



Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Submitted online via aph.gov.au

15/12/2022

Dear Senator Rice,

RE: Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare

Women's Health Victoria welcomes the opportunity to make a submission to the Senate Inquiry into Universal Access to Reproductive Healthcare. With an almost 30 year history of advocacy, policy, research and service delivery in women's sexual and reproductive health (SRH), Women's Health Victoria uses a strong evidence base to support access and equity in SRH provision for all women, girls and gender diverse people.

Whilst Australia has a strong healthcare system based on universal access, factors such as stigma, geographical location, financial capacity, discrimination and health literacy impact on an individual's ability to access SRH services. Women's Health Victoria (WHV) works across the entire Victorian service system – with hospitals, primary care providers, researchers, policy makers and community – to better advocate for and influence a service system that can meet all people's needs. This submission highlights key issues observed by WHV in SRH service access and equity, both through engagement with service providers and with SRH service seekers.

Key factors exist in Victoria and around Australia relating to access to reproductive healthcare that are highlighted in this submission include:

- Workforce capacity and sustainability
- Cost of services
- Health literacy
- Health Service Cultural Safety

We welcome the opportunity to contribute to this inquiry, and any further opportunity for input into your work.

Sincerely,

Dianne Hill
CEO, Women's Health Victoria



Abortion, Contraception and Sexual Health Access in Victoria

Women's Health Victoria delivers 1800 My Options - Victoria's phonenumber for Contraception, pregnancy options including abortion, and sexual health in Victoria. With current demand of over 600 calls per month, most calls being from abortion seekers, the service has a thorough understanding and detailed insights into the challenges and barriers that SRH seekers experience, as well as service models that are able to address these. Since launching in 2018, 1800 My Options has received over 23,000 calls and is considered a trusted and integral part of the Victorian SRH system, having made a complex system easier to navigate – and therefore stronger – whilst reducing stigma, managing demand to match supply, and empowering clinical service providers.ⁱ

1800 My Options is a confidential, pro-choice and non-clinical service. It provides callers with details of multiple services that can meet their needs, taking into account access issues such as financial capacity, medical complexity, distance to travel, and psychosocial issues. It incorporates the phone line with an online database of geomapped SRH service providers across Victoria providing contraception, medical and surgical abortion, STI testing, cervical screening, pharmacy, imaging and counselling services.

The database has been developed through years of intensive engagement with the SRH sector including hospitals, primary care, community health, counsellors, pharmacies and imaging services. Through these networks and relationships with the service system, 1800 My Options supports healthcare providers and services to build capacity in the system, and understand and meet demand.

1800 My Options is successful because of its engagement with high numbers of SRH seekers – and deep understanding of their needs – and because as an independent and impartial service it is trusted by the SRH sector. Callers and service providers recognise that 1800 My Options works to meet the individual needs of callers, and ensures that pathways provided to them are appropriate and tailored to their situation.

The work of 1800 My Options is enhanced by the current and historical work of WHV in engaging with, supporting and advocating for the SRH system in Victoria. 1800 My Options also works closely with the broader Victorian Women's Health Services Network, to build understanding and capacity relating to regional and population based SRH issues.

Key issues in Victoria relating to SRH access and equity include:

Health service system limitations

Inconsistency of public hospital provision of abortion: not all hospitals provide public abortion services, leaving those that do provide the service to shoulder the load. Those that do provide abortion service often rely on a single champion or small team of champions who provide the service. This leads to:

- Long wait times – sometimes up to 6 weeks – for surgical abortion services;
- Vulnerability in the service system – to staff leave (surgical lists are often cancelled), public holiday closures, and staff retirement.
- Uncertainty about abortion provision – community does not understand which hospitals do and don't provide this service, leading to service access delays.

Healthcare provider barriers:

- Healthcare providers unaware of the basic workup required when referring a patient for abortion, or of where to refer a patient for the service they are seeking;
- Lack of understanding of the abortion system, or of healthcare provider legislative requirements to refer to appropriate services.



