

THE CHILDREN BY CHOICE HHS DATA REPORT

A COMPILATION OF TERMINATION OF
PREGNANCY REQUEST DATA

FINAL REPORT (v2)
SEPTEMBER 2019



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A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA: OVERVIEW

BACKGROUND

In January of 2019, Children by Choice received a small grant from Queensland Health to complete 16 individual Hospital and Health Service (HHS) reports based on Children by Choice data from 2016 to June 2018. The Termination of Pregnancy Act (2018) was passed on October 17, 2018 and came into effect on 3 December 2018. This has been a catalyst for each HHS to develop pathways for abortion referral and provision. Based on a thorough data analysis, these reports will identify the possible level and nature of demand for abortion services for each HHS in Queensland. The purpose of this report is to provide relevant information from the Children by Choice service data to each Queensland HHS to further inform their planning around abortion pathways and provisions. As Queensland's only independent, stand-alone service providing counselling, information and education services on all unplanned pregnancy options, abortion adoption and parenting, Children by Choice is in a unique position to share its knowledge on this statewide issue.

Throughout the report the term "pregnant-person" is used, as not everyone who becomes pregnant or has an abortion identifies or calls themselves a woman. This project report uses the term "person who is/was pregnant", as the data analysed did not capture the gender identity of the person calling.

The project methodology is outlined and a summary of findings offered for 15 of the 16 geographic HHSs, with a state-wide statistical picture offered for Children's Health Queensland. A list of definitions is included as an appendix to this project report for reference.

METHODOLOGY

The project used fully de-identified archival data sets. Callers to the service were informed that the information recorded is stored securely, that they have the right to access or amend incorrect information and that data related to the call is collected and used for reporting.

Children by Choice data from July 2016 to June 2018 was selected as providing the most recent and relevant data. Changes to Children by Choice service data collection methods from July 2018, combined with the beginnings of change in public provision make data from July 2018 onwards more difficult to interpret and so has not been included in this report.

Children by Choice service data comprises of two distinct data sets:

1. *Service data* from each contact with or on behalf of the pregnant person seeking support
2. *Financial assistance data* given to individual pregnant people to facilitate abortion access and/or contraception at time of abortion

SERVICE DATA

Service data from July 2016 to June 2018 was analysed. The data used in this project was gathered by counsellors during their contacts with, or on behalf of, a person seeking support in relation to an unplanned or unwanted pregnancy. These contacts were manually recorded using a standardised form for each contact. Information that could identify the contacts was not recorded to maintain privacy. This data documents a wide scope of issues that may affect a person during their pregnancy, and records only the absence or presence of these issues from information provided at each contact with the counsellors.

Contacts with each woman were captured as either the 'first contact' or a 'repeated contact'; however, given the absence of identifying information, multiple contacts with an individual cannot be linked in the data. As such, we cannot accurately report variables in terms of proportion of clients across all contacts with the counsellors, only in their disclosure at either 'first' or 'repeated' contacts. For example, a pregnant person may not disclose drug and alcohol issues at first contact but may do so in subsequent contacts. Therefore, we have taken care in comparing and interpreting the data in this project.

This statewide service data set comprises a total of 9072 contacts with or on behalf of 3371 Queensland clients facing unplanned or unwanted pregnancies over the two-year period. For the purposes of this report, client service data was only included for analysis if it related directly to abortion and abortion access. Service data included in the analysis was restricted to those seeking referral and advocacy about abortion, public and private provision information and financial assistance to meet abortion costs. These parameters reduced the overall data set to 7409 contacts of which 2545 were initial contacts and 4864 were repeat contacts.

It cannot be assumed that all of these people ended their pregnancies. Estimates place the number of abortions performed in Queensland annually at approximately 10,000 to 14,000.ⁱ As such the service data may represent just 10% of all women accessing abortion in Queensland. What is clear from the data is the level of disadvantage experienced by those contacting the service, with 47.5% initial contacts coming from people with health care or concession cards. As such this data set represents a picture of those most likely to be seeking support for abortion access through the public health system.

FINANCIAL ASSISTANCE DATA

Details of the amount of financial assistance for abortion and contraception at time of abortion were recorded for all people financially assisted by Children by Choice between July 2016 and June 2018. This date range was selected to align with service data as discussed above. This financial data captures direct assistance from Children by Choice grants and no interest loans (NILS), funds raised from other sources as a direct result of counsellor advocacy, and the value of discounts offered by abortion providers as a result of counsellor advocacy. Additional demographic and social disadvantage information of 727 Queensland women who were provided financial assistance forms part of this data set. This additional information was derived from case file audits. This richer data reveals issues of current and historical domestic and sexual violence. This data is of particular relevance to HHS as violence of this nature is known to increase the likelihood of unplanned pregnancyⁱⁱ, and abortion access is positively associated with the reduction of likelihood of violence over time.ⁱⁱⁱ All data included in this analysis was from people who did end their pregnancies.

HOSPITAL AND HEALTH SERVICE BOUNDARIES AND POSTCODES

Queensland Health HHS districts are defined by the Australian Bureau of Statistics Statistical divisions. Children by Choice service data is recorded, when disclosed, by the postcode of the woman or pregnant person. It is recognised that some postcodes fall across more than one Hospital and Health Service. For contacts identifying their location as Brisbane with no exact postcodes some of these calls may have been defaulted to Metro North HHS. Approximately 9% of contacts with or on behalf of women and pregnant people did not include postcode information. These contacts are left out of the individual analysis for HHSs. Within each HHS report comparisons are drawn with the total or average state-wide data. Contacts without postcodes are included in this broader analysis as they are around state-wide abortion access for under 14 year and under 16 year olds.

While it is recognised that HHSs are concerned only with Medicare eligible women and pregnant people in Queensland, our data does not allow us to separate out those with no Medicare from those with interim or reciprocal Medicare. As this is a small subset (less than 4%) of the overall data, all contacts regardless of type of Medicare were included in the analysis.

PSYCHO-SOCIAL DISADVANTAGE

Special attention is paid to issues of violence and control in this data analysis project. This data is of particular relevance to HHSs as research shows a strong link between domestic violence, unplanned pregnancy and abortion, with unintended pregnancies and abortion two to three times more likely to be associated with intimate partner violence than planned pregnancies.^{iv} Reproductive coercion by male partners is a causal factor in this link. Longitudinal research shows that those able to access an abortion experience less violence over time.^v

An awareness of the nature and prevalence of violence and control in those seeking abortion will assist HHSs to consider how they best respond to the needs of this group including: the incorporation of domestic violence screening into abortion care, contraceptive counselling in the context of violence and control, ensuring access to contraception less vulnerable to detection and sabotage for those subjected to or at risk of reproductive coercion, and the need for trauma informed care in abortion provision settings.

In addition to issues of violence and control, other issues of psycho-social disadvantage are highlighted. These issues can play a vital role in influencing a person's decision making but can also impact on the accessibility and affordability of private abortions.

TRENDS AND ISSUES FROM ACROSS HHSs WITH BROADER IMPLICATIONS

The implications of the data for each HHS are discussed in the individual HHS report section. Below is a summary of some of the major implications that sit across HHSs.

A. Medical abortion:

There is significant interest in medical abortion from contacts in HHSs. Many HHSs have embedded medical abortion provision within their sexual health services and this is a model that warrants duplication and resourcing across the state.

B. Telehealth:

The remote nature of some HHSs and the low level of requests in these and other areas raises the possibility of a Queensland Health state wide medical abortion telehealth service as a model of service response.

C. Domestic violence and reproductive coercion screening:

The prevalence of domestic violence and reproductive coercion in the population of women seeking assistance with abortion and contraception at time of abortion establishes a clear need for screening in public settings, and consideration for how this screening might be embedded in public-private pathways.

D. Contraception at time of TOP:

Offering contraception, particularly long acting reversible contraception (LARC) at time of abortion is considered best practice for integrated care^{vi}. Ease of access to LARC for pregnant people subjected to domestic violence and reproductive coercion is the priority in this area.

Not all HHSs have incorporated LARC at time of TOP into their public-private partnerships. Current public provision and public-private partnerships warrant reviewing to ensure this component of care has been successfully embedded. Travel for an abortion may also offer an opportunity to access LARC, particularly for people who live in areas with no local LARC, saving Patient Travel Subsidy Scheme on repeat travel.

E. Access for young women:

Access issues for those under 14 years of age require special attention. HHSs relying on public-private partnerships should consider supporting the private surgical abortion provider to attain a paediatric license for the local clinic or establish clear referral pathways for public provision. It is also noted that prior to 2012 the Queensland Health Clinical Service Capability Framework did not require private clinics to have paediatric licenses to perform surgical abortions for under 14 year olds allowing for qualified anaesthetists to use clinical judgement. It may be timely for this to be reviewed.

F. Challenges for HHSs with very low level demand for abortion:

Remote HHSs show very low level of demand for abortion access, but this comes with its own challenges. Detailed clearly documented pathways will support timely access. As per the above discussion, telehealth medical abortion will support timely quality care.

G. HHSs in geographic areas with no private surgical provider:

For HHSs with public-private partnerships for surgical abortion, responsiveness to the impact of psycho-social issues on the level and nature of support required to facilitate access will be critical to ensuring equity of access. Some regional HHSs may need to consider the cost-benefit of subsidizing both procedure costs and travel costs versus the viability of local public provision.

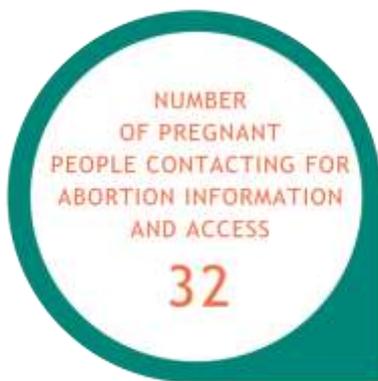
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

The Cairns Sexual Health Service has historically played a vital role in supporting access to abortion for women in the Cairns and Hinterland Hospital and Health Service (C&HHHS). The level of contact with Children by Choice from pregnant people in this HHS seeking support for abortion access is significantly lower than for many of other districts. The C&HHHS shares postcodes with the Torres and Cape HHS (T&CHHS) which makes data challenging to interpret.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 32 initial contacts from pregnant people in the C&HHHS. This is significantly lower than the state average for all HSS (average of 169). Small sample size will make results hard to generalise for this HHS.

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, where as in the C&HHHS they only required 1.7 despite the relative remoteness of some areas of the HHS.¹ It is noted that 5 initial contacts from the shared postcode of 4871 required 51

contacts to resolve their issues. It is possible these contacts were from the T&CHHS where access issues are complex.

Typical profile of a person making enquiries about abortion access



A Cairns resident in a married or de facto relationship. Identifying as Aboriginal or Torres Strait Islander. This person is aged between 16 - 19, with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to the Cairns Sexual Health Service for abortion provision.

¹ 4871 postcode data is removed for the repeat contact analysis due to outlier.

Where people were contacting us from:

C&HHHS shares the postcode 4871 with T&CHHS, which covers more than 50 localities. It is not possible to discern how likely these contacts are to come from this HHS. As such 4871 is left in for the analysis of this HHS and may skew the data slightly. Postcode data reveals the majority of these contacts were from Cairns and surrounds, with the remaining six people dispersed across the district. Four of these people identified geography as a barrier to their abortion access.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-10	4822, 4860, 4869, 4873, 4877, 4891, 4886, 4871*.
11-20	-
21-30	4870

**NB: numbers in this postcode may be conflated with data from Torres Strait HHS*

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

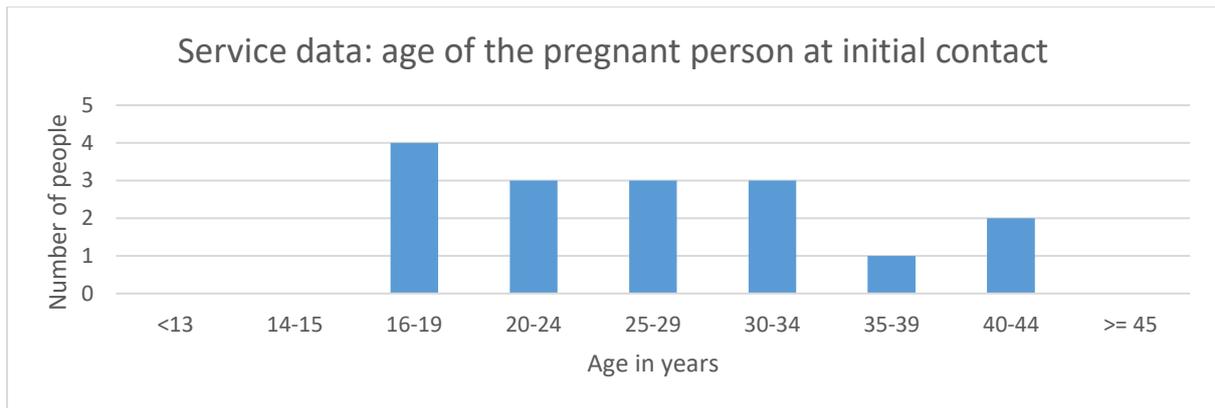
- 20 requests for assistance with the cost of abortion (74.6%).
- 7 requests for information about abortion generally (27.1%).
- 11 requests for information about surgical abortion (32.2%).
- 1 request for information about telehealth (9%).
- 7 requests for information about contraception at time of abortion (33.1%).

For pregnant people under 9 weeks gestation, 5 were requesting information about medical termination of pregnancy and only one for surgical options. This is not typical of the wider Queensland population, where 2 people enquire about medical abortion for every one enquiry about surgical options. This can be explained by the longer history of medical abortion provision in the C&H HHS.

With most calls in this region coming from Cairns, and with relatively good local provision of MTOP, only one person was requesting information about telehealth medical abortion. Seven callers were also wanting information about contraception at the time of TOP.

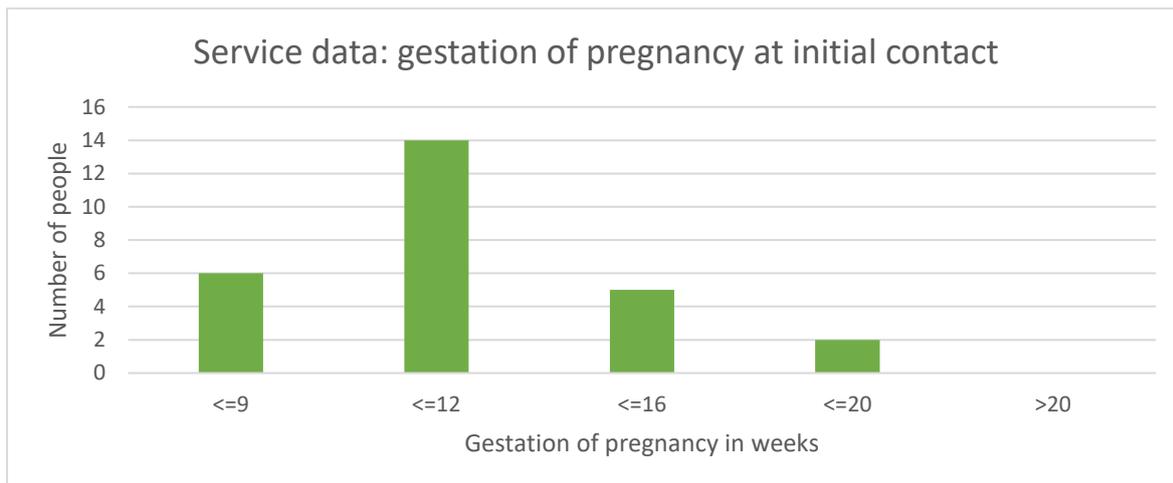
Age of women seeking abortion information and access

50% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket.



Gestation at first contact of women seeking abortion information and abortion access:

85% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. Compared to the data for all of Queensland there is a disproportionately large number of people in the under 12 week bracket and lower number in the under 9 week bracket. This could be explained by the relative ease of access to medical abortion under 9 weeks in this HHS compared to surgical options, with people requiring additional support to access.



Psycho-social disadvantage:

The table below identifies the number of pregnant people disclosing psycho-social issues at initial contact. It should be noted that higher rates of disclosure at repeat contact for mental health issues (almost 6 times more likely) and identifying as Aboriginal and Torres Strait Islander (7 times more likely) are observed*. This has implications for service design and for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

22 (68.8%) pregnant people for this HHS identified some form of disadvantage at their first contact with the service. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 43 (58.2%) contacts naming three or more forms of psycho-social disadvantage over repeat contacts.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	<i>N= 23</i>	<i>(%)</i>	<i>N= 16</i>	<i>(%)</i>
<i>Domestic Violence</i>	8	(25)	15	(20.3)
<i>Reproductive Coercion</i>	3	(9.4)	8	(10.8)
<i>Sexual Assault</i>	0	(0)	4	(5.4)
<i>Child Protection</i>	0	(0)	6	(6.8)
<i>Drug & Alcohol</i>	0	(0)	8	(10.8)
<i>*Mental Health</i>	7	(21.9)	40	(54.1)
<i>Homelessness</i>	0	(0)	2	(2.7)
<i>Disability</i>	0	(0)	1	(1.4)
<i>Economic Disadvantage</i>	14	(43.8)	62	(85.1)
<i>*Aboriginal and/or Torres Strait Islander</i>	7	(21.9)	49	(66.2)
<i>CALD</i>	2	(6.2)	7	(9.5)

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed incarceration, or identified as a refugee or asylum seeker)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Five women (21%) identified their own health as a concern in their decision to end the pregnancy and none named foetal health concerns. The sample size may be too small to draw useful conclusions.

Additional barriers to abortion access:

In addition to financial issues other barriers to abortion access are collected in the service data. In this HHS three named child care, one named lack of support from significant others, and 11 named geographic barriers. Consent capacity issues and language barriers were not identified as issues.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?

The average level of financial assistance required to facilitate abortion access was \$685. The average level of assistance required to facilitate LARC access was \$90. The average distance travelled to access abortion was 379km.



Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. The very small numbers of people financially assisted to access abortion and contraception make trends in this data difficult to identify for this HHS, however it should be noted that both people the service supported identified as Aboriginal and or Torres Strait Islander.

Possible Implications of the data:

Children by Choice service data would suggest that the level of service demand historically managed by Cairns Sexual Health Service is unlikely to change much as a result of implementation of increased public provision from law reform. Due to small data set sizes in this HHS, limited conclusions can be drawn about the nature of any additional requests for abortion access.

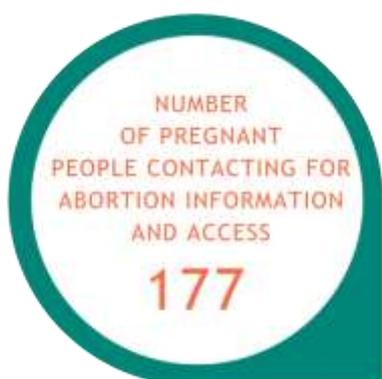
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE CENTRAL QUEENSLAND HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Central Queensland Hospital and Health Service (CQHHS). Whilst we have collaborated with a number of local services particularly in and around Rockhampton and Gladstone throughout the period of this study, this has largely been led by Children by Choice. As such the data for this HHS should present a reliable picture of need. Despite its relatively low population base, the level of contact with Children by Choice from pregnant people in this HHS seeking support for abortion access is about average compared to other HHSs. It is suggested that this is in part due to the levels of disadvantage in the region, the remoteness of some areas of the district, as well as the limited public provision of abortions on psychosocial grounds in the HHS over the period July 2016 to June 2018.

SERVICE DATA RESULTS

Overview of service demand:



From July 2016 to June 2018, Children by Choice received a total of 177 initial contacts from pregnant people in the Central Queensland Hospital and Health Service district. This is in line with the state-wide average of 169 initial contacts. Small sample size will make results hard to generalise for this HHS.

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people experiencing an unplanned or unwanted pregnancy required approximately 2.9 contacts with Children by Choice to fully resolve their abortion information and access needs.

