



**The Bubble Launceston**

4/23 Brisbane Street, Launceston 7250  
Ph: (03) 6724 3063 Fax: (03) 9960 7531  
admin@thebubblelaunceston.com.au  
Healthlink: tbubblel

**The Bubble Hobart**

73 Federal Street, North Hobart 7000  
Ph: (03) 6244 3033 Fax: (03) 9960 2711  
admin@thebubblehobart.com.au  
Healthlink: tbubblel

Date: 25/01/2024

To The Select Committee,

Thank you for the opportunity to contribute to the inquiry into reproductive, maternal, and paediatric health services in Tasmania. I am Dr. Natasha Vavrek, the founder, owner, and Director of The Bubble Tasmania. A native Tasmanian, I graduated from the University of Tasmania with a Bachelor of Medicine and Surgery in 2009 and earned my Fellowship of General Practice in 2013. Since 2011, I have been working as a GP in Launceston. Personally, as a woman and a mother of two daughters born in 2016 and 2018, I have experienced the need for these services firsthand.

The Bubble Tasmania is a women's health clinic focussed on sexual, reproductive and psychological health. From adolescence to menopause and beyond. Our unique and innovative approach empowers women and provides a safe and inclusive environment for their healthcare journey.

The Bubble Tasmania operates two clinics, one in Launceston and one in Hobart. Launched in April 2021 and December 2022, respectively, these clinics collectively house 12 women's health specialist GPs, 1 visiting gynaecologist, 2 psychologists, 1 physiotherapist, 1 midwife, and 7 administrative staff.

Some information about The Bubble to help you understand our position within the community:

Our exceptional team of women's health specialist GPs is enriched by a multidisciplinary team that includes:

- Psychologists specialising in women's mental health and sexual therapy
- A pelvic floor physiotherapist with expertise in pregnancy, postpartum care, incontinence, and pelvic pain
- A dedicated midwife offering comprehensive antenatal classes to prepare expectant parents for childbirth and beyond.

We collaborate with the local hospital to offer antenatal shared care. Low risk pregnancies can be managed through our clinic keeping patients out of the hospital until the birth. We have ultrasound services available on site to provide easy access to scans. Unlike traditional women's health clinics, we provide post-partum and infant care. Our approach focuses on maternal health and mood as well as providing advice on common infant issues such as feeding problems, cry fuss and irritability issues as well as sleep advice, all through an evidence-based lens. Our doctors have additional training in this.

As state trainers for doctors seeking to specialise in intrauterine device (IUD) insertions, we operate a thriving IUD clinic, contributing to the broader medical community's knowledge and expertise in this field and cater to the

increasing number of women accessing preferred long acting reversible contraceptives.

We provide essential medical termination services, filling a critical gap in our community's healthcare offerings. We are able to access the Women's Health Fund for eligible women unable to afford the costs of this service.

The Bubble Tasmania is strategically positioned to target a diverse range of customers and markets, primarily focusing on women in Tasmania. We cater to women and girls of all ages living in Launceston and Hobart who require sexual and reproductive health services.

We also attract women from the North West Coast and East Coast of Tasmania. The growing demand from these regions demonstrates the importance of our services beyond Launceston and Hobart, where access to specialised women's health care is limited.

We cater to all women of all age groups, from adolescents to those in mid-life and beyond, ensuring comprehensive healthcare coverage for all stages of a woman's life. Our clinic is a go-to destination for mothers, pregnant women, and expectant parents, providing specialised postpartum care, antenatal classes, and support during pregnancy.

In summary, The Bubble Launceston primarily targets the local community, as well as women from surrounding regions who seek specialised sexual and reproductive health services. We are committed to creating a positive impact on the healthcare landscape, ensuring that women across Tasmania have access to the best possible care and support.

Reproductive health services in Tasmania face significant shortcomings from my perspective as a local GP. While serving in this capacity over the last decade, I have encountered numerous patients in dire need of these services but facing accessibility challenges. The constraints of traditional GP time limits can make it challenging to allocate the necessary time for these patients, compounded by the fact that Medicare rebates are inadequate.

Identifying a critical gap in the market, the situation was exacerbated by the pandemic, leading to deferred cervical screenings, mammograms, and contraception appointments for many patients. And we are still seeing the hang over effect of this. Women are unable to access appointments with their GPs. Wait times for specialists are long. Women don't know where to go. And with many of our GPs burnt out, I'm sad to see many women who are dismissed of their concerns. To address this deficiency, I envisioned a comprehensive clinic serving as a one-stop solution. Regrettably, the lack of available services compelled me to personally address a matter that should ideally fall under government responsibility. Since the clinic's inception, demand has surged, with fully booked appointment books, necessitating the (difficult) recruitment of additional doctors to manage the influx of patients seeking reproductive and maternal health services.

To financially sustain the clinic, we've adopted a non-bulk billing approach, as any bulk billing is financially unsustainable. However, with the rising costs in running a small business, lack of funding for private enterprise and laughable Medicare rebates I am concerned about long time viability. In my view, expanding services in this domain requires increased funding and improved Medicare rebates for GPs as a start. The nature of these reproductive appointments is inherently time-consuming, yet existing rebates inadequately support extended sessions. Consequently, patients bear a higher financial burden, limiting access to these vital services, especially for more vulnerable populations.

