261312S

Women's Health Tasmania

SUMMARY REPORT

Talking to people about terminations of pregnancy in Tasmania

DR LUCY MERCER-MAPSTONE

What this research is about

This research, from Women's Health Tasmania explored the lived experiences of people who have had terminations of pregnancy (abortions) in Tasmania in the past decade. Key findings of the research led to recommendations for practitioners, organisations, State and Federal governments, and broader systemic policy and practice.

Tasmanian research context

Termination of pregnancy was removed from the Tasmanian Criminal Code in 2013.[1] Up to 16 weeks of pregnancy, a person can make their own decision to terminate a pregnancy. After 16 weeks, they need approval from two doctors.

There are three ways a termination can occur in Tasmania – outlined below. Which option is available depends on how many weeks the pregnancy has progressed and clinical factors.

- **Medication termination:** Available up to nine weeks of pregnancy and involves taking specific medication to end a pregnancy. General practitioners (GPs) who have done the medication termination training can prescribe this medication.
- **Surgical termination:** Available up until 16 weeks of pregnancy and involve a hospital day surgery procedure performed by gynaecologists; currently available at public hospitals in Hobart, Launceston, and Latrobe as well as at private Hobart hospitals.
- **Termination by medical induction:** A small number of second-trimester terminations are done by inducing labour with medication. Labour induction termination may be provided when there are no providers available who are trained to do second trimester surgical terminations or in some cases of foetal abnormalities.

Even though terminations are legal, Tasmanians face barriers accessing safe terminations. Some people face greater challenges than others—such as people living in rural areas, people living on low incomes,[2] and transgender and gender diverse people.[3]

Multiple shifts in the Tasmanian termination provision landscape have led to a great deal of confusion among health practitioners and patients about whether terminations can be accessed in Tasmania at all. While services are expanding, there remains major gaps for people gaining equitable access to terminations in Tasmania.

1 Tasmanian Government Department of Health, 2014, Pregnancy termination - Summary or the new law fact sheet, viewed 29 August 2022, www.health.tas.gov.au/publications/pregnancy-termination-summary-or-new-law-fact-sheet

2 Ogden K, Ingram E, Levis J, Roberts G, Robertson I 2021, Termination of pregnancy in Tasmania: access and service provision from the perspective of GPs. *Australian Journal of Primary Health*, vol. 27, pp. 297-303.

3 Moseson, H., L. Fix, C. Gerdts, S. Ragosta, J. Hastings, A. Stoeffler, E. A. Goldberg, M. R. Lunn, A. Flentje, M. R. Capriotti, M. E. Lubensky and J. Obedin-Maliver 2022, Abortion attempts without clinical supervision among transgender, nonbinary and gender-expansive people in the United States, *BMJ Sexual & Reproductive Health*, vol. 48, pp. 22-20.

Recommendations

Twenty-three recommendations resulted from this research—both from the stories we heard and from Women's Health Tasmania building on those stories. These are shared below, according to the level at which change is recommended.

For practitioners:

1. Where possible, within medical guidelines, people should be offered the option to choose between a medical or surgical termination.
2. Termination providers routinely book a follow-up appointment after the post-termination confirmation blood test to check in with patients, ensure their physical and emotional wellbeing, and make additional referrals (such as to appropriate mental health support such as post termination counselling services) as needed.
3. Training in best practice termination care be given to health professionals and students (including gynaecology and GP trainees, nurses, nurse practitioners, sonographers, midwives, and pharmacists), including a focus on understanding and implementing compassionate, empathetic, non-judgemental, and trauma-informed practice.
4. The training outlined in Recommendation 7 be specifically encouraged among health practitioners in rural and regional Tasmania to address geographical scarcity in termination services in Tasmania.
5. Healthcare providers be made aware of, and more frequently promote, existing financial support schemes to assist patients with the cost of terminations.
6. Healthcare practitioners providing termination services be given education and resources on how to provide LGBTQIA+ inclusive healthcare.
7. Healthcare practitioners be given resources and education on recognising the signs of domestic violence and reproductive coercion and be supported to practice appropriate referral and intervention approaches.

