



Achievement Report

2019 - 2023

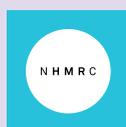


Acknowledgements

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Partner Organisations



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Summary of achievements

The Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care (SPHERE) commenced in February 2019 with funding from the National Health and Medical Research Council (NHMRC). SPHERE was established with the aim of improving the quality, safety, and capacity of primary health care services to achieve better outcomes in women's sexual and reproductive health.

Over the last five years, SPHERE has led and implemented a research program that seeks to address the significant barriers that limit women's access to essential sexual and reproductive health services in Australia, specifically in the areas of abortion, contraception and preconception care. This research program has been led by 19 Chief and Associate Investigators who are at the forefront of women's sexual and reproductive health research across Australia and internationally and have a strong history of collaboration and translation. This is particularly evident in the additional \$16 million in funding that the team has been awarded by various funding organisations such as the NHMRC, the Medical Research Future Fund and the Australian government's Department of Health to conduct research that leads to improved outcomes in women's sexual and reproductive health.

To address the barriers to accessing high quality sexual and reproductive health services in Australian primary care, SPHERE's research program has focused on four key areas: (1) workforce support; (2) new models of care; (3) addressing consumer needs; and (4) using data to advance knowledge. This report highlights some of the important research that SPHERE has undertaken in these key areas, generating robust evidence to support primary health care providers and policymakers to design and deliver high-quality sexual and reproductive health services. The evidence from SPHERE's research program also informed the recent Senate Inquiry on universal access to reproductive healthcare as well as the Senate's final report and recommendations on addressing barriers to sexual, maternity and reproductive healthcare in Australia.

Another key feature of SPHERE's work since its establishment has been to develop the next generation of research leaders in women's sexual and reproductive health. Our team has included 17 research fellows, 9 research affiliates, 2 academic registrars, 9 PhD students, 12 honours students and 8 project support and management staff who have contributed enormously to helping SPHERE achieve its objectives. Our early career researchers have been supported by capacity building strategies that include seeding grants, travel fellowships, professional development and ideas development workshops. These have enabled them to initiate and develop their own research projects and form new collaborations with other research experts in women's sexual and reproductive health.

Whilst the COVID-19 pandemic posed numerous challenges in the delivery of the SPHERE research program, it provided the opportunity to establish the SPHERE Women's Sexual and Reproductive Health Coalition. The Coalition has been an important knowledge translation vehicle for SPHERE through the development and dissemination of consensus statements on issues relevant to women's sexual and reproductive health that are informed by the evidence generated from the research program. With more than 170 members from across Australia, the Coalition has successfully advocated on important issues such as the retention of Medicare rebates for telehealth access to essential sexual and reproductive health services such as medical abortion and increasing access to medical abortion medication by expanding the range of prescribers and removing prescriber and dispenser registration and certification.

Although the current iteration of SPHERE is due to end in 2024, we are very pleased to announce that we were recently awarded another NHMRC Centre of Research Excellence grant that will allow us to not only continue our work for another five years, but also deliver an expanded research program that is focused on developing innovative solutions that will guide improvements in practice and policy change. With women's sexual and reproductive health rightly under a global spotlight, SPHERE will have a unique opportunity to increase the depth, scale, scope and impact of women's sexual and reproductive health research in primary care in Australia. The SPHERE team is very much looking forward to this challenge and continuing to work with our partners and stakeholders to achieve better sexual and reproductive health and wellbeing for all women in Australia.



Professor Danielle Mazza AM

Director, SPHERE NHMRC Centre of Research Excellence.



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SPHERE 2019-2023: Key achievements



SPHERE, the NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care, was established in 2019 in recognition of the critical role that the Australian primary care workforce has in improving the sexual and reproductive health of women in Australia. Over the last five years, SPHERE has delivered a research program that has been focused on generating new evidence that will improve the quality, safety and capacity of primary health care services to provide preconception care, contraceptive care and abortion care. This evidence has been used to inform policy at both the national and local level; improve the sexual and reproductive health literacy of women especially those who are at increased risk of poorer outcomes; and improve the care provided by general practitioners, pharmacists and practice nurses.



At a glance: current state of women's sexual and reproductive health in Australia



6,041,306¹

Number of women of reproductive age



One-third

of women with an unintended pregnancy had an abortion in the past 10 years²



1 in 4

women had an unintended pregnancy in the past 10 years²



88,287

Total number of abortions during 2017-2018.
(17.3 abortions per 1000 women aged 15-44 years)⁴



1.4

times more likely for women in rural areas to experience unintended pregnancy³



5.1%

decline in the surgical abortion rate per year since the PBS listing of combined mifepristone/misoprostol⁴



40.8%

of young people aged 18-32 years reported an unintended first pregnancy³



10.8%

of women aged 15-44 years were using long-acting reversible contraception in 2018⁵



Common reasons for unintended pregnancies:

- *Inconsistent contraceptive use*
- *contraceptive failure*
- *non-use of contraception³*

- *4.5% were using an implant⁵*
- *6.5% were using a hormonal intrauterine device⁵*

A woman's ability to achieve bodily autonomy and to have the number of children she wants when she wants them is fundamental to her life trajectory and the social and economic wellbeing of her family and society.

Despite this, the ability of Australia's six million women of reproductive age to achieve their reproductive goals by having access to high quality preconception care to optimise their health and achieve the best possible pregnancy outcomes; effective contraception to reduce unplanned pregnancy; and abortion care when desired or required remains fraught and inequitable. There is also increasing awareness of reproductive coercion and abuse in the community, but very little is known about its extent and impact and how to identify women who are at risk and provide the necessary care.

1 https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/sep2020/31010do002_202009.xls (Table 7)

2 Taft et al (2018). Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Med J Aust*, 209(9): 407-408.

3 Rowe et al (2015). Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. *ANZJPH*, 40(2):104-9.

4 Keogh et al (2021). Estimating the abortion rate in Australia from National Hospital Morbidity and Pharmaceutical Benefits Scheme data. *Med J Aust*, 215(8):375-376.

5 Grzeskowiak et al (2021). Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. *Aust N Z J Obstet Gynaecol*, 61(1):128-134.

Shifting the paradigm on the delivery of women’s sexual and reproductive health care services

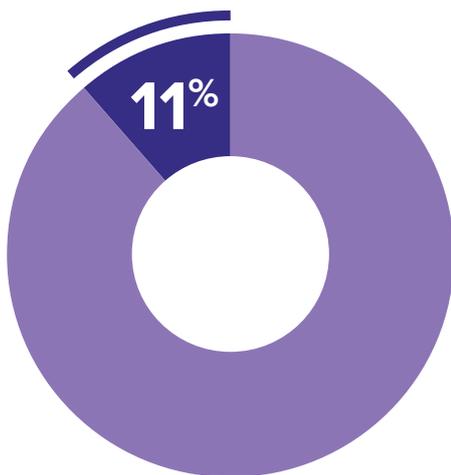
Australian General Practitioners

34,654

Number of general practitioners⁶

3,885

Number of registered prescribers of MS-2 Step⁷



■ registered prescribers

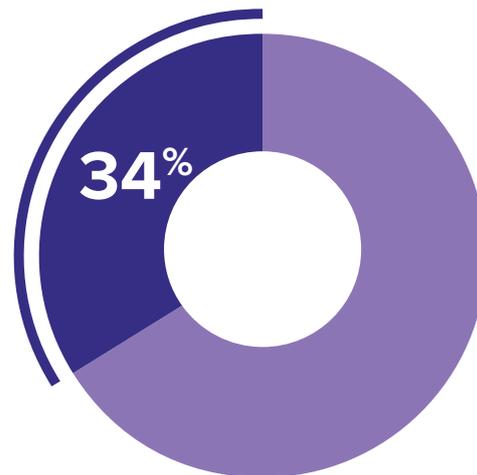
Australian Community Pharmacists

16,174

Number of community pharmacists⁸

5,472

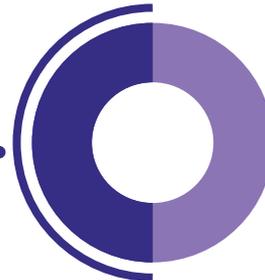
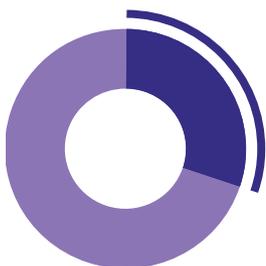
Number of registered dispensers of MS-2 Step⁴



■ registered dispensers

30% of all women in Australia live in localities where there are no local general practitioners who can prescribe medical abortion medication and no local pharmacies that can dispense this medication.

This increases to 50% of women who live in remote areas.⁹



6 <https://www.medicalboard.gov.au/News/Statistics.aspx>

7 https://resources.mshealth.com.au/MS-Health-Impact-Report-2022_Final.pdf

8 Jackson et al (2021). Analysis of the demographics and characteristics of the Australian pharmacist workforce 2013-2018: decreasing supply points to the need for a workforce strategy. *Int J Pharm Pract*, 29(2):178-185.

9 Subasinghe et al (2021). Early medical abortion services provided in Australian primary care. *Med J Aust*, 215(8):366-370.

Supporting a primary care workforce into the future

The Australian primary care workforce plays a critical role in ensuring the sexual and reproductive health needs of more than six million women of reproductive age in Australia are met. However, there still gaps in the provision of abortion and contraception services in primary care.

SPHERE has been focusing on developing innovative solutions to support 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. Amongst these is the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network – a community of practice funded by the National Health and Medical Research Council (NHMRC) that empowers the primary care workforce to provide best-practice, evidence-based care to women of reproductive age who are trying to prevent or manage an unintended pregnancy. With more than 2000 members, the AusCAPPS Network has become a trusted avenue to connect with peers and clinical experts, find local providers, and access resources and training in long-acting reversible contraception and medical abortion across Australia.

Other research that SPHERE has conducted around workforce support include exploring the role of pharmacists in providing contraceptive counselling, understanding general practitioners' experiences in providing early medical abortion care to women from culturally and linguistically diverse backgrounds, and developing a tool to measure the prevalence of reproductive coercion for use in general practice and maternal and child health settings.

Developing innovative models of care and workforce solutions

Ensuring that all women in Australia can access sexual and reproductive health care in a timely manner regardless of where they live is a key focus of SPHERE's research program. Consequently, SPHERE has been developing and trialling new models of care that are aimed at increasing access to contraception and medical abortion services, which remain limited in many areas in Australia.

The Australian Contraceptive Choice pRoject (ACCORD), funded by the NHMRC, was a trial of a complex intervention to determine if it would increase the uptake of long-acting reversible contraception among women attending general practices in Melbourne, Australia. The intervention consisted of online training of general practitioners in effectiveness-based contraceptive counselling and the provision of rapid referral pathways to long-acting reversible contraception insertion clinics. The outcomes from this trial indicated that the ACCORD intervention can effectively assist in meeting the contraceptive needs of women attending general practices 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), which is trialling a nurse-led model of care 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 of Australia. This trial is funded by a Medical Research Future Fund (MRFF) Primary Health Care Research Grant.
- The ALLIANCE Trial (Quality family planning services and referrals in community pharmacy: expanding pharmacists' scope of practice), which is trialling a community pharmacy-led model that involves promoting the safe and effective use of contraceptive medicines amongst those at high risk of unintended pregnancy (e.g. women seeking emergency contraception or early medical abortion in settings such as rural and regional communities. This trial is funded by a MRFF Preventive and Public Health Research Initiative Grant.



