



CHILDREN BY CHOICE  
ASSOCIATION INCORPORATED

# Queensland Women's Health Strategy

January 2023

# Introduction

**Children by Choice is pleased to make this submission to the Senate Community Affairs References Committee's Inquiry into Universal Access to Reproductive Healthcare 2022.**

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## About Children by Choice

Children by Choice provides counselling, information and education services on all pregnancy options, including abortion, adoption, kinship and alternative care and parenting. We provide a Queensland-wide counselling, information and referral service for pregnancy. Nationally we deliver sexual and reproductive health education sessions in schools and youth centres and offer training for GPs and other health and community professionals on pregnancy options, reproductive coercion and post abortion counselling across Australia.

We also advocate for improvements to law and policy that would increase access to reproductive health services and information. We are recognised nationally and internationally as a key advocacy group for reproductive and sexual health.

Our pregnancy options counselling service assists 1800–2400 women and pregnant people each year in Queensland through our funding from the Department of Justice and Attorney General. This represents about 15%–20% of abortion seekers in Queensland.

Our education and community engagement team provides training and information to 1900 professionals and students each year.

Our 2022 programs included a Multicultural project, co-designing digital, video and print resources for 4 language groups on pregnancy options, contraception and reproductive coercion. We also partnered with WWILD Sexual Violence service to co-design resources designed for health professionals working with women with intellectual disabilities. Children by Choice have partnered with Women's Health Tasmania to deliver education and professional development in a Tasmanian context. We recently finished a 3 year Queensland Rural, Regional and Remote Abortion Access project which supported access to abortion in marginalised areas.

Our Queensland Abortion and Contraception online map was launched in 2021 in a move to increase transparency and accessibility of abortion and contraception services to the general public and those supporting people seeking services.

Children by Choice has continued to advocate for access to legal, safe, timely, compassionate healthcare and protections for reproductive rights in conjunction with supporting bodily autonomy and reproductive justice.

We developed an Australian position statement after the US overturned Roe v Wade with over 700 individuals and organisations signing on to voice their support for reproductive rights in Australia. We called upon state and territory Health Ministers to embed essential reproductive healthcare into our public health services.

Children by Choice is a member of the Queensland Sexual Health Clinical Network termination of pregnancy working group and is involved in the development of an action plan for Queensland Health provision of abortion in public and primary health settings.

We are representatives on many committees and working groups, ensuring that reproductive health and rights are part of submissions and consultation with government and other stakeholders, such as:

- Women's Health Services Alliance of Queensland
- Ending Violence Against Women Queensland
- SPHERE Coalition for sexual and reproductive health
- QCOSS Women's Equality Network
- Equality Rights Alliance
- Queensland Abortion and Contraception Community of Practice
- QCOSS CEO Network

**Our vision is that people can freely and safely make their own reproductive and sexual health choices without barriers.**

## Contact

**Daile Kelleher**

Chief Executive Officer

Children by Choice

07 3357 9933 (ext 1)

0409 625 189

[DaileK@childrenbychoice.org.au](mailto:DaileK@childrenbychoice.org.au)

Our **Annual Reports and Strategic Plan** are available on our website at [www.childrenbychoice.org.au](http://www.childrenbychoice.org.au).

# Executive Summary

Children by Choice welcomes the government consultation on a Queensland Womens Health Strategy. The social determinants of health are an important focus area in improving women's health and gender equality.

Reproductive health and in particular, access to termination services are so often sidelined issues, despite the high need for these services, and the significant, long-term impact of inaccessibility. The social determinants such as low socio-economic status, lower educational attainment and health literacy, living rurally or remotely and broader societal factors such as racism and ableism all impact a person's ability to access reproductive health services. These determinants should be at the forefront of the strategy in all health areas, however we wish to highlight the significance they have on reproductive health and the need to address them in Queensland.

While we acknowledge the important initiatives the government has in place to support the health of women and girls, we do believe there is a gap in focus and funding for reproductive health and more specifically for terminations. Children by Choice wants to use this opportunity to highlight the current barriers and support the government to invest in the programs and resources that we know to be enablers.