For Women's Health Tasmania:

8. Increase Women's Health Tasmania efforts to provide best practice information for community and health service providers on supporting people who are thinking about, or having, a termination of pregnancy.
9. Increase Women's Health Tasmania efforts to advertise state-wide the free pregnancy choice and post abortion counselling services.

For Primary Health Tasmania:

10. Primary Health Tasmania provide training for primary care and other community-based health professionals and students to build capacity and support for sustainable and best practice termination care.[4]
11. Primary Health Tasmania develop initiatives to link practitioners providing medication terminations in GP practices and to provide practice support such as: shared policies, procedures, documents, and resources for clients; and funding for the time to connect and undertake professional development.
12. Primary Health Tasmania provide information for GPs about their obligations under the *Reproductive Health (Access to Terminations) Act 2013* and referral pathways for conscientious objectors.

For State and Federal Governments:

13. The Tasmanian Department of Health support proper planning of future termination care systems through instituting routine data collection of referrals for terminations.
14. The Tasmanian Minister for Health ensure that where complications arise in the provision of medical termination services in primary health settings (such as a gap in service provision), accessible and equitable treatment is available in publicly funded hospital services.[5]
15. The Tasmanian Department of Health supports medical termination providers to access the resources and training to do bedside ultrasounds.
16. The Australian Government provide Medicare item numbers to cover the full cost of providing medical terminations and aftercare.

For systemic policy and practice:

17. Further resourcing of existing and potentially additional specialised and services and practitioners that would improve experiences and ensure service availability meets demand especially during public holiday periods.
18. Clear information on where to get a termination and the options available in Tasmania be made publicly available through diverse channels.
19. Initiatives to address the number of appointments required be explored, particularly with a view to reducing barriers to services for people who living in rural and regional Tasmania, and people who are on low incomes.
20. A review of the written information provided to patients before and after a medical termination of pregnancy be conducted with a view to developing best practice resources.
21. Share publicly available place-based stories about termination experiences that include people from a diversity of backgrounds and contexts through diverse platforms.
22. Explicit focus be given to promoting, raising awareness of, and linking existing or additional support services to support people before, during, and after having a termination.
23. Create initiatives and resources to decrease the social stigma, shame, and silence around termination of pregnancy in Tasmania.

4 Also a SPHERE recommendation.
5 Also a SPHERE recommendation.

Key findings: what's working well

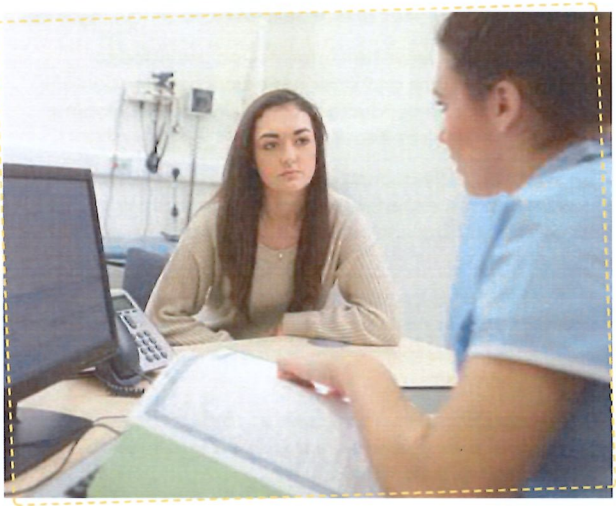
Having a choice matters

For most people interviewed, the decision to have a termination was clear. Most said this was because it was not the right time in their lives to have a child.

About half the people we spoke to who terminated within nine weeks gestation were given a choice between having a medication or surgical termination. **These people valued the opportunity to choose.**

Those who chose **medication terminations** did so as it was seen as being *'more manageable'* because they could be in control of taking the pills and it could be done at home. Medication terminations were also seen to be less risky because there was no hospital admission, sedation, or surgical procedures involved. However, the only people in our research who reported post-termination complications did so after having a medication termination.

