

Adolescent Health GP Resource Kit

Practice Points

section two - chapter nine

Sexual Health

The GP's Role

The GP has a key role to play in adolescent sexual health:

- ◆ Prevention of sexual health problems through screening and treatment of sexually transmissible infections (STIs); and provision of contraception
- ◆ Promotion of sexual health through identification of risk behaviours and education about safe and unsafe behaviours
- ◆ Helping young people understand and feel comfortable with their sexuality and sexual identity

Assessing Sexual Health *see page 95*

- ◆ Establishing a trusting relationship will help the young person feel comfortable discussing sexual health issues:
 - adopt a non-judgemental approach
 - reassure the young person about confidentiality
- ◆ Be prepared to raise the issue and show comfort in discussing the topic
- ◆ Do not assume that a young person is heterosexual
- ◆ Adopt a holistic approach addressing the whole person and their developing relationships
- ◆ Where necessary, refer to specialist services – e.g.
 - family planning association
 - sexual assault services
 - support services for gay and lesbian young people
 - women's health services

Sexual History Taking *see page 96*

A comprehensive sexual health assessment should include not only information pertaining to 'risk' and screening for STIs and pregnancy but also a broader exploration of the young person's sense of well-being and sexual identity:

- ◆ Use the **HEEADSSS** assessment with younger adolescents or for an adolescent who presents with a seemingly unrelated issue
- ◆ Ask permission to ask sensitive questions and use the 'third person' approach to explore sexuality and sexual behaviour, for example:

"Some young people your age have begun to have sex. Have you ever had a sexual relationship?"
- ◆ If the young person presents directly with a sexual health issue – such as a request for contraception, pregnancy test or HIV test – take a more in-depth sexual history

Sexual Health Counselling

- ◆ Check the young person's level of knowledge – provide education and counselling about their body and their sexuality; safe and unsafe sexual practices, abstinence, contraception
- ◆ Help the adolescent to develop skills for dealing with difficult situations, e.g.
 - negotiating with a partner who is pressuring them to have sex
 - sexual decision-making
 - talking to parents
- ◆ Discuss situations where sexual risk taking behaviour may be occurring – such as with substance use, unprotected sex
- ◆ Explore ways to reduce risk taking and how to stay safe, e.g.
 - how to negotiate safe sex or condom use with a partner
 - explain what 'safe' and 'unsafe' sexual behaviors are
- ◆ Explain correct condom use
 - if available, demonstrate using a penis model

Gay and Lesbian Young People *see page 99*

- ◆ Young people who are gay, lesbian, bisexual or uncertain of their sexual orientation can be a particularly vulnerable group
- ◆ Screen for psychosocial risks – depression, anxiety, suicidal risk. Provide support or referral for counselling where necessary
- ◆ Provide a range of options – opportunity to discuss their sexuality; referral to support services where available
- ◆ Provide information/education on safer sexual practices

Information, counselling and support for gay and lesbian young people:

- ◆ **Australia-wide** – www.glccs.org.au - provides information and links to **Primary Gay and Lesbian telephone counselling service** organisations across Australia

Conducting Examinations *see page 98*

- ◆ Ask girls if they would like a chaperone or female support person with them during the examination – e.g. a friend, relative or female practice staff member
- ◆ Explain in detail what you will be doing
- ◆ Check that the young woman has understood and gives consent to the procedure
- ◆ Allow the patient to undress and cover herself before starting the examination
- ◆ Explain what you are doing at each step of the procedure

See Section 4 – for further information and services on sexual health

chapter nine

Sexual Health

Facts about Adolescent Sexual Health

- ◆ Chlamydia is the most common sexually transmitted infection (STI) among young people with the incidence having quadrupled between 1999 and 2007 ¹
- ◆ In 2005, 11,799 teenage women gave birth, representing 4.4 % of all mothers ²
- ◆ In 2005, 39,131 women aged 20 – 24 years gave birth, representing 14.6% of all mothers ²
- ◆ In 2005, the fertility rate was 16 births per 1,000 among 15 – 19 year old women and 53 births per 1,000 among 20 – 24 year old women ³
- ◆ In 2005, the fertility rate was 69 births per 1,000 among 15 – 19 year old Indigenous women and 122 per 1,000 among 20 – 24 year old Indigenous women ³
- ◆ In 2003, it is estimated that there were 13,549 induced abortions among 15 – 19 year old women and 21,826 induced abortions among 20 – 24 year old women ⁴. Thus for 15 – 19 year old women, more than half of pregnancies end in abortion

Understanding Adolescent Sexuality

Adolescent sexuality is on the one hand a natural part of healthy development and on the other the cause of much vexation and controversy in the public domain. In the general practice setting, there is much scope for promoting sexual health and positively acknowledging sexuality among young people.

