Western Health

phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Abortion care – an update for primary care providers

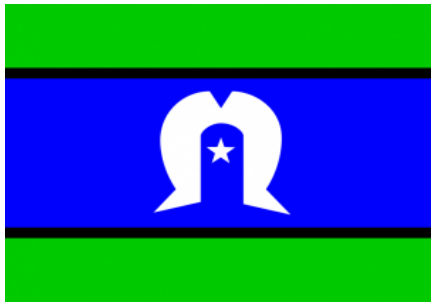
Wednesday 4th June 2025

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping – Zoom Webinar

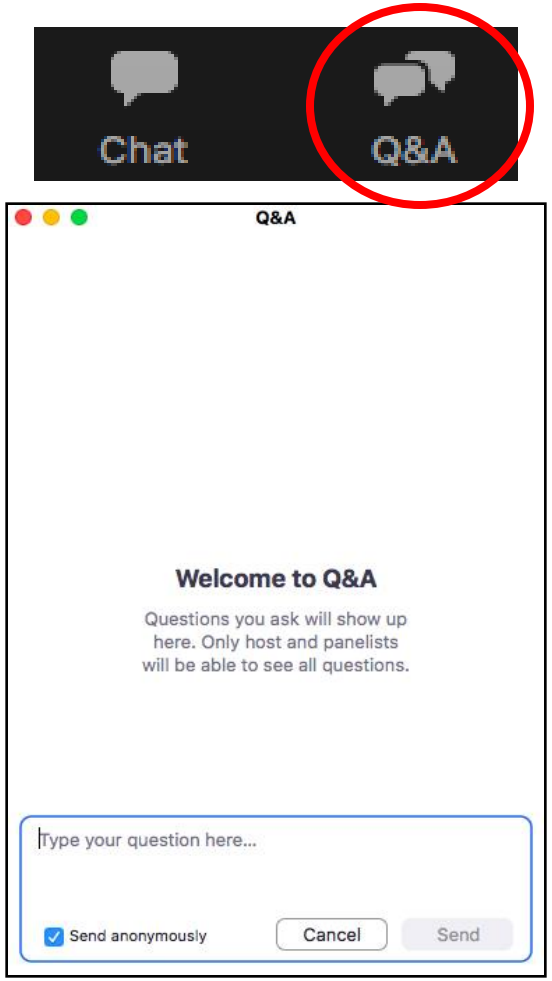
All attendees are muted

Please ask questions via the Q&A box only

Q&A will be at the end of the presentation

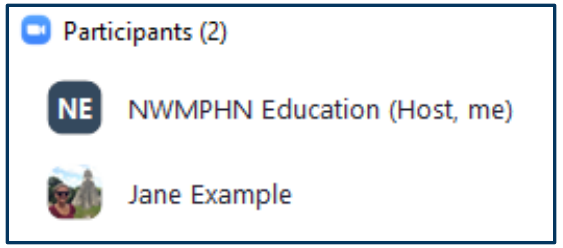
This session is being recorded, you will receive a link to this recording and copy of slides in post session correspondence.

Questions will be asked anonymously to protect your privacy



Housekeeping – Zoom Webinar

Please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in)



NWMPHN uses Zoom's participant list to mark attendance and certificates and CPD will not be issued if we cannot confirm your attendance.

If you are not sure if your name matches, please send a Chat message to 'NWMPHN Education' to identify yourself.

HealthPathways Melbourne

Abortion care – an update for primary care providers

04 June 2025

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

HealthPathways – Early Medical Abortion

Early Medical Abortion Pathways Resources and Referral pages

Relevant Pathways

Termination of Pregnancy (TOP)
Termination of Pregnancy Follow-up
Medical Termination of Pregnancy
Acute Gynaecology Referral or Admission (Same-day)
Non-acute Gynaecology Referral (> 24 hours)
Pregnancy and Postpartum Mental Health
Non-acute adult psychiatry referral

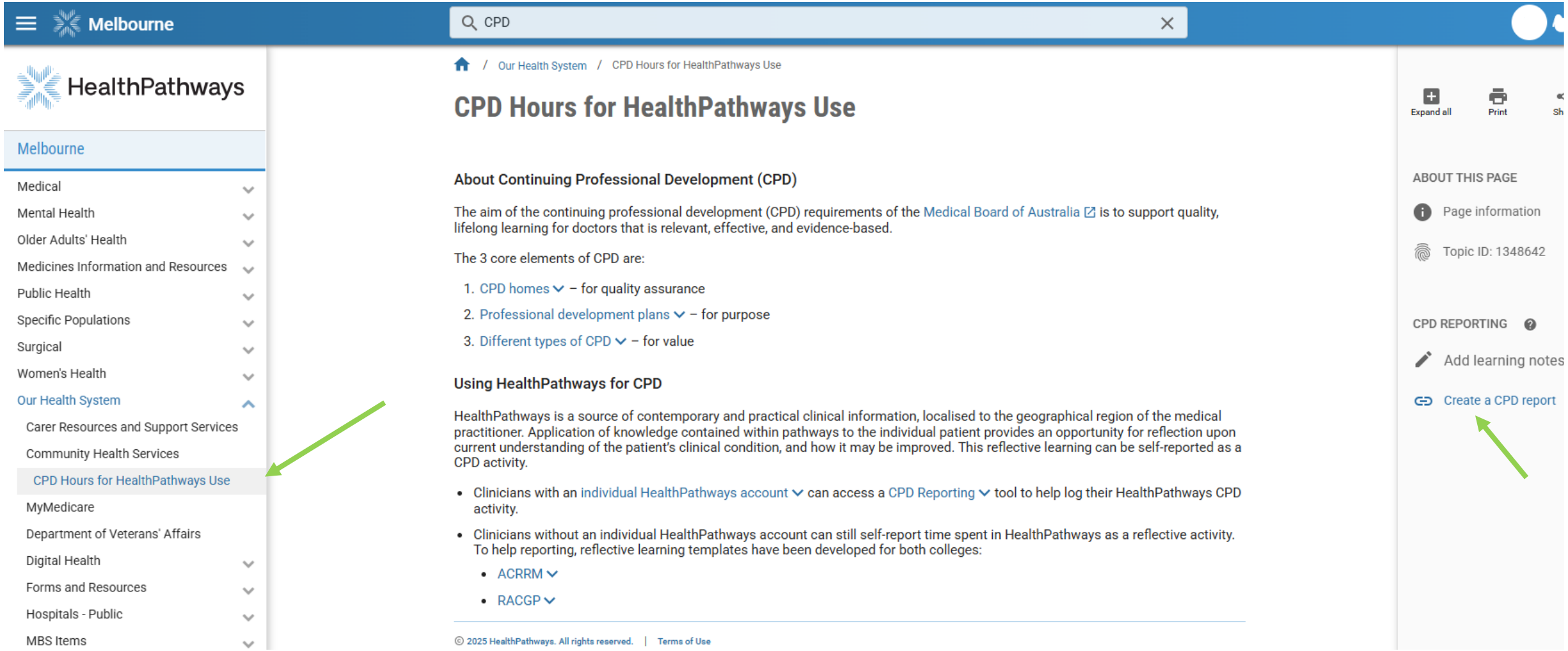
Related pathways

Acute Obstetric Referral or Admission (Same-day)
Non-acute Obstetric Referral (> 24 hours)
Early Pregnancy Bleeding
Early Pregnancy Assessment Service (EPAS) Pregnancy
Pregnancy Bleeding
Pregnancy Genetics
Prenatal Screening and Diagnosis of Fetal Anomalies
Recurrent Pregnancy Loss