Case Study: Health service system limitations:

Ava's Story

When 27yo Ava realised that she was pregnant, she went to see a GP in her rural town who organised a blood test and ultrasound to confirm the pregnancy. It took three weeks for Ava to find an ultrasound appointment that she could attend, which confirmed that she was nine weeks pregnant. Anxious to access an abortion locally, Ava asked her GP for a referral to the local hospital. Unfortunately she couldn't see her GP before she was 11 weeks gestation, and when she called her local hospital to ask about an abortion appointment their next available service would be when she was past 12 weeks, which is beyond their gestational limit. Ava called 1800 My Options, worried about access to an appointment, and was provided with information about alternative public hospitals that could help her, unfortunately the closest of which was 3+ hours drive from her home.

Case Study: Health service system limitations:

Emilia's Story

At 11 weeks gestation Emilia went to her local suburban GP to ask for information about abortion services – highly distressed, she disclosed that she had been experiencing violence from her partner and was too scared to tell anybody about her pregnancy to be able to seek help sooner. Her GP told her that abortion is not available after 12 weeks gestation, and gave her details of a private clinic. When Emilia called 1800 My Options she was scared that she couldn't access any abortion services, as she was unable to afford private services and needed urgent family violence support. 1800 My Options staff explained abortion legislation in Victoria, and provided her with details of a local public hospital, which would not need GP referral and could provide services to 14 weeks. 1800 My Options staff also provided Emilia with details of counselling and support services to assist her with the violence she was experiencing.

Cost

Surgical abortion services in private abortion clinics generally cost \$500-\$700 and medical abortion in private clinics generally costs \$100-\$600 in Victoria. 30% of callers to the 1800 My Options service identify that they are unable to afford to pay for the SRH services that they need. The costs associated with SRH services are not limited to the actual service, but also include:

- Transport to and from appointments (particularly costly for those in rural areas)
- GP referrals to public hospitals or to private gynaecologists (often \$80 up front)
- Ultrasound services (up to \$200)
- Pregnancy options counselling (\$80-\$180 depending on availability of care plan from GP)
- Accommodation (when needed)
- Childcare (when needed)
- Time off work

Case Study: Cost of abortion services

Mirabelle's Story

Mirabelle didn't expect that she would need to consider her abortion options so soon after giving birth to her infant child. Her partner had recently lost his job and the family were struggling to make ends meet while Mirabelle stayed home to care for their children. On the advice of a friend, she called 1800 My Options, worried about how she could pay for an abortion on a very low income, and wanting to know about her contraceptive options after an abortion. She was given details of three local services, including a bulk billing community health based SRH Hub in her local area, which operates a nurse-led model that ensures that patients are given the time they need to make the right decisions for their situations.



Case Study: Cost of abortion services:

Leanne's Story

Leanne, a 37yo mother of three primary school aged children, was highly distressed to find that she was pregnant, despite using the oral contraceptive pill. Her pro-choice GP supported her with a referral for ultrasound, which cost her \$180 out of pocket, and a blood test. She searched online for abortion options near her, and was pleased to find a private clinic locally. Unfortunately, this clinic's fees were out of her price range at \$500+ and she began to worry that she couldn't afford to have an abortion as she couldn't afford to take any more time off work for appointments. She called 1800 My Options who provided her with details of GPs who could provide bulk billed medical abortion options via telehealth, so that she wouldn't have to worry about attending appointments in person that would require childcare arrangements and time off work.

Health Literacy and cultural safety

- Callers to 1800 My Options often do not understand their contraception and abortion options. Myths about long acting reversible contraception and abortion are very common, particularly relating to efficacy and safety.
- Information about abortion and contraception is often difficult to find, or non-existent, in languages other than English or in alternative communication formats.

Case Study: Health literacy and cultural safety

Mia's Story

Mia was horrified to discover that she was pregnant. As an international student she wasn't confident accessing health services and asking questions about something as private as SRH. She was worried about people finding out her private healthcare information, and wasn't sure if abortion was safe or legal in Australia, as in her home country it isn't a topic openly discussed. She called 1800 My Options to find out what her options were, and was relieved to hear that abortion is safe and legal. 1800 My Options staff emailed her information in her own language, as well as information for international students about healthcare and privacy rights. They were also able to provide Mia with details of doctors in her area who could speak her language and support her abortion needs.