Some features of adolescent sexuality:

- ◆ The development of reproductive capability and a sexual identity are fundamental tasks of adolescence
- ◆ Sexual arousal, feelings and thoughts are a normal part of adolescent development
- ◆ Sexual behaviours often begin in adolescence and experimentation is common
- ◆ Individual, peer, family and cultural factors influence the nature and extent of an adolescent's sexual behaviour – there is enormous variation within the

adolescent age group in terms of knowledge and experience

- ◆ Young people often lack knowledge about their bodies, sexuality and how to protect themselves, and may not appreciate the risks involved with sexual activity
- ◆ Young people's concerns about sexuality are more commonly about relationships and communication with partners than about biological risks of disease or pregnancy
- ◆ Adolescent girls have an increased biological risk compared with older women of acquiring cervical infections such as Chlamydia trachomatis because of exposed transitional epithelium
- ◆ Risk of acquiring STIs among young people also relates to number of partners, partner change, issues of power and negotiation with partners and access to contraceptive and health services
- ◆ Young people who are gay, lesbian, bisexual or uncertain of their sexual orientation are a particularly vulnerable group

The GP's Role

Sexual health encompasses a total sense of wellbeing in relation to one's sexuality and sense of sexual self. The GP has a key role to play in adolescent sexual health:

- ◆ prevention of sexual health problems through screening for and treatment of STIs
- ◆ counselling about and provision of contraception
- ◆ promotion of sexual health through identification of risk behaviours and education about safe and unsafe behaviours
- ◆ helping young people understand and feel comfortable with their sexuality and sexual identity

Assessment of Sexual Health

'The Basics'

- ◆ Establish a trusting relationship essential in helping the young person feel comfortable discussing sexual health issues
- ◆ Understand that experimentation is normal and that the key issue is protecting their health
- ◆ Adopt a non-judgemental approach
- ◆ Be prepared to raise the issue and show comfort in discussing the topic

- ◆ Reassure the young person about confidentiality
- ◆ Do not assume that a young person is heterosexual
- ◆ Address the whole person and their developing relationships with other people rather than focussing only on the prevention of STIs and unwanted pregnancy
- ◆ Help the young person recognise that sexuality involves relationships, values, decision-making, and behaviours

'The Specifics'

Raising the topic of sexual health:

Whether, and how much, to discuss sexual health will vary enormously between individual young people, depending on their age, maturity and reason for presenting.

- ◆ Use the *HEEADSSS* assessment with younger adolescents or for a young person who presents with a seemingly unrelated issue

See Chapter 2 – Conducting a Psychosocial Assessment

- ◆ Ask permission to ask sensitive questions:
"I'd like to ask you some personal questions about relationships and sexuality as part of a general health check up. You don't have to answer any that you don't want to. Is it OK if I go ahead?"
- ◆ Use the 'third person' approach if appropriate:
"Some young people your age have become involved in romantic or sexual relationships. Are any of your friends at school having sex? Have you ever had a sexual relationship?"
- ◆ Acknowledge that feelings of attraction to the same sex are common. Remember that adults who identify as gay, lesbian or bisexual often trace their feelings back to childhood or early adolescence, long before they commence sexual activity
"It's normal for some people to feel attracted to people of the same sex, or to both males and females. These feelings might be confusing for some people. I'm very happy to discuss your feelings about sex and attractions, confidentially, if you ever need to."

Sexual History Taking

An in-depth sexual history is appropriate

- if the young person presents directly with a sexual health issue – such as a request for contraception; a pregnancy test, and 'STI check up' or an HIV test
- once they engage with you in discussing more personal information such as their sexual activity

Questioning includes topics such as:

- ◆ Commencement of sexual intercourse
"How old were you when you first had sexual intercourse?" or "How many months or years since you first had sexual intercourse?"
- ◆ Partners: number, gender, relationship duration
"How many sexual partners have you had since you first had sex?"
"Have your partners been male, female or both?"
"Tell me a bit about your relationships; how long have you been with your current partner? What about the previous one?" etc.
- ◆ Safer sex practices: condom use, contraception
"What contraception have you and/or your partner used? What about in previous/other relationships?"
"How often do you and your partner use condoms?"
- ◆ History of pregnancy
"Have you ever been pregnant?" If yes, explore
- ◆ History of sexually transmitted infections
"Have you ever been diagnosed with a sexually transmitted infection?" If yes, explore
- ◆ STI screening including HIV antibody testing
"Have you ever had tests for sexually transmitted infections?" If yes, explore
- ◆ STI symptoms (see **STI testing in symptomatic young people** below)
- ◆ Hepatitis B prophylaxis
"Have you been vaccinated against Hepatitis B?"
- ◆ Identify areas of risk, e.g. substance use, unsafe sex, exploitative relationships, sexual abuse, sex for money
"Have you ever felt unsafe in a sexual relationship?"
"Have you ever been touched in a sexual way that you didn't ask for or want?"
"Have you ever felt pressured into having sex?"
"Have you ever had sex in exchange for money or some other favour or payment?"

If yes to any – explore.

Specific Medical Issues

Contraception

- ◆ The decision to provide contraception to a young person without parental knowledge must be considered in the light of:
 - the doctor's duty of care to the adolescent patient where confidentiality must be protected unless there are extenuating circumstances

See also Chapter 6 – Medicolegal Issues

- the importance of maintaining a trusting relationship with the adolescent
- the young person's age, developmental maturity and demonstrated competence
- ◆ General contraceptive advice and treatment can be given without parental/guardian consent to a young person of any age as long as the doctor makes the judgement that the adolescent is capable of giving informed consent

See also Chapter 6 – Medicolegal Issues

- ◆ Where possible, encourage the young person to talk to a parent/guardian or, if feasible, bring them to a consultation
- ◆ Point out to the young person that the contraceptive pill does not protect against STIs, therefore condom use is also recommended
- ◆ Provide education about correct use of contraceptive method
- ◆ Be sensitive to cultural norms and beliefs about sexuality and contraception, for example it may be considered that a girl taking the pill must be sexually active and this would bring shame to the family
- ◆ Hormonal methods of contraception that are suitable for young women include the combined oral contraceptive pill, contraceptive implants and injectable progesterone (**NB caution with younger women and long term use due to potential adverse effects on bone density**)
- ◆ It is useful to provide education about emergency contraception, as young women might not be aware of it, or how to obtain it

resources

- ◆ More information on contraceptive options for young people can be found in the following article: <http://www.racgp.org.au/Content/NavigationMenu/Publications/AustralianFamilyPhys/2007issues/afp2007august/200708kang.pdf>

Sexually Transmitted Infections (STIs)

Most of the common STIs are asymptomatic and not all are amenable to screening (e.g. HPV, HSV). Screening guidelines depend on the young person's sexual and other practices and the prevalence of different STIs among these subgroups.

Screening asymptomatic, sexually active young people

- ◆ Chlamydia PCR testing is recommended for all sexually active young people about once a year. First pass urine Chlamydia PCR is adequate, as is a self-collected lower vaginal swab for Chlamydia PCR. Alternatively an endocervical swab in a female or urethral swab in a male can be done for Chlamydia PCR
- ◆ Chlamydia screening can be done quickly and incorporated into routine preventive health practice, e.g.

"We are offering a urine test for Chlamydia for all sexually active young people. Would you like to have a test, or ask me anything about Chlamydia?"

- ◆ **All young people** should also be screened and/or offered immunisation for Hepatitis B
- ◆ Check **HPV vaccination status** among young women and offer as appropriate
- ◆ If the **young person is Aboriginal**, additional screening for gonorrhoea (first pass urine PCR is adequate for screening) and syphilis is recommended, because these infections are more prevalent among sexually active Aboriginal people. If a urethral or cervical swab are collected, gonorrhoea culture rather than PCR is recommended
- ◆ If the young person **requests 'a total sexual health check up'** it is advisable to take a thorough sexual history. The fact that they have requested such a check up means that they could be at higher risk for STIs. Unless the young person falls into one of the groups below (men who have sex with men, sex worker, person who injects drugs) it is reasonable to screen for Chlamydia, gonorrhoea, HIV and syphilis in this situation. It is also important to find out what they know about STIs. There can be an assumption that a 'check up' covers all known STIs, or that a Pap smear is the equivalent of an STI check
- ◆ If the **young person is a sex worker** of either gender, screening for Chlamydia, gonorrhoea, syphilis and HIV is recommended