LGBTIQA+ Friendly Clinics

CPD Hours for HealthPathways Use

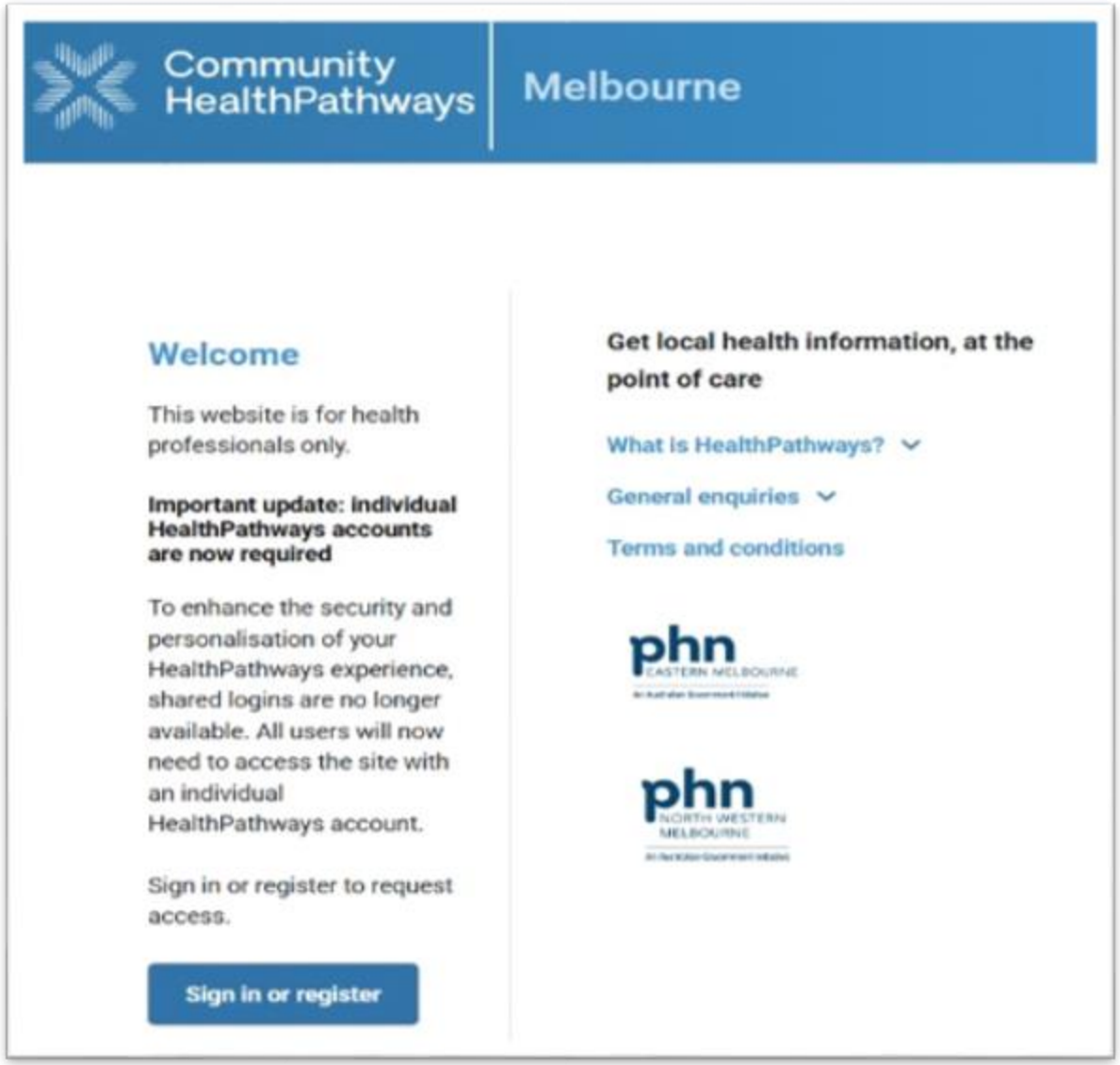
HealthPathways – CPD Hours for HealthPathways Use



Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team at info@healthpathwaysmelbourne.org.au



HealthPathways Melbourne

melbourne.healthpathways.org.au

Speakers

Dr Aekta Neel, obstetrician-gynaecologist

Western Health

Dr Aekta Neel has worked at Western Health for over 10 years and has been the Medical Lead of its abortion service since its inception in November 2023. Aekta also works in the Abortion & Contraception Service (ACS) at The Royal Women's Hospital and in private gynaecology in Melbourne's west.

Carolyn Mogharbel, manager

1800 My Options

1800 My Options is Victoria’s phoneline for contraception, abortion and sexual health – at Women’s Health Victoria. Carolyn has over 15 years’ experience in health promotion and service delivery, with a focus on equity of access to sexual and reproductive health services for marginalised and underserved communities.

Abortion Care – an update for Primary Care Providers

Dr Aekta Neel
Western Health / Royal Women's Hospital
4th June 2025

Case Presentation 1 - DP

- 36yo G3P2 presents at 6 weeks amenorrhea with a positive pregnancy test at home
  - Nil sig PMHx/ Surg Hx
  - 2 previous vaginal births
  - Unplanned pregnancy (was using withdrawal method)

  - NESB
  - Youngest child – 8 months old, still breastfeeding
  - Not working and significant financial constraints

- Feels ashamed, but is asking about a termination

Western Health

the women's
the royal women's hospital

Case Presentation 2 - CM

- 32yo G1P0, presents with unknown gestation (thinks couple of months)
  - 10 year history of ICE use, has been clean for 8 months
  - Partner (supportive) has just re-gained custody of 7yo daughter
  - Has just gotten a volunteer position with CFS
  - Currently homeless (staying with friends)

  - Has blood test – bHCG is 12,000
  - Advised 6-8 weeks and given slip for ultrasound
- Feels like is just getting her life back on track and not sure if she is ready for a pregnancy

Case Presentations – Questions to Consider

- What would be your next step?
- Where would you refer for options counselling?
- What barriers do these patients face?

- Are they suitable for medical or surgical termination?
- How/where would you refer?
- What if there are retained products following MTOP?