Comparatively, in the CQHHS they required 3.2 contacts. This could be indicative of additional barriers to accessing abortion services for pregnant people in regional and rural Queensland.

Typical profile of a person making enquiries about abortion access



A Rockhampton resident, single and aged between 30 - 34, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

Postcode data reveals the majority of demand for service came from areas in and around Rockhampton and Yeppoon, as well as Gladstone and surrounds, with postcodes of areas in or near Emerald, Blackwater and Biloela also featuring. 76 of these 177 people identified geography as a barrier to their abortion access. The table below provides more detail on the postcode location of service demand. Central Queensland HHS shares postcodes with Wide Bay HHS (4680) and Mackay HHS (4721). The shared postcode 4680 represents a significant proportion of initial contacts. In this HHS it relates to the significant population of Gladstone so will not significantly inflate the data for this HHS.

<i>Frequency at Initial contact</i>	<i>Postcodes</i>
1-10	4695, 4710, 4714, 4715, 4717, 4720, 4721^, 4722, 4723
11-20	4702, 4703
21-30	-
31-40	4701
41-50	4680*, 4700

[^]NB: postcode shared with Mackay HHS

^{*}NB: Postcode shared with Wide Bay HHS

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

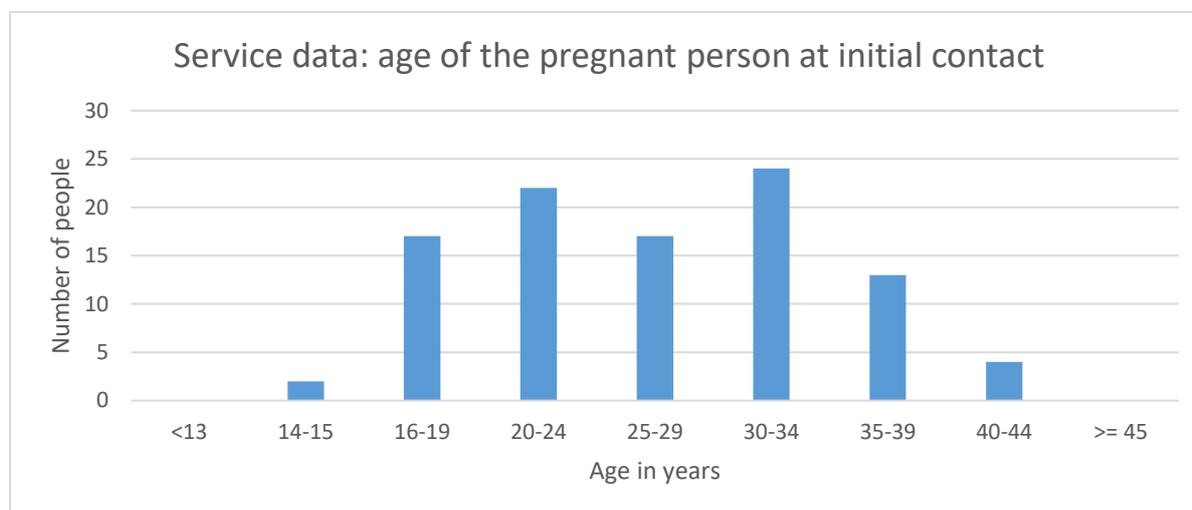
- 132 requests for assistance with the cost of abortion (74.6%).
- 48 requests for information about abortion generally (27.1%).
- 57 requests for information about surgical abortion (32.2%).
- 55 requests for information about contraception at the time of TOP (33%).
- 16 requests for information about telehealth (9%).
- 55 requests for information about contraception at time of abortion (33.1%).

For pregnant people under 9 weeks gestation, 42 requested information about medical termination of pregnancy and 25 wanted information about surgical options (a ratio of 1.7:1). This is not quite typical of the Queensland population, with twice as many people enquiring about medical compared to surgical options. There was a greater level of interest in telehealth (three times more likely than in other HHSs) by those in contact with the service as well, with 16 people making enquiries. This two statistics taken together, it could be seen that medical abortion has acceptance in this HHS.

Interest in contraception in CQHHS is observed at a higher rate than the state average (33.1% versus 22.4%). With some regional and remote areas lacking doctors who can provide LARC insertion, travelling for abortion may also provide a much needed opportunity to access long acting contraception.

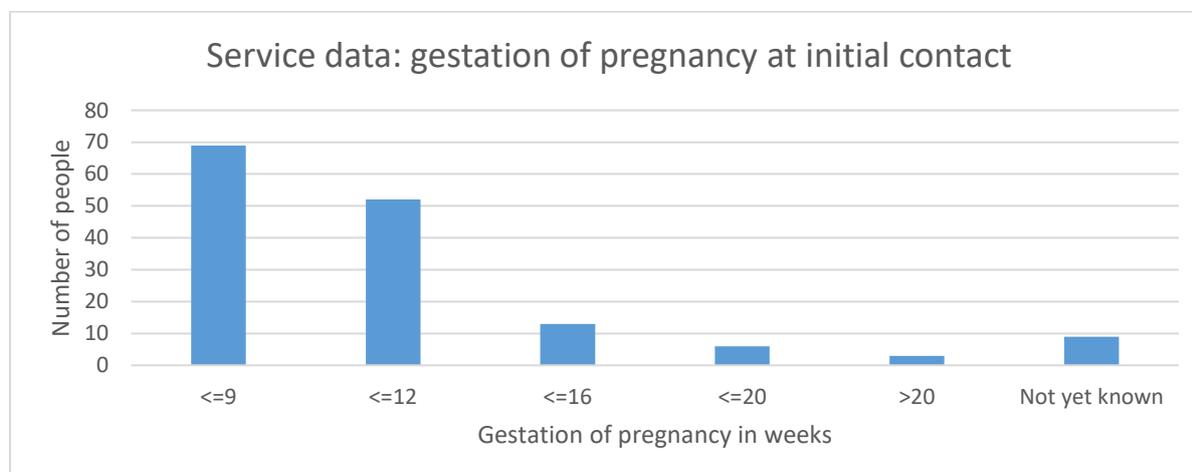
Age of women seeking abortion information and access

56% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket.



Gestation at first contact of women seeking abortion information and abortion access

86% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. These rates are similar to the state wide population data.



Psycho-social disadvantage:

The table below identifies the number of pregnant people disclosing issues of psycho-social disadvantage at initial contact. It should be noted that in this HHS, disclosure rates on 10 out of the 13 psycho-social issues were higher than the state average, indicating a population base facing significant disadvantage overall.

It should be noted that higher rates of disclosure at repeat contact* for disability, sexual assault and reproductive coercion are observed. This has implications for the level of support that might be required to facilitate abortion access for these particularly disadvantaged groups.

132 (74.6%) pregnant people from this HHS identified some form of disadvantage at their first contact with the service. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 57.8% of contacts naming three or more forms of psycho-social disadvantage over repeat contacts.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	N	(%)	N	(%)
<i>^Domestic Violence</i>	44	24.9%	186	46.7%
<i>*^Reproductive Coercion</i>	17	9.6%	84	21.1%
<i>^Sexual Assault</i>	9	5.1%	87	21.9%
<i>^Child Protection</i>	11	6.2%	40	10.1%
<i>*^Drug & Alcohol</i>	23	13%	138	34.7%
<i>^Mental Health</i>	53	29.9%	247	62.1%
<i>^Homelessness</i>	7	4%	13	3.3%
<i>^Disability</i>	4	2.3%	50	12.6%
<i>^Economic Disadvantage</i>	99	55.9%	347	87.2%
<i>^Aboriginal and/or Torres Strait Islander</i>	22	12.4%	63	15.8%
<i>*CALD</i>	11	6.2%	8	2%

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact

(NB: no people disclosed incarceration, or identified as a refugee or asylum seeker)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 27 women (15.3%) identified their own health as a concern in their decision to end the pregnancy, and 11 named foetal health concerns.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$459. The average level of assistance required to facilitate LARC access was \$96.90. The average distance travelled to access abortion was 230km.

Financial assistance and issues of psycho-social disadvantage

As outlined previously the financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some forms of violence and control as detailed in the table below:

<i>Historic and current violence and control</i>	<i>Number of people of disclosing</i>
<i>Current Domestic Violence</i>	28
<i>Historic Domestic Violence</i>	27
<i>Current Reproductive Coercion</i>	9
<i>Historic Reproductive Coercion</i>	6
<i>Current Sexual Assault</i>	3
<i>Historic Sexual Assault</i>	2

Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion

In addition to violence and control a number of other psycho-social issues impacted on those seeking abortion access assistance in this HHS. Whilst rates of disclosure from most psycho-social factors are on par with state data, a significantly lower percentage of CALD people were assisted from this HSS (2.8% versus 12.8%).

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	4
<i>Drug & Alcohol</i>	11
<i>Mental Health</i>	42
<i>Student</i>	6
<i>Regional</i>	6
<i>Secondary homelessness</i>	2
<i>Risk of self-abortion</i>	1
<i>Disability</i>	3
<i>ATSI</i>	14
<i>CALD</i>	2

Additional barriers to abortion access:

In addition to financial issues, other barriers to abortion access are collected in the service data. In this HHS 11 named access to child care as a barrier, 7 named lack of support from significant others, and not surprisingly 76 named geographic barriers. Consent capacity issues were named in relation to one person. Language barriers was not identified as issues.

Possible Implications of the data:

The nature and levels of psycho-social disadvantage amongst people in this HHS indicate an ongoing and significant level of need for support around abortion access is required. The regional and remote nature of this HHS, the number of people identifying geography as an access barrier, along with service

data indicating the interest in Telehealth warrants consideration of Telehealth as a cost effective method of responding to need. Given the possible barriers to local access to LARC, women travelling for abortion access being supported to also access LARC at time of abortion is worthy of consideration. This may also reduce demand on PTSS for separate trips for LARC access. With support for abortion access being mainly managed through a public private partnership in this HHS consideration should be given to these issues in any review of current arrangements to include LARC.

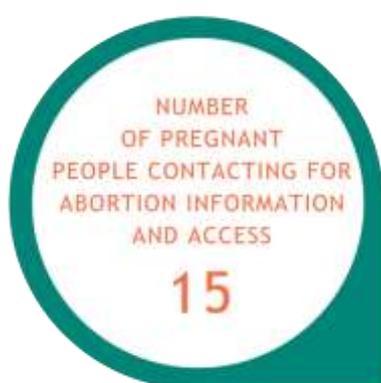
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE CENTRAL WEST HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

The level of contact with Children by Choice from people in the Central West Hospital and Health Service (CWHHS) seeking support for abortion access is significantly lower than for many of other districts. This HHS shares postcodes with adjoining HHSs making the data difficult to interpret. Combined with the small sample size of this HHS it very difficult to draw meaningful conclusions.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 15 initial contacts and 45 repeat contacts from pregnant people in the CWHHS during the period July 2016- June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, whereas in the CWHHS they required 4.6, most probably on account of the additional barriers faced due to the remoteness of the HHS.

Typical profile of a person making enquiries about abortion access



Single and aged between 16 -29, this person identifies as Aboriginal or Torres Strait Islander. with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage. Typically this person will be referred to an MTOP GP or a hospital.

Where people were contacting us from:

The table below provides details of the postcode location of service demand.

<i>Number of Initial contacts</i>	<i>Number of repeat contacts</i>	<i>Postcode</i>
4	10	4725
1		4735
10*	45*	4825*
<i>NB it is highly likely that these contacts relate to people from the NW HHS (in and around Mt Isa)</i>		

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

- 9 requests for assistance with the cost of abortion (60%).
- 4 requests for information about abortion generally (26.7%).
- 4 requests for information about surgical abortion (26.7%).
- 1 request for information about contraception at time of abortion (33.1%).

For pregnant people under 9 weeks gestation all (2) were requesting information about medical termination of pregnancy only. Whilst this is not typical of the Queensland population with 2 people enquiring about medical abortion for every one enquiring about surgical options, however sample sizes make it very hard to draw conclusions about this.

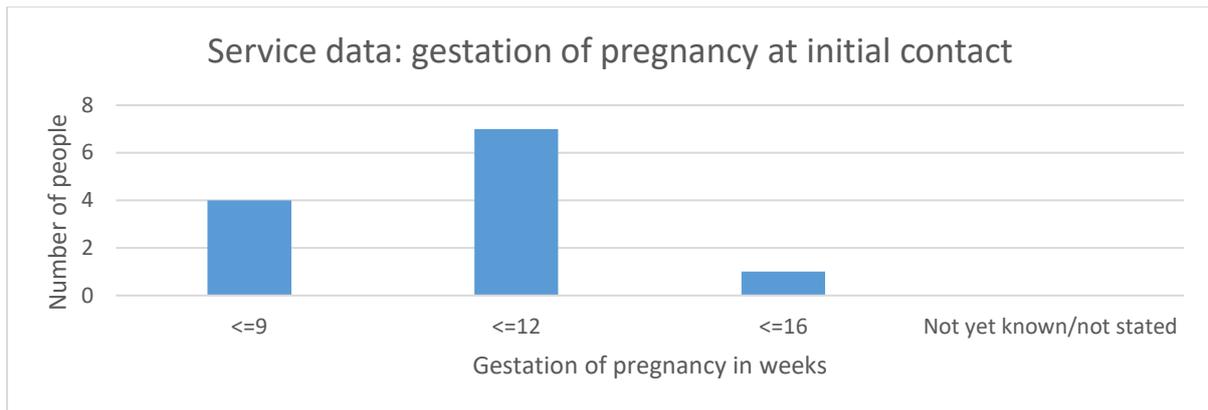
Interest in contraception in CWHHS is observed at a higher rate than the state average (33.1% versus 22.4%). With some regional and remote areas lacking doctors who can provide LARC insertion, travelling for abortion may also provide a much needed opportunity to access long acting contraception.

Age of women seeking abortion information and access:

About half the contacts from this HHS disclosed the age of the pregnant person in the initial contact, with ages evenly spread from 16 through to 34.

Gestation at first contact of women seeking abortion information and abortion access:

12 people from the HHS disclosed the gestation of the pregnancy in the initial contact, with those between 9 and 12 weeks being most common (7 people). This is at odds with the state wide picture with the most common gestation at first contact being under 9 weeks. Issues of remoteness may impact on the how quickly a pregnancy is diagnosed or these figures may suggest that those over 9 weeks were more in need of support to access an abortion as MTOP (including telehealth) would not be an option for them.



Psycho-social disadvantage:

Psycho-social issues impact on unplanned pregnancy decision making and on abortion access, and the negative consequences for the woman if the pregnancy cannot be ended. In addition, some psycho-social factors have implications for abortion care.

Approximately 60% of pregnant people for this HHS identified some form of disadvantage. With the very low numbers of overall contacts in the HHS it is possible to look at the level of repeat contacts necessary to resolve the needs for individuals. This has implications for service design and for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

<i>Issue of Psycho-social disadvantage</i>	<i>Number of individuals disclosing at initial contact</i>	<i>Number of contacts required to resolve their issue</i>
<i>Sexual Assault</i>	1	10
<i>Child Protection</i>	1	7
<i>Mental Health</i>	1	16
<i>Disability</i>	1	10
<i>Aboriginal and/or Torres Strait Islander</i>	1	33

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

NB: no contacts disclosed incarceration, or being asylum seekers or refugees.

Domestic violence, reproductive coercion, drug and alcohol issues, and homelessness were disclosed only at repeat contact with the service, again having implications for service response, including multiple points of screening for such issues.

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Two women identified their own health as a concern in their decision to end the pregnancy.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



Four of the five people financially assisted to access abortion were from the 4825 postcode. The average level of financial assistance required to facilitate abortion access was \$150. The average level of assistance required to facilitate LARC access was \$96.90. The average distance travelled to access abortion was 1188km (one person only).

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. Of those financially assisted to access abortion and or contraception at time of abortion in this HHS current domestic violence (1), mental health issues (1), and identifying as Aboriginal and/or Torres Strait Islander (2) and identifying as Culturally and Linguistically Diverse (2) were noted.

Possible Implications of the data:

The sample size of data from this HHS make it hard to predict the nature of service demand for abortion. What is clear is requests for abortion within the public system of this HHS are likely to be very small in number and intermittent in their presentation. The Children by Choice data also indicates that the level of support necessary for their needs to be fully resolved may be substantial for those presenting with psycho-social disadvantage. This points to the need for:

1. clearly documented pathways for all staff in the HHS,
2. local provision of medical abortion perhaps through a Queensland Health telehealth service as recommended for other regional and remote HHSs, and
3. an awareness and sensitivity to the impact of psycho-social issues on support required to facilitate access.

A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE CHILDREN'S HEALTH QUEENSLAND HOSPITAL AND HEALTH SERVICE

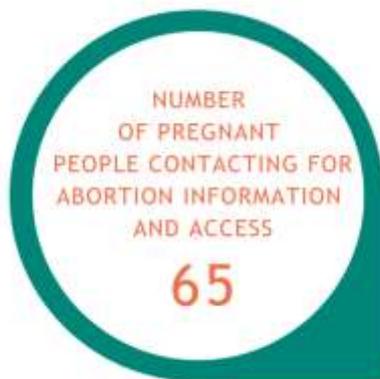
RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS HHS

Children by Choice has a long standing history of working collaboratively with School-based Youth Health Nurses across Queensland. We have collaborated with other services on an as needs basis to support abortion access for young people.

Contacts from young people under 16 years of age in Queensland only were included in the analysis for Children's health Queensland Hospital and Health Service (CHQHHS), in line with the Children's Hospital Queensland eligibility for referral. Due to the way age data was recorded in the data set, it is not possible to extract data for those aged 16 to 18, so for this reason this part of the data set is excluded from the analysis. All initial and repeat contacts are included in the analysis regardless of whether postcode information was disclosed. Sample sizes for the total cohort of under 16 year olds remains very small. As such reliable trends and issues will be difficult to forecast.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 65 initial contacts from pregnant young people under the age of 16 years during the period July 2016- June 2018. Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts, whereas young people under 16 years of age required approximately 3.5 contacts with Children by Choice to fully resolve their needs.

Typical profile of a person making enquiries about abortion access



Living in South East Queensland. Aged between 13 - 15, with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage, child protection intervention and possibly mental health issues.

Where people were contacting us from:

Postcode information was provided by all but seven of the 65 young people at initial contact. The small number of contacts are spread widely across the state, requiring all HHSs to be aware of the unique issues faced by this vulnerable group. While sample sizes are too small to identify solid geographic trends, slightly higher numbers of contacts are noted for Metro North, Metro South, Gold Coast and West Moreton HHSs as would be expected based on population.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
5	4305
4	4053 4078
3	4061
2	4077 4220
1	4020 4022 4030 4066 4068 4101 4103 4115 4122 4132 4164 4165 4178 4184 4207 4211 4215 4217 4300 4347 4350 4455 4503 4505 4510 4573 4655 4670 4700 4701 4816

What pregnant young people are requesting at initial contact:

From young people aged 13 and under we received:

- 0 requests for assistance with the cost of abortion.
- 3 requests for information about abortion generally.
- 2 requests for information about surgical abortion.
- 0 requests for information about telehealth.
- 1 request for information about contraception at time of abortion.

From young people aged 14 and 15 and under we received:

- 35 requests for assistance with the cost of abortion.
- 22 requests for information about abortion generally.
- 18 requests for information about surgical abortion.
- 1 requests for information about telehealth.
- 13 requests for information about contraception at time of abortion.

Age of pregnant young people seeking abortion information and access:

Of the 65 initial contacts four were identified as being under 14 years of age and 61 were identified as being 14 or 15 years of age.

