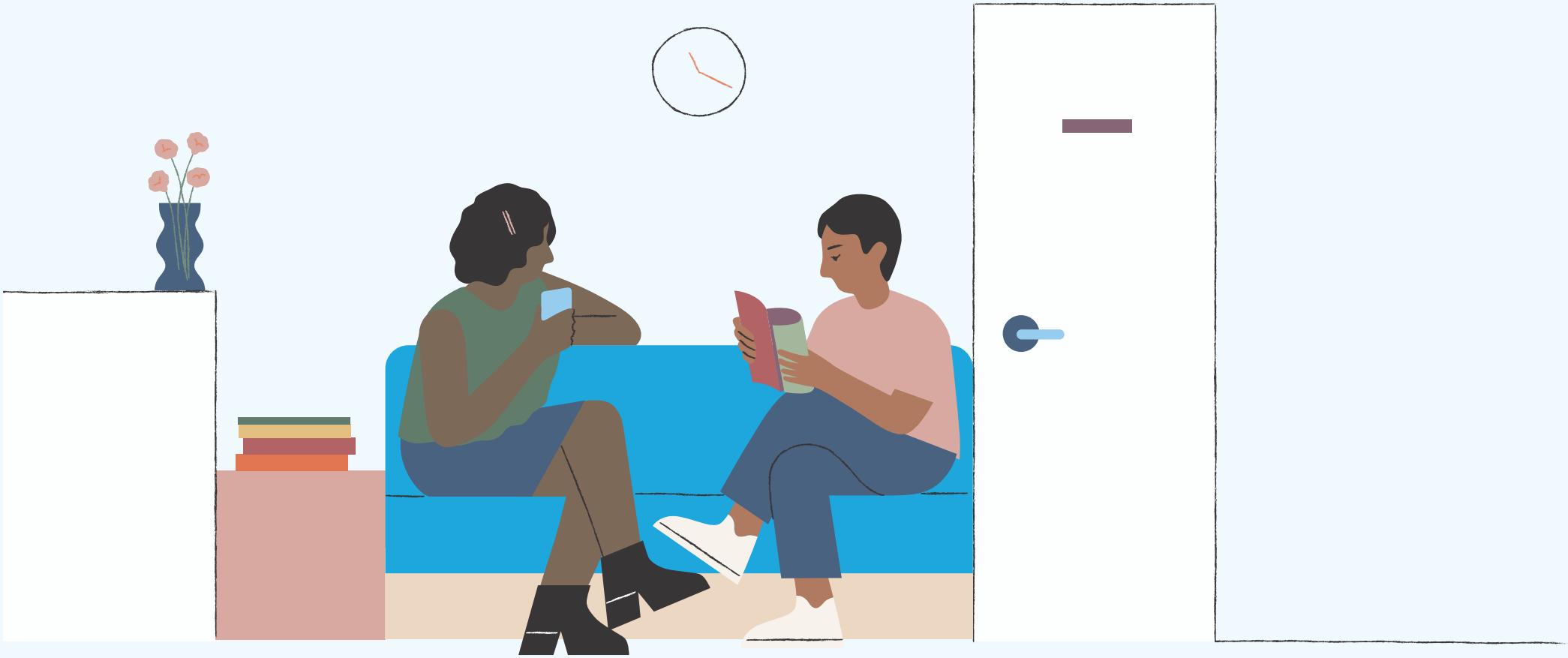
MARIE STOPES AUSTRALIA

Impact Report

2020



Acknowledgement of Country

Marie Stopes Australia acknowledges the Traditional Owners and Custodians 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 also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.

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Impact Report: 2020

Contents

Forewords

I remember when I first came on board with Marie Stopes Australia as part of the 'Voice your Choice' campaign, where I told my story of experiencing abortion stigma on Buzzfeed back in 2015. A friend filtered the comments for me, and she let me know that one of them said 'wait till she's eight weeks pregnant with her first baby'. I assume the commenter meant I would feel remorse. I did not.

