



# Women's Health Tasmania

MAGAZINE  
WINTER 2024

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## Getting in touch

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 North Hobart, Tasmania 7002  
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 P: 6231 3212 F: 6236 9449  
 Women's Health Information Line  
 Free call: 1800 675 028

info@womenshealthtas.org.au  
 www.womenshealthtas.org.au  
 facebook: womens-health-tasmania  
 twitter: WomensHealthTAS



SUPPORTED BY

Tasmanian Government

WHT receives funding support from the Tasmanian Government through the Department of Health.

# The Big Questions

### What are the health related things that women most want to know about?

Some clever researchers have found a way to use internet data to find out what women who use the internet are most often looking for health information on.

We've taken eight areas that people are asking for information about and we've written stories on them – with a Tasmanian twist! Here they are: pregnancy, Human Papillomavirus (HPV), abortion, cervical cancer, uterine fibroids, IUDs, miscarriage and pap smears.



# What does Google tell us?

## Does Google search data tell us what questions women need answers to?

To find out, the researchers made a list of key words and then measured the monthly search volume.

What they found was the most commonly searched keywords in order of prevalence were:

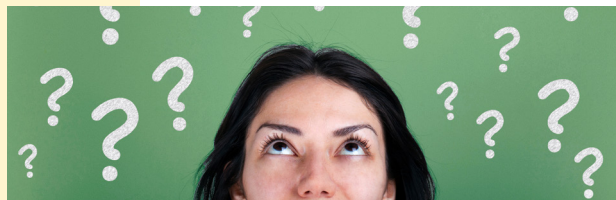
- Pregnancy
- HPV
- Abortion
- Breast cancer
- Ovarian cyst
- IUD
- Cervical cancer
- Ovarian cancer
- Miscarriage
- Pap smear
- Fibroid

Just missing the top 11 were searches for information about menopause, with women looking for information about 'Hormone Replacement Therapy' and 'vaginal dryness'.

The data is American, and so the anxiety in that country about access to gynaecological services, specifically abortion and post-abortion care might have affected the data. BUT we do find that we get a lot of traffic to our own website *Pregnancy Choices Tasmania* from people looking for information about reproductive health services in this state, so perhaps the parallels are greater than we think.

The internet is an unlimited source of information, but it's important to get your information from reliable sources. If you would like to know more about a women's health issue let us know – we can organise a webinar with guest speakers, or write articles for magazines and blogs.

And there are some people who are much less likely to get their information online. Many Tasmanians don't have reliable access to the internet. What's the answer to that? A magazine that you can get a print copy of mailed to your home or business! (That's a shameless plug for the Women's Health Tas magazine.) Women's Health Tas workshops! Talks to community groups. Talks to community groups with interpreters provided. Audio files we can distribute on social media apps. We do it all.



# MENOPAUSE WORKSHOP

Want a workshop in your area? Get in touch.

SHINING A LIGHT ON THE MYSTERY OF MENOPAUSE, TOGETHER.

Women's Health Tasmania

## Preparation for Birth, Pregnancy and Parenting

Develop skills for calm and confidence

**FREE COUNSELLING SERVICE**

To book call 1800 675 028 or email [info@womenshealthtas.org.au](mailto:info@womenshealthtas.org.au)

# Q & A about Human Papillomavirus (HPV)

## What is HPV?

Human papillomavirus (HPV) is a common virus that is spread through sexual contact including genital to genital contact, vaginal, anal and oral sex as well as sharing of sex toys. Most people don't experience symptoms of HPV but for some people HPV causes genital warts or cancer, including cervical cancer.

## Does immunisation against HPV provide good protection?

Yes, HPV vaccination protects against 9 strains of HPV that cause more than 90% of cervical cancers and more than 95% of HPV-related cancers. HPV vaccines also protect against another 2 strains of HPV that cause 90% of genital warts.

## Who should be vaccinated?

HPV vaccines should be given to people of all genders. They are most effective when they are given to people before they become sexually active. Young people aged 12 to 13 years are vaccinated free of charge as part of the National Immunisation Program.

Young people who miss this vaccination can catch up free of charge until they are 26.

People who are immunocompromised and men who have sex with men should also receive HPV vaccination.

## How many doses of the vaccine are needed?

Only one dose of HPV vaccination is needed for most people. Previously two doses were provided but this changed in February 2023 based on a recommendation from the Australian Technical Advisory Group on Immunisation. International clinical evidence had shown that a single dose of HPV vaccine provides about the same level of protection as two doses. People who are immunocompromised may still need three doses of HPV vaccine and should discuss this with their GP.

## How is Tasmania going with HPV vaccination coverage?

Unfortunately, Tasmania is behind other states with our HPV vaccination coverage. The Australian Government's most recent HPV immunisation

data shows that in 2022 only 71.5% of adolescent girls in Tasmania had received HPV vaccination (79.7% national average). For adolescent boys, only 68.5% of Tasmania boys had received HPV vaccination (76.1% national average).

