Abortion

Policy Position Statement

Key messages:

Abortion is a safe, common procedure that should be regulated in the same way as other medical procedures. Abortion should be available in the public health system and national data should be collected for future service planning.

Key policy positions:

1. Universal coverage of safe and timely abortion is an essential strategy within high-quality reproductive health provision.
2. National health professional curricula, and standards for abortion provision must be provided as part of a comprehensive sexual and reproductive health strategy.
3. Abortions should be regulated as other health procedures, without additional conditions, and removed from criminal law in all Australian jurisdictions.
4. States and Territories must provide equitable access (including geographic and financial access) to abortion services, public services and documented referral pathways.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA's Women's Health Special Interest Group (SIG).

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PHAA affirms the following principles:

1. A comprehensive sexual and reproductive health strategy can deliver optimal health outcomes by addressing the following:
    a. Criminal law and restrictions such as gestational limits are inappropriate mechanisms for regulating the provision of abortion.
    b. Timely affordable access to early abortion services is needed to reduce the risks associated with abortion at increasing gestation.
    c. Medical and surgical abortion options should be provided as part of comprehensive sexual and reproductive health services throughout Australia.
    d. Australian overseas aid should support the provision of comprehensive abortion care.

PHAA notes the following evidence:

2. Universal access to safe, legal abortion services is essential to optimise reproductive health outcomes including reducing maternal morbidity and mortality globally,[1] and is consistent with achieving the United Nations Sustainable Development Goals.[2]
3. Preventing unintended pregnancy is a public health goal. Improved access to and uptake of contraception is associated with lower rates of unintended pregnancy and abortion.[1]
4. Contraceptive failure, sexual violence, reproductive coercion, and other factors can lead to unintended pregnancies where abortion is the preferred option.[1] New or progressing maternal illness, or foetal anomaly may also lead to the consideration of abortion.
5. There is no increased risk of mental health issues for women who have an early abortion,[3] however, women who are denied an abortion have higher rates of anxiety than those who can access an abortion.[4]
6. Abortion is a common gynaecological procedure.[5] When performed by skilled providers using evidence-based surgical techniques and/or medications, induced abortion is a safe medical procedure; particularly if performed within the first 14 weeks of pregnancy.[1, 6]
7. Over 80% of Australians support women's access to safe, legal abortion.[7, 8]
8. It is estimated that approximately 40% of all unintended pregnancies in Australia end in abortion however there is a lack of systematic data collection on abortion in Australia.[9, 10]
9. Barriers to safe and timely abortion include legal restrictions, cost, lack of social support, delays in seeking health care, social stigma and negative attitudes of health professionals, poor quality services and a lack of policy and resources to ensure adequate service provision. These barriers

largely affect marginalised/under-served groups including adolescents and women who are from ethno-cultural minorities, low-income, rural, or remote living and experience violence and/or abuse.[1, 6, 11]

10. The experience of unintended pregnancy is not limited to cis-gender, heterosexual women. Transmasculine people (assigned female at birth) and sexual minority women (bisexual or lesbian) experience vaginal-penile intercourse.[12, 13] Sexual minority women are more likely to report experiences of mistimed or unwanted pregnancy than heterosexual women with only male partners.[13]

11. The primary care sector has an important role in accessible medical abortion care. However, some general practitioners (GPs) and pharmacists perceive medical abortion to be beyond their scope of practice and those delivering the service often feel stigmatised, under-resourced, unsupported by their local public hospital and unsure about the side effects associated with the procedure.[14]

12. Nurse-led medical abortion has been recognised as an important strategy to improve access to equitable, affordable, and safe abortion services[15, 16] and is more cost-effective than services delivered by doctors.[17]

13. There are high-quality evidence-based guidelines to support abortion service delivery at the State and Territory level,[18, 19] and national therapeutic guidelines for medical abortion.[20]

14. During emergencies, such as pandemics, fires, and floods, it is critical to ensure the continuity and maintenance of abortion services. This should include telehealth options.[21, 22]

15. While abortion is legal in all states and territories, except South Australia, different gestational and age limits remain and restrictions that require the approval of one or two medical practitioners may place women and health professionals at risk of criminal sanctions for obtaining or delivering health care.

16. Australian and international experience shows that removing legal barriers to abortion does not increase the incidence of abortion,[23] the gestational age at the time of abortion[24] or the male-to-female ratio in the population.[25]

17. Laws that criminalise and/or restrict abortion are not associated with lower abortion rates, but with higher unsafe abortion rates and resulting higher maternal mortality rates.[1, 23] However, the decriminalisation of abortion increases the proportion of safe abortions.[26]

18. Every year millions of women suffer serious injuries from unsafe abortion and 47,000 women die, mostly in low and lower-middle-income countries. Overseas development support can reduce unsafe abortion by supporting access to contraception, safe abortion, and post-abortion care.[27]

PHAA supports the following actions:

19. Policymakers should collaborate to develop a funded comprehensive national sexual and reproductive health strategy that honours Australia's commitment to the Sustainable Development Goals and reports against agreed indicators.

20. Abortion services should be included in public health services planning for all state and territory health authorities and delivered by evidence-based standards of best practice and informed consent.
21. Governments and professional organisations should develop national referral pathways to ensure hospital access, transparent referral information (such as 1800 my options), curricula, standards and centralised hubs of clinical excellence to support surgical and medical abortion providers including GPs, nurses, midwives and Aboriginal health workers.
22. Healthcare services must provide fertility control and women-centred decision-making that includes pregnancy options counselling, information about access to abortion services and choice of methods, contraception counselling, and referral without judgement or coercion.
23. Abortion-related research, training and workforce planning, and development should be adequately funded, promote evidence-based quality care, and ensure equitable access to services and continuous quality improvement.
24. The regulation of abortion should be removed from criminal laws and codes of the states and territories and regulated under existing health care legislation.
25. Barriers and restrictions to abortion access, such as requirements for multiple opinions, gestational limits, or mandated counselling should not be applied through legislation, regulation, or policy.
26. Service development and funding arrangements should increase access to medical abortion including via telemedicine.
27. Increase gestational limit for early medical abortion beyond 9 weeks in line with other countries.
28. Public services should be available in all jurisdictions with a commitment to transparent accessible referral pathways from primary care to specialist gynaecological services when required.
29. National routine, complete and systematic data collection on abortion should be implemented in Australia to ensure standard reporting and KPIs for services for adequate coverage.
30. Specific MBS numbers and rebates for medical and surgical abortion should accurately reflect the true cost of the costs and complexity of the consultation.
31. Nurse practitioners and midwives should be enabled by the MBS and Medicare funding to prescribe medical abortion including telemedicine and conduct abortion-related pelvic ultrasounds at any gestation, in line with their scope of practice.
32. Health professionals with a conscientious objection to abortion care should inform their patients and refer patients to another health professional without such objection in a timely manner. Registration, professional and educational bodies should reinforce this responsibility.
33. Legal protection should safeguard clients and staff of legal abortion services from harassment. This should include the provision of exclusion zones.
34. National comprehensive sexuality education curriculum in schools should include information on abortion and how/where to seek this care.

PHAA resolves to undertake the following actions:

35. Advocate for the above steps to be taken based on the principles in this position statement.

36. The PHAA will work to ensure that federal, state and territory members of parliament are aware of the importance to the health of safe affordable accessible, and acceptable abortion services and the adverse health consequences of restriction of access.

Adopted 2023

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