

# Access issues across Australia



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# Australia: a country in crisis?



- A prosperous country striving for equitable healthcare
- Government-subsidised MTOP in 2013 promised accessible, affordable abortions
- Promise unmet.....
  - **patchwork of abortion laws acts as a barrier to provision**
  - **publicly-funded services rare and costs can be unaffordable**
  - **significant barriers to medical abortion provision in general practice**
  - **pathways to abortion services unclear**
  - **stigma persists**
- Improvements underway with safe access zone laws, innovative service models and integration of abortion care in professional training pathways
  - **Whole of health system and government policy changes essential to provide affordable choices**

# Australia: the world's largest island (or smallest continent)



- Population 25 million
- 72% in major cities; 2% in remote or very remote areas
- 49% either born overseas or one or both parents born overseas; 21% speak a language other than English at home
- Aboriginal and Torres Strait Islander people represent 3% population; social disadvantage and health inequalities persist



# Australia: strives to provide high quality equitable health care for all....

- Total spending on health \$170.4 billion in 2015–16  
*Australian Institute of Health and Welfare*
- Leads the world with health innovations including cervical cancer prevention, PrEP and many more....





# This is not the case with abortion....



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# Abortion in Australia: a story of unmet promise

- Mifepristone (& misoprostol) severely restricted pre-2012
- Government-subsidised in 2013 (\$6 with a health care card); MS-2 Step licensed up to 63 days gestation in 2015
- Can be taken at home in most jurisdictions
- Potentially all GPs able to provide MTOP with accredited training
- Comprehensive Australian safety data available (*Goldstone et al*); rise in MTOP vs STOP from 24.7% in 2012 to 39.7% in 2017 (*MSA data*)

**Affordable,  
acceptable,  
accessible abortions  
a possibility.....**



**...but the promise  
has not been met**

# Access in Australia: challenges and gaps

A deductive content analytical study:

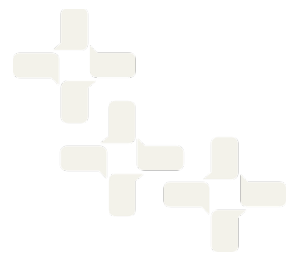
Dawson A., Bateson D. et al. 2016 **Towards comprehensive early abortion service delivery in high income countries: insights for improving universal access to abortion in Australia** *BMC Health Services Research* 16:612

Provision of services that are:

- Legal
- Safe, high quality & comprehensive
- Accessible & affordable
- Stigma free



