical abortion for women living in



rural and regional areas. Working closely with end users, rural primary care practitioners and our key partner stakeholders, we will co-design a nurse-led model of care that can be operationalised in the general practice setting. We will then support its implementation through, online education, implant insertion and removal training, innovative online academic detailing and a virtual community of practice. Our integrated approach to knowledge translation and strong collaborations with key partners will facilitate the rapid translation of ORIENT's outcomes into policy and practice change and better health outcomes for rural and regional women.

#### The ALLIANCE Trial

Quality family planning services and referrals in community pharmacy: expanding pharmacists' scope of practice (MRFF Preventive and Public Health Research Initiative Grant 2020 - \$2,493,400)

The ALLIANCE Trial will improve the health and wellbeing of Australian women by promoting the safe and effective use of contraceptive medicines amongst those at high risk of unintended pregnancy, such as women seeking the emergency contraceptive pill or early medical abortion in rural and regional communities. We will determine whether expanding community pharmacist's scope of practice to deliver a billable consultation involving high quality, structured, patient-centred, effectiveness-based contraceptive counselling and a referral to a contraceptive provider results in increased subsequent use of effective contraception



amongst these women and reduce unintended pregnancy, thereby addressing a key goal of the National Women's Health Strategy.



#### **FXTFND PRFFFR**

Improving contraceptive health literacy and increasing LARC knowledge, preference, and uptake among women from rural and remote areas, culturally and linguistically diverse backgrounds and socioeconomically disadvantaged backgrounds (National Women's Health Strategy Grant - \$116,467)

EXTEND PREFER will harness social media to increase knowledge and uptake of the most effective forms of reversible contraception in women at high risk of unintended pregnancy. These women include those from rural and remote areas, culturally and linguistically diverse backgrounds and socioeconomically disadvantaged backgrounds. Using targeted social media advertising, we will provide women with an opportunity to view a short online structured video on the contraceptive options available to them in Australia. The video will be available in English and also subtitled in Cantonese, Mandarin, Hindi and Arabic. Change in knowledge, contraceptive preference and uptake will be evaluated using online surveys to determine whether the video increases women's health literacy in relation to the contraceptive options available to them and increases LARC preference and uptake.

#### Preconception care in priority groups

Preconception care in priority groups: optimisation and dissemination of an online preconception health self-assessment tool (National Women's Health Strategy Grant - \$85,320)

Preconception care aims to optimise the physical and psychological health of women prior to conception. Good preconception health reduces the incidence of preventable morbidity and mortality for women and their babies. In Australia, there is a need to increase health literacy and access to preconception care, as evidenced by the high proportion of women entering pregnancy overweight and obese, the low proportion of women taking folic acid before conception, and the low rate of good pre-pregnancy glycaemic control in women with diabetes. This project will evaluate an existing online preconception health self-assessment tool, The Healthy Conception tool, that has been developed by Your Fertility (a Commonwealth-funded fertility health promotion program). Discrete choice experiments and focus groups will be conducted to gain an in-depth understanding of women's perceptions about the usefulness of the tool and ways to improve its acceptability, engagement and impact. The tool will then be refined, optimised and disseminated nationally through our extensive networks. As an online tool, the Healthy Conception tool has the potential to improve the health of targeted populations that experience health inequities, such as those from rural and remote backgrounds, and can be further tailored to other priority populations.



#### Your Fertility

Supporting Reproductive Choices (Australian Government - \$90,000)

Your Fertility is a fertility and preconception health promotion program funded by the Australian Government. It is delivered by the Fertility Coalition which is a collaboration between the Victorian Assisted Reproductive Treatment Authority (VARTA, lead agency), Global and Women's Health at Monash University, Healthy Male, Jean Hailes for Women's Health and Robinson Research Institute at the University of Adelaide. The program was initiated in 2011 and due to its success has secured continuous funding since then. The current funding period is July 2019 to June 2023.

The overarching aim of the program is to increase community awareness and knowledge about factors affecting natural conception and assisted reproductive treatment success and the health of future children. To achieve this the program seeks to:

- Build the capacity of health and education professionals to promote fertility optimisation, reproductive life planning, and preconception health to women and men
- Engage with the target populations to establish their educational needs and inform program development, and translate and promote evidence related to reproductive health and the causes and prevention of infertility

- Deepen existing and build new partnerships to implement collaborative strategies and embed fertility and pre-conception health-related information into other healthy lifestyle policies and health promotion initiatives to increase program reach, impact and sustainability
- Provide information and advice regarding fertility and reproductive health to policy makers, academic institutions, health professionals and the media.

In the current funding period, Global and Women's Health has received funding for Dr. Karin Hammarberg to support the program by undertaking research activities that are focused on examining the fertility knowledge, attitudes, behaviours of people of reproductive age, the needs of primary healthcare providers to promote preconception health and evaluating existing preconception health tools and programs.



The overarching aim of the Your Fertility program is to increase community awareness and knowledge about factors affecting natural conception and assisted reproductive treatment success and the health of future children.