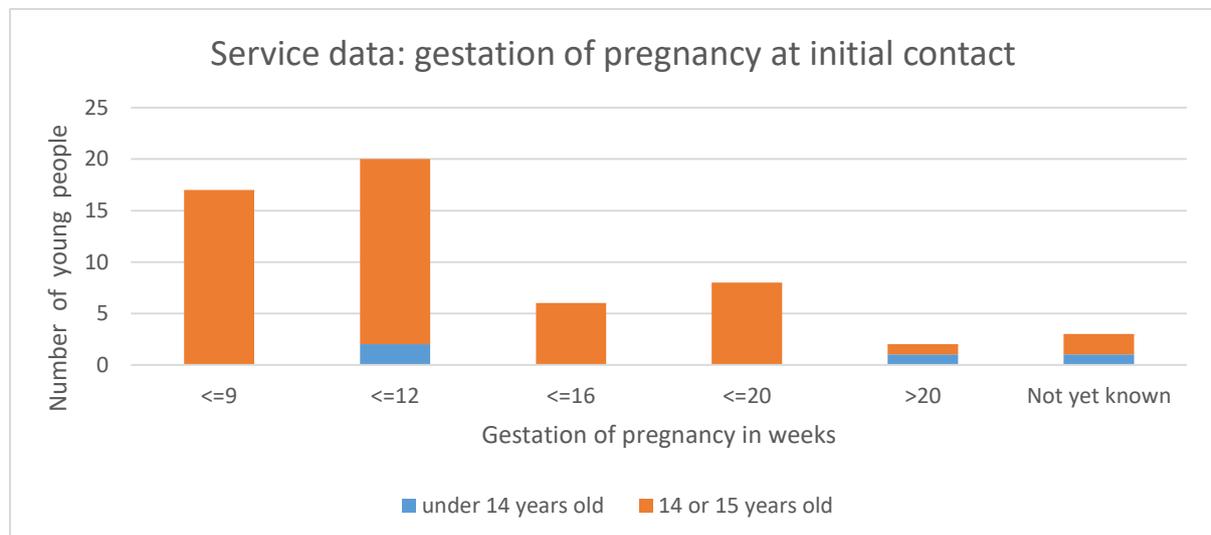
The 61 young people under the age of 16 faced significant barriers to private abortion access including:

- No or very low independent income to pay for a privately provided abortion, making them almost entirely reliant on the resources and willingness of significant others,
- No or limited access to transport and support people over the ages of 18, making them reliant on significant others,
- May delay discovering or disclosing the pregnancy, and
- May be required to demonstrate *Gillick Competence* to the treating medical practitioner.

In addition to the barriers faced by 14 and 15 year olds, under 14s (four) face another significant disadvantage. With only one private abortion provider (located in the south east corner) currently holding the paediatric license required for performing surgical abortions on young people under the age of 14, access for the marginalised group is further compromised.

Gestation at first contact of young people seeking abortion information and abortion access:

Approximately 85% of initial contacts regarding young people disclosed the gestation of the pregnancy. The graph below shows the number of young people with a pregnancy in each gestational bracket. Whilst proportions in each gestational bracket are mostly in line with state wide data for pregnant people of all ages, two exceptions are noted. Lower proportions of young people are observed in the under 9 week bracket compared to all women (27.9% versus 37.5%), perhaps reflecting the delay in discovering or disclosing the pregnancy to significant others. Higher numbers of young people are observed in the under 20 week bracket compared to all women (13.1% versus 4%). Very small sample sizes especially for the under 20 week bracket make it hard to reliably forecast this as a trend.



Psycho-social disadvantage:

Approximately 84% of young pregnant people identified some form of disadvantage compared to 66.5% of the state wide data for pregnant people of all ages. As can be seen from the table below, young pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 70% of contacts naming three or more forms of psycho-social disadvantage. Again this is a notably higher proportion than all pregnant people contacting the service (55.8%) Proportions for many issues of psycho-social disadvantage are in line with data for all pregnant people contacting the service. Having regard for small sample sizes, several issues are worthy of note. Compared to state wide data for pregnant people of all ages, young people are:

- More likely to identify as Aboriginal and/or Torres Strait Islander (26.2% versus 8.4%)
- More likely to disclose child protection related issues than all pregnant people contacting the service (14.8% versus 3.5%).
- Half as likely to disclose domestic violence as the state wide data for pregnant people of all ages (9.8% versus 17.6%) but just as likely to disclose reproductive coercion (6.1% versus 6.6%).
- Much more likely to disclose homelessness than all pregnant people contacting the service (6.6% versus 2.8%).

Whilst some young people will confirm their pregnancy very early but delay disclosure to significant others, issues of psycho-social disadvantage such as homelessness are thought to delay the confirmation of a pregnancy.²

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	N	%	N	%
<i>Domestic Violence</i>	6	9.8	44	26.5
<i>Reproductive Coercion</i>	4	6.6	43	25.9
<i>Sexual Assault</i>	3	4.9	51	30.7
<i>Child Protection</i>	9	14.8	52	31.3
<i>Drug & Alcohol</i>	3	4.9	63	38
<i>Mental Health</i>	10	16.4	49	29.5
<i>Homelessness</i>	4	6.6	22	13.3
<i>Incarceration</i>	-	-	1	0.6
<i>Disability</i>	2	3.3	14	8.4
<i>Economic Disadvantage</i>	34	55.7	145	87.3
<i>Aboriginal and/or Torres Strait Islander</i>	16	26.2	66	39.8
<i>CALD</i>	3	4.9	3	1.8
<i>Consent issues</i>	5	8.2	6	3.6

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no young people disclosed as being a refugee or asylum seeker)

² These are findings from consultations done by Children by Choice as part of its "Know for Sure" project, 2015-2017.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. Young people assisted to access abortion reported some forms of violence and control as detailed in the table below (some individuals may identify more than one form of violence and control):

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	1
<i>Historic Domestic Violence</i>	1
<i>Current Reproductive Coercion</i>	1
<i>Historic Reproductive Coercion</i>	1
<i>Current Sexual Assault</i>	0
<i>Historic Sexual Assault</i>	0

Frequency of issues of violence and control disclosed by young people who received financial assistance to access an abortion

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Sample sizes are too small to meaningfully compare to the all ages services data.

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	1
<i>Drug & Alcohol</i>	1
<i>Mental Health</i>	4
<i>Secondary homelessness</i>	2
<i>Aboriginal and/or Torres Islander</i>	1

Possible Implications of the data:

Due to small data set sizes in the CHQHHS, limited conclusions can be drawn about the nature of any additional requests for abortion access. Small numbers of requests for abortion information and abortion access can be predicted, and this may come from any and all HHSs.

Young people facing unplanned pregnancy and seeking abortion information and access clearly face additional issues of psycho-social disadvantage. These issues of disadvantage are compounded by age related disadvantages. Special attention needs to be paid to referral pathways in all HHSs to ensure equity of access to abortion especially for HHSs where there is no private clinic with paediatric capacity. Clearly documented pathways for abortion access for under 14 year olds will be essential in ensuring timely access for this vulnerable group. Opportunistic screening and responding for issues such as reproductive coercion is warranted.

Those HHSs relying on public-private partnerships should consider supporting the private surgical abortion provider to attain a paediatric license for the local clinic or establish clear referral pathways for public provision. It is also noted that prior to 2012 the Queensland Health Clinical Service Capability Framework did not require private clinics to have paediatric licenses to abortions perform abortions surgical for under 14 year olds allowing for qualified anaesthetists to use clinical judgement. It may be timely for this to be reviewed.

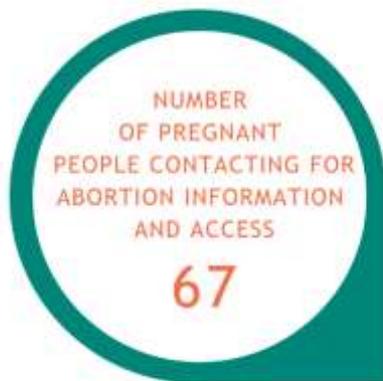
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE DARLING DOWNS HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Darling Downs Hospital and Health Service district. We have collaborated with a very small number of local services in this HHS, and this has largely been led by Children by Choice. Whilst some publicly provided terminations at Toowoomba Base Hospital occurred as a result of advocacy for people in this HHS, such provision was intermittent and reliant on key staff in relevant departments. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is significantly lower than for many of other districts. Broad trends in the data may be determined, but sample sizes may limit the conclusions that can be drawn from some areas of analysis.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 67 initial contacts from pregnant people in the Darling Downs HHS (DDHHS) during the period July 2016-June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts, whereas people from this region required 3.5 contacts with Children by Choice to fully resolve their needs.

Typical profile of a person making enquiries about abortion access



A single resident living in Toowoomba, aged between 16 - 19, with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage and possibly domestic violence. Typically this person will be referred to a clinic.

Where people were contacting us from:

This HHS shares postcodes with West Moreton HHS (4306, 4352) and Sunshine Coast HHS (4605, 4615). 4306 is the most problematic of these with relatively high levels of demand for service coming from almost 40 localities. All overlapping postcodes are retained for analysis for this HHS which may skew the data slightly. Peak demand is likely to come from the population centres, mainly Toowoomba (4350), the areas in and around Kingaroy (4610), and possibly the corridor to the east of Toowoomba (4306).

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

- 51 requests for assistance with the cost of abortion (76.1%).
- 22 requests for information about abortion generally (32.8%).
- 26 requests for information about surgical abortion (38.8%).
- 3 requests for information about telehealth (4.5%).
- 12 requests for information about contraception at time of abortion (17.9%).

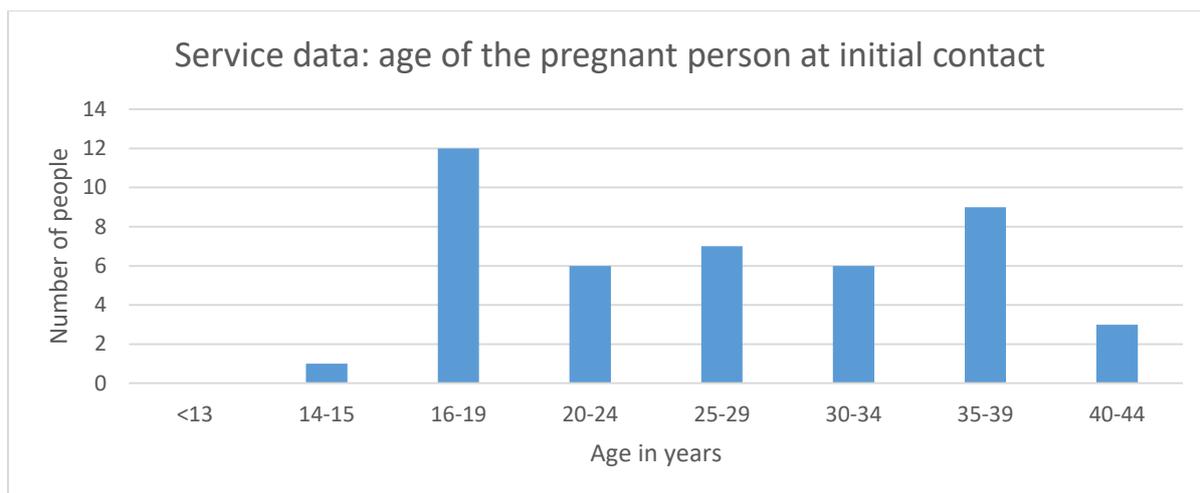
For pregnant people under nine weeks gestation, nine people were requesting information about medical termination of pregnancy and eight for surgical options. This is not typical of the Queensland population with 2 people enquiring about medical abortion for every one enquiring about surgical options, however the sample size for this issue may be too small to draw conclusions.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-5	4352*, 4370, 4380, 4390, 4404, 4405, 4413, 4605^, 4606, 4614, 4615^.
6-10	4306*, 4610.
21-30	4350.
*Postcodes shared with West Moreton HHS	
^Postcodes shared with Sunshine Coast HHS	

Age of women seeking abortion information and access:

65.7% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. The number of 16-19 year olds in this HHS is significantly higher than the state average representing 17.9% of initial contacts in this HHS versus 2.4% in the state wide population. While the sample size is small for the HHS it still raises questions about the unique pattern of need relating to younger women. Fertility rates in the DDHHS are reported as being higher in this age group.³

³ Darling Downs Perinatal Care Symposium, Darling Downs and West Moreton Primary Health Network June, 2019.

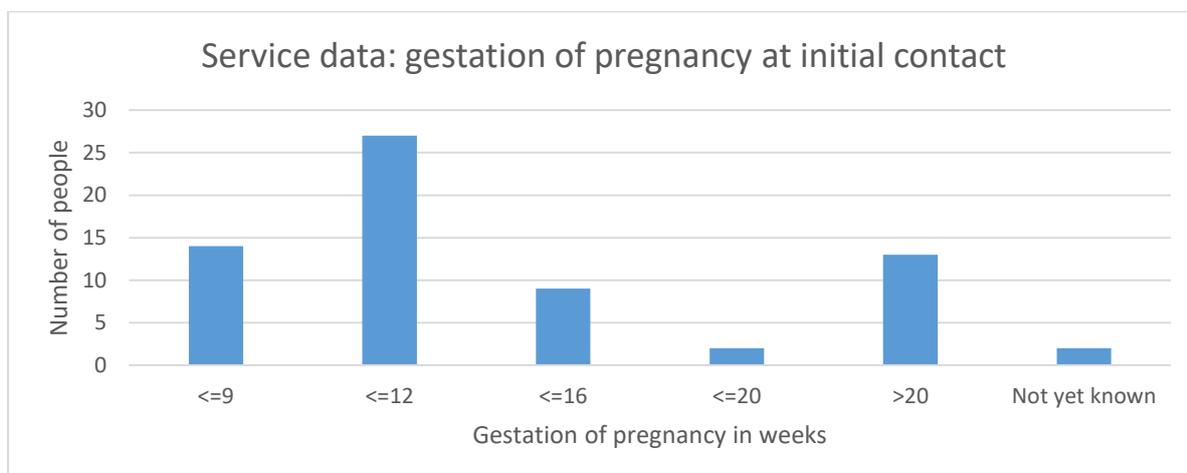


Gestation at first contact of women seeking abortion information and abortion access:

79.1% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket.

Proportions for each age bracket are not in line with state wide service data. Notable are the:

- Under representation of those under 9 weeks (20.9% v 37.5%), and
- Over representation of those under 12 weeks (40.3% v 29.1%).



Psycho-social disadvantage:

It should be noted that higher rates of disclosure at repeat contact for reproductive coercion (almost 20 times more likely) mental health (9.5 times more likely), and sexual assault (almost nine times more likely) are observed. These and others more than five times more likely to be disclosed at repeat contact are marked by * in the table below. Small sample sizes may make it hard to draw conclusions in some instances however it may have implications for service design and for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Approximately 70% of pregnant people for this HHS identified some form of disadvantage at initial contact. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 66.5% of contacts naming three or more forms of psycho-social disadvantage.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	N	(%)	N	(%)
<i>*Domestic Violence</i>	12	17.9	103	60.6
<i>*Reproductive Coercion</i>	3	4.5	58	34.1
<i>*Sexual Assault</i>	6	9	53	31.2
<i>*Child Protection</i>	6	9	47	27.6
<i>*Drug & Alcohol</i>	7	10.4	49	28.8
<i>*Mental Health</i>	10	14.9	95	55.9
<i>Homelessness</i>	3	4.5	7	4.1
<i>Disability</i>	2	3	5	2.9
<i>Economic Disadvantage</i>	35	52.2	155	91.2
<i>Aboriginal and/or Torres Strait Islander</i>	11	16.4	23	13.5
<i>CALD</i>	4	6	14	8.2
<i>*Refugee/Asylum</i>	0		1	0.6

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed incarceration)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 8 pregnant people (11.9%) identified their own health as a concern in their decision to end the pregnancy. 1 person identified pregnancy health as a concern in their decision to end their pregnancy. Sample size may be too small to draw useful conclusions.

Additional barriers to abortion access:

Issues of financial disadvantage and of geography are discussed above. Data on other barriers to access reveal child care (2), and lack of support from significant others (2) as additional barriers for people in this HHS.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$400. The average level of assistance required to facilitate LARC access was \$95. The average distance travelled to access abortion was 169km.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some forms of violence and control as detailed in the table below:

<i>Historic versus current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	9
<i>Historic Domestic Violence</i>	10
<i>Current Reproductive Coercion</i>	6
<i>Historic Reproductive Coercion</i>	4
<i>Current Sexual Assault</i>	1
<i>Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion</i>	

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Rates proportional to the total population of contacts from Queensland are observed, with the notable exception of Aboriginal and Torres Strait Islander peoples who were more frequent in this HSS (30.6% versus 20.8%).

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	4
<i>Drug & Alcohol</i>	5
<i>Mental Health</i>	14
<i>Primary Homelessness</i>	1
<i>Self-abortion</i>	1
<i>Disability</i>	2
<i>Aboriginal and/or Torres Strait Islander</i>	11
<i>CALD</i>	3
<i>No one from this HHS disclosed secondary homelessness, incarceration, or being a refugee or asylum</i>	

Possible Implications of the data:

Abortion requests in this HHS may be characterised by a low level of demand but higher complexity. Where abortions are provided publicly Social Work involvement is warranted to attend to these issues.

Geographic areas likely to generate higher levels of request for abortion information and access can be confidently predicted. For those areas within this HHS with low levels of demand it will be important that referral pathways are clearly documented.

Medical abortion has been a less familiar or popular option for people in this HHS. With publicly provided medical abortion beginning in this area, additional information or support to people contemplating this method may assist with implementation.

A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE GOLD COAST HOSPITAL AND HEALTH SERVICE

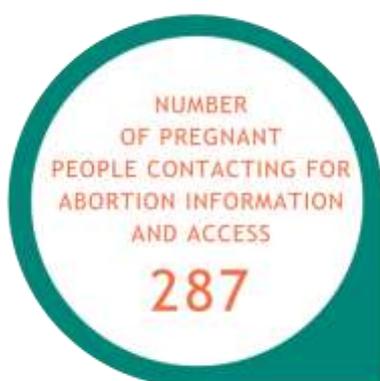
RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Gold Coast Hospital and Health Service district. Whilst we have collaborated with local services this has largely been led by Children by Choice. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is significantly higher than for many of other districts.

As discussed in the introduction to this data report, Children by Choice collect information about the person's location based on postcodes not the statistical division information used by Queensland Health to establish HHS boundaries. The postcode 4207 covers areas of both this HHS and of the Metro South region. It is noted that 4207 includes Beenleigh, a major population centre in the Metro South area, as well as smaller areas in the north of the Gold Coast HHS, for examples Yatala. It is noted that the integrity of data for this HHS has been inflated because of this and as such general trends for this HHS may be unreliable.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 287 initial contacts from pregnant people in the Gold Coast HHS (GCHHS) during the period July 2016- June 2018. This is significantly higher than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs. In the GCHHS they required 2.84 which is on par with the state average.

Typical profile of a person making enquiries about abortion access



A Gold Coast resident living between Nerang and Southport. Single and aged between 20 - 24, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

As discussed above, postcode data from this HHS may be conflated with Metro South due to shared postcodes, most notably 4207. It may be reasonably assumed that most contacts from 4207 are from the Metro South area of Beenleigh. Taking this into account, most contacts in this HHS are coming from the Coomera/Nerang to Southport strip.

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

- 201 requests for assistance with the cost of abortion (74.6%).
- 73 requests for information about abortion generally (27.1%).
- 113 requests for information about surgical abortion (32.2%).
- 2 requests for information about telehealth (9%).
- 59 requests for information about contraception at time of abortion (33.1%).

For pregnant people under 9 weeks gestation, 80 people were requesting information about medical termination of pregnancy and 37 for surgical options. This is typical of the Queensland population with twice as many people enquiring about medical abortion compared to surgical options. This is despite the relative abundance of GPs providing more affordable MTOP in this HHS.