## Do you still need to do cervical screening tests if you have had the HPV vaccination?

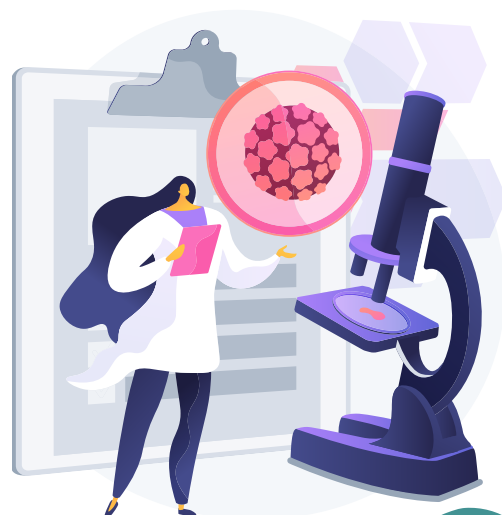
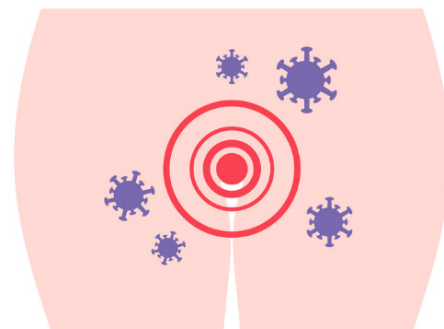
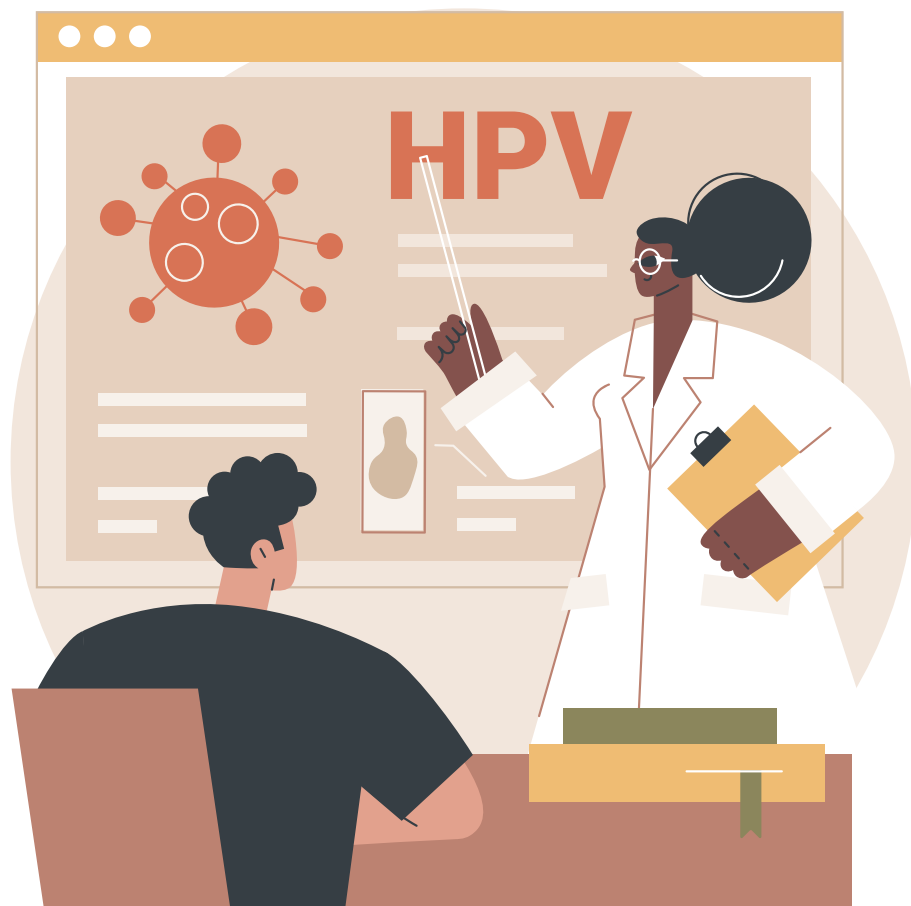
Yes, if you have a cervix and are aged between 25 and 74 years, you should still have a cervical screening test every 5 years.

## Sources and for more information:

[www.betterhealth.vic.gov.au/health/healthyliving/human-papillomavirus-hpv-immunisation#what-is-hpv](http://www.betterhealth.vic.gov.au/health/healthyliving/human-papillomavirus-hpv-immunisation#what-is-hpv)

[www.health.gov.au/topics/immunisation/vaccines/human-papillomavirus-hpv-immunisation-service](http://www.health.gov.au/topics/immunisation/vaccines/human-papillomavirus-hpv-immunisation-service)

[www.health.gov.au/topics/immunisation/immunisation-data/human-papillomavirus-hpv-immunisation-data](http://www.health.gov.au/topics/immunisation/immunisation-data/human-papillomavirus-hpv-immunisation-data)



# Help break the silence

## Would you like to get a triple A rating?

We are running workshops for people who'd like to become Abortion Access Advocates. We're doing this because we've done extensive consultation with people who have recent experiences of abortion in Tasmania. They told us that:

- Stigma from health care workers, friends and family is an issue.
- Isolation made the stigma worse. Many people didn't know anyone who has had an abortion, despite abortion being a common medical procedure.
- Silence about abortion in their peer networks and community makes them feel like they can't talk about their experience and increases isolation before, during and after the procedure.

We also know from health professionals that the silence about this health service feeds a persistent belief that abortions are unavailable or illegal in Tasmania.

*"During the pandemic we had more women present needing surgical termination of pregnancy. I was shocked by how many came in thinking you can't get an abortion in Tasmania."*

— Health practitioner

*"We often take phone calls from friends, partners or mothers trying to find information about how someone can access an abortion. It's pretty common for them to be feeling really anxious because they just don't know what services are available, and they're terrified that none are available."*

— Womens Health Tas Health Worker

It's hard to get information out into the community when less people read



newspapers than ever before, and many people only watch streaming services so don't see news, or free-to-air community service announcements. So we are trying a word-of-mouth strategy.

Our workshops will tell you about the services available in Tasmania and where people can find information and support. Your mission, should you choose to accept it – tell someone else.

We're pushing a snowball downhill – let's see how big this conversation can grow!



## JOIN OUR FACEBOOK LIVE CLASSES

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at Women's Health Tas  
25 Lefroy Street, North Hobart

To book call 6231 3212

For more information call  
Valerie on 0405 329 687

Free or by donation

# Yoga – a cancer journey tool

Three Tasmanian yoga teachers talked to us about sharing yoga with people living with and/or recovering from cancer.

We learned of their journey to specialising in this area, the many benefits they've witnessed and their students reported.

Yoga Therapist, Annette Loudon, had increasing numbers of women in her regular yoga classes who'd undergone, or were having, treatment for breast cancer in the late 1990s – including women living with secondary lymphoedema resulting from their cancer treatment. To support these women, Annette researched the condition and trained as a specialist lymphoedema masseur.