Having an abortion is a part of my story, but it doesn't define me. Without my abortion all those years ago, I wouldn't have known how important choice and access to safe abortion is for pregnant people. I now work in women's health and gender equality, and I don't think I would be there if not for my experience. I wouldn't have known that I did really want kids - one day. I wouldn't be parent to my funny little child, and I wouldn't be the strong, resilient and compassionate woman that I am today.

In 2020, I continued my healthcare journey when I gave birth to my child during a global pandemic. In responding to Covid19, health systems were constantly changing. No clear answers were given about what I would be allowed to use in the birthing suite or who I could have with me as support. For this first-time parent, the "I'm not sure at this point", the "we'll have to wait and see" answers were extremely unnerving. In my online communities I read endless stories of pregnant people not allowed to bring any support, or to have their existing children with them, or if they had any Covid19 symptoms having had been separated from their newborn.

This unique time in my life was fraught with uncertainty and a deep sense of injustice. I was reminded of my abortion experience in 2015, and the invaluable support of my partner and healthcare staff. I thought of everyone needing to access abortion in 2020, and the compounding uncertainty they might be experiencing. These two very vulnerable junctions in my life were both framed by the quality, compassion and advocacy of sexual and reproductive care providers, and the laws, reforms and regulations that empower pregnant people, whatever their choice is.

In my role as consumer advisor, and in reading this report I've seen how MSA have responded to the evolving challenges of 2020.

MSA have not only maintained access to reproductive choices for pregnant people but have reflexively adapted services to support patients' physical and mental health. I hope that this commitment will one day take us to a reality where unhindered reproductive choice is a reality.

Nishadee Liyanage
Health Consumer Advisor

The events of 2020 have highlighted the important role research and researchers play in advancing society, improving healthcare access and solving some of the world's biggest issues! It was a great pleasure of mine to be introduced to the world of research over the last year, working with Marie Stopes Australia as a Monash University Global Challenges Honours student.

Throughout the year, I was fortunate enough to learn more about the major issues facing abortion access on a national scale. My research explored the challenge of increasing the number of health professionals trained and willing to provide abortion care. Exposure to this area of healthcare, in a professional context, begins at university. I wanted to find out exactly what medical students are taught about abortion care.

Through interviews with medical educators from a number of universities across Australia, it was clear that whilst abortion care was thought of as an essential part of tertiary medical education, the depth in which the topic is currently covered varies between universities, meaning medical students are graduating with different degrees of abortion care knowledge. Often, abortion care coverage is dependent on a number of factors including the educational and professional background of the heads of the relevant departments associated with the training, the amount of time dedicated to women's health as a unit, and access to placements in clinical settings.

At the end of 2020 I co-authored a paper on this topic which I hope to publish in 2021. My experiences with Marie Stopes Australia and Monash University throughout 2020 strengthened my belief that abortion is essential healthcare, and it should be taught as such. We need to encourage future health professionals into this field, and also ensure that they are equipped with the skills to overcome systemic barriers that create access and equity issues. Alongside this we need continued investment in academic research on abortion care to build, translate and exchange evidence.

Swathy Santhakumar
Monash Research Student

This year was the third and final year of our strategic plan, 2017–2020. During that time we have gone through an incredible amount of change, but perhaps no more than this year. We started the year with a certain idea about how we would continue advancing our mission in Australia – with a keen focus on delivering *Your Choice, No Matter What*. In many ways, this focus served us well in the ensuing pandemic; allowing us to never forget what had to remain the centre of our efforts to respond to an unprecedented amount of disruption, uncertainty and change. There is no doubt we mourned the loss of the important activities we had committed to, which we believe would have had an enormous impact on women and pregnant people in Australia.

When the pandemic was called and we initiated a crisis management team structure, our goal for the year became **maintaining access, while keeping our clients and teams safe at all costs.**

Against many odds, including battling for confirmation that abortion is an essential service and we must remain open despite restrictions, fighting for our right to access personal protective equipment (PPE) stockpiles: we did it. We were able to keep our abortion services open, increase telehealth capacity, reduce client contact points through new models of care, and successfully complete accreditation.

