

SPHERE Newsletter

NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

AUTUMN 2020

ABOUT SPHERE

SPHERE is a NHMRC-funded Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care. This is the first dedicated Centre to lead research that is aimed at improving the quality, safety, and capacity of primary health care services to achieve better outcomes in women's sexual and reproductive health.

SPHERE supports the design and conduct of studies in preconception care, contraception, and abortion along with a strong focus on health economics. This research program is guided by a team of national and international clinician researchers and experts in women's health, general practice, pharmacy, nursing, epidemiology, knowledge translation, health economics, and policy development.



**Professor Danielle Mazza,
Director SPHERE**

Welcome to the Autumn 2020 edition of the SPHERE newsletter. We hope you are keeping safe in these difficult times. Since the beginning of the year, SPHERE has successfully shifted to remote operations and seen a number of key developments. We welcomed new students commencing projects across the Contraception and Abortion streams. A recent highlight for SPHERE has been the establishment of a Coalition advocating for the sexual and reproductive health (SRH) of women in Australia during the COVID-19 pandemic. The mission of the Coalition, formed in April 2020, is to give a strong, collective voice to secure high quality SRH services for women during the COVID-19 pandemic and beyond. We will be holding discussions with key opinion leaders and stakeholders in the field to develop evidence-informed policy and practice briefs, consensus statements and public letters to promote the delivery of high quality and accessible SRH care.

If you would like to become a member, or learn more about the Coalition, please contact us at SPHERE-CRE@monash.edu and visit our website www.spherecre.org/coalition. We look forward to providing you with regular updates regarding SPHERE's response to COVID-19 in the months ahead.

SPHERE SRH and COVID-19 Coalition

www.sphere.org/coalition

A number of challenges in relation to the delivery of sexual and reproductive health services to women in Australia have arisen as a result of the COVID-19 pandemic. Consequently, SPHERE has facilitated the formation of a coalition that will advocate for the delivery of high quality sexual and reproductive health services, whilst ensuring the safety of both women and health care providers.

The mission of the Coalition is to give a strong, collective voice to secure high quality sexual and reproductive health (SRH) services for women during the COVID-19 pandemic and beyond.

The vision of the Coalition is high quality and accessible SRH care for all women during the COVID-19 pandemic and beyond.

To view the SPHERE SRH and COVID-19 Coalition terms of reference, please click [here](#).

If you would like to become a member of the SRH Coalition, please contact us at SPHERE-CRE@monash.edu



SRH & COVID-19 COALITION

Our aim is to advocate for the sexual and reproductive health of women in Australia during the COVID-19 pandemic

The mission of the Coalition, formed in April 2020, is to give a strong, collective voice to secure high quality sexual and reproductive health (SRH) services for women during the COVID-19 pandemic and beyond.

Our Coalition will discuss, gather, synthesise and disseminate evidence-informed policy and practice briefs, consensus statements and public letters to promote the delivery of high quality and accessible SRH care.

If you would like to receive updates from us, sign up [here](#).

If you would like to become a member of the SRH Coalition, please contact us at SPHERE-CRE@monash.edu



MEET OUR NEW STAFF AND STUDENTS



Dr Kate Cheney, Research Fellow, Faculty of Medicine and Health, The University of Sydney.

Kate joins the Contraception stream of SPHERE, working on projects that are focused on postpartum contraception use and barriers. Kate is a nurse and a midwife. Her background is clinical work in the area of Midwifery and Sexual Health. She has specialised for the past 12 years in the area of early pregnancy care and loss, working as a Clinical Midwife Consultant. Kate has been a member of the Family Planning NSW Ethics committee since 2014 and is a board member of the professional regulator. Since completing her PhD, Kate has focused on being an academic midwife. Her research focuses on pregnancy intention and reproductive planning and she is author and co-author on a number of publications.

Dr Kay Li, Academic Registrar, Department of General Practice, Monash University.

Kay joins the Contraception stream of SPHERE, working on projects that explore women's perspectives, experiences and expectations on postpartum contraception, with emphasis on personal and socioeconomic implications. Kay is a 2020 academic registrar of the Royal Australian College of General Practitioners and assistant lecturer at Monash University. She received her MBBS from the University of Adelaide and has been working as a medical doctor in South Australia and Victoria since 2016. She has a keen interest in women's health and consistently acts as women's advocate at work as well as in the community.