- ◆ If the **young person is a man who has sex with men** (MSM) screening for Chlamydia, gonorrhoea, syphilis, HIV and Hepatitis A is recommended
- ◆ If the **young person is an injecting drug user**, screening for Chlamydia, gonorrhoea, syphilis, HIV, Hepatitis A and Hepatitis C is recommended
- ◆ Enquiring about **sexual practices** (e.g. receptive anal sex, oral sex) will also guide specimen collection; note that to screen for gonorrhoea from the rectum or pharynx, swab for culture is recommended over PCR
- ◆ **Pap smear screening** should commence in sexually active women (regardless of sexual orientation) after the age of 18, or 2 years after first intercourse whichever is LATER
- ◆ **Informed consent** must be obtained before performing any STI tests. This involves explaining the tests, what's involved, and what might happen if the test is positive (e.g. antibiotics, partner notification)

STI testing in symptomatic young people

- ◆ STI syndromes include vaginal or urethral discharge, lower abdominal pain in women, epididymitis, acute scrotum, genital ulcers or lumps, genital itch, recurrent urethritis, cervicitis, and proctitis
- ◆ A careful sexual history needs to be taken when a sexually active young person presents with symptoms that could be due to an STI, to determine which infections are likely, where specimens should be taken and what tests to order
- ◆ **Detailed information about STI testing and treatment** can be found in the National Management Guidelines at:
http://www.mshc.org.au/Portals/6/uploads/National_Management_Guidelines_for_STIs.pdf

resources

- ◆ **Melbourne Sexual Health Centre** – Provides information for health professionals such as clinical syndromes, how to test, STI notification and management guidelines as well as fact sheets for patients – www.mshc.org.au
- ◆ **NSW Sexual Health Infoline** – Telephone support services for doctors, nurses and other health professionals who need on the spot technical support during consultations – **1800 451 624**
- ◆ **Register of Public Sexual Health Clinics in Australia and New Zealand** – downloadable pdf – Go to Australasian Chapter of Sexual Health Medicine
<http://www.racp.edu.au/index.cfm?objectid=1f341d23-9a87-24d0-bd2364ed00196b11>
- ◆ **Family Planning Association** – provides information about sexual and reproductive health and related services to both the general public and health professionals – www.fpahealth.org.au

Immunisation

- ◆ The national immunisation program includes the quadrivalent Human Papilloma Virus vaccine, administered through school vaccination programs. There is a catch-up period until mid-2009 for women up to the age of 26
- ◆ Hepatitis B immunity should be checked and the vaccine schedule offered as appropriate

Genital Examination

When conducting an examination:

- ◆ Always ask if the young person would like a chaperone or support person – e.g. a friend, relative or female practice staff member
- ◆ For some cultures it may be uncomfortable or even shameful for a male doctor to examine a female patient
 - ask the parents' permission
 - sensitively explain the need for the examination
 - arrange for the girl to be examined by a female practitioner where possible and/or to have a female support person or family member present

- ◆ Take time to explain in detail what you will be doing before you start, including showing the young person the equipment you intend to use (e.g. vaginal speculum, swabs)
- ◆ Check that the young person has understood and gives consent to the procedure
- ◆ Allow the patient to undress and cover him/herself before starting the examination
- ◆ Explain what you are doing and give feedback at each step of the procedure
- ◆ Explain that you will stop at any point in the procedure if he/she wants you to

See also Chapter 4 – Conducting a Physical Examination

Sexual Health Counselling In General Practice

Check the young person's level of knowledge and provide education and counselling about:

- ◆ Their body and their sexuality
- ◆ Safe (including abstinence) and unsafe sexual practices
- ◆ Contraception

Areas to explore

- ◆ Where is the young person at with their sexuality and sexual identity?
- ◆ How ready do they feel for sex?
- ◆ What do they understand about sexually transmitted infections and unwanted pregnancy risk?
- ◆ How comfortable do they feel about negotiating a sexual relationship and communicating their feelings?
- ◆ Who are their adult supports? Can they talk to a parent/adult friend/teacher etc.?

