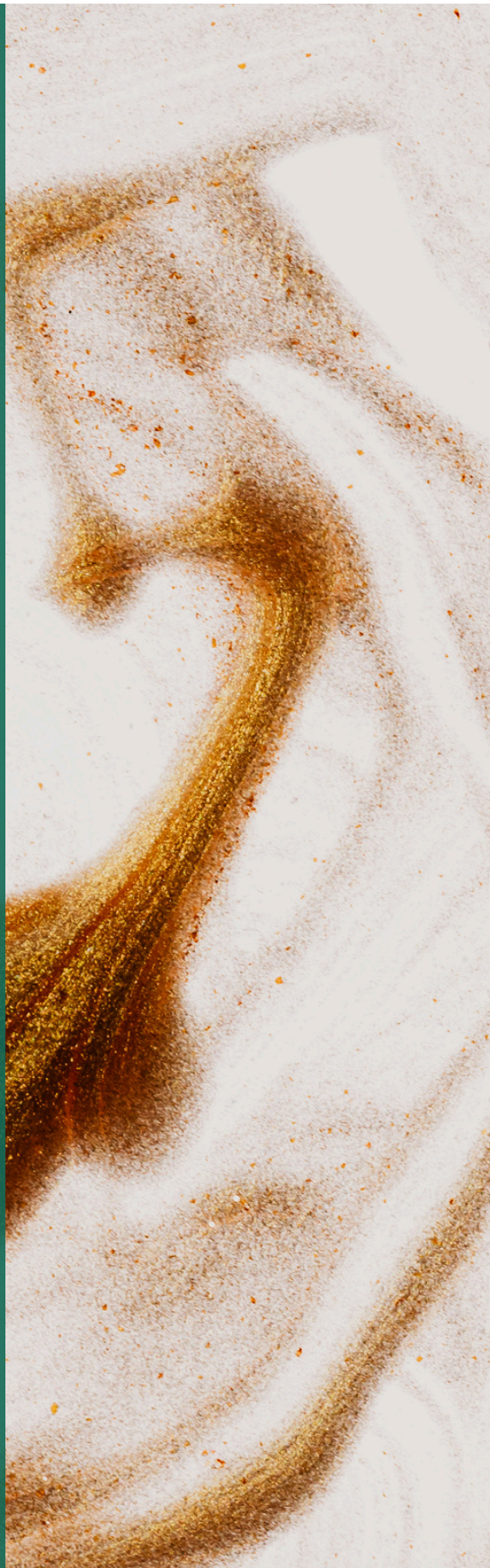
Working with Women Alliance

POLICY BRIEF

ABORTION ACCESS IN AUSTRALIA



NOVEMBER 2025

Submitted by:
Gemma Killen
Director, National Women's Equality Portfolio
Working with Women Alliance
Gemma.killen@nwea.org.au

Acknowledgement of Country

The National Women's Equality portfolio, as part of the Working with Women Alliance (WwWA), acknowledges the Traditional Owners of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land. We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.

About Us

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact. We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.

About the Artist
Sheri Skele, also known as Bigi Nagala, a proud Bidjara woman and contemporary Aboriginal artist, explores an d shares her rich cultural tapestry, personal experiences, and healing aspirations.

Hailing from South West Queensland's vast Bidjara land, rich Indigenous cultural heritage, healing sites, pristine bushlands, lagoons, wildlife, and ancient waterways, Sheri's art captures this sacred landscape.

Executive Summary

In the last election, the Labor Party committed more than $573 million to improving women's healthcare in Australia. This commitment included the addition of new contraceptives to the PBS, lower costs and better access to long-term contraceptives, more support for menopause health assessments and therapies and more endometriosis and pelvic pain clinics across the country. Since the election, the Albanese Government have actioned these commitments and have expanded the definition of infertility so that women in same-sex relationships and single women are able to access Medicare rebates for the use of assisted reproductive technology such as IVF. The Federal Government, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO), are also providing free period products to remote First Nations communities.

This action has demonstrated a significant commitment to improving reproductive health and ensuring access to reproductive care. However, there has been little policy or legislative work done by the Federal Government to ensure termination and abortion care are more accessible and affordable in Australia. This policy brief addresses this gap and makes clear recommendations to Government to ensure everyone in Australia can access safe and affordable termination services.

While the governance of abortion provision is a state and territory matter, there are health systems and funding reforms the Federal Government can engage to improve cost and access. The suggested reforms presented here consider abortion provision to be an essential part of a broader health system. The policy paper was developed and informed by the Working with Women Alliance's Reproductive Care Working Group, whose membership consists of experts working in healthcare, service provision and research and data collection.