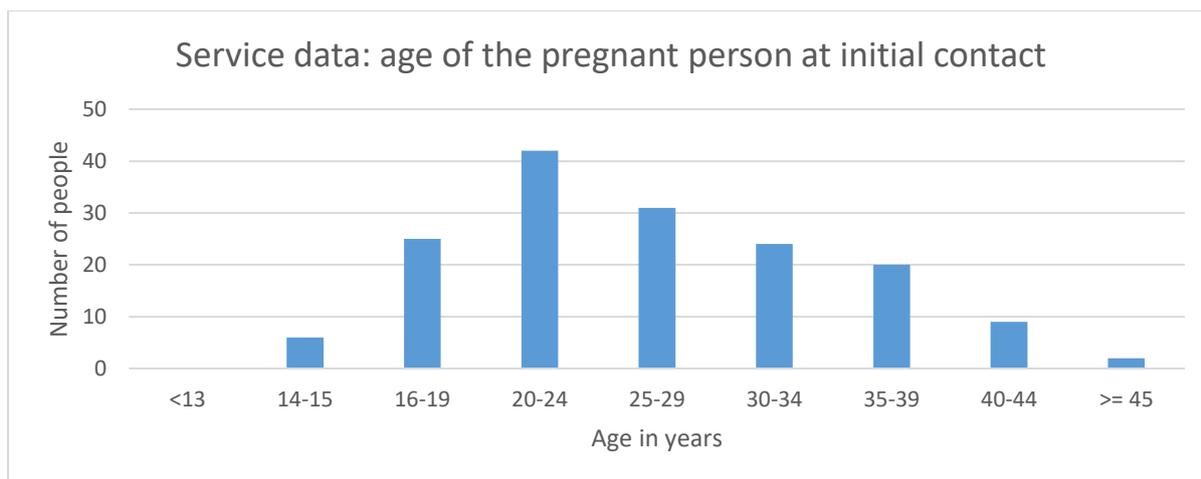
With 59 callers also wanting information about contraception at the time of TOP, a review of current public–private arrangements around contraception at time of TOP for people in this HHS may be warranted.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-10	4208, 4210, 4212, 4213, 4216, 4218, 4220, 4221, 4223, 4224, 4225, 4226, 4227, 4228, 4270, 4275.
11-20	4211, 4214.
21-30	-
31-40	-
41-50	4207*, 4209, 4215, 4217.

**NB: numbers in this postcode may be conflated with data from Metro South HHS*

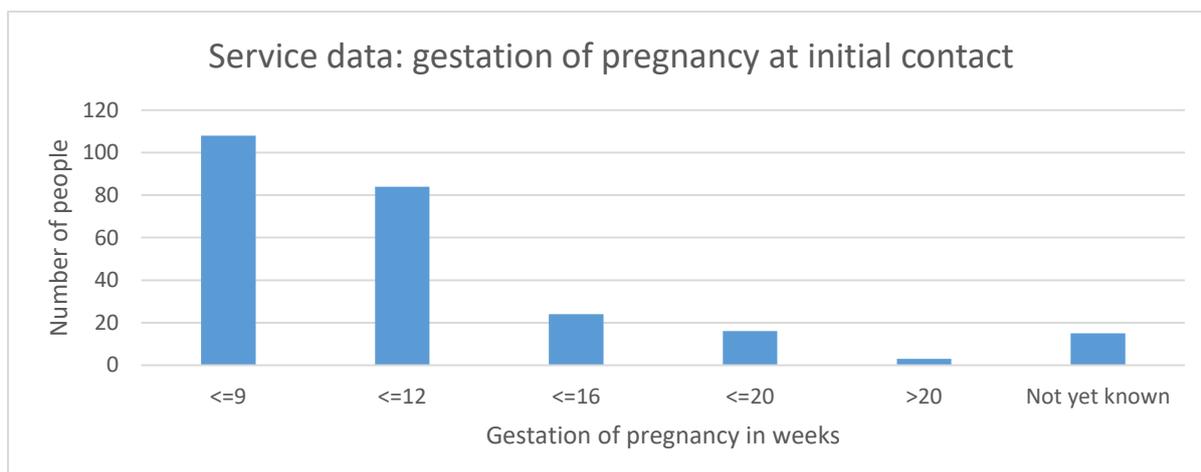
Age of women seeking abortion information and access:

55.4% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. Proportions for each age bracket are in line with state wide data.



Gestation at first contact of women seeking abortion information and abortion access:

88.8% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. This is in line with proportions observed in the state wide population of contacts with the service.



Psycho-social disadvantage:

Psycho-social issues impact on unplanned pregnancy decision making and on abortion access, and the negative consequences for the woman if the pregnancy cannot be ended. In addition some psycho-social factors have implications for abortion care. 162 people identified economic disadvantage as a barrier to abortion access (56.4%). It should be noted that higher rates of disclosure at repeat contact for sexual assault (almost 12 times more likely) and disability (9.5 times more likely), drug and alcohol issues (almost 7 times more likely), homelessness (just over 5 times more likely) are observed. This has implications for service design and for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Approximately 68.3% of pregnant people for this HHS identified some form of disadvantage, similar to rates in the state wide population of contacts. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 17.8% of initial contacts naming three or more forms of psycho-social disadvantage.

Issue of Psycho-social disadvantage	Disclosed at initial contact		Disclosed at repeat contact	
	N	(%)	N	(%)
Domestic Violence	50	17.4	203	38.4
Reproductive Coercion	16	5.6	77	14.6
*Sexual Assault	8	2.8	95	18
Child Protection	13	4.5	50	9.5
*Drug & Alcohol	21	7.3	144	27.2
Mental Health	64	22.3	266	50.3
*Homelessness	8	2.8	42	7.9
*Disability	2	0.7	19	3.6
Economic Disadvantage	162	56.4	407	76.9
Aboriginal and/or Torres Strait Islander	19	6.6	67	12.7
CALD	21	7.3	41	7.8%

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(* denotes those issues more than 5 times more likely to be disclosed at repeat contact)

(NB: no people disclosed incarceration, or as a refugee or asylum)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 30 people (10.5%) identified their own health as a concern in their decision to end the pregnancy. 14 (4.8%) identified pregnancy health or foetal anomaly in their decisions to end their pregnancies.

Additional barriers to abortion access:

Issues of financial disadvantage and of geography are discussed above. Data on other barriers to access are collected in the service data including child care, consent capacity issues, lack of support from significant others. Child care was noted as a barrier by 5 people, and lack of support from significant others by 14.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$485. The average level of assistance required to facilitate LARC access was \$116.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. Significant levels of violence and control are noted in the people receiving assistance for abortion and contraception access in this HHS. This has implications for likely levels of request for abortion access as well as for service responses around the broader needs of these disadvantaged groups, including access to contraception less vulnerable to detection and sabotage for those subjected to or at risk of reproductive coercion, and service sensitivity to issues of trauma.

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	30
<i>Historic Domestic Violence</i>	30
<i>Current Reproductive Coercion</i>	10
<i>Historic Reproductive Coercion</i>	7
<i>Current Sexual Assault</i>	8
<i>Historic Sexual Assault</i>	9

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion access are tabled below. Rates proportional to the total population of contacts from Queensland are observed, with the notable exception of drug and alcohol issues, which were more frequent in this HHS (20.2% versus 16.4%) and Aboriginal and Torres Strait Islander peoples who were less frequent in this HHS (14% versus 20.8%).

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	8
<i>Drug & Alcohol</i>	26
<i>Mental Health</i>	71
<i>Student</i>	11
<i>Primary Homelessness</i>	3
<i>Secondary homelessness</i>	11
<i>Self-abortion</i>	1
<i>Disability</i>	5
<i>ATSI</i>	18
<i>CALD</i>	19

Possible Implications of the data:

Children by Choice service data would suggest that requests for assistance with abortion in the public system will be largely driven by the levels of economic disadvantage in this HHS.

Levels of violence and control experienced by those financially supported by Children by Choice is worthy of note. With current abortion access needs being met through a public-private partnership pathway, a review of these arrangements in terms of support to access contraception at time of abortion is particularly noted.

Greater historical interest in MTOP as a method of abortion in this geographic community may also open up possibilities for additional public-private partnership pathways, or incorporation into the Sexual Health Service as has occurred in other HHSs.

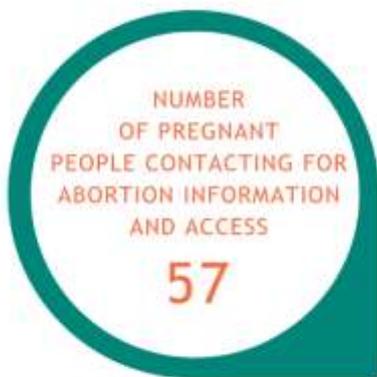
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE MACKAY HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

During the data collection period Children by Choice has played a key role in supporting women from the Mackay Hospital and Health Service (MHHS) around abortion information and abortion access. Additionally Mackay Sexual Health Service has played a vital role in local support for pregnant people in this Health and Hospital district. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is significantly lower than for many of the other districts.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 57 initial contacts from pregnant people in the Mackay HHS during the period July 2016-June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, where as in the MHHS they required 4.2.

Typical profile of a person making enquiries about abortion access



A Mackay resident in a married or de facto relationship. Aged between 20 - 24, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by domestic violence and mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

Postcode data from this HHS may be conflated due to shared postcodes with Central Queensland HHS, namely 4721. As this postcode has low numbers of initial contacts it is included in the postcode analysis. Requests for support most commonly came from Mackay and immediate surrounds, and in and around Bowen and Airlie Beach.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-5	4721*, 4737, 4742, 4744, 4751, 4800,
6-10	4805
11-20	4802
21-30	4740

**NB: numbers in this postcode may be conflated with data from Central Queensland HHS*

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

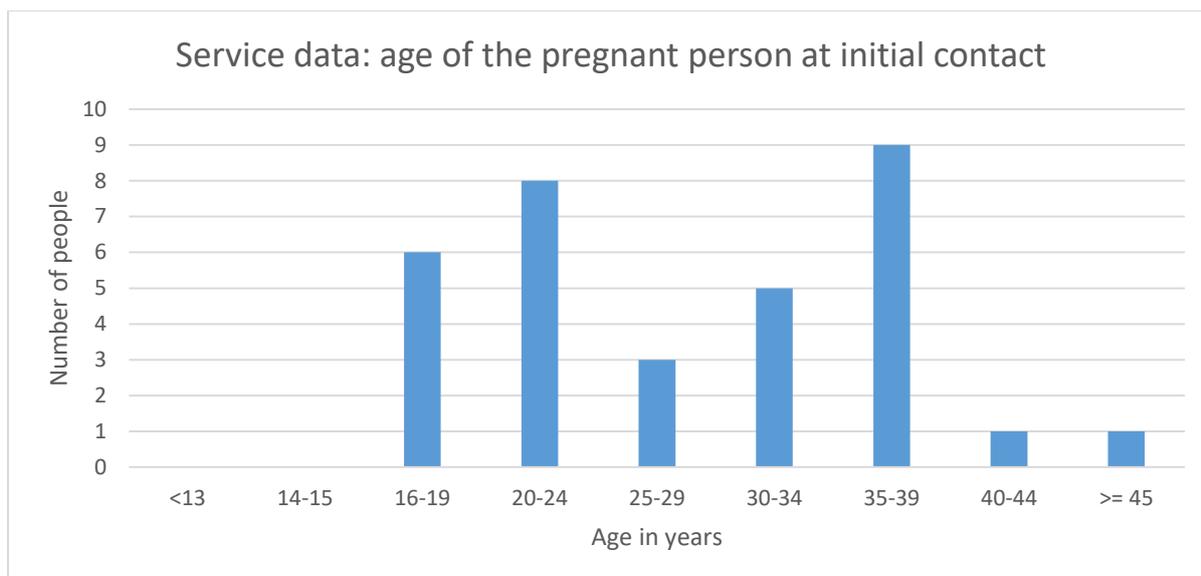
- 41 requests for assistance with the cost of abortion (71.9%).
- 8 requests for information about abortion generally (14%).
- 19 requests for information about surgical abortion (33.3%).
- 16 requests for information about telehealth (10.5%).
- 18 requests for information about contraception at time of abortion (31.6%).

For pregnant people under 9 weeks gestation, 14 requested information about medical termination of pregnancy and 4 wanted information about surgical options (three and a half times more likely to be enquiring about medical abortion). This is not typical of the Queensland population, with twice as many people enquiring about medical compared to surgical options. This can be explained by the role of Mackay Sexual health in local provision of medical abortion as well as the absence of a surgical provider in the HHS.

Interest in contraception in MHHS is observed at a higher rate than the state average (31.6% versus 22.4%). With some regional and remote areas lacking doctors who can provide LARC insertion, travelling for abortion may also provide a much needed opportunity to access long acting reversible contraception.

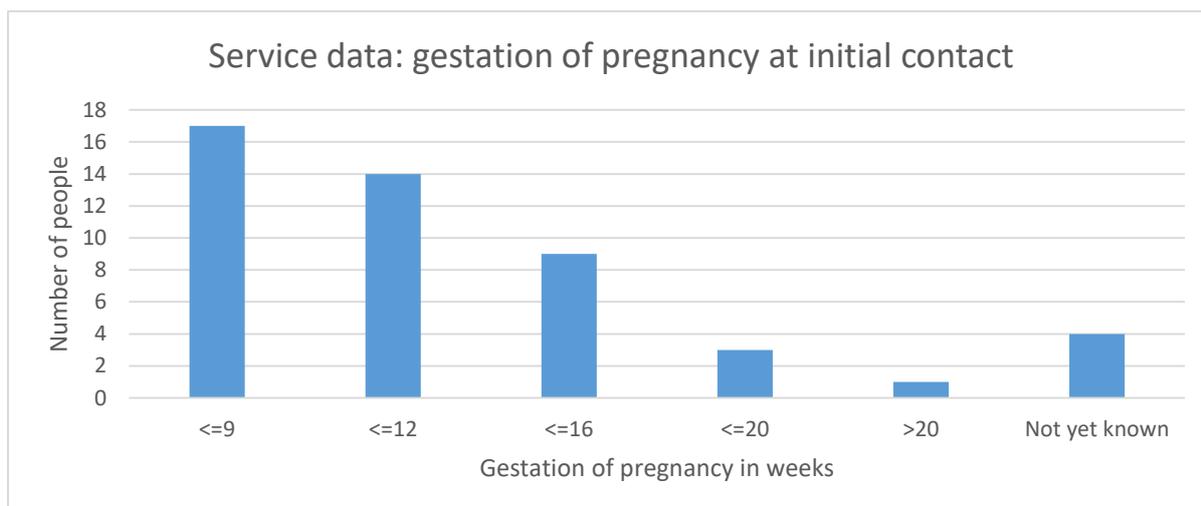
Age of women seeking abortion information and access:

57.9% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. In the Queensland wide sample those 20-23 years of age were most common, which is different to the peaks at 35-39 years for Mackay HHS. Small sample sizes may make it hard to reliably forecast this as a trend for this HHS.



Gestation at first contact of women seeking abortion information and abortion access:

86% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. Proportions for each gestational bracket are in line with the state wide data.



Psycho-social disadvantage:

Higher rates of disclosure occur for all issues of disadvantage at repeat contact, but very small sample sizes make it difficult to identify solid trends in this repeat data. Approximately 66.7% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 57.7% of contacts naming three or more forms of psycho-social disadvantage.

Issue of Psycho-social disadvantage	Disclosed at initial contact		Disclosed at repeat contact	
	N=	(%)	N=	(%)
Domestic Violence	10	17.5%	105	58.3%
Reproductive Coercion	7	12.3%	22	12.2%
Sexual Assault	3	5.3%	15	8.3%
Child Protection	1	1.8%	26	14.4%

<i>Drug & Alcohol</i>	4	7%	53	29.4%
<i>Mental Health</i>	15	26.3%	96	53.3%
<i>Homelessness</i>	1	1.8	11	6.1%
<i>Disability</i>	1	1.8%	8	4.4%
<i>Economic Disadvantage</i>	29	50.9%	160	88.9%
<i>Aboriginal and/or Torres Strait Islander</i>	7	12.3%	59	32.8%
<i>CALD</i>	4	7%	31	17.2%
<i>Refugee/Asylum</i>	1	1.8%	1	0.6%

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed incarceration)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Nine women (15.8%) identified their own health as a concern in their decision to end the pregnancy. Five people identified pregnancy health or foetal anomaly as a concern.

Additional barriers to abortion access:

Data on other barriers to access are collected in the service data including child care, consent capacity issues, lack of support from significant others. From this HHS three people identified child care as a barrier to access, and 31 identified geography as a barrier.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$1013. The average level of assistance required to facilitate LARC access was \$76.70. The average distance travelled to access abortion was 548km, compared to the state average of 93km. The average gestation at time of TOP was 12 weeks and 6 days, compared to the state average of 10 weeks 5 days.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. The proportion of people reporting current and historic violence are notable for this HHS.

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	9
<i>Historic Domestic Violence</i>	8
<i>Current Reproductive Coercion</i>	3
<i>Historic Reproductive Coercion</i>	2
<i>Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion</i>	
<i>(NB no one disclosed current or historical sexual assault)</i>	

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Rates proportional to the total population of contacts from Queensland are observed, with the notable exception Aboriginal and Torres Strait Islander peoples who were more frequent in this HHS (28.6% versus 20.8%). Again small sample sizes warrant caution in considering this as solid trend.

<i>Psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	1
<i>Drug & Alcohol</i>	4
<i>Mental Health</i>	9
<i>Secondary homelessness</i>	1
<i>Disability</i>	1
<i>Aboriginal and/or Torres Strait Islander</i>	6
<i>CALD</i>	3

Possible Implications of the data:

Given the wide acceptance of medical abortion by those under nine weeks, consideration could be given to adequately resourcing Mackay Sexual Health Service to provide this service as well as consideration of a designated Queensland Telehealth service to ensure continuity of service.

Considerable travel is noted for people in the region accessing abortion, in the absence of a local surgical provider during the data collection period. This will potentially place strain on Patient Travel Subsidy Scheme resources in this HHS. A cost benefit analysis of Patient Travel Subsidy Scheme funds versus local public surgical provision may be warranted.

Given levels of interest and assistance offered to access LARC at time of abortion, any current public-private arrangements in place in this HHS should be reviewed to include LARC at time of abortion.

Small sample sizes make some trends and issues difficult to reliably identify in this HHS.

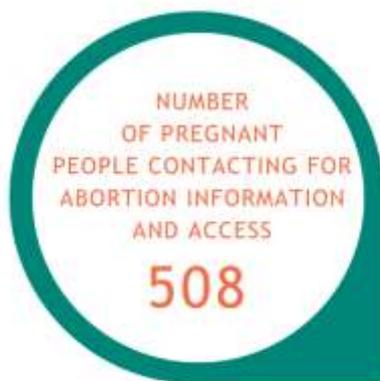
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE METRO NORTH HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Metro North Hospital and Health Service. Whilst we have collaborated with local services this has largely been led by Children by Choice. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is significantly higher than for many of other districts. This is to be expected as the area covers major population centres. Publicly provided psycho-social abortions in this HHS were most likely to be provided to those in the RWBH catchment during the data collection period.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 508 initial contacts from pregnant people in the Metro North HHS (MNHHS) during the period July 2016- June 2018. This is significantly higher than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, whereas in the MNHHS they only required 2.6.

