Public Health Association of Australia: Policy-at-a-glance – Abortion Policy

Key message:

1. Universal access to safe abortion is an essential strategy in the provision of high quality reproductive health for women in Australia.
2. Comprehensive abortion care and services must be guided by evidence-based strategies and plans at the nation and State/Territory level.
3. In Australia, there are limited evidence-based guidelines and training to support the delivery of abortion services by skilled health professionals.
4. Abortion should be regulated in the same way as other health procedures, without additional barriers or conditions. The regulation of abortion should be removed from Australian criminal law.
5. States and Territories should actively work toward equitable access (including geographic and financial access) to abortion services, with a mix of public and private services available.

Summary: Abortion is a safe, common medical procedure which should be regulated in the same way as other medical procedures. Both medical and surgical abortions should be included in health service planning.

Audience: Federal, State and Territory Governments, policy makers and program managers.

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

Date policy adopted: October 2017

Contacts: Angela Dawson & Tinashe Dune, Co-Convenors, Women’s Health SIG
Abortion Policy Statement

The Public Health Association of Australia notes that:

1. Universal access to safe, legal abortion services is essential to optimal reproductive health outcomes including reducing maternal morbidity and mortality globally and is consistent with achieving the United Nations Sustainable Development Goals.

2. 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.

3. Contraceptive failure, sexual violence and other factors can lead to unintended pregnancies where abortion is the preferred option. New or progressing maternal illness, fetal anomaly or illness may lead to the consideration of abortion.

4. Abortion is a common gynaecological procedure. When performed by skilled providers using evidence-based medical techniques and medications, particularly if performed within the first 14 weeks of pregnancy, induced abortion is a safe medical procedure.

5. Regulatory and service delivery developments relating to the provision of medical abortion presents an opportunity to improve geographic and economic access to early abortion.

6. There are high quality evidence-based guidelines to support abortion service delivery.

7. Comprehensive safe abortion care encompasses the provision of elective abortion services at the request of the woman, along with counselling for contraceptive use, medical after-care, and attention to other issues that are relevant to the woman’s health.

8. Most Australians support women’s access to safe, legal abortion.

9. There is a lack of systematic data collection on abortion in Australia.

10. Abortion is in the criminal statutes of laws in some States and places women and health professionals at risk of criminal sanctions for obtaining or delivering health care.

11. Australian and international experience shows that removing legal barriers to abortion does not affect abortion rates.

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1 Induced abortion is the termination (end) of a pregnancy by a surgical or medically procedure that empties the contents of the uterus (womb). Early abortion is defined as up to and including 14 weeks and late abortion is after 14 weeks.
PHAA Policy Statement on: Abortion Policy Statement

12. Laws which criminalise and/or restrict abortion are not associated with lower abortion rates, but with higher maternal mortality and unsafe abortion rates.9

13. Barriers to safe and timely abortion include legal restrictions, inability to pay, lack of social support, delays in seeking health care, providers’ negative attitudes, poor quality services and a lack of policy and resources to ensure adequate service provision. These barriers largely affect adolescents and women who are from ethno-cultural minorities, low income, rural or remote living and experience violence and/or abuse.1,10

The Public Health Association of Australia affirms the following principles:

14. A comprehensive sexual and reproductive health strategy can deliver optimal health outcomes by addressing the following:
   a. Criminal law is an inappropriate vehicle for regulating the provision of abortion.
   b. Timely affordable access to early abortion services and emergency contraception is needed to reduce the risks associated with increasing gestation.
   c. Medical and surgical abortion options should be provided as part of comprehensive sexual and reproductive health service throughout Australia.
   d. Australians overseas aid should support the provision of pre and post abortion care and abortion provision.

The Public Health Association of Australia believes that the following steps should be undertaken:

15. Organisations should support and collaborate to develop a comprehensive national sexual and reproductive health strategy that honours Australia’s commitment to the Sustainable Development Goals and reports against agreed indicators.

16. Abortion services should be included in service planning for all state and territory health authorities and delivered in accordance with evidence-based standards of best practice and informed consent.

17. Health care organisations should ensure attention to fertility control and women-centred decision making that included pregnancy options counselling, information about access to abortion services and choice of methods, contraception counselling and referral without judgement or coercion.

18. 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.
19. The regulation of abortion should be removed from criminal laws and codes of the states and territories and regulated under existing health care legislation.

20. Barriers and restrictions to access, such as requirements for multiple opinions or mandated counselling should not be applied through legislation, regulation or policy.

21. Service development and funding arrangements should increase access to medical abortion.

22. A mix of private and public services should be available in all jurisdictions.

23. National routine, complete and systematic data collection on abortion should be implemented in Australia.

24. Medicare rebates for abortion should be sufficient to prevent cost presenting a barrier to access.

25. Abortion service providers should offer optional, comprehensive pre and post-abortion counselling.

26. Health professionals with a conscientious objection to abortion care should inform their patients and refer patients to another health professional without such objection. Registration, professional and educational bodies should reinforce this responsibility.

27. Legal protection should safeguard clients and staff of legal abortion services from harassment. This should include the provision of exclusion zones.

The Public Health Association of Australia resolves to undertake the following actions:

28. The PHAA will endeavour to keep federal, state and territory members of parliament aware of the importance to health of safe affordable accessible abortion services and the adverse health consequences of restriction of access.

29. The PHAA will advocate for:

   e. The development of a comprehensive sexual and reproductive health strategy, addressing the domains identified in the Melbourne Proclamation.\textsuperscript{11}

   f. The removal of abortion from criminal codes in all states and territories and the treatment of abortion as a health issue in legislation and regulation.

   g. The availability of universally accessible comprehensive abortion care within public health services and international aid.

   h. Improved timely equitable access to safe medical and surgical abortion for Australian women, especially those experiencing disadvantage.

First adopted at the 1989 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.

References