While making a DVD and writing a book on the topic, Annette found little research on the effects of yoga in reducing secondary lymphoedema. In 2011, she undertook a Masters of Medical Sciences degree and conducted the first randomised control trial on the Effects of Yoga on Women with Secondary Arm Lymphoedema from Breast Cancer. The study's southern Tasmanian yoga classes were conducted at Women's Health Tasmania. This trial led to six ground-breaking peer-reviewed publications, and showed trends to improved lymphoedema status ([www.researchgate.net/publication/321041452\\_Guidelines\\_for\\_teaching\\_yoga\\_to\\_women\\_with\\_breast\\_cancer-related\\_lymphoedema\\_an\\_evidence-based\\_approach](http://www.researchgate.net/publication/321041452_Guidelines_for_teaching_yoga_to_women_with_breast_cancer-related_lymphoedema_an_evidence-based_approach)) and enhanced strength and mobility for participants.

The sessions, based on Satyananda Yoga, included postures, meditation, relaxation practices and specific breathing techniques, such as deep diaphragmatic breathing. The physical postures were performed slowly, with modifications promoting lymphatic drainage, following principles of best current care for those with breast cancer-related lymphoedema, and considered individual needs.

It's important to note secondary lymphoedema isn't only associated with breast cancer but can occur after treatment or surgery for many forms of cancer, including melanoma.

Unsurprisingly, people experiencing, or who have experienced, cancer can



feel overwhelmed and anxious. Studies suggest mental health disorders affect 30 – 35% of cancer patients during all phases of the illness, often differing in nature according to stage and type of cancer.

Having experienced her own cancer journey, Melissa Howden now shares the benefits of yoga, mindfulness and meditation practices with others living with, or recovering from, cancer.

Melissa says a yoga session allows participants to let go of everything else for an hour, to simply be present with the body and breath. A regular yoga and mindfulness practice trains the mind to be more present throughout the day; to notice birds singing, feel the sun's warmth and find more enjoyment in life.

Melissa also says the practice encourages awareness of other body parts, not just the part affected by cancer, inviting whole-body awareness. Along with gentle movements, the invitation and permission to rest the body encourages letting go of holding patterns in the body – releasing physical tension and assisting pain management. Deep relaxation, through Yoga Nidra, can often alleviate poor sleep and fatigue.

Oncology yoga teacher, Jane Crosswell emphasises the importance of a safe space in which students can be nurtured, the practice modified for their individual needs, which might vary from day to day. If someone attends class and all they can manage is lying on the

mat and breathing, then that's OK.

Small group classes, specifically for people impacted by cancer, enable people to find support, share experiences and feel safe. Not everyone wants to be social, but camaraderie can exist for those sharing similar trauma. Despite the reason for the group, lots of joy and laughter can be found in the company of others who understand the journey.

Facing mortality, we often re-examine our lives. It's a chance to reset. Yoga can help us sink deeper into our true nature, to reconnect with meaning and purpose.

**Cancer survivors are more likely than people without a cancer history to experience disabilities, poor health from increased susceptibility to other illness, to report increased anxiety and experience disruptions to daily functioning and family life.**

# Working to end Family Violence

Are you surprised to learn that we do a lot of work to address the impact of family violence?

Family violence is a central concern of the women's health movement, it is so strongly associated with women's injury, mortality, and physical and mental health.

We work in a range of ways, from offering support to individual victim/survivors to working to change community attitudes and to improve services. Probably the most important thing is that our services are

- Trauma informed, client-centred and confidential
- Welcoming and inclusive

## Pregnancy Choice Counselling

We offer Tasmania's only free non-directive pregnancy options counselling. Sometimes people talking to us tell us stories that show that they are being coerced around their decisions about their pregnancy (either to continue the pregnancy, or to terminate the pregnancy). This is called Reproductive Coercion.

## Emotional Health Counselling

Our general counselling service is a safe place where women can begin to explore what is happening in their relationships. Counselling can help people get perspective on their situations, when often their perceptions may be impacted by an abuser's 'reality'. It's also a chance to get information about our bodies and how fight/flight/freeze/appeasement responses are normal in abusive situations. We can also work with women to increase their safety in unsafe situations.

Our counselling services can help provide pathways to specialist family violence services and to information and resources.

## Delivering gender-based violence prevention training

For the last three years we have worked with Tasmanian specialist family violence services (Hobart Women's Shelter, Engender Equality and Women's Legal Service Tasmania) to deliver a gender-based violence prevention program in Tasmanian communities. We were delivering an American program but now we are working together to develop a program designed specifically for Tasmania, based on Australian research and our experience of working in Tasmanian communities.

## Reproductive Coercion Training

We provide training to health and community workers providing counselling and support to people who are pregnant. The training gives them evidence-based strategies, including the knowledge and skills to identify and respond to reproductive coercion.

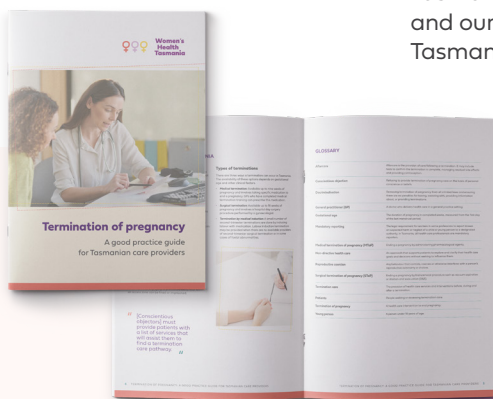
## Working with diverse communities

We have worked with different language communities to design and develop information about family violence and reproductive autonomy which can be shared in a range of formats.

## Translating the voices of people with lived experience

We created the *Termination of Pregnancy: A Good Practice Guide for Tasmanian Care Providers* to support the development of high quality and consistent care practices for patients seeking a termination of pregnancy.

The Good Practice Guide has a focus on reproductive coercion, including screening for reproductive coercion, good practice, and guidelines for action of coercion is suspected. The Guide is the only Australian resource combining contemporary practice expertise with lived experience and is designed to complement clinical guidelines.