In addition to her clinical role as a general practice registrar, she teaches undergraduate medical students and regularly contributes to medical curricular revision. She currently resides in southeast Melbourne with her family, and enjoys hiking, sight-seeing, reading, painting and having a good conversation about enhancing communication between men and women.



Jessica Moulton, PhD candidate, Department of General Practice, Monash University

Jessica joins the Abortion stream of SPHERE, where her research will focus on piloting and evaluating nurse-led models of care to increase access to medical termination of pregnancy. Jess completed a Master of Public Health at the University of Melbourne in 2019, where she specialised in Gender and Global Health. For her Master thesis, she designed and conducted a qualitative evidence synthesis on women's perceptions and experiences of reproductive coercion. She has previously worked as a Policy Officer on family violence workforce development for the Victorian Department of Education and Training and in client services at Marie Stopes Australia, aiding the provision of sexual and reproductive health services.

Tara Dev, Honours student, Department of General Practice, Monash University.

Tara joins the Contraception stream of SPHERE, where her research will focus on women's opinions on whether or not the contraceptive pill should be available over the counter. Tara is a medical student who has just completed her fourth year at Monash University. Tara is taking a break in her degree to complete a Bachelor of Medical Science Honours degree with SPHERE. She has a strong interest in both general practice and women's health.



Rose Liu, Honours student, Department of General Practice, Monash University.

Rose joins the SPHERE team to work on the EXTEND-PREFER project, investigating the co-design of an education intervention to increase uptake of long acting reversible contraception in women from culturally and linguistically diverse backgrounds. Rose is currently completing a Bachelor of Medical Science/Doctor of Medicine degree at Monash University. She has interests in medical research, public health and medical education.

IN THE SPOTLIGHT: DR EDWINA DORNEY, PhD CANDIDATE



Dr Edwina Dorney,
SPHERE PhD candidate

As the PhD candidate in the Preconception stream of SPHERE, my research focuses on the use of online self-assessment tools to enhance the delivery of preconception care. This endeavour aims to give women of reproductive age in Australia access to a tool that is acceptable and effective in improving the health of women, their babies, and future generations. In support of my research, I have been awarded the Albert S McKern Scholarship from the University of Sydney to acknowledge the contribution my research will have to alleviating the suffering for women in pregnancy.

My research comprises several discrete projects all contributing to the research aim. This design allows me to gain extensive research skills and work across SPHERE's domains of expertise, including qualitative and quantitative methods and health economics.

I am excited to be partnering through SPHERE with key stakeholder organisations, including the Australian Primary Care Nurses Association (APNA), to understand Australian primary health care nurses' attitudes to preconception care. I look forward to presenting the findings from this work at the APNA conference in 2021.

Last year, I travelled to Los Angeles for the Society of Family Planning Conference and I participated in research workshops, which focused on "Priming Research for Impact". I was also fortunate to receive a coaching session from Vantage Evaluation, who provided feedback on my research design from the lens of "A Theory of Change" framework.

The opportunity to work within an organisation such as SPHERE has connected me with a dynamic team of early career researchers with whom I can share my research experiences with and gain from their experience too. I am fortunate that I have access to a multi-disciplinary team of leading national experts in sexual and reproductive health. I am also connecting with leading global experts from the United Kingdom and Europe on their preconception promotion experiences.

SPHERE RESEARCH STREAMS - CURRENT PROJECTS

ABORTION

- *Improving access to medical abortion, and long-acting reversible contraceptives (LARC), in women from culturally and linguistically diverse populations in Australia*
Researcher: Dr Asvini Subasinghe, Research Fellow, Department of General Practice, Monash University
- *Reproductive coercion study*
Researcher: Professor Angela Taft, Chief Investigator, La Trobe University
- *Piloting and evaluating nurse-led models of care to increase access to medical termination of pregnancy*
Researcher: Ms Jessica Moulton, PhD candidate, Department of General Practice, Monash University

