Australian College of Nursing

INQUIRY INTO UNIVERSAL ACCESS TO REPRODUCTIVE HEALTHCARE

The Australian College of Nursing response to the Senate Standing Committees on Community Affairs (December 2022)

Contents

Acknowledgement

The Australian College of Nursing (ACN) prides itself on being an inclusive organisation that supports equity for all people. Although the terms *women* and *female* are used throughout this response, we wish to recognise the experiences of gender-diverse people including trans men and non-binary people who also require access to reproductive health care.

Executive summary

The Australian College of Nursing (ACN) would like to thank the Senate Standing Committees on Community Affairs for the opportunity to provide feedback on the **Inquiry into universal access to reproductive healthcare**.

Reproductive health care is an intrinsic part of the lives of women, transgender people, and non-binary people, forming a part of their everyday lives. The experience a person has in accessing ongoing reproductive health care is closely linked to their life experiences including their location, socio-economic status, and cultural practices. Inadequate access to reproductive health care has significant impacts on a person's entire life experience, therefore reproductive health care is both complex and extremely important to the overall mental, emotional, and physical health[1]. The consequences of inadequate health care create flow-on effects, impacting education, gender equality, and the economy.[2]

Despite significant legal reforms in Australia expanding the availability of reproductive health care, recent research suggests significant accessibility issues exist.[3] For example, the recent decriminalisation of abortion across much of the country has limited legal access barriers, yet significant non-legal barriers remain and overall access to this health care service remains limited. Until these accessibility issues are adequately addressed, reproductive rights for all people cannot be achieved.

ACN strongly believes that person-centred care is a critical component of a functional health care system.[4] As the largest health care profession in Australia,[5] nurses have a unique insight into not only the care experience of people in Australia but also the health care workforce. ACN continues to advocate for equitable access to health care for all members of the Australian community.

[1] Australian Government (2022) *About reproductive health.* Department of Health and Aged Care.
[2] Family Planning NSW (FPNSW). (2020) Sexual and Reproductive Health and Rights and the Sustainable Development Goals: Priorities for Australia and the Pacific. Family Planning New South Wales.
[3] Sifris, R., Penovic, T. (2021) Barriers to abortion access in Australia before and during the COVID-19 pandemic. Women's Studies International Forum 86 https://doi.org/10.1016/j.wsif.2021.102470.
[4] Australian College of Nursing (ACN). (2019). *Person-Centred Care*, ACN, Canberra.
[5] Australian Institute of Health and Welfare (AIHW). (2022). *Health Workforce,* AIHW, Australian Government.

Summary of ACN's recommendations

ACN recommends the Australian Government:

- Allocates funding for research and implementation of programs that support First Nations peoples to stay on country for birthing and access holistic, culturally safe reproductive health care. These programs must be designed in direct consultation with First Nations communities.
- Expands access to mobile reproductive health services to reduce stigma and provide rural and remote communities with the support to engage in any further specialised reproductive treatments.
- Investigates and addresses the subsidy process for people travelling from rural and remote communities. Provisions should be made to include people who may not meet travel subsidy criteria due to geography but wish to travel for confidentiality reasons.
- Where gaps or delays exist, streamlines funding and subsidy reimbursement processes to reduce financial barriers.
- Reforms health care degrees to undertake a compulsory unity in trauma-informed practices. This includes units on communicating with culturally and linguistically diverse patients, caring for patients with sexual trauma, and providing care to people undergoing procedures away from their community support.
- Facilitates nurse practitioners (NPs) and advanced practice nurses (APNs) working to their full scope of practice by:
    - enabling patients to access MBS rebates for after-hours or emergency care provided by NPs to facilitate care provided in the most appropriate settings and in a timely manner
    - enabling patients to access an MBS rebate for NP care received outside of a clinic setting, such as private antenatal or post-natal care in the home
    - enabling patients to access MBS rebates for procedures performed by a NP working within their scope of practice
    - creating new MBS items for direct NP-to-patient telehealth consultations.
- Improves patient access to telehealth services by expanding the range of providers eligible to participate in consultations to include NPs and registered nurses (RNs), and by broadening modes of communication.
- Investigates methods of support for health care workers living in rural and remote areas including mentoring partnerships to secure a sustainable health care workforce for regional and remote areas. This includes offering supervision and mentoring programs.
- Funds research into the experiences of pregnant persons in prison.
- Funds research and implementation of programs to support both routine and specialised health care for incarcerated persons throughout pregnancy.
- Supports consultations to take place via telephone or video call where clinically appropriate.

