SUBMISSION

Universal Access to Reproductive Healthcare

Senate Standing Committees on Community Affairs

Pregnancy Help Sydney (PHS) is a life affirming not-for-profit organisation offering a 24/7 telephone support service for pregnant women and their families. Established over 40years ago, we provide free confidential and non-judgmental care. If women find themselves in a predicament with the discovery of an unexpected pregnancy, PHS has and continues to support these women as they explore available options. Our organisation is not religious and we do not align ourselves with any ideologically driven or activist group.

It should be noted that there is a difference between an **unexpected** and an **unwanted pregnancy**. An unexpected pregnancy may not be unwanted and therefore not result in its interruption. However, care and support services should still be available in both instances.

Our submission will address Point b, e and i of the Terms of reference.

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

b. cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;

PHS understands reproductive and sexual health covers various aspects including fertility; infertility; perinatal and postpartum depression; perinatal, infant and maternal mortality; contraception; spontaneous abortion (miscarriage); induced abortion; sexually transmissible infections (STIs); and cancers of the reproductive tract and cervix. In this regard, PHS acknowledges the **Governments early detection programs** across Australia pre-screening for **breast and cervical cancer**. As well as the education and support programs offered to pregnant women regarding use of alcohol and tobacco during pregnancy and whilst breastfeeding.

Accessibility of reproductive healthcare should also include access to information and alternatives to abortion for women who are in a dilemma about a pregnancy. We believe that this must be prioritized by the committee as societal views, pressure from partners and other family members can inadvertently direct women in one direction. Large abortion providers such as Family Planning Organisations and Marie Stopes International have a monopoly on advertising their service to women which makes it difficult for acceptable alternative options such as continuing with the pregnancy and keeping the baby or seeking adoption for the baby to be considered. Considering an holistic approach to reproductive healthcare for women, services and organisations that support women with unwanted pregnancies are often NGO's with limited financial resources, which therefore impacts on their ability to equally promote their support services widely, especially across regional and remote areas.

The Committee needs to consider its **obligation to alert women** to the possible physical and psychological impact of abortion. Reproductive health care cannot be isolated from physical and psychological health care of women. From our experience women experiencing an unwanted pregnancy, are in a panic and are fearful. Immediate thoughts are to get rid of the perceived problem (pregnancy). Those early days after confirmation of an unwanted pregnancy are critical to assist women to slow down and look at all the options. What appears to be a 'quick fix' often leads to other and long term problems for the woman and her partner.

Reproductive and sexual health is a broad state of physical, mental and social wellbeing. We believe that there needs to be more **impartial information available** particularly on-line regarding how women can proceed with her pregnancy and linking information to various levels of support, including but not limited to emotional, financial and material assistance and emergency accommodation, if needed. PHS believes that access to these areas is difficult to find on the internet and should be made available in a more holistic manner, on a state by state basis. The information also needs to be available to Doctors, General and Health Care Practitioners, Pharmacists, Government Departments, women refuges, child care providers and any other agencies that have contact with women of child bearing years.

In addition, the **adoption option is seen in a very negative light** due to past practices that made the separation of mother and baby extremely traumatic for the woman. Fortunately, progress has been made in this area and the adoption experience now allows the birth mother and father regular information and access to the child. There is very little awareness in the public domain of the benefits of adoption for the child, the birth mother and indeed the childless couples who are willing to provide a loving family. The **over-burdened foster care system in NSW would also benefit** from more visibility regarding the strength and positive aspects of adoption.

PHS calls on the Committee to work towards **raising the status of adoption in Australia** by promoting and highlighting the modern approach to adoption practices and offer stories of positive experiences for birth mother and child from this process. Currently the work of the NSW Department of Family and Justice Service in this area is very much hidden from the public space.

In November 2014, **Women's Forum Australia** launched its latest research report, **Adoption *Rethink***. This comprehensive academic report contains vital information for people working with vulnerable women facing a difficult or unexpected pregnancy. The information contained in this report shows the foster care system or abortion are not the only choices available to women who are unwilling or unable to parent their own child. Adoption is a viable alternative that can provide positive outcomes for birth parents, adoptees and adoptive parents in the long-term.