Addressing unmet needs and health inequities in women’s sexual and reproductive health care

Disparities in sexual and reproductive health care continue to persist for many women in Australia. These disparities differ between population groups and are influenced by factors such as socioeconomic status, age and geographic location¹⁰, leading to poor sexual and reproductive health outcomes.

Addressing these disparities requires exploring and understanding the unmet need for sexual and reproductive health care among women in Australia. One area of focus within SPHERE has been the inequitable access to sexual and reproductive health services for women living in rural and regional areas who are 1.4 times more likely to experience an unintended pregnancy than women living in metropolitan areas¹¹. SPHERE is at the forefront of trialling innovative models of care to increase access to these services for rural women, which includes a nurse-led model of care to improve access to long-acting reversible contraception and medical abortion (the ORIENT Study) and a community pharmacy-led model that promotes the use of contraception among those at high risk of unintended pregnancy (the ALLIANCE Trial). 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.

Recently, SPHERE was commissioned by the Australian Government, in collaboration with the Royal Australian College of General Practitioners, to develop an endometriosis management plan for use in primary care. Endometriosis is a significant health burden for many women - it affects around 10% of women of reproductive age, including around 50% of women who present with infertility and 24-40% of women with chronic pelvic pain. This important work is part of the Australian Government’s National Action Plan for Endometriosis, which was developed to tackle endometriosis in a nationwide coordinated manner. The Endometriosis Management Plan (Endo-MP) project will be delivered by SPHERE and the Royal Australian College of General Practitioners with the aim of developing and implementing a management plan to support health care providers and their patients in navigating and managing endometriosis and chronic pelvic pain through primary care settings. It is expected that the management plan will help improve the quality of life of individuals who are affected by these conditions and reduce economic costs, which is estimated to be \$6.5 billion per year in Australia.



¹⁰ Rowe et al (2015). Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. ANZJPH, 40(2):104-9.

¹¹ Doran FM, Hornibrook J (2016). Barriers around access to abortion experienced by rural women in New South Wales, Australia. Rural Remote Health, 16:3538

Delivering the SPHERE strategic plan





Research Highlights

Workforce support

The Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) Network

In mid-2021, SPHERE established the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) network – a national online community of practice that empowers the primary care workforce to deliver best practice, evidence-based care to women trying to prevent or manage an unintended pregnancy (<https://www.spherecre.org/research/current-trials/auscapps-network>). Funded by a NHMRC Partnerships Project Grant, the AusCAPPS Network replicated a highly successful Canadian model and connects GPs, nurses and pharmacists with news, resources, practical advice and training on the provision of long-acting reversible contraception (including intrauterine devices and implants) and early medical abortion in primary care.

Since its establishment, membership to this online community has reached more than 2000 members and has become a trusted avenue to connect with peers and clinical experts, find local providers, and access resources and training in long acting reversible contraception and medical abortion across Australia.

Publications arising

Mazza D, James S, Black K, Taft A, Bateson D, McGeechan, Norman WV (2022). Increasing the availability of long-acting reversible contraception and medical abortion in primary care: the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) study protocol. *BMJ Open*. 2022 Dec 15;12(12):e065583.

Improving access to quality contraceptive counselling in community pharmacy

In Australia, the emergency contraceptive pill can be accessed over-the-counter at community pharmacies; however, community pharmacists often don't use this opportunity to discuss contraceptive options to prevent unintended pregnancy. This study conducted a survey to examine the contraceptive knowledge of community pharmacists and their attitudes, practices and perceived barriers to and benefits of providing contraceptive counselling in this setting. Survey responses revealed that most pharmacists agreed that contraceptive counselling was an important part of their professional role and were motivated by the benefits to their patients and improved access to contraceptive decision support. Self-rated knowledge and confidence were highest for the combined oral contraceptive pill and lowest for the copper intrauterine device. However, the lack of payment mechanisms, training opportunities and technical assistance tools were cited as the most important barriers to providing contraceptive counselling in the community pharmacy setting. Study findings indicate that community pharmacists are enthusiastic about an extended scope of practice regarding contraceptive care, but they require adequate support to provide high quality contraceptive counselling to their patients.

Publications arising

Buckingham PLM, Hussainy S, Soon J, Norman WV, Bateson D, Mazza D (2023). Improving access to quality contraceptive counselling in community pharmacy: examining the knowledge, attitudes and practices of community pharmacists in Australia. *BMJ Sex Reprod Health*. 2023 Apr;49(2):87-96.



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

General practitioners play an important role in providing accessible early medical abortion care, especially for women living in rural and regional areas. However, there is limited research regarding the provision of early medical abortion care in general practice to women from culturally and linguistically diverse (CALD) backgrounds. Women from culturally diverse communities are reported to have lower utilisation and access to sexual and reproductive health services. For this study, general practitioners were interviewed to explore their experiences with providing early medical abortion care to women from CALD backgrounds. Their responses described challenges in communication and cultural competency when providing early medical abortion care to women from CALD backgrounds. This is due to lack of training and multilingual resources and difficulty accessing interpreters for this priority population. Other challenges that were described included the stigma surrounding abortion and concerns around reproductive coercion. These findings suggest that understanding how to improve the quality of early medical abortion care for women from CALD backgrounds is critical, especially as Australia's population grows increasingly diverse with young and working-age immigrant populations.

Publications arising

Singh R, Mazza D, Moloney L, Shankar M, Subasinghe AK (2023). General practitioner experiences in delivering early medical abortion services to women from culturally and linguistically diverse backgrounds: A qualitative-descriptive study. *Aust J Gen Pract.* 2023 Aug;52(8):557-564.

Recommendations

Four strategies to improve early medical abortion care in general practice for women from CALD backgrounds:

Upskilling general practitioners in cultural capability and cross-cultural communication

Development of multilingual patient education resources on early medical abortion that can be easily accessed by general practitioners

Development of efficient systems for interpreter use

Further research into the detection and management in general practice of reproductive coercion in women from migrant and refugee backgrounds

Singh et al (2023). General practitioner experiences in delivering early medical abortion services to women from culturally and linguistically diverse backgrounds: A qualitative-descriptive study. *Aust J Gen Pract*, 52(8):557-564.



Reproductive coercion: defining the domain and developing a validated prevalence measure

Reproductive coercion describes controlling and abusive behaviors over choices about pregnancy, contraception and abortion that overlap with domestic, family, and sexual violence. The National Women's Health Strategy and subsequently the Senate Inquiry into the Universal Access to Reproductive Health Care have called for a reduction in the rate of reproductive coercion as a key measure of success. However, a widely accepted, comprehensive prevalence measure is not yet available. This research project aims to develop a validated prevalence measure for reproductive coercion in collaboration with lived experience, health care providers and research experts. This research is also exploring the role of primary care settings, such as general practice and maternal and child health services, in implementing such a measure and respond.

Barriers and facilitators in the provision of early medical abortion

Early medical abortion up to nine weeks' gestation has been available in Australia since 2013, however it is not commonly provided in primary care. Approximately, 10% of the 34,000 GPs in Australia are registered prescribers of medical abortion medication but it is not known how many of these GPs actually provide this care. This study investigated the barriers and facilitators to the provision of early medical abortion in primary care using a best-worst scaling survey. The responses revealed that the most important barriers for both general practitioners and registered nurses were the lack of clinical guidelines, the amount of information provision and counselling required and the potential that women who are not their patients will not return for follow-up. The stigma associated with being a known provider of early medical abortion was also a barrier identified by registered nurses. Both general practitioners and registered nurses identified that a community of practice to support the provision of early medical abortion is the most important facilitator. These barriers and facilitators are important targets for reform both in policy and practice.

Publications arising

Haas M, Church J, Street DJ, Bateson D, Mazza D. How can we encourage the provision of early medical abortion in primary care? Results of a best-worst scaling survey. *Aust J Prim Health*. 2023 Jul;29(3):252-259



New models of care

Improving rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, task-sharing and telehealth (The ORIENT Study)

Australian women living in rural and regional areas experience many barriers to accessing long-acting reversible contraception (LARC) and early medical abortion (EMA) services. The ORIENT Study is a stepped-wedge, pragmatic cluster-randomised controlled trial that aims to assess the effectiveness of a nurse-led model of care in general practice at increasing the uptake of LARC and improving access to EMA in rural and regional areas.

The nurse-led model of care was co-designed with consumers and women's health professionals, ensuring that the intervention can meet consumer needs, is evidence-based, feasible, sustainable and offers the best chance of success. Practices are randomised to implement the model sequentially, with the comparator being usual care. All practices receive implementation support including:

- Free online accredited LARC and EMA training
- An online educational outreach session to discuss practical strategies for implementing the nurse-led model, tailored to each practice
- Enrolment into the AusCAPPS Network, an Australia-wide virtual community of practice that connects EMA and LARC providers through peer-networking opportunities and access to resources and training
- Reimbursement and continuing professional development points

Publications arising

Moulton J, Subasinghe A, Mazza D (2021). Practice nurse provision of early medical abortion in general practice: opportunities and limitations. *Aust J Prim Health*. 2021 Dec;27(6):427-430.

Moulton JE, Withanage NN, Subasinghe AK, Mazza D (2022). Nurse-led service delivery models in primary care: a scoping review protocol. *BJGP Open*. 2022 Sep 28;6(3):BJGPO.2021.0194.

Moulton JE, Mazza D, Tomnay J, Bateson D, Norman WV, Black KI, Subasinghe AK (2022). Co-design of a nurse-led model of care to increase access to medical abortion and contraception in rural and regional general practice: A protocol. *Aust J Rural Health*. 2022 Dec;30(6):876-883.

Mazza D, Shankar M, Botfield JR, Moulton JE, Chakraborty SP, Black K, Tomnay J, Bateson D, Church J, Laba TL, Kasza J, Norman WV (2023). Improving rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, task-sharing and telehealth (ORIENT): a protocol for a stepped-wedge pragmatic cluster-randomised controlled trial in Australian general practice. *BMJ Open*. 2023 Mar 22;13(3):e065137.



Quality family planning services and referrals in community pharmacy: expanding pharmacists' scope of practice (The ALLIANCE Trial)

Women who undergo a medical abortion or use emergency contraception are more likely than others to have a future unintended pregnancy. While community pharmacists are able to provide contraceptive counselling and referrals, limited knowledge, training and remuneration has created barriers to delivering this service.

The ALLIANCE Trial aims to support the use of effective contraception among women at high risk of unintended pregnancy by introducing private consultations, contraceptive counselling and referral services in a community pharmacy setting. The trial is exploring the impact of patient-centred, effectiveness-based contraceptive counselling on increasing knowledge and access among women seeking emergency contraception or early medical abortion through community pharmacies.

