

Impact Report

2018



Acknowledgement of Country

At Marie Stopes Australia we acknowledge the Traditional Owners of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging. We acknowledge the enduring connection to country and that Australia is, was and always will be Aboriginal Land.

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Foreword from our Consumer Advisors



The determination with which Marie Stopes has sought to engage with consumers is very important. It is a difficult thing to achieve, but within the current climate of women's sexual and reproductive healthcare this engagement is essential to the provision of effective, supportive, client-centred care. Women have been treated badly in this space for a long time. That will only change as organisations such as Marie Stopes challenge the norm by directly partnering with consumers to inform their practice.

It has been really pleasing to see Marie Stopes increase its advocacy work to actively engage in the politics of abortion provision. If practitioners choose to go about their business quietly, and avoid engaging in the conversation of abortion access, then the stigma that surrounds abortion will never disappear. By using the platforms they have to begin dialogues and push boundaries, providers such as Marie Stopes have become powerful leaders in the field.

As a consumer, I feel safe with Marie Stopes and I am sure that this advocacy is equally beneficial for other consumers who see that their care provider is fighting for them.

Eloise Noske

Consumer Advisor

Marie Stopes Australia



When I was invited to be a Consumer Advisor for Marie Stopes, I joined a group of women with a broad range of reproductive health experiences.

Over time, we have developed into a strong, supportive group with a real sense of community. Each of us brings a unique insight into this often overlooked area of health care. Insights that I believe Marie Stopes listens to and values.

Marie Stopes has a real commitment to improving the client experience, quality of care and the health outcomes of their client communities.

I look forward to continuing to work with Marie Stopes and to see how they continue to improve their services and support for communities right across Australia.

Nisha Liyanage

Consumer Advisor

Marie Stopes Australia

Foreword from our Managing Director



Since the inception of Marie Stopes International in 1976 in the United Kingdom, the bedrock of our abortion and contraception care has always been choice. Marie Stopes in Australia has been built on this same foundation.

For nearly two decades we have delivered abortion and contraception care services to people across the country. We have done this quietly and consistently.

We have come to realise that delivering these services in this quiet and consistent manner is not enough. We need to call out the inequities in this area of healthcare. This is why over the past two years we have built up our advocacy and policy work so that we can do this.

It is also why we have developed a fund to help provide free and low cost support for people who are experiencing financial and other forms of hardship to access the services they need, when they need them and where they need them.

One of the biggest areas of change has been a stronger focus on the voices of the community, and particularly our clients. In 2018 we have embarked on our journey towards strong and respectful partnerships with consumers with the recruitment of four Consumer Advisors. On behalf of the organisation I would like to thank our four Consumers Advisors, Nisha Liyanage, Eloise Noske, Alison Kent and Dr Amy Webster for helping us to incorporate client voices across our operations.

I am proud to present Marie Stopes Australia's first Impact Report. This report is a means of us being accountable to you, our community, as we continue to improve our client centred care and fight for your rights so that you can make your choices about your sexual and reproductive health.

Jamal Hakim

Chief Operating Officer 2018

Managing Director 2019

Marie Stopes Australia

Year at a glance

From the refurbishment of one of the organisation's busiest clinics to the release of a world first White Paper on the issue of Reproductive Coercion, 2018 was a diverse and incredibly fulfilling year for us and the communities we serve.



Clinic refurbishment pays homage to feminist icons

Three prominent Australian feminists who have fought for reproductive rights in Australia featured heavily in our Westmead clinic upgrade. Jane Caro AM, Professor Caroline DeCosta and Wendy McCarthy AO were honoured with the naming of treatment rooms after the women who have changed the face of reproductive rights and healthcare in Australia. We also honoured one of our former Nurse Unit Managers, Avril Bowd who was instrumental in providing care to our clients in Sydney for more than a decade.



MSA recognised for outstanding work with consumers

We were recognised by the Australian Council of Health Care Standards (ACHS) for our outstanding work with consumers to improve the patient experience. The award recognised our work engaging consumers in workforce training, co-design of services and facilities, and advocacy campaigns and media. It also recognises our transparency in reporting safety and quality outcomes publicly, and our comprehensive patient feedback program.

Ground-breaking reproductive coercion white paper launched

After 18 months of community and stakeholder consultation, we released *Hidden Forces: Shining a Light on Reproductive Coercion*, the world's first White Paper on the issue of reproductive coercion. For the first time, the White Paper brought together research, evidence and knowledge about the issue. Released on International Day for the Elimination of Violence Against Women and Girls (25 November 2018), the White Paper was accompanied by a commitment to provide 10 days paid family violence leave for all staff.