# Uterine fibroids: muscles on a stalk

## How common are uterine fibroids?

Uterine fibroids are very common (picture Oprah Winfrey shouting to her audience, 'you get a fibroid, and you get a fibroid!')

Up to 70% of people with a uterus will have fibroids in their lifetime. Usually fibroids come along in the 'reproductive years' – when you start getting your period up to when you reach menopause. After menopause, fibroids usually shrink and may disappear altogether.

## What are uterine fibroids?

They are benign tumours in or on the muscle wall of the uterus.

## What does that mean?

Basically, they are a lump made of muscle cells and connective tissue that grow in the wall of the uterus. They aren't cancerous and don't increase the risk of uterine cancer – so they aren't dangerous in that way.

But they can cause pain, bleeding and make it hard to get pregnant – though it's good to remember that plenty of folk with fibroids do have good fertility and have good pregnancies!

## There are different types of fibroids

Fibroids can grow on the outside, in the wall of, and inside the uterus. Some can even grow on a stalk!

Fibroids can be seriously tiny or seriously big! Anywhere between the size of a grain of rice – to the size of a rock melon.

## So how do I know if I have uterine fibroids?

The only way to know for sure that you have a uterine fibroid is through testing that is organised by a doctor.

But the first clues can often be the symptoms of uterine fibroids – and these can be disruptive, painful and make it hard to live your life to the fullest! If you have these symptoms go to a GP for help and further testing.

- heavy or long periods
- painful periods
- iron deficiency, due to heavy periods – this might make you feel tired or dizzy
- pain during sex

- feeling heaviness or pressure in the back, bowel and bladder
- feeling like you haven't emptied your bladder or bowel
- weeing a lot
- swelling in your lower abdomen.

## I have some of these symptoms – who can help me?

Your regular GP can organise a referral to a gynecologist. Gynecologists are doctors that specialise in the health of the vagina, vulva, uterus, and ovaries.

## How are fibroids diagnosed?

Fibroids can be diagnosed in a few different ways. Depending on your symptoms, your doctor might suggest an ultrasound, an MRI. A gynaecologist can also undertake

- hysteroscope (general anaesthetic a thin telescope shows the inside of your uterus)
- a laparoscopy. While under general anaesthetic a thin telescope goes into your belly button to see your pelvic organs.

## I want to get pregnant, but I have symptoms of fibroids. What should I do?

First of all, most folk who have fibroids also have normal fertility! Yay!

However, if you've been trying to get pregnant for 12 months, or if you're 35 and over and you're trying to get pregnant for 6 months have a conversation with your GP. Fibroids can affect fertility and pregnancy, depending on their size and location. Fibroids may also cause miscarriage or early labour.

So if you want to have a baby but you have some of the symptoms, it's a good idea to talk to a GP.

## If I have fibroids that are causing me problems, how can they be treated?

There are both medical treatments and surgical treatments for fibroids. Your GP or gynaecologist can talk about what options are best for you.

## Want to read more?

Check out this online comic – by Alanna Okun and Aude White about the healing journey after surgery on a uterine fibroid. [www.vox.com/the-highlight/22664601/fibroids-healing-womens-health-recovery](http://www.vox.com/the-highlight/22664601/fibroids-healing-womens-health-recovery)

## References:

Health Direct, *Uterine fibroids*. (2024) [www.healthdirect.gov.au/uterine-fibroids#:~:text=Your%20doctor%20may%20refer%20you,look%20at%20your%20reproductive%20organs](http://www.healthdirect.gov.au/uterine-fibroids#:~:text=Your%20doctor%20may%20refer%20you,look%20at%20your%20reproductive%20organs)

Better Health Channel. *Fibroids*. (2024). [www.betterhealth.vic.gov.au/health/conditionsandtreatments/fibroids](http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/fibroids)

Pregnancy, Birth and Baby. *Fibroids and Fertility*. (2024). [www.pregnancybirthbaby.org.au/fibroids-and-fertility#:~:text=The%20combined%20oral%20contraceptive%20pill,fibroid%20before%20a%20planned%20operation.](http://www.pregnancybirthbaby.org.au/fibroids-and-fertility#:~:text=The%20combined%20oral%20contraceptive%20pill,fibroid%20before%20a%20planned%20operation.)



# Peer Worker project

People seeking a termination of pregnancy in Tasmania can now have a private conversation with someone who has also recently been through that experience.

## Perhaps you are thinking – couldn't they always do that?

For the last 34 years people have been able to talk to a Women's Health Tas worker, but our workers are in professional roles in those conversations, not sharing their own experiences.

Some people could go through the experience of having a termination feeling very isolated. Perhaps they didn't have a family member or friend they could confide in, perhaps they were very concerned about keeping their experience private, or perhaps they thought they didn't know anyone else who had had a similar experience.

We have employed three Peer Workers to provide a new service to people seeking a termination of pregnancy.

All the Peer Workers have the experience of having had a termination in Tasmania in the last 10 years.

## How are Peer Workers different to the Women's Health Tas counsellors?

Some things are the same.

Our counsellors and our Peer Workers are all:

- Confidential
- Non-judgemental
- Won't tell you what decisions to make, or what to do

But some things are different.

### The Women's Health Tas counsellors offer:

- Up to date information about the health pathways available to people looking for a termination of pregnancy
- Information about other resources and services that might be useful to you
- A chance to have a therapeutic conversation about your life and your decisions. These conversations can be before or after accessing health services. (Up to three appointments are available.)

### The Peer Workers offer:

- A chance to talk to someone who has had a similar experience to you, who understands what you are going through. (One appointment available.)

The Peer Workers have all received training in how to do peer work and are receiving support and supervision from our Social Worker, Heidi.

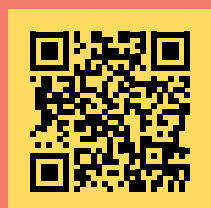
Having the Peer Workers on board is a chance for us to build what is being called "Lived Experience Advocacy" into all our work in this area. They will also help us deliver training to Health and Community sector workers on best practice in health care in this area.