#### **SPHERE Consumer Advisory Group**

The SPHERE Consumer Advisory Group (CAG) was established in 2020 to provide advice on SPHERE research activities and future research priorities from the community perspective. To date, the SPHERE CAG comprises nine members who have diverse backgrounds and experiences and are located in urban, regional and rural areas across Australia. They are actively involved in providing advice on SPHERE research projects – from the development of new research ideas to the implementation of strategies for participant recruitment and dissemination of project outcomes.



CLARE GRAF-MITCHELL



CHIEDZA MALUNGA



DARCY MONEY



ISABELLE STEVENSON



SAM JONES



SONIA KOHLBACHER



ROSIE ALLAN



MELANIE MCGUANE



MARIANTHI FADAKIS

#### SPHERE Stakeholder Advisory Group

Established in mid-2019, the SPHERE Stakeholder Advisory Group plays a vital role in providing strategic advice on the direction of the SPHERE research program, particularly the identification of research priorities and evidence gaps in the delivery of women's sexual and reproductive health services that are relevant at both the local and national levels. This group also supports SPHERE by advocating to government and stakeholders on policies and programs that can be informed by the evidence generated from the SPHERE research program. Members of the stakeholder advisory group represent disciplines such as general practice, nursing and midwifery, pharmacy, obstetrics and gynaecology, and family planning and have expertise in rural health, vulnerable groups, government policy and consumer engagement.



MRS JANET MICHELMORE Jean Hailes for Women's Health



DR PHILIP
GOLDSTONE
Marie Stopes Australia



PROFESSOR
DEBORAH BATESON
Family Planning NSW



DR KATHLEEN MCNAMEE Family Planning Victoria



ASSOCIATE
PROFESSOR
JANE TOMNAY

Centre of Excellence in
Rural Sexual Health



PROFESSOR HEATHER DOUGLAS The University of Melbourne



DR MICHAEL GANNON Clinician Expert (women's sexual and reproductive health)



PROFESSOR CHARLOTTE HESPE Notre Dame University and Royal Australian College of General Practitioners

**ASSOCIATE** 



MS TANIA EWING Tania Ewing & Associates



PROFESSOR RACHEL SKINNER The University of Sydney



MS. SIAN RUDGE The Sax Institute



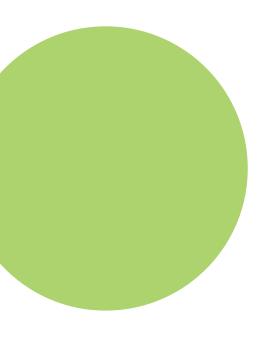
MS. JO MILLARD Australian Primary Health Care Nurses Association



HON. DR.
HELEN HAINES MP
Independent Federal
Member for Indi



PROFESSOR SHARMAN STONE Monash University



# Advisory circles in general practice, practice nursing, pharmacy and culturally and linguistically diverse population groups

In response to the need for discipline-based advice on the development and implementation of the SPHERE research program, SPHERE has established advisory circles in three primary care disciplines that are relevant to the delivery of sexual and reproductive health services in Australia: general practice, practice nursing and pharmacy. Fostering this collaboration will ensure that our research is informed by knowledge and clinical insights from front-line primary care providers who are experts in the delivery of women's sexual and reproductive health care in Australia.





I joined the GP advisory circle to network with other GP MTOP providers and share ideas and knowledge.

**Dr. Lisa Brown**GP in Wallongong, NSW



I joined the Pharmacy advisory circle because I have a strong interest in women's sexual and reproductive health and I wanted to help improve the delivery of services in this area in community pharmacy.

Alicia Martin
Early career pharmacist in the ACT

General practice

## **Advisory circles**

Practice nursing

Pharmacy

SPHERE research program

Culturally and linguistically diverse groups



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I appreciated the opportunity to join SPHERE. I was impressed by the diversity in women's health-related research and advocacy interests. As a Nurse Practitioner, I conduct full assessments, order investigations, prescribe medications, and manage and take care of women. One of my concerns and interests is that there is little access to MToP and when I have investigated additional education for abortifacients, I was denied access as a Nurse Practitioner.

Michelle Woods

Nurse Practitioner in Hobart, Tasmania



I joined the advisory circle because of general interest resulting from my years working in community pharmacy, and noting the lack of knowledge and information available to patients regarding the various forms of contraception/medical abortion. I also have a background in research, so this aspect was also appealing. Lastly, my own personal experiences as a woman and mother of two young children makes the matter a personal one also.

#### **Dr. Rosa Baleato**

Registered consultant pharmacist in regional NSW

SPHERE also recognises that women from culturally and linguistically diverse (CALD) backgrounds have a higher risk of poor sexual and reproductive health outcomes. Consequently, SPHERE has established a CALD Advisory Circle that comprises key stakeholders who have experience working with women from CALD backgrounds. The purpose of this advisory circle is to share experiences related to migration, language barriers, social isolation, housing, employment and the structure of the Australian health care system that will guide our research to design appropriate services and programs in a culturally respectful and competent way.