As outlined in the National Women's Health Strategy 2020–2030 priority area 1 – Maternal, sexual and reproductive health is a priority for Australian women and girls and must be considered within the social and cultural context of women's lives. It is not simply about the absence of disease, but refers to a state of physical, mental and social wellbeing across all stages of life. Factors contributing to maternal, sexual and reproductive health include the role of women in society and the control women have over their own bodies, reproductive choices and lifestyle. This highlights the need for women and girls to be informed of, and to have access to, safe, effective, affordable and acceptable forms of fertility regulation, health services and support.

A key priority area for action is increasing access to sexual and reproductive health care information, diagnosis, treatment and services, with a measure of success being equitable access to pregnancy termination services. Specifically, the National Women's Health Strategy 2020–2030 prioritises working towards universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies, including contraception and options for addressing unplanned pregnancies, including access to termination services.

# Executive Summary

In 2022 Children by Choice released research on 3 years of pregnancy options counselling data following the implementation of the Queensland Termination of Pregnancy Act 2018 – Termination of Pregnancy in Queensland post-decriminalisation: a content analysis of client records from an all-options pregnancy counselling organisation. [1]

This research found that the key reasons people contacted our service post decriminalisation of abortion were for financial assistance, information on termination of pregnancy and support for decision making. Facilitators and barriers affecting access to termination of pregnancy included affordability, violence, stigma, knowledge and information.

Our key recommendations were that future models of care must eliminate barriers by developing public models of service provision, investing in workforce development, fully utilising the capacity of that workforce, and creating stronger connections between sexual and reproductive health and intimate partner violence services.

In the 5 years since the Queensland Termination of Pregnancy Act passing, our research shows that despite decriminalisation, the intersectionality of power and choice affecting reproductive rights in Queensland continues, especially for priority populations. The Queensland Government is currently developing an 'Action Plan' for access to abortion across the state, due to be released in April 2023. This 'Action Plan' must address these barriers urgently.

We urge the Queensland Labor Government to learn from other jurisdictions who have reformed their abortion legislation. The implementation of the legislative reform must be collaborative and consultative with consumers, providers, public and private systems and services such as Children by Choice and ensure all public hospitals provide compassionate termination of pregnancy care for all termination of pregnancy care.

Children by Choice has detailed relevant research and evidence from our service on the terms of reference below. We have a number of recommendations for the Queensland Women's Health Strategy.

## Our Key Recommendations:

- 1 Align with the National Women's Health Strategy 2020–2030 and commit to universal access to reproductive healthcare and termination of pregnancy by 2030
- 2 Establish a taskforce on abortion care for recommendations on long term measures to reach universal access.
- 3 Establish a taskforce on abortion care for recommendations on long term measures to ensure all Queenslanders can access their choice of abortion services without barriers or delays by funding a Queensland independent service to provide information, referral, funding and all options pregnancy counselling and post abortion support to ensure access to primary, public and private healthcare is clear and barriers are reduced. Measures to reach universal access.
- 4 Support the workforce by establishing an independent state-wide telephone information and referral service for health care professionals supporting their patients linking them to safe, credentialled providers of termination services. This would help healthcare professionals meet their obligations under conscientious objection legislation and reduce delays to compassionate abortion care.
- 5 Resource the Children by Choice map of abortion and contraception services: Children by Choice website for Queensland
- 6 Develop a public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- 7 Increase research and data on abortion access and barriers in Australia by resourcing state-wide projects on abortions in Queensland. Report annually on progress made on the Queensland Women's Health Strategy.

# Response to questions

## **1. What, if any, would be the difficulties or key barriers you have experienced, or seen, for women and girls accessing health services?**

Key barriers in Queensland for accessing termination of pregnancy services

- Financial cost
- Information on where to receive healthcare
- Timeliness of care
- Local services available
- Conscientious objection
- Reproductive coercion and abuse
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In 2022, Children by Choice released research on 3 years of pregnancy options counselling data following the implementation of the Queensland Termination of Pregnancy Act 2018 – Termination of Pregnancy in Queensland post-decriminalisation: a content analysis of client records from an all-options pregnancy counselling organisation [1]. This research found an array of barriers faced by pregnant people who contacted our service post decriminalisation of abortion.

Clients contacting Children by Choice from regional, rural and remote Queensland seeking pregnancy decision making support and abortion access, when compared with those in metropolitan areas, required more contact with our counsellors, needed greater financial support, were more likely to report domestic violence (38% vs 32%) and sexual assault (17% vs 13%), and travelled more than five times the distance (205km vs 41km each way) to access abortion services (CbyC client data, 2017).