Most of the people who had a **surgical termination** did not have a choice because they were past nine weeks of pregnancy. Surgical terminations were generally seen to be more expensive and less available in Tasmania. Those who had surgical terminations had more straightforward experiences and less complications.



Specialised services and compassionate healthcare

Positive experiences of terminations happened almost exclusively at dedicated clinics or specialised services. Most people said specialised services were good at normalising the process, providing information, setting clear expectations, maintaining privacy, and providing professional, empathetic, and timely care. Several people mentioned that having a 24-hour [specialised service] hotline for support was useful, particularly for aftercare.

Some people received **compassionate, kind, and supportive care** from the health services they used. This was most often a single healthcare practitioner who stood out as going 'above and beyond,' rather than being the general standard of care.

The doctor that I saw was particularly supportive and non-judgemental. She had a great sense of humour about everything and made me feel just like it was a regular doctor's appointment, nothing out of the ordinary.

Factors that contributed to compassionate health care included practitioners: being non-judgemental; taking enough time; being understanding; building personal relationships; normalising the experience; and creating relaxed environments.

Key findings: what's not working well

It's hard to find out how to get a termination

Most people said that finding out how to get a termination in Tasmania was not straightforward. When looking online information was scarce. When going to a GP as a first point of contact, GPs seeming to have a **lack of knowledge and information about the options** for a termination in Tasmania.

It's absolutely mind boggling that such an essential service is not obvious. If the GPs don't even know what to do, how am I, as a non-medical professional, supposed to know where to go?

Fragmented processes, lack of clarity, and insufficient aftercare

People said the process of getting a termination was fragmented.

One issue was **having to go to multiple places and practitioners** for different stages of the process. This was particularly hard for people in **regional locations** where appointments were far apart geographically. People also reported that there was often poor communication between different healthcare providers.

Many people said they would have preferred to be able to see the same healthcare practitioner at the same location throughout the process for **consistency and continuity of care**.

People having medication terminations felt they weren't prepared for the reality of **what to expect**. They reported being told it would *'just be like a heavy period'* and then being shocked by the reality in terms of pain, bleeding, and after-effects.

A lack of coherent **aftercare** was particularly problematic. People reported serious issues when complications arose after medication terminations and there was not enough support or clarity for what to do in those situations.

Some people felt they needed better aftercare for their **mental health**. Very few of the people were referred to mental health supports before or after the termination, leaving them feeling isolated and dealing with the emotional impacts alone.

> "Evidence shows that restricting access to abortion does not reduce the number of abortions that take place."

Stigma, judgement, or coercion

It was common for people to **feel judged or dismissed by healthcare practitioners**.

Multiple people felt they were *'told off'* or *'scolded'* by healthcare practitioners who seemed to communicate a belief that to have an unwanted pregnancy was to be irresponsible.

The GP made a comment of, 'I only help with mistakes once. I don't help you again.' I'm in a stable relationship and already have a child and we decided it wasn't right for our family to have another child. I'm on the pill and I can't help it if the pill didn't work this time; it wasn't a mistake. She didn't mention counselling or any sort of other support networks, it was, 'You've made a mistake. The medication will help you this time and then not again.' I should have complained about it, but I felt like I didn't have any other options.

There were multiple stories of **doctors not listening** to people when they self-advocated about what was right for their bodies, particularly regarding contraception. For these people, this felt like their doctor didn't respect their right to choose about whether or what contraception they used.

Reproductive coercion was experienced by several people. For some, this came from family or friends, in some instances involving **domestic violence**. People who shared stories of being coerced by partners said this was never picked up on by healthcare practitioners even when they felt, in hindsight, the signs were obvious.

Reproductive coercion was also experienced by people from healthcare practitioners where doctors tried to **convince them not to have a termination**.