Our co-designed approach involves three components: contraceptive counselling, funded consultations to be delivered in a private consultation room and referrals for patients to identify and access follow-up care services, where required. This model is designed to improve contraceptive knowledge and training among pharmacists while providing women with access to options that most align with their reproductive preferences

Publications arising:

Mazza D, Assifi AR, Hussainy SY, Bateson D, Johnston S, Tomnay J, Kasza J, Church J, Grzeskowiak LE, Nissen L, Cameron ST. Expanding community pharmacists' scope of practice in relation to contraceptive counselling and referral: a protocol for a pragmatic, stepped-wedge, cluster randomised trial (ALLIANCE). *BMJ Open*. 2023 Aug 31;13(8):e073154.

Improving the delivery of medical abortion in general practice

In Australia, both surgical and medical methods of abortion are available, however, they can be difficult to access, forcing many women to travel long distances to receive abortion care. Access to abortion care can be increased through general practice – currently, only 10% of general practitioners are registered prescribers of MS-2 Step, which comprises the medical abortifacients mifepristone and misoprostol. However, there is limited information on how general practitioners deliver medical abortion care. This study interviewed general practitioners to gain insight into medical abortion delivery models across Australia. Three models were identified (common, streamlined and ultrasonography-inclusive). Most general practitioners used three appointments to provide medical abortion care (common model). Only a few general practitioners provided medical abortion care in 1–2 appointments and even fewer provided ultrasonography services to patients, which may reflect the additional training and initial start-up costs involved in providing this service. While most general practitioners used the common model comprising three appointments, it may be beneficial to consider the other two models, which involve less appointments and are potentially more acceptable for patients, especially those who need to travel long distances to access abortion care.

Publications arising

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.



Primary care-based preconception care interventions that reduce identifiable risks and improves pregnancy outcomes

Preconception health encompasses the overall health of reproductive-aged, non-pregnant women prior to conception. Medical and lifestyle risk factors during the preconception period, including obesity, alcohol consumption and smoking, may increase the likelihood of adverse pregnancy outcomes. Optimising preconception health can, therefore, reduce maternal and infant mortality and morbidity and improve the overall health of the mother and baby. Preconception care involves interventions that seek to modify medical and lifestyle risk factors during the preconception period; these can be integrated into primary care, community and hospital settings. The aim of this project to determine the effectiveness of preconception care in primary care settings and understand how it can be better provided through general practices both from the perspective of primary care providers and consumers. It is expected that the findings will be used to design interventions that will improve access to and the delivery of preconception care in general practice.

Publications arising

Withanage NN, Botfield JR, Srinivasan S, Black KI, Mazza D (2022). Effectiveness of preconception care interventions delivered in primary care: a systematic review protocol. *BJGP Open*. 2022 Aug 30;6(2):BJGPO.2021.0191.

Withanage NN, Botfield J, Srinivasan S, Black K, Mazza D. (2022). Effectiveness of preconception interventions in primary care: a systematic review. *Br J Gen Pract*. 2022 Nov 24;72(725):e865-e872.

Withanage NW, Botfield JR, Black KI, Mazza D (2023). Improving the provision of preconception care in Australian general practice through task-sharing with practice nurses. *Aust J Prim Health*. 2023 Jul;29(3):217-221.

Integration of the London Measure of Unplanned Pregnancy into antenatal clinics

Pregnancy outcomes are influenced by the health and health behaviours of both women and men prior to pregnancy. However, there has been limited progress in the provision and monitoring of preconception care in Australia. An instrument for assessing pregnancy planning or intention can be helpful in assessing the need for contraception and documenting preconception readiness and health. The London Measure of Unplanned Pregnancy (LMUP) has been included in Sydney Local Health District (LHD) electronic medical records for antenatal booking visits since 2019. This six-item psychometrically validated measure assesses behaviour around the time of conception and intention with regard to a current or recent pregnancy. In this study, LMUP data collected within the Sydney LHD during 1 December 2019-30 November 2020 were analysed to determine the completion rate and the socio-demographic characteristics associated with unplanned pregnancies. During this 12-month period, the LMUP was completed for 2385 out of 4993 women who had antenatal care bookings as public patients at two Sydney LHD hospitals. According to the total LMUP scores, planned pregnancies were indicated for 1684 women (70.6%), but 1290 women (59.1%) reported taking no health actions in preparation for pregnancy. Multivariable analyses showed that planned pregnancies were more likely in all age groups than for women aged 24 years or younger and the likelihood of a planned pregnancy declined with increasing parity. This study is the first to describe the integration of the LMUP into antenatal routine data collection in Australia and has demonstrated its utility in monitoring preconception health. The association of higher parity with unplanned pregnancies highlights the need for improved access to postpartum contraception to help reduce the likelihood of unplanned pregnancies after a previous birth.

Publications arising

Black KI, Dorney E, Hall JA, Pelosi M, Khan SA, Cheney K (2023). Using a validated instrument to assess pregnancy planning and preconception care at antenatal booking visits: a retrospective cohort study. *Med J Aust*. 2023 Oct;219(8):366-370.

Addressing consumer needs

Endometriosis Management Plan (Endo-MP) Project

Endometriosis is a chronic condition that is defined by the presence of endometrial-like tissue outside the uterus. It affects approximately 10% of women of reproductive age, including around 50% of women who present with infertility and 24-40% of women with chronic pelvic pain. In Australia, one in nine women (more than 830,000) have clinically confirmed or suspected endometriosis by the age of 44. While the cause of endometriosis remains uncertain, it significantly impacts quality of life of those who suffer from this debilitating condition. The total economic burden of endometriosis and chronic pelvic pain per year in Australia is estimated to be \$6.50 billion.

In 2018, Australia was the first country to develop a roadmap and blueprint to tackle endometriosis in a nationwide coordinated manner – the National Action Plan for Endometriosis. This plan was created in partnership between government, endometriosis experts and advocacy groups. As part of the package, the Australian government has funded the development of an Endometriosis Management Plan in primary care settings - often the first point of contact in the healthcare system for those experiencing symptoms associated with endometriosis.

The Endometriosis Management Plan (Endo-MP) project is being conducted by SPHERE during the next three years in collaboration with the Royal Australian College of General Practitioners. Endo-MP will target all practicing GPs and women with endometriosis and chronic pelvic pain in Australia. The aim of the project is to develop and implement an Endometriosis Management Plan to support the navigation and management of endometriosis and chronic pelvic pain for providers and their patients through primary care settings. It is expected that the implementation and utilisation of the management plan will help improve the quality of life for individuals with the condition and reduce associated economic costs. This project will be delivered through collaborations with key stakeholders and partner organisations that include the Australian government Department of Health's Endometriosis Expert Advisory Group, Primary Health Networks, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, tertiary care services, and consumer groups such as the Australian Coalition for Endometriosis.



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)

The EXTEND-PREFER study was conducted in collaboration with the Australian Department of Health through the National Women's Health Strategy and National Men's Health Strategy Health Promotion Grants. The aim of this study is to test the impact of an educational video about contraception on the knowledge, attitudes and preference towards contraception of young women from priority populations in Australia. Participants for the study were recruited through social media advertising (Facebook, Instagram, Twitter, LinkedIn). Participants were asked to complete a survey before and after viewing a contraception education video as well as completing a follow-up survey after 6 months to establish whether there were any changes to contraception knowledge, attitudes and preferences.

Publications arising

Mazza D, Buckingham P, McCarthy E (2022). Can an online educational video broaden young women's contraceptive choice? Outcomes of the PREFER pre-post intervention study. *BMJ Sex Reprod Health*. 2022 Oct;48(4):267-274

Liu, R, Mazza D, Li CK, Subasinghe AK (2023). What do women need to know about long-acting reversible contraception? Perspectives of women from culturally and linguistically diverse backgrounds. *Health Promot J Austr*. 2023 May 9. doi: 10.1002/hpja.743

What do women need to know about long-acting reversible contraception? Perspectives of women from culturally and linguistically diverse backgrounds

Women from culturally and linguistically diverse backgrounds experience higher rates of unintended pregnancy than those born locally. They are also less likely to be using long-acting reversible contraception, which is highly effective at preventing unintended pregnancy. An online educational video has been shown to be effective at increasing the preference for and uptake of long-acting reversible contraception among young women in Australia.

For this study, women from culturally and linguistically diverse backgrounds were interviewed to determine what components were thought to be important to include in an online educational video targeted at increasing preferences for and uptake of long-acting reversible contraception in this population. Interview responses revealed differing views on what components were considered to be important to include in the video and these varied depending on the woman's cultural background. For Chinese women, it was deemed important to address the misconception that hormones cause damage to the body. For Indian women, it was important to discuss the effects of contraceptive methods on menstruation. For Middle Eastern women, they thought that the online video should counter myths that long-acting reversible contraception causes abortion and emphasise the low efficacy of natural contraception methods. However, women from all cultural groups agreed that the educational video should highlight the covertness of long-acting reversible contraception, their cost, and how to access them. These findings will be used to modify an online educational video about long-acting reversible contraception that will be aimed at improving contraceptive knowledge among women from culturally and linguistically diverse backgrounds and increase the uptake of this form of contraception in this population.

Publications arising

Liu R, Mazza D, Li CK, Subasinghe AK (2023). What do women need to know about long-acting reversible contraception? Perspectives of women from culturally and linguistically diverse backgrounds. *Health Promot J Austr*. 2023 May 9. doi: 10.1002/hpja.743.

Examining access to sexual and reproductive health services for women during the COVID-19 pandemic

The COVID-19 pandemic has posed challenges to the accessibility of high-quality abortion care. This qualitative study explored lived experiences of abortion care during the pandemic in Australia. Interviews were conducted with people who sought an abortion between March 2020 and November 2022. Responses from study participants indicated that abortion seekers experienced varying obstacles. Most lacked information about abortion and where to seek it. Many were uncomfortable disclosing their abortion and anticipated judgement from healthcare workers. Regional participants travelled far and faced long wait-times that were exacerbated by pandemic restrictions. Participants also described the financial stress of paying for the service, travel, and related expenses. Many participants described stigmatising or unsupportive interactions with at least one healthcare worker. In contrast, some participants experienced non-judgmental and supportive interactions with sufficient information provision, emotional support, and time spent with providers and described these as key aspects of patient-centred care. Macro-level factors, from abortion regulations to rural and pandemic-related health system pressures, hindered access and contributed to poor experiences in care. Study findings illustrate the need for strategies to ensure that healthcare workers engaged in abortion care provide emotional support, accurate information, and support client decision-making. Stigma reduction can be integrated into quality improvement efforts to reduce the harms of judgmental interactions. System-level efforts are also needed to reduce wait times, travel, and costs, especially for rural populations, and to address macro-level abortion stigma in the policy and regulatory environment. Consumer voices can help understand the diverse pathways to abortion care and inform solutions to overcome the multidimensional barriers to access.

Publications arising

Makleff S, Belfrage M, Wickramasinghe S, Fisher J, Bateson D, Black KI (2023). Typologies of interactions between abortion seekers and healthcare workers in Australia: a qualitative study exploring the impact of stigma on quality of care. *BMC Pregnancy Childbirth*. 2023 Sep;23(1):646.

Vallury KD, Kelleher D, Soffi A, Mogharbel C, Makleff S (2023). Systemic delays to abortion access undermine the health and rights of abortion seekers across Australia. *Aust N Z J Obstet Gynaecol*. 2023 Aug;63(4):612-615.