With healthcare providers either being protected by the legislation to withdraw care as a conscientious objector, or being understaffed with limited trained professionals, there is a significant lack of availability in abortion care services. Lack of availability is a significant barrier to pregnant people accessing abortion care, which intersects with other social determinants of health and restricts pregnant individuals from accessing the healthcare they deserve and have a right to receive. Individuals from non-Metropolitan areas report having their closest provider often a great distance away from where they are located which results in unexpected and often unaffordable time and travel related costs. Furthermore, in some areas there is little to no access to transportation that would aid them in accessing the closest abortion providers. Such barriers also greatly impact pregnant people from diverse backgrounds who have limited accessibility to compassionate and culturally sensitive services. Given the stigma and fear associated with having an abortion, the experience can be very emotionally straining and having a culturally respectful provider who understands the person's value system can make a stark difference in the patient's healthcare experience. The issue of scarcity in healthcare accessibility is only compounded as a pregnant person's gestation period increases. accelerated the further into the gestation period an individual is.

Such barriers also greatly impact pregnant people from diverse backgrounds who have limited accessibility to compassionate and culturally sensitive services. Given the stigma and fear associated with having an abortion, the experience can be very emotionally straining and having a culturally respectful provider who understands the person's value system can make a stark difference in the patient's healthcare experience. The issue of scarcity in healthcare accessibility is only compounded as a pregnant person's gestation period increases. accelerated the further into the gestation period an individual is.

Our report found costs of abortion related services to be a key barrier in accessing termination of pregnancy. Termination of pregnancy can vary depending on whether the pregnant person is Medicare holder or not, from approximately \$350 for medical abortion to \$8500 for a surgical abortion. Further indirect costs include sanitary hygiene products, childcare arrangements, time off work and travel related costs. Even when these significant financial barriers can be overcome, many individuals reported that their interactions with general practitioners when trying to locate an abortion provider were uninformative and stigmatising. Children by Choice found healthcare employers conscientious objection to termination of pregnancy to be another crucial hurdle to access. As detailed in Keogh et al.'s (2019) [2] research, legislation for conscientious objection aims to protect the right of a woman to access an abortion, doctors had directly contravened the law by not referring; attempted to make women feel guilty; attempted to delay women's access; or claimed an objection for reasons other than conscience. Conscientious objectors have even gone as far as to lie about the legality of abortion in Australia to pregnant individuals who lack knowledge of their legal rights. Use or misuse of conscientious objections by Government telephone staff, pharmacists, institutions, and political groups and other pathways to abortion access is also reported.

Deficiencies in practitioner attitudes, education and training are repeatedly raised in research as an immense non-legal barrier for pregnant people. Pregnancy promoting behaviors by professionals is a form of reproductive coercion, which is an under-researched, often under-reported barrier to pregnant people seeking abortion services. Pregnant individuals encounter reproductive coercion and abuse from their partners and extended families as well, who force or manipulate the person into either getting an abortion or continuing the pregnancy. [3]. The Australian Institute of Family Services has observed 'a strong correlation in the research between unintended pregnancy and domestic and family violence' and referenced research where 'women described various ways in which abusive partners had controlled their reproductive and sexual choices including sabotaging their contraception; refusing to use contraception; rape; and attempting to influence the outcome of pregnancies [4].

Pregnant people having to ask their partner or extended family permission to utilise abortion services is another barrier seen among our clients. Individuals may come from religious or cultural backgrounds that do not approve of termination of pregnancy, and as a result pregnant individuals may have to continue an unwanted pregnancy in the fear of being abandoned, ostracised or violence by those around them. This is financially unfeasible for a significant proportion of pregnant people, who have a lack of income or limited access to their funds due to family or partner overlooking their finances. Equally, for some cultures, having a child outside of marriage is considered taboo and continuing a pregnancy puts them in an unsafe situation.