Some people **experienced stigma** from people they knew socially. Multiple said they didn't know anyone who had had a termination. That silence around the experience was **isolating**, making them feel like they couldn't talk about it either. Not being able to talk about their experiences openly often meant people **didn't have enough support** from friends or family. Another way this silence and stigma manifested was through **religion and culture** for culturally and linguistically diverse people.

I was raised Muslim but I'm not practising or religious now. One of my sisters is still very religious and I've never spoken with her about [the termination]. I wouldn't because we just would have such polarizing views that I don't think it would be a helpful conversation for our relationship. I would never discuss it with my cousins who still live in that very religious community in Sydney because it would spread through the family and be a real source of bringing shame upon the family.

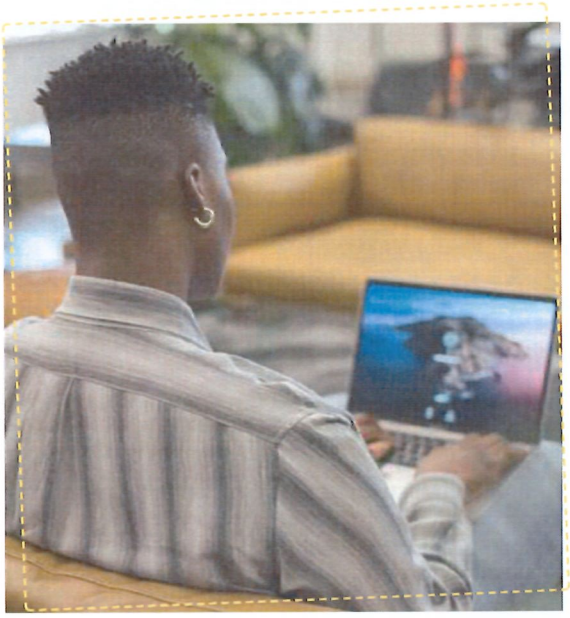
Additional barriers

The **costs of a termination** were seen to be *'prohibitively expensive'* for many. For all but one person, no information was given about existing financial support schemes, resulting in financial hardship for many to cover the termination costs.

LGBTQIA+[6] people faced bias in the termination process. They experienced discrimination, most commonly as homophobic or transphobic[7] microaggressions[8] such as healthcare practitioners using the wrong pronouns, misgendering people, or assuming they were straight.

A theme across people's stories was a desire to **connect with other people** who had experienced a termination—to hear first-hand what it was like and be able to ask questions,

To have someone to say, "You'll be OK." Having that sort of reassurance from someone else who'd had a termination would have been fantastic.



The Gender Spectrum Collection

Methods

We talked to 15 people about their experiences of terminations in Tasmania over the last decade. These conversations happened through both interviews and focus groups. We used the Women's Health Tasmania networks[9] to recruit participants.

Almost half of our participants had had multiple terminations (47%). Most people had experienced medication terminations (60%), a few had experienced surgical terminations (20%) and some had experienced both medication and surgical terminations (20%).

Half our participants came from diverse backgrounds including low income (7%), migrant (13%), LGBTQIA+ (33%), disabled or with chronic health issues (13%), Aboriginal (7%), Muslim (7%), and culturally and linguistically diverse (13%). While the majority were cis-gendered10 women, 20% of our participants were gender queer, transgender, or non-binary.[11]

People lived in both metropolitan and regional settings including Hobart (33%), Southern Tasmania (other than Hobart, 27%), the North West (20%), and Launceston (20%). The majority were aged 25-44 (87%) with a few younger people aged 18-24 (13%).

6 LGBTQIA+ is an acronym which collectively refers to people who identify as lesbian, gay, bisexual, transgender, queer (or those questioning their gender identity or sexual orientation), intersex, and asexual or aromantic (and their allies). The '+' is used to include all other gender identities and sexual orientations not listed in the acronym.

