



Australian Federation of Medical Women (AFMW) submission to the Senate Standing Committee on Community Affairs inquiry into universal access to reproductive healthcare

Submission, by the Australian Federation of Medical Women (AFMW)

Contact: Associate Professor Magdalena Simonis

Role: President, AFMW

Email: dr@magdalenasimonis.com
president@afmw.org.au

December 13th 2022

The Australian Federation of Medical Women (AFMW) strongly advocates for equitable, timely access to all types of reproductive healthcare products, education and services which should be delivered respectfully and without discrimination by trained health professionals across all parts of the country. Members of AFMW work across numerous sectors and within colleges and peak bodies, adding the gender and intersectional lens to their respective submissions.

In keeping with this effort, AFMW supports the advocacy for universal access to reproductive healthcare by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACCRM).

Cost and accessibility of contraceptives

- i. PBS coverage and TGA approval processes for contraceptives,
- ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and
- iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions

Around two-thirds of Australian women between the ages of 18 and 44 years use a form of contraception, with 83% of Australian women having used contraception at some point in their life.

AFMW supports the role of the Therapeutic Goods Administration (TGA) as the regulator of medicines in Australia to ensure that medicines meet appropriate standards for quality, safety and efficacy.

AFMW also advocates for universal access and that women have access to their choice of contraceptive and all forms of oral contraceptive pill, long acting reversible contraceptives and intrauterine contraceptive devices (IUCDs), including non-hormonal IUCDs are affordable and subsidised by the Prescribing Benefits Scheme (PBS). Currently, copper IUCDs are not subsidised which precludes access to women who cannot have hormonal forms of contraception for medical or other reasons.

Women who take the oral contraceptive pill should be prescribed this through their general practitioner. They can cause significant adverse effects such as weight gain, emotional anxiety, heavy bleeding and thromboembolism that are not consistent with over the counter medications. In rural and remote regions, when access to a regular GP or nurse practitioner is not available, the pharmacist should be able to issue repeats of the existing contraceptive pill they are already taking to prevent a gap from occurring which might result in unplanned pregnancy. However, when this is undertaken the regular GP/ medical practice should receive notification of such. Discussion of sexual and reproductive health sits within the domain of general practice and should not be fragmented. Discussion regarding long acting reversible contraceptives (LARCS) often happens opportunistically, during visits for review prescriptions and as such, these opportunities should not be diminished nor removed by permitting over the counter prescribing by pharmacists.

Cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas

All women should have access to legal and safe abortion. In addition to ensuring access to safe and legal termination services, women should have access to appropriate support to maintain a pregnancy to term but not to raise (or care) for the child.

AFMW recognises that unwanted pregnancies can have significant health, social and financial costs and we support measures to reduce unwanted pregnancies, including enhanced access to affordable and effective contraception.

AFMW recognises the fundamental importance of the following MBS items to support women seeking a pregnancy termination:

- 35643 'Evacuation of the contents of the gravid uterus by curettage or suction curettage'
- 16530 'Management of pregnancy loss, from 14 weeks to 15 weeks and 6 days gestation',
- 16531 'Management of pregnancy loss, from 16 weeks to 22 weeks and 6 days gestation',
- 16522 'The management of foetal loss from 23 weeks'

AFMW supports equitable access to these items for all patients who seek pregnancy termination services and appropriate indexation of benefits for patients.

Access to pregnancy care under private health insurance

The restriction of pregnancy care places it at the top level of cover thereby making private maternity care unaffordable and inaccessible for many Australian women. Half of pregnancies are unplanned and yet, pregnancy is a normal part of life however, this becomes a source of unnecessary financial stress for women and their partners. AFMW calls for pregnancy cover to be included from Bronze policies upwards matching it alongside coverage for reproductive health policies.

Workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals

GPs provide almost all pre-conception care, maternity care – for most women – until about 20 weeks, and almost all postnatal care. However current MBS funding arrangements for GP care are increasingly leaving patients out of pocket with a gap payment, impacting access to care.

Optimal maternity care is provided by a multi-disciplinary team of health professionals led by an obstetrician or GP-obstetrician in partnership with a patient's usual GP, and includes midwives, nurses, physicians, allied health professionals and Aboriginal health workers. Strengthening and supporting the role and ability of GPs to be involved in the entire continuum of maternity care:

- increases the ability of women to have accessible, continuous whole person care;
- increases the ability for women to be cared for in their community; and

improves equity for women who are marginalised and/or live in rural and regional areas and for Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse backgrounds.