I joined the SPHERE CALD Advisory Circle as a representative of the Multicultural Centre for Women's Health because it's crucial that migrant and refugee women's voices, expertise and experiences are centered in conversations about issues that impact their health and wellbeing.

**Dr. Maria Hach (she/her)**Senior Policy and Advocacy Officer
Multicultural Centre for Women's Health

#### SPHERE National Communication Network

SPHERE has established a National Communication Network to enhance communication between researchers, clinicians, and stakeholders (e.g., relevant state and federal government personnel, professional organisations, nongovernment organisations, and consumers). This is a virtual network comprising a website, bi-annual electronic newsletters, podcasts and social media accounts that are utilised to promote the aims and objectives of SPHERE and disseminate research outcomes. SPHERE also engages with the Jean Hailes national digital gateway for women's health and wellbeing to disseminate SPHERE's activities and research outcomes.



Primary care is essential to catering to the 6mil women of reproductive age in Australia

Yet only 3018 of 30,000 GPs in Australia are currently registered to provide early medical abortion

@Danielle Mazza

#ASRHDay2021 #ASRHDay @ASHMMedia

#### **SPHERE Annual meeting**

The SPHERE Annual Meeting is a public event that aims to provide an update on the progress and outcomes from the SPHERE research program. In 2019, the annual meeting in Melbourne coincided with the official launch of SPHERE by Senator the Honourable Jane Hume, Assistant Minister for Superannuation, Financial Services and Financial Technology. We also had the pleasure of having Professor Sharon Cameron as our keynote speaker. Professor Cameron is a Consultant Gynaecologist, Lead for Sexual Health Services NHS Lothian, Co-director Clinical Effectiveness Unit of Faculty of Sexual and Reproductive healthcare UK and Professor at The University of Edinburgh. She is also an Associate Investigator with SPHERE. She spoke about her groundbreaking research and different models of care that her team has developed to make contraception and abortion services more accessible for women.

In 2020, the SPHERE Annual Meeting took on a different format due to the COVID-19 pandemic. The meeting was held online over two days, and it was attended by more than 100 academics, researchers, students, stakeholders, clinicians and

health care providers across Australia. We were joined on Day 1 by the Hon Mark Coulton MP, the former Minister for Regional Health, Regional Communications and Local Government, and Professor Ruth Stewart, National Rural Health Commissioner. Both spoke about issues regarding health care access faced by people living in rural and regional communities, particularly the known barriers to accessing women's sexual and reproductive health services and the federal government's commitment to improving access to health care in these areas.



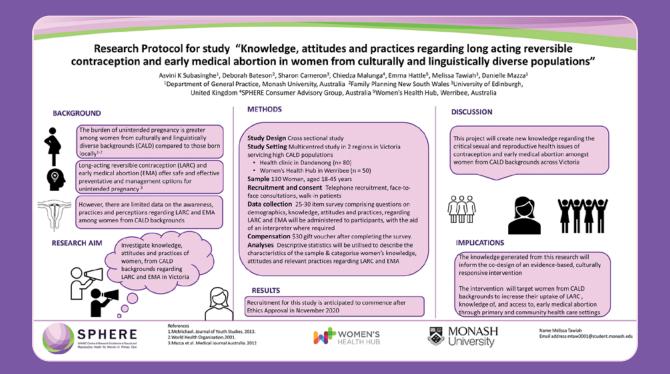




We also had the pleasure of hearing from
Professor Diana Greene Foster and Professor
Daniel Grossman who are both from Advancing
New Standards in Reproductive Health at
University of California, San Francisco and are
Associate Investigators with SPHERE. Professor
Foster spoke about her acclaimed Turnaway
Study, the largest study ever to examine women's
experiences with abortion and unwanted
pregnancy in the United States. It was also
timely for Professor Grossman to talk about his

research on telemedicine and abortion care given the implementation of telehealth services across Australia to ensure timely access to health care during the COVID-19 pandemic.

The opportunity to hear about international research being conducted in abortion care and to attend more than 30 online presentations from the SPHERE research team was received very positively by many of the attendees.



### Preconception health information and service needs of women with chronic non-communicable health conditions: A systematic review

Karin Hammarberg<sup>1</sup>, Ruby Stocker<sup>1</sup>, Lorena Romero<sup>2</sup>, Alex Trounson<sup>1</sup>, Jane Fisher<sup>1</sup>
<sup>1</sup>Global and Women's Health, School of Public Health and Preventive Medicine, Monash University
<sup>2</sup>lan Potter Library, The Alfred

#### BACKGROUND

Research on women with chronic conditions reveals that their sexual and reproductive healthcare needs are generally poorly understood or addressed. Women report that they are not asked about these aspects of their health and feel constrained about initiating the discussions in consultations with healthcare providers.

#### AIM

To review evidence on preconception health information and service needs of women with common chronic non-communicable health conditions.

#### METHODS

- Six databases (Medline, Embase, Emcare, Cinahl, Scopus and Psycinfo) were searched for studies published in English language from 2010 onwards on the preconception health needs of women with type 1 diabetes, arthritis, asthma, epilepsy, multiple sclerosis, depression/anxiety, and cystic fibrosis.
- Studies conducted in low and lower-middle income countries were excluded.
- Data were extracted and analysed using narrative synthesis and quality was assessed using the Kmet tool [1].