Children by Choice strongly advocates for bodily autonomy and informed and uncoerced pregnancy decision making. These various, prominent barriers in their pathway have a range of negative consequences including healthcare avoidance, self-harm, self-induced abortion and mental health issues. Constructing policies that ensure access to safe abortion services should be an urgent priority. [5]

## ***2. What, if any, do you think are the main enablers that would support women and girls to access health services and improve health equity?***

### **Key enablers**

1. Funding a Queensland telephone referral and information service and all options pregnancy counselling service linking abortion seekers to safe, credentialled providers of termination services.
2. Resourcing and supporting the Queensland map of abortion and contraception services.
3. Embedding local abortion services in public health systems to reduce travel and access. All pregnancy outcomes should be accessible for all Queenslanders.
4. Developing a public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
5. Development of a screening tool for health professionals on screening and responding to reproductive coercion and abuse.
6. Development and distribution of co-designed resources (for consumers and health professionals) on reproductive coercion and abuse made available to all health facilities, DV services, youth services, multicultural and settlement services and disability services.
7. Respectful relationships school-based education to include sexual and reproductive health education including reproductive coercion and abuse and all pregnancy options including abortion

8. Co-designing resources with marginalised community groups on sexual and reproductive health in particular pregnancy options, abortion, contraception and reproductive coercion and abuse. Resources for individuals, carers and health professionals.

9. Training for health professionals and carers is needed to increase their capacity to support informed pregnancy decision making, contraceptive decisions and to identify and respond to reproductive coercion and abuse, when working with people with disabilities.

Improving accessibility of abortion services would make a significant contribution to easing pregnant people's access to healthcare, and ease further linked difficulties.

This improvement can be made by funding a trauma informed Queensland telephone referral and information service and all options pregnancy counselling service linking abortion seekers to safe, credentialed providers of termination services – this telephone service must be independent of any abortion service provider and must be specific to pregnancy and abortion. Furthermore, resourcing and supporting the Children by Choice Queensland map of abortion and contraception services, is crucial for people seeking services and to support the workforce in appropriately directing their patients or clients to services.

Expanding the work of Children by Choice such as the Abortion and Contraception map and our trauma informed all options pregnancy counselling service and post abortion support would allow women and pregnant people to be referred to supportive providers where they will not be met with judgement and refusal of service.

Reproductive coercion and abuse [3] is impacting women and girls' access to contraception, abortion and supported pregnancy. This should be a focus of the government to address as part of its commitment to reduce violence against women.

Key actions that could be taken to address reproductive coercion and abuse include:

- Developing a public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse would improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- Development of a screening tool for health professionals on screening and responding to reproductive coercion and abuse.
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- Development and distribution of co-designed resources (for consumers and health professionals) on reproductive coercion and abuse made available to all health facilities, DV services, youth services, multicultural and settlement services and disability services.
- Respectful relationships school-based education to include sexual and reproductive health education including reproductive coercion and abuse and all pregnancy options including abortion

Highlighting the needs of priority communities and ensuring pathways to care and resources are developed in consultation and by co-design with the groups they are designed for is vital to achieving equity.

- Co-designing resources with marginalised community groups on sexual and reproductive health in particular pregnancy options, abortion, contraception and reproductive coercion and abuse. Resources for individuals, carers and health professionals.
- Training for health professionals and carers is needed to increase their capacity to support informed pregnancy decision making, contraceptive decisions and to identify and respond to reproductive coercion and abuse, when working with people with disabilities.

***3. From your experiences, please indicate Queensland Health services that you believe need more support to improve health equity for women and girls.***

Equitable access to compassionate accessible abortion services requires:

- The development or expansion of sexual and reproductive health clinics across Queensland, providing free public health care, particularly to people on low incomes, with complex needs and fears of judgement.
- Improved funding for family planning clinics – and specialist bulk billing clinics linked to women's, youth and homelessness services
- GP training and professional support in relation to:
  - Sensitive, trauma informed, all options, non-judgmental pregnancy options care
  - Compassionate medication abortion care
  - Clear protocols for timely referral in their Hospital and Health Service (HHS) region
  - Clear protocols for conscientious objectors
  - Clear protocols re actions required following a breach of the QLD clinical standards for ToP
  - Screening and education on detecting and responding to reproductive coercion and abuse.

- Regional hospital provision via a pregnancy options clinic – not Emergency Departments where women and pregnant people are triaged as low priority.
- Dedicated regional hospital clinics for pregnancy options support, assessment and culturally safe care – managing and responding to complex bio-psycho-social presentations, including domestic and family violence and reproductive coercion and abuse.