Who is Marie Stopes Australia?

We are a national not-for-profit provider of sexual and reproductive health services with 260 staff and 17 locations, including 14 clinics and a national teleabortion service. Our Executive oversees clinical care, positioning Australia as a space of quality, safety, practice leadership, and innovation.

We are accredited against the National Safety and Quality Healthcare Standards (NSQHS). In 2017 we were awarded 7 Met with Merits under our accreditation for excellence in clinical governance, partnering with consumers, appropriate and effective care, and strategic and operational planning

As a profit-for-purpose organisation, we strategically invest in sexual and reproductive health care to maximise impact. Accountability to our consumers, our partners, broader communities and foremost ourselves requires analysing our progress, restraints, reach and influence. This is our first impact report and each year we will track our progress to make sure we are continually improving the way we provide services to the communities we serve.

What we do:

Accredited national sexual and reproductive health service

Service delivery, advocacy, research and policy development

Australia's first teleabortion provider

Proudly Pro Choice

Our values:

Sustainability

Quality

Integrity

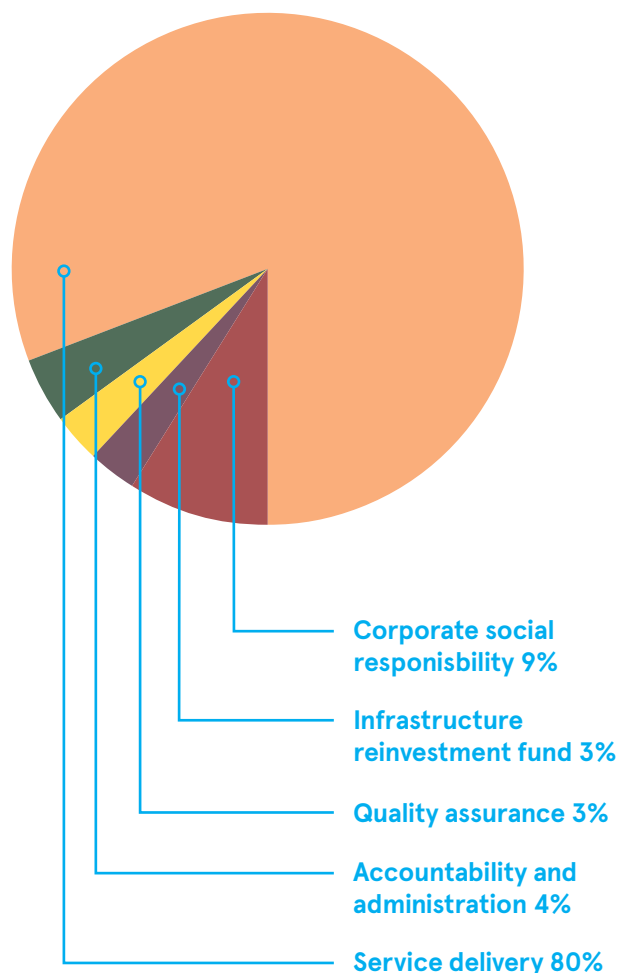
Courage

Investing in access and equity

In our profit for purpose business model we know that we have a responsibility to invest in delivering accessible services and providing equitable support to the communities we serve and the partners we work alongside.

Beyond the delivery of clinical services to communities, we invest in our infrastructure, safety and quality and ensuring we are accountable and ethical in our administration.

We also invest in providing financial support for clients experiencing hardship; engaging in research, policy development and advocacy that seeks to remove barriers to services such as abortion care and contraception; providing external clinical education and health promotion; and supporting our international programs within our region.



Category key and groupings

Service delivery:

Direct delivery of clinical services

Accountability and administration:

Corporate administration and oversight

Quality assurance:

Clinical quality, governance and auditing

Infrastructure reinvestment fund:

Direct investment in our clinical network

Corporate social responsibility:

Financial assistance, research, policy and advocacy, supporting regional programs, external clinical education and health promotion

Leading the national conversation

We have a commitment and responsibility to lead the national conversation on sexual and reproductive health and rights.



National Support Centre

The National Support Centre offers confidential pregnancy support, information and referral.

142,626

Calls answered by the National Support Centre.

