Public Health Association of Australia: Policy-at-a-glance – Contraception Policy

Key message:
1. Affordable provisions of effective contraception is an essential health service and is cost effective in reducing the impact of unintended pregnancies on individuals and the health system.
2. PHAA will work with key stakeholders to improve access to safe, affordable contraception services.
3. PHAA will advocate for the development of a national comprehensive sexual and reproductive health strategy.
4. Attention must be focused on increasing access to Long Acting Reversible Contraceptive (LARC) methods and Emergency Contraception (EC).

Summary: Preventing unintended pregnancies through effective contraceptive use is a public health goal. Advice and provision of effective contraception is an essential health service and is cost effective in reducing the impact of unintended pregnancies on individuals, the health system and society. All people of reproductive age should receive education that is free of discrimination, enabling the choice of contraceptive options that are safe, reliable, affordable and acceptable. Service planners must focus attention on improved information about and access to LARC and EC

Audience: Federal, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA’s Women’s Health Special Interest Group (SIG).

Date policy adopted: October 2017

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Contraception Policy Statement

The Public Health Association of Australia notes that:

1. Preventing unintended pregnancies through effective contraceptive use is a public health goal.

2. Effective methods available in other countries, such as the combined hormonal contraceptive patch and the Desogestrel progestogen only pill should be made available here.

3. There are no routinely collected contraception usage data that are reliable and complete. However, the combined oral contraceptive pill, condoms and sterilisation are the most commonly used methods depending on age and reproductive life course stage.¹,²

4. The Long Acting Reversible Contraceptive (LARC) methods are most effective at preventing unintended pregnancy, have high continuation and satisfaction rates and include the contraceptive implant and Intra Uterine Devices (IUDs).³

5. LARC methods are underutilised in Australia¹,² and misperceptions about the suitability of LARC methods, particularly if IUDs for young women is a contributing factor.⁴,⁵

6. The Emergency Contraception (EC) Pill or copper IUD can prevent conception up to five days after unprotected intercourse.⁶ There is considerable misunderstanding of ECP within the general population.

7. Early access to contraception and education after birth or abortion can reduce the risk of rapid repeat pregnancy.⁷

8. The safety of various contraceptive methods for use in the context of specific health conditions and characteristics is outlined in the World Health Organization (WHO) Medical eligibility criteria for contraceptive use.⁸ This has been adapted by the UK Faculty of Reproductive and Sexual Healthcare and adopted by Family Planning organisations in Australia.

The Public Health Association of Australia affirms the following principles:

9. A comprehensive national sexual and reproductive health strategy would deliver the best health outcomes.

10. Advice and provision of effective contraception is an essential health service and is cost effective in reducing the impact of unintended pregnancies on individuals, the health system and society.⁵,⁹

11. All people of reproductive age should receive education from informed health professionals and other sources that is free of discrimination, enabling the choice of contraceptive options that are safe, reliable, affordable and acceptable.

12. All forms of contraception should be affordable and governments should ensure universal access, particularly for priority groups such as low-income women and adolescents. This may require specialised settings and funding arrangements.

13. Health professionals should be aware do the suitability and benefits of LARC methods to ensure these methods are included as first line options in contraception consultations.
The Public Health Association of Australia believes that the following steps should be undertaken:

14. Organisations should support and collaborate in the development of a comprehensive national sexual and reproductive health strategy that honours our commitment to the Sustainable Development Goals and is monitored against agreed indicators.

15. Research and training should be adequately funded to better understand the barriers and enablers of effective contraceptive uptake and use, particularly LARC use. Findings will inform the provision of quality services, service improvement and monitoring in contraception provision.

16. Professional bodies should ensure their members are aware of the requirements to disclose and refer in the case of conscientious objection.

17. State, Territory and Federal Governments should ensure that schools’ health curricula include detailed information about contraception including LARC methods and EC.

18. Adequate Medicare rebates and pharmaceutical benefits are required for contraceptive consultations, prescriptions and administration that do not lead to financial disincentives for health professionals or those seeking contraception.

19. State governments should ensure that public hospitals and other funded services provide contraception services which complement and support primary care services.

The Public Health Association of Australia resolves to undertake the following actions:

20. The PHAA will work with key stakeholders to improve access to safe, affordable contraception services and will advocate for:
   a. A comprehensive sexual and reproductive health strategy, addressing the domains identified in the Melbourne Proclamation and the Association’s earlier call to action and sexual and reproductive health background paper and the Sustainable Development Goals.
   b. Improved professional and community education to support access to all suitable contraceptive options, education and information.
   c. Reduction in barriers to contraceptive access such as cost and geographic location.

21. Attention to improved information about and access to LARC and EC.

ADOPTED 2014, REVISED AND RE-ENDORSED IN 2017

First adopted at the 2014 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.
References