# Results Result is Marrifled through distribution of the control state o

- Five chronic conditions covered: arthritis (n=5), cystic fibrosis (n=3), type 1 diabetes (n=5), epilepsy (n=1), multiple sclerosis (n=1)
- No studies found on asthma, depression or anxiety
- Kmet scores ranged from 0.7 to 1 indicative of overall high quality
- Women with chronic conditions are rarely asked about their pregnancy intentions. They want health professionals to proactively ask them about their reproductive plans and provide advice about how best to prepare for pregnancy and how the pregnancy will be managed considering their chronic condition.

#### CONCLUSION

 The preconception health information needs of women with chronic conditions are not adequately met.
 Routinely asking women of reproductive age with chronic conditions about their pregnancy plans would allow important conversations about reliable contraception for those who do not wish to conceive and preconception health optimisation and disease management for those who plan pregnancy.



Contact: Karin Hammarberg



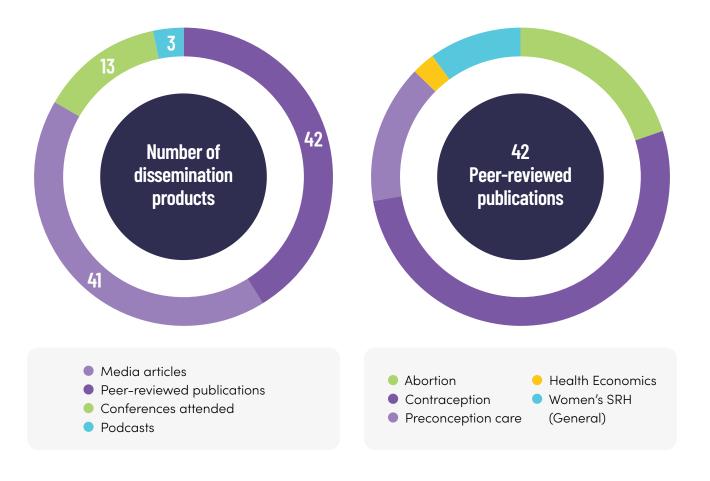
#### Dissemination of study findings

SPHERE utilises a multi-pronged approach to disseminate the outcomes from our various research studies. This approach combines the more traditional methods of dissemination (peer-reviewed publications and conference presentations) with methods that have been chosen to maximise the communication of SPHERE activities to the wider community (social media, podcasts).

Since commencing, SPHERE has produced 40 peer-reviewed papers that have been published in high ranking journals in primary care, public health, reproductive health, and obstetrics and gynaecology. The majority of the publications have been generated from studies within the abortion and contraception streams of the SPHERE research program. Our researchers and students also continue to disseminate study findings at key national and international conferences in primary care and women's health despite the travel restrictions imposed as a result of the COVID-19 pandemic.

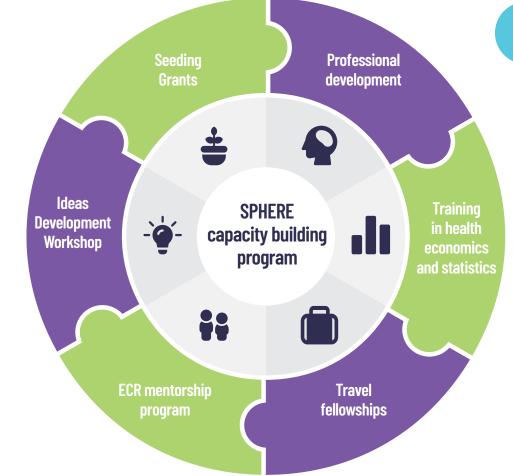
SPHERE has also been active in the media, particularly as a result of our advocacy work. A key focus has been to continue to highlight the poor access to sexual and reproductive health services that women in Australia face, especially those who live in rural and regional areas. Telehealth access to medical abortion during the COVID-19 pandemic was a key feature of our media activities in 2020 in response to national and state-wide lockdowns that severely restricted travel for many women who needed to access these services.

The SPHERE Sexual and Reproductive Health podcast is another approach that we have utilised to highlight current issues that are relevant to both healthcare providers and the wider community. To date, our podcasts have focused on the telehealth restrictions introduced by the federal government that discriminated against women seeking early medical abortion, the removal of abortion from criminal law in South Australia and changes to the eTG guidelines on the provision of medical abortion in Australia.





SPHERE is committed to building capacity in the next generation of researcher leaders in women's sexual and reproductive health by providing a supportive and rewarding environment for researchers and students to pursue their professional and career development.



Since commencing, SPHERE has awarded eight **seeding grants** to SPHERE researchers and students up to the value of \$10,000 each. The seeding grants have provided the opportunity for SPHERE researchers and students to kickstart the development of their own line of research that expands on the current SPHERE research program and also to develop new collaborations with international researchers and local key stakeholders.