None of this would have been possible without our exceptionally dedicated staff and community of supporters, who showed up and gave of themselves beyond what any organisation could hope or expect.

I feel exceptionally privileged to lead an organisation full of people who take ownership and do what needs to be done, with compassion, integrity and courage, every day.

Jamal Hakim
Managing Director
Marie Stopes Australia

Year at a glance

Maintained access throughout a pandemic

Mandatory lockdowns and temporary suspension of elective surgeries meant that existing barriers to sexual and reproductive health services were amplified. In order to maintain healthcare access, the crisis management team focused on evolving models of care. For example, with the introduction of the low sensitivity urine pregnancy test (LSUP) to confirm a complete treatment, clients were able to access a medical abortion via telehealth from their homes without the need for a follow-up appointment in clinic.

Maintained high safety standards

The pandemic has impacted us all, whether it be personally or at work, with everyone having their part to play in keeping services open for all clients despite the local restriction levels of the day. We have ensured all our facilities and work places have remained COVID-19 free with robust risk and infection prevention strategies in place. We are proud of keeping everyone safe and secure ; ensuring our staff can feel safe at work and focus on what matters most, our clients.

Increased regional and remote access

Telehealth uptake during the peak COVID-19 months, April to September 2020, increased by 69% nationally compared to the same period in 2019. Telehealth and access to temporary Medicare Benefits Schedule (MBS) item numbers helped us maintain access for clients and provided a convenient and reliable service with reduced need for travel and face-to-face contact.

Nationally there was a 30% increase in teleabortion services, an 8% increase in the number of regional clients and a 20% increase in the number of remote clients. Without this service, the impact of the pandemic restrictions and collapse of reliable travel options would have made access impossible for some of these communities.

Who is Marie Stopes Australia?

We are an independent, non-profit organisation dedicated to ensuring sexual and reproductive health services are equally accessible to all people living in Australia. We are the only national accredited provider of abortion, contraception and vasectomy services, and the country's longest running provider of teleabortion.

Our holistic, client-centred approach empowers individuals to control their reproductive health safely, and with dignity, regardless of their circumstances. Through active partnerships with healthcare providers, researchers and communities, our models of care ensure the total wellbeing of our clients is supported at every stage.

Our values

Integrity

Agency

Sustainability

Quality

Courage

Dr. Yvonne Neubauer

Leading the national conversation

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

National support

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

137,598
calls answered

3 in 4
were seeking health information or referral to another service provider

1 in 4
were from existing or future clinical or counselling clients

25,838
emails received and responded to

Clinical care

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

43,000

services delivered*

10%

of services provided without Medicare card

Services provided include:

Surgical abortion, medical abortion, medical abortion by phone/mail (teleabortion), 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)

13%

of abortion clients accessed LARC – an increase of 9% since 2019

6%

of medical abortion clients chose LARC – an increase of 4% since 2019

^Long acting reversible contraception

*Compared to 52,000 in 2019 due to elective surgery restrictions.

*Data is unavailable on which clients accessed short acting contraception following abortion, e.g. contraceptive pill prescriptions or condoms.

Policy and advocacy

We provided advice to governments, the community sector and key stakeholders for legislative reforms for safe access zones and abortion decriminalisation. We collaborated with advocates in the South Australian Abortion Action Coalition for safe access zones and abortion law reform in South Australia. We supported the launch of Our Choice WA, calling for safe access zone reforms in Western Australia.

Over the course of the year, we presented at 11 online conferences or webinars and made 9 major policy submissions.

Key publications

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and Marie Stopes Australia (2020). **Open Letter on Medicare Benefits Schedule item number reforms**.

Fix, L., Seymour, J. W., Sandhu, M. V., Melville, C., Mazza, D., & Thompson, T. A. (2020). *At-home telemedicine for medical abortion in Australia: a qualitative study of client experiences and recommendations*. BMJ Sexual & Reproductive Health, 46(3), 172-176.

