Achieving Equal Access

Abortion Care in Australia

November 2022

Introduction

In Australia, we want a world-class health care system. Health care that everyone can access – regardless of where we live or who we are.

This includes deciding whether and when to become a parent, or to grow our families, which requires access to sexual and reproductive health information and services, including contraception and abortion care.

But right now, there is no guarantee of compassionate abortion care in Australia. In fact, there are many women and pregnant people who struggle to access abortion services at all. This is especially true for people who are typically locked out of services in our community, including: First Nations people, people who are migrants and refugees, people living in regional or remote communities, people with a disability, people in prisons, and young people.

There are several reasons for this, reflecting an outdated system that doesn't provide a clear pathway for people to gather information about abortion care. Too often, the very institutions where people try to seek advice mistreat them or meet them with judgement.

The lack of consistent abortion care across Australia places women and pregnant people in positions of emotional, social or financial distress. This can profoundly affect people's lives.

It needs to change. This resource aims to support the changes we need, by explaining the issues around abortion care in Australia. It also shares experiences from women who have accessed abortion care in Australia. It explores the themes behind the issues and points to the steps needed to enable equal access to the essential health care service of abortion care.

Contents

Abortion care in Australia

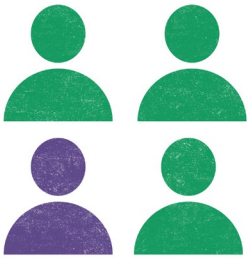
Each year, it is estimated that abortion care is accessed at least 100,000 times in Australia.[1] Around 1 in 4 women will have an abortion[2]. Recent reports put unplanned pregnancy rates at 40% of all pregnancies[3].

Abortion care is essential health care and, like all other forms of health care, it should be universally accessible when a person chooses it.

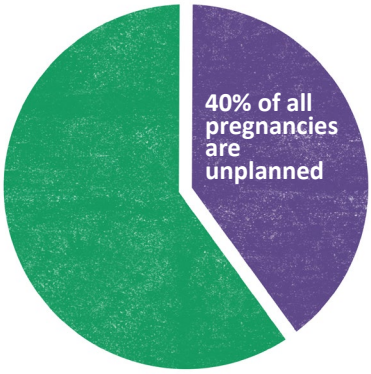
To this end, our legal landscape has changed significantly in the last 10 years. Medical abortion has been introduced, safe access zones around abortion clinics have been established nationwide, and every state and territory except Western Australia has taken steps to decriminalise patient access to abortion.

In addition, the National Women's Health Strategy, introduced in 2018, called for universal access to abortion care by 2030 and national polling from 2022 showed 72% of Australians agree our governments "should ensure that patients who want abortion care can access it".[4]

However, the ability to access abortion care is still complicated and people can face a variety of barriers, causing unnecessary distress and affecting their physical and mental health.



1 in 4 women will have an abortion in their reproductive lifetime

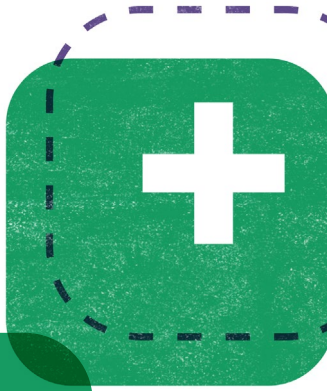


Types of abortion

There are two main methods of abortion care in Australia: medical abortion and surgical abortion. Both are safe and high quality methods of health care.

Medical Abortion

Medical abortion involves a series of tablets prescribed in a doctor's clinic or via telehealth. This method of abortion is usually accessed up to nine weeks pregnancy gestation.



Surgical Abortion

Surgical abortion includes various procedures that can occur in a day hospital or larger hospital setting. Surgical abortion is available at any pregnancy gestation, depending on personal, clinical and health circumstances. While a pregnant person will most commonly access abortion care below 14 weeks pregnancy gestation, a very small proportion of people might need to do so later in pregnancy.

Barriers – what makes abortion care difficult to access?

1 Affordability

Across Australia, affordable abortion care is scarce. With limited access in public health care settings – such as public hospitals, sexual health clinics, community controlled clinics and bulk-billed GPs – many patients seek alternative providers and pay out-of-pocket for access to time-critical care.