This is very exciting and we're very grateful to the philanthropist who has made this project possible.



# What does PMDD mean?

Check out our library of webinars:



**FREE**  
WEBINARS



[WWW.WOMENSHEALTHTAS.ORG.AU/WEBINARS](http://WWW.WOMENSHEALTHTAS.ORG.AU/WEBINARS)





# We need to talk about IUDs!

Ladies, non-binary folk, trans humans and other people with periods ... gather around.



Imagine the feeling of relief if contraception became a men's responsibility to deal with... if only! For now, people with periods have a few options, but the choice currently topping the charts is the IUD.

## Okay but what the heck is it?

An IUD (intra-uterine device) is a form of contraception that is inserted into the uterus to prevent pregnancy or help manage period symptoms.

IUDs belong to a group of contraceptive devices called Long-Acting Reversible Contraception (LARCS). They are called this because unlike the contraceptive pill, they don't have to be taken every day for them to work, and can last from 5-10 years! How good! (less effort, but just as effective – you get a gold star from me, IUD!)

But it's not just one! There are two different types of IUDs:

- The Hormonal IUD (commonly called the Mirena and/or Kyleena): a little plastic T-shaped device with strings that releases small amounts of progesterone into the uterus. The hormonal IUD is subsidized by the PBS and can last up to 5 years.
- The Copper IUD: almost identical to the Hormonal IUD, but wrapped in copper which acts as a repellent to sperm (yeah, get lost sperm!). The Copper IUD is not subsidized by the PBS but can last up to 10 years.

## So how do they work?

Both types of IUDs work by thinning the lining of the uterus, making life difficult for sperm to fertilize an egg.

## Cool cool, all sounds good, but why are they popular again?

IUDs – especially hormonal IUDs – are one of the most effective forms of contraception, ranging from 99.5%-99.9% effective. Their limited side effects, effectiveness, and low maintenance also makes them the most popular form of contraception aside from the male condom (and even trendier than the contraceptive pill!).

Hormonal IUDs can be particularly helpful if you're someone who has experienced heavy and painful periods, because one of their side effects can be reducing heavy bleeding. Unfortunately, the opposite is true of the Copper IUD.

## This sounds great! I want one! But how?

We can refer you to a specialist who can help. We've even created an online database called *Pregnancy Choices Tasmania* that can help you find the right service for you, whether it be a GP, pharmacy, gynecologist, hospital, pathologist or imaging clinic that provides sexual and reproductive health information or services in Tasmania. You can search here: [www.pregnancychoicestas.org.au/](http://www.pregnancychoicestas.org.au/) or contact your local Family Planning centre to learn more about the process.

## Our nuggets of wisdom:

- When it comes to your body, you are the expert, so stand up for yourself and tell your doctor what you need to make your IUD insertion experience as comfortable as possible.
- If you can, keep the day free to rest. This is a medical procedure, and it can be painful.
- Your uterus can begin to cramp after the insertion, and so having someone available to hold your hand through it, drive you home and care for you afterwards can be really helpful.
- Bring a heat pack and take pain relief beforehand. Your doctor will likely recommend you take Panadol and ibuprofen. If you think this is enough

for you, great! If not, advocate for what you need. Indicators that you might experience higher levels of pain include having a history of painful periods, not having been pregnant before, and sometimes experiencing pain during sex.

- After both the ABC and Triple J Hack reported on women's reactions to painful IUD procedures, Frankston Public Hospital in Melbourne became one of the first in the country to offer women Pentrox, commonly known as the 'green whistle' for painful IUD procedures.
- Some GPs and sexual health clinics may already offer this but if you're not sure, tell your doctor about it. And if you want it, just ask! The more demand from patients, the more likely they are to implement this change and take our pain seriously.

Remember that knowledge is power! Talk with your doctor about what to expect during the procedure, ask about pain relief options, and to seek information from credible sources to combat any anxiety you might have. You can do this!

## References

Family Planning Tasmania:  
[www.ftp.org.au](http://www.ftp.org.au)

The Royal Women's Hospital  
<https://www.thewomens.org.au/health-information/contraception/intra-uterine-device-iud>

"Considering an IUD but worried about pain during insertion? Here's what to expect." Deborah Bateson & Kathleen McNamee, *The Conversation*, May 16, 2022.

"Insertion and removal of IUDs can be painful and not being prepared can make it all worse"  
[www.abc.net.au/everyday](http://www.abc.net.au/everyday)

"Having an IUD inserted can be excruciatingly painful. Why aren't women being warned or given stronger pain relief? Claudia Long & Ellie Grounds for triple jHack and Background Briefing  
[www.abc.net.au/news](http://www.abc.net.au/news)

"Implants and IUDs are the most effective contraception. Why aren't more of us using them?" Claudia Long, triplejHack, 27 October 2020.

## Women's Health Tasmania podcasts

Want a break from health jargon and a chance to find out what the story is in Tasmania? Join us for down-to-earth conversations with experts about women's health, people who live and work in your local area.

### Your period has been hijacked!

Have you experienced that weird sense of shame, embarrassment and secrecy about your period? You're not alone!

### Crouching Tampon, Hidden Plastic

Single use period products are everywhere! They are so popular in fact that we've got something of an environmental mess on our hands. But how did single use pads and tampons get to be so popular? How did we get to be so reliant? And what should we do about them?

### The Luxury of Choice

What happens when you don't have the money to buy period products?

### LARCs – contraceptives that will help you to sing on the wing

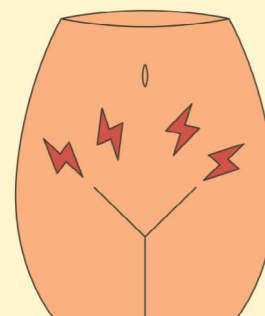
Mirena. Kyleena. Implanon. Girl's names? NO! These are brand names for Long Acting Reversible Contraceptives. Long-lasting, reliable. Are you LARC curious?