Marie Stopes Australia (2020). **Hidden Forces (second edition): a white paper on reproductive coercion in contexts of family and domestic violence**.

Marie Stopes Australia (2020). **Nurse-led medical termination of pregnancy in Australia: a legislative scan.**

Marie Stopes Australia (2020). **Safe access zones in Australia: Legislative considerations.**

Marie Stopes Australia (2020). **Situational Report on Sexual and Reproductive Health Rights in Australia** (nine editions).

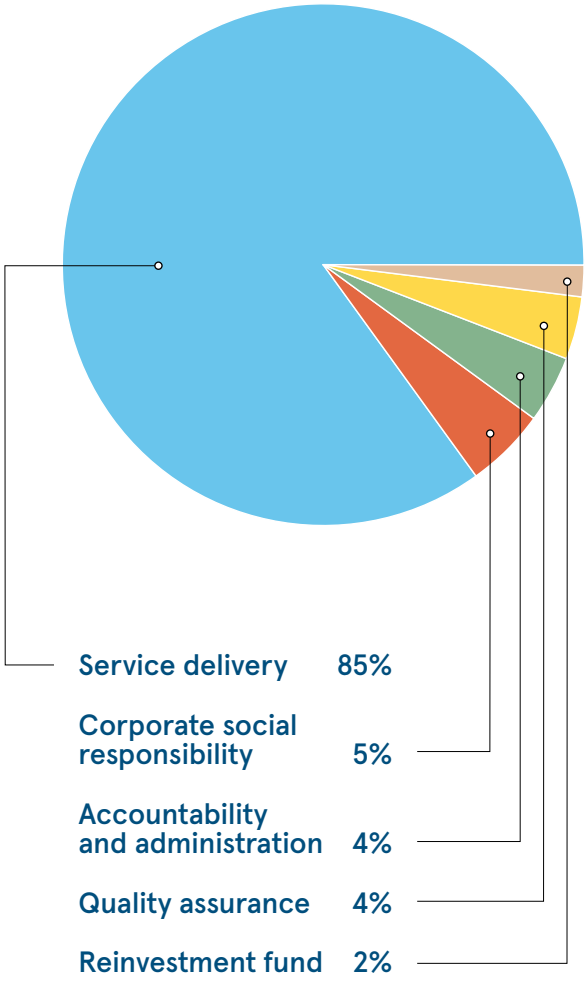
Melville, C. (2020). *Digital provision of sexual and reproductive healthcare: promising but not a panacea*.

Investing in access and equity

As a national non-profit organisation 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 literacy; and supporting our international programs within the Asia-Pacific region.



Category key

Service delivery:
direct delivery of clinical services

Accountability and administration:
corporate administration and oversight

Quality assurance:
clinical quality, governance and auditing

Infrastructure reinvestment fund:
investment in our clinical network

Corporate social responsibility:
financial assistance for clients, research, policy and advocacy, supporting regional programs, external clinical education and health promotion.

Corporate social responsibility during 2020 was divided into:

27%	Financial assistance
13%	Research, policy and advocacy
60%	External clinical education and health promotion

Support for clients experiencing challenges

We use income from full fee-paying clients and philanthropic donations to provide bursaries to clients experiencing financial hardship. These measures support those clients to access essential healthcare they want but could not otherwise afford.

In 2019 we provided 1,100 bursaries for women and pregnant people seeking abortion and experiencing financial hardship. This cost the organisation in excess of $561,000. This level of financial support was financially unsustainable.

In 2020 we provided financial support to 278 clients, a 74% decrease from 2019. This was approximately $293,000+ worth of services for abortion and contraceptive care.

Many clients experiencing financial hardship also rely on financial support from women's health centres and sexual, family and domestic violence services. These services fundraise to cover part or all of their clients' clinical care and/or travel costs. Ideally the Government should be filling these gaps in access and equity to fund abortion and contraceptive care.