#### **SPHERE** seeding grant projects

#### 2019

 Patterns of contraceptive use among Australian women with mental health conditions

Project team: Natalie Amos, Danielle Mazza, Melissa Harris, Jayne Lucke, Kevin McGeechan, Jeffrey Peipert

 Contraceptive counselling: a nationwide survey of community pharmacists' knowledge, attitudes and practices

Project team: Pip Buckingham, Danielle Mazza, Safeera Hussainy, Natalie Amos, Wendy Norman, Deborah Bateson, Judith Soon, Daniel Grossman

#### 2020

 User perceptions of pharmacybased contraceptive counselling and preferred attributes of decision aids

Project team: Pip Buckingham, Danielle Mazza, Safeera Hussainy, Natalie Amos, Jayne Lucke, Judith Soon, Diana Green Foster

 The influence of geographic location on Australian women's reproductive health

Project team: Kristina Edvardsson, Angela Taft, Leesa Hooker, Mridula Shankar, Jayne Lucke, Wendy Norman

 Knowledge, attitudes and practices regarding long-acting reversible contraception and early medical abortion in women from culturally and linguistically diverse populations

Project team: Asvini Subasinghe, Danielle Mazza, Deborah Bateson, Sharon Cameron, Chiedza Malunga, Emma Hattle

#### 2021

 Is it feasible to use general practice patient records to identify high risk women for preconception care?

Project team: Nishadi Withanage, Danielle Mazza, Jessica Botfield, Kirsten Black, Kevin McGeechan, Sharon Cameron

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

Project team: Anna Noonan, Kirsten Black, Jane Tomnay, Sarah Roberts, Diana Green Foster

 What are women's preferences about lifestyle risk reduction during the interconception period?

Project team: Sharon James, Danielle Mazza, Kirsten Black, Mark Hanson, Jessica Botfield, Anisa Assifi

SPHERE also provides funding annually for professional development activities for the purpose of building or developing research skills among SPHERE researchers and students. This is offered in conjunction with yearly training workshops in health economics and statistics.

In 2020, SPHERE established a **mentoring program** for early career researchers. Mentoring partnerships were established between SPHERE investigators and early career researchers for the purpose of providing support to develop new skills and knowledge, identify areas for professional growth and develop strategies to accomplish these, develop greater confidence in their abilities and improve leadership skills. This program prompts early career researchers to think beyond the day-to-day aspects of their research projects and consider the various steps towards a successful long-term

research career, particularly in the field of women's sexual and reproductive health research.

Finally, our **Ideas Development Workshop** is a forum for SPHERE researchers to work on the development of new ideas or concepts for future funding applications. SPHERE researchers are invited to present a research idea and feedback is provided to assist them in improving the proposal, articulating the next steps for generating pilot data, or identifying the appropriate funding scheme. Ideas can be in various stages of development – from the incubator stage to refining an unsuccessful grant application for resubmission. The workshop provides a supportive environment for researchers and access to a multidisciplinary team of experts with a shared goal of addressing the evidence gaps in women's sexual and reproductive health research.

#### **Facilitate collaboration**

SPHERE continues to build and strengthen collaborations with key stakeholders and researchers in women's sexual and reproductive health, which are integral to the translation of evidence into practice and policy decisions.

Since commencing in February 2019, SPHERE has been successful in forming new partnerships for six major projects.



The AusCAPPS Network: A community of practice to support the provision of long acting reversible contraception and medical termination of pregnancy in primary care (NHMRC Partnerships Project Grant 2019)

#### Collaborators

- University of British Columbia
- The University of Sydney
- · La Trobe University
- Family Planning NSW
- Centre for Excellence in Rural Sexual Health, The University of Melbourne
- Marie Stopes Australia
- Australian Commission on Safety and Quality in Health Care
- Australian Primary Health Care Nurses Association

- Australasian Sexual Health and HIV Nurses Association
- Australian Women's Health Nurse Association
- Bayer Australia
- Children By Choice
- Department of Health, Australian Government
- Family Planning Tasmania
- Family Planning Victoria
- Family Planning Welfare Association of Northern Territory

- Jean Hailes for Women's Health
- Pharmaceutical Society of Australia
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- SHINE SA
- Sexual Health Quarters

The ORIENT Study: Improving rural and regional access to long-acting eversible contraception and medical abortion through nurse-led models of care, tasksharing and telehealth (MRFF Primary Health Care Research Grant 2019)

#### Collaborators

- University of British Columbia
- The University of Sydney
- Centre for Excellence in Rural Sexual Health, The University of Melbourne
- Family Planning NSW

- University of Technology Sydney
- The Australian College of Rural and Remote Medicine
- Australian Practice Nurse Association
- The Royal Australian College of General Practitioners
- Gateway Community Health
- West Gippsland Healthcare Group
- Health Consumers Council WA

**The ALLIANCE Trial:** Quality family planning services and referrals in community pharmacy: expanding pharmacists' scope of practice (MRFF Preventive and Public Health Research Initiative Grant 2020)

