

Supplementary Material

Termination of pregnancy in Tasmania: access and service provision from the perspective of GPs

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Table S1. Current termination of pregnancy legislation around Australia (as of June 2020)

| Jurisdiction | Name of Law | Year Abortion Legalised | Abortion Criteria (w = weeks gestation) | Public Health System Access |
|------------------------------------|--|-------------------------|--|--|
| Australian Capital Territory (ACT) | Medical Practitioners (Maternal Health) Act 2002 ¹ with amendments in 2018 to the Health (Improving Abortion Access) Amendment Act ² | 2002 ¹ | Up to 16w gestation (9w for medical) In special circumstances, abortion can be provided at a later gestation at the Canberra Hospital Must be carried out by a medical practitioner in an approved medical faculty ² | Trained General Practitioners Marie Stopes Canberra Hospital for late term terminations ² |
| New South Wales | Abortion Law Reform Act 2019 (amends Crime Act 1900) ³ | 2019 ³ | Up to 22w by a medical practitioner >22w by a specialist medical practitioner if an emergency or in special circumstances ³ | Publicly funded counselling available ³ |
| Northern Territory | Termination of Pregnancy Law Reform Act 2017 ⁴ | 2017 ⁴ | <14w by a qualified medical practitioner <23w where 2 suitably qualified medical practitioner deem appropriate to the circumstances Legal at any gestation where the woman's life is at risk ⁴ | Services available in Darwin and Alice Springs ⁴ |
| Queensland | Termination of Pregnancy Act 2018 ⁵ | 2018 ⁵ | Up to 22w gestation After 22w with 2 Medical Practitioners approval ⁵ | Some services provided in public service for free ⁶ |
| South Australia | Criminal Law Consolidation Act 1935 (amended 1969) ⁷ | 1935 ⁷ | Within 28w gestation. Woman must have been a resident in SA for at least 2 months before termination ⁷ In hospital setting (legislation introduced into the house of assembly 2020 would allow occurrence outside hospital setting and impose limitations when gestation >22w6d) ⁸ | Pregnancy Advisory Centre in Adelaide provides TOP at no cost ⁷ |
| Tasmania | Reproductive Health (Access to Terminations) Act 2013 ⁷ | 2013 ⁷ | Up to 16w >16w with 2 medical practitioner's approval ⁷ | Regional variation in public access. Govt. financial support for low cost service in the private system to low SES women |
| Victoria | Abortion Law Reform Act 2008 ⁷ | 2008 ⁷ | Up to 24w gestation >24w with a second medical practitioner's approval ⁷ | Some public hospital funding Mainly private clinics ⁷ |
| Western Australia | Acts Amendment (Abortion) Act 1998 Amendment of <i>Criminal Code 1913</i> and <i>Health Act 1911</i> ⁹ | 1998 ⁹ | Up to 20w gestation by a medical practitioner where the woman has given informed consent After 20w if 2 out of 6 medical practitioners on a panel assigned by the Minister agree it is appropriate for serious conditions affecting foetus or mother ⁹ | |

References

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4. Northern Territory Government. Termination of Pregnancy Law Reform Act 2017. Darwin: Department of Health; 2017. Available at <https://legislation.nt.gov.au/en/Legislation/TERMINATION-OF-PREGNANCY-LAW-REFORM-ACT-2017> [Accessed 30th March 2020].
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8. Termination of Pregnancy Bill 2020. Government of South Australia. https://www.legislation.sa.gov.au/LZ/B/CURRENT/TERMINATION%20OF%20PREGNANCY%20BILL%2020_HON%20MICHELLE%20LENSINK%20MLC.aspx [Accessed 2021 16th February]
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Participant Information

Below is important information about this study. For the full 'Participant Information Sheet' please follow this link to the Family Planning Tasmania [website](#). **The link to this survey may also be distributed to you via your practice manager; please ensure you do not complete it twice.**

Invitation

You are invited to participate in this study, which aims to identify the barriers to the provision of termination of pregnancy advice and services in Tasmania.

The research is being conducted by Dr Kathryn Ogden (Senior Lecturer, University of Tasmania), with practical and financial support from Family Planning Tasmania. Dr Ogden also works as a clinician at Family Planning Tasmania.

What is the purpose of this study?

The purpose of this study is to provide important information to healthcare providers and organisations about the barriers to providing accessible and timely termination of pregnancy to Tasmanian women.

Why have I been invited to participate?

You have been invited to participate in this study because you are a general practitioner (GP) in Tasmania, and are therefore integral to the system that provides termination services to Tasmanian women. Your involvement in this study is voluntary, and because of the anonymous nature of the survey, there is no way that researchers can know whether or not you have participated.