Of those who accessed bursaries in 2020:

- The average gestation of a person seeking abortion care was 11 weeks
- 3% were people who had recently experienced sexual violence
- 3% were people with drug-related addiction
- 4% had no access to Medicare
- 4% were people with a disability
- 6% were Aboriginal and Torres Strait Islander people
- 6% were people who were homeless
- 12% were under 18 years old
- 13% were people experiencing domestic or family violence
- 79% suffered from financial hardship
- 79% held a Healthcare card
- 89% were unable to access public services.

Partnerships

Partnerships for service delivery, advocacy and policy and clinical education are an important part of increasing access and equity, developing culturally responsive care and supporting continuous improvement. We invited partners who have collaborated with us at any time in the past to share their feedback.

- 80% of partners would be likely or very likely to recommend us if a friend or colleague needed to access to sexual and reproductive health services, compared to 70% in 2019.
- 65% of partners would be likely or very likely to recommend us for clinical education, compared to 33% in 2019.

What we do well

"Always benefits my patients in a caring non judgemental manner."

"Partnerships with organisations to deliver compassionate abortion care.... Bursaries for clients who cannot pay for procedures or access other funding. Advocacy in systems and to government for changes

to allow better access in sexual and reproductive health."

"Willing to work collaboratively. When issues identified, quick to respond and change processes"

"I have appreciated MS's thorough and considered approach to promoting understanding of reproductive coercion in the context of different types of services."

"I've found that working with Marie Stopes has been transparent with clear and concise communication. This makes it easy for us to work together and achieve mutually beneficial outcomes."

"Timely and useful information through the regularly updated situational report has been very good to have for my work in incorporating reproductive health in work on violence against women and gender equality in the context of COVID."

How we could improve

"Embed First Nations personnel in engagement and diversity strategy at senior levels to lead community relations development."

"Better / clearer pathways on how to work with or support the organisation would be good! I would love to work with Marie Stopes as a registered nurse but don't know how to bridge any knowledge or experience gap required."

"Renew relationships. Collaborate with local services. More visible SRH rights based advertising to progress normalisation of Abortion and LARC options as individual right to SRH healthcare."

"Be more trans/nb inclusive in your website, online resources and social media."

"More payment plans and fee waiver should be offered to early gestational aged patients experiencing financial hardship or who are medicare ineligible. Without this, it puts a huge burden on the public hospital..."

"For people like me working in an intersecting policy area (VAW) it would be good to have a clearer understanding of how Marie Stopes sees itself as both a health and education provider as well as an advocate/policy development contributor. I think Marie Stopes is quite unique and valuable in its approach – it would be useful to have that articulated and promoted further."

To contribute to our partnership review, please visit www.surveymonkey.com/r/collaboratingforchange at any time.

All feedback is shared with the Executive and used to inform partnership development.

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 by considering demographic needs, providing mental health support alongside clinical care, and using philanthropic funds to provide equity and access to services.

Ensuring access to sexual and reproductive healthcare in rural communities throughout the pandemic

The world as we knew it changed in March. For those living in rural areas like Rockhampton and Townsville, where access to services was already limited, the restrictions on travel and commercial flights severely affected the ability to access sexual and reproductive healthcare.

Pre-pandemic, most of our doctors and nurses would fly to these clinics from Brisbane or from interstate. Despite some commercial flights still running during the pandemic, they were not reliable and could be cancelled at very short notice.

Cancelled flights were a risk we weren't willing to take; we are the only surgical abortion provider in Rockhampton and Townsville and it is not uncommon for clients to travel up to eight hours to reach these clinics. "The effects of the pandemic were obvious with many clients making tough decisions due to financial distress from unemployment. Others were struggling with no family support due to border closures." Says Dr. Catriona Melville, our Deputy Medical Director, who is based in Brisbane.

We were eventually able to organise a charter plane between Brisbane, Rockhampton and

Dr. Catriona Melville.

Dr. Catriona Melville.

Townsville. A team of our doctors and nurses would travel from Tuesday to Wednesday every week, doing a 'tour' of Rockhampton and Townsville. Dr. Melville describes the journey.