After Abortion healthcare forms part of the general category 'Reproductive Health' and so **is also a vital area that needs addressing** by the Committee. There are numerous studies from Australia and overseas that reveal the possible physical and psychological/emotional impact of abortion on a woman's health. The physical risks of a surgical abortion are not well known to women and include such outcomes as infection, anaesthetic reaction, risk of infertility, cervical incompetence, ectopic pregnancy, retained placenta, perforation of the uterus and breast cancer.

After Abortion grief and trauma can be categorized as a type of **post traumatic stress disorder,** which can be immediate, within days of the procedure or be delayed by months or years and is often precipitated by a triggering event. Symptoms and severity will vary with individuals and can include self destructive behaviours ie alcohol and substance use, suicidal behaviours, eating disorders, and continuing with abusive relationships etc. Research shows those women have a higher risk for relationship problems ie marriage or relationship breakdown, difficulty bonding with children, sexual dysfunction, mental health problems that include post natal depression. Anxiety, addictions, mood swings, phobias and other symptoms such as chronic anger, lowered self esteem, chronic fatigue, self isolation, difficulty sleeping etc. There are also women who have repeat abortions or an atonement child.

It is important for the Committee to be aware of and to understand that **abortion trauma is real** and has varying degrees of impact on women and many carry the guilt and trauma for a lifetime. For many abortion is a death experience in which one's personal choice does not negate but rather adds to the suffering.

Reference 1,2,3,4,5,6

1. *Dingle et.al. 'Pregnancy loss and psychiatric disorders in young women: an Australian birth cohort study', The British Journal of Psychiatry (2008) 193,452-454.doi:10.1192/bjp.bp.108.059550*
2. *Gissler M et.al., "Injury, Deaths, Suicides and Homicides Associated With Pregnancy, Finland, 1987 – 2000", European Journal of Public Health (2005) Vol.15 (5):459-463*
3. *Reardon et.al., 'Pregnancy outcomes Associated with deaths: a record linkage Study of low income women' Southern Medical Journal 2002: 95(8):834-841*
4. *Coleman et.al., 'Induced abortion and anxiety, mood and substance abuse disorders: Isolating the effects of abortion in national co-morbidity survey,' Journal of Psychiatric Research doi:10.1016/jpsychires.2008.10.009,2008women' Southern Medical Journal 2002: 95(8):834-841*
5. *Fergusson et. al., 'Abortion and mental health disorders: evidence from a 30-year longitudinal study'. British Journal of Psychiatry 2008, 193:444-451*
6. *Cougle et.al., 'Depression associated with abortion and childbirth: A long-term analysis of the National Longitudinal Study of Youth cohort' Medical Science Monitor 2003; 9(4):CR105-112*

e. sexual and reproductive health literacy

PHS believes that **ensuring girls and women have information** about the **complexity and fragility** of a woman's reproductive system and health will assist women to be empowered in their decision making. The need for outstanding accurate information on the reproductive system of a woman and the conception and the development of a fetus is essential to enhance the reproductive health literacy of girls and women. John Aitken recognized as one of the leading sperm and fertilisation experts, said '**that current programs fail to inform students on the risk of infertility and the biological window in which a woman can fall pregnant'**[1]. Technologies such as ultrasounds give everyone the ability to see the development of a baby from conception to full term.

PHS believes that to **improve women's reproductive health literacy** there needs to be more information publicly available on safe guarding women's reproductive health and offering alternatives to artificial contraceptives. The availability of three **natural methods of birth control** to assist women to achieve, postpone or space pregnancies is a vital part of reproductive health literacy.

The Billings method[2], the Sympto thermal method[3] and the Creighton method of Fertility Care[4] all assist women to understand their own reproductive cycles by charting and checking symptoms which allows correct prediction of times of fertility and infertility. This **easy to learn, cost effective and drug and device free option** must be promoted as well. Each method promotes women's overall health and in particular the Creighton method which is integrated with medical care offers wholistic alternatives to IVF that is respectful of the couple's relationship and any new life.