These costs range from $500 up to $8000 in some parts of Australia. The cost is a postcode lottery; it varies widely depending on where you live.

For complex cases, costs range up to $17,000 depending on location, situation and gestation.[5] People on visas, or without access to Medicare, who are accessing surgical abortion typically experience the higher range of these costs.[6]

In addition, there are costs relating to time off work for appointments and recovery, childcare, travel and accommodation, particularly for people travelling from regional or remote areas. Women and people experiencing violence, especially financial abuse and other forms of coercive control, will likely be even further affected by these costs.

Overall, the cost of abortion care often causes emotional distress. This can delay the care, causing further distress and sometimes affecting physical and mental health.

"She told me over the phone and I had a heart attack, because it was $500. And with a health care card too."

"I actually overheard when I was waiting in the waiting room, it's $1200 without a Medicare card. Someone paid that when I was in there. I nearly fell over."

"In total it ended up being about $375. I'm lucky that my partner and I have decent jobs and have, you know, money squared away but I can't imagine if money was really tight and you're living pay check to pay check."

2 Lack of clinical services

Australia lacks clinical services for abortion care. There are not enough health care facilities providing surgical abortion options, meaning that people face waitlists or lengthy travel. While increased access to medical abortion could help alleviate this pressure, fewer than 10% of Australian GPs are registered to prescribe the medication for it.[7]

This means many Australians cannot access safe abortion care in a local clinical setting, such as by visiting their doctor or local hospital. They are left navigating the health care system themselves, trying to understand where and how to seek abortion care. Recent studies have shown this is a significant challenge.[8]

Fewer than 10% of GPs are registered to prescribe abortion care medication

Questions range from who to ask for support to not understanding why their GP won't help and whether the procedure is legal. Confusion and distress can be compounded by low levels of sexual and reproductive health knowledge and the challenges of navigating misinformation online. Decision making around pregnancy options can be difficult due to a lack of health literacy, inability to find clear information and lack of non-judgemental support.[9]

For people in regional and rural areas, it is often even harder to access clinical care. Access depends on whether local GPs can support patients, continuing the postcode lottery of abortion care. People in these areas might need to travel to find care, even across state/territory borders. Maintaining medical abortion access via telehealth

has proven helpful in supporting people in this situation. However, this model of care needs to be available alongside face-to-face clinical services as telehealth is not appropriate for, or preferred by, everyone.[10]

For a person who experiences sexual abuse, assault or violence at the time of their pregnancy, or who has experienced violence that has resulted in a pregnancy, safely accessing sexual and reproductive health services can be an additional challenge.[11] They need to navigate the complexity of abortion care at the same time as their personal safety.

It will take time to build an appropriate level of clinical services for abortion care. In the meantime, governments need to take immediate steps to support people seeking an abortion in Australia now.

Initially, governments should fund a national telephone service, providing people with support, information and referrals to abortion care services. There are a number of models that could work for this, including the nationwide Healthdirect service, Queensland's Children by Choice, Tasmania's Pregnancy Choices and Victoria's 1800 My Options.

The phone service could be supported by an interactive national map, making it easier for people to find counselling services about abortion care options, prescribing doctors, dispensing pharmacists, and information on services and costs so they can make better informed decisions.

Having been in Australia for five years on a working visa, a South American woman found herself seeking support for an abortion in regional Queensland.

While she found her local GP very helpful, she felt overwhelmed by the process and did not have access to Medicare.

"The GP explained everything and it was going to be a really long process, which I was very anxious about. The doctor asked me: 'Do you want to travel to the sexual clinic for a low cost service or do you want to pay to be seen in a private practice'. So I went with the sexual health clinic."

It took nearly four weeks and involved travelling three times for blood tests, an ultrasound and the abortion medication. The impact of the pregnancy made her feel unwell and, at times, unable to work.

"It was a long drive. Once I stepped out of the car, I was feeling so so dizzy. The next day I couldn't go to work, so I had to ask for a lot of days off."

