Submission No 37

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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family planning nsw
Reproductive & Sexual Health

Submission of Family Planning NSW

Support for new parents and babies in New South Wales

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Legislative Assembly Committee on Community Services

By email: communityservices@parliament.nsw.gov.au

Family Planning NSW welcomes this opportunity to make a submission to the Committee.

About us

Family Planning NSW is the state's leading provider of reproductive and sexual health services.

We are experts on reproductive and sexual health and provide clinical services and health information to people throughout NSW.

We are an independent, not for profit organisation responsible to a voluntary board of directors and we rely on government funding, donations and self-generated income to provide our services. Our government funding comes from the Federal and NSW governments, as well as Local Health Districts.

Founded in 1926 Family Planning NSW is the oldest family planning service in Australia, providing reproductive and sexual health care services and information to the community for 90 years.

Who we are

We work to ensure everybody has access to quality reproductive and sexual health.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

We are experts on contraception, pregnancy options, sexually transmissible Infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

Our Sydney Centre for Reproductive and Sexual Health Research undertakes nationally and internationally recognised research which underpins our clinical practice. We publish clinical practice handbooks on reproductive and sexual health for medical professionals and are recognised leaders in this field.

What we do

We provide clinical services, health promotion and education and training at clinics in Ashfield, Fairfield, Penrith, Newcastle and Dubbo and use partnerships to deliver services in other key locations.

We also provide health information and education and training for doctors, nurses, teachers and other health, education and welfare professionals.

We see more than 30,000 clients annually at our clinics and our education services conduct courses with over 1,300 professionals each year.

Our NSW Talkline service 1300 658 886 provides a confidential, non-judgemental telephone and email information and referral service for all who need advice across NSW.

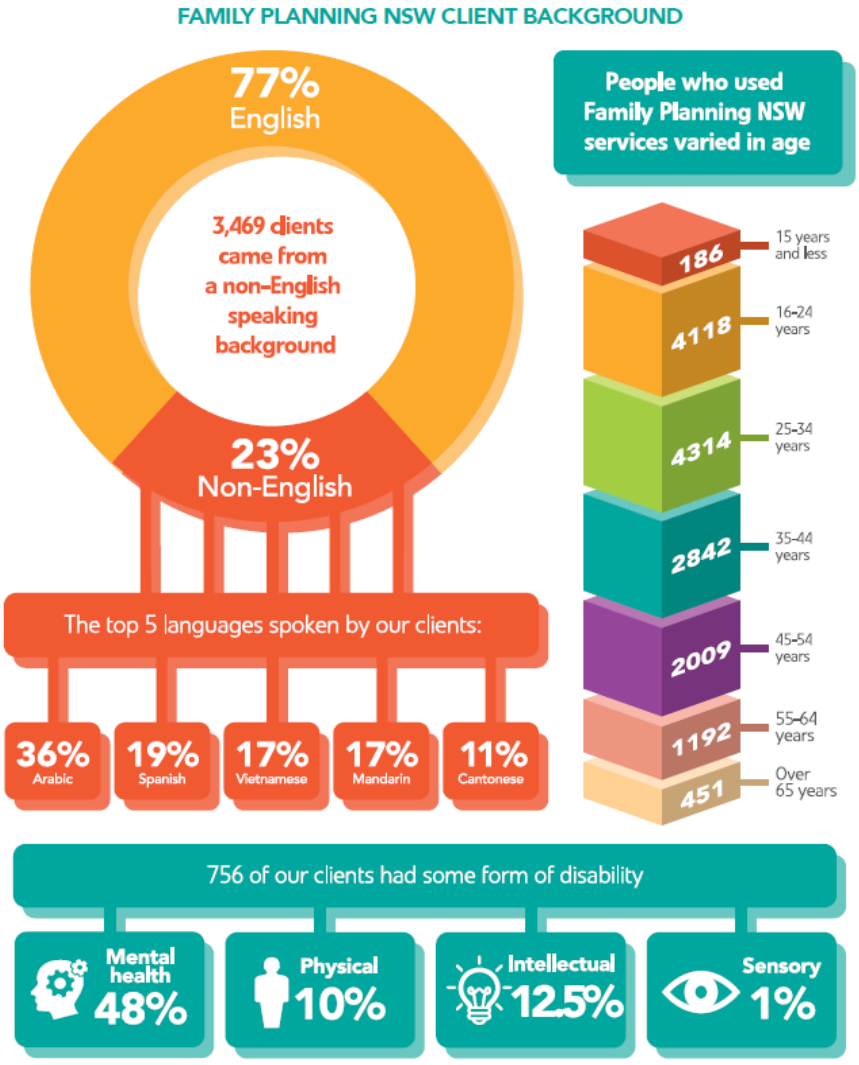
We also work to provide reproductive and sexual health services in the Pacific through funding from Australian aid and donations.

