



the women's  
the royal women's hospital  
victoria australia

# Law Reform and Abortion Services

Chris Bayly

May 2010

# Abortion Law Reform Act 2008



the women's  
the royal women's hospital  
victoria australia

## Previously in Victoria:

- Unlawful abortion a crime
- Lawfulness determined by case law

## After law reform:

- A medical practitioner can do an abortion
- After 24 weeks specific considerations and two medical opinions required

## Constraints (not specified in Act):

- Professional practice
- Quality and safety
- Informed consent



# Clinical care

- Decision-making
- Counselling
- Medical assessment
- Choice of method
- Informed consent
- Follow up
- Contraception



# Abortion law reform and clinical care

Effect on women:

- Decision making unchanged
- Level of awareness of change unknown

Effect on practitioners and services

- Care the same
- Removal of doubt/grey areas
- Focus on woman's needs
- Relief

# Improving clinical care



the women's  
the royal women's hospital  
victoria australia

Prevention and health promotion

Access to services

Evidence based service development

Monitoring

Research

Teaching/training/continuing education

# Prevention and health promotion



the women's  
the royal women's hospital  
victoria australia

## Barriers:

- Lack statewide or national strategy for education and health promotion

## Progress:

- Sexual and Reproductive Health as a health promotion priority in Victoria

## Challenges

- Requires cultural change and professional and community comfort



# Access to services

## Barriers:

- Legal uncertainty (resolved)
- Dependent on local commitment to service provision
- Information variable
- Geographic variation

## Progress:

- Law reform removes legal doubt as barrier to consistent policy development
- Requirement to refer

## Challenges:

- Gap/ needs analysis required
- Policy and service development to follow

# Evidence based service development



The women's  
the royal women's hospital  
victoria australia

## Barriers:

Legal uncertainty (resolved)

Lack of local research (dependent on international)

In some jurisdictions specific legal barriers to medication abortion

Previously mifepristone (RU486) special case



# Evidence based service development **2**



the women's  
the royal women's hospital  
victoria australia

## Progress:

- Development of guidelines
- Mifepristone (RU486) regularized (TGAct amendment)
- Introduction of medication abortion in Victoria (authorized prescribers)
- Law reform removed legal doubt as a disincentive to focus on this area

## Challenges:

- Still awaiting pharmaceutical application
- Plan for necessary service reorganization for statewide access