She faced many costs during this time, including medical appointments at $200 each, petrol, the cost of the abortion medication and lost income.

~ Regional QLD, 30-year-old woman

3 The health care workforce

Our health care system has a serious shortage of trained and knowledgeable providers of abortion care. This is a glaring deficiency in Australia's public health system, given 1 in 4 women will have an abortion.

Abortion care involves the skills of doctors, nurse practitioners, nurses, sonographers, radiographers, pathologists, pharmacists, counsellors, gynaecologists, surgeons and anaesthetists. Aboriginal and Torres Strait Islander health workers, midwives and social workers are also involved.

In addition to shortages, there is the persistent and harmful issue of stigma in the health care workforce – in individual providers and at an institutional level, such as in medical schools and hospitals.

A compassionate and non-judgemental experience is critical to a positive patient experience.[12] However, patients report that institutional or individual conscientious objection and other manifestations of systemic stigma are still widespread. This takes various forms, including providers refusing treatment, health care staff making judgemental statements or trying to dissuade someone from an abortion, or health care staff assuming a pregnancy was wanted or planned.[13]

Some patients experience the stress of unnecessary delays or obstructions to care; some are given incorrect information about abortion legislation.

Stigma can also affect the health care workforce's capacity to provide abortion care. Medical professionals can be barred from providing abortion care if they work within faith-based organisations.[14] Research has shown health care providers who engage in abortion care can be stigmatised, which might deter some from providing the service.[15]

To build capacity, policy makers need to plan for the training required. At the moment, around 80% of final year students studying to be doctors reported that abortion care had been included in their curriculum, but few had direct exposure to an abortion clinic.[16]

Training is especially important for professions that interact with people who are pregnant or in pre-natal care but it is also important right across the health care workforce from doctors to technicians and support workers. There must be a higher base level of knowledge for existing and new health care professionals to better understand abortion care.

Policy makers need to look at all options, including financial incentives for health professionals to upskill as abortion care providers. They also need to consider different delivery models to provide specialised care when needed.

Training must also address the stigma around abortion so that all health care workers involved in abortion care can provide it compassionately.

When a mother of three in Western Australia needed support for an abortion, she encountered stigma, which worsened the emotional and financial stress she and her partner were already experiencing.

"I wasn't dealing well with postpartum from my third baby. I had gone back to work and I wasn't coping at work; I wasn't coping at home."

She and her husband ended up taking their children on the 40-minute drive to the abortion clinic. They didn't want anyone to look after their children because they didn't want anyone to know. At the clinic, she experienced stigma when she felt mistreated by a nurse.

"She said: 'We're going to make sure this doesn't happen again' and had zero understanding; zero tolerance. She was really judgmental."

She paid more than $600 out-of-pocket for the abortion fee.

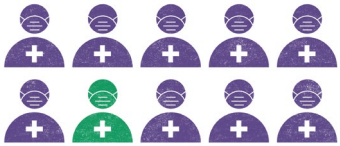
~ Urban WA, 40-year-old woman

4 Medication regulation

As previously mentioned, medical abortion is one of the two types of abortion legally available in Australia. The Therapeutic Goods Administration (TGA) approved the use of abortion medication in 2012.

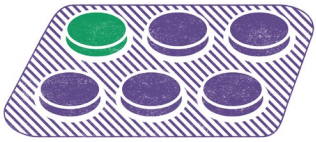
Since then, the number of surgical abortions in Australia has declined and overall, the abortion rate in Australia appears to be declining.[17] Looking at international examples, this trend has continued in countries such as Finland where medical abortion accounts for up to 97% of all abortions.[18]

However, we are a long way from that. Fewer than 10% of Australian GPs are registered to prescribe abortion medication and only 16.5% of pharmacists are registered to dispense it.[19]



Fewer than 10% of GPs are registered to prescribe abortion medication

Only 16.5% of pharmacists are registered to dispense abortion medication



This can be partly attributed to over-regulation by the TGA. Abortion medication is highly regulated compared with other medications in Australia and we are trailling behind our counterparts in making it more accessible. In Canada, medical abortion drugs are prescribed by GPs with no additional regulatory barriers; in Ireland the medication can be prescribed up to 12 weeks pregnancy gestation, in line with international guidelines, which is above the 9 week limit in Australia.[20] Other countries allow nurses and midwives to prescribe the medication. Yet in Australia, the requirements to prescribe it are unnecessarily onerous, on par with those reserved for medications that carry higher risks of harm.