PRECONCEPTION CARE

- *Improving sexual and reproductive health care for women with chronic diseases*
Researcher: Dr Karin Hammarberg, Senior Research Fellow, Monash University and Senior Research Officer at the Victorian Assisted Reproductive Treatment Authority
- *Online self-assessment tools to enhance preconception care*
Researcher: Dr Edwina Dorney, PhD student, University of Sydney

CONTRACEPTION

- *Long-acting reversible contraceptive (LARC) uptake in Australia*
Researcher: Dr Natalie Amos, Research Fellow, Department of General Practice, Monash University
- *Contraceptive counselling: a nationwide survey of pharmacists' knowledge, attitudes and practices*
Researcher: Ms Pip Buckingham, PhD student, Department of General Practice, Monash University
- *Longitudinal study of post-partum contraception*
Researcher: Dr Kate Cheney, Research Fellow, Faculty of Medicine and Health, The University of Sydney
- *Women's perspectives of over-the-counter contraception*
Researcher: Ms Tara Dev, Honours student, Department of General Practice, Monash University
- *Women's experience of postpartum contraception*
Researcher: Dr Kay Li, Academic Registrar, Department of General Practice, Monash University

HEALTH ECONOMICS

- *Assessing the value women place on the outcomes associated with LARCs*
 - *Investigating preferences of women for different models for the delivery and content of preconception care*
 - *Assessing factors that act as barriers or facilitators to recommending or providing medical abortion*
 - *Preferences of women and health care providers regarding the delivery of medical abortion*
- Health Economics Researchers: Professor Marion Haas, Chief Investigator, Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney & Dr Jody Church, Research Fellow, Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney

International perspectives on sexual and reproductive health care and COVID-19



In the United States, anti-choice leaders in some states have used the COVID-19 pandemic as an excuse to restrict access to abortion based on spurious arguments that limiting this service will free up hospital beds and personal protective equipment. I wrote about this in the Boston Review: [Abortions don't](#)

[drain hospital resources](#).

Rather than limit access to services, it is critical that access to medication abortion be expanded during the pandemic. Several leading clinicians and researchers in the US collaborated on this [protocol](#) for a no-test model of care that is being implemented in facilities where possible.

Professor Daniel Grossman, SPHERE Associate Investigator, University of California, San Francisco



In the UK, in line with the Royal College of Obstetricians & Gynaecologists [rcog.org.uk](#) and the Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists [fsrh.org](#), abortion and contraception services have changed dramatically.

Abortion: telemedicine (mainly telephone) consults with providers, no routine ultrasound, medical abortion drugs (life/miso/antiemetics/antibiotics/analgesia and contraceptive kills) to collect or delivered to women at home - up to 10 weeks or up to 12 weeks at home in Scotland.

Contraception: pills are available to collect or can be sent by post. Emergency Contraception is available from the pharmacy as usual, but Copper-IUD for emergency contraception only. No routine IUD or implant insertions.

Sexual and reproductive health clinics are seeing urgent cases only. Medical gynaecology clinics have also been halted, with only urgent cases being seen.

The positives that has arisen from this pandemic include the possibility of rapid service reorganisation. It is also likely that more services in the future will be available by telemedicine consultation, home on line tests, ordering etc.

The negatives include the halting of LARC provision at present. The impact on unintended pregnancy is unknown and SRH clinics will have to deal with the backlog of referrals and demand when they reopen. There is also the concern regarding missed pathology.

Professor Sharon Cameron, SPHERE Associate Investigator, The University of Edinburgh



In Canada, the Society of Obstetricians and Gynecologists (SOGC) has issued a new set of clinical practice guidelines to support abortion and contraception as essential medical services, including a suggested protocol for virtual provision of medical abortion. Prior to the pandemic, Canada had approved

the use of mifepristone/misoprostol under national regulations very similar to that for any other prescription medication within a year of introduction in 2017. Additionally in spring 2019, the last remaining regulatory restriction (requiring an ultrasound prior to prescribing) was removed. So from a regulatory perspective in Canada, any physician or nurse practitioner is able to prescribe the medication (no training, certification, registration, consenting, ultrasound nor observed dosing is required). Further, any pharmacist is able to dispense the medication, which is distributed to pharmacies through the normal drug distribution warehouses, delivery and stocking systems. Additionally, by 2019 all provinces and territories in Canada provide a complete subsidy (at the pharmacy level) for the cost of medical abortion drugs for all residents.