1 in 3

Clients seeking health information or were referred to another service provider.

2 in 3

Of those calls were from an existing or future clinical or counselling client.

23,000

Emails responded to by the National Support Centre in 2018.

Clinical care

We provide clinical care to thousands of Australians and international visa holders who reside in Australia each year.

31,789

Clinical services provided to clients.

50,000+

Services delivered.

Services provided include:

Surgical abortion, medical abortion, vasectomy, tubal ligation, contraception and sexually transmitted infection testing.

LARC methods include:

Contraceptive injection, the contraceptive implant (or rod), the copper intrauterine device (IUD) and the hormonal intrauterine system (IUS).

20%

Of abortion clients chose Long Acting Reversible Contraception (LARC).

8%

Medical abortion clients chose LARC.

*Data is unavailable on the number clients' accessed short acting contraception following abortion, such as who filled contraceptive pill prescriptions or who used condoms.

Sexual and reproductive health literacy

As the national accredited provider of sexual and reproductive health, we have a responsibility to provide health literacy services to the Australian community. In 2018, we ran two major campaigns for contraception and vasectomy.

World Contraception Day

In recognition of World Contraception Day on 26 September 2018, we launched a website dedicated to all types of contraception. The website, contraception.org.au, was developed in partnership with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), HealthDirect and the Australian Women's Health Network.

Key stats on World Contraception Day campaign:

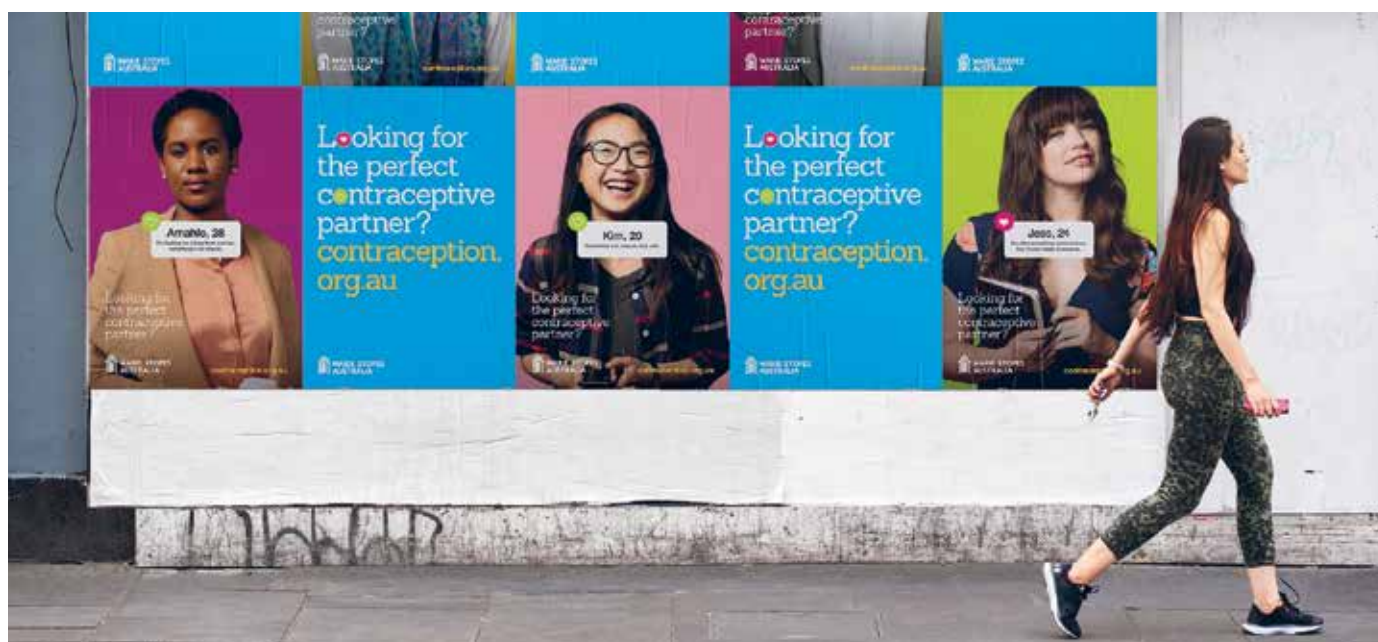
500

Free contraception kits with information for health care professionals wanting to counsel patients on different forms of contraception were ordered.

24,000

Website visitors over the duration of the campaign.