Typical profile of a person making enquiries about abortion access



A resident living in the Kallangur area in an ongoing relationship. This person is aged between 20 - 24, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

This HHS shares postcodes with Sunshine Coast HHS (4552) and Metro North HHS (4068). Low levels of service request for both these areas are observed and so left in for analysis of this HHS. The table below provides detail of the postcode location of initial contacts from this HHS. High levels of contacts are noted for the areas in and around Kallangur, Strathpine, North Lakes and Caboolture areas, along with the areas in and around Redcliffe and Deception Bay areas. Service demand for the Fortitude Valley and Stafford and surrounds are also notable.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-10	4005, 4007, 4010, 4011, 4012, 4013, 4014, 4017, 4018, 4019, 4021, 4022, 4030, 4035, 4036, 4037, 4051, 4054, 4055, 4059, 4060, 4061, 4064, 4065, 4066, 4067, 4068, 4069, 4070, 4501, 4502, 4504, 4505, 4511, 4514, 4520, 4521, 4552.
11-20	4006, 4031, 4032, 4500, 4506, 4507, 4508.
21-30	4020, 4034, 4053, 4509.
31-40	-
41-50	4000*, 4503, 4510,

**NB: Where a person's location was known as Brisbane but not narrowed down they may have been recorded against this postcode inflating the numbers significantly.*

What pregnant people are requesting at initial contact:

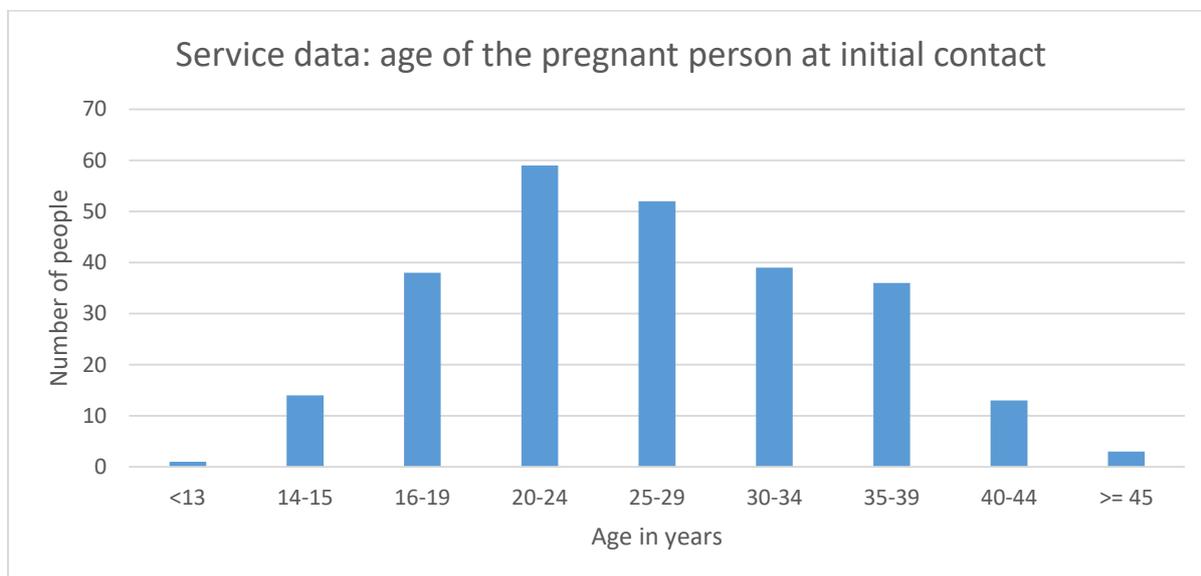
In line with the state wide percentages from people within this HHS during the data period we received:

- 348 requests for assistance with the cost of abortion (68.5%).
- 116 requests for information about abortion generally (22.8%).
- 188 requests for information about surgical abortion (37%).
- 12 requests for information about telehealth (2.4%).
- 127 requests for information about contraception at time of abortion (25%).

For pregnant people under 9 weeks gestation, 174 requested information about medical termination of pregnancy and 79 wanted information about surgical options (a ratio of 2.2:1). This is typical of the Queensland population, with twice as many people enquiring about medical compared to surgical options.

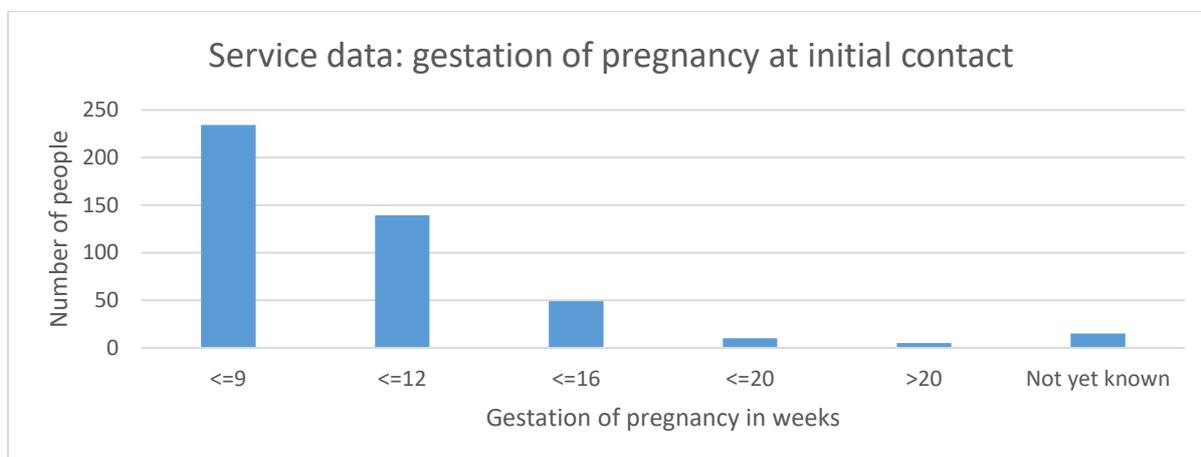
Age of women seeking abortion information and access:

50.2% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket, with proportions similar to the state wide data.



Gestation at first contact of women seeking abortion information and abortion access:

90.6% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket, with proportions similar to the state wide data.



Psycho-social disadvantage:

It should be noted that higher rates of disclosure at repeat contact for homelessness (almost 14 times more likely) sexual assault (8.5 times more likely), and drug and alcohol issues (6 times more likely) are observed. This has implications for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Approximately 70.1% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the following table, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 52.5% of contacts naming three or more forms of psycho-social disadvantage.

<i>Issue of psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	<i>N</i>	<i>(%)</i>	<i>N</i>	<i>(%)</i>
<i>Domestic Violence</i>	82	16.1	355	41.9
<i>Reproductive Coercion</i>	30	5.9	167	19.7
<i>Sexual Assault</i>	12	2.4	102	12
<i>Child Protection</i>	23	4.5	110	13
<i>Drug & Alcohol</i>	40	7.9	242	28.6
<i>Mental Health</i>	108	21.	473	55.8
<i>Homelessness</i>	10	2	138	16.3
<i>Disability</i>	10	2	24	2.8
<i>Economic Disadvantage</i>	267	52.6	660	77.9
<i>Aboriginal and/or Torres Strait Islander</i>	33	6.5	87	10.3
<i>CALD</i>	60	11.8	90	10.6
<i>Refugee/Asylum seeker</i>	1	0.2	3	0.4

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

NB: no people disclosed incarceration

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 59 women (11.6%) identified their own health as a concern in their decision to end the pregnancy. 32 people identified the pregnancy health or foetal anomaly as a concern in their pregnancy decision.

Additional barriers to abortion access:

Issues of financial disadvantage and of geography are discussed above. Data on other barriers to access are collected in the service data including child care, consent capacity issues, lack of support from significant others. For people in this HHS language barriers (16 people) and lack of support from significant others (14 people) were commonly identified.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$429. The average level of assistance required to facilitate LARC access was \$107.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some forms of violence and control as detailed in the table below (some individuals may identify more than one form of violence and control):

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	17
<i>Historic Domestic Violence</i>	22
<i>Current Reproductive Coercion</i>	11
<i>Historic Reproductive Coercion</i>	10
<i>Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion</i>	
<i>NB no one identified current or historical sexual assault</i>	

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Rates proportional to the total population of contacts from Queensland are observed for this HHS.

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	9
<i>Drug & Alcohol</i>	18
<i>Mental Health</i>	61

<i>Secondary homelessness</i>	6
<i>Disability</i>	2
<i>Aboriginal and Torres Strait Islander</i>	20
<i>CALD</i>	13
<i>NB no one disclosed being incarcerated, primary homeless, or as a refugee or asylum seeker.</i>	

Possible Implications of the data:

Medical abortion appears to be a widely accepted method for ending pregnancy in this HHS. As such consideration could be given to incorporating this into the HHS sexual health services as is done in some other non-metropolitan HHSs.

Higher levels of request for abortion are likely to come from this HHS than from many others, and levels of psycho-social disadvantage are noted. Postcode data will be helpful in predicting the hospitals within the HHS where these requests are most likely to come from.

Interest in access to contraception at time of abortion is of note.

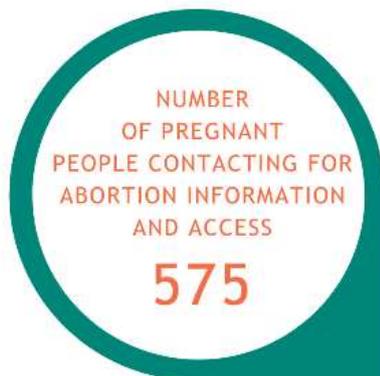
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE METRO SOUTH HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Metro South Hospital and Health Service district. Whilst we have collaborated with local services this has largely been led by Children by Choice. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is significantly higher than for many of the other districts. This is to be expected as the area covers major population centres. Additionally the data will show this has a lot to do with levels of disadvantage in this geographic area, and has further been compounded by some limited public provision of abortions on psychosocial grounds in the HHS over the period July 2016 to June 2018.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 575 initial contacts from pregnant people in the Metro South HHS. This is significantly higher than the state average for all HSS of 169. Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people on average required 2.9 contacts with Children by Choice to fully resolve their needs, while 3.02 contacts were needed for people in the Metro South district. Overall then, whilst the number of individual pregnant people seeking support is higher than other HHSs, the level of support needed to resolve their needs is in line with the state average.

Typical profile of a person making enquiries about abortion access



A Beenleigh, Logan or Inala resident in an ongoing relationship. Aged between 20 - 25, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by domestic violence and mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

Postcode data from this HHS may be conflated with Gold Coast HHS due to shared postcodes, most notably 4207, although it is likely that most 4207 calls are coming from the areas in and around Beenleigh. Taking this into account, most contacts in this HHS are primarily coming from Beenleigh, Kingston, Logan, and Inala. Additionally moderate levels of contact are noted from the areas of the inner city (eg South Brisbane, Highgate Hill), in and around Mt Gravatt, and Marsden and surrounds.

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

- 395 requests for assistance with the cost of abortion (68.7%).
- 164 requests for information about abortion generally (28.5%).
- 215 requests for information about surgical abortion (37.4%).
- 15 requests for information about telehealth (2.6%).
- 138 requests for information about contraception at time of abortion (24%).

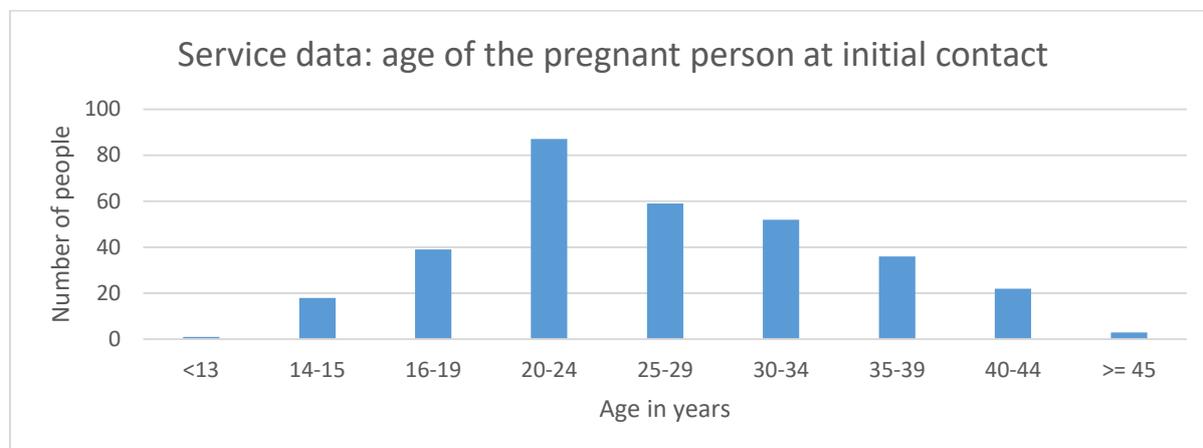
For pregnant people under 9 weeks gestation, 159 people were requesting information about medical termination of pregnancy, and 77 for surgical options. This is typical of the Queensland population, with twice as many people enquiring about medical compared to surgical options. Despite relatively good local provision of MTOP, 15 pregnant people from this HHS requested information about telehealth medical abortion. A closer analysis of this data reveals that these callers were from metropolitan areas of the HHS, not from outer lying areas. Interest in telehealth may be more about the lower cost of telehealth medical abortions, than the lack of accessibility of local GPs providing medical abortions. It may also suggest a confidence in self-managed medical abortion as an abortion method.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
1-10	4068*, 4073 4074 4076 4102 4104 4106 4107 4108 4109 4111 4112 4115 4116 4119 4121 4123 4124* 4128 4129 4130 4131 4133 4151 4155 4157 4158 4159 4160 4161 4163 4164 4169 4170 4171 4173 4178 4179 4184 4205 4270* 4280 4285* 4310*
11-20	4075 4078 4103 4105 4110 4113 4118 4120 4127 4152 4165
21-30	4101 4122 4132
31-40	4077
41-60	4114, 4207*

**NB: Postcodes shared with neighbouring HHSs*

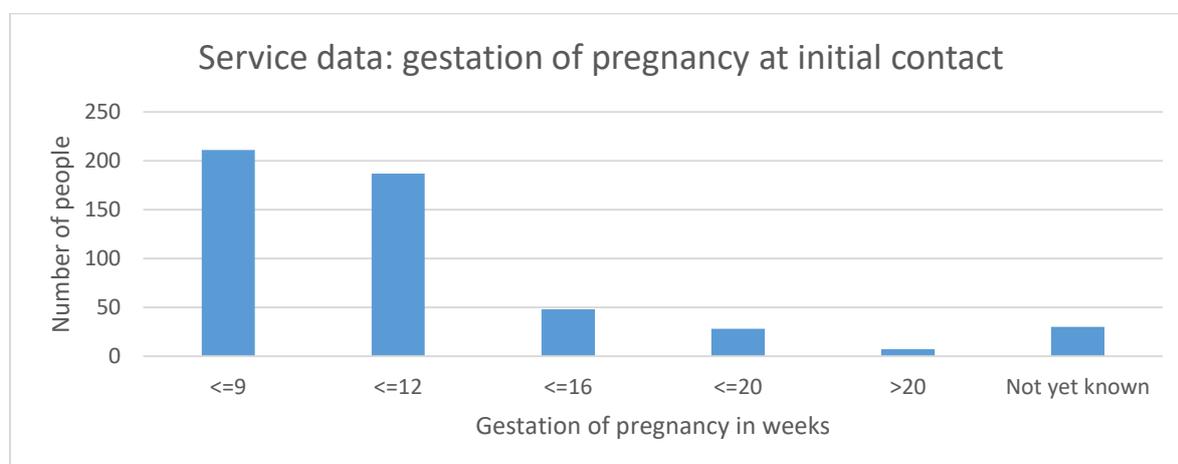
Age of women seeking abortion information and access:

55.1% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. This pattern is in line with the state wide data.



Gestation at first contact of women seeking abortion information and abortion access:

90.3% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. The proportions for each gestational bracket are in line with the state wide data.



Psycho-social disadvantage:

It should be noted that higher rates of disclosure at repeat contact were observed for reproductive coercion (almost 8 times more likely) and drug and alcohol issues (almost 9 times more likely)*. This has implications for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Approximately 67.3% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 61% of contacts naming three or more forms of psycho-social disadvantage.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	N	(%)	N	(%)
<i>Domestic Violence</i>	105	18.3%	546	47%
<i>*Reproductive Coercion</i>	38	6.6%	293	25.2%
<i>Sexual Assault</i>	33	5.7%	238	20.5%
<i>Child Protection</i>	19	3.3%	123	10.6%
<i>*Drug & Alcohol</i>	45	7.8%	391	33.6%
<i>Mental Health</i>	120	20.9%	578	49.7%
<i>Homelessness</i>	20	3.5%	90	7.7%
<i>Incarceration</i>	-	-	2	0.2%
<i>Disability</i>	10	1.7%	58	5%
<i>Economic Disadvantage</i>	298	51.8%	960	82.6%
<i>Aboriginal and/or Torres Strait Islander</i>	42	7.3%	187	16.1%
<i>CALD</i>	61	10.6%	210	18.1%
<i>Refugee/Asylum</i>	2	0.3%	17	1.5%

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 60 pregnant people (10.4%) identified their own health as a concern in their decision to end their pregnancy. 38 pregnant people identified pregnancy health or foetal anomalies as a concern in the decision to end their pregnancies.

Additional barriers to abortion access:

Data on other barriers to access are collected in the service data including child care, consent capacity issues, lack of support from significant others. Child care was identified by 13 people and language barriers by 20.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$484. The average level of assistance required to facilitate LARC access was \$99.30.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. The table below shows the disproportionately large number of people affected by these issues who received financial assistance to access an abortion in this HHS. (Some individuals may identify more than one form of violence and control.)

<i>Historic and current violence and control</i>	<i>Frequency of disclosure</i>
<i>Current Domestic Violence</i>	55
<i>Historic Domestic Violence</i>	40
<i>Current Reproductive Coercion</i>	31
<i>Historic Reproductive Coercion</i>	19
<i>Current Sexual Assault</i>	4
<i>Historic Sexual Assault</i>	8

Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion

In addition to violence and control a number of other psycho-social issues impacted on those seeking abortion access assistance.

<i>Other psycho-social disadvantage</i>	<i>Number</i>
<i>Child Protection</i>	18
<i>Drug & Alcohol</i>	34
<i>Mental Health</i>	92
<i>Student</i>	18
<i>Regional</i>	1
<i>Primary Homelessness</i>	1
<i>Secondary homelessness</i>	22
<i>Incarceration</i>	1
<i>Self-abortion</i>	1
<i>Disability</i>	4
<i>Aboriginal and/or Torres Strait Islander</i>	50
<i>CALD</i>	42
<i>Refugee/Asylum seeker</i>	2

Possible Implications of the data:

Medical abortion appears to be a widely accepted method for ending pregnancy in this HHS. As such consideration could be given to incorporating this into the HHS Sexual Health Services as is done in in other HHSs.

Higher levels of request for abortion are likely to come from this HHS than from many others, and significant levels of psycho-social disadvantage are noted.

Whilst primary areas of request for abortion are near to the Logan Hospital, areas of demand in Mt Gravatt, Inner Brisbane and Inala are also noted.

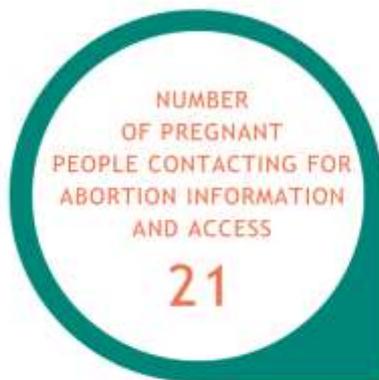
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE NORTH WEST HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

The Mount Isa Sexual Health Service has historically played an important role as a first point of contact for pregnant people in this Health and Hospital district. The level of contact with Children by Choice from women in the North West Hospital and Health Service (NWHHS) seeking support for abortion access is significantly lower than for many of other districts. Additionally this HHS shares significant postcode overlap with Central West HHS so findings may be unreliable.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 21 initial contacts and 59 repeat contacts from pregnant people in the North West HHS during the period July 2016- June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, where as in the NWHHS they required 3.8, most probably on account of the additional barriers faced due to the remoteness of the HHS.

Typical profile of a person making enquiries about abortion access



A resident living in either Cloncurry or Mt Isa, identifying as Aboriginal or Torres Strait Islander. This person is single and aged between 16 -34, with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage. Typically they will be referred to an MTOP GP.