# Abortion laws in Australia



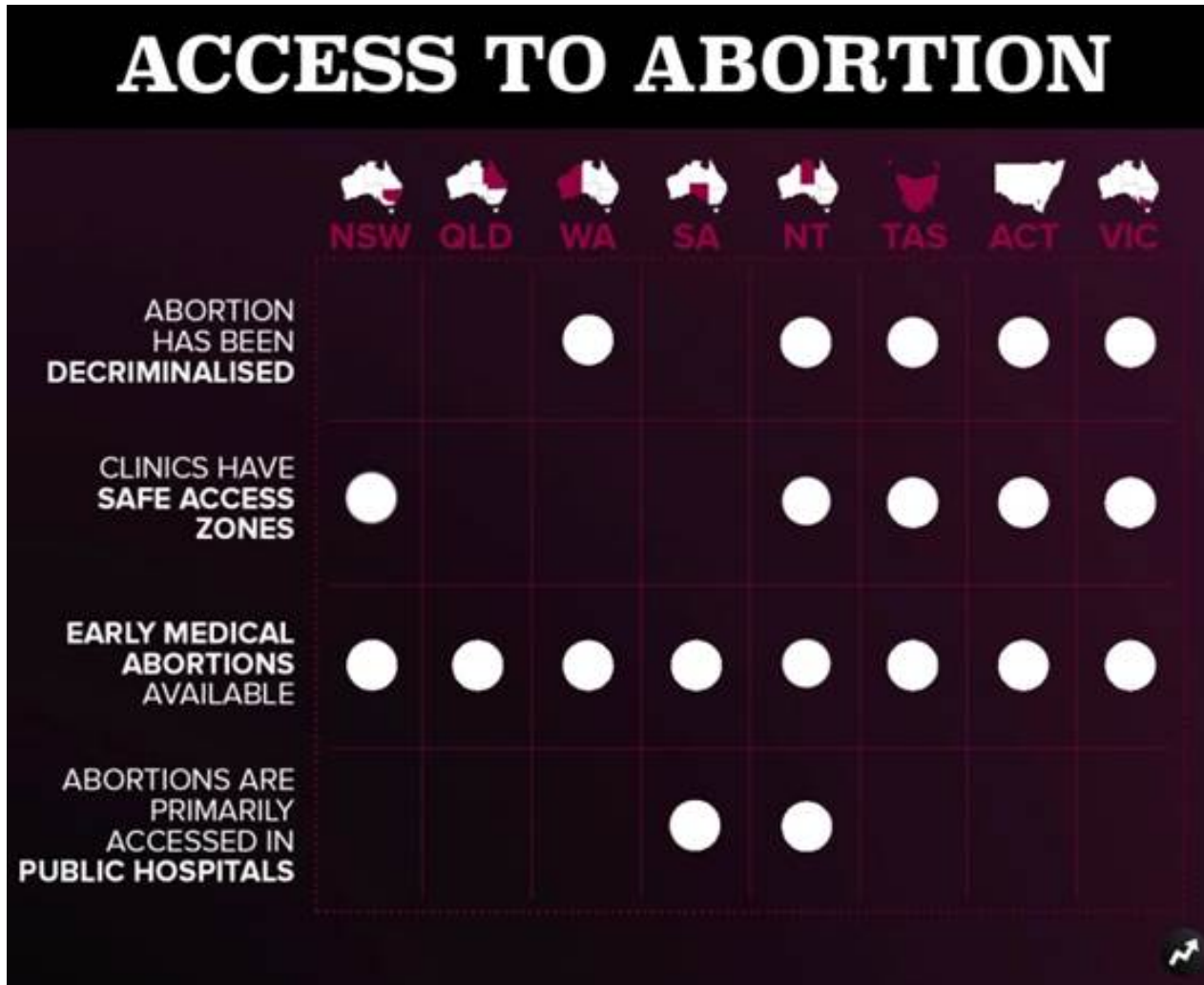
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# A patchwork of laws across states and territories



- 70-80% of the public believe abortion should be lawful
- Complex and varied laws have a significant impact on service provision and compromise patient care

de Crespigny L et al. *Med J Aust* 2010; 193 (1)

Douglas H et al. *J Law Med* 2013;20(3);

# The Sydney Morning Herald

## Aug 2017: Sydney woman prosecuted for taking abortion drug

*"She told her boyfriend it may be too late to have an abortion. She contacted a number of clinics in NSW and interstate and was refused from all of them on the basis that her pregnancy was past 20 weeks."*

*The court heard the woman eventually tracked down a man on the internet called "Patrick" who sold her the abortion drug misoprostol for \$2000.*

*She took the pills when the fetus was 28 weeks, and was taken to Blacktown Hospital by a friend after she started to feel unwell....*

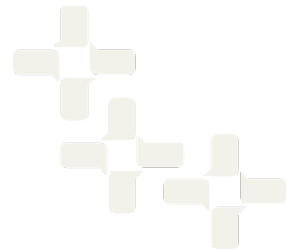
# The Guardian

## July 2018: 'Young and terrified': the Queensland women forced to go interstate for abortions

*More than 60 women have been forced to go interstate to have abortions in the first 6 months of 2018..... women have taken round trips of up 2,600 km to undergo procedures*



# Where abortion services are delivered in Australia



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# Publicly-funded abortion services: extremely limited in most states

- NSW GPs report public hospital referral only in extreme circumstances with ‘clear justification’
  - One regional GP could *‘informally refer one person every 2 years based on ‘goodwill’*
  - *‘eventually I got one from one of the obstetrician’s here... he basically sort of said oh for God’s sake..... I’ll do it but I’m not doing it again’*
- In SA abortion only permitted in prescribed hospitals; anecdotally only 2 offer MTOP.....