What will I be asked to do?

You are asked to complete the online survey. The survey is anonymous and it is estimated that it will take you approximately 10 minutes to complete.

Are there any possible risks from participation in this study?

There are no anticipated risks from participation. However, if you are someone who has been personally affected by termination of pregnancy and wish to have further discussions about this as a result of completing our survey, we encourage you to seek the support you require.

What will happen to the information when this study is over?

Raw data will be kept for 5 years after first publication of the study. It will be stored electronically on the University of Tasmania server, and will be accessible to researchers only. Data will be deleted permanently (electronic) or shredded (paper based) after 5 years. Data will be treated in a confidential manner at all times.

What if I have questions about this study?

If you would like further information about this project, please contact Kathryn Ogden: kathryn.ogden@utas.edu.au, phone: 03 67778790. This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on +61 3 6226 6254 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0014617].

If you are willing to participate in this study please progress to the next page. Consent is implied by completion of the survey.

1. Are you willing to proceed to the survey?

Yes

No

2. What type of practice do you work in? (indicate all that apply)

General Practice

Sexual Health Clinic

Family Planning Clinic

Other (please specify)

3. What is your gender?

Female

Male

4. Please indicate the rurality of your primary practice (examples provided for guidance)

M1 - Metropolitan (Capital cities, includes Hobart)

M2 - Metropolitan (other metropolitan population centres >100,000)

R1 - Rural (large rural centres, urban population centres between 25,000-99,999, includes Launceston)

R2 - Rural (small rural centre, urban centre population 10,000-24,999, includes Devonport, Burnie, Somerset, Blackman's Bay, Kingston)

R3 - Rural (other rural area, urban centre population <10,000)

Rem1 - Remote (remote geographically, with population > 5,000)

Rem2 - Remote (remove geographically, with population < 5,000)



Abbreviations:

TOP = Termination of pregnancy

MTOP = Medical termination of pregnancy

STOP = Surgical termination of pregnancy

5. Please respond to the following statements regarding the provision of counselling and referral for abortion services in Tasmania.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| I am unsure of what services are available in my area for patients seeking TOP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel confident in my skills for counselling a woman with an unplanned pregnancy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know where to refer women for non-directional counselling if required | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find it challenging to find options for access to TOP for <i>women on low income</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find it challenging to find options for access to TOP <i>regardless of income</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that it is more difficult for women living in rural areas to access TOP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are no opportunities to refer patients for TOP in the public system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't believe that TOP should be a priority for the public health care system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that vulnerable patients should be provided with TOP in the public system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that TOP service availability is adequate within the private system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't support TOP because of ethical reasons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't support TOP because of my religious beliefs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is a limited demand for TOP advice and services in my practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am concerned about the legal implications of providing TOP services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Greater leadership and advocacy by decision makers in the health care system can improve access to TOP for Tasmanian women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find unacceptable delays in the provision of TOP services when patients are referred | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A shortage of female staff impacts on the ability to provide TOP advice in the service where I work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Women in my area are required to travel to access TOP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Are you aware of the Tabbott foundation for medical termination of pregnancy (MTOP)?

Yes

No

7. Have you referred patients to the Tabbot Foundation or another service for MTOP?

Yes

No

8. If so, how satisfied have you been with the service provided by that service

Very satisfied

Satisfied

Unsure

Unsatisfied

Very unsatisfied

9. Are you a conscientious objector to providing TOP services?

Yes (you are not required to complete Q10, please proceed to Q11)

No



10. Please respond to the following statements regarding providing medical termination of pregnancy (MTO) services in your practice

| | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I would be interested in providing MTO under the right circumstances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is not enough financial reward for me to provide MTO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are inadequate support services for me to offer MTO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not have adequate training or knowledge to provide MTO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are a lack of opportunities for training and education on MTO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not have the time in my practice to offer MTO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My workload is too high to incorporate providing MTO into my practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The inability to provide after-hours care impacts on the ability for me to provide MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am concerned about being stigmatised if I provide MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical indemnity is a barrier to me providing MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is difficult to access misoprostol and mifepristone where I practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am concerned about how my colleagues would react if I provided MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A lack of hospital support in case of complications prohibits me from providing MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I was provided with the appropriate training I would be interested in providing MTO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If teleconferencing was available to assist in MTO I would use this service. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Would you like to make any further comments regarding access to TOP

Thank you for completing this survey.

Options to return this survey are:

Fax to Dr Kathryn Ogden 03 6348 8198

Scan and email to kathryn.ogden@utas.edu.au

Return in the reply envelope provided to your practice manager (Att. Kath Ogden, Launceston Clinical School, Locked Bag 1377, Launceston, 7250, Tasmania)