These pre-conditions enabled our new virtual 'no test' national clinical guideline and protocol for the conduct of virtual medical abortion care to be quickly put in place, and these are available [here](#).

This is facilitated by government measures to increase and improve rural internet and wireless access throughout our northern and remote regions. This will impact the sustainability of these advances beyond the pandemic.

Similarly, we rapidly produced a contraception guideline emphasising LARC and contraception as essential services during the pandemic, and are providing the best evidence for alternatives in a number of conditions for clinicians across the country. These resources are available [here](#).

We are seeing a rapid transition to medical abortion via virtual health across the country and an excellent effort to preserve access for surgical and second trimester abortion services. Time will tell as to the longer term implications, but at this time in the first months of implementing virtual no test abortion and implementing efforts to maintain access to LARC insertion services, it appears these methods of care are acceptable and I expect will continue to be highly accessed by patients, particularly those among certain groups, even after the pandemic.

Early reports in Canada as with many other countries are highlighting increasing clinical and help line resource use by those who have experienced intimate partner, domestic and family violence. We have planning studies to monitor (to the extent possible) any changes and are working with health system and policy leaders on these projects, to inform mitigation wherever possible. Canada has increased resources already and widely advertised to children and women the availability of multi-lingual help lines and social care resources for those in need and experiencing violence and coercion.

Dr Wendy Norman, SPHERE Chief Investigator, The University of British Columbia

NHMRC Partnership Project: The AusCAPPS Network

We are excited to announce that SPHERE was recently awarded funding by the National Health and Medical Research Council to establish a community of practice that will support the delivery of sexual and reproductive health services in primary care.

The AusCAPPS (The Australian Contraception and Abortion Primary Care Practitioner Support) Network will empower the primary care workforce to deliver best practice, evidence-based care to women of reproductive age who are trying to prevent or manage an unintended pregnancy. This project will increase the availability of long acting reversible contraceptive (LARC) methods (i.e. intrauterine devices (IUDs) and implants) and access to safe, affordable medical termination of pregnancy (MTO), including for women from the most vulnerable populations.

Replicating a highly successful [Canadian model](#), we will establish, deliver and evaluate AusCAPPS - an innovative, multidisciplinary community of practice to support GPs, pharmacists and nurses working in primary care to deliver LARC and MTO services. AusCAPPS will increase access to much needed practice support, resources, and education and training; provide regional peer-networking opportunities; drive innovation; and coordinate sustainable improvements in access to and equity of these services nationwide.

Work to establish the AusCAPPS Network will commence in August 2020, and we look forward to working with our 18 partner organisations whose knowledge, expertise and support will be integral to the success of this project.

Partner organisations:

*Australian Commission on Safety and Quality in Health Care
Australian Primary Health Care Nurses Association
Australasian Sexual Health and HIV Nurses Association
Australian Women's Health Nurse Association
Bayer Australia
Children by Choice
Department of Health, Australian Government
Family Planning New South Wales
Family Planning Tasmania
Family Planning Victoria*

*Family Planning Welfare Association of Northern Territory
Jean Hailes for Women's Health
Marie Stopes Australia
Pharmaceutical Society of Australia
The Royal Australian College of General Practitioners
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SHINE SA
Sexual Health Quarters*

The Australian Contraceptive CHOICE project (ACCORd) cluster randomised trial

A recently completed study by SPHERE, ACCORd, found that when GPs were provided with training in effectiveness-based contraceptive counselling and a portal to directly book an insertion procedure in a LARC insertion clinic, there was a significant increase in LARC uptake.

The randomised controlled trial involving 57 GPs and 740 women across Melbourne found that 46.6 % of women attending those GPs who had received the training and had access to rapid referral pathways to the insertion clinics opted for LARCs, compared with 32.8 % of women who received usual care.

These findings show that the government could increase LARC uptake in Australia by investing in contraceptive training for GPs. This would ensure they can support women in making an informed choice regarding their contraception. Establishing LARC insertion clinics will also ensure that women can get their LARC inserted easily and don't experience long delays.