Western Health

the women's
the royal women's hospital

Outline

- Introduction to Abortion
- Clinical Updates
- Tips for GP's
- Local services
- Case Discussions

Western Health

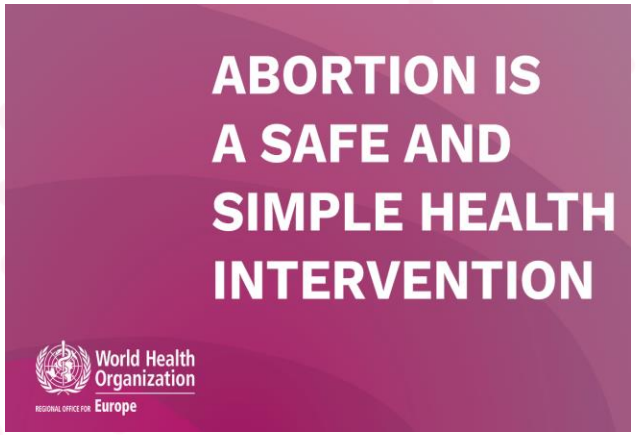
the women's
the royal women's hospital

Introduction to abortion

- Intentional interruption or termination of an ongoing pregnancy which is not intended to result in a live birth
  - usually with medical or surgical intervention

- Abortion is an essential part of reproductive healthcare

- Abortion restrictions harm marginalized groups



Western Health

the women's
the royal women's hospital

Introduction to abortion

- Unsafe abortions are one of the main causes of maternal mortality and morbidity worldwide, with an estimated 25 million performed annually.

- By offering safe abortions, prompt post-abortion care, and access to contraception, abortion-related deaths and morbidity can be greatly prevented.

Western Health

the women's
the royal women's hospital

Abortion Stigma

- Lack of medical education
- Terminology

- “I couldn’t convince her to continue [the pregnancy]”
- Reason for abortion

- Pro CHOICE
- Compared to pregnant patients

Western Health

the women's
the royal women's hospital

The Law – Abortion Law Reform Act 2008

- **Termination of pregnancy by registered medical practitioner at not more than 24 weeks**
  - A registered medical practitioner may perform an abortion on a woman who is not more than 24 weeks pregnant.
- **Termination of pregnancy by registered medical practitioner after 24 weeks**

1. A registered medical practitioner may perform an abortion on a woman who is more than 24 weeks pregnant only if the medical practitioner
   a. reasonably believes that the abortion is appropriate in all the circumstances; and
   b. has consulted at least one other registered medical practitioner who also reasonably believes that the abortion is appropriate in all the circumstances.
2. In considering whether the abortion is appropriate in all the circumstances, a registered medical practitioner must have regard to—
   a. all relevant medical circumstances; and
   b. the woman's current and future physical, psychological and social circumstances.

Western Health

the women's
the royal women's hospital

The Law – Conscientious Objection

•Obligations of registered health practitioner who has conscientious objection

1. If a woman requests a registered health practitioner to advise on a proposed abortion, or to perform, direct, authorise or supervise an abortion for that woman, and the practitioner has a conscientious objection to abortion, the practitioner must

    a. inform the woman that the practitioner has a conscientious objection to abortion; and
    b. refer the woman to another registered health practitioner in the same regulated health profession who the practitioner knows does not have a conscientious objection to abortion.

2. Subsection (1) does not apply to a practitioner who is under a duty set out in subsection (3) or (4).
3. Despite any conscientious objection to abortion, a registered medical practitioner is under a duty to perform an abortion in an emergency where the abortion is necessary to preserve the life of the pregnant woman.
4. Despite any conscientious objection to abortion, a registered nurse is under a duty to assist a registered medical practitioner in performing an abortion in an emergency where the abortion is necessary to preserve the life of the pregnant woman.

Risks of Abortion Restriction

Turnaway Study

Denying a woman an abortion:

1. Creates economic hardship and insecurity which lasts for years.
2. Means women are more likely to stay in contact with a violent partner. And more likely to raise the resulting child alone.
3. Negatively impacts the financial wellbeing and development of children, including for existing children in the family.
4. Can lead to more serious health problems than giving birth

Types of abortion

- Medical
- Surgical

Western Health

the women's
the royal women's hospital

Early Medical Abortion - up to 9 weeks

- **MS 2 Step**
  - **Mifepristone 200mg, followed by**
  - **Misoprostol 800mcg 24-48hrs later**
- Safe:
  - Breastfeeding
  - Uterine anomaly
  - Previous CS
  - Multiple pregnancy
- Efficacy:
  - 93% completion rate
  - Higher at earlier gestation
- Follow up:
  - Progress review at 3-5 days
  - B-hCG 80% drop after 10-16 days

- Contraindications:
  - IUD in situ
  - Hypersensitivity
  - Adrenal insufficiency
  - Long-term corticosteroid therapy
  - Coagulopathy or anticoagulant therapy
  - Lack of access to emergency care
  - Uncertain gestation
  - Ectopic pregnancy
- Risks:
  - RPOC/incomplete abortion: 3-4%
  - Bleeding: 1-2% surgery, 0.2% transfusion
  - Infection: <1%
  - Ongoing pregnancy: <1%

Western Health

the women's
the royal women's hospital

Follow-up of EMA

- RPOC is a clinical diagnosis
- Avoid US within 2 weeks
- ET not predictive of need for surgical management
- Follow symptoms not scan
- Beware limited bleeding

Routine use of ultrasound scan (USS) is not recommended

Routine USS is NOT recommended as blood clots, debris, or thickened endometrium are common findings and are not usually clinically relevant. Endometrial thickness is not clinically useful for predicting the need for surgical intervention. ***Follow the symptoms not the scan result.***

USS investigation earlier than 2 weeks post Misoprostol is unlikely to assist management when the patient is clinically well, and ßhCG is dropping.

Ultrasound scan is indicated in the following presentations:

- Suspicion of ectopic
- Abnormal bleeding patterns
  - significant increase in bleeding after initial passage of products of conception (POC)
  - persistent bleeding 2 weeks after procedure
  - exclude an ongoing pregnancy

Western Health

the women's
the royal women's hospital

Management of RPOC

For management of RPOC consider:

Expectant management: allows for spontaneous passage of products of conception (POC). Allow up to 2 weeks for spontaneous resolution and expect and manage ongoing pain and bleeding over this time,

Or

Medical management:
Prescribe: misoprostol 800mcg (4 x 200mcg tablets) buccal followed by a repeat dose of 400mcg (2 x 200mcg tablets) 4 hours later if POC not yet passed. Prescribe analgesia and anti-emetics. Arrange follow up. Ensure patient is aware of side effects associated with misoprostol.

