

17 December 2024

The Hon. Ryan Park, BEd (Hons), MEd MP
Minister for Health, Minister for Regional Health, and
Minister for the Illawarra and the South Coast
GPO Box 5341
SYDNEY NSW 2001

By email: keira@parliament.nsw.gov.au

Women's Access to Reproductive Healthcare

Dear Minister Park,

Women's Health NSW (WHNSW) and our members, 22 women's health centres and special purpose services across NSW, strongly support making improvements to the way that abortion access is being managed across NSW.

That executives can manage out abortion access from public health institutions, as uncovered by the recent ABC investigationsⁱ, must be condemned in the strongest terms. The NSW *Abortion Law Reform Act (2019)*ⁱⁱ was not intended to benefit ideological decision-making, but to protect individual health practitioners. However, this was not meant to be at the expense of equal access to abortion for women across this state.

Despite abortion being legal in every Australian jurisdiction, women continue to expect stigma and discrimination when accessing this essential reproductive healthcare. A recent study found "two thirds of participants reported apprehension about judgement from healthcare providers or anticipated needing to justify their decision to their provider."ⁱⁱⁱ The impact of being turned away from a public hospital upon the woman's reproductive decision-making and future help-seeking cannot be overstated.

Being turned away from a public hospital also means higher out-of-pocket costs for women. As research into the affordability of abortion in 2017 found, "[a]bortion costs are substantial, increase at later gestations, and are a financial strain for many women"^{iv} and this continues to be the case in 2024. For example, there can be higher out-of-pocket costs associated in accessing abortion through a private clinic. Delays caused by turning women away also "limit the choices of abortion seekers between abortion types"^v forcing women into more expensive options through no fault of their own. For rural and regional women denied service at their

local hospital, accessing abortion elsewhere often comes with additional expenses relating to travel, accommodation, securing childcare, and lost wages.

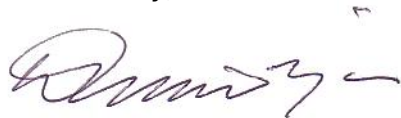
The establishment of a brokerage fund for women forced to use the private sector is an immediate requirement. Such a fund could be managed by existing women's health centres who currently resort to raffles and other fundraising to provide this vital financial assistance in an ad hoc manner.

It is our view that the best way forward is to mandate that all NSW public hospitals provide women under 22 weeks gestation with access to timely and low-cost surgical abortions without limitation. This should sit alongside public hospitals providing surgical abortion, as mandated in the Act, to women over 22 weeks gestation. There is also a need for improved pathways for medical abortions across the state. WHNSW and our members strongly support nurse practitioners and endorsed midwives being able to prescribe abortion pills, MS-2 Step, for early medical terminations prior to nine weeks gestation.

WHNSW also supports the establishment of Reproductive Healthcare Clinics that have a broader remit to enhance the knowledge and services of the mainstream health system. Services should have expert knowledge on a broader range of women's health issues that relate to their reproductive and sexual health care such as endometriosis, interconception and interpregnancy care, pelvic pain, menopause and access to contraception, for example.

We thank you for your attention to these urgent matters affecting women's health.

In solidarity,



Denele Crozier AM
CEO, Women's Health NSW

ⁱ <https://www.abc.net.au/news/2024-11-08/orange-hospital-to-restore-abortion-services-after-investigation/104577744> and <https://www.abc.net.au/news/2024-11-15/surgical-abortions-at-queanbeyan-hospital-to-be-reinstated/104603266>

ⁱⁱ <https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-2019-011>

ⁱⁱⁱ Wickramasinghe, S., Fisher, J. & Taft, A. (2024). Experiences of abortion care in Australia: a qualitative study examining multiple dimensions of access. *BMC Pregnancy Childbirth* **24**, 652. <https://doi.org/10.1186/s12884-024-06758-8>

^{iv} Shankar, M., Black, K. & Goldstone, P. (2017). Access, equity and costs of induced abortion services in Australia: a cross-sectional study. *Australian and New Zealand Journal of Public Health*, **41**, 3, <https://doi.org/10.1111/1753-6405.12641>

^v Wickramasinghe, S., Fisher, J. & Taft, A. (2024). Experiences of abortion care in Australia: a qualitative study examining multiple dimensions of access. *BMC Pregnancy Childbirth* **24**, 652. <https://doi.org/10.1186/s12884-024-06758-8>