

Access issues across Australia



Clinical A/Prof Deborah Bateson
Medical Director Family Planning NSW

www.fpnsw.org.au | talkline 1300 658 886 | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

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....



www.fpnsw.org.au | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

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**

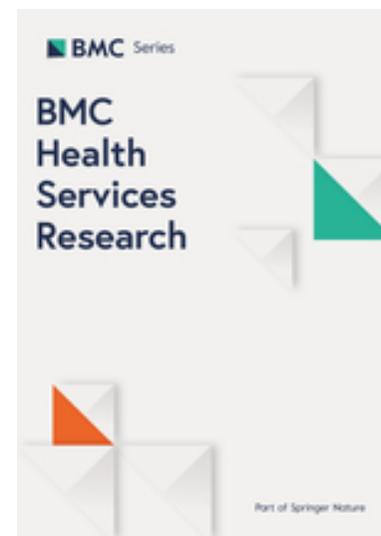
Access in Australia: challenges and gaps

A deductive content analytical study:

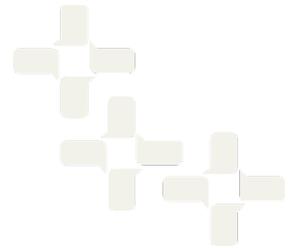
Dawson A., Bateson D. et al. 2016 **Towards comprehensive early abortion service delivery in high income countries: insights for improving universal access to abortion in Australia** *BMC Health Services Research* 16:612

Provision of services that are:

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



Abortion laws in Australia



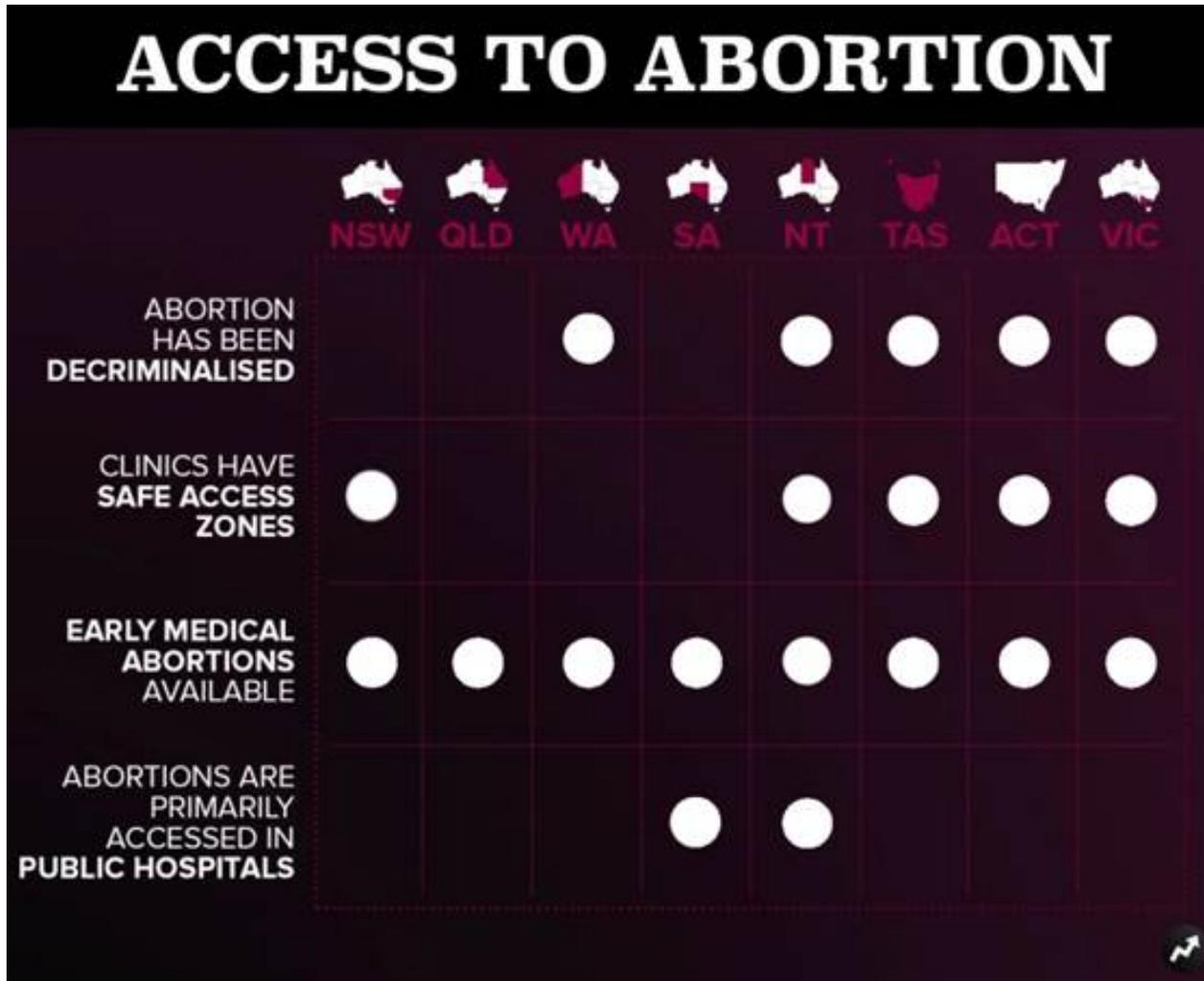
www.fpnsw.org.au | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health



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....