Surgical management recommended if:

- hemodynamically unstable
- evidence of infection
- unacceptably heavy bleeding
- moderate to severe anaemia

https://www.thewomens.org.au/health-professionals/clinical-resources/early-medical-abortion-ema/ema-clinical-pathway

Western Health

the women's
the royal women's hospital

Surgical Abortion

- Requires trained clinician in an approved medical facility
- Requires ultrasound, blood test, STI screening +/- antibiotics
- Can have concurrent LARC

- First trimester (13-14 weeks) – Suction D&C
  - Similar to management of a miscarriage

- 2nd Trimester (> 14 weeks) – Dilation & Evacuation
  - Requires pre-operative preparation
  - Surgeon with appropriate training (limits access)

Western Health

the women's
the royal women's hospital

RANZCOG Clinical Guideline for Abortion Care

- First bi-national evidence-based clinical practice guideline for abortion care.
- Published 2023

https://ranzcog.edu.au/wp-content/uploads/Clinical-Guideline-Abortion-Care.pdf

Western Health

the women's
the royal women's hospital

Clinical Updates

- MS 2 Step (for MTOP) – July 2023
  - No longer requires certification and can be prescribed by “any healthcare practitioner with appropriate qualifications and training”

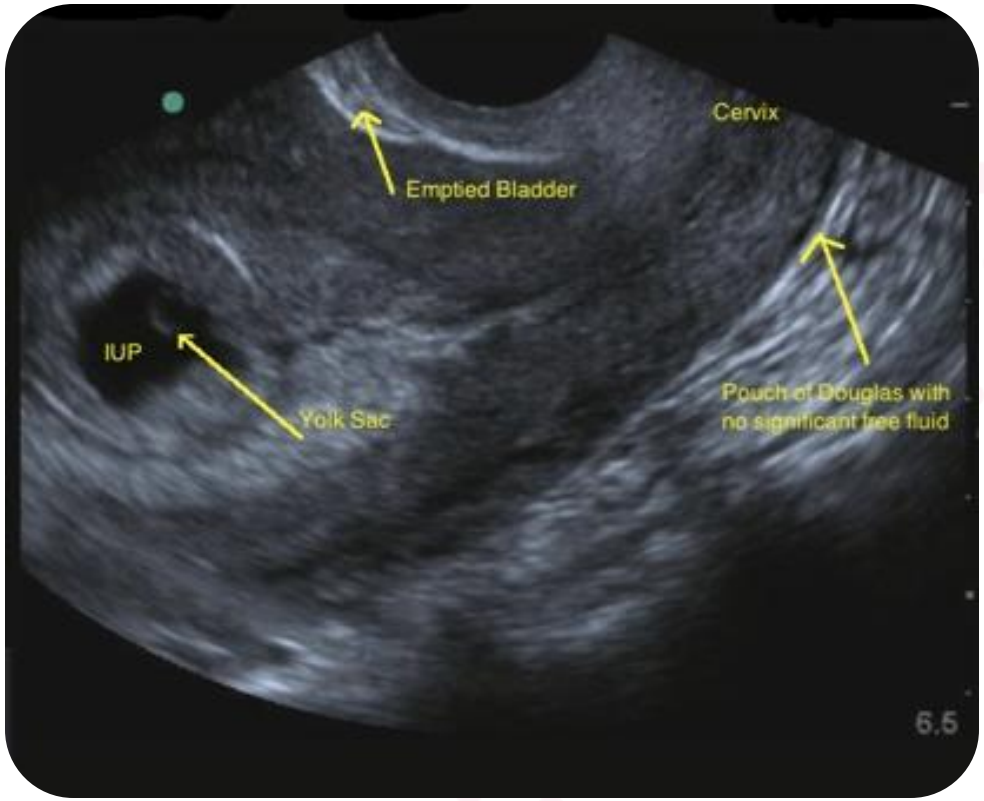
- RANZCOG 2023 Guideline
  - Anti D no longer required <10 weeks
  - Decision making guide for medical vs surgical
  - Required to establish gestational age prior to abortion
    - Removed requirement for ultrasound

Western Health

the women's
the royal women's hospital

Clinical Updates – USS

- Determine gestation
  - Good clinical history
  - No risk factors for ectopic
  - No symptoms of ectopic
  - Consider patient resources
  - Patient preference
  - Follow up!
- If uncertainty, need ultrasound
  - Confirm IUP
  - Confirm gestation
  - Does not need to be viable



Western Health

the women's
the royal women's hospital

Literature Review – USS

- "No test Medical Abortion" – BJOG 2021
  - Careful screening (for gestational age + ectopic risk)
  - 60% of patients had no-test abortion
  - No difference in complications, abortion success

- Very Early Medical Abortion (VEMA) – NEJM 2024
  - <6 weeks, had USS, but unconfirmed intrauterine pregnancy
  - No sig difference in complications

- **Very important to have appropriate screening for gestational age + ectopic (risks/symptoms) if not having USS prior**

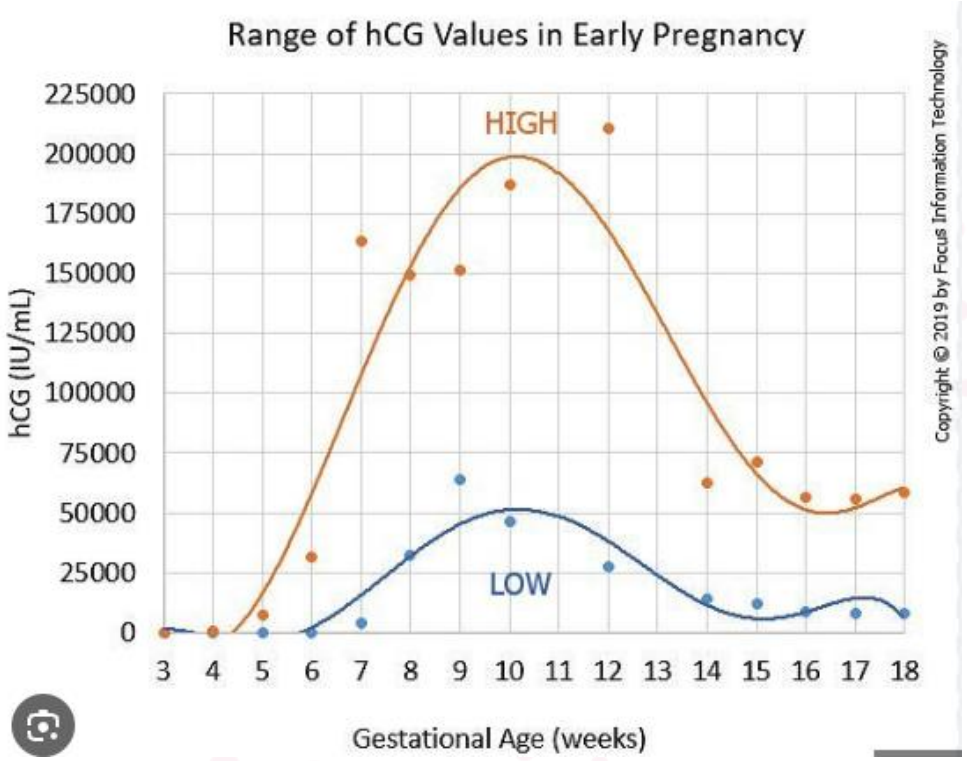
Western Health

the women's
the royal women's hospital

Tips for GP's

- bHCG levels

Gestational Age	Expected HCG (IU/L)
2–3 weeks	5–50
3–4 weeks	50–500
4–5 weeks	100–5000
5–6 weeks	500–10000
6–7 weeks	1000–50000
7–8 weeks	10000–100000
8–10 weeks	15000–200000
10–14 weeks	10000–100000