Parliamentary Inquiry on Universal Access to Reproductive Healthcare

Introduction

ACN members raised concerns regarding equity and accessibility for marginalised communities and individuals who experience environmental, cultural, and social barriers to reproductive health care. In particular:

- Cost and accessibility of reproductive health care, including pregnancy care and termination services across Australia, particularly in regional and remote areas.
- Best practice approaches to sexual and reproductive health care, including trauma-informed and culturally appropriate service delivery
- Other related matters

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

People living in regional and remote areas of Australia experience poorer health outcomes than their metropolitan counterparts. One of the reasons for this gap is inequitable access to primary health care services. [6]

For people accessing reproductive health care in rural and remote areas, the stigma of accessing sexual and reproductive health care in their often-close-knit community poses a significant barrier. Confidentiality and anonymity are often impossible, which creates feelings of shame, perpetuating the stigma of access.[7] This includes young people accessing prophylactics and information about sexual health, people accessing termination services, and regular reproductive health care checks (including cervical cand screening services). ACN members argued that deidentified services where people are able to discuss their reproductive health care needs with a professional not associated with their immediate community are often beneficial. These services include travelling medical services and nurse-led programs.

[6] Thomas, S.L., Wakerman, J. & Humphreys, J.S. (2015). Ensuring equity of access to primary health care in rural and remote Australia - what core services should be locally available?. *Int J Equity Health* **14**, 111 https://doi.org/10.1186/s12939-015-0228-1

[7] Doran, F. M., & Hornibrook, J. (2016). Barriers around access to abortion experienced by rural women in New South Wales, Australia. Rural and Remote Health, 16(1), 1–12. https://search.informit.org/doi/10.3316/informit.202633581059377

Beyond the issue of confidentiality, there are often cases where the expertise needed to support people in the specialised area of reproductive health is simply not available in the immediate community. This requires individuals to travel exceptional distances, placing a significant financial burden on the consumer, which may not be reimbursed in a timely manner, or at all. For instance, people suffering from endometriosis, adenomyosis or other gynaecological conditions may be reliant on a single provider,[8] which can compound barriers to timely diagnosis and treatment.

The costs associated with travelling for access to family planning services in general are another significant barrier.[9] In one qualitative study of women who accessed abortion services in rural New South Wales, participants travelled up to 9 hours one way to access abortion services and most had to borrow money to do so. Due to the secrecy around the nature of their travel, these women were often unsupported throughout their journey.[10]

Advancements in telehealth have also improved accessibility for people living in rural and remote areas seeking personalised and confidential health care support, recognising it will not replace the need for face-to-face services. Where face-to-face services are necessary, these appointments can incur significant travel and medical-related costs. This lack of access goes beyond termination and contraceptive health care and impacts people accessing obstetric services and pregnancy health care support.

ACN members highlighted that in some cases, families are required to leave their communities for extended periods before the birth of a child due to the need for access to health care services not available closer to home. This comes at a great emotional and financial cost to these families and can result in feelings of isolation and detachment from community support during and after pregnancy. Securing travel, accommodation and often time off work for partners and birthing support are significant constraints in seeking appropriate health care for pregnant people. This can often result in families being forced to stay in their communities in the hope that the birth proceeds without issue, putting both mother and baby at an increased risk if complications do arise. In the event of an issue arising, community health care facilities often do not have the necessary skill mix or equipment to provide adequate care and require support from flying doctors. This support can be delayed and impacted by factors such as the weather, increasing serious health risks for both mother and child.

Furthermore, these examples highlight the unsustainability of care models for people seeking reproductive health care services in rural and remote regions and the precarious nature of access to these critical services. [11]

[8] Armour, M., Avery, J., Leonardi, M., Van Niekerk, L., Druitt, M. L., Parker, M. A., Girling, J. E., McKinnon, B., Mikocka-Walus, A., Ng, C. H. M., O'Hara, R., Ciccia, D., Stanley, K., & Evans, S. (2022). Lessons from implementing the Australian National Action Plan for Endometriosis. Reproduction & fertility, 3(3), C29–C39. https://doi.org/10.1530/RAF-22-0003

[9] Doran, F. M., & Hornibrook, J. (2016). Barriers around access to abortion experienced by rural women in New South Wales, Australia. Rural and Remote Health, 16(1), 1–12. https://search.informit.org/doi/10.3316/informit.202633581059377

[10] Ibid.