#### Collaborators

- Centre for Excellence in Rural Sexual Health, The University of Melbourne
- Pharmaceutical Society of Australia
- Family Planning Victoria
- Family Planning Welfare

Association of Northern Territory

- Gippsland Health Network
- Jean Hailes for Women's Health
- Family Planning NSW
- The University of Edinburgh
- The University of Sydney
- University of Technology Sydney
- Australian Pharmaceutical Industries

**EXTEND PREFER:** Improving contraceptive health literacy and increasing LARC knowledge, preference, and uptake among women from rural and remote areas, culturally and linguistically diverse backgrounds and socioeconomically disadvantaged backgrounds (National Women's Health Strategy Grant 2019)

#### Collaborators

- Centre of Excellence in Rural Sexual Health (CERSH)
- Multicultural Centre for Women's Health

**Preconception care in priority groups:** optimisation and dissemination of an online preconception health self-assessment tool (National Women's Health Strategy Grant 2019)

#### Collaborators

- Your Fertility
- The Robinson Research Institute, The University of Adelaide

Your Fertility: Supporting Reproductive Choices (Australian Government grant 2019-2023)

#### Collaborators

- Victorian Assisted Reproductive Treatment Authority
- Healthy Male





# Over the next few years, SPHERE will be focused on completing three large clinical trials in the primary care setting.

The outcomes from these innovative trials have the potential to inform policy and clinical practice in the future – from nurse-led models of care for the delivery of women's sexual and reproductive health care services to workforce support to encourage primary care practitioners to deliver these services in areas of high need.

SPHERE is also entering a phase that will be focused on translating the evidence that has been generated from the research program. The SPHERE National Communication Network will be utilised in the dissemination of this evidence to various stakeholders in women's sexual and reproductive health and also the community. Additionally, we will be working closely with our partner organisations to determine the best strategies for implementing

the evidence to improve current practice in the provision of women's sexual and reproductive health care.

Another important arm of SPHERE that will continue to be very active over the next few years is the Women's Sexual and Reproductive Health COVID-19 Coalition. The Coalition is particularly keen on addressing workforce training issues that have acted as barriers to equitable access to sexual and reproductive health care for women in Australia, particularly those living in rural and remote areas. By sharing innovative approaches and ideas from across the country, the Coalition will work towards finding sustainable solutions that will enhance and improve workforce training for future generations.

# **Acknowledgements**

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This report was prepared by Dr Maria de Leon-Santiago on behalf of the SPHERE Centre of Research Excellence. We also gratefully acknowledge the members of the SPHERE team who contributed to the content of this report.

# **SPHERE publications**

- 1. Taft AJ, Powell RL, Watson LF, Lucke JC, Mazza D, McNamee K (2019). Factors associated with induced abortion over time: secondary data analysis of five waves of the primtralian Longitudinal Study on Women's Health. Aust N Z J Public Health. 2019 Apr;43(2):137–142. doi: 10.1111/1753–6405.12874.
- Bateson DJ, Black KI, Sawleshwarkar S (2019). The Guttmacher-Lancet Commission on sexual and reproductive health and rights: how does Australia measure up? Med J Aust. 2019 Apr;210(6):250-252.e1. doi: 10.5694/mja2.50058.
- 3. McCarthy E, Mazza D (2019). Cost and Effectiveness of Using Facebook Advertising to Recruit Young Women for Research: PREFER (Contraceptive Preferences Study) Experience. J Med Internet Res. 2019 Nov 29;21(11):e15869. doi: 10.2196/15869.
- 4. Yang JM, Cheney K, Taylor R, Black K (2019). Interpregnancy intervals and women's knowledge of the ideal timing between birth and conception. BMJ Sex Reprod Health. 2019 Sep 11:bmjsrh-2018-200277. doi: 10.1136/bmjsrh-2018-200277.
- Black KI, Paterson H (2019). A focus on sexual and reproductive health is central to achieving RANZCOG's goal of excellence in women's health care. Aust N Z J Obstet Gynaecol. 2019 Feb;59(1):18–20. doi: 10.1111/ ajo.12949.

- 6. Gupta S, Ramsay P, Mola G, McGeechan K, Bolnga J, Kelly-Hanku A, Black KI (2019). Impact of the contraceptive implant on maternal and neonatal morbidity and mortality in rural Papua New Guinea: a retrospective observational cohort study. Contraception. 2019 Jul;100(1):42–47. doi: 10.1016/j. contraception.2019.03.042.
- 7. Mazza D, Watson CJ, Taft A, Lucke J, McGeechan K, Haas M, McNamee K, Peipert JF, Black KI (2020). Increasing long-acting reversible contraceptives: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomized trial. Am J Obstet Gynecol. 2020 Apr;222(4S):S921.e1-S921.e13. doi: 10.1016/j. ajog.2019.11.1267.
- Buckingham P, Amos N, Hussainy SY, Mazza D (2020). Scoping review of pharmacy-based initiatives for preventing unintended pregnancy: protocol. BMJ Open. 2020 Feb 2;10(1):e033002. doi: 10.1136/ bmjopen-2019-033002.
- Dorney E, Botfield JR, Robertson S, McGeechan K, Bateson D (2020). Acceptability of the copper intrauterine device as a form of emergency contraception in New South Wales, Australia. Eur J Contracept Reprod Health Care. 2020 Apr;25(2):114–119. doi: 10.1080/13625187.2020.1726888.