Western Health

the women's
the royal women's hospital

Case Presentation 2 - CM

- 32yo G1P0, presents with unknown gestation (thinks couple of months)
  - Multiple psychosocial issues

  - Has blood test – bHCG is 12,000
  - Advised 6-8 weeks and given slip for ultrasound

Western Health

the women's
the royal women's hospital

Tips for GP's

- Open/ Non-directed Questions
  - Was this a planned pregnancy? How do you feel about this pregnancy?
- Objection vs Obstruction
- Options counselling

Western Health

the women's
the royal women's hospital

Options Counselling

- Credentialled GP – MBS item number 4001
  - Online course through gplearning
- 1800myoptions
- Centre of Perinatal Excellence (COPE)
  - https://www.cope.org.au/getting-help/self-help/pregnancy-support-counselling/
- Melbourne Pregnancy Options Counsellors
  - https://www.melbournepregnancycounsellors.com.au/

ONLINE DECISION MAKING GUIDE

- RWH
  - https://www.thewomens.org.au/health-information/unplanned-pregnancy-information/pregnancy-options-counselling
- Children by Choice (QLD)
  - https://www.childrenbychoice.org.au/information-support/decision-making/

Western Health

the women's
the royal women's hospital

Local Services

- Northern Health
  - Offer surgical and early medical abortion
  - Upto 13+6
  - 10-12 patients/week

- Royal Women's Hospital
  - Prioritize patients from vulnerable background
  - Offer MTOP
  - Surgical abortion available upto 23+6 (limited capacity beyond 20 weeks gestation)
  - Post 24 week pathway

Western Health

the women's
the royal women's hospital

Local Services - Western Health

- Surgical abortion upto 15+6
  - Weekly same-day service (upto 5 patients per week)
  - Require GP referral and Ultrasound prior
  - Prioritize patients from vulnerable backgrounds

- Early Medical Abortion (upto 9+0)
  - Women's Health Hub (Sunshine) – GP led
  - Melton Sexual Reproductive Health Clinic – Endorsed Midwife
    - Self-referral
    - https://survey.wh.org.au/redcap/surveys/?s=4J9K83TANDKFLYJP

Western Health

the women's
the royal women's hospital

Tips for GP's

- Where/How to refer:

4. Provide with the referral, and directly to the patient, copies of:
   - blood results including beta hCG confirming pregnancy, FBE, and Rh blood group.
   - the pelvic ultrasound report confirming pregnancy site and gestation.

   This prevents delays in accessing care, and helps ensure appropriate care if follow-up is required in an emergency or following a termination.

Western Health

the women's
the royal women's hospital

WH – Referrals

- Send Referral (with USS +/- blood and STI screen)
- Mobile: 0478 260 616
- Fax: 9055 2125
- Email: choices@wh.org.au

- For MTOP – no criteria
- For STOP -

Eligibility (**ANY** of the following)	
Aboriginal or Torres Strait Islander	No fixed address
Addiction or substance abuse	Refugee background
Adolescent (age <25)	Healthcare card holders or financial insecurity
Family Violence	Significant mental health/ psychosocial issues
History of incarceration	Non-English Speaking Background
BMI >38	Significant medical complexity
Grand multiparity	

Western Health

the women's
the royal women's hospital

Case Presentation 1 - DP

- 36yo G3P2, 6/40
- Had an MTOP with local GP

- Presents 2 weeks later with persistent spotting. Nil pain and bHCG has fallen appropriately
- Reassurance provided
- Has Implanon for contraception

- Bleeding settled 10 days later

Western Health

the women's
the royal women's hospital

Case Presentation 2 - CM

- 32yo G1P0
- Thought she was early and still had time
- Has an ultrasound 4 weeks later – found to be 20/40
- Requesting an abortion as not ready to parent (declines options counselling)

- Referred to RWH and undergoes surgical abortion (D&E) + Mirena insertion

Western Health

the women's
the royal women's hospital

References

- Aiken ARA, Lohr PA, Lord J, Ghosh N, Starling J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. *BJOG* 2021;128:1464–1474
- Brandell K., et al. Randomized Trial of Very Early Medication Abortion. *NEJM* 2024; 391:1685-95
- Royal Women's Hospital. Early Medical Abortion Clinical Pathway
  - https://www.thewomens.org.au/health-professionals/clinical-resources/early-medical-abortion-ema/ema-clinical-pathway
- RANZCOG Clinical Guideline for Abortion Care
- Wright, S. M., Bateson, D., & McGeechan, K. (2021). Induced abortion in Australia: 2000-2020. Family Planning NSW: Ashfield, Australia.

Western Health

the women's
the royal women's hospital

Women's Health Vic

1800 my options

1800 My Options

Abortion Pathways in the West

Carolyn Mogharbel, Manager, 1800 My Options

June 2025

Women's Health Vic

Acknowledgement of Country

Women's Health Victoria acknowledges and pays our respects to the Traditional Owners of the land that our offices are situated on, the Wurundjeri people of the Kulin Nation.

As a statewide organization, we also acknowledge the Traditional Owners of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past and present.

We recognize that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.

Artwork: Yakuna Gananggurr (Until Tomorrow in Yorta Yorta language) by proud and strong Yorta Yorta (Wolithica), Dja Dja Wurrung and Gamilaroi woman, Madison Connors.