Difficult gynecological problems like poly cystic ovarian syndrome and endometriosis can be treated by practicing **NaPro physicians** resulting in the lessening of the conditions, improvement in reproductive health and a chance to conceive a baby if that is the woman's goal.

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[1] The Australian, 18/11/22 - *Outdated sex ed fuelling fertility crisis'*
[2] .http://www.billings/life/en
[3] http://www.factsaboutfertility.org
[4] http://www.fertilitycare.com

i. any other related matter

PHS is part of a national network of not-for-profit **pregnancy support agencies across Australia**. The business models of the agencies vary, but fundamentally, offer non-directive counselling and material assistance to women and their families facing an unexpected pregnancy and after abortion grief support. Some deliver reproductive and sexual health education programs, natural fertility and a few offer non-diagnostic pregnancy ultrasounds. The majority are self-funded operations; rely on donations and grants; and staffed by volunteers. Some larger agencies operate social enterprise outlets such as opportunity shops to supplement their income.

The **collective value and diverse range of services** provided by the not-for-profit pregnancy support agencies cannot be measured. PHS believes that every effort should be made for pregnant women to be aware of and easily access these support services. They can acknowledge, with confidence, they made their pregnancy-related decision knowing they had all the information about abortion, parenting and adopting.

It is the experience of PHS workers, that there are women who have been impacted on abortion were directed to an abortion clinic as **a first and only choice** when they were challenged by an unexpected pregnancy. It is also evident that they were unaware of the supports available to them if they wanted a non-abortion option. In these instances, the narrative could be coercion by the baby's father or family member not to continue with the pregnancy; financial constraints of parenting; or they are not Australian residents but on a restricted visa. **'If only' a common sentiment expressed**, I had been offered a respectful safe space to discuss what and how I could have been supported to continue with the pregnancy. As a consequence, their after abortion experience often impacts on their mental wellbeing. For many, it is **a life-time of regret and grief**.

PHS advocates that appropriate recognition is given to **after abortion grief as a mental health issue** and that formal support services are offered nationally. Data analysed from the Coleman (2011) from the British Journal of Psychiatry study[5] identified that women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion.

The **psychological trauma experienced after abortion** is not defined as a mental health issue or mental illness disorder and therefore is not appropriately resourced. There are however, NGOs offering support programs and counselling for women and men distressed by their abortion experience.

In closing, PHS thanks the Committee for grappling with these important issues that have impacts on women's health and wellbeing. There have been many research papers published over many years in Australia and overseas that show the ill effects of abortion on women.

PHS believes we have arrived at a time where more emphasis and support needs to be given to keeping women healthy by giving them access to all the relevant information and supporting them to make the best choices for their reproductive health, future pregnancies and social wellbeing.

[5] British Journal of Psychiatry (2011) September: bjp.bp.110.077230

SUMMARY

Reproductive healthcare cannot be isolated from physical and psychological health care of women. It is a broad state of physical, mental and social wellbeing.

Ensure girls and women have information about the complexity and fragility of their reproductive system and health. Including more information publicly available on safe guarding women's reproductive health and offering alternatives to artificial contraceptives.

There is a national network of not-for-profit pregnancy support agencies across Australia offering a diverse range of support services.

Work towards raising the status of adoption in Australia by promoting and highlighting the modern approach to adoption practices.

More impartial information available particularly on-line regarding how women can continue with her pregnancy and linking information to various levels of support. Abortion should not be the first choice when a woman faces an unwanted pregnancy.

It is important for the Senate Committee to acknowledge that abortion trauma is real (not unlike post traumatic stress disorder). Thereby recognition is given to after abortion grief as a mental health issue and formal support services are offered nationally.

More emphasis and support needs to be given to keeping women healthy by giving them access to all the relevant information and supporting them to make the best choices for their reproductive health, future pregnancies and social wellbeing.