Site developed using consumer insights of most asked questions about contraception on Google.





Often referred to as the “ball whisperer”, Dr Justin Low has dedicated his professional life to providing vasectomies. When Justin is not providing vasectomies and teaching his peers how to provide vasectomies, you can find him surfing and spending time with his family.

Dr Justin Low
Head of Vasectomy



"As National Lead Vasectomy Doctor I have the awesome privilege of developing a great team of doctors, nurses and support staff which seek to provide the highest quality vasectomy services available in Australia. Knowing that we are so focussed on quality in our surgical technique and patient experience is extremely satisfying to me personally and is why I do what I do."

Vasectomy campaign

In 2018 we dedicated more time and effort to getting the word out about the importance of vasectomy as an excellent form of contraception.

A common fear for many people wanting a vasectomy is the pain factor. Our Head of Vasectomy, Dr Justin Low, went on national television, radio and talked to a number of men's health publications to explain what to expect when having a vasectomy. This was supported by a year-long social media campaign.

Vasectomy social media:

786,647

People reached.

73,391

Social media engagements.



Social media engagement

We use our social media channels to engage Australians in important conversations about their sexual and reproductive health. In 2018, across our social media channels, we had more than 6 million interactions with the community.

Social media:

6,510,000

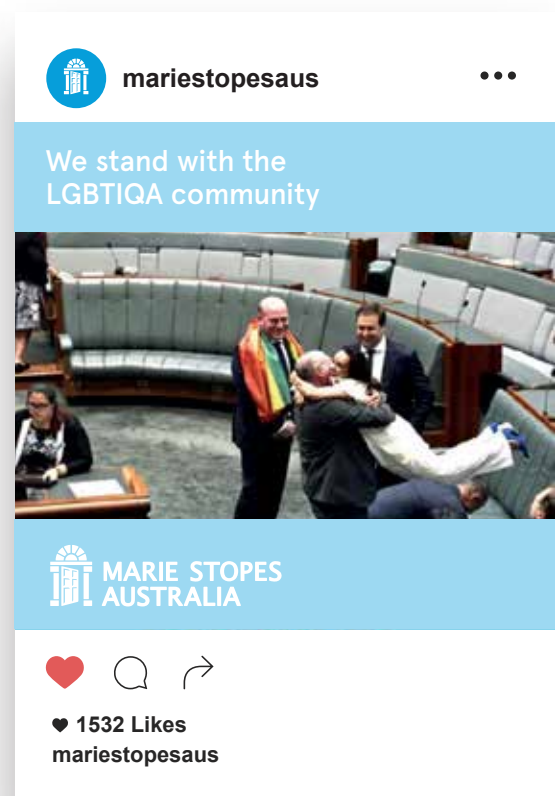
Facebook engagements.

56,000

LinkedIn engagements.

315,000

Twitter engagements.



Partnering with consumers

In 2018 we established our first Consumer and Specialist Advisor Group. The group consisted of three Consumer Advisors and representatives from women's health and advocacy organisations across Victoria. The group helped to steer our advocacy and community engagement work.

Nisha has worked alongside Marie Stopes Australia since 2018 as a Consumer Advisor after being part of our Voice Your Choice photoshoot, designed to show the faces of real Australians who support access to and equity of sexual and reproductive health and rights. Nisha has helped us in the areas of abortion advocacy, telling her story to BuzzFeed news in 2018.

Consumer Advisor

Nisha Liyanage



"Having experienced reproductive coercion on the basis of religious beliefs by a doctor, when I needed an abortion, affected me greatly. I realised the barriers to this necessary yet stigmatised medical procedure were insidious and pervasive, from within the medical field, society and even my own family. I wanted to share my story and break the stigma around abortion so people feel supported and safe in accessing reproductive care."

Advocacy

Released the world's first White Paper on Reproductive Coercion

A result of national and international research:

84 submissions

From across health, family violence, media, advocacy, academia and policy development sectors.

18 months

Of consultation and collaboration.

170 stakeholders

Campaigned for national commitment to sexual and reproductive health policy.

Number of news articles and interviews:

8 position statements

On sexual and reproductive health and rights.

15 policy submissions

And advisory briefings.

123 media interviews

And publications challenging sexual and reproductive health stigma.

MS Health

We opened MS Health as the nation's only not-for-profit pharmaceutical company in 2012 to ensure the availability of medical abortion in Australia.