"My memories of the charter flights are the very early mornings (3.15 am alarm call), restricting fluid intake as there is no toilet on the plane and the very long days as despite the 5.00am departure we often didn't arrive at the clinic until 9.30am (the flight time is double a commercial jet). It was very cold in the winter on the plane (the temperature is the same inside as out!), and we had a stash of blankets which we cuddled up under. Now in the summer it's sweltering until you reach altitude for the same reason."

Despite the incredibly long hours and time away from their families, Dr. Melville and the team are passionate about continuing to ensure sexual and reproductive health access – "...I feel immensely privileged to have been part of this experience and to hopefully have made a small positive impact on the lives of our regional and rural Queenslanders."

Mental health and wellbeing

All clients, no matter where they are from or what they are experiencing, can access counselling from our specialised, trauma-informed counselling team. Some of our clients 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.

At times there are complexities that requires longer term counselling, so we bridge a gap until they can link with other specialist mental health professionals. Our counsellors are also available to provide support to partners of current clients, or previous clients who need further support, information or referral.

Our counselling clients

100%

of clients have access to all-options counselling sessions

98%

of counselling sessions delivered by phone

3,395

contacts made with counselling team

2,218

appointments

2%

of clients were seeking support for a planned pregnancy

24%

of clients were from migrant or refugee backgrounds

4%

of clients were Aboriginal and Torres Strait Islander people

20%

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 accessed our counselling services. This will be remedied in the future with revised electronic databases.

Who are our clients?

Languages

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

- Top 10 languages other than English spoken by clients: Mandarin, Cantonese, Vietnamese, Arabic, Korean, Hindi, Punjabi, Nepali, Spanish and Thai.
- 3,683 interpreter services were provided to clients, including AUSLAN, a 33% increase from 2019.

Did you know?

6% of our clients told us they prefer a language other than English.

Aboriginal and Torres Strait Islander clients

- 3% of clients are Aboriginal and/or Torres Strait Islander people.
- Of those clients, 86% are Aboriginal, 6% are Torres Strait Islander, and 8% are Aboriginal and Torres Strait Islander.
- Most (98%) of Aboriginal and Torres Strait Islander clients are women.

Age of our clients

Clients access our services throughout their lives.

- 31 years: the median age of our clients
- 14 years: the age of our youngest client
- 70 years: the age of our oldest client.

*Note: accurate data is currently unavailable to determine the number of clients with disability who access clinical services. This year we are also unable to provide data on relationship status given an incomplete dataset. These issues will be remedied in the future with revised databases.

Governance and continuous improvement

Our clients and those that support them are at the very centre of what we do every single day.

We endorse the Australian Charter of Healthcare Rights, which outlines what clients can expect when receiving healthcare. The Charter was updated in 2020 to include the following rights:

- Access
- Safety
- Respect
- Partnership
- Information
- Privacy
- Giving feedback

Our corporate and clinical governance structures are equally robust to ensure processes and systems are integrated and accountable for outcomes and performance across the organisation. Individuals and teams are empowered to contribute at all levels of the organisation to drive safety and quality in client care. Our systems are aligned with the National Model Clinical Governance Framework 2017 (Australian Commission on Safety and Quality in Healthcare).

