

BALLARAT COMMUNITY HEALTH POSITION STATEMENT: TERMINATION OF PREGNANCY

Background

Ballarat Community Health provides a range of sexual and reproductive health services to people across Ballarat and surrounding areas and is committed to ensuring that people in our catchment can access all essential health services, including contraception and termination of pregnancy (abortion).

Ballarat Community Health recognises:

- that the health status of a person is enhanced when safe and reliable methods of fertility regulation, including contraception and termination of pregnancy, are readily available
- that a supportive legal environment is necessary for a person to be able to exercise their reproductive rights including access to safe termination of pregnancy services
- that access to termination of pregnancy services in the Grampians region is inequitable (Keogh et al, 2017). People who are socially, economically and geographically disadvantaged face greater barriers to accessing a termination of pregnancy than people with financial means living in a city

Ballarat Community Health position

Ballarat Community Health strongly supports a person's right to accurate, unbiased sexual and reproductive health information – including options counselling – to support their informed decision-making and health and wellbeing.

Ballarat Community Health is a pro-choice organisation supporting the right to safe, legal and affordable termination of pregnancy. Access to these services is a fundamental human right and an important public health issue. Ballarat Community Health provides services consistent with the Abortion Law Reform Act 2008 and supports a person's right to access healthcare within this legal framework.

As part of our commitment to ensuring that all people in our catchment can access reproductive health care, we are committed to ensuring that people are supported to make informed reproductive choices, free from coercion, delay or other barriers to timely access.

Conscientious objection

Ballarat Community Health upholds the right of health practitioners to practice within the constraints of their personal values, however those constraints must not impact any person's access to any health service including termination of pregnancy. Consistent with the Ballarat Community Health commitment to provide sexual and reproductive health care, and with the Abortion Law Reform Act 2008, employees who have a conscientious objection to providing termination of pregnancy are required to:

1. inform the person that they have a conscientious objection to termination of pregnancy

2. refer the person to another registered health practitioner in the same regulated health profession who the practitioner knows does not have a conscientious objection to termination of pregnancy
3. take whatever steps are necessary to ensure the persons access to care is not impeded, including organising any assessment required prior to referral (e.g. assessment of gestation by ultrasound), if not doing so would lead to any delay in the person accessing those services
4. continue to treat the person with dignity and respect, even if the practitioner objects to the treatment or procedure the person is seeking
5. refrain from expressing their own personal beliefs to the person in a way that may cause them distress
6. discuss this with their manager and establish an agreed upon referral pathway that will ensure the person's needs are met

Definitions

Reference	Definition
Abortion Law Reform Act 2008	In Victoria, the Abortion Law Reform Act 2008 decriminalised abortion and set out guidelines for when an abortion can take place. A pregnant person can access abortion up to a gestational limit of 24 weeks. Beyond 24 weeks, a medical practitioner can provide an abortion if another medical practitioner agrees that an abortion is appropriate in all the circumstances.
Conscientious Objection	Allows registered health practitioners to refuse to provide abortion services if they have a moral or religious objection to doing so. Under Section 8 of the Abortion Law Reform Act 2008 health professionals with a conscientious objection to abortion are obligated to refer the person to another provider in the same health profession who does not object.
Medical Abortion	Medical abortion is available up to 63 days gestation (9 weeks), and involves a miscarriage induced by two medical agents: Mifepristone, a synthetic steroid with anti-progestogen activity, and Misoprostol, a prostaglandin analogue. When Mifepristone and Misoprostol are used for medical abortion up until 63 days gestation, the overall success rate is around 96% (Goldstone et al, 2017).
Surgical Abortion	Known as suction aspiration or suction curette, surgical abortion involves removing the lining and contents of the uterus. Surgical abortion is safe and 98-99% effective (Kapp & Lohr, 2020).

For more information contact:

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Reference list

Abortion Law Reform Act. 2008 <https://www.legislation.vic.gov.au/in-force/acts/abortion-law-reform-act-2008/005>

Goldstone P, Walker C, Hawtin K. Efficacy and safety of mifepristone-buccal misoprostol for early medical abortion in an Australian clinical setting. Aust N Z J Obstet Gynaecol 2017;57(3):366–71. doi: 10.1111/ajo.12608.

Keogh, L., Croy, S., Newton, D., Hendron, M. & Hill, S. (2017). Rural GPs and unintended pregnancy in the Grampians Pyrenees and Wimmera Regions. Available at: https://whg.org.au/wpcontent/uploads/2019/08/Unintended-Pregnancy-Grampians_2017_-_Final.pdf

Kapp, N. & Lohr, P. Modern methods to induce abortion: Safety, efficacy and choice. Best Practice & Research Clinical Obstetrics and Gynaecology 63 (2020) 37-44