MS Health provides access to medication, free online training and registration of health care professionals to deliver medical abortion, as well as 24 hour phone support for people who access medical abortion.

Clinical education on medical abortion is available for health professionals nationwide via an online learning management system, and face to face education is provided at local conferences and events.

Did you know?

MS Health provides a 24 hour nurse-led support line for any person in Australia who accesses a medical abortion. We provide this support to patients from all health services, not just Marie Stopes Australia.

In 2018, the number of prescribers and dispensers increased by 65%. We believe this is the result of changes in legislation in Queensland, announced changes to medical abortion provision in the Australian Capital Territory (ACT) and safe access zones implemented in New South Wales (NSW).

MSHealth



MS Health key facts for 2018

12,573

Estimated unique website visitor numbers.

2030

Prescribers and dispensers registered in 2018.

1301

Dispensers.

729

Prescribers.

58%

Increase in dispensers.

79%

Increase in prescribers.

65%

Increase from 2017.

Victoria had the highest increase in prescribers and dispensers in 2018.

Nearly 30% of NSW's registered prescribers came on board in July 2018, the same month that safe access zones were implemented, making it illegal to protest within 150m of a health facility that provides abortions.

Responding to local needs

Given the diversity and complexities of Australia's metropolitan, regional and remote communities, it is important to be responsive to client and community needs. This is done thorough considering demographic needs, providing mental health support alongside clinical care and using philanthropic funds to provide equity and access to services.



"Choice and bodily autonomy is a huge passion of mine. Working at Marie Stopes with my team enables me to make a difference in the lives of our clients. I am really proud of the work we do and the team who deliver it."

Team Manager of the National Support Centre in Melbourne.

Ryan Stevens

Increasing access

Each state and territory in Australia has different policy and legislation which impacts on sexual and reproductive healthcare access. This year we focused on campaigning for the decriminalisation of abortion in QLD, Safe Access Zones in QLD, Western Australia (WA) and NSW, and resumption of abortion services in Tasmania (TAS).

What we did across each state:

QLD

Partnered to secure decriminalisation of abortion, 150m safe access zones.

NSW

Campaigned for securing 150m safe access zones.

SA

Supported campaign for decriminalisation of abortion.

WA

Pushed for 150m safe access zones.

ACT

Supported broadening of law for abortion in primary health care settings.

TAS

Lobbied for abortion access for local community.

VIC

Worked with local women's health organisations on Reproductive Coercion White Paper.

NT

Presented to the Australian College of Rural and Remote Medicine on teleabortion safety and efficacy.

Client mental health and wellbeing

Every year we support clients who are experiencing complex circumstances. These experiences include sexual, family or domestic violence; needing to travel interstate to access services; or living with mental health challenges or significant levels of financial distress. All clients, no matter where they are from or what they are experiencing, can access counselling from our specialised, trauma-informed counselling team.

Our counselling clients

100%

Of counselling clients offered up to 3 all-options counselling sessions.

75%

Of counselling sessions delivered by phone.

1,929

Contacts made with counselling team.

1,283

Appointments.

7%

Of clients were seeking support for a planned pregnancy.

25%

Of clients were migrant or refugee background.

4%

Of clients were Aboriginal and Torres Strait Islander people.

28%

Of clients identified that their conception partner was unsupportive and/or their pregnancy was the result of sexual violence.

*Note: accurate data is currently unavailable to determine the number of clients with disability who access counselling services. This will be remedied in 2020 with revised electronic databases.

Investing in equity

We combine philanthropic donations, trusts, foundations, bequests and operational surplus to create an equity fund called the Choice Fund. When clients are unable to access contraceptive choices or termination of pregnancy due to financial means, their cases are triaged and complexities considered to receive what we call financial support from the Choice Fund.

Financial support includes discounts and financial bursaries. Financial bursaries are provided from the Choice Fund and are used to cover the cost of sexual and reproductive health services, most commonly contraceptive and/or abortion care.

Support for clients experiencing challenges

Many clients who approached us for financial support have other complicating factors in their lives. Beyond lack of financial resources, these clients may also be experiencing homelessness, mental and physical health issues, living with domestic and family violence or may have experienced sexual coercion and violence. We call their experiences complex cases.

In 2018 we received 6,630 contacts from clients with complex cases.