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

To reduce adverse outcomes on women's health, mother and child, lifestyle risk prevention measures are recommended but engagement is difficult for mothers juggling caring roles, work, and childcare. This study sought to understand women's preferences for the management of lifestyle risk reduction during the time between pregnancies, known as the interconception period. Findings from this study will help to understand the impact of previous pregnancy experiences on pregnancy preparation, the role of lifestyle risk reduction in pregnancy preparation, and ways in which women manage their lifestyle risks during the interconception period.

Publications arising

James S, Moulton JE, Assifi A, Botfield J, Black K, Hanson M, Mazza D (2023). Women's needs for lifestyle risk reduction engagement during the interconception period: a scoping review. *BMJ Sex Reprod Health*. 2023 Feb 27;bmjsrh-2022-201699.

“Consumer voices can help understand the diverse pathways to abortion care and inform solutions to overcome the multidimensional barriers to access.”

Women's perspectives of over-the-counter access to oral contraception

In Australia, most oral contraceptive options require a doctor's prescription. However, there are many models of direct pharmacy access to oral contraception that have been successfully implemented in other countries. This study explored women's perspectives on and preferences for pharmacy models that support direct access to oral contraceptive pill. Interviews revealed that many women found the need to visit a general practitioner for oral contraceptive pills to be an inconvenience and also a considerable barrier to access. Many women also preferred being able to access their oral contraceptive pills directly from a pharmacist, however, it was important that pharmacists are appropriately trained to safely deliver contraceptive care and able to ensure privacy when providing contraceptive advice to women. These findings align with international evidence highlighting women's interest in over-the-counter access to oral contraceptive pills via their pharmacists.

Publications arising

Dev T, Buckingham P, Mazza D (2023). Women's perspectives of direct pharmacy access to oral contraception. *Aust J Prim Health*. 2023 Jul;29(3):235-243.

"I think six weeks is probably the right time to have the first conversation, but I think there needs to be another one six to eight months down the track, because that's sort of when you are out of that initial newborn 'bubble' most likely... (My) sleep (at around six months) was starting to get a little bit better and I was feeling a bit more mentally clear"

Li et al (2023). Women's experiences of and preferences for postpartum contraception counselling. *Aust J Prim Health*, (3):229-234

Women's experiences of and preferences for postpartum contraception counselling

Access to postpartum contraception is important in preventing unintended pregnancies and avoiding short interpregnancy intervals, which can be associated with adverse birth outcomes. However, contraceptive counselling during the postpartum period is inconsistent across the maternity settings in Australia. While the Royal Australian College of General Practitioners recommends a six-week postpartum check for both women and babies after birth in the general practice setting, it is not clear when contraceptive counselling should be delivered and by whom. This study explored women's experiences of and preferences for accessing postpartum contraceptive counselling. Interviews revealed that most women were not aware of safe interpregnancy intervals and could not recall discussing this with their healthcare provider. Most women also did not receive in-depth contraceptive counselling either antenatally or postnatally, although they had brief discussions about contraception with their general practitioners and obstetricians at the six-week postnatal check. The general preference among the women in this study was for the contraceptive counselling to be delivered by their general practitioner or midwife rather than an obstetrician or nurse. These findings highlight the need for consistent and routine provision of postpartum contraceptive care in Australia.

Publications arising

Li CK, Botfield J, Amos N, Mazza D (2023). Women's experiences of and preferences for postpartum contraception counselling. *Aust J Prim Health*. 2023 Jul;29(3):229-234



The preferences of women in Australia for the features of long-acting reversible contraception

Long-acting reversible contraception is the most effective form of contraception but uptake in Australia is low while the oral contraceptive pill remains widely used. A discrete choice experiment was conducted in a general population sample of 621 women in Australia to investigate women's preferences for the features of long-acting reversible contraception. Overall, women's choice of contraception is guided by the recommendation of their GP. They have strong preferences for methods that are effective, safe and have low levels of adverse events. Study findings indicate that it is important for health care professionals to understand and communicate to women accurate information regarding long-acting reversible contraception, especially their higher rates of effectiveness compared to other contraceptive methods.

Publications arising

Haas M, Church J, Street DJ, Bateson D, Fisher J, Taft A, Black KI, Lucke J, Hussainy SY, McGeechan K, Norman W, Mazza D (2022). The preferences of women in Australia for the features of long-acting reversible contraception: results of a discrete choice experiment. *Eur J Contracept Reprod Health Care*. Eur J Contracept Reprod Health Care. 2022 Oct;27(5):424-430.

Assessing the risk factors and health consequences of reproductive coercion within Australian general practice

Reproductive coercion, a distinct form of violence, is a serious violation of an individual's human rights that can have long term physical, health, social, and emotional consequences. General practice is a health setting that is more likely to encounter those experiencing reproductive coercion, providing an opportunity for general practitioners to play an important role in identifying and responding to this form of abuse; however, limited evidence exists to help guide them. Data around risk factors and health outcomes of reproductive coercion is inconsistent globally and notably absent within Australia. This research aims to inform future prevention and intervention efforts by providing an improved conceptual understanding of who is at risk of experiencing reproductive coercion and how it manifests within general practice consultations.

“General practice is a health setting that is more likely to encounter those experiencing reproductive coercion, providing an opportunity for general practitioners to play an important role in identifying and responding to this form of abuse.”



What women want from local primary care services for unintended pregnancy in rural Australia

In Australia, women living in rural areas are more likely to experience unintended pregnancy, yet little is known about how well local primary health care services meet the sexual and reproductive health needs of women living in these areas. This qualitative study explored the experiences of women living in rural areas of Australia with managing an unintended pregnancy and their expectations of and satisfaction with the care that they received. Subsequent analyses identified three themes: (1) women expect informed and efficient care once services are reached; (2) women desire greater choice and aftercare; and (3) women want comprehensive reproductive health as part of rural primary care. Women were aware of the limitations of the rural health system but expected that their reproductive health needs would be met. Choice, time efficiency and aftercare were identified gaps in the rural primary care service. These findings suggest that women living in rural areas who were managing an unintended pregnancy experienced gaps in the quality of care that they received through their local primary care service.

Publications arising

Noonan A, Black KI, Luscombe GM, Tomnay J (2023). What women want from local primary care services for unintended pregnancy in rural Australia: a qualitative study from rural New South Wales. *Aust J Prim Health*. 2023 Jul;29(3):244-251.

“...we only had one GP in town that was accredited to prescribe the medical termination pills and he wasn't here all of the time either, so you sort of had to catch him on his whatever two weeks...”

Noonan et al (2023). What women want from local primary care services for unintended pregnancy in rural Australia: a qualitative study from rural New South Wales. *Aust J Prim Health*, 29(3):244-251.

Women's experiences locating services for unintended pregnancy in a rural Australian health system

Women living in rural areas of Australia are more likely to experience unintended pregnancy than women living in urban areas, but very little is known about how this issue is managed in a rural health setting. This study involved interviewing 20 women living in rural New South Wales regarding their unintended pregnancy and accessing healthcare services for pregnancy options advice, abortion or antenatal care. Four themes emerged from the analysis: (1) fragmented and opaque healthcare pathways; (2) a limited number of willing rural practitioners; (3) small town culture and community ties; and (4) interrelated challenges of distance, travel and money. Interview responses describe the complex challenges women face when seeking healthcare for unintended pregnancy in rural settings and highlights that their needs are not being met adequately by the current rural health setting. These challenges also intersect with small-town culture, which refers to how close community ties can influence women's choices about where and from whom they choose to receive care whilst also trying to maintain confidentiality. The study findings point to the need for comprehensive reproductive health services to be an essential part of healthcare and be easily accessible in multiple modes (i.e. telehealth, nurse-led models, general practice provision, public abortion services) to all women, especially those living outside of metropolitan areas.

Publications arising

Noonan A, Black KI, Luscombe GM, Tomnay J (2023). "Almost like it was really underground": a qualitative study of women's experiences locating services for unintended pregnancy in a rural Australian health system. *Sex Reprod Health Matters*. 2023 Dec;31(1):2213899.



Using data to advance knowledge

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

Unintended pregnancy is a useful population-level indicator of reproductive health. Examining which population groups are more susceptible to unintended pregnancies and understanding the factors associated with this is important in guiding public health responses that target those who are in greatest need. This study analysed data from the Australian Longitudinal Study on Women's Health to estimate the prevalence of unintended pregnancy among a national cohort of young adult women (19-24 years of age) and across key social and demographic subgroups. Pregnancy outcomes among women with a history of unintended pregnancy by urban and rural residence and factors associated with recent experience of unintended pregnancy in the previous year were also analysed. The results showed that more than 1 in 10 women in this cohort who ever had vaginal sex experienced an unintended pregnancy. This increased to 3 out of 4 women experiencing an unintended pregnancy among those who were ever-pregnant. Analysis also suggested disparities in young women's likelihood of experiencing unintended pregnancy by contraceptive behaviours, risky alcohol consumption, exposure to sexual coercion, educational level, and relationship status. No significant rural-urban differences in the experience of unintended pregnancy were detected. This study has identified factors that could reduce unintended pregnancy among young Australian women – these should be included in national strategies that are aimed at improving the sexual and reproductive health of women in Australia.

Publications arising

Shankar M, Hooker L, Edvardsson K, Norman WV, Taft AJ (2023). The prevalence and variations in unintended pregnancy by socio-demographic and health-related factors in a population-based cohort of young Australian women. *Aust N Z J Public Health*. 2023 Jun;47(3):100046.

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

Abortion care should include informing women about effective contraception and offering them their choice of contraception. This is important given that half of women report resuming sexual activity within two weeks of having an abortion. This study analysed data from the Pharmaceutical Benefits Scheme to examine hormonal contraception use by women after a medical abortion and whether contraception type influenced the likelihood of a further medical abortion. During 2013-2020, 11,140 women were dispensed mifepristone for early medical abortion. Of these, 1,435 (12.9%) were dispensed hormonal long-acting reversible contraception and 1,387 (12.5%) were dispensed other forms of hormonal contraception. Overall, 594 (8.3%) received a subsequent dispensing of mifepristone. Hormonal long-acting reversible contraception dispensing was associated with a reduced likelihood of repeat early medical abortion, compared with women who were dispensed the combined oral contraceptive pill or no contraceptive method. When separated by contraceptive method type, post-abortion dispensing of hormonal IUD and contraceptive implant were associated with the strongest reduced risk of repeat early medical abortion. These findings show that the provision of post-abortion long-acting reversible contraception reduces likelihood of repeat medical abortion.

Publications arising

Grzeskowiak LE, Rumbold AR, Subasinghe A, Mazza D, Black KI, Calabretto H, Ilomaki J (2022). Long-acting reversible contraception use after medical abortion is associated with reduced likelihood of a second medical abortion. *Med J Aust*. 2022 May 16;216(9):476-477.

Chronic disease and induced abortion among young Australian women: a population-based cohort perspective

Australia lacks high quality and accurate information regarding induced abortion among women with chronic disease. This limits the capacity to develop and implement policy and practice interventions at local, state, and federal levels to reduce unintended pregnancies among these women. This project aims to estimate the prevalence and incidence of induced abortion among young Australian women with a range of chronic diseases associated with poor maternal and foetal outcomes as well as the factors that influence induced abortion. We are currently examining the prevalence and incidence associated with specific chronic disease groups and the factors that influence induced abortion for these women. The analyses will provide significant knowledge outcomes around quantifying rates of abortion over time for young women with chronic disease, including the specific contribution of key physical and mental health chronic disease groups.