We provide a robust shared maternity care model suitable for patients without private health insurance who are willing to pay a fee to avoid the hospital system. Expanding similar models with GP maternity care is crucial, as it reduces the burden on the busy hospital system and enhances public accessibility for those unable to afford a pay-for-service model. Nevertheless, the current unfairness in antenatal care reimbursements within the GP setting persists, with lower Medicare rebates for antenatal attendance item numbers compared to regular time-based appointments. Penalising women who opt for private services, particularly when they alleviate pressure on public hospital services, raises concerns about equity and fairness in the healthcare system.

Since the onset of the pandemic, it's evident that antenatal care provided by hospitals has been notably inadequate. Numerous examples from my patients reveal face-to-face consultations not occurring until well into the third trimester due to a shortage of staff in hospitals. Over the past two years, our clinic has experienced substantial growth in maternity care. However, the persisting challenge of doctor shortages in Tasmania underscores recruitment and retention issues. Balancing a full-time role as a GP with the significant time invested in recruitment efforts and maintaining our clinic's operations highlights the ongoing struggle to address staffing challenges.

Upon opening our doors, I was resolute about providing one-hour, six-week postnatal and infant checks, a significant extension from the typical 20-minute appointments in standard GP practices. Observing that women often spent at least 20 minutes discussing their birth experiences, I recognised the prevalence of birth trauma. I strongly believe that dedicating sufficient time in the early weeks for debriefing, validation, and support can mitigate ongoing mental health issues. Unfortunately, many women are not given the opportunity to debrief due to GP time constraints or lack of mental health training, leading to the resurgence of trauma during subsequent pregnancies for the patient, which is far from ideal.

Regrettably, finding mental health practitioners, including social workers and psychologists, is akin to finding a needle in a haystack. The inadequacy and inaccessibility of psychological services exert additional pressure on our GP services, which are already strained. Considering the demanding nature of general practice and the extended wait times for GP appointments, addressing mental health needs becomes a critical challenge.

Allow me to share a personal story. In 2018, while expecting my second child, I was diagnosed with perinatal depression. Despite having no previous mental health issues, I was in a happy marriage with a healthy young daughter, and financial concerns were not a burden. Being a GP in Launceston with a network of doctor friends and colleagues, I found myself aware of my depression but unsure of where to seek help. My GP had a wait time of almost four months, and I hesitated to burden my obstetrician. Ultimately, I experienced a major breakdown and ended up in the hospital. If, in my vulnerable state, I struggled to navigate the system despite my background in the health industry, it raises concerns about how the average woman in our community, without such resources, can be expected to know where to turn for help.

There is an urgent need for enhanced education for women, increased screening efforts, and better education for GPs in the realm of women's mental health. Improving rebates for GPs

is crucial, allowing them to allocate more time to individual patient care. Additionally, the shortage of perinatal psychiatrists and psychologists is evident, warranting an immediate increase in their numbers. The existing limit of 10 visits under Mental Health Treatment Plans is insufficient, necessitating a more flexible approach. Moreover, the rebates for non-directive pregnancy counselling must be elevated, as the current allowance of three appointments falls short of addressing the comprehensive support required.

As the sole women's health clinic providing postpartum and paediatric services for issues such as crying, growth, feeding, and sleep, additional funding is essential for paediatric care. These concerns are prevalent among virtually all parents, yet most GPs lack adequate training in this domain. Specialised education for primary care physicians is imperative. By addressing these issues through an evidence-based approach and affording sufficient time for consultations (our 60–90-minute appointments), we have consistently reassured many parents. However, without proper support, unresolved concerns and unvalidated emotions can escalate, emphasising the critical need for enhanced resources in this crucial area of healthcare.

As mentioned earlier, we offer medical termination services, and for vulnerable populations over the age of 25, we can access the Tasmanian Women's Health Fund. However, for women under 25, though funds are available, we are unable to access them at our discretion, unlike the Women's Health Fund for those over 25. Instead, these young women must personally contact "The Link Youth Health Service", undergo an assessment, and obtain approval before scheduling an appointment with us. This additional step becomes a significant hurdle for many young women facing an unplanned pregnancy, impeding their timely access to termination services. The question arises:

why can't doctors assess their situations and make decisions, similar to the process for women over 25? The current hurdles seem to hinder accessibility to funds and services, raising concerns about equitable and streamlined access for all women in need.

I welcome the inquiry into reproductive, maternal, and paediatric health services in Tasmania, emphasising the substantial scope of the issue. It is crucial for the committee to engage with local health practitioners who are on the front line, working on the ground day in and day out. Our continuous involvement in these areas equips us with an intimate understanding of the landscape and the community's needs. As health practitioners, we have earned the trust of our patients, and our dedication to ensuring adequate and accessible health services for this segment of the population is unwavering.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'NV', followed by a period.

Dr Natasha Vavrek

B Med Sci MBBS Hons FRACGP