The result is that we have large parts of Australia with no abortion care – no face-to-face clinical care, and no GPs and pharmacists registered to provide medical abortion. In these abortion deserts, telehealth is the only possible option.

If we are to achieve universal access to abortion care in Australia, access to medical abortion must change. It will be particularly important in regional and remote Australia.[21] Medical abortion should not replace surgical abortion, which can be preferred or necessary, and to which access must also be addressed.

A health care student travelled more than two hours to access abortion care and was shocked at the lack of services and stigma.

"I was told it would be about a six to eight-week wait. I ended up going to a service in Sydney because it was the one with the least amount of waiting."

She was glad to have her partner for support and otherwise felt vulnerable and mistreated by the medical profession.

"The doctor made me feel very uncomfortable. His voice and mannerisms were very stern. I remember feeling really dizzy from the anaesthetic, but they just kind of pushed me out the door. I didn't speak to anyone after the procedure."

The $500 cost plus more than $200 on travel and medication was significant and would've been difficult to cover by herself. Looking back, she felt the stigma was the worst part of her experience.

"I didn't need to feel so alone. It's the biggest barrier that doesn't need to be there."

~ Regional NSW, 20-year-old woman

5 Lack of data

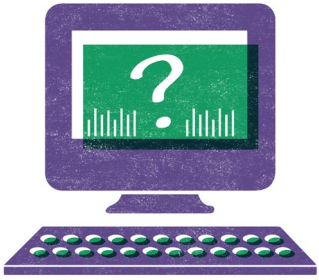
Health care data is essential for many reasons. It enables evidence-based policy and helps measure the effectiveness of public health education. It can also show gaps and inform future education programs.

In Australia, there are joint federal, state and territory programs that collect data for health care, such as infectious diseases and cervical screening.

However, data on abortion care is not consistently collected at a federal level, despite the ability to collect it in ways that consider patient privacy and confidentiality as consumers expect for any health care data. At the moment, the number of abortions each year can only be estimated.

Fear mongering about possible data breaches has been used to justify this lack of data collection. Such arguments are problematic as they are reinforce secrecy around abortion, fuelling the harmful shame and stigma surrounding it, rather than recognising abortion care as essential health care.

Australia needs to invest in national data collection to enable evidence-based policy, which is essential to end inequities in abortion care access. Data will also provide an indicator of reproductive health, and can help assess the effectiveness of sex education, access to effective contraception, and understanding of fertility and menopause.



Alongside this, governments could invest in academic research on abortion and contraception to identify problems and solutions relating to health infrastructure, abortion stigma, cultural safety and workforce planning. This would also lead to improvements in sexual and reproductive health clinical care including pregnancy choices, counselling, and preventing reproductive coercion.

A 27-year-old woman from Melbourne knew very little about abortion care when faced with the decision about what to do. The lack of support and cost put pressure on her, causing financial and emotional stress.

"I didn't really have much of a sexual health education and I grew up in a religious family, so I didn't know anyone who'd had an abortion before. I didn't know there were medical terminations and surgical terminations. I just had no understanding."

She said the medical abortion process through a GP was rushed and disjointed, and wished there was more information about what to expect during and afterwards, and the difference between medical and surgical abortions. She was never told that surgical abortion was an option. Looking back, she wished she had been given that option, as it would have been her preference.

She found the service expensive and didn't feel able to take time off work after the weekend appointment.

"I was in a really pressurised work situation, and so I actually never got any time off. I think that speaks to a whole range of issues particularly about gender relations in the workplace and what is taboo and what is acceptable personal leave."

~ Urban VIC, 27-year-old woman

Solutions - how can we end inequities in abortion care?