ACCORd (The Australian Contraceptive Choice pRoject): increasing the uptake of long-acting reversible contraception in general practice

Chief investigators:

Professor Danielle Mazza AM, Professor Kirsten Black, Professor Angela Taft, Professor Jayne Lucke, Associate Professor Kevin McGeechan, Professor Marion Haas, Professor Jeffrey Peipert

Associate investigator:

Dr Kathleen McNamee

In Australia, one in four women experience an unintended pregnancy, and a third of those end in abortion.¹² This rate is disproportionately higher amongst women aged 18-32 years and those living in non-urban areas.¹³

Long-acting reversible contraception (defined as intrauterine devices (IUDs) and contraceptive implants) are the most effective contraception and can reduce unintended pregnancy rates across all stages of a woman's reproductive life. They have a much lower failure rate compared to condoms or oral contraceptives. However, uptake is low in Australia and is only used by around 11% of women aged between 15-44 years.¹⁴

The purpose of the ACCORd trial¹⁵ was to evaluate if a complex intervention in general practice can increase long-acting reversible contraception uptake among women attending a general practice.

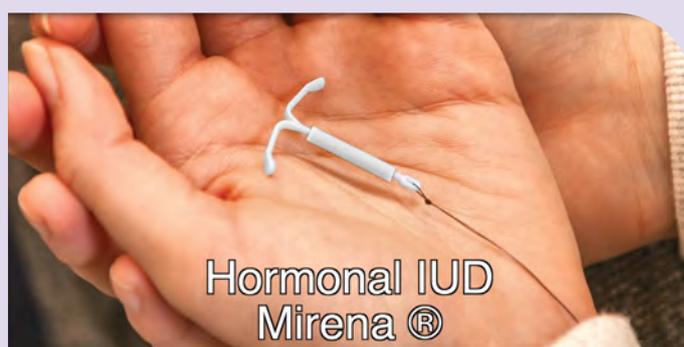
The intervention

1. A six-hour online training course for general practitioners on how to deliver effectiveness-based contraceptive counselling
2. Providing general practitioners with access to a rapid referral service for insertion of long-acting reversible contraception.

What did the ACCORd trial find?

Increased uptake of long-acting reversible contraception

At the beginning of the trial, three out of four women who had an unintended pregnancy were not using long-acting reversible contraception.¹⁶



12 Taft et al (2018). Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Med J Aust*, 209(9):407-8.

13 Rowe et al (2016). Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. *Aust N Z J Public Health*, 40(2):104-9.

14 Grzeskowiak et al (2021). Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A population-based study. *Aust N Z J Obstet Gynaecol*, 61(1):128-34.

15 Mazza et al (2016). Increasing the uptake of long-acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised controlled trial protocol. *BMJ Open*, 6(10):e012491.

16 Subasinghe et al (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*, 50(6):422-5

After four weeks, six months, and twelve months, there was an increase in the uptake of long-acting reversible contraception among women who consulted with general practitioners that delivered efficacy-focused contraception counselling and had access to rapid referral pathways for insertion of long-acting reversible contraception.¹⁷ The most commonly chosen method was the levonorgestrel intrauterine system (Mirena or Kyleena).¹³ Women were also more satisfied and more likely to continue using a hormonal long-acting reversible contraceptive than an oral contraceptive at 12 months.¹⁸ They were also appreciative of providers who understood the evidence and were better informed about effective contraception.¹⁹

“I had no idea about the Mirena at all until the [GP] mentioned about the study...so that was personally interesting to know there are other options... I have been on the same contraceptive pill for 20 years... if something has a higher efficacy, I think it's always worth exploring these options. It also got me talking to other girlfriends”

Study participant, intervention group

Benefits to general practitioners

General practitioners who received the training saw the value of increasing the uptake of long-acting reversible contraception and understood that they had a responsibility to talk to women about this form of contraception.²¹

The trial also found that most general practitioners can routinely insert implants and most women are able to access implants through their own general practitioner. Therefore, the rapid referral service was not utilised for implant insertion.

For IUDs, however, only a small number of general practitioners in the trial were trained to insert IUDs and an even smaller number routinely inserted IUDs. Therefore, the majority of IUD insertions will take place at a rapid referral clinic if a GP is given the option to refer.²⁰ However, even without a rapid referral pathway through the ACCORd study, GPs would still have referred patients to other health professionals within their network to insert IUDs.²¹

Providing education to general practitioners and access to a rapid referral service is efficient at the primary care level, and has a positive financial effect on the health system.

ACCORd training made me discuss long-acting reversible contraception more than usual, especially if they weren't coming in for contraception during recruiting. Lots took it up”

General practitioner, intervention group

What do the study outcomes suggest?

Providing training to general practitioners on how to deliver efficacy-based contraceptive counselling and access to free rapid referral pathways can improve the accessibility and uptake of long-acting reversible contraception. This trial was conducted in metropolitan Melbourne and involved a small cohort of GPs and their patients. It remains to be seen if the results will be similar in a larger cohort and in regional/rural/remote areas.

17 Mazza et al (2020). Increasing long-acting reversible contraceptives: the Australian Contraceptive Choice pRoject (ACCORd) cluster randomized trial. *Am J Obstet Gynecol*, 222(4S):S921 e1-S e13

18 Black et al (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*, 61(3):448-53.

19 Taft et al (2022). Sustainable and effective methods to increase long-acting reversible contraception uptake from the ACCORd general practice trial. *Aust N Z J Public Health*, 46(4):540-4.

20 Mazza et al (2023). Pathways to IUD and implant insertion in general practice: a secondary analysis of the ACCORd study. *Aust J Prim Health*, 29(3):222-8.

Preconception care in priority groups: optimisation and dissemination of an online preconception health self-assessment tool (Healthy You, Healthy Baby tool)

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Your Fertility (Victorian Assisted Reproductive Treatment Authority)
Robinson Research Institute

Preconception care offers the opportunity to improve the health of potential parents prior to pregnancy.²¹ This improves conception rates, pregnancy outcomes, childhood health and the health of future generations.^{22,23} Barriers to the delivery of preconception care include a lack of community awareness about preconception health and access to health professionals to discuss this. This is heightened for people of reproductive age living in regional and remote Australia.²⁴

Online self-assessment tools are one potential solution. These tools can increase awareness on a health topic and provide information and advice on what to do next. The Healthy Conception Tool is an online self-assessment preconception health tool run by YourFertility. Our researchers have led a mixed methods study supported by the National Women's Health Strategy Grants Scheme to optimise the Healthy Conception Tool for women from rural and remote Australia and low socio-economic backgrounds.

A Rural Women's Health Consumer Advisory Group informed this work which comprised of in-depth interviews to understand Australian women and men's attitudes and knowledge of preconception care and their perspectives on the Healthy Conception Tool. The interviews demonstrated that while people of reproductive age are keen to learn about preconception health and mainly access their reproductive health information online, they want easily accessible information that is tailored to their needs. These findings informed the development of a prototype of the enhanced tool that underwent detailed user experience testing. Changes to the tool focussed on content, health literacy and inclusive language and the incorporation of more personalised results. These were informed by inbuilt dynamic logic that allows for prioritisation of modifiable risk factors and links the consumer to relevant information to promote positive behaviour change.

21 Stephenson et al (2018). Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health. *Lancet*, 391(10132):1830-41.

22 Khan et al (2019). Preconception Health Attitudes and Behaviours of Women: A Qualitative Investigation. *Nutrients*, 11(7):1490.

23 Bortolus et al (2017). Why women do not ask for information on preconception health? A qualitative study. *BMC Pregnancy Childbirth*, 17(1):5.

24 Australian Institute of Health and Welfare. Rural and Remote Health 2022 [updated 07/07/2022]. Available from: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>.



A Discrete Choice Experiment Study was then performed to understand the preferences of Australian women and men as to what type of promotional materials would lead them to engage with the tool. There was significant preference for a new name that resonates with people of reproductive age that was free of medical jargon. Imagery and locations for advertising were also key features that influenced engagement, with a significant preference for promotional material in primary care locations such as GP waiting rooms and pharmacies. As such, the enhanced “Healthy you, Healthy Baby Tool” has been recently launched by YourFertility

(<https://www.yourfertility.org.au/>). This tool has an improved user experience and tailored information that is determined by participant response. A health promotion campaign accompanied the launch, which included a short animation to promote the importance of preconception health. Analytics to monitor uptake of the new tool are in progress.



Translating research outcomes into health policy and practice

Consumer Advisory Group

In 2020, SPHERE established the Consumer Advisory Group (CAG) with the goal of obtaining community insights on SPHERE's research activities and future research priorities. To date, the SPHERE CAG comprises eight members who have diverse backgrounds and experiences and are located in urban, regional and rural areas across Australia. They have played an important role in ensuring that SPHERE's research considers the perspectives and needs of women in our community, especially in the design of interventions that are targeted at helping women achieve their reproductive goals. The contributions of our CAG members have ranged from providing advice on new research ideas to strategies for participant recruitment and dissemination of project outcomes. CAG members have also been given the opportunity to be part of the advisory groups for clinical trials within SPHERE, ensuring consumer involvement at every stage of trial design and implementation.



Clare Graf-Mitchell



Sam Jones



Chiedza Malunga



Rosie Allan



Darcy Money



Melanie McGuane



Isabelle Stevenson



Marianthi Fadakis

“Being on the CAG has been a lovely experience for me as I have been able to engage with researchers and provide feedback as a consumer, which filters through to research materials and practice being plain language and accessible. I have also appreciated the opportunity I get to keep speaking to the importance of including culturally and linguistically diverse community members in research.”

Chiedza Malunga

“Being part of the SPHERE Consumer Advisory Group has allowed me to engage in and provide feedback on current and future research related to women's sexual and reproductive health. Most recently, I have been involved in the ALLIANCE Trial which has provided me with an opportunity to hear from leading researchers in the field but also provide consumer insights into the reality of women's experiences when accessing services related to contraception and abortion, specifically, from someone living in a regional area. I feel incredibly fortunate to be part of these discussions and hope that this can impact the way research is approached and ultimately, how it influences policy around access and provision of sexual and reproductive health services.”

Rosie Allan

Stakeholder Advisory Group

The SPHERE Stakeholder Advisory Group (SAG) provides strategic advice on the direction of the SPHERE research program especially in relation to emerging priority areas in women's sexual and reproductive health. They also support SPHERE's work by advocating to government and stakeholders in women's health on policies and programs that can be informed by the evidence generated from the SPHERE research program – this is an important component of SPHERE's strategy on translating research findings into policy and practice.

In the last five years, members of the SAG have represented disciplines such as general practice, nursing and midwifery, pharmacy, obstetrics and gynaecology, and family planning and have contributed their expertise in reproductive health, rural health, adolescent health, vulnerable groups, knowledge translation, media and communications government policy, and consumer engagement.