# Monitoring

## Barriers:

- Legal uncertainty (resolved)
- Easier to count procedures than purposes

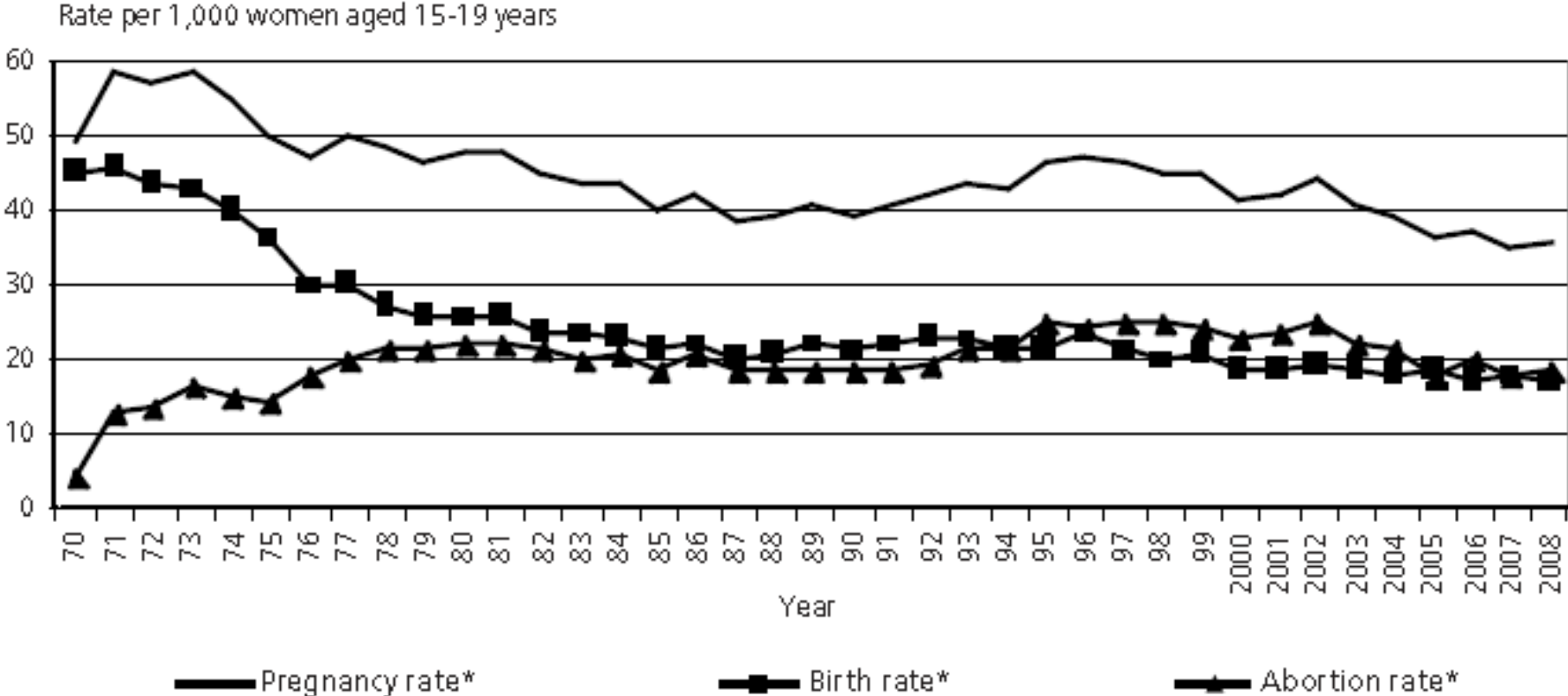
## Progress:

- Formal monitoring in SA, WA, ACT
- National estimates based on Medicare data and hospital admissions and procedures (AIHW)
- Law reform removed legal doubt as a barrier to focussed data collection