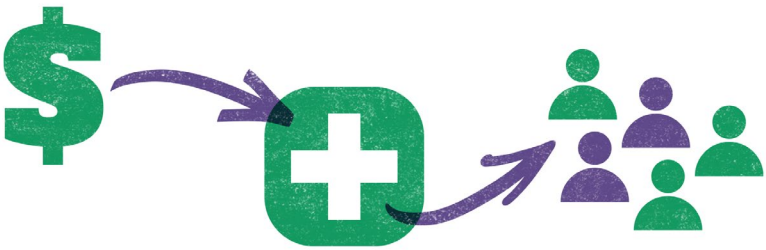
Removing barriers to abortion care will require a multi-pronged approach, ranging from data collection to workforce training. This resource has touched on some of the changes needed. However, with complex public health issues, it can be difficult to know where to start. With this in mind, here are the first two steps to focus on now so that Australia can move towards a future with equal access to abortion care.

1 Address affordability

Affordability is one of the most widely reported and distressing aspects of abortion care. Right now, people who are seeking abortion care need greater financial support to avoid delays, which cause distress and affect our communities.

In the longer term, there are several possible solutions to consider, including looking at Medicare's abortion care subsidies, PBS funding and private health reform agreements.

But action is needed now. This could include creating a national fund to provide financial support for pregnant people who want contraception or abortion but cannot afford their choice of health care and associated costs, including travel and childcare. The fund must be accessible, discreet and provide funding upfront in order to support all people who wish to access an abortion, including people on visas, and women in violent or financial abuse situations.



2 Establish a national taskforce on abortion care

We need a comprehensive plan to deliver the National Women's Health Strategy's commitment to universal access to sexual and reproductive health care, including abortion care. Without this, reforms will likely be piecemeal and maintain the undesirable postcode lottery that characterises abortion care in Australia.

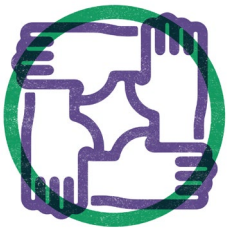
To create this plan, we need a national taskforce to review abortion care. The Federal Government should convene this with all states and territories, and involve experts including service providers and people with lived experience.

The taskforce should have a wide scope and consider medical and surgical abortion, and intersecting issues.

These include how to:

- **Embed abortion and contraception access in public health systems**
- **Expand access to all pregnancy options counselling services**
- **Evaluate and resource universal abortion and contraception access**
- **Address workforce needs and training, including stigma reduction**
- **Provide innovative models of care, including culturally safe abortion care**
- **Resolve the lack of national data collection**
- **Improve community health literacy, including education on relationships and sexuality**
- **Create Australian abortion care guidelines for medical professionals**
- **Harmonise legislation across states and territories**
- **Ensure Australia meets its sexual and reproductive rights obligations, such as those under the Committee on the Elimination of Discrimination against Women (CEDAW)**

Ultimately, the taskforce needs to provide solutions to these issues and clear actions to achieve them.



Conclusion

Abortion care in Australia is broadly inconsistent. In some instances, people feel as supported as possible when accessing this essential health care service. They are able to make the best personal choices and avoid unnecessary physical, emotional and financial distress.

For many other people, this is not the case. But it can be, if our governments work to bring down the abortion care barriers outlined in this resource.

There are immediate steps to take now, to tackle the barriers of affordability and lack of support and information for people seeking abortion care.

In addition, all Australian governments need to come together to work through the barriers to care and develop a clear path forward, so that anyone in Australia who seeks abortion care can access it in timely, compassionate and safe setting. It's in our National Women's Health Strategy. And it's in the interests of our people and our communities.

"She was so lovely. She just listened and said: 'This is your choice. You know what you need, you know your life, you know what you're capable of, and what you're doing isn't wrong. You're just making a decision.' She just said all the right things."

"It's free here in the NT. I feel like it's so so inclusive, you know, like there's really no barrier to accessing abortion. Obviously, distance is a barrier but you know you can access it if you can get there."

"The anaesthetist was really lovely. He explained everything, and he took into account that I was studying. He was really lovely."

Endnotes

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2 Figures that include all pregnancy capable people - including intersex, non-binary, and trans people are not collected - are not collected.

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AUSTRALIAN WOMEN'S HEALTH NETWORK

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