Professor Deborah Bateson AM
The University of Sydney



A/Professor Charlotte Hesse
Notre Dame University



Dr Kathleen McNamee
Sexual Health Victoria



Ms Tania Ewing
Tania Ewing & Associates



Dr Philip Goldstone
Marie Stopes Australia



Professor Rachel Skinner
The University of Sydney



Dr Sarah White
Jean Hailes for Women's Health



Ms Sian Rudge
The Sax Institute



Professor Jane Tomnay
The University of Melbourne



Ms Lisa Collison
Australian Primary Health Care Nurses Association



Professor Heather Douglas
The University of Melbourne



Ms Vase Jovanoska
The Royal Australian and New Zealand College
of Obstetricians and Gynaecologists



Healthcare Advisory Circles

SPHERE has successfully established three Health Care Advisory Circles comprising general practitioners, practice nurses and pharmacists. These were established in response to the need for discipline-based advice on the development and implementation of the SPHERE research program. Fostering this collaboration has been vital in ensuring that SPHERE's 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 enjoy being able to contribute to SPHERE from a general practice perspective, to share clinical insights and experience to help guide the amazing research being done. Participating in SPHERE Coalition meetings allows me to keep up to date with the reproductive and sexual health landscape, and help advocate in this space."

Dr Marianna Campbell, GP Advisory Circle

"SPHERE has been an amazing opportunity for me to connect with other professionals Australia-wide who have an interest in sexual and reproductive health. I have enjoyed being part of a community of people dedicated to social justice and improving access to abortion and contraceptive services. As a GP providing these services, participating in the SPHERE GP advisory circle has introduced me to a supportive network where we share opinions and insight on how to better offer and integrate these services within a primary care setting."

Dr Lisa Brown, GP Advisory Circle

"As a GP with a specific interest in the provision of quality care for sexual and reproductive health, I appreciate having an environment like SPHERE to share my frontline experiences with patients to work with others, including academics, to improve healthcare provision for all Australians for their sexual and reproductive health needs."

Dr Melanie Dorrington, GP Advisory Circle



Women's Sexual and Reproductive Health Coalition

The Women's Sexual and Reproductive Health Coalition (<https://www.spherecre.org/our-impact/coalition>) was formed in 2020 to secure and sustain high-quality sexual and reproductive health services for women during the COVID-19 pandemic and beyond. The aim of the Coalition is to collectively advocate for evidence-informed policy and practices in women's sexual and reproductive health care.

To date, the Coalition has more than 170 members who have collectively produced 19 consensus statements on issues that include:

- Achieving access to effective contraception in Australia
- Achieving equitable access to abortion care in regional, rural and remote Australia
- Reproductive Coercion
- Implementing and monitoring of the National Women's Health Strategy 2020-2030: 'Maternal, sexual and reproductive health' priority area.

Coalition advocacy work and successes

The Coalition has advocated for issues that affected women during the COVID-19 pandemic, such as the use of telehealth, provision of long-acting reversible contraception, and contraceptive considerations for individuals with active COVID-19. Aside from COVID-19 related issues, the Coalition also advocates for increased access to effective contraception in Australia and the continued classification of abortion as an essential health service and provides input into policy recommendations that advocate for change to help women achieve optimal sexual and reproductive health.

Leadership during the COVID-19 pandemic

The SPHERE Coalition provided advice to the Therapeutic Goods Administration (TGA) in relation to guidance for prescribers regarding alternative contraception while there was a global shortage of norethisterone-containing contraceptive pills. In communicating about the shortage, the TGA linked their statement to the Coalition's consensus statement and accompanying infographic to provide prescribers with further advice. Additionally, our Coalition statement on contraception for women with COVID-19 was also adopted by the National COVID-19 Oestrogen Therapies Expert Advisory Taskforce who have used SPHERE's recommendations to inform their guidance.

Improved access to medical abortion via Medicare-funded telehealth

Early in the COVID-19 pandemic, the Coalition advocated for the use of telehealth for sexual and reproductive healthcare, including early medical abortion, and had an impact on the introduction of Medicare telehealth rebates for sexual and reproductive health. These particular rebates meant that women no longer needed to be an existing patient of a general practitioner to receive Medicare-funded telehealth to access sexual and reproductive health care, which improved access to these essential services particularly for women living in rural and regional areas. However, these Medicare rebates have been reviewed several times since their introduction and the future of these items remains unknown. The Coalition is continuing its advocacy work in making these rebates permanent and making sexual and reproductive healthcare more accessible for those that need it the most.

Senate inquiry into universal access to reproductive healthcare

In December 2022, the Coalition submitted its recommendations to the Senate inquiry into universal access to reproductive healthcare. Key to the recommendations were five areas where action was urgently required: (1) removing barriers to contraception access; (2) ensuring availability of essential and reproductive health services especially for rural and regional women; (3) workforce expansion; (4) coordinated public health campaigns; and (5) tracking the progress of the National Women's Health Strategy. With a number of members participating in the hearings, the Coalition's recommendations were regularly referenced and significantly informed the Senate's final report and recommendations.

Greater access to long-acting reversible contraception for women in Queensland

Equitable access to long-acting reversible contraception for women in Queensland remains a challenge due to geographic diversity and workforce shortages. Through their consensus statement, the Coalition has advocated for increasing access to effective contraception in Australia. The work done by SPHERE has assisted the Queensland Office of the Chief Nursing and Midwifery Officer in their proposal to amend legislation and legislative instruments to extend the scope of practice for registered nurses and midwives to authorise the insertion and removal of etonogestrel implants.

Increasing access to MS-2 Step by expanding the range of prescribers and removal of prescriber and dispenser registration and certification for MS-2 Step

The Coalition has long advocated for removing barriers to accessing medical abortion that centre around the registration requirements for prescribing and dispensing of mifepristone and misoprostol (MS-2 Step). In July 2023, the TGA announced that several restrictions around prescribing MS-2 Step would be lifted from 1 August 2023, which included removing the required mandatory training and registration to prescribe MS-2 Step, allowing pharmacies to stock and dispense MS-2 Step, and allowing any healthcare professional with the appropriate qualifications to prescribe MS-2 Step. These changes are a significant step forward in achieving equitable access to medical abortion across Australia.

Other policy decisions that have been informed by the Coalition's advocacy activities include:

- Increase in the Medicare rebate for IUD insertion from March 2022
- Removal from national guidelines of the requirement of Anti-D administration for medical abortion

Consensus statements



Contraception-related issues:

- COVID-19 treatment and hormonal contraception
- 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
- Statement on 52mg levonorgestrel-releasing IUD as emergency contraception: examining the evidence
- Increasing access to effective contraception in Australia: A consensus statement



Abortion-related issues:

- 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
- Publicly funded abortion services: A duty of care
- Position statement on Roe v Wade
- Achieving equitable access to abortion care in regional, rural and remote Australia.



Telehealth:

- Consensus statement on the use of telehealth for contraception and abortion care
- Using telehealth to provide early medical abortion during the COVID-19 pandemic and beyond



Reproductive coercion:

- Statement on reproductive coercion



Sexual and Reproductive Health advocacy:

- Policy recommendations for the 2022 Federal Election
- The SPHERE Coalition's submission to the Senate inquiry into universal access to reproductive healthcare
- Response to the Senate inquiry recommendations into universal access for reproductive healthcare
- The SPHERE Coalition's response to the Human Rights (Children Born Alive Protection) Bill 2022
- Implementation and monitoring of the National Women's Health Strategy 2020 – 2030: 'Maternal, sexual and reproductive health' Priority area

Developing the next generation of research leaders in women's sexual and reproductive health

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.

Seeding grants

Since commencing, SPHERE has awarded 11 seeding grants to SPHERE researchers and students up to the value of \$10,000 each. The purpose of these seeding grants was to provide the opportunity for SPHERE researchers and students to conduct pilot studies that align with their own research interests and with SPHERE's research program. The development of new collaborations with national and international researchers and local key stakeholders and engagement with consumers were also encouraged.

2019

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 pharmacy-based contraceptive counselling and preferred attributes of decision aids

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



“This grant allowed me to fund the second study of my PhD which was to conduct an audit of general practice electronic medical records to understand the documenting of preconception health risk factors for patients.”

Nishadi Withanage, SPHERE PhD student, Monash University

“The SPHERE seeding grant gave me the opportunity to ask new and important questions and normalise asking questions about abortion among rural populations including pregnant people. It also helped build connections with tremendous leading international scholars, who I am lucky to now be collaborating with.”

Anna Noonan, SPHERE PhD student, The University of Sydney

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 Greene 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

2022

Socio-demographic associations of breast-feeding continuation and contraception use at 4-months postpartum: a mixed methodology exploring the need for postpartum contraception from the perspective of the GP and women

Project team: Kate Cheney, Edwina Dorney, Kirsten Black, Melissa Kang, Jessica Botfield, Penelope Fotheringham

Chronic disease and induced abortion among young Australian women: a population-based cohort perspective

Project team: Melissa Harris, Kristina Edvardsson, Angela Taft, Deborah Loxton, Kirsten Black, Deborah Bateson, Wendy Norman, Peta Forder

Experiences of stigma in abortion care in Australia: developing typologies of abortion stigma

Project team: Shelly Makleff, Sethini Wickramasinghe, Jane Fisher, Deborah Bateson, Kirsten Black, Rebecca Blaylock

Travel fellowships

Although the COVID-19 pandemic placed a temporary halt on international travel, SPHERE was able to award three travel fellowships to SPHERE research fellows and students. The purpose of these travel fellowships was to undertake academic activities that involve site visits with national and international collaborators.

Travel fellowship recipients:

2022

Desireé LaGrappe (SPHERE PhD student, La Trobe University)

SPHERE generously provided a travel grant to assist with costs associated with my visit to Johns Hopkins University and my attendance at the 2022 Nursing Network on Violence Against Women International Conference in the USA. The trip was successful in (1) informing the overall research study design of my PhD on reproductive coercion and (2) fostering collaborations for the scale development and validation phases, including potential sites for longer term cross-validation. Sadly, the trip coincided with the US Supreme Court decision to overturn of Roe v Wade (Dobbs v. Jackson Women's Health Organization). The political backdrop galvanized energy around a renewed sense of urgency to unite for sexual and reproductive health and rights globally. I am very thankful to the SPHERE CRE for the travel opportunity.



Nishadi Withanage (SPHERE PhD student, Monash University)

This travel fellowship supported my attendance at the 5th European Conference on Preconception Health & Care, which was held at University College London (UCL) in the United Kingdom and provided networking opportunities with conference attendees and leading researchers who work in preconception health at UCL. It enabled me to gain insights into other preconception research being undertaken internationally. I also valued the opportunity to get a sense of and explore other pathways that might be available post-PhD through the discussions we had during the networking session. We also had a professional development session where preconception health researchers discussed their career pathways and the roles that they have been in and how they balanced their work alongside other challenges in life. I learnt some really valuable tips that will be important in my career post-PhD. Overall, my travel to the UK was a great opportunity to engage and build professional relationships with experts in this field that can contribute to my PhD and help advance my career in women's sexual and reproductive health.