### Getting help when sex is painful – Continence and Women's Health Physiotherapist Rachel Andrew

Women's Health Tasmania CEO Jo Flanagan talks with Women's Health Physiotherapist Rachel Andrew about the very hopeful news on treatment for women who experience painful sex.

### Menopause – Over to you, Dr Sue

Dr Sue Mallett, a Launceston GP with a special interest in women's health, gives us the low-down on what to expect from menopause, looking after our health and wellbeing, and how to get good support from health professionals at this important time in life.



[WWW.WOMENSHEALTHTAS.ORG.AU/PODCASTS](http://WWW.WOMENSHEALTHTAS.ORG.AU/PODCASTS)

## Pregnancy Choices Tasmania

For information about pregnancy options, services and abortion care

- Free ● Confidential
- Non-judgemental ● Pro-choice

Call 1800 675 028

( TIS 131 450)

Mon–Thurs, 9–4pm (closed public holidays)

[pregnancychoicesttas.org.au](http://pregnancychoicesttas.org.au)

Pregnancy Choices Tasmania is a service of Women's Health Tasmania, supported by the Tasmanian Government.



## Meditation with Valerie



<https://www.womenshealthtas.org.au/podcasts/meditation-valerie>

# Miscarriage and stillbirth — sharing and support



It is a topic still seldom discussed. So we are ill-prepared when confronted with the subject of pregnancy loss, or the reality of the death of our own baby.

Pregnancy loss – whether a miscarriage or a stillbirth – is a common health experience, but one which impacts people differently. Subsequent pregnancy losses may also affect the same person very differently.

Miscarriage is the sudden loss of a pregnancy before the 20th week, with about 10-20% of known pregnancies ending in miscarriage. The actual number, however, is likely to be higher because many miscarriages occur early on, before people even realise they're pregnant.

Stillbirth is the birth of a baby who has died any time from 20 weeks into the pregnancy. The death of the baby may occur during the pregnancy or, less commonly, during delivery. In Australia, one in 135 pregnancies which reach 20 weeks will end with a stillborn child.

Pregnancy loss, like death, is a taboo topic, its reality often hidden away in hospitals and other care facilities. As a result, as a society, we don't know how to talk about it or how to hold space for someone who is grieving.

Although well-intentioned, often in an effort to provide comfort or to fix the situation, people can make insensitive comments in response to the news of a pregnancy loss or still birth. They say things which are not supportive, don't

acknowledge the person's suffering or minimise their experience.

It is hard to know what to say when someone you care about is suffering. There are some fabulous free resources out there, like the ones on The Pink Elephants Support Network website, which can give you some ideas on how to show up for someone who has lost their baby including:

- Expressing your sympathy;
- Acknowledging the loss of their baby;
- Listening and being present;
- Letting them know grief has no time limit and you are there for them no matter how long it takes;
- Sharing your experience, if it appropriate, so they know they are not alone; and
- Doing practical things to help out – like cooking, cleaning, shopping, washing, picking up their other children and staying in touch.

Some people experience grief and distress in the face of their pregnancy loss, but not all. Seeking professional counselling, with someone specialising in pregnancy loss, can be helpful for some people; as can talking to someone who has had a similar experience.

Talking about it can help people who have lost a child realise they are not alone, that their feelings and emotions are perfectly normal and valid. It is a powerful phenomenon, knowing there are other people who not only sympathise, but empathise with your experience. Both the Red Nose Grief and Loss and The Pink Elephants

Network have trained peer support workers available to talk.

If you have experienced a miscarriage or a stillbirth and feel ready and would like to help others through their grief, you might consider becoming a peer support volunteer with one of the organisations listed here.

**“As hard as it may be to talk about the loss of a baby and with the baby, one’s hopes and dreams, I look forward to the day where we talk about our losses openly, where we hold space for the grief and pain of those who are experiencing it, where we shed the stigma and with it the unwritten, unspoken expectation that we should “just get over it” and that “it isn’t a big deal”. It’s time to make the unspoken, spoken. It’s time to rebel.”**

— Niti Nadarajah, The Miscarriage Rebellion Podcast

## Resources

**The Pink Elephants Network – How to support some who has experienced a pregnancy loss**

[www.pinkelephants.org.au/page/142/emotional-support-resources-for-how-to-give-support](http://www.pinkelephants.org.au/page/142/emotional-support-resources-for-how-to-give-support)

## Free counselling and support

**Bears of Hope**

[www.bearsofhope.org.au](http://www.bearsofhope.org.au)

**Red Nose grief and loss**

[www.rednosegriefandloss.org.au](http://www.rednosegriefandloss.org.au)

## Information and helpful resources

**The Still Birth Foundation**

<https://stillbirthfoundation.org.au>

**The Miscarriage Rebellion podcast**

[www.pinkelephants.org.au/page/242/podcast](http://www.pinkelephants.org.au/page/242/podcast)

**MuM documentary Misunderstandings of Miscarriage**

[www.mumdocumentary.com](http://www.mumdocumentary.com)

# Pap Smears are history

A Pap Smear is a screening test that was introduced in Australia in 1991, in efforts to reduce incidents and deaths from cervical cancer. If you are someone who has googled 'Pap Smear' since December 2017, you may have discovered you don't need to have a Pap Smear any more. Pap Smears are history.

## What?! Is this because cervical cancer has been eliminated?

Unfortunately no, cervical cancer is still a risk to anyone with a cervix (women, transgender men, people with an intersex variation or non-binary folk with a cervix).

The rates of cervical cancer have continued to fall in Australia. The Federal Government's National Strategy for the Elimination of Cervical Cancer aims to eradicate cervical cancer as a public health issue in Australia by 2035. But we still have work to do on this.

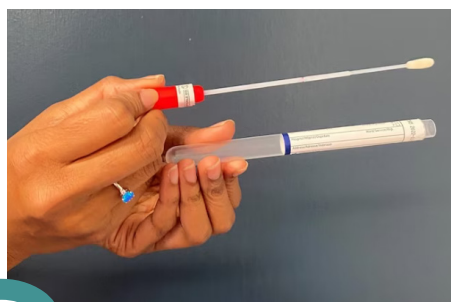
So, screening continues. The change is that instead of Pap Smears, you have Cervical Screening Tests.