Children by Choice expects women and pregnant people to have access to affordable, compassionate and timely care, regardless for their uniquely personal reasons for terminating their pregnancy. We concur with the findings of Cleetus and colleagues [1], who argue that investment in workforce development and service planning in both the primary and tertiary healthcare sectors, and in partnership with health consumers, is urgently needed to address to ensure access to safe compassionate and timely termination of pregnancy (ToP).

While there are some places in Queensland where termination access is accessible and equitable, it is still a postcode lottery. Particularly in areas such as Metro South and the Gold Coast, the Queensland Health Services are inadequate and causing women to carry pregnancies to term due to the long wait times, unsupportive medical professionals and excessive costs. Children by Choice is currently supporting multiple women to file complaints to the Office of the Health Ombudsman and Human Rights Commission due to the inadequate care they received, resulting in forced pregnancy which is a human rights violation.

Therefore, Children by Choice advocates for:

- The urgent expansion of early pregnancy assessment units and public hospital abortion care – linked to maternal and fetal medicine and obstetrics and gynaecology outpatient and inpatient services.
- Provision of surgical termination of pregnancy as a part of early pregnancy assessment and options care in public hospitals
- Provision of second and third trimester medical inductions for Queenslanders in regional hospitals where care is also provided to women and pregnant people experiencing second or third trimester miscarriage.
- Strong governance to maintain clinical standards in relation to all aspects of care – including the management of conscientious objectors obligations and prevention of institutional objection.
- Workforce planning to ensure a compassionate workforce providing all pregnancy options is increased in Queensland.

**4. From your experiences, please indicate activities outside of direct health service delivery that you believe would have the largest impact on improving health equity for women and girls.**

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- Health literacy is a significant determinant of health for women of reproductive age. Currently, many women and people who can become pregnant such as trans men and non-binary people, are not educated in areas such as contraception and abortion. This is a significant barrier to care and also results in a large percentage of unplanned pregnancies each year. A lack of comprehensive sex education is already significant issue in Queensland that we are aware is under reform. It is essential that information about long-acting reversible contraception (LARC) and abortion be included in the sex ed curriculum.
- Organon produced a report on the impact of unintended pregnancies in 2022 and found that 73% of women who experience an unplanned pregnancy were using contraception, with the oral contraceptive pill the most frequently cited (39%). This highlights the importance of assessing the suitability of contraceptive methods to a person's own needs by providing them with the necessary information to make an informed choice. Furthermore, Organon found that 31% of all unintended pregnancies end in abortion. Thus, it is essential people have the health literacy to make an informed decision regarding abortion care.

Therefore we recommend:

- Developing a public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- Co-designing resources with priority populations on sexual and reproductive health in particular pregnancy options, abortion, contraception and reproductive coercion and abuse. Resources for individuals, carers and health professionals.
- Training for health professionals and carers is needed to increase their capacity to support informed pregnancy decision making, and to identify and respond to reproductive coercion and abuse, when working with priority populations.

**5. Potential core driver, elements and focus areas for a Queensland women's health strategy are listed below. More information on them is in the Queensland Health consultation paper. From your perspective, have we got them right?**

Potential core driver and elements:

- highlight the health needs for priority communities
- consider social determinants of health
- address domestic and family violence
- empower women and girls to address their health needs

Potential focus areas:

- access and accessibility in rural, regional and remote areas
- gendered wellbeing and mental health services
- wholistic maternity, sexual and reproductive health services
- a gender informed health workforce
- prevent and address chronic health conditions and preventable hospitalisations for women and girls

Children by Choice agrees with the Queensland Women's Health Strategy potential core driver, elements and focus areas above.

We would support the consideration of primary prevention as a core driver and element and consumer consultation as a focus area.

***6. Is there an existing program, workforce or service model that is working well? How could it be changed or expanded to improve health equity for women and girls?***

- Children by Choice Abortion and Contraception Map for Queensland.
- Children by Choice state-wide telephone counselling, information and referral service for all pregnancy options and post abortion support.
- Abortion Community of practice roundtable and ongoing support.
- Independent fund to support access to abortion in Queensland

Normalising abortion and addressing barriers to provision and access are vital to reducing the financial, personal and health burden associated with inequitable abortion access in Australia. The online abortion and contraception provider map is proving a creative and effective way to improve abortion access, likely also reducing women's exposure to stigma and judgement as they seek appropriate services, and contributing to more equitable sexual and reproductive health outcomes for women and pregnant people in Queensland.