Figure 1. Corporate governance responsibilities

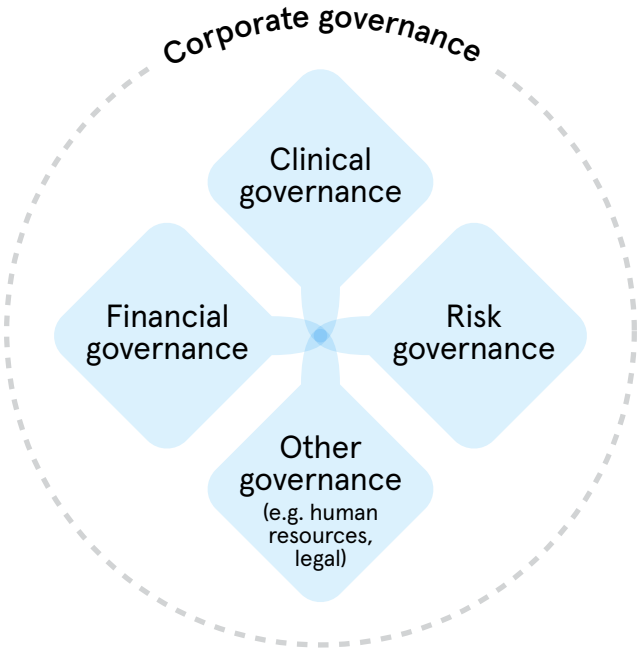
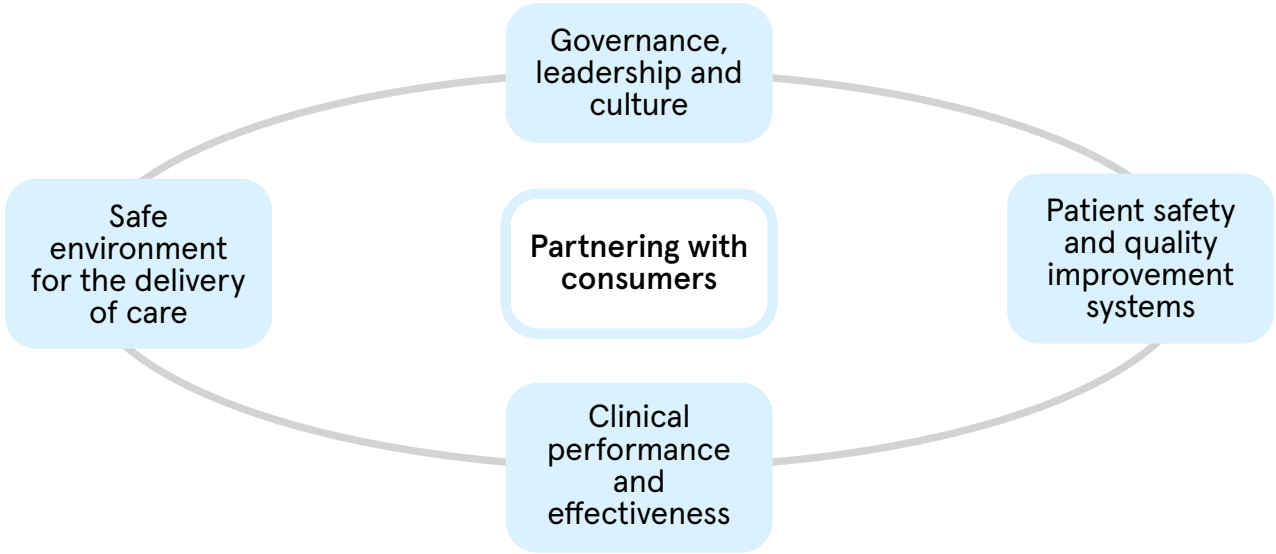


Figure 2. National Model Clinical Governance Framework



We have strong clinical governance and are accountable when it comes to clinical excellence and quality of care for all clients.

Our governance structure draws on the expertise of frontline working groups made up of multidisciplinary and interdisciplinary clinicians and teams, to committees such as Clinical Governance and the National Medical Advisory Committees.

These governance committees report to the Australian Executive and to the UK Board, which promotes free flowing communication through all levels of the organisation.

Accreditation

We are accredited under the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Healthcare (ACSQHC or 'The Commission').

Accreditation is a formal process whereby an independent team of senior healthcare professionals asses the quality and safety of services against best practice standards. Accreditation is undertaken every three years, and 2020 was an accreditation year for us.

The NSQHS Standards describe the minimum level of care clients should expect from a health service, in areas that affect their safety and quality of care, and where there is good evidence of how to provide better care. They aim to protect clients from harm and improve the quality of care delivered throughout all Australian hospitals.

The eight NSQHS Standards are

1 **Clinical governance,** which aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of healthcare.

2 **Partnering with consumers**, which aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services, and that consumers, carers and/or their family are supported to be partners in their own care.