## General Practice: lower uptake than expected...



- GPs: ideally positioned to provide MTOP
  - Highly trusted by the community
  - Potential for accessible, low cost, holistic services with options counselling, STI screening, contraception, continuity of care
- In 2016 only 1,244 of the 30,000 GPs and gynaecologists registered as providers (2,715 of 29,000 pharmacists were dispensing)
- No publicly-available information on GP providers...
- Women and health professionals don't know who they are:
  - ***'there's rumours about a prescriber for medical in town but I don't know if its true or not'***

# MTOP in general practice: the NSW experience



- Low knowledge & awareness; many thought it beyond their scope & a service provided by others *'I'd rather someone else handle that'*
- Some viewed it as *'unpleasant'*; worried about impact on practice reputation and being *'the abortion doctor'*
- Perceived as complicated & *'all too hard'*
- Continuity of care concerns *'...colleagues willing to provide backup for all my patients except for abortion'*

Dawson A., Bateson D. et al. *Reprod Health* 2017;14:39.



# MTOP in general practice: the NSW experience

- Difficulties in establishing clinical pathways ***‘we had to hunt it (medications) down and the chemist didn’t have it in stock and it was a little bit of a thing...’***
- Good contacts and a ***‘friendly local gynae’*** perceived as essential
- One GP stopped services after a local gynae refused management of retained products
- Follow-up worries ***‘a huge number of people don’t come back... phone numbers not correct.... I find that more stressful than anything else, not knowing’***



## Private clinics: can be inaccessible and unaffordable



- Mostly located in major cities and regional centres
- Upfront costs can be substantial; travel & accommodation ↑ burden for rural women
- Survey of 2,326 women attending 14 Dr Marie clinics
- Median upfront cost of abortion < 9 weeks: MTOP \$560; STOP \$470; beyond 12 weeks costs rose considerably
- 68% received financial assistance from one or more sources
- ***‘a matter of exhausting all other avenues of loans and brokerage...to get a private clinic to assist with bulkbilling for low income patients’***

Shankar M et al. ANZ J Pub Hlth 2017 41(3)



## Later abortions mainly accessed by those who can afford them least....

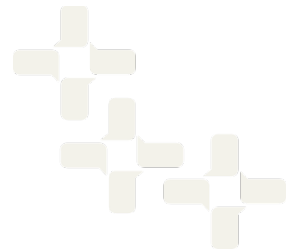
Costs can reach many \$1000s

Presentations  $\geq 9$  weeks more likely for women who:

- had travelled  $\geq 4$  hours
- had no prior knowledge of medical abortion
- had difficulty paying
- identified as Aboriginal and/or Torres Strait Islander



# Who is providing abortion services in Australia



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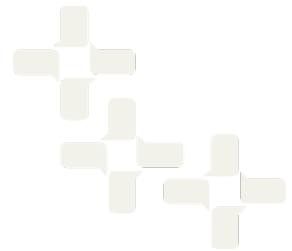
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# An isolated workforce....

- Lack of exposure during medical training
- Lack of a professional 'home'
- Ageing private sector workforce
- NSW GP providers mainly motivated women in 30-40s working part-time with children
- Feeling of isolation, lack of support & difficulty in building expertise
- ***'I'm kind of a young doctor doing it all by myself'*** regional GP provider
- ***'I'm not ready at this point. I'm a young doctor so I want more confidence but who is going to mentor me?'*** regional GP non-provider



# Abortion stigma, obstruction and abuse in Australia



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# Stigma, obstruction and abuse

