Jean Hailes FOR WOMEN'S HEALTH

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Women's Health Policy Alliance Workshop

20 November 2020

Maternal, sexual and reproductive health

Introduction

Jean Hailes for Women's Health, together with RANZCOG, co-hosted the Maternal, Sexual and Reproductive Health policy workshop on Friday 20 November 2020. The workshop aimed to identify implementation priorities for the *National Women's Health Strategy 2020 – 2030,* with particular consideration to the impacts of the COVID-19 pandemic on women and their health risks and needs.

Janet Michelmore AO, interim CEO of Jean Hailes for Women's Health and Dr Vijay Roach, President of RANZCOG, opened the workshop. In his opening remarks, Dr Roach emphasised the need to "be in it for the long game", including addressing the systemic disadvantage which underpins many of the issues affecting women's maternal, sexual and reproductive health and health in later life.

Overwhelmingly, the maternal, sexual and reproductive health priorities identified in the workshop pertained to access. This included recommendations to preserve gains in access achieved during the COVID-19 health crisis (eg, advances in telehealth), recommendations to remove systemic barriers, and consideration of the specific barriers to access experienced by priority population groups. An overarching theme of the discussion was the impact on women's mental health as a result of lack of access to services and supports through COVID management strategies.

This summary highlights the issues and implementation priorities raised:

- during the workshop, both verbally and using the Zoom chat function
- via a post-workshop survey, circulated to workshop invitees, including those unable to attend on the day.

Priority actions in light of COVID-19

Maintain access to:

- telehealth, to enable both continuity of access to maternal, sexual and reproductive health services during a health crisis such as COVID-19 and to increase access at all times for groups who may be geographically isolated. Expand eligibility for MBS telehealth items to include maternal and child health nurses and to GP sub specialists. Further expansion of telehealth should be in conjunction with face-to-face service delivery, noting its limitations as a mode of engagement for specific treatments (eg, pain management) and for certain priority populations (eg, women with intellectual disabilities)

- safe and timely abortion, by continuing to class this service as a Category 1 medical procedure beyond the COVID-19 pandemic. Work towards universal access to safe and timely abortion, including for women on temporary visas who may not have access to Medicare.

Increase access to:

- equitable maternal, sexual and reproductive health outcomes by addressing the differential outcomes from public and private healthcare
- funding for GPs and practice nurses to provide the spectrum of maternal, sexual and reproductive healthcare through appropriate MBS item number coverage, eg, an extended item number to enable long consults relating to menopause
- support for women who have experienced miscarriage at all stages of pregnancy, including early-term miscarriage, through
    a. the development and implementation of clear referral pathways from healthcare providers to support agencies
    b. building the capacity of support organisations to respond to increased demand for service (eg, during a health crisis), and
    c. investing in models of peer support, recognising the benefits of peer support in its own right and as a gateway to seeking professional support.
- information about the spectrum of fertility treatment, including, but not limited to, IVF and pre-conception health. Primary care providers should be supported to routinely ask about pregnancy intentions
- perinatal mental health support services through improved screening. Ensure physical health is concurrently addressed with mental health, eg, post-natal incontinence linked to anxiety and depression
- long-acting reversable contraceptives (LARC). This should include self-administered depot medroxyprogesterone acetate (DMPA) injections, which would enable women to continue using this reliable LARC without having to visit their GP/family planning clinic every 12 weeks
- menstrual hygiene products in schools, including primary schools, to support girls experiencing early onset puberty and their families. In Victoria all public schools now provide free menstrual hygiene products – this initiative could be expanded nationally
- support for girls experiencing early onset puberty and precocious menarche, through development of clear referral pathways to paediatric gynaecologists and endocrinologists and building the capacity of primary healthcare to respond to these issues
- carrier screening for specific genes through the creation of MBS item numbers to support this
- genetic counselling through the expansion of the genetic counselling workforce.

Recognise and respond to the specific barriers to access experienced by disadvantaged groups

- Invest in the development of accessible and culturally appropriate maternal, sexual and reproductive health information, including video-based resources for women from culturally and linguistically diverse (CALD) and refugee backgrounds, including women seeking asylum.
- Invest in community-led maternal, sexual and reproductive health initiatives for priority population groups, recognising that LGBTIQ+ communities, women from CALD and refugee backgrounds, Aboriginal and Torres Strait Islander women, women who are incarcerated and women with disabilities experience specific maternal, sexual and reproductive health issues and barriers to accessing care. Targeted community-led and informed approaches are key to improving maternal, sexual and reproductive health outcomes in these diverse groups.
- Provision of telehealth services needs to consider barriers experienced by women with intellectual disabilities, women with limited digital literacy, women in rural and remote areas who may have poor internet access, and socioeconomically disadvantaged women who may have limited access to devices. Solutions may include community-based telehealth access.

- Consider the immediate and long-term implications of state border closures for women living in rural and remote areas, including women living in border towns. State border closures due to COVID-19 have compromised women's ability to travel to visit their GP or other healthcare providers, and healthcare providers' ability to travel to their place of work. In addition, locum health professionals have been unable to travel (interstate, and in some cases from the capital city within a state), meaning that rural and remote doctors have gone for long periods without a break. This has immediate implications not only for their own self-care, but also for their capacity to undertake continuing professional development (CPD), leading to longer-term implications for the stability and sustainability of services and patient care in rural and remote settings.
- Improve maternal, sexual and reproductive health outcomes for women in rural and remote areas by:
    a. investing in rural maternity services, recognising that women need services as close as possible to home and that this can lead to positive broader health outcomes for mothers, babies, families and communities
    b. investing in the training, recruitment and retention of generalist workforces for rural and remote areas, including doctors, nurses and allied health.
    c. investing in Rural Generalist (eg, GP with advanced skill in obstetrics) / midwifery models of care which have been shown to decrease rates of premature births in remote areas.
- Improve maternal, sexual and reproductive health outcomes in rural and remote Aboriginal and Torres Strait Islander communities by increasing access to and awareness of the importance of first trimester screening and promoting the Birthing on Country project, including the development of Birthing on Country Framework for Maternity Care.

Areas requiring increased attention

- A lack of awareness regarding the impact of iron deficiency among both health professionals and community members, and subsequent gaps in testing and treatment was identified as an area requiring more attention.
- A need for the rollout of evidence-based practices in all maternity services in Australia to reduce the incidence of 3rd and 4th-degree tears during childbirth and associated trauma, pain and incontinence.
- Menopause and vulval disorders were identified as specific conditions requiring increased attention.

Need for a nationally consistent approach

- Develop and implement a comprehensive national maternal, sexual and reproductive health strategy, to complement the National Women's Health Strategy and National Men's Health Strategy.