2023

Anna Noonan (SPHERE PhD student, The University of Sydney)

This fellowship offers a rare opportunity to establish and sustain connection with international mentors and collaborators who share a passion for and commitment to the sexual and reproductive health and rights of rural populations as well as the role of research in motivating change. My research studies have demonstrated that some rural people in NSW continue unwanted pregnancies for the sole reason that accessing abortion services in a timely manner was impossible. As a rural person myself, I am motivated to learn how to ask better policy-relevant research questions and draw upon the experiences, expertise and learnings from the global rural community to inform solutions to this problem. This fellowship will offer preliminary steps to a number of new academic and other co-authored publications, which will contribute to the international literature about rural abortion access. Mentorship from Professor Wendy Norman, Dr Sarah Munro and Contraception and Abortion Research Team Lab colleagues at The University of British Columbia is a once-in-a-lifetime opportunity for an emerging researcher such as myself to undertake a first international project in a supportive environment.

whri.org/rounds

WHRI RESEARCH SPOTLIGHT

Stuck in the Australian Bush Without Service: Finding Pathways to Abortion Care in Rural Australia

FEATURING

Anna Noonan

Visiting Scholar,
Contraception and Abortion Research
Team, UBC
Faculty of Medicine and Health, University
of Sydney
SPHERE Centre for Research Excellence

Wednesday, November 1st 2023
12 pm - 1 pm PST



WOMEN'S HEALTH
RESEARCH INSTITUTE
AT BC WOMEN'S



BC WOMEN'S
HOSPITAL
HEALTH CENTRE
An agency of the Provincial Health Services Authority



Other capacity building strategies

Professional development

SPHERE also provided funding for SPHERE researchers and students to access professional and career development opportunities. This was offered in conjunction with yearly training workshops in health economics and statistics.

Mentoring program

Mentoring partnerships were established between SPHERE investigators and early career researchers with the aim of providing support to develop new skills and knowledge, identify areas for professional growth and develop leadership skills. This program prompted early career researchers to think beyond the day-to-day aspects of their research projects and consider the various steps that need to be taken to achieve a successful long-term research career.

Ideas Development Workshop

This workshop was a forum for SPHERE researchers to work on the development of new ideas or concepts for future funding applications. The ideas presented were in various stages of development – from the incubator stage to refining an unsuccessful grant application for resubmission. The workshop was a supportive environment for researchers and provided access to a multidisciplinary team of experts who had a track record of successfully acquiring competitive grant funding to support their research in women's sexual and reproductive health.





Facilitating collaborations

During the last five years, SPHERE has built and strengthened collaborations with key stakeholders and researchers in women's sexual and reproductive health. These relationships have been integral in informing the design and development of interventions and helping translate the evidence generated from the SPHERE research program into practice and policy decisions

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:

- The University of British Columbia
- The University of Sydney
- La Trobe University
- Centre for Excellence in Rural Sexual Health, The University of Melbourne
- 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
- Sexual Health Victoria
- Family Planning Welfare Association of Northern Territory
- Jean Hailes for Women's Health
- MSI Australia
- Organon
- 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
- Family Planning NSW

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 2019)

Collaborators:

- The 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 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
- Sexual Health Victoria
- Family Planning Welfare Association of Northern Territory
- Gippsland Primary 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 for Excellence in Rural Sexual Health, The University of Melbourne
- 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

Endo-MP: The Endometriosis Management Plan Project

- The Royal Australian College of General Practitioners
- Flinders University

Contraceptive counselling: a nationwide survey of community pharmacists’ knowledge, attitudes and practices (SPHERE Seeding Grant 2019)

- The University of British Columbia
- The University of Sydney
- University of California, San Francisco

User perceptions of pharmacy-based contraceptive counselling and preferred attributes of decision aids (SPHERE Seeding Grant 2020)

- La Trobe University
- The University of British Columbia
- University of California, San Francisco

The influence of geographic location on Australian women’s reproductive health (SPHERE Seeding Grant 2020)

- The University of British Columbia

What are women’s preferences about lifestyle risk reduction during the interconception period? (SPHERE Seeding Grant 2021)

- The University of Sydney
- The University of Southampton

Considerations of abortion as a pregnancy option among women attending antenatal care in rural NSW (SPHERE Seeding Grant 2021)

- The University of Sydney
- The University of Melbourne
- University of California, San Francisco

Is it feasible to use general practice patient records to identify high risk women for preconception care? (SPHERE Seeding Grant 2021)

- The University of Sydney
- The University of Edinburgh

Socio-demographic associations of breast-feeding continuation and contraception use at 4-months postpartum: a mixed methodology exploring the need for postpartum contraception from the perspective of the GP and women (SPHERE Seeding Grant 2022)

- The University of Sydney

Chronic disease and induced abortion among young Australian women: a population-based cohort perspective (SPHERE Seeding Grant 2022)

- The University of Newcastle

Experiences of stigma in abortion care in Australia: developing typologies of abortion stigma (SPHERE Seeding Grant 2022)

- The University of Sydney
- British Pregnancy Advisory Service, United Kingdom

Prato 2022: fostering collaborations with international leaders in women's sexual and reproductive health research

During 29 August-2 September 2022, SPHERE hosted a meeting at the Monash University Prato Centre in Prato, Italy that was focused on "Working towards better health outcomes in women's sexual and reproductive health through primary care". This meeting was attended by SPHERE investigators along with international experts in women's sexual and reproductive health. After limited travel during the COVID-19 pandemic, it was a great opportunity for the Australia-based SPHERE investigators to finally meet face-to-face with international collaborators and exchange ideas on current innovations and cutting-edge research in women's sexual and reproductive health care. The ideas that were discussed and generated from this meeting have been integral to planning the research program for the next phase of SPHERE, which is equally focused on improving the sexual and reproductive health outcomes of women through primary care.





SPHERE in the future

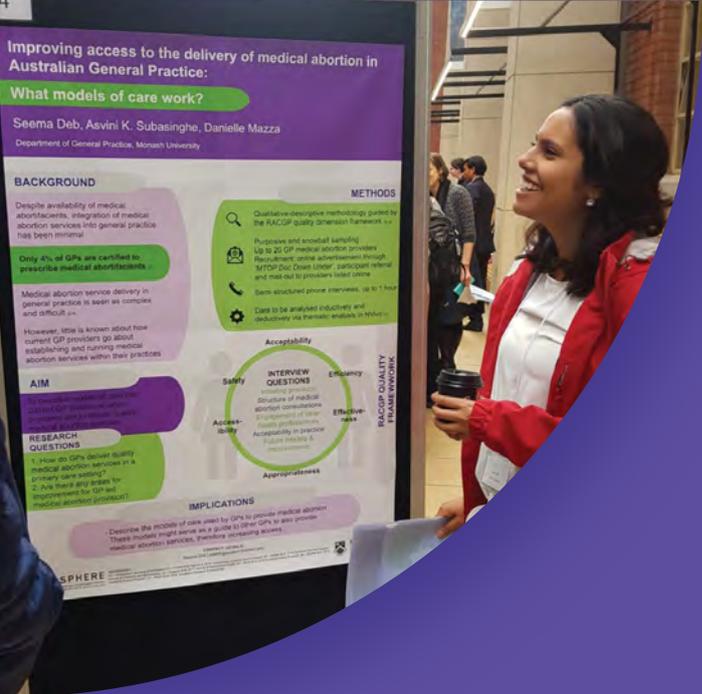
With funding secured, the next five years will see SPHERE embark on the delivery of a new research program that is focused on internationally-relevant emergent issues and innovative, cutting-edge research that is capable of achieving better sexual and reproductive health outcomes for women. The research strategy will be focused on (1) driving data-informed transformation in policy and practice; (2) building critical health system and workforce capacity; and (3) understanding and responding to women's needs and preferences. It will also be an opportunity to boost the health and medical research workforce by increasing the number and calibre of researchers in this field and developing their capacity to carry out independent research and attain leadership roles.

SPHERE will also be working towards completing three large clinical trials in the primary care setting that are currently ongoing (AusCAPPS, ORIENT and ALLIANCE trials). The outcomes from these trials will be critical to informing policy and clinical practice in relation to improving access to contraception and abortion services in primary care. They will also inform strategies that address equity of access issues, particularly for women living in rural and remote areas in Australia where abortion and contraception services are very limited.

The role of the SPHERE Women's Sexual and Reproductive Health Coalition will also be important in the next few years as we await the government's response to the Senate inquiry recommendations on achieving universal access to reproductive healthcare. The Coalition is looking forward to working with the Australian government on strategies that increase access to care, improve the affordability of contraception and abortion services, improve workforce support and training, and improve public awareness and education on contraception and abortion care options that are available to the community.

The renewed focus on women's sexual and reproductive health in Australia and internationally in recent times places SPHERE in a unique and timely position to help work towards shifting the paradigm on the delivery of women's sexual and reproductive health care services through primary care. SPHERE will continue to translate the evidence that has been generated from the research program to inform effective and sustainable solutions in primary care that will address the disparities in women's access sexual and reproductive health services across Australia.





**Churchill
Fellows**
ASSOCIATION OF VICTORIA

Improving access to the delivery of medical abortion in Australian General Practice:
What models of care work?
 Seema Deb, Asvini K. Subasinghe, Danielle Mazza
 Department of General Practice, Monash University

BACKGROUND
 Despite availability of medical abortifacients, integration of medical abortion services into general practice has been limited.
 Only 4% of GPs are certified to prescribe medical abortifacients.
 Medical abortion service delivery in general practice is seen as complex and difficult.
 However, little is known about how current GP providers go about establishing and running medical abortion services within their practices.

AIM
 To explore the experiences of general practice GPs, barriers, enablers, and opportunities for integrating medical abortion services into general practice.

RESEARCH QUESTIONS
 1. How do GPs deliver quality medical abortion services in a primary care setting?
 2. Are there any areas for improvement for GP-led medical abortion provision?

IMPLICATIONS
 - Describe the models of care used by GPs to provide medical abortion
 - These models might serve as a guide to other GPs to also provide medical abortion services, thereby increasing access.

METHODS
 Qualitative-descriptive methodology guided by the RACGP quality dimension framework.
 Purposive and snowball sampling.
 Up to 20 GP medical abortion providers.
 Recruitment: online advertisement through "GP's Don't Own Under", participant referral and mail out to providers' listed phone.
 Semi-structured phone interviews, up to 1 hour.
 Data to be analysed inductively and deductively via thematic analysis, in relation to the RACGP Quality Framework.