In 2018 we provided financial support for clients including:

- \$395,000 in financial support
- \$89,000 worth of procedures through no interest payment plans
- 38% financial bursaries provided to NSW clients
- 33% financial bursaries provided to QLD clients
- 8% of bursaries were accessed by Aboriginal and Torres Strait Islander clients
- 4% of bursaries accessed by clients with Disability
- 20% of bursaries provided to people experiencing domestic or family violence
- 9% of bursaries provided to clients who have recently experienced sexual violence
- 20% bursaries were for clients experiencing mental health challenges
- 10% of bursaries were for clients who are homeless
- 6% of bursaries were accessed by clients with drug related addiction.

Did you know?

The average distance travelled to access services by clients who received a financial bursary from Marie Stopes Australia was 298 kilometres, return.

Who are our clients

Cultural Languages

All clients who access our services are offered a translation service if English is not their primary or preferred language.

Top 8 languages requested by clients:

Arabic, Cantonese, Hindi, Korean, Mandarin, Nepali, Vietnamese and Japanese.

1,897 interpreter services provided to clients, including AUSLAN.

Did you know?

4% of our clients told us they prefer a language other than English.

Aboriginal and Torres Strait Islander clients

4% of clients are Aboriginal and/or Torres Strait Islander people.

Of those clients, 88% are Aboriginal, 5% are Torres Strait Islander, and 7% are Aboriginal and Torres Strait Islander.

Most (93%) of Aboriginal and Torres Strait Islander clients are women.

*Note: we recognise that we need to do more work to ensure we provide culturally responsive and supportive services to Aboriginal, Torres Strait and South Sea Islander communities. We have embarked on a Reconciliation Action Plan journey in 2019 to make sure this commitment is delivered in our organisation's strategy and operations.

Age of our clients

Clients access Marie Stopes clinics throughout their lives, with the highest number of clients aged between 23 and 36 years.

43% of clients are married or in defacto relationships.

3% of clients are widowed, divorced or legally separated.

33% of clients report they have not been married.



*Note: accurate data is currently unavailable to determine the number of clients with disability who access clinical services. This will be remedied in the future with revised databases.

Continuous improvement

Our clients are at the very centre of what we do at Marie Stopes Australia. We have strong clinical governance and are accountable when it comes to clinical excellence and quality of care for all clients.

Accreditation by the Australian Commission on Safety and Quality in Health Care against the National Safety and Quality Health Service Standards confirms a high standard of care. A Clinical Governance Committee reviews any clinical complications so that we constantly learn and improve our care. A National Medical Advisory Committee oversees clinical practice to make sure that our doctors work to the highest standards.

Research to improve abortion care

In 2018, we began a partnership with the Australian National University (ANU) on an ambitious research project to develop better care pathways for all people accessing abortion services. Led by one of Australia's most experienced epidemiologists and biostatisticians, Associate Professor Bruce Shadbolt, the 3 year project will include research and quality improvements to create a ground-breaking evidence base for what abortion care clients truly need and want.

Consumers telling their stories

Each year we hold a Nurse Unit Manager conference in Melbourne to bring together the nurse leaders from across our clinics. The conference is to ensure our Nurse Unit Managers are supported in providing care to our clients.

In 2018 we held our second annual Nurse Unit Manager conference featuring consumers telling their stories about the care they had received at our clinics and highlighting areas for improvement. Based on feedback from the our Complaints Management System, two sessions were held to hear about quality of care from a vasectomy client and an abortion care client. The stories helped to inform the development of a pre-care model for vasectomy and for clients with high obstetric risk.

Measuring our client-centred care

In 2017, to facilitate discussion and provide a structure to improve our client-centred care and consumer participation we embarked on the Clinical Excellence Commission's (CEC) Patient Based Care Challenge. We brought together our clinical team members, the Executive and Senior Management team members and a Consumer Advocate.

Using a gap analysis we measured how we were performing in these areas of leadership, communications, client and carer engagement, client feedback and organisational culture and development. Over the course of the next year we put in place a number of interventions to improve how we were engaging with clients and consumers across these areas.

In 2018 we repeated the gap analysis that showed we had improved across all areas of consumer participation.

Gap analysis	Pre-intervention 2017	Post-intervention 2018
Achieved	37%	53%
Partially achieved	48%	30%
Not achieved	15%	7%

Empathy and self care

The work that we do requires a high level of empathy so that we can provide compassionate care to our clients. Looking after the mental health of our staff is important to make sure that we can continue to practice empathy and compassionate care towards our clients. When you neglect caring for yourself, your ability to show empathy and compassion can decrease. We call this empathy fatigue.