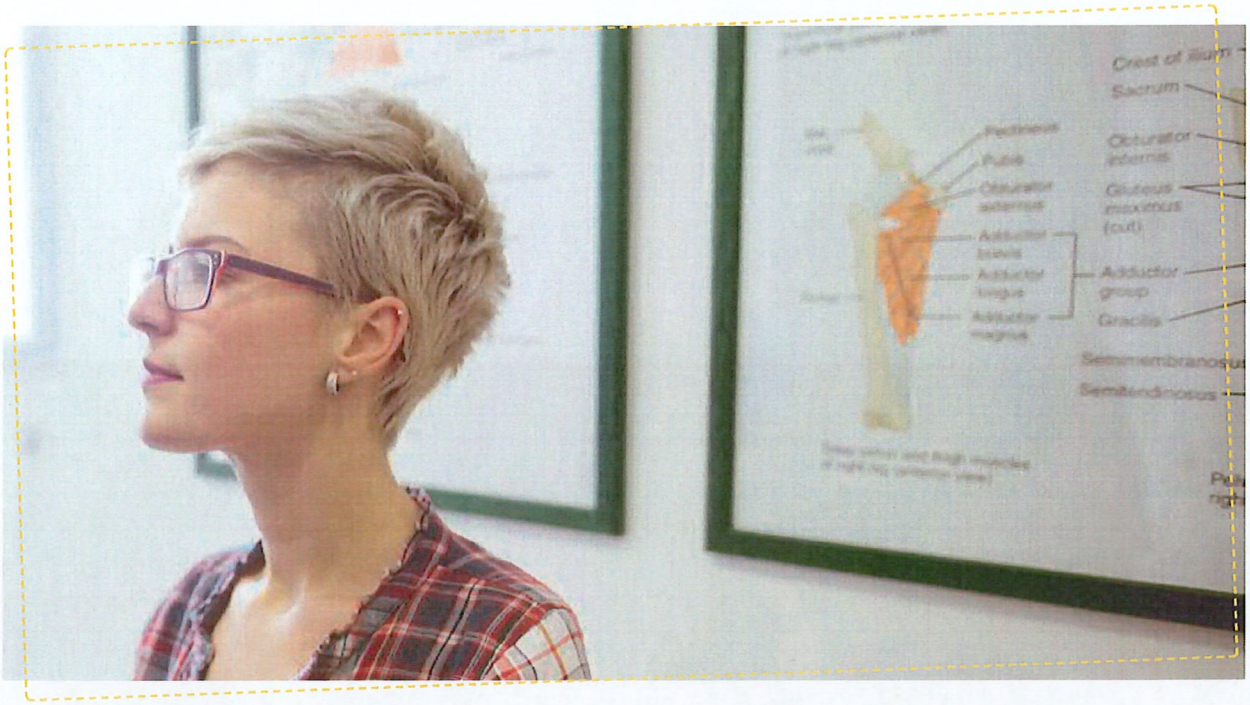
7 Homophobia and transphobia encompass a range of negative attitudes and discrimination toward homosexual or transgender, or gender nonconforming people, and people who are LGBTQIA+.

8 Microaggressions are hurtful remarks, questions, or actions that are harmful because they have to do with a person's membership in a group that is discriminated against or subject to stereotypes.

9 We are grateful to have received promotional support from various organisations including private GP clinics, Family Planning Tasmania, Working it Out, Equality Tasmania, and Health Consumers Tasmania.

10 'Cis-gendered' refers to people whose gender identity is the same as the sex they were assigned at birth. For example, a cis-gendered woman was assigned female at birth and identifies as a woman.

11 Gender queer and non-binary genders refer to people who do not identify on the gender binary as either men or women. Transgender refers to people whose gender identity is different from the sex they were assigned at birth. For example, a trans man would have been assigned female at birth but identifies as a man.



Women's Health Tasmania
25 Lefroy Street
North Hobart, Tasmania 7002
Open 9.15am–4pm Mon–Thurs
P: **6231 3212** F: **6236 9449**
Women's Health Information Line: **1800 675 028**

info@womenshealthtas.org.au
www.womenshealthtas.org.au
www.pregnancychoicestas.org.au