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

The Australian Women's Health Nurse Association Inc. (AWHNA)

Executive summary

Background

On 28 September 2022, the Senate referred an inquiry into the universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry and report by 31 March 2023.

There is a current consultation listed on the Senate Standing Committees on Community Affairs website, which is open until 11.59 pm AEDT on 15 December 2022. We AWHNA appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

We consent to this submission being published on the inquiry website and shared publicly online.

Terms of Reference response

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:

a. **cost and accessibility of contraceptives, including:**

   i. **Pharmaceutical Benefit Scheme (PBS) coverage and Therapeutic Goods Administration (TGA) approval processes for contraceptives,**

Increase opportunities for nurse prescribing; Women's Health Nurses (WHN's) and Women's Health Nurse Practitioners (NP's) have been employed in NSW via Local Health Districts and NGOs since 1986. Women's health nurses are specifically trained to provide Cervical Screening Tests, pelvic examinations, breast examinations, counselling and education/information programs for women about contraception, menopause, sexually transmissible infections, gynaecological health and related matters. WHN's, NP's and Midwives are already working in advanced settings e.g., Cervical screening providers, colposcopists and providing insertion and removal of contraceptive implants and IUD's. Some Local Health Districts do not support nurses undertaking this advanced role despite the WHN's having training and certification to do so. Including suitably trained NP's WHN's and midwives in nurse led contraceptive clinics as standalone workers (ie. without oversight at a doctor's clinic) and governed by the District Medical or Nursing existing governance would assist achieving universal access thereby increasing equity particularly for those seeking contraception in regional and remote areas where less specialists or GP's undertake

contraceptive implant service. Increase the scope of practice of nurses and midwives to provide Implants and IUD's.

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

Increase the scope of practice and review the TGA risk ratings so that nurses, nurse practitioners, women's health nurses and midwives are able to provide MS 2 step (medical abortion) medications. There are already nurse lead services for medical abortion. This is a safe and cost-effective method of abortion particularly for rural and regional areas where medical services are limited.
The safety and efficacy of medical abortion is well established, nurses, midwives, Aboriginal health workers, bilingual health providers could be prescribers of medical abortion medications, the risk profile of mifepristone needs to be lowered, this medication has had the same risk level for over 10 years with no review.
We support amendments to the risk management and regulatory reform for medications used for abortion, this will improve access and equity especially for people in rural and remote areas. Nurses, WHN's, NP's and midwives are the largest numbers of healthcare providers in the health workforce, they are a stable workforce particularly in rural, regional and remote area. There is strong evidence that nurses and midwives, particularly women's health nurses and women's health nurse practitioners (both WHN's and WH NP's are explicitly trained in women's health have been practicing in NSW for over 30 years.) are as safe as doctors in providing both medical and surgical terminations

c. 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;

Women's Health Nurses have specific credentials that allow for the provision of sexual and reproductive health and wellbeing interventions and many nurses already provide medical termination via nurse-initiated medication or medication standing orders. To support nurse led service provision we should imbed access to training for nurses, midwives, and doctors that includes training for LARC insertion and removal, including sexual and reproduction modules in all medical, nursing and midwifery undergraduate programs and specific women's health and gynaecology post graduate courses, degrees and programs.

d. best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;

no comment

e. sexual and reproductive health literacy;

Ongoing advocacy for quality educational programs for young persons in school-based education.

Engagement with cultural and linguistically diverse services and community programs to engage & educate all new Australian residents in safe, respectful sexual behaviours.

Develop coordinated public health campaigns and related education materials to improve women's health literacy around their rights and options for accessing effective contraception and abortion care.

f. experiences of people with a disability accessing sexual and reproductive healthcare;

Women with Disabilities Australia (www.wdv.or.au). Stories from women with disabilities on accessing sexual and reproductive healthcare.
All people have a right to pleasurable and safe sexual experiences and or relationships. Women with disabilities experience higher rates of sexual violence; LARC more likely to be used and misused. Sterilisation is still common. Barriers to getting a sexual and reproductive health services for people with disabilities include room space not enabling wheelchair access, adjustable beds not enabled and lack of understanding of the issues faced.
AWHNA recommends further education and training, appropriate clinic design to accommodate needs and more work done on reducing sexual violence
Access to the whole spectrum of sexual and reproductive services within suitable environments.

g. experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare;

no comment

h. availability of reproductive health leave for employees; and

no comment

i. any other related matter.

At the launch of the Strategy in April 2019 it was announced that $52.2 million would be provided to organisations working in the area of improving women's health. However, it is not clear how this funding has been allocated, the implementation plan for funded projects, or how these will be monitored or evaluated, against the priorities and actions outlined in the Strategy. This should be fast-tracked and there should be a framework and funding grants made available. There is currently no information available as to how this money is to be distributed, almost 3.5 years since the announcement of funding.
The framework and funding for nurse led models of sexual and reproductive health needs to be determined and distributed to the health workforce as a matter of priority. There are existing Women's Health Nurses and Nurse Practitioners both in public health and Women's Health Centres that historically have been providing these services, very often to women from diverse cultures and priority populations. They should **a**. be recognised for the invaluable service they provide and **b**; immediately be provided with substantive funding so that the centres can continue to operate in their local areas. Women feel safe and comfortable with these services. WHN's and NP's in public health and NGO's provide free or very low cost access to health care and in addition provide a safe place for connection to other women for social connection.

Recommendations

Universal access to reproductive healthcare is essential. AWHNA support this important Inquiry, with the following recommendations:

1. Remove barriers to contraceptive access by providing free contraception to women under 25 years and incentivising primary care health practitioner training in contraceptive service provision.
2. Ensure availability of essential sexual and reproductive health services (particularly for rural and regional Australian women) through regional level planning, training and accountability for contraception and abortion access via publicly funded community and hospital-based services.
3. Expand the health workforce by enabling nurses, midwives and pharmacists to work to their full scope of practice in contraception and abortion care, with appropriate remuneration and training opportunities.
4. Develop coordinated public health campaigns and related education materials to improve women's health literacy around their rights and options for accessing effective contraception and abortion care.