Where people were contacting us from:

With postcodes being shared across some HHSs and with large numbers of localities sharing postcodes, the data from this HHS is hard to interpret. Based on anecdotal recollections of Children by Choice counsellors it is likely that the majority of contacts in the 4825 postcode region were from in and around the Mount Isa area. Postcode 4816 is shared with Townsville HHS, and covers a small area of NWHHS and a diverse area of Townsville HHS. 4816 is left in for postcode analysis but may over-represent the true level of requests for abortion information and access of this HHS.

<i>Number of Initial contacts</i>	<i>Number of repeat contacts</i>	<i>Postcode</i>
11	11	4816 [^]
10	45	4825 [*]
0	3	4824

**NB: this postcode is shared with Central West HHS.*

[^]NB: this postcode is shared with Townsville HHS

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

- 16 requests for assistance with the cost of abortion (60%).
- 6 requests for information about abortion generally (26.7%).
- 6 requests for information about surgical abortion (26.7%).
- 3 request for information about contraception at time of abortion (33.1%).

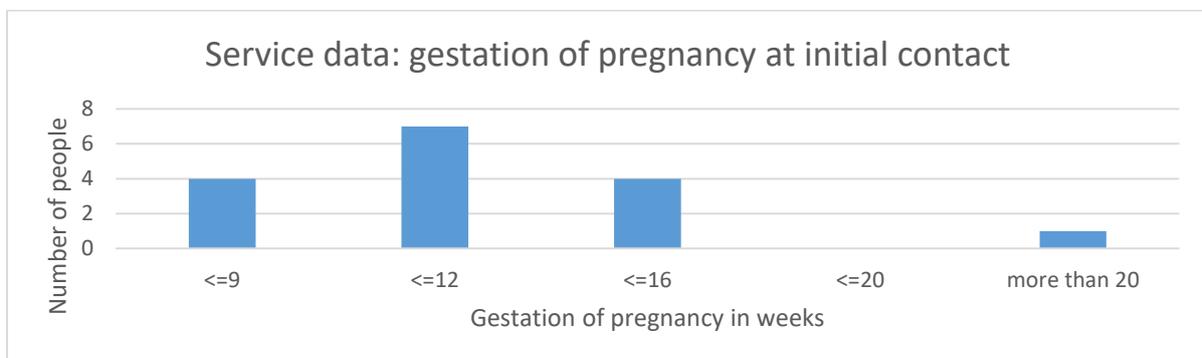
For pregnant people under 9 weeks gestation two were requesting information about medical termination of pregnancy only and none specifically for surgical. This is typical of the Queensland population with 2 people enquiring about medical abortion for every one enquiring about surgical options, however sample sizes make it very hard to draw conclusions about this.

Whilst interest in contraception in NWHHS is observed at a lower rate than the state average (14.3% versus 22.4%), with some regional and remote areas lacking doctors who can provide LARC insertion, travelling for abortion may also provide a much needed opportunity to access long acting contraception.

Age of women seeking abortion information and access:

About half the contacts from this HHS disclosed the age of the pregnant person in the initial contact, with ages fairly evenly spread from 16 through to 34.

Gestation at first contact of women seeking abortion information and abortion access:



16 people from the HHS disclosed the gestation of the pregnancy in the initial contact, with those under 12 weeks being most common (7 people). This is at odds with the state wide picture of the most

common gestation at first contact being under 9 weeks. Issues of remoteness may impact on how quickly a pregnancy is diagnosed, or these figures may suggest that those over 9 weeks were more in need of support to access an abortion as MTOP, including telehealth, would not be an option for them.

Psycho-social disadvantage:

Approximately 76% of pregnant people for this HHS identified some form of disadvantage, with repeat contact resulting in further disclosures as tabled below:.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>	<i>Disclosed at repeat contact</i>
	<i>N</i>	<i>N</i>
<i>Domestic Violence</i>	5	9
<i>Reproductive Coercion</i>	1	8
<i>Sexual Assault</i>	2	6
<i>Child Protection</i>	0	3
<i>Drug & Alcohol</i>	2	15
<i>Mental Health</i>	5	3
<i>Homelessness</i>	0	4
<i>Disability</i>	1	0
<i>Economic Disadvantage</i>	12	53
<i>Aboriginal and/or Torres Strait Islander</i>	3	37
<i>CALD</i>	1	1

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed Refugee/Asylum seeker or Incarceration)

The level of support required by those identifying as Aboriginal and/or Torres Strait Islander is particularly notable for this HHS.

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Five women identified their own health as a concern in their decision to end the pregnancy and three identified pregnancy health as a concern.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?

Despite the level of disadvantage disclosed in repeat contacts with our service, records show that no one from this HHS was financially supported to access an abortion or contraception at time of abortion, suggesting that barriers to access for people in the HHS are significant and could not be successfully navigated.

Possible Implications of the data:

The sample size of data from this HHS make it hard to predict the nature of service demand for abortion. What is clear is requests for abortion within the public system of this HHS are likely to be very small in number and intermittent in presentation. The Children by Choice data also indicates that the level of support necessary for their needs to be fully resolved may be substantial for those presenting with psycho-social disadvantage. This points to the need for:

4. Clearly documented pathways for all staff in the HHS,
5. Local provision of medical abortion perhaps through a Queensland Health telehealth service as recommended for other regional and remote HHSs, and
6. An awareness and sensitivity to the impact of psycho-social issues on support required to facilitate abortion access.

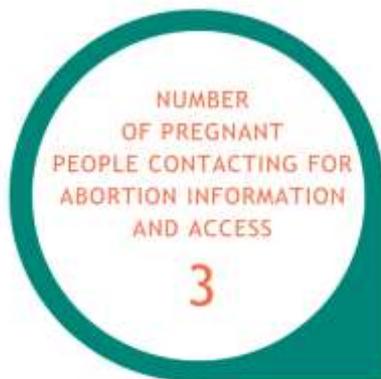
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE SOUTH WEST HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

The level of contact with Children by Choice from women in the South West Hospital and Health Service (SWHHS) seeking support for abortion access is one of the lowest in the state districts. The sample size of this HHS makes it very difficult to draw meaningful conclusions. Children by Choice is not aware of other services in the district playing a major role in offering abortion information or supporting abortion access. As such this service data may represent an accurate picture of the likely level of requests for assistance to this HHS.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 3 initial contacts and 5 repeat contacts from pregnant people in the South West HHS during the period July 2016- June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs. Despite the remote nature of this HHS low levels of repeat contacts are observed in this HHS.

Typical profile of a person making enquiries about abortion access



A Roma resident, single or in a defacto relationship. This person is aged between 14 - 39, with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to a termination clinic or an MTOP GP.

Where people were contacting us from:

Postcode data reveals the contacts were from in and around the Roma and Cunnamulla areas and surrounds. The table below provides more detail on the postcode location of service demand.

<i>Number of Initial contacts Postcode</i>	
3	4455
1*	4490
<i>*impugned</i>	

What pregnant people are requesting:

From people within this HHS during the data period we received:

- 1 request for assistance with the cost of abortion.
- 2 requests for information about abortion generally.
- 1 request for information about surgical abortion.
- 1 request for information about medical abortion.

Whilst no contacts from this region requested information about contraception at time of abortion some regional and remote areas are lacking doctors who can provide LARC insertion, so travelling for abortion may also provide a much needed opportunity to access long acting contraception.

Age of women seeking abortion information and access:

Two out of the three initial contacts disclosed their age with one in the 14-15 age bracket and the other in the 35-39 year age bracket.

Gestation at first contact of women seeking abortion information and abortion access:

Two people disclosed the gestation of their pregnancy at first contact with the service, one under nine weeks and the other under twelve.

Psycho-social disadvantage:

Two of the three pregnant people for this HHS identified economic disadvantage at first contact with the service. In repeat contacts a range of psycho-social issues were disclosed, including; domestic violence, reproductive coercion, sexual assault, drug and alcohol issues, homelessness and identifying as Aboriginal or Torres Strait Islander. This indicates significant disadvantage in the two people in contact with the Children by Choice.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?

Despite the level of disadvantage disclosed in contact with our service by two of the three people, records show that no one from this HHS was financially supported to access an abortion or contraception at time of abortion, suggesting that barriers to access for people in the HHS are significant.

Possible Implications of the data:

The sample size of data from this HHS make it hard to predict the nature of service demand for abortion. What is clear is requests for abortion within the public system of this HHS are likely to be

very small in number and intermittent in their presentation but may involve people experiencing multiple levels of disadvantage. This points to the need for:

1. Clearly documented pathways for all staff in HHS,
2. Local provision of medical abortion perhaps through a designated Queensland Health telehealth service as recommended for other regional and remote HHS, and
3. An awareness and sensitivity to the impact of psycho-social issues on support required to facilitate access.

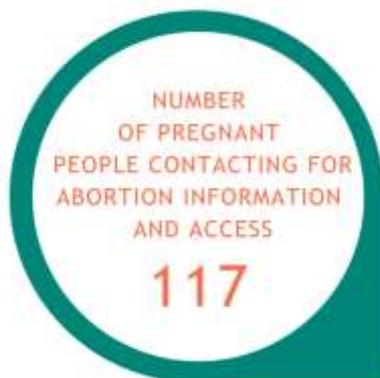
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE SUNSHINE COAST HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Sunshine Coast Hospital and Health Service district. We have collaborated with a small number of local services in this HHS and this has largely been led by Children by Choice. Very limited public provision of abortions on psycho-social grounds resulted from advocacy from Children by Choice during the data period. The level of contact with Children by Choice from women in this HHS seeking support for abortion access is a little lower than for other districts but in line with what might be expected given its population base. This data should give a reasonably accurate picture of likely number and nature of abortion requests in this HHS. Some postcode overlaps are noted and discussed below.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 117 initial contacts from pregnant people in the Sunshine Coast HHS (SCHHS) during the period July 2016- June 2018. This is a little lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with Children by Choice to fully resolve their needs, comparable to the 3.03 required for people in this HHS.

Typical profile of a person making enquiries about abortion access



A resident living in Nambour in an ongoing relationship. Aged between 20 - 24, with a pregnancy under 9 weeks gestation. They will be facing an economic disadvantage and affected by mental health issues. Typically this person will be referred to an MTOP GP.

Where people were contacting us from:

Postcode overlap is noted with Metro North HHS (4552) and Darling Downs HHS (4605, 4615). As numbers of contacts for these areas are small they are left in for the analysis of this HHS. Postcode

overlap with Wide Bay HHS are noted particularly for postcode 4570, Gympie and surrounds. Areas outside of SC HHS sharing this postcode were determined to be significantly smaller areas of population so are left in this HHS for this analysis. Requests for abortion information and access in this HHS are most likely to come from Nambour and surrounds, as well as from the areas in and around Gympie, Maroochydhore, and Caloundra.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-10	4518, 4519, 4550, 4552 [^] , 4555, 4556, 4557, 4559, 4561, 4562, 4563, 4565, 4566, 4567, 4573, 4575, 4580, 4605*, 4615*.
11-20	4551, 4558, 4570 [~] .
21-30	4560.

**Postcodes overlapped with Darling Downs HHS*
[^]Postcodes overlapped with Metro North HHS
[~]Postcodes overlapped with Wide bay HHS

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

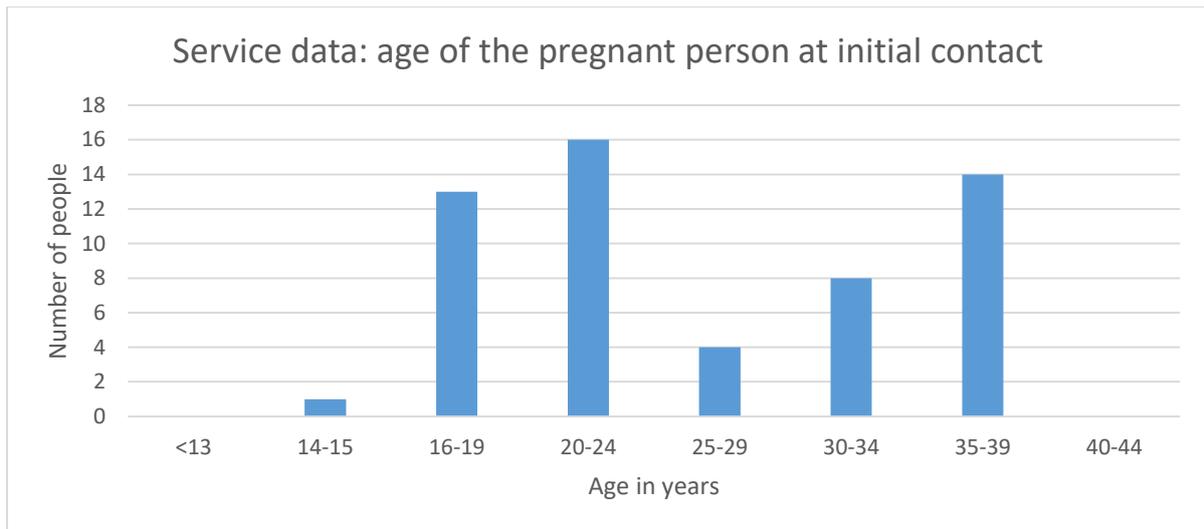
- 69 requests for assistance with the cost of abortion (59%).
- 35 requests for information about abortion generally (39.9%).
- 46 requests for information about surgical abortion (39.3%).
- 4 requests for information about telehealth (3.4%).
- 19 requests for information about contraception at time of abortion (16.2%).

Whilst these requests are generally in line with the state wide proportions, lower levels of request are observed for financial assistance to meet the cost of abortion, and higher levels of requests for only general information about abortion.

For pregnant people under 9 weeks gestation, 32 requested information about medical termination of pregnancy and 18 wanted information about surgical options (a ratio of 1.7:1). This is not quite typical of the Queensland population, with twice as many people enquiring about medical compared to surgical options. This may reflect the scarcity of GPs in the district providing medical abortion.

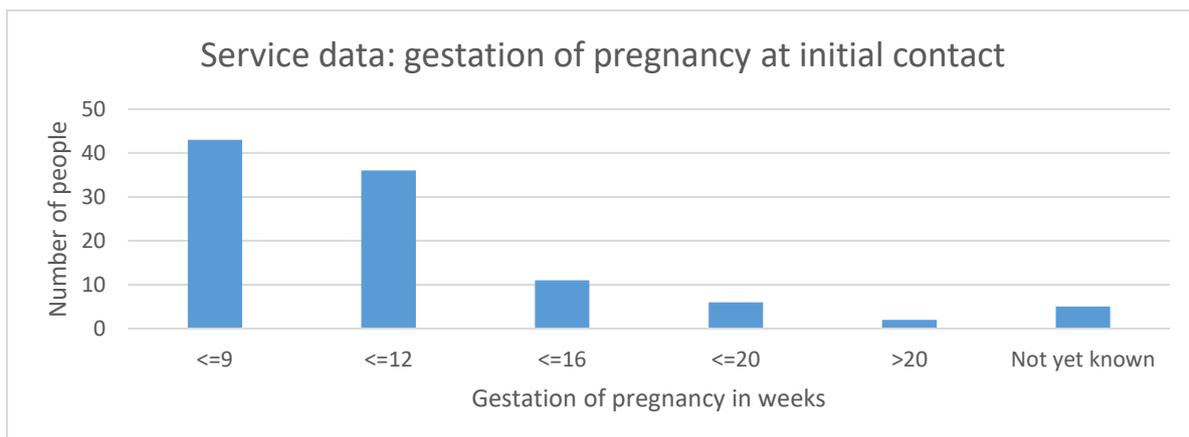
Age of women seeking abortion information and access:

47.9% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. Proportions in each age bracket observed for this HHS are not in line with the state data, with the under-representation of 25-29 year olds and the over-representation of 35-39 year olds most notable. Small sample sizes may explain this.



Gestation at first contact of women seeking abortion information and abortion access:

91.5% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. Proportions in each gestational bracket are in line with state wide data averages.



Psycho-social disadvantage:

Approximately 62.4% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 62.2% of contacts naming three or more forms of psycho-social disadvantage.

Higher rates of disclosure at repeat contact were observed for sexual assault (17 times more likely) homelessness (12.5 times more likely) reproductive coercion (11 times more likely) and domestic violence (almost 8 times more likely).* This has implications for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Issue of Psycho-social disadvantage	Disclosed at initial contact		Disclosed at repeat contact	
	N	%	N	%
*Domestic Violence	15	12.8	117	49.2
*Reproductive Coercion	8	6.8	89	37.4
*Sexual Assault	6	5.1	104	43.7

Child Protection	4	3.4	64	26.9
Drug & Alcohol	14	12	97	40.8
Mental Health	22	18.8	154	64.7
*Homelessness	4	3.4	50	21
Disability	1	0.9	27	11.3
Economic Disadvantage	54	46.2	209	87.8
Aboriginal and/or Torres Strait Islander	13	11.1	45	18.9%
CALD	12	10.3	10	4.2%

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

NB: no people disclosed being incarcerated, or being a refugee or asylum seeker

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Nine people identified their own health as a concern in their decision to end the pregnancy. 11 people identified concerns about pregnancy health or foetal anomaly in their pregnancy decision. Sample size may be too small to draw useful conclusions.

Additional barriers to abortion access:

Issues of financial disadvantage and of geography are discussed above. Data on other barriers to access are collected in the service data including child care, consent capacity issues, and lack of support from significant others. Lack of child care was named as a barrier to abortion access by 8 people.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$641. The average level of assistance required to facilitate LARC access was \$128. The average distance travelled to access abortion was 379km. One person had to drive 66 kilometres to access an abortion.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some forms of violence and control as detailed in the table below (some individuals may identify more than one form of violence and control):

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	9
<i>Historic Domestic Violence</i>	7
<i>Current Reproductive Coercion</i>	6
<i>Historic Reproductive Coercion</i>	4
<i>Current Sexual Assault</i>	1
<i>Historic Sexual Assault</i>	1

Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Despite small sample sizes it is significant to note that child protection issues were more frequent in this HHS than the state wide average (21.4% versus 7%).

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	6
<i>Drug & Alcohol</i>	8
<i>Mental Health</i>	19
<i>Secondary homelessness</i>	3
<i>Incarceration</i>	1
<i>Disability</i>	3
<i>Aboriginal and /or Torres Strait Islander</i>	7
<i>CALD</i>	2

NB: no one disclosed primary homelessness, or being a refugee or asylum seeker

Possible Implications of the data:

Geographic areas likely generate higher levels of request for abortion information and access can be confidently predicted. For those areas within this HHS with low levels of demand it will be important that referral pathways are clearly documented.

Building in contraceptive access at time of abortion, as well as screening and responding to social disadvantage, particularly issues of violence and control, is recommended for all publicly provided abortions.

Medical abortion is likely to be an acceptable method for ending early pregnancy by people from this HHS.

A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE TORRES AND CAPE HOSPITAL AND HEALTH SERVICE

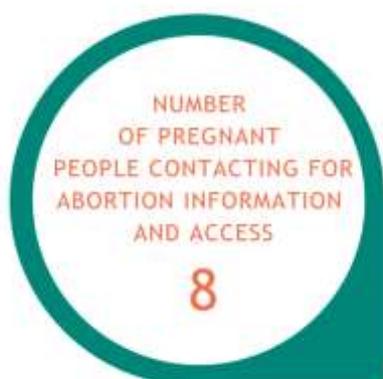
RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Thursday Island health services have been playing an active role in supporting local pregnant people to explore their pregnancy options and to offer medical abortion services. Contact with Children by Choice by pregnant people from the Torres and Cape Hospital and Health Service (T&C HHS) may be limited to people where medical abortion is not an option. The data may be an under-representation of the level of demand for abortion services in this HHS.

The level of contact with Children by Choice from women in the T&C HHS seeking support for abortion access is significantly lower than for many of other districts, as could be expected from its low population base. This HHS shares postcodes with the Cairns and Hinterland HHS making data difficult to interpret.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 8 initial contacts from pregnant people in the T&C HHS during the period July 2016-June 2018. This is significantly lower than the state average for all HSS (average of 169).