Who We Help

Our clinics welcome everyone and provide high quality reproductive and sexual health services.

Our education and training services provide expert education for doctors, nurses, teachers and other health, education and welfare services.

We reach out in particular to priority communities including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, people with disability, young people, and people from rural and remote communities.



Support for new parents and babies in NSW

On 13 September the following matter was referred to the Committee on Community Services for inquiry and report.

The terms of reference require "that the Committee on Community Services inquire into and report on support for new parents and babies in New South Wales, including:

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.

4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.

5. Opportunities for new and emerging technology to enhance support for new parents and babies.

6. Any other related matters".

As a specialist reproductive and sexual health service serving communities of need Family Planning NSW can identify a number of areas where increased support would benefit both parents and babies. We take the view that adequately supported parents are better positioned to provide care for their children. We provide these services in the context of our target populations including youth, Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse (CALD) communities.

Our work strives for early intervention to reduce the risk profile and trajectory of such clients to improve their capacity for safe and effective parenting, and increase their likelihood of becoming economically secure.

Meeting the needs of the Aboriginal and Torres Strait Islander community is a core priority at Family Planning NSW. We do this by bringing our services to rural and remote areas where some of these clients live. Family Planning NSW is also embedding culturally respectful and appropriate practices into our five clinic sites and in our offsite programs and education sessions so we can adequately meet the reproductive and sexual health needs of this community.

Teenage motherhood is associated with significant health and social problems for the infant and the mother. Children born to teenage mothers are at greater risk of low birthweight and increased morbidity during their first year of life, tend to develop more behaviour problems than children of older mothers and are more likely to be born into, and continue to live in, social and economic disadvantage (AIHW 2011a).

Risk factors associated with teenage motherhood include family history of teenage pregnancy, unstable housing arrangements, socioeconomic disadvantage, sexual abuse in childhood, and being Indigenous.

For the purposes of this submission we focus on teenagers who can become pregnant: teenage mothers and their children. While the Office of the Human Right Commissioner[1]defines 'child' as anyone under 18, Steenkamp usefully highlights that a pregnant 13 year old is very different to a pregnant 18 year old. Where it is necessary, I will make it clear which cohort is referred to. From a biological perspective, younger teenage mothers (13-16 years) are still growing and evidence suggests that this increases their perinatal risks compared with older teenage mothers.[2]

Marino, Lewis, Bateson, Hickey and Skinner found most teenage pregnancies in Australia, as elsewhere, are unintended, and around half are terminated[3].

The teenage fertility rate is the number of births per year per 1000 females aged 15–19 years; rates in girls under the age of 15 years are unreliable because of low numbers and are not routinely collected. The fertility rate among Australian teenagers fell to a historic low of 12 births per 1000 in 2015. This downward trend has been attributed to Australian teenagers' increasing control of their fertility through better access to contraceptive services and access to comprehensive sex education[4].

Teenage fertility rates are not consistent across the Australian population. In 2015, 2.8% of total births were to teenage mothers. The overall fertility rate was 12 live births per 1,000 teenagers. The number of live births among teenagers decreased from approximately 10,900 in 2004 to about 8,500 in 2015, a reduction of 21%[5].

