



Women's Health Tasmania

Submission on Quality and Safety of Diagnostic Imaging Services

JULY 2022

EQUITY
CHOICE
IMPACT

About Women’s Health Tasmania

Women’s Health Tasmania (WHT) is a health promotion charity funded by the Tasmanian Department of Health, guided by the World Health Organisation’s definition of health – “Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”.

WHT’s vision is for Tasmanian women to be informed, supported and active decision makers in their own health and well-being. As a result, WHT has also been a key advocate on issues such as a woman’s right to make informed choices about her health. Our leadership has been evident in a wide range of health policy, in social justice and gender equity.

WHT consistently advocates on behalf of women with both State and Commonwealth governments, on a range of legislation and policies impacting on women’s health. Women’s Health Tasmania has been a key advocate for women’s reproductive rights, including safe access to abortion services, though out its history.

WHT has an inclusive definition of ‘woman’, working to support everyone who identifies as a woman. Women’s Health Tasmania provides pregnancy and reproductive health support to anyone who can become pregnant including cis women, non-binary people, trans men and gender diverse people. This is why, when we talk about diagnostic imaging in this submission, we use the terms ‘women and pregnant people’ or simply ‘pregnant person’.

Purpose of diagnostic imaging (DI) or ultrasound in pregnancy

Confirmation of the gestational age provides pregnant people and their supporting health care providers with expected due date and dates for expected milestones as the pregnancy progresses.

Dating gestational age of a pregnancy is required whether the pregnant person wishes to proceed with the pregnancy, wishes to terminate the pregnancy (abortion), or is undecided.

Safe termination of pregnancy (abortion) and DI

In most Australian states pregnant people can choose whether to continue the pregnancy or have an abortion. Abortion is legal and medically safe procedure.

It is a vital for safe, holistic and quality care that the reproductive autonomy of individuals is supported at all stages of accessing a termination of pregnancy.

Reproductive autonomy means a person has the power to decide and control their own contraceptive choices, pregnancy, and childbearing. The choice to continue or end a pregnancy is an essential component of reproductive autonomy.¹

Termination of pregnancy is a common health care procedure in Australia. A La Trobe University led study has found more than one quarter of pregnancies in Australia are unplanned and almost one

¹ United Nations, Women’s autonomy, equality and reproductive health: Working Group on discrimination against women and girls, <https://www.ohchr.org/en/special-procedures/wg-women-and-girls/womens-autonomy-equality-and-reproductive-health>

third of these pregnancies are terminated either through a surgical termination of pregnancy (STOP) or a medical termination of pregnancy (MTO).²

The role of diagnostic imaging services in ensuring that people can access safe termination of pregnancy is significant. It is an essential step that tells health care workers and the pregnant person the gestational age of the pregnancy and what kind of termination (STOP or MTO) is appropriate.

Women and pregnant people's experiences of DI

Reports from people accessing abortions show a concerning lack of attention to the quality and psychological safety of DI experiences.

Through our work as a provider of non-directive pregnancy options counselling and our consultation and policy work in the health sector, pregnant people have told us about a range of experiences during DI.

While some experiences have been positive, some people accessing abortions have reported that DI can be a traumatic experience and that the words, actions and assumptions of health care and support staff can create a sense of being judged, shamed and stigmatised.

For example, people who've accessed abortions have reported cases where DI staff:

- Do not seek a patient's consent about seeing an image of the pregnancy during the ultrasound.
- Do not seek consent about whether the patient wants to know details about the pregnancy, such as health of the foetus.
- Require the patient to view the ultrasound image of the pregnancy even after the patient has informed the worker that they intend to have an abortion.
- Refuse to let a patient's support person be present during the ultrasound (not related to COVID-19 restrictions).
- Make assumptions that a pregnancy is being continued, for example, using words such as 'baby', 'bub' or congratulating the patient for being pregnant without first checking whether the patient intends to carry on the pregnancy.

These reports are concerning because they indicate that health care workers and support staff are unaware of the role they play in supporting reproductive choice and respectful, safe patient centred care. These actions expose patients to psychological risks associated with limiting reproductive agency and choice.

Inadequate consent protocols put patients at risk

Whether deliberate or inadvertent these experiences can cause emotional distress and shame, which has negative implications for patient mental health and wellbeing. These experiences can create a lack of trust in health professionals. Further, these actions undermine the choices and autonomy of pregnant people to make their own decisions without undue pressure and influence.

² Taft, A.J., Shankar, M., Black, K.I., Mazza, D., Hussainy, S. and Lucke, J.C., 2018. Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Med J Aust*, 209(9), pp.407-8. https://www.mja.com.au/system/files/issues/209_09/10.5694mja17.01094.pdf

Standardised ways of seeking consent and offering choices could assist health care and support staff understand how to:

- Avoid making assumptions about how the patient feels about the pregnancy and what they plan to do.
- Provide appropriate options to patients so they can engage with the DI process in ways that are relevant to them (for example, only seeking confirmation of gestational age).
- Assist patients to understand their rights to safe and respectful service during DI

What would safe and high-quality care look like for patients?

There are two key interventions that could increase the safety and quality of DI in relation to people who are accessing or considering an abortion.

Seeking patient consent to show the ultrasound image can be embedded in the accreditation standards.

As with other elements of addressing risk, procedures can be put in place so that health care workers actively seek consent from patients to show them the ultrasound images of the pregnancy.

An effective way to create behaviour change in is to include consent alongside other elements of informed consent in the Diagnostic Accreditation Scheme Standards.

Education & training for health care workers and support staff around reproductive autonomy.

Training and other support can help workers understand and carry out their role in delivering patient services to people seeking or considering an abortion.

Training on how to support reproductive choice and autonomy can support workers to understand the impacts of language, attitudes and assumptions on the quality of the care provided. Workplaces can also encourage reflective practice as a way of supporting workers to understand their own attitudes and beliefs and how to professionally support reproductive choice.

Such training can form part of the accreditation process for DI services. It can also be incorporated into the education of health care professionals by professional bodies and tertiary institutions.