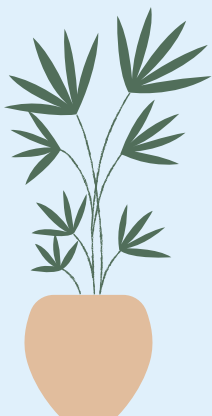
In 2018 all staff were trained in self care techniques to help decrease the risk of empathy fatigue.

This training has resulted in the start of a journey to embed trauma-informed approaches and practices across the organisation. This major project will commence in 2019.

What does trauma-informed mean?

Trauma-informed refers to an approach that realises the widespread impact of trauma and understands what path clients can take to recovery. It means that the staff and the organisation has the skills and tools to recognise the signs and symptoms of trauma in clients, support people, or carers and staff.

It responds to trauma by fully integrating information and education about trauma into policies, procedures, and practices, and seeks to avoid re-traumatising people. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of trauma-informed care and practices.



Public reporting of clinical outcomes

In 2018 we continued to publicly report on clinical outcomes across the services provided by the organisation.

Medical termination of pregnancy	2017	2018	Benchmark rate*
Total complication rate	5.67%	5.90%	–
Incomplete abortion	4.41%	4.41%	1.1–4.2%
Continuing pregnancy	0.56%	0.78%	0.5–0.7%
Infection rate	0.30%	0.38%	0.2–1.0%
Surgical termination of pregnancy	2017	2018	Benchmark rate*
Total complication rate	1.75%	1.94%	–
Incomplete abortion	0.86%	0.96%	0.3–2%
Continuing pregnancy	0.11%	0.03%	<0.2%
Cervical injury	0.01%	0.04%	<1%
Perforation of uterus	0.05%	0.08%	0.1–0.4%
Infection rate	0.12%	0.16%	0.1–2%
Vasectomy	2017	2018	Benchmark rate*
Total complication rate	0.99%	0.47%	–
Failed vasectomy	0.46%	0.05%	<1%
Haematoma	0.15%	0.10%	1–2%
Infection rate	0.15%	0.26%	1–2%
Anaesthesia	2017	2018	Benchmark rate*
Total complication rate	0.25%	0.21%	–
Collective complication rate	2017	2018	Benchmark rate*
All procedures	3.01%	3.30%	–

*Note: we participate in the Australian Council of Healthcare (ACHS) Clinical Indicator program where

*three outcomes are compared with peer like health services.

Improving our vasectomy service

In 2018 we rolled out a national vasectomy service that focused on alleviating one of the biggest fears expressed by vasectomy clients: pain. The most painful part of the vasectomy procedure itself is the injection of the anaesthetic, and the new service was developed using a minimal pain anaesthetic delivery technique.

We surveyed 309 of our vasectomy clients to test their experiences of pain during their vasectomy procedure:

48%

Of those who underwent the traditional technique experienced a less-than-expected sharp pain or no pain at all.

79%

Of those who underwent the open-ended technique with the minimal pain anaesthetic technique, experienced a less than expected sharp pain or no pain at all.

Improving our teleabortion service

Access to abortion in some areas of Australia is challenging due to geographical remoteness and a lack of local abortion providers. This is compounded by legislation which varies by state and stigmatisation in small and often conservative rural communities. People can also be fearful of a perceived or genuine lack of confidentiality and privacy in regional areas. In response to these challenges, we launched Australia's first teleabortion service in 2015.

In 2018 we evaluated the safety and efficacy of the service with its first 1,065 clients. Of the total 1,065 clients who accessed the service, less than 6% experienced a complication

Improving access to teleabortion

In 2018 we removed the need for clients to have a referral from their GP to access our teleabortion service. This removes the need for a client to organise and pay for an additional GP consultation for referral, saving clients time, money and the potential stress of finding a GP willing to refer them to an abortion service.

Complaint and feedback trends

In 2018, 93% of our clients reported a high to very high satisfaction rate with the service they received. This is up from 89% in 2017.

Further information and feedback

If you would like to know more about the work that we do at Marie Stopes Australia you can follow us on social media or get in touch via the following channels.

 @mariestopesau

 mariestopesaus

 mariestopes.org.au

You can also support our work by making a tax deductible donation at **mariestopes.org.au/donate**

If you would like to give us feedback about this publication, please get in touch with us at **policy@mariestopes.org.au**