Summary

- Talking about abortion and contraception
- Abortion data in Victoria
- 1800 My Options – supporting abortion access
- NW Metro abortion pathways
- 1800 My Options – supporting you and your patients

Talking about abortion: Values

- Values based conversations
- Prioritise self care and self awareness
- Consider external referral
- Consider language and stigma

- Pregnant Person
- Pregnancy Partner
- The pregnancy
- Abortion at X gestation
- Preventing/reducing unplanned pregnancies
- Unintended / unplanned / unwanted pregnancies
- Anti-choice or anti-abortion

Abortion is Common

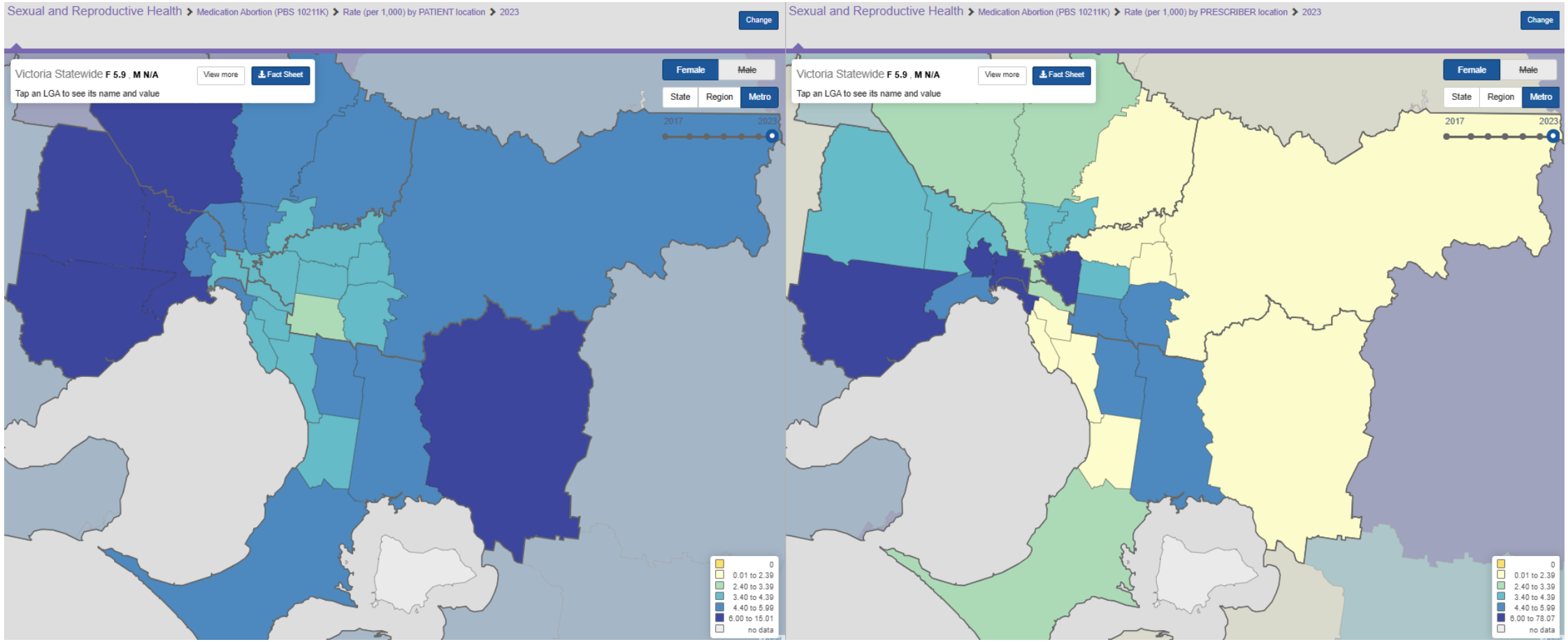
- Common: 1 in 3 women worldwide
- Common: 1 in 4 Australian women

- Medication abortion in Victoria, 2023*:
  - 10,258 PBS funded medication abortions received in Victoria in 2022, 5.92 per 1000 women of reproductive age;
- Western Metro: 2368, or 6.5 per 1000 women
- Northern Metro: 1793, or 5.2 per 1000 women

**Source: Victorian Women's Health Atlas*

Abortion Access

- Across the North and West of Melbourne, medication abortion is commonly used (left)
- Across the North and West of Melbourne, medication is less commonly prescribed (right)



**Source: Victorian Women's Health Atlas*

1800 My Options

Phone line and webchat: 9am-5pm, Monday to Friday

- Anonymous, confidential, pro-choice.
- For general public, health professionals, health and community service workers, friends, family, etc.
- Non-clinical, evidence based information
- Non-preferential service pathways based on caller needs

Website

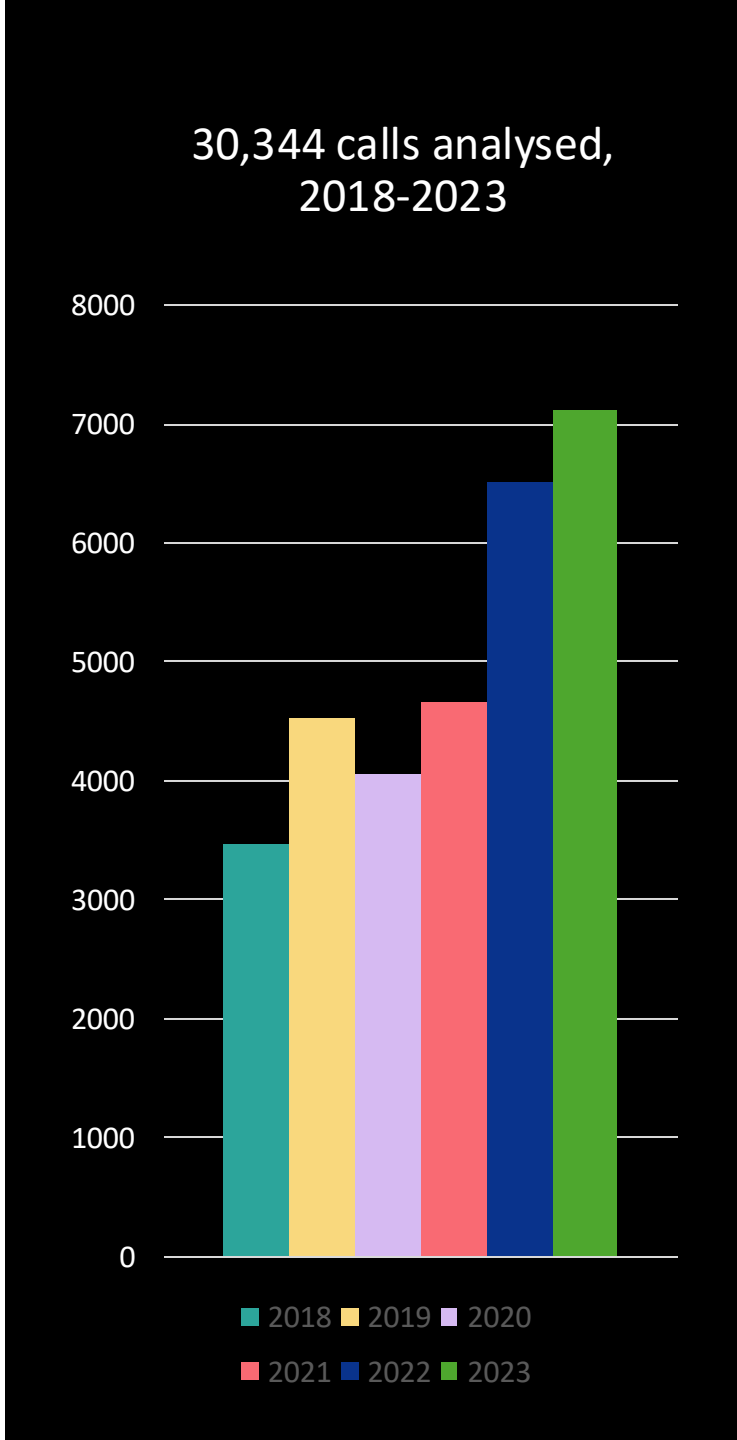
- Evidence based SRH information
- Database of SRH service providers. Mapped, can filter for services or area.