Repeat contacts (79) provide a picture of the level of service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, whereas in the T&C HHS they required 10.8 contacts. This is one of the highest rates in the state, demonstrating the burden of remoteness on the accessibility of abortion in this HHS.

Typical profile of a person making enquiries about abortion access



A single or separated Aboriginal or Torres Strait Islander, aged between 16 - 19. With a pregnancy of 16 weeks gestation. They will be facing an economic disadvantage and typically this person will be referred to a Sexual Health Service.

Where people were contacting us from:

As discussed above, postcode data from this HHS may be conflated with Cairns and Hinterland HHS due to the shared postcode of 4871. The postcode covers more than 50 localities. It is not possible to discern how likely these contacts are to come from this HHS. As such 4871 is left in for the analysis of this HHS and may skew the data.

<i>Postcodes</i>	<i>Frequency at initial contact</i>	<i>Frequency at initial contact</i>
4871*	5	51
4874	1	10
4875	2	17
4876	0	1

* Postcode shared with C&H HHS

What pregnant people are requesting at initial contact:

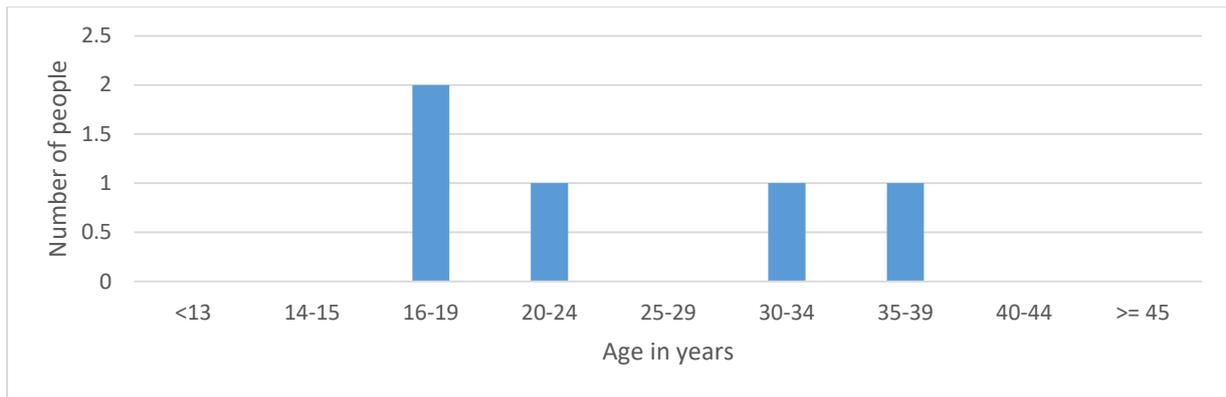
From people within this HHS during the data period we received:

- 1 request for information about abortion generally.
- 4 requests for information about surgical abortion.
- 2 requests for information about contraception at time of abortion.

For pregnant people under 9 weeks gestation, no one requested information about medical termination of pregnancy, one wanted information about surgical options and one about abortion more generally. Whilst a very small sample size, this is not quite typical of the Queensland population, where twice as many people enquired about medical compared to surgical options. This can be explained by the role of the Thursday Island health services in medical abortion.

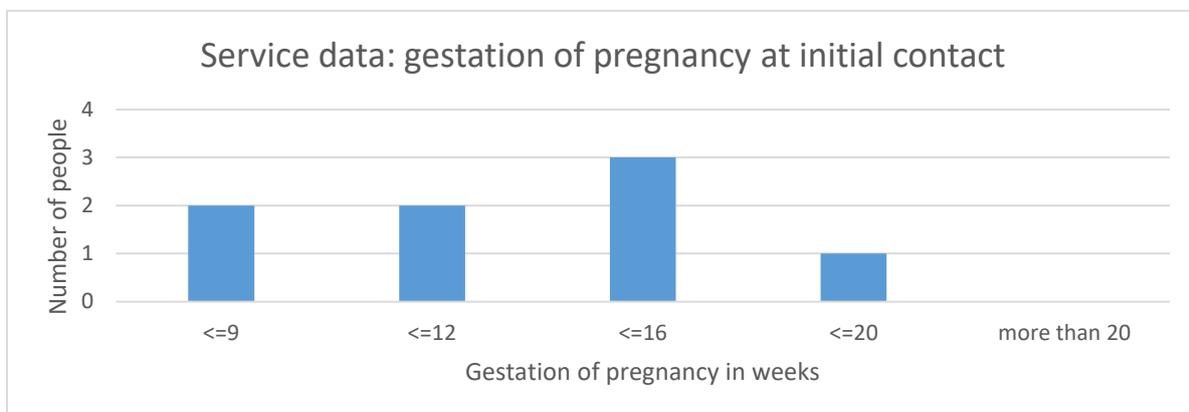
Age of women seeking abortion information and access:

About 60% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. While the 16-19 year age bracket is over-represented compared to state wide data, the sample size for this HHS makes it very hard to determine if this is a strong trend.



Gestation at first contact of women seeking abortion information and abortion access:

All people from this HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. This is not in line with state wide data but again sample sizes limit the conclusions that can be drawn from this.



Psycho-social disadvantage:

Approximately 87% of pregnant people for this HHS identified some form of disadvantage at first contact. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 60% of contacts naming three or more forms of psycho-social disadvantage.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>	<i>Disclosed at repeat contact</i>
	N	N
<i>Domestic Violence</i>	3	12
<i>Reproductive Coercion</i>	1	10
<i>Sexual Assault</i>	-	1
<i>Drug & Alcohol</i>	-	12
<i>Mental Health</i>	2	47
<i>Economic Disadvantage</i>	5	74
<i>Aboriginal and/or Torres Strait Islander</i>	5	62
<i>CALD</i>	-	2
<i>Refugee/Asylum seeker</i>	-	1

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed child protection issues, homelessness, incarceration or disability)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. No one identified these issues in relation to their pregnancy decision.

Additional barriers to abortion access:

Data on non-financial barriers to access are collected in the service data. Child care (4), geography (5) and lack of support from significant others (1) were named as additional barriers by people in contact with the service.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The level of financial assistance required to facilitate abortion access was \$685. The distance travelled to access abortion was 379km.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence and other forms of psycho-social disadvantage experienced by pregnant people, however with only one person provided with financial assistance it is not possible to draw conclusions about likely trends and issues. The person disclosed mental health issues and identified as Aboriginal and /or Torres Strait Islander.

Possible Implications of the data:

Whilst levels of request for abortion information and access are very low in this HHS significant levels of support are needed to facilitate access.

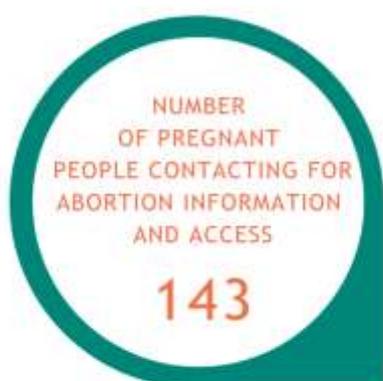
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE TOWNSVILLE HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has worked in collaboration with several women's services to support abortion access in the Townsville Hospital and Health Service (THHS). It should be noted that these services regularly supported local women independently of Children by Choice. As such the service data for this HHS may be an under-representation of the level and nature and request for abortion information and access.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 143 initial contacts from pregnant people in the Townsville HHS during the period July 2016- June 2018. This is slightly lower than the state average for all HSS (average of 169).

Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, as is the case for this HHS.

Typical profile of a person making enquiries about abortion access



A single person aged between 25 - 29 living in Townsville. This person will be facing economic disadvantage and domestic violence. With a pregnancy under 9 weeks gestation they will be referred to an MTOP GP.

Where people were contacting us from:

This HHS shares postcodes with Cairns and Hinterland HHS (4816) and North West HHS (4822). 4816 is most problematic as it has a higher level of demand and covers about 30 localities across both HHSs.

4816 remains in the data for analysis of this HHS. Postcode data reveals the vast majority of contacts were from Townsville and immediate surrounds.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-10	4807, 4808, 4812, 4817, 4818, 4819, 4820, 4822*, 4849, 4850.
11-20	4814, 4815, 4816^.
21-50	-
60-70	4810

What pregnant people are requesting:

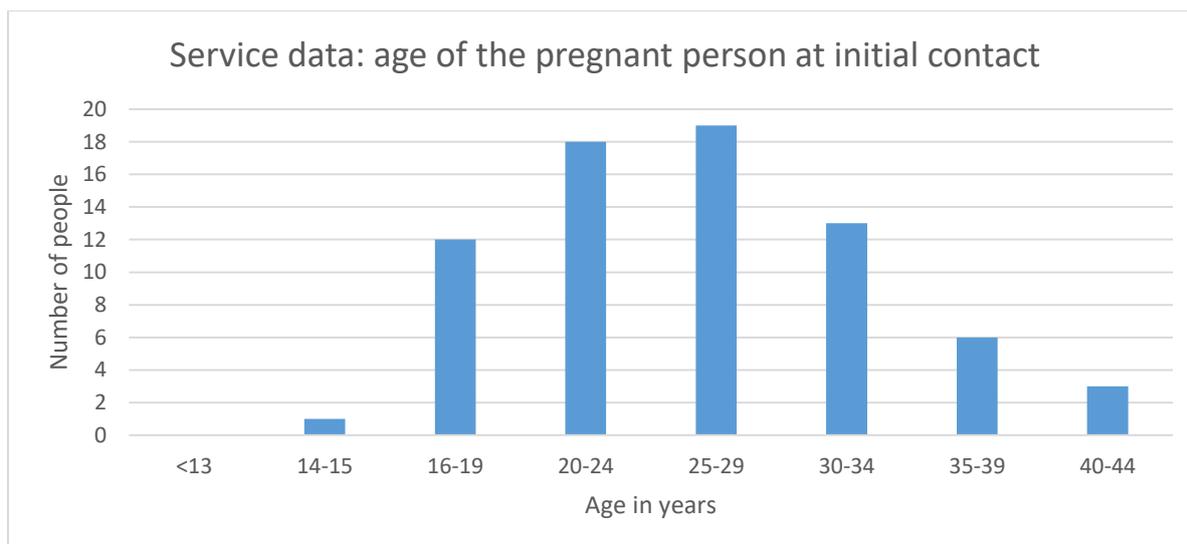
From people within this HHS during the data period we received:

- 95 requests for assistance with the cost of abortion (66.4).
- 29 requests for information about abortion generally (20.3%).
- 51 requests for information about surgical abortion (35.7%).
- 6 requests for information about telehealth (4.2%).
- 40 requests for information about contraception at time of abortion (28%).

For pregnant people under 9 weeks gestation, 45 requested information about medical termination of pregnancy and 17 wanted information about surgical options (a ratio of 2.6:1). This is not quite typical of the Queensland population, where twice as many people enquire about medical compared to surgical options. Increased interest in medical abortion in the HHS can be explained by local provision of GP provided bulk billed medical abortion and several other GP providers offering services at lower costs than abortion clinics.

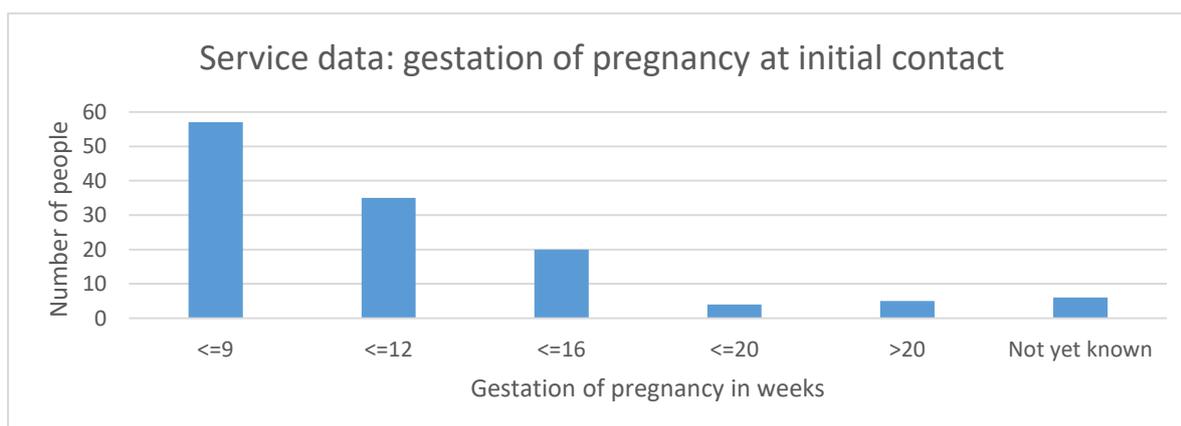
Age of women seeking abortion information and access:

Approximately 50% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. Of note 25-29 year olds are over-represented in this HHS compared to state wide data, with the most common age bracket being 20-24 years.



Gestation at first contact of women seeking abortion information and abortion access:

89% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. The proportions are in line with state wide data.



Psycho-social disadvantage:

Approximately 63% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 51.7% of contacts naming three or more forms of psycho-social disadvantage.

Of note is that higher rates of disclosure at repeat contact are observed for drug and alcohol issues (seven times more likely) and reproductive coercion (almost seven times more likely). This has implications for the level of support that might be required to facilitate access for these particularly disadvantaged groups.

Issue of Psycho-social disadvantage	Disclosed at initial contact		Disclosed at repeat contact	
	N	%	N	%
Domestic Violence	31	21.7	138	50.5
*Reproductive Coercion	8	5.6	54	19.8
Sexual Assault	7	4.9	18	6.6%

<i>Child Protection</i>	2	1.4	18	6.6
<i>*Drug & Alcohol</i>	12	8.4	84	30.8
<i>Mental Health</i>	32	22.4	109	39.9
<i>Homelessness</i>	4	2.8	15	5.5
<i>Incarceration</i>	1	0.7	-	-
<i>Disability</i>	5	3.5	6	2.2
<i>Economic Disadvantage</i>	69	48.3	215	78.8
<i>Aboriginal and/or Torres Strait Islander</i>	16	11.2	76	27.8
<i>CALD</i>	7	4.9	12	4.4
<i>Refugee/Asylum seeker</i>	-	-	1	0.4

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 15 women (10.5%) identified their own health as a concern in their decision to end the pregnancy, and eight (5.6%) identified pregnancy health or foetal anomaly concerns.

Additional barriers to abortion access:

Child care (4 people), consent capacity issues, lack of support from significant others (3) and language (1) were identified as additional barriers to access.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$576. The average level of assistance required to facilitate LARC access was \$95.40. A greater proportion of people in this HHS were assisted to access contraception at time of abortion than the state wide average (48% versus 35%). The average distance travelled to access abortion was 165km.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some forms of violence and control as detailed in the table below (some individuals may identify more than one form of violence and control):

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	9
<i>Historic Domestic Violence</i>	10
<i>Current Reproductive Coercion</i>	6
<i>Historic Reproductive Coercion</i>	3
<i>Current Sexual Assault</i>	2
<i>Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion</i>	

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Rates proportional to the total population of contacts from Queensland are observed, with the notable exception of drug and alcohol issues, which were more frequent in this HHS (21.9% versus 16.4%) and Aboriginal and Torres Strait Islander peoples who were more frequent in this HHS (34.4% versus 20.8%).

<i>Psycho-social disadvantage in those assisted with abortion and/or contraceptive access</i>	<i>Number of people</i>
<i>Child Protection</i>	1
<i>Drug & Alcohol</i>	7
<i>Mental Health</i>	15
<i>Secondary homelessness</i>	2
<i>Disability</i>	3
<i>Aboriginal and/or Torres Strait Islander</i>	11

Possible Implications of the data:

Given the levels of violence and reproductive coercion and the interest in contraception at the time of abortion for people in this HHS, current public-private partnerships may need to be reviewed to ensure access to contraception at time of abortion, especially for those where issues of violence are identified.

Given the interest and acceptability of medical abortion in the HHS, consideration could be given to adequately resourcing the sexual health service to play a wider role in cost effective provision.

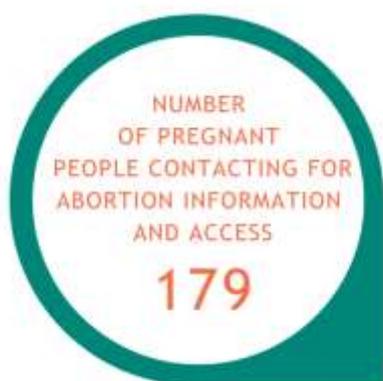
A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE WEST MORETON HOSPITAL AND HEALTH SERVICE

RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the West Moreton Hospital and Health Service (WMHHS). Whilst we have collaborated with local services this has largely been led by Children by Choice. Since the data collection time period, one significant local service no longer has suitable funding to assist local people facing economic disadvantage with abortion access. West Moreton HHS shares some postcodes with neighbouring HHSs which may conflate the data slightly as discussed below.

SERVICE DATA RESULTS

Overview of service demand:



Children by Choice received a total of 179 initial contacts from pregnant people in the WMHHS during the period July 2016-June 2018. This is in line with the state average for all HSS (average of 169).

Repeat contacts (550) provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs. In the WMHHS they required 3.1, slightly above the state average.

Typical profile of a person making enquiries about abortion access



Living in either Ipswich or Goodna and aged between 20 - 24 years old. This person will be single or married with a pregnancy under 12 weeks gestation. They will be facing an economic disadvantage and possibly affected by domestic violence or mental health issues. Typically, this person will be referred to an MTOP GP.

Where people were contacting us from:

This HHS shares some postcodes with neighbouring HHS as indicated in the table below. None of the shared postcodes relate to areas of significant demand and so all overlapping postcodes are retained for data analysis of this HHS. Areas of peak request for support are highest in and around Ipswich, Goodna and Redbank.

<i>Frequency at initial contact</i>	<i>Postcodes</i>
0-5	4070 [^] , 4124 [~] , 4285 [~] , 4310 [~] , 4311, 4313, 4341, 4343, 4344, 4345, 4347, 4352 [*] .
6-10	4303, 4304, 4306 [~] 4341
11-30	-
31-40	4301
41-50	4300, 4305

**Postcodes shared with Darling Downs HHS*
[^]Postcodes shared with Metro North HHS
[~]Postcodes shared with Metro South HHS

What pregnant people are requesting at initial contact:

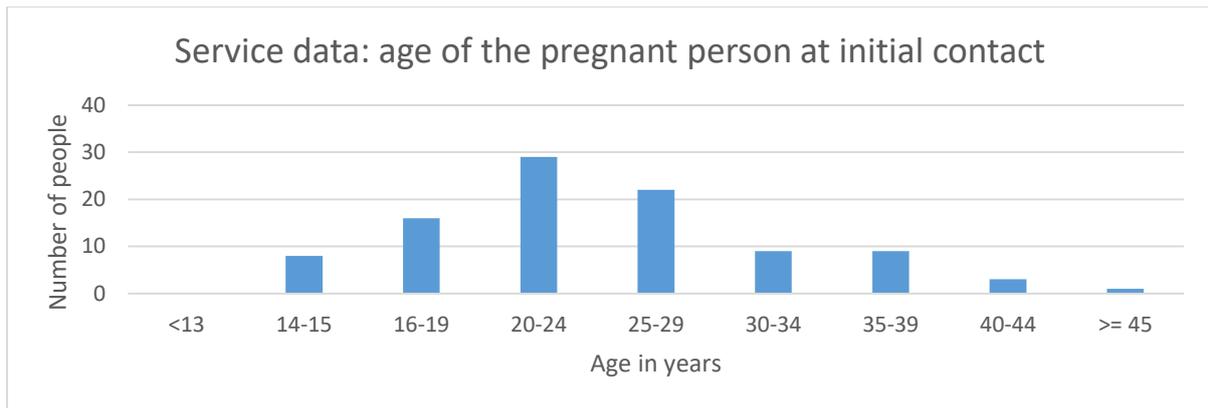
From people within this HHS during the data period we received:

- 118 requests for assistance with the cost of abortion (65.9%).
- 50 requests for information about abortion generally (27.9%).
- 68 requests for information about surgical abortion (38%).
- 4 requests for information about telehealth (2.2%).
- 42 requests for information about contraception at time of abortion (23.5%).