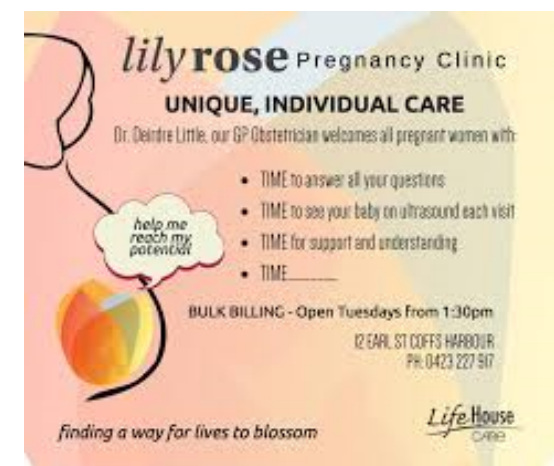
- Stigma persists
- Protestors, fake services, rogue websites, stalling tactics
- Rise of anti-abortion strategies



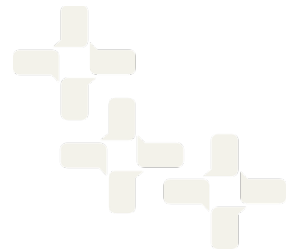
## Progesterone for preventing pregnancy termination after initiation of medical abortion with mifepristone

Deborah Garratt & Joseph V. Turner

*Eur J Contrac & Reprod Health Care* 2017; 22:6



# Abortion data in Australia



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# Policy change hampered by lack of national abortion data

- No routine national data collection
- Most recent national published data from 2003
- Collated from multiple sources
- No specific item number for MTOP
- Notification mandatory in only 3 states with published data in 2 states

## Accurate data needed

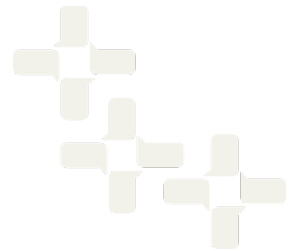
*Chan A, Sage LC. Med J Aust 2005;182:447-452*



**Abortion statistics have dived to 30-year lows but no-one seems to have told the medical fraternity.....**



# .....and the good news



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## Innovative telemedicine service launched in 2015



**THE TABBOT  
FOUNDATION**

MTOP drugs sent by post after tele-consultation

- Review of 1,010 users from June 2015
- 56% lived outside a major city; 96% took the medications
- 96% (of 754) had a complete abortion without surgical intervention; 95% had no face-to-face clinical encounter after treatment
- \$250 with Medicare card; 72% paid no additional out-of-pocket charges
- 97% were highly satisfied

*Hyland P et al. ANZJOG 2018; 58 (3)*

***3.1% of 2156 women experienced psychological abuse or obstruction from US providers, pathology centres and hospital staff***

# An innovative nurse-led rural Victorian MTOP model



Government funded nurse-led MTOP service with GP support/prescription

- Comprehensive service planning (Centre of Excellence in Rural Sexual Health) to ensure effective pathways of care
- Integrated contraception provision
- Service 'bulk-billed' i.e. no out of pocket costs with Medicare card

*Tomnay JE et al. Sex Reprod Healthcare 2018;16:175-180.*

***Scale-up across Australia limited by funding mechanisms (and laws)***



# Workforce improvements

- Increasing medical school exposure
- Increasing engagement by professional colleges and organisations
- Development of advanced training modules for RANZCOG trainees
- Building communities of practice to prevent isolation & foster best practice through publically-funded hub and spoke models



The Royal Australian College of General Practitioners



The Royal Australian and New Zealand College of Obstetricians and Gynaecologists  
*Excellence in Women's Health*



# Improvements to access will occur if there is:

- Decriminalisation and safe access zones across all states & territories (with unification of laws)
- Reduced stigma at a health service and community level
- Public health policy reform focussing on reducing costs and enhancing early access with funded flexible service delivery models and clear pathways to services
- Whole of health service support for providers including GPs who play an important role often 'against the odds'
- **A turnaround in government abrogating responsibility for public sector provision and support**
- **Leadership and coordination to facilitate integrated abortion care particularly for rural and low-income women**

# Acknowledgements

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- **Angela Dawson and Elizabeth Sullivan**
- **Philip Goldstone**
- **Family Planning NSW**
- **All the Australian delegates here today**