The map launched in October 2021 with 105 providers listed across Queensland, the majority being providers of abortion care, as well as some pharmacies and ultrasound providers. Abortion provision sites currently listed are a mix of public hospital, general practice, sexual health clinics and private clinics.

The Children by Choice map empowers its users as it facilitates higher levels of health literacy for individuals, and it supports healthcare workers to confidently refer clients to appropriate services. Pathways must be transparent and accessible to ensure timely access to healthcare and better health outcomes for all.

Queensland Health should support further development of the map into a platform that promotes the quick and safe connection between service providers and service seekers.

<https://findaservice.childrenbychoice.org.au/#5,-17.602139123350838,146.16210937500003>

Our face-to-face and state-wide telephone counselling service significantly improves access and helps people to navigate the complexities of the healthcare system. It allows our trauma informed counsellors to support people with complex situations due to intersecting social determinants of health. Due to the Queensland Government's commitment to addressing social determinants of health, this is an essential service to expand funding and support.

Queensland Health should provide Health funding to the HSQF accredited counselling service provided by Children by Choice, in order to enhance State-wide support, information, and referrals to abortion care services.

The Queensland Community of Practice for abortion providers was formed in 2021. The purpose of the ACoP was to share information and ideas on how best to meet the community's needs and expectations of compassionate and accessible abortion care and to provide support for each other. To date, the community has 100 members. They meet monthly and have also held community discussions on abortion access in Townsville, made submissions to Queensland and Federal Government and consulted on improvements to access to abortion in Queensland.

An identified need for the ACoP is a face-to-face Queensland Abortion and Contraception roundtable to discuss how to get the best outcomes for regional and remote communities. They wish to invite healthcare professionals and consumers to attend with support of a grant. This roundtable will be held in Cairns to facilitate attendance by regional and remote workers and consumers.

Finally, the Tasmanian Government provides approximately \$150,000 in funding to Women's Health Tasmania annually to cover costs associated with supporting people seeking contraception and termination services. Queensland Health could provide a similar funding arrangement to Children by Choice to provide financial support for pregnant people who want contraception or abortion but cannot afford the associated costs, including travel and childcare. This fund in Tasmania covers primary, public and private abortion services and access.

## **7. Please indicate any additional issues that you would like us to consider.**

There is a need for regional provision of antenatal and termination services. Queensland Health should consider further promoting Nurse-led models of care and improving the quality of nurse practitioners prescribing medical termination of pregnancy (MTOP). Further, Queensland Health could link primary health networks to support GPs to become MTOP providers, reducing the impact of barriers (distance, travel, cost) on people who are seeking abortion and care services in regional, remote and rural areas.

Queensland Health should consider funding research evaluating the ongoing implementation of legal abortion provision in Queensland. With Queensland Government investment, Children by Choice would be able to conduct research on abortion access and barriers in Queensland to inform and direct important policy development across the health sector.

Primary prevention measures, such as access to appropriate and affordable methods of contraception, should be a consideration of the Queensland Women's Health Strategy. In 2021-2022 Children by Choice spoke with 432 Queensland clients about contraception options providing them with relevant and evidence based information. Children by Choice clients are offered contraceptive options at the time of the termination of pregnancy and Children by Choice often provides funds for people who cannot cover the out-of-pocket expense. Australia's uptake of long acting reversible contraception (LARC) is well behind other developed nations. [6]

Suggestions on measures to increase contraceptive uptake

- Provide free contraception to women
- MBS item number review for LARC insertions
- Education and campaign to promote uptake for GP's to become LARC inserters
- Education and campaign for consumers to promote LARC as a contraceptive option.
- Contraceptive pill available without prescription at pharmacies.
- LARC offered at time of termination of pregnancy

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Date

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**Daile Kelleher**

Chief Executive Officer

Children by Choice

07 3357 9933 (ext 1)

0409 625 189

[DaileK@childrenbychoice.org.au](mailto:DaileK@childrenbychoice.org.au)