INTERVIEW QUESTIONS
 - Describe the models of care used by GPs to provide medical abortion
 - Describe the barriers, enablers, and opportunities for integrating medical abortion services into general practice
 - Describe the challenges of providing medical abortion services in a primary care setting
 - Describe the impact of the RACGP Quality Framework on medical abortion provision in general practice
 - Describe the impact of the RACGP Quality Framework on medical abortion provision in general practice

ACCEPTABILITY
 Safety
 Accessability
 Appropriateness
 Efficiency
 Effectiveness

RACGP QUALITY FRAMEWORK

SPHERE

Awards and Prizes

Professor Danielle Mazza AM

- Fellowship of the Australian Academy of Health and Medical Sciences (2023)
- Member of the Order of Australia (June 2023)
- North American Primary Care Research Group Distinguished Paper Award, Australasian Association for Academic Primary Care Conference (2022) for *“Increasing the uptake of long-acting reversible contraception in general practice: The Australian Contraceptive CHOICE project (ACCORd) cluster randomised controlled trial 3-year follow-up”*
- Excellence in Women’s Health Award, The Royal Australian and New Zealand College of Obstetrics and Gynaecology (2021)
- Charles Bridges-Webb Medal, Australasian Association of Academic Primary Care (2020)
- Victorian Honour Roll of Women Inductee (2020)
- Churchill Fellowship (2019)
- Society for Academic Primary Care Distinguished Paper Award, Australasian Association for Academic Primary Care Conference (2019) for *“The Australian Contraceptive CHOICE project (ACCORd): Results of a cluster randomised controlled trial aimed at increasing Long Acting Reversible Contraceptive (LARC) uptake”*

Professor Kirsten Black

- Organisational Values Award, The Royal Australian and New Zealand College of Obstetrics and Gynaecology (2022)

Professor Deborah Bateson AM

- Member of the Order of Australia (June 2023)
- Excellence in Women’s Health Award, The Royal Australian and New Zealand College of Obstetrics and Gynaecology (2019)

Dr Kathleen McNamee

- Australasian Sexual and Reproductive Health Alliance Distinguished Services to Sexual Health Award (2023)

Dr Asvini Subasinghe

- Advancing Women’s Research Success Grant (2020)
- Oxford International Primary Care Research Leadership Programme (2020)
- Jean Hailes for Women’s Health Postdoctoral Travel Fellowship (2019)

Dr Sharon James

- CRE HiPP Practicing Health Professional Capacity Building Funding (2023)
- Women’s Health Research Translation and Impact Network EMCR Funded Award (2023)

- PHC-Tutor Interdisciplinary Research Training Program Fellowship (2022)
- Australian Primary Health Care Nurses Association Nurse of the Year – Runner Up (2022)
- Australian Primary Health Care Nurses Association Nurse of the Year Finalist (2021)
- Australasian Association for Academic Primary Care Travelling Fellowship (2021)
- SPHERE Seeding Grant (2021)

Dr Jessica Botfield

- Emerging Leaders Fellowship with the Women’s Health Research Translation Network (2021)

Associate Professor Kristina Edvardsson

- Australian Sexual and Reproductive Health Conference Best Poster Prize from the Sexual Health Society of Victoria (2023)
- SPHERE Seeding Grant (2020)

Dr Sonia Srinivasan

- RACGP Foundation Charles Bridges-Webb Memorial Award (2023)
- Australian Sexual and Reproductive Health Conference Best Poster Prize from the Sexual Health Society of Victoria (2023)

Dr Maria de Leon-Santiago

- Monash University RPM Professional Development Award (2023)

Pip Buckingham

- SPHERE Seeding Grant (2020)
- Scholarship Award, Joint Australasian HIV and AIDS Sexual Health Conference (2020)
- SPHERE Seeding Grant (2019)

Jessica Moulton

- Monash Graduate Research Office Graduate Research Completion Award (2023)

Anna Noonan

- Emerging Researcher of the Year, Western NSW Health (2023)
- SPHERE Seeding Grant (2021)

Desireé LaGrappe

- Fulbright Public Policy Fellowship (2023)
- NHMRC Postgraduate Scholarship (2022)

Nishadi Withanage

- CRE HiPP PhD Support Funding (2022)
- SPHERE Travel Fellowship (2022)
- Best Student Rapid Fire Oral Presentation HiPP EMCR Conference (2022)
- Best Student Rapid Fire Oral Presentation HiPP EMCR Conference (2021)
- SPHERE Seeding Grant (2021)
- Monash RTP Scholarship (2021-2024)

Susan Saldanha

- Education Support Grant, Sexual Health Society of Victoria (2022)

Lauren Moloney

- School of Public Health & Preventive Medicine Student Excellence Award for the Bachelor of Biomedical Science (Honours) (2021)

Rhea Singh

- Society for Academic Primary Care Distinguished Paper Award, Australasian Association for Academic Primary Care Conference (2022) for *“General practitioner perspectives and experiences in delivering early medical abortion services to women from culturally and linguistically diverse backgrounds in Australia”*

Jenna Perkins

- Monash University Jubilee Honours Scholarship (2023)

Jarrod Cross

- Monash University Relocation Grant (2022)
- Monash University Achieving Potential Support Scholarship (2022)



Special issues

SPHERE was honoured to have been invited to guest edit special issues in two distinguished journals in sexual and reproductive health and Australian primary care.

Seminars in Reproductive Medicine

Professor Danielle Mazza and Dr Jessica Botfield were guest editors on a special issue on sexual and reproductive that was published in September/November 2022. This issue focused on aspects of reproductive health that included examining tools that are available to evaluate pregnancy intention, opportunities to increase access to effective contraception, contraception care for women with obesity, and equitable access to medical abortion.

SPHERE publications in this issue:

- Mazza D, Botfield JR (2022). Sexual and Reproductive Health. *Semin Reprod Med* 2022 Nov; 40(5-06): 227-228.
- Dorney E, Barrett G, Hall J, Black KI (2022). Measure of Pregnancy Intention: Why Use Them and What Do They Tell Us? *Semin Reprod Med* 2022 Nov; 40(5-06): 229-234
- Mazza D, Botfield JR (2022). Opportunities for Increasing Access to Effective Contraception in Australia. *Semin Reprod Med* 2022 Nov; 40(05/06): 240-245.

Australian Journal of Primary Health

Published in July 2023, Professor Danielle Mazza and Dr Jessica Botfield were guest editors on a special issue that was focused on optimising women's sexual reproductive health in Australia and the role of primary health care. This issue included articles that explored challenges and opportunities in sexual and reproductive health in primary care that included access to contraception; support for managing unintended pregnancies; abortion care; preconception, pregnancy, postpartum and interconception care; and issues relating to informed consent.

SPHERE publications in this issue:

- Mazza D and Botfield JR (2023). The role of primary care in optimising women's sexual and reproductive health. *Aust J Prim Health*. 2023 Jul;29(3):i-iii.
- Thomas M, Cheney K, Black KI (2023). Scoping review into models of interconception care delivered at well-child visits for the Australian context. *Aust J Prim Health*. 2023 Jul;29(3):195-206.
- Withanage NW, Botfield JR, Black KI, Mazza D (2023). Improving the provision of preconception care in Australian general practice through task-sharing with practice nurses. *Aust J Prim Health*. 2023 Jul;29(3):217-221.
- Mazza D, Watson CJ, Taft A, Lucke J, McGeechan K, Haas M, McNamee K, Peipert JF, Black KI (2023). Pathways to IUD and implant insertion in general practice: a secondary analysis of the ACCORd study. *Aust J Prim Health*. 2023 Jul;29(3):222-228.
- Li CK, Botfield J, Amos N, Mazza D (2023). Women's experiences of and preferences for postpartum contraception counselling. *Aust J Prim Health*. 2023 Jul;29(3):229-234.
- Dev T, Buckingham P, Mazza D (2023). Women's perspectives of direct pharmacy access to oral contraception. *Aust J Prim Health*. 2023 Jul;29(3):235-243.
- Noonan A, Black KI, Luscombe GM, Tomnay J (2023). What women want from local primary care services for unintended pregnancy in rural Australia: a qualitative study from rural New South Wales. *Aust J Prim Health*. 2023 Jul;29(3):244-251.
- Haas M, Church J, Street DJ, Bateson D, Mazza D. (2023) How can we encourage the provision of early medical abortion in primary care? Results of a best-worst scaling survey. *Aust J Prim Health*. 2023 Jul;29(3):252-259.
- Srinivasan S, Botfield JR, Mazza D (2023). Utilising HealthPathways to understand the availability of public abortion in Australia. *Aust J Prim Health*. 2023 Jul;29(3):260-267.
- Fitch J, Dorney E, Tracy M, Black KI (2023). Acceptability and usability of 'One Key Question'[®] in Australian primary health care. *Aust J Prim Health*. 2023 Jul;29(3):268-275.

SPHERE Publications (2019–2023)

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 Australian Longitudinal Study on Women's Health. *Aust N Z J Public Health*. 2019 Apr;43(2):137-142.
2. 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.
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.
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.
5. 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.
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.
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.
8. 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.
9. 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.
10. 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.
11. 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.
12. Dorney E, Mazza D, Black KI (2020). Interconception care. *Aust J Gen Pract*. 2020 Jun;49(6):317-322.
13. 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.
14. Mazza D (2020). Editorial: Achieving better sexual and reproductive health for women. *Aust J Gen Pract*. 2020 Jun;49(6):301.
15. 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.
16. 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.
17. 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.
18. 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.
19. 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.

20. 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.
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24. 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.
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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.
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32. Mazza D (2021). Increasing access to women's sexual and reproductive health services: telehealth is only the start. *Med J Aust*. 2021 Oct;215(8):352-353.
33. 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 Dec;27(6):427-430.
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35. 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.
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37. 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). Cost-effectiveness of a complex intervention in general practice to increase uptake of long-acting reversible contraceptives in Australia. *Aust Health Rev*. 2021 Dec;45(6):728-734
38. Hammarberg K, de Silva R (2021). Parenthood aspirations and understanding of factors that affect the chance of achieving them: A population survey. *Reprod Biomed Soc Online*. 2021 Dec 25;14:265-270.
39. 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 Dec;27(6):462-466.

40. Cheney, K., Dorney, E., Black, K., Grzeskowiak, L., Romero, E. and McGeechan, K. (2021). 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 Dec;61(6):969-972.
41. Davidson N, Hammarberg K, Romero L, Fisher J (2022). Access to preventive sexual and reproductive health care for women from refugee-like backgrounds: a systematic review. *BMC Public Health.* 2022 Feb;22(1):403.
42. Hammarberg K, Stocker R, Romero, L, Fisher J (2022). Pregnancy planning health information and service needs of women with chronic non-communicable conditions: a systematic review and narrative synthesis. *BMC Pregnancy Childbirth.* 2022 Mar;(1):236.
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46. Botfield, J., Griffiths, E., McMillan, F. and Mazza, D (2022). Unintended pregnancy among Aboriginal and Torres Strait Islander women: where are the data? *Med J Aust.* 2022 Jul;217(1):59.
47. Black KI, Boyle JA (2022). Preconception. *Semin Reprod Med.* 2022 Jul;40(3-04):155-156.
48. Black KI, Middleton P, Huda TM, Srinivasan S (2022). Interconception Health: Improving Equitable Access to Pregnancy Planning. *Semin Reprod Med.* 2022 Jul;40(3-04):184-192.
49. Withanage NN, Botfield JR, Srinivasan S, Black KI, Mazza D (2022). Effectiveness of preconception care interventions delivered in primary care: a systematic review protocol. *BJGP Open.* 2022 Aug;6(2):BJGPO.2021.0191.
50. Taft A, Watson CJ, McCarthy E, Black KI, Lucke J, McGeechan K, Haas M, McNamee K, Peipert JF, Mazza D (2022). Sustainable and effective methods to increase long-acting reversible contraception uptake from the ACCORd general practice trial. *Aust N Z J Public Health.* 2022 Aug;(4):540-544.
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62. Dorney E, Barrett G, Hall J, Black KI (2022). Measure of Pregnancy Intention: Why Use Them and What Do They Tell Us? *Semin Reprod Med.* 2022 Nov;40(5-06): 229-234
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