

Helping nurses provide access to sexual and reproductive health care in rural and regional areas

July 31 2024



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An innovative co-designed model of care to help elevate the role of nurses in contraceptive and medical abortion care in rural and regional

areas has been developed as part of the landmark ORIENT study.

Development of the Monash University-led model is an important step in addressing chronic lack of access to contraceptive and medical abortion care in regional and [rural communities](#) in Australia.

Women living in regional or [remote areas](#) are 1.4 times more likely to experience an unintended pregnancy than women living in non-rural settings. For some, accessing services means traveling more than four hours due to the very limited number of primary care providers available.

[A paper](#) describing this new model of care for general practices has been published in the *Journal of Advanced Nursing*.

The Head of Monash University's Department of General Practice, Professor Danielle Mazza AM, said the paper, prepared by researchers from the SPHERE Centre of Research Excellence at Monash University, was an important contribution to the body of knowledge needed to elevate the role of nurses in delivery of sexual and [reproductive health care](#).

"It is especially timely with the Federal Government's independent Unleashing the Potential of our Health Workforce Scope of Practice Review underway, and matches a growing international trend that recognizes the potential of nurses in delivering contraception and medical abortion care," Professor Mazza said.

A wide range of issues contributes to the current scarcity of services in rural and regional Australia, such as a shortage of GPs and health services in general, stigma, lack of available training, and lack of awareness of some of the most effective forms of contraception such as Long Acting Reversible Contraception (LARC), including intrauterine

devices (IUDs) and the contraceptive implant.

The co-design process for development of the new model of care, led by Ph.D. Candidate Jessica Moulton, with rural and regional nurses and GPs, and patients, focused on how the model could work in general practices, how patients would access the services and the roles of GPs, practice nurses, receptionists and practice managers.

The ORIENT study, which involves nurses gaining the knowledge and skills to insert contraceptive devices and support delivery of medical abortion care, will test the effectiveness and cost effectiveness of the co-designed model of care. It is due to be completed by the end of 2025.

"Many nurses working in general practice settings have an interest in women's health and a lot of them want to provide these services," Professor Mazza said.

"The Therapeutic Goods Administration has recently removed restrictions on prescribing and dispensing the medical abortion pill MS-2 Step. The government has also made budget commitments to support primary care practitioners to train in LARC insertion."

"Nurses are poised to work to their full scope of practice to include the provision of LARC and medical abortion. But greater support is needed to facilitate this in Australia and ensure equitable access to sexual and reproductive [health services](#), particularly for those living in regional and remote areas. This includes training, remuneration and legislative change to enable prescribing," Professor Mazza said.

Some of the key features of the codesigned model of care for the ORIENT study include:

- establishing an appropriate and effective booking service

- a website that provides support with information and discrete access
- blocking off appointments for medical abortion on a weekly or daily basis to ensure patients are seen in a timely manner
- training reception staff to ensure sensitive responses to inquiries without stigma, judgment or delays, and understand issues around culture and diversity
- fostering good relationships with other professionals involved in care including pharmacists, pathology, radiology and emergency care, especially where there are limited services
- having adequate stocks of implant/MS2-Step in clinic where possible

Thirty two regional general practices have joined the ORIENT study. When the study ends in 2025, the research team will compare the services delivered at each practice before and after the [nurse-led](#) approach began.

More information: Jessica E. Moulton et al, A nurse-led model of care to improve access to contraception and abortion in rural general practice: Co-design with consumers and providers, *Journal of Advanced Nursing* (2024). [DOI: 10.1111/jan.16299](https://doi.org/10.1111/jan.16299)

Provided by Monash University

Citation: Helping nurses provide access to sexual and reproductive health care in rural and regional areas (2024, July 31) retrieved 31 July 2024 from <https://medicalxpress.com/news/2024-07-nurses-access-sexual-reproductive-health.html>

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