## Wait – does that mean no more swabs inserted into my cervix?!

- The Cervical Screening Test involves a swab in your cervix (boo).
- But it does mean you do it less often (yay!).
- And most people are eligible to insert the swab themselves instead of having the doctor do it (empowerment!).

Between the ages of 25 – 75 years old you have a Cervical Screening Test every five years, instead of a Pap Smear every two-three years.

Self-collection for those eligible has been available since July 2022.



Evidence shows it is just as accurate as the doctor-collected sample.

Research shows those who have experienced sexual abuse, either as adults or children, are less likely to attend regular cervical screening. It is estimated one in five Australian women has experienced sexual violence since the age of 15, so that is a lot of us who are at risk of missing out on potentially life-saving Cervical Screening Tests. Knowing you can ask about self-collection is action you can take to look after your own body. Your doctor can discuss eligibility for self-collection with you.

Self-collection happens in the doctor's office. It feels a bit like putting in a tampon, but you don't leave it in. Either standing up or lying down behind the curtain, you insert the swab into your cervix and wiggle it around. It takes just 20 seconds or so then you put the swab into a tube the doctor provides.

## So why the change? What's the difference between a Pap Smear and Cervical Screening Test?

While a Pap Smear looks for changes in the cells of the cervix, the Cervical Screening Test looks for the Human Papillomavirus (HPV). This is a really important difference because HPV is the leading cause of cervical cancers.

Because the Cervical Screening Test looks for the cause of cancer, it's more accurate and means we can do something early. When HPV is found, further tests are done on the same sample to work out what needs to happen next.

## Ok. So, what can I do now to reduce my risk of cervical cancer?

The World Health Organisation's Cervical Cancer Elimination Day of Action is 17 November.

You don't have to wait until November to take these actions – you can get started right now!

## Book in with your doctor to have your Cervical Screening Test done

If you are unsure when your last test was done, call The National Cancer Screening Registry on phone 13 15 56. Ask your doctor if you are eligible for self-collection.

## Ensure you've had the Human Papillomavirus (HPV) vaccination

HPV immunisations are included in a person's Immunisation History Statement recorded on the Australian Immunisation Register (AIR). You can:

- look up your Immunisation History Statement online using your Medicare online account through MyGov
- ask your GP to access your immunisation statement on the Australian Immunisation Register (AIR)
- call the AIR on phone 1800 653 809 and request a copy to be mailed to you

## Do your best to quit smoking, as this is a risk factor for cervical cancer

Quit Tasmania offers phone and online support and information on how to quit smoking [www.quittas.org.au](http://www.quittas.org.au), phone 13 78 48. Or you can talk to your GP.

## Watch this date!

### 17 November 2024

will make 4 years of the global movement to eliminate cervical cancer.

In 2020, 194 countries resolved to eliminate a cancer **for the first time**, and the World Health Organisation launched the global strategy to eliminate cervical cancer as a public health problem.

The campaign has three messages:

**GET INFORMED.**  
**GET SCREENED.**  
**GET VACCINATED.**

Are you?

Internationally, Australia has a low rate of cervical cancer, but it's not eliminated. We have work to do to reach the WHO's goal.



# Pregnancy Options and Reproductive Coercion training

Presented by Women's Health Tasmania

Coming soon to a centre near you. Watch our enews and social media for dates.

Our highly popular Pregnancy Options and Reproductive Coercion training is back!

The training presents evidence-based strategies for workers who provide counselling, support or health care to people who are pregnant and is informed by the lived experience of people who have had abortions in Tasmania.

The training will assist the health and community sector work collaboratively for positive reproductive health outcomes.

You will leave this training equipped with knowledge about:

- All pregnancy options in Tasmania – including adoption, parenting and abortion
- Health pathways for abortion in Tasmania
- How to have supportive, appropriate conversations with people considering abortion
- How to notice and respond to reproductive coercion

## Who is it for?

The training is for anyone working with women or people who can get pregnant.

- Health care professionals and allied health workers
- Counsellors, family support workers, youth workers and family violence workers
- Managers and supervisors in the young people, family support and family violence sectors



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HAVING A PERIOD SHOULDN'T  
COST THE EARTH. DONATE  
TO THE UNDIES PROJECT:  
[www.givenow.com.au/hwhc](http://www.givenow.com.au/hwhc)



## BOOK REVIEW

# Doppelganger

by Naomi Klein

Review by Lucinda Shannon

I'm not online much anymore, but even I have noticed an uptick in women's health gurus peddling yonic steaming, supplements to "balance your hormones" and beseeching me to listen to my "female intuition". As though being in tune with my menstrual cycle will mean that I can tune out the realities of being a woman trying to make ends meet under late capitalism.

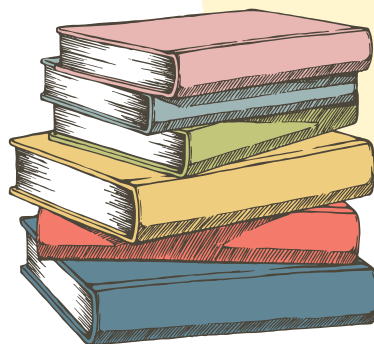
*Doppelganger* is Naomi Klein's exploration of how her 'doppelganger' Naomi Wolf, discredited feminist author of *The Beauty Myth*, came to be a key peddler of covid conspiracy and health misinformation.

To do this, Klein carefully deepens our picture of what conspiracy thinking<sup>1</sup> is doing in our digital landscape. She argues that it's broader than just a few strange people pushing strange ideas. There's a whole ecology that is thriving online since the pandemic.

Klein examines the ways that 'Wellness Culture', social media influencers and alternative health hucksters have buoyed and aligned with forces on the alt-right.

One of the groups most in the sights of these alternative health hustlers are women.

It's fair to say that women's health, pregnancy care, birth and reproductive and sexual health as we know them now are shaped patriarchal bias and power. It's affected the development of health practices, knowledge, research and institutions.



