

## SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

### References Committee

#### Inquiry into Universal access to reproductive healthcare

Responding to Question on notice:

*Can you talk about any difficulties that non-cisgender people with a uterus experience when trying to access termination services?*

There is almost no research on the experiences of trans and gender diverse people with a uterus accessing pregnancy termination services in Australia. While there are comparable rates of unplanned pregnancies among sexual minority women and gender diverse people with a uterus, these populations face significant barriers to accessing contraception and abortion services, and accurate information about their specific needs.<sup>1</sup>

Studies from the US highlight barriers faced by these populations, including the binary-gendered nature of both services and insurance claim items.<sup>2</sup> As with other areas of sexual and reproductive health, studies demonstrate that overly gendered language, pressure to fit into particular sexual binaries, and biases and negative attitudes from healthcare providers lead to negative experiences in accessing care, causing delays or entirely avoiding future care.

US-based research has found that trans patients overwhelmingly prefer medical abortion to surgical, as it is less invasive and more private.<sup>3,4</sup> The importance of privacy and that the procedure be minimally invasive was much more pronounced as a reason for the preference when compared to cisgender women's preferences. Despite this, trans patients were much more likely to have had a surgical abortion, highlighting the importance of access to options for termination services.<sup>5</sup>

US research also indicates that trans people who have been pregnant are three times more likely than cisgender women to attempt a self-managed abortion.<sup>6,7</sup> This was often due to experiences of systemic discrimination, barriers to safe and accessible abortion care, and a desire for privacy.

It is a popular misconception that gender affirming healthcare (such as hormones and surgery) always lead to infertility.<sup>8</sup> Many trans and gender diverse people with uteruses retain their capacity to fall pregnant, even after accessing gender affirming healthcare such as testosterone or top surgery.

It is critical that termination services, including post-abortion counselling, are safe for all people to access, including those who do not identify as women.

While there is almost no local research, best practice termination services would likely follow similar protocol to other best practice sexual and reproductive health services, including offering non-gendered options and gender neutral intake forms, patient-centred care where patients are consulted on the terminology used to describe themselves and their body parts, healthcare providers that are trained and non-judgemental, services that are co-designed, and services that use peer navigators for additional support.

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<sup>1</sup> Bowler, S., Vallury, K., & Sofija, E. (2023). Understanding the experiences and needs of LGBTIQ+ individuals when accessing abortion care and pregnancy options counselling: a scoping review. *BMJ Sexual & Reproductive Health*.

<sup>2</sup> Bowler, Vallury, & Sofija, (2023).

<sup>3</sup> Rodriguez-Wallberg, K., Obedin-Maliver, J., Taylor, B., Van Mello, N., Tilleman, K., & Nahata, L. (2023). Reproductive health in transgender and gender diverse individuals: A narrative review to guide clinical care and international guidelines. *International Journal of Transgender Health*, 24(1), 7-25.

<sup>4</sup> Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., ... & Obedin-Maliver, J. (2021). Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States. *American Journal of Obstetrics and Gynecology*, 224(4), 376-e1.

<sup>5</sup> Moseson, et al (2021)

<sup>6</sup> Moseson, H., Fix, L., Gerds, C., Ragosta, S., Hastings, J., Stoeffler, A., ... & Obedin-Maliver, J. (2022). Abortion attempts without clinical supervision among transgender, nonbinary and gender-expansive people in the United States. *BMJ Sexual & Reproductive Health*, 48(e1), e22-e30.

<sup>7</sup> Roriguiez-Wallberg et al. (2023)

<sup>8</sup> Abern, L., Nippita, S., & Maguire, K. (2018). Contraceptive use and abortion views among transgender and gender-nonconforming individuals assigned female at birth. *Contraception*, 98(4), 337.