Reemphasising the shared model of care with general practitioners would help provide better care to all maternity patients and their newborns.

Reproductive health services in rural and remote areas

AFMW supports the retention of existing services in rural and remote locations wherever possible. The closure of rural maternity services not only reduces access to safe and effective maternity care for the almost 30 per cent of Australian women who live outside of major cities, but also undermines skills of GP obstetricians and rural generalists, nurses and midwives. Closing maternity and birthing services can result in poorer health outcomes. For example, extended travel time to access maternity services has been shown to lead to increased rates of mortality and adverse outcomes, underscoring the need for local services to deal with obstetric emergencies. Any plan needs to ensure that doctors working in rural communities are actively encouraged to be credentialed and to have admitting rights in rural and regional hospitals where they exist, and to provide well-trained and credentialed rural generalist anaesthetists.

Sexual and reproductive health literacy:

All Australians need to have access to accurate sexual and reproductive health information, provided in a culturally safe way, that is suitable for the diverse needs of the population. Targeted education programs with continued funding for research, and easily accessible, up-to-date health information, through resources like *Health Direct*, for all Australians is the way forward, in a health literacy approach that acknowledges the diverse needs of Australians.

Sexual and reproductive health literacy should encourage self-autonomy. A focus ensuring accessibility of relevant and easily understood health information is essential. Young people are most likely to receive their sexual knowledge through peers, media, family and community, and formal education. Education systems should ensure that competing

ideologies do not negatively impact delivery of information and knowledge around sexual and reproductive health.

Digital literacy

To achieve health literacy, women also need to interact with digital interfaces and online platforms. These systems require that there is access to internet, knowledge of how to access a website and a certain level of digital literacy. This knowledge and expertise is not uniform across age groups, cultural groups and ethnicities. The women in Australia form a diverse population of women with varying levels of digital literacy making access less equitable. Any health literacy program and effort to achieve equity should include digital training. Health literacy requires digital literacy. Likewise, the Digital Health industry needs to consider this in their innovations.

Aboriginal and Torres Strait Islander peoples

AFMW supports that Aboriginal and Torres Strait Islander peoples have a right to access appropriate, affordable, evidence based, accessible and responsive health care, where they feel respected and culturally safe. Culturally safe medical practice requires genuine efforts to understand the impacts of colonisation and systemic racism on health access and health outcomes for Aboriginal and Torres Strait Islander patients.

Women living with a disability

The Women with Individual Needs (WIN) Clinic within the Royal Women's Hospital in Melbourne Victoria, provides individualised, disability-informed antenatal, maternity, and postnatal care to women with disability. It is the only centre of its kind in Australia and options to replicate this service in other states and territories should be explored to provide equity of access to maternity care for people with disability.

LGBTQIA+ community

AFMW advocates that the LGBTQIA+ community have equitable and safe access to sexual and reproductive health care. The fear of being treated negatively in healthcare settings may discourage people who are LGBTQIA+ from seeking health services. The provision of appropriate, respectful and culturally safe healthcare is vital for the health and wellbeing of people who are LGBTQIA+.

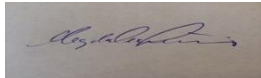
Availability of reproductive health leave for employees

Women have a limited window of opportunity to conceive, and this often coincides with the age during which their career development and work promotions occur. Likewise, the cost of living has increased and it is increasingly more difficult to live comfortably as a single income household. For couples contemplating starting a family, this translates into a bias against the woman who needs to take time out for antenatal visits, fertility treatments, endometriosis management, heavy menstrual bleeding and pelvic pain. These health needs are specific to women mostly therefore, AFMW advocates for 'reproductive leave' but recommends that it not be named 'reproductive leave', as this risks employers/ peers discriminating against women and might adversely affect their work opportunities and relationships. A fairer term would be, 'health leave' as opposed to just 'sick leave' and such

a title would encourage all people to take time to see their doctor for preventative health, not only reproductive leave.

Conclusion

The Australian Federation of Medical Women (AFMW) strongly advocates for equitable, timely access to all types of reproductive healthcare products, education and services which should be delivered respectfully and without discrimination by trained health professionals across all parts of the country. This requires reproductive services to be equitable, well-staffed, culturally safe, accessible, and affordable regardless of where a person lives and to be free from political or religious interference



Associate Professor Magdalena Simonis
President Australian Federation of Medical Women