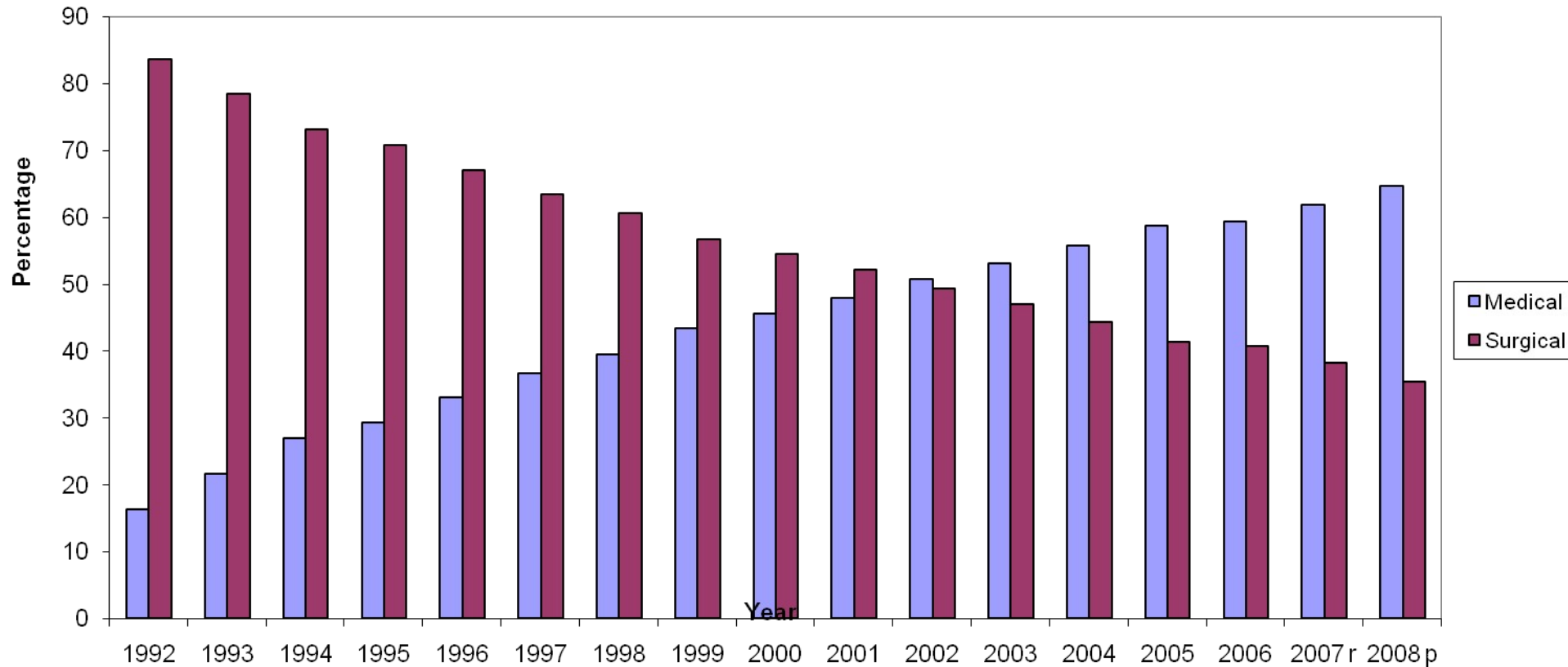
## Challenges:

- Medicare/procedure data include miscarriage
- Not all women claim on Medicare
- Different data collection for public and private
- Introduction of new non-procedural methods
- Variation between states

# Teenage pregnancy, abortion and birth rates, South Australia 1970-2008



## Abortions performed in Scotland by method, 1992-2008<sup>p</sup>



1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

p Provisional.

Source : Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

ISD Scotland



# Research

## Barriers:

- Legal uncertainty (resolved in Vic)
- Attitudes a barrier to funding
- Experience inhibiting (1994 WHO study)

## Progress:

- DHS commissioned on pregnancy advisory service
- ARC funded project on reasons
- Law reform removes legal doubt as a barrier to research support
- New methods new options

## Challenges:

- Attract interest and funding



# Teaching/training/continuing education

## Barriers:

- Legal uncertainty (resolved in Vlc)
- Hospital and individual dependent

## Progress:

- Increasing acceptance on conference and continuing education programs
- Law reform removes legal doubt as a barrier to inclusion in routine curricula
- Law reform allows recognition as health issue

## Challenges

- Conscientious objection
- Complacency?
- Consistent inclusion in curricula (national)
- Adequate mentoring and succession planning



# Summary 1

## **Abortion law reform took place against a background of change:**

- Community and health professional culture and attitudes
- Developing international evidence base
- Organizational policy positions
- Openness about abortion

**These changes contributed to an environment which made law reform an appropriate response to support improvements in health and health care.**

# Summary 2



the women's  
the royal women's hospital  
victoria australia

The Abortion Law Reform Act has removed a substantial set of barriers to improving the spectrum of clinical care from prevention through services to monitoring, research and training.

Substantial challenges remain to ensure a comprehensive and consistent approach to this health issue in all its dimensions; this requires collaborative policy, service delivery and educational responses.



# Conclusion



the women's  
the royal women's hospital  
victoria australia

## Treating abortion as a health issue

Prevention not prohibition

Optimizing access to maximize safety

Choice of methods not restriction

Data, monitoring and research, not guesswork

Training for future safe service provision