The proportions for all requests are in line with state averages. For pregnant people under 9 weeks gestation, 51 requested information about medical termination of pregnancy, and 22 wanted information about surgical options (a ratio of 2.3:1). This is slightly higher than the average Queensland population, with twice as many people enquiring about medical compared to surgical options. This could be explained by the presence of a good local medical abortion provider in an area with no local surgical provider, or may also reflect the financial barriers to surgical options, with local medical termination being significantly cheaper/more affordable.

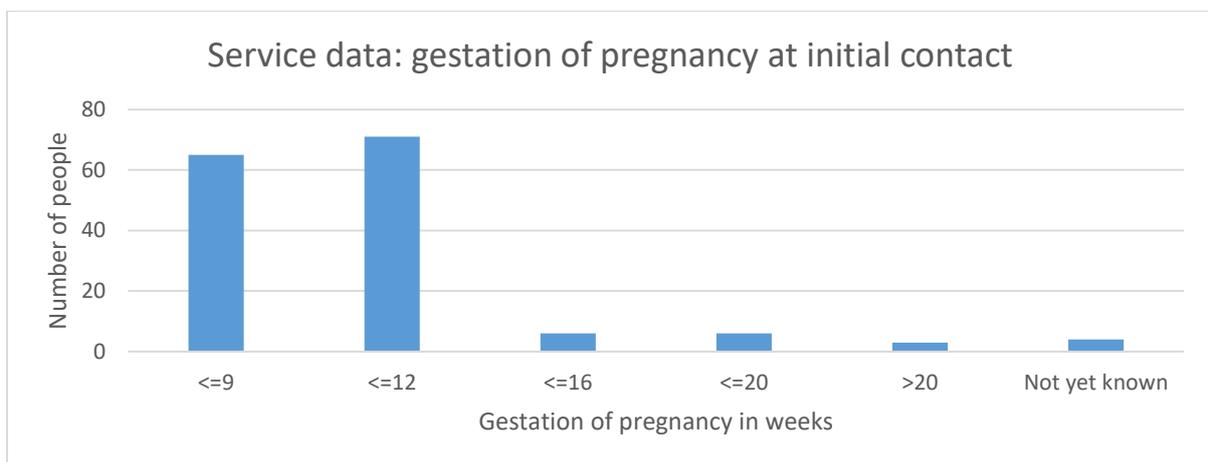
Age of women seeking abortion information and access:

Approximately 55% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. Proportions of each age bracket are mainly in line with the state averages. A slightly higher proportion of 14-15 years are observed, however sample sizes are too small to draw conclusions.



Gestation at first contact of women seeking abortion information and abortion access:

Approximately 90% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. Proportions for under 9 weeks in this HHS are in line with state wide averages. However, pregnant people in this HHS under 12 weeks represent a larger proportion than for the state wide data (39.7% versus 29.1%), with less people presenting in the under 16 weeks and under 20 week brackets.



Psycho-social disadvantage:

Approximately 68% of pregnant people for this HHS identified some form of disadvantage at initial contact. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 36.6% of contacts naming three or more forms of psycho-social disadvantage.

It should be noted that higher rates of disclosure at repeat contact for reproductive coercion issues (almost three times more likely), sexual assault (10 times more likely) and identifying as Aboriginal and Torres Strait Islander (almost 19 times more likely) are observed. This has implications for the level of support that might be required to facilitate access for these particularly disadvantaged groups in this HHS.

Issue of Psycho-social disadvantage	Disclosed at initial contact		Disclosed at repeat contact	
	N	%	N	%
Domestic Violence	35	19.6	164	44.
Reproductive Coercion	10	5.6	55	14.8
Sexual Assault	5	2.8	83	22.4

<i>Child Protection</i>	5	2.8	52	14
<i>Drug & Alcohol</i>	15	8.4	66	17.8
<i>Mental Health</i>	40	22.3	183	49.3
<i>Homelessness</i>	4	2.2	12	3.2
<i>Incarceration</i>	-	-	-	-
<i>Disability</i>	2	1.	9	2.4
<i>Economic Disadvantage</i>	103	57.5	327	88.1
<i>Aboriginal and/or Torres Strait Islander</i>	14	7.8%	70	18.9
<i>CALD</i>	9	5%	84	22.6
<i>Refugee/Asylum seeker</i>	-	-	2	0.5

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. 23 women identified their own health as a concern in their decision to end the pregnancy, and 10 named the health of the pregnancy.

Additional barriers to abortion access:

Data on additional barriers to abortion access are collected with child care (3), lack of support from significant others (7), and language (1) being named by pregnant people from this HHS.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



Whilst this HHS represented only 7% of the state wide initial contacts with the service, it represents 11% of those that received financial assistance for abortion and contraception. The average level of financial assistance required to facilitate abortion access was \$385. The average level of assistance required to facilitate LARC access was \$115.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of pregnant people in this HHS who were assisted to access abortion and contraception reported some forms of violence and control, as detailed in the table below (some individuals may identify more than one form of violence and control). Rates of current domestic violence and reproductive coercion are of note:

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	21
<i>Historic Domestic Violence</i>	16
<i>Current Reproductive Coercion</i>	11
<i>Historic Reproductive Coercion</i>	3
<i>Current Sexual Assault</i>	3
<i>Historic Sexual Assault</i>	3
<i>Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion</i>	

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below, with some individuals identifying more than one form of disadvantage. Despite the prevalence of issues of violence and control in this HHS, other forms of disadvantage were proportionally less significant than the state wide averages, except for those identifying as CALD or experiencing secondary homelessness, which were higher.

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	3
<i>Drug & Alcohol</i>	10
<i>Mental Health</i>	37
<i>Primary Homelessness</i>	0
<i>Secondary homelessness</i>	9
<i>Incarceration</i>	0
<i>Disability</i>	0
<i>Aboriginal and/or Torres Strait Islander</i>	14
<i>CALD</i>	13
<i>Refugee/Asylum</i>	0
<i>NB: no one disclosed disability, incarceration or primary homelessness</i>	

Possible Implications of the data:

A significant number of people faced financial barriers to abortion access in this HHS. Local services in this HHS have a reduced capacity to ameliorate this economic disadvantage. Suitable pathways to support affordable abortion access will be critical in ensuring that this HHS offers equitable abortion access compared to other HHSs.

The interest in medical abortion and the high proportion of pregnant people in this HHS presenting for abortion under nine weeks gestation warrants consideration of incorporating medical abortion as part of the West Moreton Sexual Health service, as happens in a number of other HHSs providing a cost effective model of public provision. Affordable surgical pathways for people over 9 weeks could be achieved by partnerships with private surgical abortion providers as is happening in other HHSs, or ensuring smooth pathways for public provision on psycho-social grounds.

A COMPILATION OF TERMINATION OF PREGNANCY REQUEST DATA IN THE WIDE BAY HOSPITAL AND HEALTH SERVICE

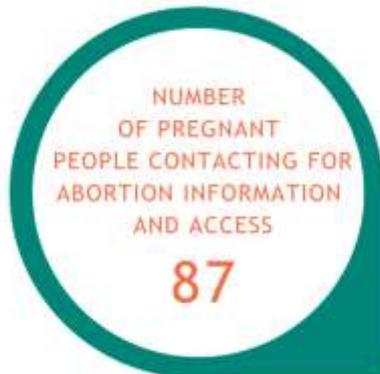
RELATIONSHIP BETWEEN CHILDREN BY CHOICE AND THIS GEOGRAPHIC AREA

Children by Choice has played a leading role in supporting abortion access for people in the Wide Bay Hospital and Health Service (WBHHS). Whilst we have collaborated with local services this has largely been led by Children by Choice.

Analysis of postcode data for this HHS presents challenges. The postcode of 4570 is shared with the Sunshine Coast HHS and 4680 is shared with Central Queensland HHS. Geographic areas covered by this postcode shows major population centres falling outside the WBHHS. Contact levels from these two shared postcodes contribute 43% of initial contacts. Address details from financial assistance clients showed that none of the people financially assisted in postcodes 4570 and 4680 resided in WB HHS Service area. For this reason service data and financial assistance data for postcodes 4570 and 4680 have been excluded from the analysis for this HHS. Whilst financial assistance data will be accurate for the HHS, service data may be an under-representation of the forecast.

SERVICE DATA RESULTS

Overview of service demand:



The level of contact with Children by Choice from pregnant people in this HHS seeking support for abortion access is significantly less than the state average which can be expected for an area of relatively low population.

Children by Choice received a total of 87 initial contacts and 238 repeat contacts from pregnant people in the Wide bay HHS during the period July 2016- June 2018. This is approximately half of the state average for all HSS (average of 169). Repeat contacts provide a picture of the number of contacts with the service required to fully resolve the pregnant person's abortion information and access needs. Queensland wide, people required approximately 2.9 contacts with the Children by Choice service to fully resolve their needs, where as in the WB HHS they required 3.7 contacts. This may be reflective of the additional barriers to access for a geographic area where there were few local medical abortion options and no local surgical abortion options.

Typical profile of a person making enquiries about abortion access



Living in Bundaberg and aged between 20 - 24 years old. This person will be single or in a defacto relationship with a pregnancy under 9 weeks gestation. They will be facing economic disadvantage, mental health issues and domestic violence. Typically, this person will be referred to an MTOP GP.

Where people were contacting us from:

As discussed above, postcode data from this HHS presents challenges, with data from postcodes 4570 and 4680 excluded from the analysis. Bundaberg, Hervey Bay and Maryborough being key areas of requests for assistance with abortion information and access.

<i>Number of Initial contacts</i>	<i>Number of repeat contacts</i>	<i>Postcode</i>
45	109	4670
24	56	4655
14	55	4650
2	12	4677
1	5	4671
1	0	4625
0	1	4660

What pregnant people are requesting at initial contact:

From people within this HHS during the data period we received:

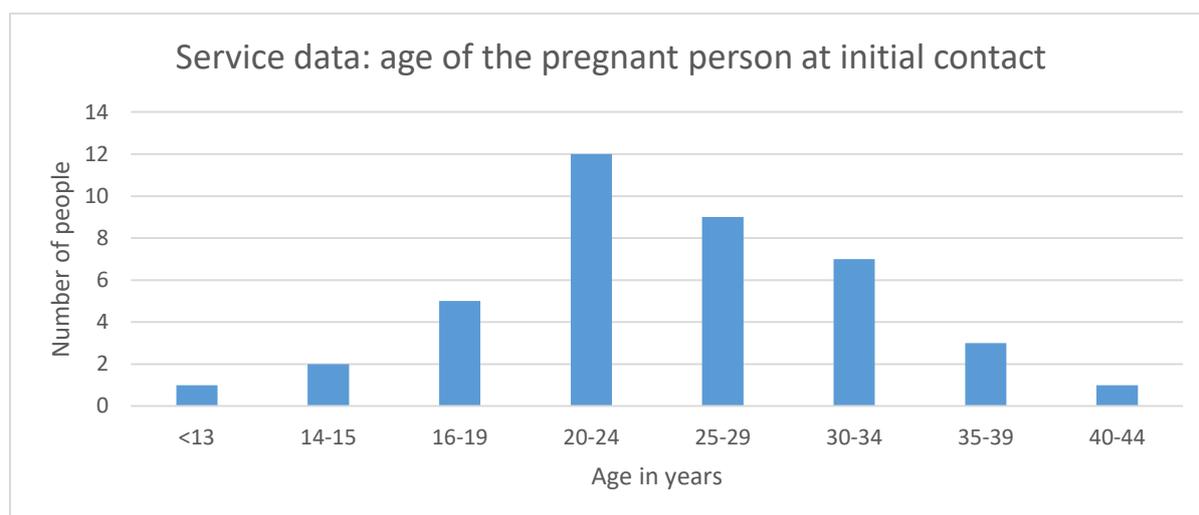
- 59 requests for assistance with the cost of abortion (67.8%).
- 17 requests for information about abortion generally (19.5%).
- 36 requests for information about surgical abortion (41.4%).
- 9 requests for information about telehealth (10.3%).
- 21 requests for information about contraception at time of abortion (24.1%).

Proportionally these are in line with the state data except for telehealth which is three times more common (10.3% versus 3.4%). This can be explained by the very low numbers of GPs providing medical abortion in the HHS, with only one known to the service.

For pregnant people under 9 weeks gestation, 23 requested information about medical termination of pregnancy and 12 wanted information about surgical options (a ratio of 2:1). This is in line with the state wide data.

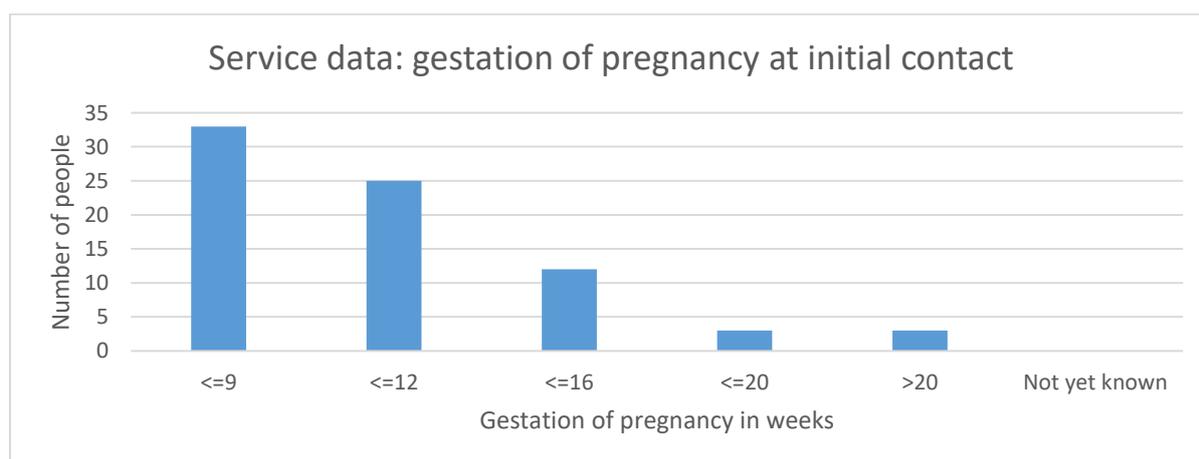
Age of women seeking abortion information and access:

46% of people from this HHS disclosed the age of the pregnant person in the initial contact. The graph below shows the number of people in each age bracket. Proportions are generally observed to be in line with state data, with some aberrations being from sample sizes too small to confirm trends.



Gestation at first contact of women seeking abortion information and abortion access:

Approximately 90% of people from the HHS disclosed the gestation of the pregnancy in the initial contact. The graph below shows the number of people with a pregnancy in each gestational bracket. Proportions are in line with the state wide data.



Psycho-social disadvantage:

Approximately 68% of pregnant people for this HHS identified some form of disadvantage. As can be seen from the table below, pregnant people in contact with the service on more than one occasion are likely to identify multiple disadvantage, with 66.4% of contacts naming three or more forms of psycho-social disadvantage.

It should be noted that higher rates of disclosure at repeat contact for reproductive coercion, drug and alcohol issues, Aboriginal and Torres Strait Islander and disability are observed, however sample sizes for all these groups are too small to report as reliable trends.

<i>Issue of Psycho-social disadvantage</i>	<i>Disclosed at initial contact</i>		<i>Disclosed at repeat contact</i>	
	<i>N</i>	<i>%</i>	<i>N=</i>	<i>%</i>
<i>Domestic Violence</i>	15	17.2	131	55
<i>Reproductive Coercion</i>	4	4.6	85	35.7
<i>Sexual Assault</i>	6	6.9	39	16.4
<i>Child Protection</i>	2	2.3	10	4.2
<i>Drug & Alcohol</i>	8	9.2	94	39.5
<i>Mental Health</i>	20	23	132	55.5
<i>Homelessness</i>	3	3.4	20	8.4
<i>Disability</i>	2	2.3	17	7.1
<i>Economic Disadvantage</i>	44	50.6	201	84.5
<i>Aboriginal and/or Torres Strait Islander</i>	7	8	87	36.6
<i>CALD</i>	5	5.7	2	0.8

Table One: nature of psycho-social issues disclosed by people at initial and repeat points of contact.

(NB: no people disclosed incarceration or being a refugee or asylum seeker)

Maternal and foetal health concerns:

Children by Choice service data also records issues of maternal and foetal health concern or foetal anomaly issues. Eleven women identified their own health as a concern in their decision to end the pregnancy and five identified pregnancy health as a concern in their pregnancy decision. Sample size may be too small to draw useful conclusions.

Additional barriers to abortion access:

Data on other barriers to access are collected in the service data. Seven people identified child care as an additional barrier, three lack of support from significant others and two language.

FINANCIAL ASSISTANCE DATA RESULTS

What did it take to support pregnant people contacting the service to access abortion and contraception at time of abortion?



The average level of financial assistance required to facilitate abortion access was \$644. The average level of assistance required to facilitate LARC access was \$87.50.

Financial assistance and issues of psycho-social disadvantage

Financial assistance data reveals richer information about issues of violence experienced by pregnant people. A significant number of people assisted to access abortion and contraception reported some form of violence and control, as detailed in the table below (some individuals may identify more than one form of violence and control):

<i>Historic and current violence and control</i>	<i>Number</i>
<i>Current Domestic Violence</i>	6
<i>Historic Domestic Violence</i>	7
<i>Current Reproductive Coercion</i>	6
<i>Historic Reproductive Coercion</i>	5
<i>Current Sexual Assault</i>	0
<i>Historic Sexual Assault</i>	1

Frequency of issues of violence and control disclosed by people who received financial assistance to access an abortion

Other psycho-social disadvantage in those assisted to access abortion and contraception at the time of abortion are tabled below. Rates proportional to the total Queensland data are observed, with the notable exception of drug and alcohol issues, which were less frequent in this HHS (9.5% versus 16.4%) and mental health issues, which were more frequent in this HHS (71.4% versus 50.6%).

<i>Other psycho-social disadvantage in those assisted with access</i>	<i>Number of people</i>
<i>Child Protection</i>	1
<i>*Drug & Alcohol</i>	2
<i>*Mental Health</i>	15
<i>Disability</i>	1
<i>Aboriginal and Torres Strait Islander</i>	4
<i>CALD</i>	2

NB: no one disclosed primary or secondary homelessness, being an asylum seeker or refugee or experiencing incarceration.

Possible Implications of the data:

Despite the challenges in analysing the postcode data for this HHS, clear geographic areas of request are observed.

Given the acceptance of medical abortion by those under nine weeks at time of contact and the interest in telehealth, consideration could be given to establishing medical abortion service as part of the Bundaberg Sexual Health Service, with medical abortion offered as a telehealth service to other areas of the HHS.

Also, given the geographic barriers to private surgical abortion, public and public-private partnership pathways will be critical to equity of abortion access for people in this HHS.

DEFINITIONS:

Economic disadvantage is defined by having no income, being eligible for a Department of Social Security Health Care Card, and/or being subjected to financial control by a significant other that limits or prevents access to income.

Reproductive coercion: Any perpetrator behaviour aimed at establishing and maintaining power and control over a person by interfering with their reproductive autonomy. Examples might include, pressure to become pregnant, contraceptive sabotage, and pregnancy outcome control.

Domestic Violence: experiences of current, recent and historical were all included in the data recording in the service data. Financial assistance data was able to distinguish between recent and historical violence and that related to the man involved in the pregnancy.

LARC: long acting reversible contraception

Telehealth: provision of medical abortion services via a telehealth model

References/end notes:

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