Public Health Association of Australia:

Policy-at-a-glance – Abortion Policy

Key message:

1. Rates of unplanned pregnancy and abortion could be reduced by increased education, fertility awareness, uptake of effective contraception and respectful relationships. This may be assisted through a comprehensive national sexual and reproductive health strategy.

2. While the primary public health goal in the area of unintended pregnancy is prevention, even with good prevention strategies abortion services will always be needed.

3. Abortion is a common part of many women’s reproductive experience with one quarter to one third of all Australian women having an abortion at some point in their life.

4. In the Australian setting, abortion is an extremely safe procedure. Internationally, access to safe, legal abortion significantly reduces maternal mortality.

5. Abortion should be regulated in the same way as other health procedures, without additional barriers or conditions. Regulation of abortion should be removed from Australian criminal law.

6. 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 abortion should be included in health service planning.

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

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

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ABORTION POLICY

*The Public Health Association of Australia notes that:*

1. Access to safe, legal abortion is essential to optimal reproductive health outcomes and to minimizing maternal morbidity and mortality globally⁷.

2. The primary public health goal in the area of unintended pregnancy is prevention. Improved access to and uptake of contraception is associated with lower rates of unintended pregnancy and abortion⁵.

3. Even with good access to and uptake of contraception, there will always be a need for abortion services. Contraceptive failure, sexual violence and other factors can lead to unintended pregnancies⁴ while new or progressing maternal illness or diagnosis of fetal anomaly or illness may lead to consideration of abortion in intended pregnancies.

4. When performed by skilled providers using correct medical techniques and drugs, and under hygienic conditions, particularly if performed within the first 14 weeks of pregnancy, induced abortion is a very safe medical procedure⁴.

5. Abortion is one of the most commonly performed gynaecological procedures with an estimated 25-30% of Australian women having an abortion at some stage in their lives².

6. The registration in 2012 of therapeutic agents capable of medically (as distinct from surgically) inducing abortion presents an opportunity to develop service models which may improve geographic and economic access to abortion, particularly early abortion.

7. There are good quality comprehensive evidence based guidelines to support abortion service delivery³.

8. While there are diverse views on many aspects of abortion, the majority of Australians support of women’s access to safe, legal abortion⁴.

9. There is a lack of systematic data collection on abortion in Australia⁵.

10. The law pertaining to abortion is still located in the criminal statutes and codes in some states and territories⁶. This creates uncertainty 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 rates⁹.
12. Laws which criminalise and/or restrict abortion are not associated with lower abortion rates, but are associated with higher maternal mortality and unsafe abortion rates internationally.\(^1,6\).

13. Internationally, barriers to safe and timely abortion may include legal restrictions, inability to pay, lack of social support, delays in seeking health-care, providers’ negative attitudes, and poor quality of services. These barriers may be particularly pronounced for young women and for women experiencing violence, resulting in abortion being accessed later than would otherwise be the case.\(^1\).

*The Public Health Association of Australia affirms the following principles:*

14. A comprehensive sexual and reproductive health strategy\(^8\) can be expected to deliver the best health outcomes by addressing elements including:
  - school-based education for safe, respectful relationships
  - increasing health literacy with respect to contraception and prevention of unintended pregnancy
  - a social determinants framework which takes account of factors such as partner violence and access to financial resources
  - service development and planning which ensures equitable access to good quality services
  - workforce development for health professionals, educators and others
  - monitoring, evaluation and research

15. The criminal law is an inappropriate vehicle - both in principle and practice - for regulating the provision of abortion.

16. Increasing gestation increases the complexity and risks of abortions as well as the costs to women and to the health system: therefore timely and affordable access to abortion services is extremely important.

17. Both medically and surgically induced abortion should be available throughout Australia including in rural and remote regions where geographical distance and limited services often hinder health care provision.

18. Australian overseas aid should support the provision of pre and post abortion care and abortion provision where appropriate.

*The Public Health Association of Australia believes that the following steps should be undertaken by legislators, policymakers, funding bodies and health services:*

19. Organisations should support and collaborate in the development of a comprehensive national sexual and reproductive health strategy.

20. Organisations working at public health and individual health care levels should address fertility control and informed decision making. This should include education and information about access to abortion services and choice of method where available.
21. Women should be supported at both individual and population levels in their right to choose the fertility control options that are most appropriate to their individual circumstances and without coercion.

22. Research, training and workforce development should be adequately funded, as for other areas of health practice, to promote evidence based quality care, adequacy of and access to service provision and service improvement.

23. Regulation of abortion should be removed from the criminal laws and codes of the States and Territories of Australia. Abortion should be regulated, as are all other medical services, under existing health care legislation.

24. Barriers and restrictions to access such as requirements for multiple opinions or mandated counselling should not be applied through legislation, regulation or policy. Care should be delivered in accordance with evidence based standards of best practice and informed consent.

25. Abortion services should be included in service planning for all state and territory health authorities.

26. Service development and funding arrangements should increase access to medically induced abortion in the interests of improving access to earlier abortion and increasing women’s capacity to choose the care most appropriate to their circumstances. This is especially important in rural and remote areas where surgical abortion is not readily available.

27. A mix of private and public services should be available in all jurisdictions as for other reproductive health services; adequate public services must be available for women experiencing financial disadvantage and limited access, so that cost is not a barrier to access.

28. Routine, complete and systematic data collection on abortion should be implemented in Australia to increase understanding of how services may be improved, including how to improve strategies to reduce unintended pregnancies.

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

30. Counselling offered to women considering abortion should always be non-judgmental, professional and provide advice on all options including referral pathways.

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

32. Any health professional with a conscientious objection to personal participation in abortion care should inform their patients of this and refer patients wanting to consider or discuss abortion to another health professional without such objection (this does not have to be an abortion service provider). Registration, professional and educational bodies should reinforce this responsibility.
33. Legal protection should safeguard clients and staff of legal abortion services from harassment.

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

34. The Board, Women’s Health Special Interest Group and State/Territory Branches of the Association 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. They will advocate for:

- The development of a comprehensive sexual and reproductive health strategy, addressing the domains identified in the Melbourne Proclamation and the Association’s earlier call to action and sexual and reproductive health background paper.
- 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
- the availability of abortion within public health services with equivalent quality of care and equity of access to other health services
- improved timely access to safe appropriate abortion procedures, both medical and surgical, for Australian women, especially those experiencing disadvantage.


References


9 PHAA, SHFPA, MSI (2012) Melbourne Proclamation