However, the teenage fertility rate was significantly higher in:

- the Northern Territory (36 live births per 1,000 teenagers)
- in very remote areas (81 live births per 1,000 teenagers)
- among Indigenous teenagers (58 live births per 1,000 teenagers) and

[1] Office of the UN Human Rights Commissioner, http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx
[2] Steenkamp, M, Boyle, J, Kildea,S, Moore, V, Davies, M, Rumbold, A, "Perinatal outcomes among young Indigenous Australian mothers: A cross-sectional study and comparison with adult Indigenous mothers", *Birth: Issues in Perinatal care,* 2017: 1, p. 1.
[3] Marino, J, Lewis, L, Bateson, D, Hickey, M, Skinner, R, "Teenage mothers", *Australian Family Physician*, 45(10), p. 712.
[4] Kingsbury, A, Gibbons, K, McIntyre, D, Tremellen, A, Flenady, V, Wilkinson, S, Mamun, A, Najman, J, "How have the lives of pregnant women changed in the last 30 years?", *Women and Birth*, 2017, 30:342-349 and Slalam, R, Faqqah, A, Sajjad, N, Lassi, Z, Das, J, Kaufman, M, Bhutta, Z, "Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions", *Journal of Adolescent Health*2016, , 59: 11-28.
[5] Australian Bureau of Statistics, 3301.0 - Births, Australia, 2015

- among North African and Middle Eastern teenagers (20 live births per 1,000 teenagers).

The birth rate for teenagers living in the most socially disadvantaged areas is almost eight times higher than for those in the most advantaged areas (30 versus 4 births per 1000).[6]

Barriers to pregnancy termination and contraceptive services are more pronounced for teenagers.

Marino et al's research demonstrated that teenage motherhood is intergenerational: the daughters of adolescent mothers are more likely to become teenage mothers themselves. Disrupted family structures with parental separation, and social disadvantage, are common. Family violence has also been associated with subsequent teenage pregnancy. Early childbearing can constrain life opportunities, as a result of disruption to formal education and the subsequent effects on earning potential. [7]

Post- natal contraception is a very effective intervention if it is a long acting reversible contraceptive (LARC). LARC use in Australia is low overall at around 11% overall and 6% in women aged 16-19, compared to around 25% internationally.[8] Immediate postpartum and post-abortion LARC insertion reduces the rate of rapid repeat pregnancy and abortions[9]. Teenagers who choose Implanon (one form of LARC) are significantly less likely to become pregnant and were found to continue with this method of contraception 24 months postpartum compared to those who choose other methods.[10]

Recommendations

1. **Expand service provision in areas and communities of need.** To avoid multiple repeat pregnancy in teenagers, and to increase birth spacing, easy access to post-natal contraception is highly recommended, including access to long acting reversible contraceptives. This can be achieved by funding to specialist providers offering appropriate clinical care in areas of need to expand or establish services.

2. **Deliver services in ways that meet community needs.** Service delivery is also important. One Australian study found mothers were reluctant to engage with services as they fear they will be treated poorly[11]. Delivering services that meet community need can be achieved by funding specialist providers that offer appropriate clinical care in areas of need to expand or establish services.

[6] Marino et al 713.
[7] Steenkamp et al.
[8] Bateson, D and McNamee, K, "Increasing LARC use: we know the benefits", *MJA Insight*, https://www.doctorportal.com.au/mjainsight/2016/48/increasing-larc-use-we-know-the-benefits/
[9] Bateson et al.
[10] Lewis et al p 421.
[11] Steenkamp et al 2.

3. **Improve access to non-judgmental, age appropriate, evidenced based routine antenatal screening and care**. Research suggests that young parents can be best supported and are more likely to have better health outcomes when:

   a. They are supported by evidence based programs specifically targeted to teenage mothers; and

   b. General practitioners establish trustful relationships with young patients; and

   c. Support via Medicare is provided for the interventions shown to work, such as LARC.

4. **Improve awareness of access to appropriate services within communities of need.** This can be done through targeted awareness, education and outreach services which are adequately funded and supported by government

5. **Ensure access to age appropriate comprehensive sexuality education.** This can be achieved through school based curricula and through community based out- of-school sexuality education programmes- programmes that incorporate education around healthy relationships and access to contraception.

6. **Ensure access to preconception care** including smoking cessation, optimal diet, and advice about alcohol and drug intake.

7. **Prioritise access to evidenced based parenting programmes** to optimize outcomes, including opportunities to continue schooling in areas of identified need.

Should you require any further information, please feel free to contact Claire Pullen, Director Advocacy and External Stakeholder Relations, via [redacted]

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