Education and prevention

- ◆ Help the adolescent to develop skills for dealing with difficult situations, e.g.
 - negotiating with a partner who is pressuring them to have sex
 - decision-making
 - talking to parents
- ◆ Discuss situations where sexual risk taking behaviour may be occurring – such as with substance use; unprotected sex

- ◆ Explore ways to reduce risk taking and how to stay safe, e.g.
 - how to negotiate safe sex or condom use with a partner
 - explain what 'safe' and 'unsafe' sexual behaviors are
 - reduce substance use
 - encourage both male and female responsibility for contraception and condom use
- ◆ Explain correct condom use
 - if available, demonstrate using a penis model

Gay And Lesbian Young People

Many gay and lesbian young people:

- ◆ Feel discriminated against and may be particularly vulnerable when seeing a doctor
- ◆ Perceive that doctors assume that everyone is heterosexual and feel uncomfortable with homosexuality
- ◆ Are at increased risk of isolation, depression, suicide, substance abuse and injury through violence

Practice approaches:

- ◆ Reassure the young person about confidentiality
- ◆ Discuss and assess their stage of 'coming out' and comfort with their sexuality
- ◆ Identify their level of support from family, peers, etc.
- ◆ Do not push for the young person to 'come out' – disclosure of sexuality only enhances a young person's wellbeing if the people they choose to come out to are supportive
- ◆ Screen for psychosocial risks – depression, anxiety, suicidal risk. Provide support or referral for counselling where necessary
- ◆ Provide a range of options – opportunity to discuss their sexuality; referral to support services where available
- ◆ Provide information/education on safer sexual practices

resources

Information, counselling and support for gay and lesbian young people:

- ◆ **Australia-wide** – www.glccs.org.au - provides information and links to **Primary Gay and Lesbian telephone counselling service** organisations across Australia
- ◆ **Persons Seeking Telephone Counselling and Support** from outside the local call area of State or Territory Capital Cities may call **1800 18 4527** – between 7.30pm and 10.00pm local time
- ◆ **Same Sex Attracted Youth website** – www.latrobe.edu.au/ssay

Some additional websites:

- ◆ **NSW – 2010 Gay and Lesbian Youth Services – 1800 652010 or 02 95526130** – www.twenty10.org.au
- ◆ **SA** – includes section on people from Culturally and Linguistically Divers Backgrounds – www.ucwesleyadelaide.org.au/bfriend
- ◆ **ACT** – www.qnet.org.au/content/faqs_and_articles/meeting_people/youth_groups.php
- ◆ **TAS** – www.workingitout.org.au/about.html
- ◆ **Gender** – www.gendercentre.org.au
- ◆ **Parents, Family and Friends** – www.pflagaustralia.org.au
www.pflagvictoria.org.au
www.pflagbrisbane.org.au

practice points

- ◆ Establishing a trusting relationship is an essential first step in managing a young person's sexual health issues and promoting sexual health
- ◆ GPs play a significant role in preventive sexual health care, particularly in relation to contraception and STI screening
- ◆ Broadening the focus of sexual health consultations to also include sexual health education and counselling and exploring relationships with young people will help to address the many concerns that young people themselves have about their sexual health

Case Study 1

Reproduced, with permission from Royal Australian College of General Practitioners. CHECK program of self-assessment: Adolescent Health. RACGP 2006, Melbourne.

Georgia, aged 15 years, came to see you 3 years ago to complete her Hepatitis B immunisation. Her past health has been excellent. She lives with both parents and her sister who is aged 17 years. Georgia's parents are Anglo-Australian. Her father runs a small business and her mother is a part time preschool teacher. They live in a leafy inner city suburb where Georgia and her sister attend a local girls' high school. When you saw Georgia's mother for her Pap test 3 months ago, she commented both her children are fine and doing well at school, and that Georgia still plays netball which keeps her very busy.

Georgia comes to see you on her own complaining of painful urination, urinary frequency and urgency of 2 days duration. After explaining to her the boundaries of confidentiality, you request permission to ask some potentially sensitive question. Georgia readily admits to being sexually active. She tells you that she and her boyfriend Nick, aged 16 years, started having sex one month ago. They last had intercourse 4 days ago. She says they use condoms for contraception 'all the time'. Georgia explains that Nick is her first and only sexual partner, while he has had two previous female sexual partners. Her last period was 12 days ago and her periods are generally regular and unproblematic. She hasn't talked about her sexual relationship with her parents but thinks they are probably aware of it.