Lots of women can talk about being not listened to, feeling dismissed, that their pain was ignored. We're doing better than we have in the past, thanks to the collective organising of women and others across the world who've helped change these systems. But it's far from perfect. Lots of women experience not being listened to, feel dismissed and experience trauma in medical systems.

Klein argues that it's against this backdrop, of continuing lack of safe access to health systems that women look for other ways to be empowered. Some are evidence based, others aren't and no one's vetting what information ends up in someone's social media feed.

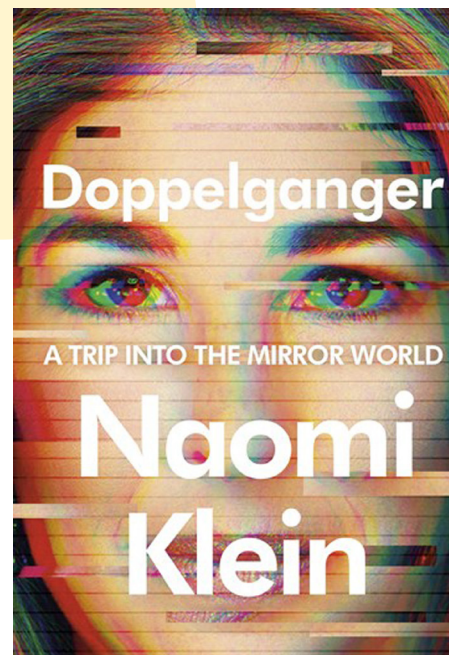
Once you start exploring alternative health cultures in platforms like Instagram, facebook or TikTok, you can end up in some very strange places as the algorithm tries to keep you hooked and entertained by ever more fascinating content.

The alt-health subcultures Klein argues, present themselves as having answers for those who want to see more compassionate care, and to be involved in their care. But these online hustlers aren't acting out of altruism.

Their cures, answers and instructions are often monetised in some way (Do my online course! Sign up as a subscriber! Buy my health supplement!).

During the pandemic, some of these online influencers told people to ignore public health directives, hijacking slogans of the women's health movement ("my body, my choice") to protest the vaccines and compulsory masks that literally saved lives during the pandemic.

Klein wonders whether it feels easier to do this than embrace the fact that for many of us, our health isn't about our choices and that we do rely on each other if we're to be healthy.



Klein isn't arguing that we give up alternative medicines and health activity (she practices yoga and found it helped on her cancer journey). But among all the noise online she counsels calm.

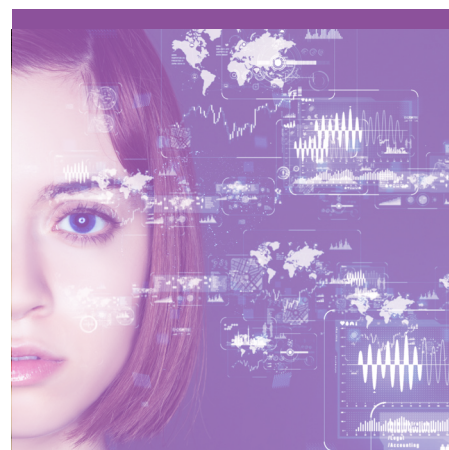
Calm is a form of resistance.

It can help us see through all the confusion, distrust and fear that feeds conspiracy thinking and distracts us from the real fight.

We can and should keep on working together for our health systems to become better. After all, we have evidence that it works (albeit slowly).

If we don't, we leave the field wide open for the online snake oil merchants and political forces that would see universal health care crumble.

<sup>1</sup> Klein explains that we are better off thinking of conspiracy theories, not as theories, but as a way of thinking. To call them 'theories' actually gives them too much credit!



# What's on at Women's Health Tasmania?

## ONLINE CLASS

Mondays, Tuesdays,  
Wednesdays and Thursdays  
6:30am–7:00am

### Gentle Sunrise Flow

Yoga with Jen



## ONLINE CLASS

Mondays  
9:30am–10:30am  
11:00am–12:00pm

### Tai Chi with Wendy



## ONLINE CLASS

Tuesdays  
10:00am–11:00am

### Weights with Wendy



## AT WHT CENTRE

Tuesdays 10:30am–11:30am  
Thursdays 10:00am–11:00am

### Meditation

with Jean (Tuesdays)  
and Valerie (Thursdays)



## AT WHT CENTRE

Wednesdays 9:30am–11:00am

### Yoga

with Jen

(maximum 9 participants)  
To book a place call: 6231 3212



## AT WHT CENTRE

Wednesdays 10:30am–12:30pm

### Walking Group

with BJ

To book a lift to the start  
of the walk call: 6231 3212  
Calendar of walks available at  
[womenshealthtas.org.au](http://womenshealthtas.org.au)

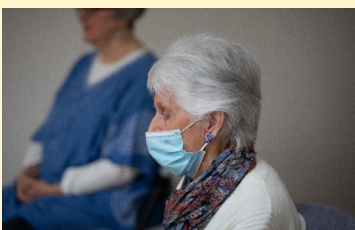


## ONLINE CLASS

Thursdays 10:00am

### Meditation

with Valerie



## AT WHT CENTRE

Wednesdays 10:30am–12:00pm

### Migrant Mums and Bubs Playgroup

during schoolterm



## AT WHT CENTRE

Mondays 11:00am–12:00pm

### Tai Chi





**Women's  
Health  
Tasmania**

# Wherever you live in Tassie, these services are for you.

**The Women's Health  
Information Line**  
1800 353 212



**Free counselling  
by phone or telehealth**  
(Health and wellbeing, Pregnancy  
Choice, Birth and Parenting)



**Free online Yoga, Tai Chi,  
Weights and Meditation**



**Free online forums for people  
with lived experience of  
mental illness, and carers**



**Projects and workshops  
in your area**



**Free podcasts, webinars  
and magazines**



**Visit [www.womenshealthtas.org.au](http://www.womenshealthtas.org.au) to sign up for  
our enews and find out what is happening near you.**