The results from this study have been published in the [American Journal of Obstetrics and Gynaecology](#).

MEDIA

[Religious freedom and women's health](#)

Professor Danielle Mazza, SPHERE Director Monash University.
ABC Radio, 9 March 2020

[Meanwhile, this is still happening in some pharmacies](#)

Dr Safeera Hussainy, SPHERE Chief Investigator, Monash University.
Dr Deborah Bateson, SPHERE Associate Investigator, Family Planning NSW.
The Medical Republic, 9 April 2020

[How the pandemic is affecting sexual health](#)

Dr Safeera Hussainy, SPHERE Chief Investigator, Monash University.
Professor Angela Taft, SPHERE Chief Investigator, La Trobe University.
Dr Deborah Bateson, SPHERE Associate Investigator, Family Planning NSW.
The Medical Republic, 22 April 2020

SPHERE Consumer Advisory Group

SPHERE is seeking to establish a Consumer Advisory Group. If you are a consumer with an interest in women's sexual and reproductive health and would like to become a member, please contact Dr Maria de Leon-Santiago on SPHERE-CRE@monash.edu for more information

RECENT PUBLICATIONS

Increasing long-acting reversible contraceptives: the Australian Contraceptive ChOice pRoject (ACCORD) cluster randomized trial.

DOI: <https://doi.org/10.1016/j.ajog.2019.11.1267>

Mazza D, Watson CJ, Taft A, Lucke J, McGeechan K, Haas M, McNamee K, Peipert JF, Black KI.

Scoping review of pharmacy-based initiatives for preventing unintended pregnancy: protocol.

DOI: <https://doi.org/10.1136/bmjopen-2019-033002>

Buckingham P, Amos N, Hussainy SY, Mazza D.

Primary care providers' knowledge, attitudes and practices of medical abortion: a systematic review.

DOI: <https://doi.org/10.1136/bmjsex-2019-000487>

Subasinghe AK, Deb S, Mazza D.

Acceptability of the copper intrauterine device as a form of emergency contraception in New South Wales, Australia.

DOI: <https://doi.org/10.1080/13625187.2020.1726888>

Dorney E, Botfield JR, Robertson S, McGeechan K, Bateson D.

Provision of immediate postpartum intrauterine contraception after vaginal birth within a public maternity setting: Health services research evaluation.

DOI: <https://doi.org/10.1111/aogs.13787>

Cooper M, McGeechan K, Glasier A, Coutts S, McGuire F, Harden J, Boydell N, Cameron ST.

Understanding and provision of preconception care by general practitioners.

DOI: <https://doi.org/10.1111/ajo.12962>

Kizirian NV, Black KI, Musgrave L, Hespe C, Gordon A.

Slow implementation of mifepristone medical termination of pregnancy in Quebec, Canada: a qualitative investigation.

DOI: <https://doi.org/10.1080/13625187.2020.1743825>

Guilbert E, Wagner MS, Munro S, Wilcox ES, Dunn S, Soon JA, Devane C, Norman WV.

Barriers and Facilitators to the Implementation of first Trimester Medical Abortion With Mifepristone in the Province of Québec: A Qualitative Investigation.

DOI: <https://doi.org/10.1080/13625187.2020.1743825>

Wagner MS, Munro S, Wilcox ES, Devane C, Norman WV, Dunn S, Soon JA, Guilbert É.

Leadership for success in transforming medical abortion policy in Canada.

DOI: <https://doi.org/10.1371/journal.pone.0227216>

Dineley B, Munro S, Norman WV.

When there are no abortion laws: A case study of Canada.

DOI: <https://doi.org/10.1016/j.bpobgyn.2019.05.010>

Shaw D, Norman WV.

Adolescent abortion in 11 high-income countries including Australia: towards the establishment of a minimum data set.

DOI: <https://doi.org/10.1111/1753-6405.12947>

Assifi AR, Sullivan EA, Kang M, Dawson AJ.

Acceptability of screening for pregnancy intention in general practice: a population survey of people of reproductive age.

DOI: <https://doi.org/10.1186/s12875-020-01110-3>

Hammarberg K, Hassard J, de Silva R, Johnson L.