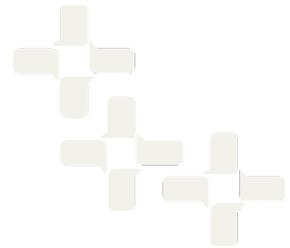
The Guardian

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



www.fpnsw.org.au | talkline 1300 658 886 | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

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'***

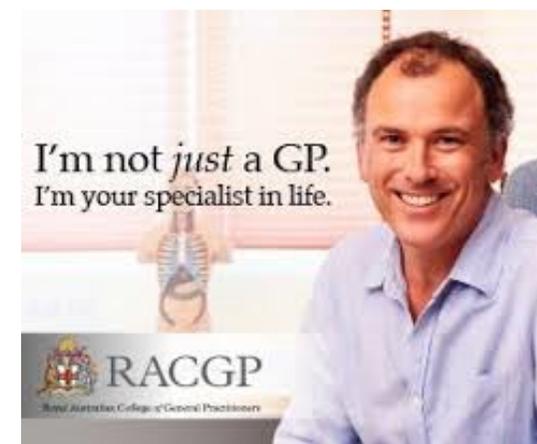
MTOP in general practice: the NSW experience



- 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'*

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....

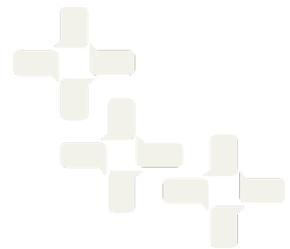
Costs can reach many \$1000s

Presentations ≥ 9 weeks more likely for women who:

- had travelled ≥ 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



www.fpnsw.org.au | talkline 1300 658 886 | [bookshop](#)

clinical services & information | education & training | research | international development

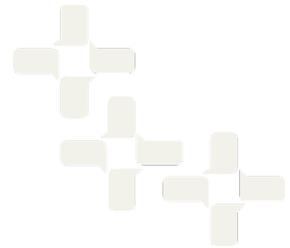
Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

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



www.fpnsw.org.au | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

Stigma, obstruction and abuse

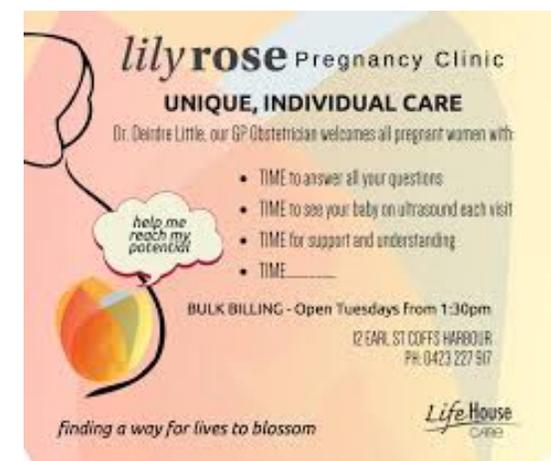
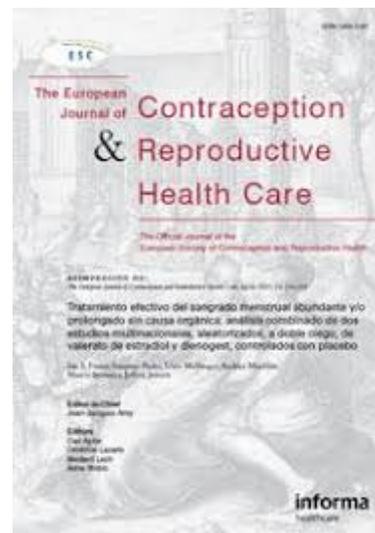
- Stigma persists
- Protestors, fake services, rogue websites, stalling tactics
- Rise of anti-abortion strategies



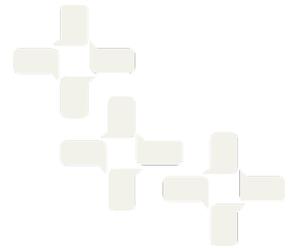
Progesterone for preventing pregnancy termination after initiation of medical abortion with mifepristone

Deborah Garratt & Joseph V. Turner

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



Abortion data in Australia



www.fpnsw.org.au | talkline 1300 658 886 | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health



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

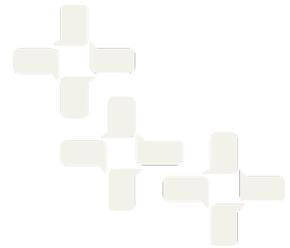
Chan A, Sage LC. Med J Aust 2005;182:447-452



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



.....and the good news



www.fpnsw.org.au | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health



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

With very great thanks to:

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