Management Issues and Approaches

- ◆ Georgia's symptoms are most likely to be caused by a lower urinary tract infection, but acute urethritis (due to Chlamydia trachomatis, N. gonorrhoea or HSV), acute urethral syndrome, non-infectious causes (e.g. trauma from sexual intercourse, or chemical irritants), vulvovaginitis or HSV infection should be excluded
- ◆ Because Georgia is symptomatic, it would be ideal to discuss a physical examination and more comprehensive STI testing and obtain

her consent. This would include: physical examination looking for genital ulcers, inflammation and discharge; first pass urine or cervical swabs for Chlamydia and gonorrhoea PCR; mid stream urine for microscopy, culture and sensitivity; high vaginal swab for *T. vaginalis* and *C. albicans*

- ◆ If genital examination is normal, your provisional diagnosis would probably be uncomplicated cystitis and you can commence empirical treatment, eg trimethoprim 300mg twice daily for 3 days
- ◆ Prevention and other issues you can raise during this consultation include contraception, general STI and Pap screening guidelines for future reference, exploring her relationship with Nick, and also with her parents. You can establish a follow up appointment to conduct a HEADSSS screen.

See also Chapter 2 – Conducting a Psychosocial Assessment

Case Study 2

Stephen is a 19 year old young man who has not been to your practice before. He says he wants an HIV test and appears very anxious. You take a sexual history from Stephen and learn that he started having sexual intercourse for the first time 8 months ago. He has had a total of three different partners, all men. Sexual practices have included oral sex and receptive and penetrative anal sex. He has nearly always used condoms but didn't on one occasion four months ago with his previous partner. He is unsure of the HIV status or other sexual practices of that partner. Stephen has not had an HIV test before and has had no symptoms.

Stephen is Anglo-Australian and lives at home with both parents and two younger sisters. He is at TAFE completing a computer course and works part time. On questioning he tells you that he 'came out' to his family only two weeks ago, although he has 'known that he is homosexual' since he was about 12. He tells you that his mother cried but seems OK now and that his father hasn't said much. He has only told one of his friends, a good mate from school. He has found a local support

group that meets once a fortnight and is making some friends there. He does not smoke and only drinks socially. He doesn't use any other drugs

Management Issues and Approaches:

- ◆ Stephen's initial anxiety might have been related to seeing you and fears that you may be judgemental – rather than anxiety about whether he might be HIV positive
- ◆ Even though he asked for an HIV test initially, he might not disclose that he is homosexual unless you demonstrate that it is safe to do so by adopting a non-judgemental attitude
- ◆ You provide pre-test counselling and then take blood from Stephen for an HIV test
- ◆ You then explore other issues such as his home situation, education and employment, and friends (using the HEADSSS framework) to identify other risk factors that may influence his sexual behaviour
- ◆ You screen for depression and suicide risk but he does not appear to have either. It is important to enquire about whether a homosexual person has come out and to whom, and what social supports are available to them
- ◆ You provide some information and education about safer sex practices
- ◆ You make an appointment for a follow-up to give him his test results – you use this consultation as an opportunity to provide counselling and support regarding his sexual identity and safer sex practices

Websites For Young People On Sexuality & Sexual Health

Sexuality and sexual health:

www.yoursexhealth.org

Sexual and reproductive health –

Family Planning websites:

www.fpahealth.org.au

<http://www.fpv.org.au/>

www.shinesa.org.au

<http://www.fpwa.org.au/>

<http://www.shfpact.org.au/>

<http://www.fpq.com.au/>

<http://www.fpt.asn.au/>

Young people's sexual and reproductive health:

www.likeitis.org.au

Chlamydia websites:

www.getcluedup.com.au

www.couldihaveit.com.au

See Section 4 – For further information and services on sexual health

References:

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- 2 Laws, P., Abeywardana, S., Walker, J., Sullivan, E.A. (2007). Australia's mothers and babies 2005. Perinatal statistics series no/ 20. Cat. no. PER 40. National Perinatal Statistics Unit, AIHW. Sydney. <[www.npsu.unsw.edu.au/npsuweb.nsf/resources/AMB_2004_2008/\\$file/ps20.pdf](http://www.npsu.unsw.edu.au/npsuweb.nsf/resources/AMB_2004_2008/$file/ps20.pdf)> viewed 21 March 2008.
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- 4 Grayson, N., Hargreaves, J., Sullivan, E.A. (2005). Use of routinely collected national data sets for reporting on induced abortion in Australia. Perinatal Statistics Series No. 17. Cat. no. PER 30. National Perinatal Statistics Unit, AIHW. Sydney. <[www.npsu.unsw.edu.au/NPSUweb.nsf/resources/AMB_2004_2008/\\$file/ps17.pdf](http://www.npsu.unsw.edu.au/NPSUweb.nsf/resources/AMB_2004_2008/$file/ps17.pdf)> viewed 21 March 2008.