3 **Preventing and controlling healthcare-associated infection**, which aims to reduce the risk of clients getting preventable healthcare-associated infections, manage infections effectively if they do occur, and limit the development of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

4 **Medication safety**, which aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

5 **Comprehensive care**, which aims to ensure that consumers receive comprehensive healthcare that meets their individual needs, and that considers the impact of their health issues on their life and well-being. It also aims to ensure that risks to clients during healthcare are prevented and managed through targeted strategies.

6 **Communicating for safety**, which aims to ensure that there is effective communication between clients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for clients.

7 **Blood management**, which aims to ensure that clients' own blood is safely and appropriately managed, and that any blood and blood products that clients receive are safe and appropriate.

8 **Recognising and responding to acute deterioration**, which aims to ensure that acute deterioration in a client's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

Our last accreditation assessment concluded in November 2020. It involved all day surgery facilities throughout Australia. MSA is fully accredited throughout the organisation for the full three year period, ending in November 2023.

Accreditation highlight

"...impressed with the strategies that were implemented to ensure compliance with the NSQHS standards, criteria and actions. MSA had demonstrated a range of safety and quality activities resulting in improvement in clinical and corporate governance, evaluation and auditing, training and education, with a focus on clinical governance."

NSQHS Assessor, November 2020

Partnering with consumers

Consumer advisors are vital to how we improve our services as their advice is embedded in the planning, design and evaluation of those services. Throughout the year consumer advisors attended meetings and provided input on:

- clinical governance
- reconciliation action
- clinic design
- crisis management
- evolving models of care
- advocacy
- publications.

Client experience

In addition to partnering with consumers, we actively promote and seek feedback from clients at different points of care to inform how we design and delivery our services. In 2020, 95% of our clients reported a high to very high satisfaction rate with the service they received. This is consistent with results in in 2019, which was up from 93% in 2018.

We also conducted an independent review into our client's journeys with us, which found our staff to be 'empathetic, non-judgemental, caring and professional'.

"They really make you feel like they're focused on you."

Public reporting of clinical outcomes

In 2020 we continued to publicly report on clinical outcomes across the services provided by the organisation. The latest information can always be found on our website.

Medical termination of pregnancy	2018	2019#	2020	Benchmark rate*
Total complication rate	**5.90%**	**4.91%**	**6.37%**	**-**
Incomplete abortion	4.41%	3.78%	4.95%	1.1-4.2%
Continuing pregnancy	0.78%	0.47%	0.53%	0.5-0.7%
Infection rate	0.38%	0.31%	0.27%	0.2-1.0%

Surgical termination of pregnancy	2018	2019#	2020	Benchmark rate*
Total complication rate	**1.94%**	**1.87%**	**1.82%**	**-**
Incomplete abortion	0.96%	0.88%	0.89%	0.3-2%
Continuing pregnancy	0.03%	0.03%	0.04%	<0.2%
Cervical injury	0.04%	0.02%	0.02%	<1%
Perforation of uterus	0.08%	0.07%	0.07%	0.1-0.4%
Infection rate	0.16%	0.24%	0.17%	0.1-2%

Vasectomy	2018	2019#	2020	Benchmark rate*
Total complication rate	**0.47%**	**0.56%**	**0.41%**	**–**
Failed vasectomy	0.46%	0.07%	0.00%	<1%
Haematoma	0.15%	0.07%	0.15%	1-2%
Infection rate	0.15%	0.04%	0.00%	1-2%

Anaesthesia	2018	2019#	2020	Benchmark rate*
Total complication rate	**0.21%**	**0.20%**	**0.16%**	**–**

Collective complication rate	2018	2019#	2020	Benchmark rate*
All procedures	3.30%	2.98%	3.87%	–

Impact Report data from 2019 has been updated in this table following a quality audit in 2020.

*We participate in the Australian Council of Heathcare Standards (ACHS) Clinical Indicator program where three outcomes are compared with peer-like health services. All serious adverse events are reviewed through the National Medical Advisory Committee.

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

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mariestopesaus

marie-stopes-australia

mariestopes.org.au

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