What happens when somebody calls 1800 My Options?

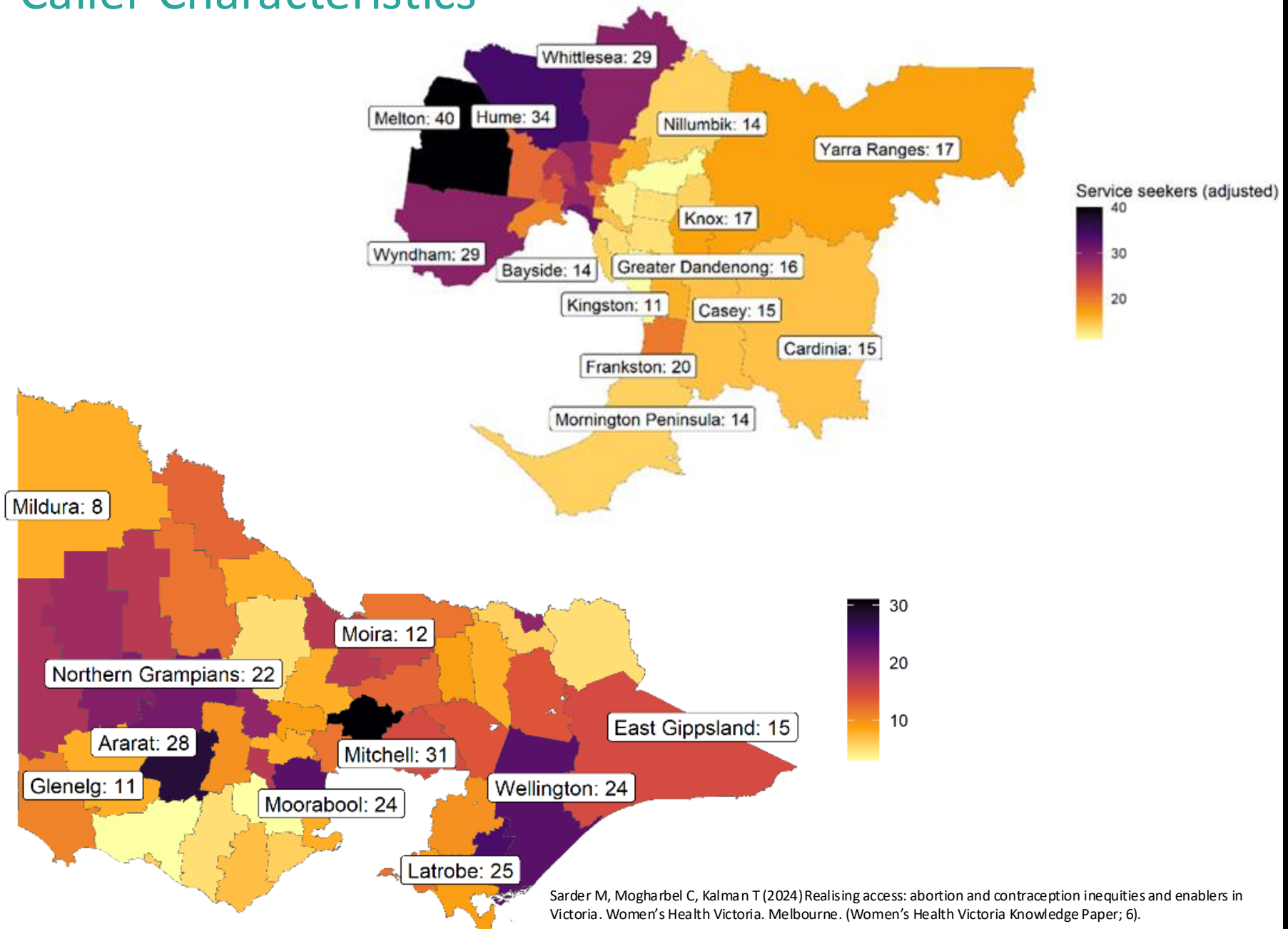
- Brief assessment:
  - Location,
  - What services are required,
  - Basic demographics – medicare status, age, etc
  - Other information that may impact on access
- Pathways to services:
  - 3 options
  - Impartial, non-biased
  - Location, contact details
  - Warm Referral pathways, as appropriate

Caller Characteristics - Demographics

- 87% of callers are seeking support to navigate abortion services;
- The majority of callers are aged 15-44; ages ranged from 12 to mid-80s;
- 3% of callers identified as Aboriginal or Torres Strait Islander ;
- 39% of callers were born overseas;
- 12.5% of all callers were temporary residents or asylum seekers.
- 48% of callers hold a Healthcare Card or Pension Card (compared to average 6% Victorian females)
- 16% of callers hold private health insurance (compared to average 60% Australian females)



Caller Characteristics



Sarder M, Mogharbel C, Kalman T (2024) Realising access: abortion and contraception inequities and enablers in Victoria. Women's Health Victoria. Melbourne. (Women's Health Victoria Knowledge Paper; 6).

In Metropolitan Melbourne:

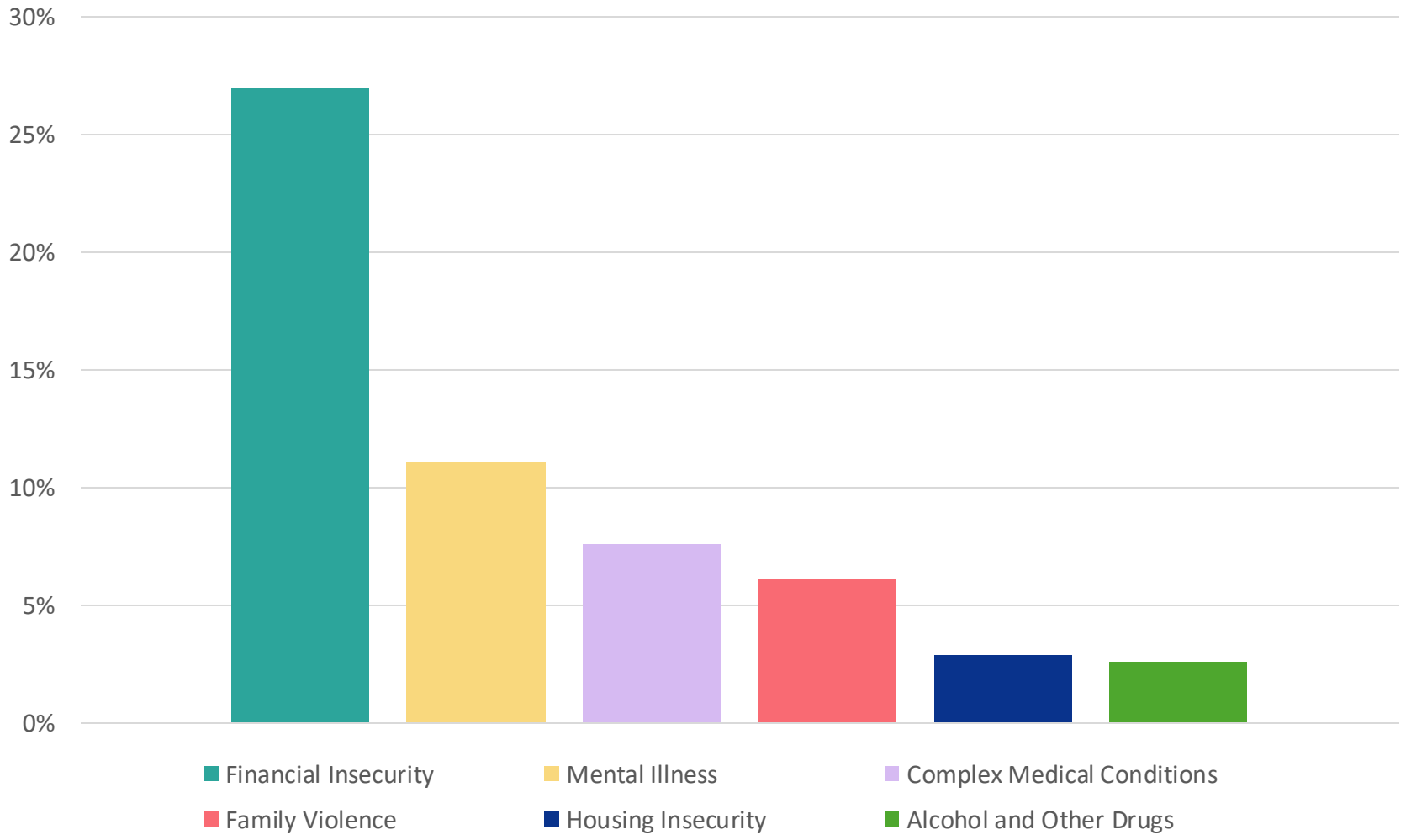
- 70% more calls were received from service seekers residing in high disadvantage LGAs, compared to low disadvantage LGAs.
- There is a concentration of callers in outer growth areas of west and north, such as Hume and Melton LGAs

In Rural Victoria:

- 16% more callers are from high disadvantage LGAs, compared to low disadvantage LGAs

Barriers to care

Between 2018-2023, the following barriers were identified by callers:



In 2024, financial insecurity increased to be a barrier for 39% of callers to 1800 My Options

Caller characteristics: Over 9 weeks gestation

Population Group	Likelihood of presenting over 9 weeks gestation	Compared to
Under 18 years	38% more likely	Over 18 years
Born overseas	10% more likely	Born in Australia
Residents of high-disadvantage metropolitan areas	17% more likely	Residents of less-disadvantaged metropolitan areas
Low disadvantage regional areas	200% more likely	
High disadvantage regional areas	300% more likely	

Sarder M, Mogharbel C, Kalman T (2024) Realising access: abortion and contraception inequities and enablers in Victoria. Women's Health Victoria. Melbourne. (Women's Health Victoria Knowledge Paper; 6).

The lack of surgical abortion services in high disadvantage LGAs compounds the barriers that abortion seekers experience.

For those from already underserved and marginalized communities, these disadvantages compound.

"being denied a wanted abortion results in economic insecurity for women and their families, and an almost four-fold increase in odds that a woman denied a wanted abortion has a household income below the Federal Poverty Level compared to those who receive an abortion."

Foster et al, 2018.

What services might an abortion seeker need?

Patient needs:	What to provide
Counselling	Pregnancy Options Support Counselling referral for eligible psychologist, social worker or mental health nurse
Ultrasound	Referral for pelvic dating ultrasound (note TOP)
Pathology	Referral for hCG, blood group, STI screening
Hospital referral	See Statewide Referral Criteria and hospital referral information
Gynaecologist referral	Referral as appropriate

1800 My Options' database includes details of pro-choice:

- *Hospitals*
- *Primary care providers*
- *Community Health*
- *Specialist services*
- *Ultrasound providers*
- *Pharmacies*
- *Non-directive pregnancy options counsellors*

Abortion Pathways in NW Melbourne

Medication abortion: Primary Care, Community Health, Hospitals
Surgical Abortion:

	Gestation Limit	Priority Criteria?	Catchment?	Workup required?	GP Referral Required?
Royal Women's Hospital	24+	Disadvantage	No	Yes	No
Northern Health	13+6	No	Yes	Preferred	No
Austin Health	16	No	No	Yes	Yes
Western Health	13+6	Disadvantage	Yes	Yes	Yes
MSI Australia($700+)	13+6	No	No	No	No
Fertility Control Clinic ($900+)	18	No	No	No	No
Private Gynaes ($$)	Varied	No	No	No	Yes

Using 1800 My Options to support patient access

When your patients talk to you about contraception or abortion:

- Provide appropriate workup and referrals (as per 1800 My Options advice, Statewide Referral Criteria, Health Pathways)
- Call 1800 My Options for details of appropriate pathways to care
- Encourage your patients to call 1800 My Options for information and pathways to care

Consider upskilling in abortion and contraception care to meet your patients' needs

If you provide SRH services:

- Register with 1800 My Options via the website. Registration can be publicly visible or private, and details can be changed at any time.

Women's Health Vic

1800 my options

Further information

Carolyn Mogharbel
Manager, 1800 My Options
Carolynm@1800myoptions.org.au

AusCAPPS Network
Community of Practice

A free online network designed to support primary care clinicians to provide **early medical abortion (EMA)** and **long-acting reversible contraception (LARC)** services.

Benefits of joining AusCAPPS

- Connect with GPs, practice nurses, nurse practitioners, midwives, Aboriginal Health Practitioners and community pharmacists who have an interest in providing EMA and/or LARC services in Australia
- Discuss case studies and chat with expert clinicians
- Find providers near you and build local networks
- Get access to the latest evidence-based resources, guidelines, webinars and podcasts
- Keep up to date with education and training opportunities related to EMA and LARC

SCAN TO JOIN

Project partners

The Department of Health and Aged Care is an official partner of AusCAPPS

medcast.com.au/communities/auscapps

AusCAPPS.trial@monash.edu

AusCAPPS_

Q & A

Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

https://nwmphn.org.au/resources-events/events/

This session was recorded, and you will be able to view the recording at this link within the next week.

https://nwmphn.org.au/resources-events/resources/