[11] Ireland S., Belton S., Doran, F. (2020) 'I didn't feel judged': exploring women's access to telemedicine abortion in rural Australia. Journal of Primary Health care 12, 49-56. https://doi.org/10.1071/HC19050

Enabling highly experienced RNs and NPs to work at their full scope of practice as part of an interdisciplinary team will deliver better value and more integrated and accessible care to patients. When working to their full scope of practice, nurses can undertake a broad range of roles currently performed routinely by general practitioners. These include health assessments, triage and referral, management, self-management support/education, health promotion and health system navigation/coordination of care.

Recommendations

- Expand access to mobile reproductive health services to reduce stigma and provide rural and remote communities with the support to engage in any further specialised reproductive treatments.
- Investigate and address the subsidy process for people travelling from rural and remote communities. Provisions should be made to include people who may not meet travel subsidies due to geography but wish to travel for confidentiality issues.
- Where gaps or delays exist, streamline funding and subsidy reimbursement processes to reduce financial barriers.
- Facilitate nurse practitioners (NPs) working to their full scope of practice by:
    - removing funding barriers to the delivery of nursing care; including implementing the recommendations of the Medicare Review Taskforce - Nurse Practitioner Reference Group Report to enable NPs to provide emergent care to the broader community[1]
    - enabling patients to access MBS rebates for after-hours or emergency care provided by NPs to facilitate care provided in the most appropriate settings and in a timely manner
    - enabling patients to access an MBS rebate for NP care received outside of a clinic setting
    - enabling patients to access MBS rebates for procedures performed by a NP working within their scope of practice
    - creating new MBS items for direct NP-to-patient telehealth consultations.
- Improve patient access to telehealth services by expanding the range of providers eligible to participate in consultations to include NPs and registered nurses (RNs), and by broadening modes of communication.

Best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery

ACN members strongly advocate for culturally safe and trauma-informed health care to ensure all consumers have autonomy over their bodies and their health. For this reason, traditional health care models must adapt to better respond to the cultural safety needs for all including culturally and linguistically diverse (CALD) communities.

Experiencing trauma can significantly impact a person's life and often contributes to poor health outcomes.[12] Having access to health care that is appropriate and trauma-informed can significantly reduce the risk of these adverse outcomes.[13] Tailoring consultations, being aware of how trauma can impact health care access and offering trauma-sensitive gynaecological options for consumers are all factors in creating an accessible and equitable health care system. [14]

Culturally appropriate and safe health care is an essential aspect of ensuring reproductive health care is both accessible and equitable to all people living in Australia. This is of particular importance when engaging CALD communities. A study of refugee and migrant women's experiences of accessing reproductive health care in Australia found a significant number of health care providers were not providing optimal reproductive health care, despite measures in place to accommodate cultural barriers. [15] The authors concluded multilevel strategies were needed to improve the experience of migrant and refugee women due to the complexity of trauma and cultural differences. Further, the need for improved cultural competency training in higher education was raised, particularly around sexuality and reproductive health in refugee and migrant communities. Better preparing health care practitioners in these areas would address systemic issues and enable them to approach diverse situations with the confidence to build relationships and understand the complex histories, traumas, and needs of these communities.

ACN members expressed concern about a distinct lack of preparation and training in trauma-informed care throughout their university education. Further, members advocated for additional and ongoing training in trauma-informed care approaches to be available for all nurses and other health care workers. Existing training programs for nurses in trauma-informed care have proven to be both insightful and well-received.[16] However, these programs should be rolled out and accessible to nurses across Australia.