- Hammarberg K, Hassard J, de Silva R, Johnson L (2020). Acceptability of screening for pregnancy intention in general practice: a population survey of people of reproductive age. BMC Fam Pract. 2020 Feb 20;21(1):40. doi: 10.1186/s12875-020-01110-3.
- Mazza D, Burton G, Wilson S, Boulton E, Fairweather J, Black KI (2020). Medical abortion. Aust J Gen Pract. 2020 Jun;49(6):324–330. doi: 10.31128/AJGP-02-20-5223. PMID: 32464732.
- 12. Subasinghe AK, Deb S, Mazza D (2020). Primary care providers' knowledge, attitudes and practices of medical abortion: a systematic review. BMJ Sex Reprod Health. 2019 Dec 30:bmjsrh-2019-200487. doi: 10.1136/bmjsrh-2019-200487.
- 13. Dorney E, Mazza D, Black KI (2020). Interconception care. Aust J Gen Pract. 2020 Jun;49(6):317–322. doi: 10.31128/AJGP-02-20-5242.
- 14. Deb S, Subasinghe AK, Mazza D (2020). Providing medical abortion in general practice: General practitioner insights and tips for future providers. Aust J Gen Pract. 2020 Jun;49(6):331–337. doi: 10.31128/AJGP-01-20-5198.
- 15. Mazza D (2020). Editorial: Achieving better sexual and reproductive health for women. Aust J Gen Pract. 2020 Jun;49(6):301. doi: 10.31128/AJGP-04-20-5341.
- 16. Mazza D, Deb S, Subasinghe A (2020). Telehealth: an opportunity to increase access to early medical abortion for Australian women. Med J Aust. 2020 Oct;213(7):298–299.e1. doi: 10.5694/mja2.50782. Epub 2020 Sep 20.
- 17. Subasinghe AK, Nankervis AJ, Boyle JA, Mazza D (2020). Optimising the implementation of guidelines for the post partum testing and management of gestational diabetes in South Asian women in Australia. Med J Aust. 2020 Aug;213(4):189–189.e1. doi: 10.5694/mja2.50660. Epub 2020 Jun 11.
- 18. Mazza D, Amos N, Watson CJ, McGeechan K, Haas M, Peipert JF, Lucke J, Taft A, McNamee K, Black KI (2020). Increasing the uptake of long-acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised controlled trial longitudinal follow-up protocol. BMJ Open. 2020 Sep 22;10(9):e035895. doi: 10.1136/bmjopen-2019-035895.
- Bateson DJ, Lohr PA, Norman WV, Moreau C, Gemzell-Danielsson K, Blumenthal PD, Hoggart L, Li HR, Aiken ARA, Black KI (2020). The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. BMJ Sex Reprod Health. 2020 Oct;46(4):241-243. doi: 10.1136/bmjsrh-2020-200709.

- 20. Fix L, Seymour JW, Sandhu MV, Melville C, Mazza D, Thompson TA (2020). At-home telemedicine for medical abortion in Australia: a qualitative study of patient experiences and recommendations. BMJ Sex Reprod Health. 2020 Jul;46(3):172–176. doi: 10.1136/bmjsrh-2020-200612.
- 21. Otsin MNA, Taft AJ, Hooker L, Black K (2020). Three Delays Model applied to prevention of unsafe abortion in Ghana: a qualitative study. BMJ Sex Reprod Health. 2021 Jul 16:bmjsrh-2020-200903. doi: 10.1136/ bmjsrh-2020-200903.
- 22. Grzeskowiak LE, Calabretto H, Amos N, Mazza D, Ilomaki J (2021). Changes in use of hormonal longacting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. Aust N Z J Obstet Gynaecol. 2021 Feb;61(1):128–134. doi: 10.1111/ajo.13257.
- 23. Fenwick SE, Botfield JR, Kidman P, McGeechan K, Bateson D (2021). Views and experiences of the female condom in Australia: An exploratory cross–sectional survey of cisgender women. PLoS One. 2021 Feb 19;16(2):e0246664. doi: 10.1371/journal.pone.0246664.
- 24. Buckingham P, Moulton JE, Subasinghe AK, Amos N, Mazza D (2021). Acceptability of immediate postpartum and post-abortion long-acting reversible contraception provision to adolescents: A systematic review. Acta Obstet Gynecol Scand. 2021 Apr;100(4):629-640. doi: 10.1111/aogs.14129.
- 25. Tawiah M, Mazza D, Subasinghe AK (2021). Why we need a validated tool for measuring knowledge and attitudes regarding long-acting reversible contraception and early medical abortion in women from culturally and linguistically diverse backgrounds. BMJ Sex Reprod Health. 2021 Mar 19:bmjsrh-2020-200956. doi: 10.1136/ bmjsrh-2020-200956.
- 26. Black KI, McGeechan K, Watson CJ, Lucke J, Taft A, McNamee K, Haas M, Peipert JF, Mazza D (2021). Women's satisfaction with and ongoing use of hormonal long-acting methods compared to the oral contraceptive pill: Findings from an Australian general practice cluster randomised trial (ACCORd). Aust N Z J Obstet Gynaecol. 2021 Jun;61(3):448–453. doi: 10.1111/ajo.13319.
- 27. Subasinghe AK, Watson CJ, Black KI, Taft A, Lucke J, McGeechan K, Haas M, McNamee K, Peipert JF, Mazza D (2021). Current contraceptive use in women with a history of unintended pregnancies: Insights from the Australian Contraceptive ChOice pRoject (ACCORd) trial. Aust J Gen Pract. 2021 Jun;50(6):422–425. doi: 10.31128/AJGP-06-20-5464.

