FAMILY PLANNING
ALLIANCE AUSTRALIA

Access to Abortion Care in Australia Position Statement

Our position

- Abortion care[i] assists people who are pregnant[ii] to exercise their right to reproductive and bodily autonomy.
- Abortion care is healthcare and should be legal, nationally consistent, affordable and fully accessible irrespective of where you live.[1]
- Abortion care reduces morbidity and mortality caused by unsafe and illegal abortion and reduces the social and economic harms caused by unintended pregnancy.
- People who are pregnant have the right to information and services that are confidential, affirmative, discreet, inclusive, non-biased, non-judgemental and free from intimidation or harassment.
- Accurate information about abortion care supports self-determination, informed decision-making and self-management.
- Practicing health professionals, and those in training should be educated on their duty of care in relation to abortion.
- Anti-abortion healthcare providers should be required to disclose their stance up front and refer to another provider immediately and without judgment. This avoids distress and additional health risks caused by delaying care.
- Young people should receive education about pregnancy options, including abortion care, as part of comprehensive relationships and sexual health education.

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[i] This position statement uses the term abortion to pertain to induced abortion. It does not mean spontaneous abortion which is also known as a miscarriage.
[ii] The term 'people who are pregnant' is used as not all women become pregnant. And people who are intersex, trans-masc or gender diverse can have the capacity to become pregnant.

- A national abortion dataset, including stigma measures, needs to be established with routine national reporting by state and region.

Background

Unintended pregnancies are correlated with a range of negative physical health, mental health, economic and social outcomes[2,3]. When abortion is sought but denied, individuals are more likely to experience ill health, psychological stress, poverty and negative impacts on the development of existing children.[4]

When an unintended and unwanted pregnancy occurs, it is essential that individuals have timely access to safe, legal, discreet, affirmative[5] and affordable abortion services, free from stigma and discrimination. Safe abortion services are those that are timely with unhindered access to necessary information, support and medical care from trained health care providers who are equipped to provide abortions in line with internationally agreed procedures and standards. When abortion is provided in this way, it is one of the safest medical procedures available.[6,7]

The method used to terminate a pregnancy is determined by the stage of the pregnancy, medical eligibility, personal preference as well as access. Early medication abortion is offered to end pregnancies up to 9 weeks and involves the use of prescribed drugs. Surgical abortion involves a surgical procedure to end the pregnancy. This method may also use medications.

Supporting the uptake of effective contraception following abortion within the context of informed choice is an important component of comprehensive abortion care.

Australian abortion estimates

There is no routine national abortion data collection in Australia to reliably determine national abortion rates, trends and socioeconomic and health characteristics of those seeking abortions.

However, estimates suggest that 26% of all pregnancies in Australia are unintended and approximately one-third of these pregnancies end in abortion.[8] It has also been estimated through modelling that, in Australia, 20-25% of individuals will have an abortion during their lifetime[9,10] and approximately 88,287[11] abortions are performed each year.

In 2021, an in-depth analysis of Australian data from a range of sources identified rates of abortion and trends across population subgroups.[12] This analysis shows a downward trend in abortion since 2020 and a plateau in recent years. MBS item claim data indicate a decrease in surgical abortion over the past two decades; becoming more apparent from 2006 onwards when

early medication abortion was introduced.[12] However, the analyses were limited by the need to draw on multiple differing datasets, each with its own strengths and weaknesses.

Abortion stigma

Abortion is stigmatised all over the world. This stigma can allow myths about abortion to flourish and can lead to people feeling ashamed or harassed for seeking or providing abortion[14]. The topic of pregnancy options including abortion should be normalised across the community and included in schools-based comprehensive relationships and sexual health education.[13]

Australia also does not currently measure abortion stigma, so there is also a need for a data set to include stigma measurements to track our progress.[14]

Abortion and the law

There is no consistent legal framework for the provision of abortion in Australia. Each state and territory have different legal requirements with different levels of complexity. Harmonisation of laws is required.[15]

Persistent barriers

Access to and information about abortion services in Australia varies across states and territories. This variation can present a significant hurdle for people seeking to manage their reproductive and sexual health. Socially and financially marginalised people and those living in rural and remote areas are most disadvantaged.[16]

There are persistent barriers to abortion access including:

1) Financial costs: limited availability of publicly funded abortion services, particularly in regional, rural and remote locations, and for people who are not eligible for Medicare. There are significant out-of-pocket costs for private care. [17,18]

2) Service accessibility: limited availability of services in many locations, particularly for people outside metropolitan areas, lack of access in church-owned hospitals, and limited supports for those with additional needs, e.g., relating to lack use of interpreters, low health literacy, restricted mobility or young age. Lack of access to ultrasounds outside metropolitan areas.

3) Social barriers: stigma and prejudice associated with abortion that can inhibit individuals from seeking information and care; and can deter health professionals from seeking education and training to provide abortion care.[19], or deter health professionals from advertising that they offer abortion care.

4) Reproductive coercion: individuals being pressured or forced by another person, such as a partner, family member, carer, or health practitioner, to continue a pregnancy against their will; [20]

5) Harassment: individuals experiencing harassment when accessing an abortion service. When a minimum distance for 'safe zones' is established around abortion services, that distance should be extendable based on the line of sight and other contextual considerations for each clinic.

6) Lack of LGBTIQ inclusive services: experiences of discrimination and exclusion in healthcare settings, healthcare avoidance, unsafe abortion, non-disclosure to providers, and poor health outcomes for LGBTIQA+ people.[21]

Innovative options to close gaps in service delivery and access should be explored, such as increasing early medication abortion by telemedicine[22], and establishing funds to cover travel, accommodation, medications and MBS and PBS gap payments targeting the most disadvantaged groups.[23]

Nurse and midwife-led abortion care models are clinically safe, effective and acceptable to people having abortions[24]

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