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[12] Brooks,M., Barclay, L., Hooker, C. (2018) Trauma-informed care in general practice: 'Findings from a women's health centre evaluation'. Australian Journal of General Practice
[13] Ibid
[14] Ibid
[15] Mengesha Z.B., Perz J., Dune T., Ussher J. (2018) Preparedness of Health careProfessionals for Delivering Sexual and Reproductive Health careto Refugee and Migrant Women: A Mixed Methods Study. *International Journal of Environmental Research and Public Health*. 15(1):174. https://doi.org/10.3390/ijerph15010174
[16] Metro North Queensland Health. (2020) Nurses and Midwives EB10 Innovation Fund – Evaluation Report: Trauma Informed Care. Queensland Government. https://www.health.qld.gov.au/__data/assets/pdf_file/0021/1126227/trauma-informed-care-report.pdf

Likewise, programs address the impacts of colonisation on the birthing process of pregnant First Nations women are vital. [17] One such program focuses on making birthing on Country possible for First Nations women, ensuring they have autonomy over the birthing process and adequate access to culturally safe community support during the birthing process. The availability of such programs is critical to closing health care gaps, initiating cultural healing, and ensuring positive health care outcomes for First Nations people.

Recommendations:

- Allocates funding for research and implementation of programs that support First Nations peoples to stay on country for birthing and access holistic, culturally safe reproductive health care. These programs must be designed in direct consultation with First Nations communities.
- Reform health care degrees to undertake a compulsory unity in trauma-informed practices. This includes units on communicating with culturally and linguistically diverse patients, caring for patients with sexual trauma, and providing care to people undergoing procedures away from their community support.
- Fund ongoing professional development programs beyond tertiary education for health care workers to access training in trauma-informed care approaches as a part of their annual continuing professional development.

Other related matters

ACN members would like to take this opportunity to highlight the barriers for incarcerated pregnant people attempting to access pre-and post-natal health care. Globally, prison systems have been designed around male-centric needs.[18] This has led to a significant gap in provisions for female, transgender, and non-binary prisoners, particularly, those who are pregnant at the time of incarceration.[19]

Overall, the female incarcerated population is at a higher risk of issues including intimate partner violence, mental health issues, substance abuse and insecure housing.[20] Therefore, not only does this demographic hold significant vulnerability and trauma, but they also have complex health needs that must be considered.

Australian studies demonstrate that incarcerated people who are pregnant face unique challenges, including increased feelings of isolation and stress due to their pregnancy-related needs not being met.

[17] Ireland S., Ḻäwurrpa Maypilama E., Roe Y., Lowell A., Kildea S. (2021) Caring for Mum On Country: Exploring the transferability of the Birthing On Country RISE framework in a remote multilingual Northern Australian context, Women and Birth, 34 (5) 487-492 https://doi.org/10.1016/j.wombi.2020.09.017
[18] Sapkota, D., Dennison, S., Allen, J. *et al.* (2022). Navigating pregnancy and early motherhood in prison: a thematic analysis of mothers' experiences. *Health Justice* 10(32) https://doi.org/10.1186/s40352-022-00196-4
[19] Ibid
[20] McMillen Dowell C., Mejia G.C, Preen D.B., Segal L., (2019) Low birth weight and maternal incarceration in pregnancy: A longitudinal linked data study of Western Australian infants, SSM - Population Health, 7, (100324) https://doi.org/10.1016/j.ssmph.2018.11.008

For example, stress factors included being housed with violent offenders, inadequate nutrition, and limited information and education about the birthing process. [21]

Additionally, there is a correlation between maternal imprisonment and poor health outcomes for children.

Maternal imprisonment was found to contribute significantly to adverse birth outcomes including low birth weight. For First Nations and non-First Nations infants, low birthweight was highest for infants whose mothers were imprisoned before or during pregnancy. Low birth weight is often associated with a shorter life span and increased risk of chronic disease.

In addition, the overrepresentation of First Nations women in the prison population means culturally safe reproductive support and health care are paramount.

Recommendations:

- Fund research into the experiences of pregnant persons in prison.
- Fund research and implementation of programs to support both routine and specialised health care for incarcerated persons throughout pregnancy.

About ACN

The Australian College of Nursing (ACN) is the national voice of the nursing profession focused on policy, advocacy and education to advance the status, recognition and respect for nurses. We are committed to our intent of 'Shaping Health, Advancing Nursing' to enhance the health care of all Australians.

Our membership, events and higher education services allow nurses at all levels to stay informed, connected and inspired. We are excited to lead change and create a strong, collective voice for our profession by bringing together thousands of extraordinary nurses from across the country. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF).

[21] Sapkota, D., Dennison, S., Allen, J. *et al.* (2022). Navigating pregnancy and early motherhood in prison: a thematic analysis of mothers' experiences. *Health Justice* 10(32) https://doi.org/10.1186/s40352-022-00196-4