Case Study: Cultural safety

Belinda's Story

Belinda called 1800 My Options after deciding with her partner that she wasn't ready to have a baby at this time in her life, and at six weeks pregnant she was interested in medical abortion options. Belinda, a First Nations woman, had experienced judgement for her choices in healthcare services in the past and she was worried about accessing her local health service due to confidentiality concerns. Accessing culturally safe services, that understood her cultural needs and could support her in her decision, was crucial to Belinda. 1800 My Options was able to provide Belinda details of Aboriginal Community Controlled Health Services that provide medical abortion services, to meet her needs.



Women's Health Victoria supports and endorses the recommendations in the attached submission from the Victorian Women's Health Services Network, as follows:

Recommendation	TOR Alignment
1. Invest in a sustainable, coordinated and integrated SRH system to ensure that everyone living in Australia can access the SRH care that suits their needs.	a, b, d
2. Invest in a national workforce industry plan to monitor and increase the capacity of the Australian health workforce to respond to abortion and other SRH issues as part of standard healthcare provision, particularly in regional and rural areas	b, c
3. Invest in evidence-based, culturally appropriate, accessible education initiatives that provide information about SRH across the lifespan to people of all ages and reproductive life stages	e, f, g, i
4. Ensure that underserved communities have their needs appropriately met by the entire SRH service system	c, d, e, f, g, i
5. Create provisions in national legislation for reproductive leave via both modern awards and in National Employment Standards, that enshrine the right to paid gender-inclusive reproductive leave for any conditions relating to menstruation, perimenopause, menopause, miscarriage, pelvic pain, IVF and other forms of ART, vasectomy, hysterectomy, contraception, and abortion. This right includes the right to paid leave in addition to regular personal leave and annual leave, as well as flexible working arrangements.	h

Women's Health Victoria would also like to highlight to the committee the importance of the following:

- Many models exist in Australia of high-quality, best practice and accessible SRH services – including but not limited to:
 - The Victorian SRH Hubs – funded by the state government to provide accessible medical abortion and Long-Acting Reversible Contraceptive services to underserved communities and priority populations;
 - The Royal Women's Hospital Abortion and Contraceptive Service, providing holistic abortion services to Victorian women and gender diverse people, according to their needs. This clinic works alongside the Clinical Champions Project, which builds the capacity of the broader healthcare system to deliver abortion and contraception services in a decentralised model across Victoria.
 - 1800 My Options – an independent and impartial phonenumber and website service that supports the community to access evidence based information, and pathways to services that can meet their individual needs. This essential navigational service supports access and equity, in a model that could be duplicated in other Australian jurisdictions by other locally connected services.

- The SRH system across Australia is complex and works well where services are delivered by a combination of services, according to population need, including:



- Leadership by public hospitals – where medical complexity, psychosocial issues and financial insecurity can be accommodated, alongside capacity building and training of the next generation of healthcare providers;
- Locally based community health and primary healthcare services; and
- Private clinics.

This ensures that effective choice of service is available to those that need it, that those with higher needs can be supported appropriately, and that training and capacity building is embedded in the service system.

- In order to be effective, the SRH system needs significant investment to ensure that the SRH workforce is able to meet population health needs. Detail of this is outlined in the attached submission.
- Investment in planned research and evaluation, in order to monitor progress of SRH access and equity in Australia, is vital to ensuring that any initiatives are meeting population health needs, and that expenditure in the SRH system is appropriate. Research and evaluation needs to be embedded in all areas of system design and development to ensure a strong, sustainable and robust service system that can ensure that all people living in Australia can exercise their reproductive rights and access the services that they need.

ⁱ The Nossal Institute for Global Health, Melbourne School of Population and Global Health, University of Melbourne. 1800 My Options – Evaluation Summary Report. 2021. Melbourne. [URL](#)