- 28. Cheney K, Dorney E, Black K, Grzeskowiak L, Romero E, McGeechan K. To what extent do postpartum contraception policies or guidelines exist in Australia and New Zealand: A document analysis study. Aust N Z J Obstet Gynaecol. 2021 Jul 18. doi: 10.1111/ajo.13407.
- 29. Buckingham P, Amos N, Hussainy SY, Mazza D (2021). Pharmacy-based initiatives to reduce unintended pregnancies: A scoping review. Res Social Adm Pharm. 2021 Oct;17(10):1673–1684. doi: 10.1016/j. sapharm.2021.01.016.
- 30. Hammarberg K (2021). Stress and Alcohol Consumption in the era of COVID-19: How Will Babies be Affected? International Journal of Birth and Parent Education, Vol 8 Issue 3.
- 31. Subasinghe AK, McGeechan K, Moulton JE, Grzeskowiak LE, Mazza D (2021). Early medical abortion services provided in Australian primary care. Med J Aust. 2021 Sep 22. doi: 10.5694/mja2.51275.
- 32. Moulton JE, Subasinghe AK, Mazza D (2021). Practice nurse provision of early medical abortion in general practice: opportunities and limitations. Aust J Prim Health. 2021 Sep 22. doi: 10.1071/PY20304.
- 33. Thompson TA, Seymour JW, Melville C, Khan Z, Mazza D, Grossman D (2021). An observational study of patient experiences with a direct-to-patient telehealth abortion model in Australia. BMJ Sex Reprod Health. 2021 Sep 16:bmjsrh-2021-201259. doi: 10.1136/bmjsrh-2021-201259.
- 34. Mazza D (2021). Increasing access to women's sexual and reproductive health services: telehealth is only the start. Med J Aust. 2021 Sep 12. doi: 10.5694/mja2.51258.
- 35. Watson CJ, McGeechan K, McNamee K, Black KI, Lucke J, Taft A, Haas M, Peipert JF, Mazza D (2021). Influences on condom use: A secondary analysis of women's perceptions from the Australian Contraceptive ChOice pRoject (ACCORd) trial. Aust J Gen Pract. 2021 Aug;50(8):581–587. doi: 10.31128/AJGP-06-20-5489.

- 36. Hammarberg K (2021). Never more important to ask patients about pregnancy plans. InSight+. 2021 Sep 20; Issue 35. https://insightplus.mja.com.au/2021/35/never-more-important-to-ask-patients-about-pregnancy-plans/
- 37. Harper JC, Hammarberg K, Simopoulou M, Koert E, Pedro J, Massin N, Fincham A, Balen A (2021). International Fertility Education Initiative. The International Fertility Education Initiative: research and action to improve fertility awareness. Hum Reprod Open. 2021 Aug 25;2021(4):hoab031.
- 38. Subasinghe AK, McGeechan K, Moulton JE, Grzeskowiak LE, Mazza D (2021). Early medical abortion services provided in Australian primary care. Med J Aust. 2021 Oct 18;215(8):366-370. doi: 10.5694/ mja2.51275.
- 39. Subasinghe AK, Mogharbel C, Hill D, Mazza D (2021). Changes in women's health service seeking behaviours and the impact of telehealth during COVID-19: Insights from the 1800MyOptions service. Aust N Z J Obstet Gynaecol. 2021 Oct;61(5):E26-E27. doi: 10.1111/ajo.13409.
- de Costa CM, Black KI. Abortion care in the 21st century. Med J Aust. 2021 Oct 18;215(8):349–350. doi: 10.5694/mja2.51274.
- 41. Hammarberg K, Stocker R (2021). Evaluation of an online learning module to improve nurses' and midwives' capacity to promote preconception health in primary healthcare settings. Aust J Prim Health. 2021 Oct 14. doi: 10.1071/PY21026.
- 42. Lewandowska M, De Abreu Lourenco R, Haas M, Watson CJ, Black KI, Taft A, Lucke J, McGeechan K, McNamee K, Peipert JF, Mazza D (2021). Costeffectiveness of a complex intervention in general practice to increase uptake of long-acting reversible contraceptives in Australia. Aust Health Rev. 2021 October 26 doi: 10.1071/AH20282.