Recommendations

1. Develop National Standards for Abortion Provision
2. Collect Data and Monitor Service Provision and Access
3. Reduce Cost of Abortion Services
4. Improve Workforce Development and Training
5. Improve Access for Marginalised Communities

Policy Principles and Priorities

The recommendations and policy priorities identified in this brief are shaped by a set of underpinning principles. Through these principles, we aim to centre the experiences of those most affected by barriers to reproductive care and establish a framework for policies that prioritise safety and equality. The universal principles underpinning this policy paper are:

- Person-centred care
- Trauma-informed care
- Reproductive justice
- Intersectionality
- Human rights
- Access to information
- Accessible care

At the forefront of this policy brief are three key priorities:

1. Ensuring access to abortion
2. Establishing clear definitions and shared language in relation to reproductive care and the provision of pregnancy terminations
3. Strengthening data collection and monitoring of service provision.

Together, these priorities highlight the need for a coordinated national approach to reproductive care in Australia.

Access to Abortion

Structural and social barriers limit who can obtain timely, affordable, and accessible abortion care in Australia. Abortion legislation in Australia varies by state and territory, affecting service access. Disparities relating to gestational limits, approval requirements, and provider authorisations create uneven access, making abortion services easier to obtain in some areas and more challenging in others. Inequality in access is entrenched by significant cost discrepancies and a lack of price transparency.

For migrant and refugee women, women with disabilities, and Aboriginal and Torres Strait Islander women, these barriers are compounded by a lack of culturally appropriate services. Taking steps towards equitable access means recognising and responding to these additional barriers, not only by expanding service provision but by embedding cultural safety and removing systemic discrimination within the health system.

Clear Definitions and Shared Language

Clear definitions and shared language surrounding reproductive healthcare are important for implementing policies that are nationally consistent, effective and genuinely supporting and person-centred. Without clear and consistent language, service seekers are left to navigate opaque systems with little guidance or care. For example, Reproductive coercion and abuse (RCA), can be interpreted differently across settings, despite its profound and personal impacts. As a specific form of family and sexual violence, RCA can be defined as behaviour that deliberately interferes with a person's reproductive autonomy – such as restricting access to care, using intimidation to influence personal health decisions, or forcing unwanted procedures.[i] Typically perpetrated by men against women, such behaviour can manifest as either pregnancy-promoting and pregnancy-preventing and are often shaped by different cultural and community contexts. Without specific definitions in policy and legislation, service providers cannot identify or respond to potential harms.

Similar challenges apply to the broad category of reproductive health. The term can be reduced to pregnancy or abortion alone, when it encompasses complete, physical, mental and social well-being in all matters relating to the reproductive system and its functions and processes.[ii] A holistic approach is essential for creating policies and services that respond to lived experiences, rather than reproducing siloed services.

Data Collection and Monitoring

There are critical data gaps in relation to the provision of abortion services in Australia, given there are no standardised data collection practices across states and territories. Different regulatory and reporting mechanisms across the country mean that it is difficult to reliably track access, outcomes, cost or service structure (public or private). There is also no nationally consistent data on wait times, geographic barriers, rates of conscientious objection or reproductive coercion. Put simply, this means we do not know where the access gaps are, or how to address them.

In 2023, the Inquiry into Universal Access to Reproductive Healthcare's report Ending the postcode lottery, recommended that the Government commission work to improve its collection and publication of statistical data and information regarding sexual and reproductive healthcare, particularly in relation to pregnancy terminations (recommendation 22).[iii] The Government's response to the report indicated support for this recommendation, however, their budget investments have primarily flowed towards data collection in relation to early pregnancy loss and miscarriage.[iv] Without foundational data infrastructure, it is impossible to design targeted interventions, allocate resources effectively, measure policy impact, or hold systems accountable.

Privacy, Safety and Ethics

Given the sensitivity of abortion care, data collection must incorporate robust protections:

- Secure data storage with strict de-identification protocols
- Transparent governance frameworks explaining who has access to data, for what purposes, and with what safeguards
- Careful reporting of aggregate data to prevent identification of individuals or small communities
- Trauma-informed consent processes that recognise potential harms of data collection itself
- Data sovereignty and governance protocols that recognise the rights of Aboriginal and Torres Strait Islander people to the data the data that is produced about their lives
- Safety planning integrated into research protocols, particularly for those experiencing domestic or family violence or reproductive coercion.

Ethics must also consider the potential for research to be misused. Data collection should hold systems accountable for quality service provision, not reinforce deficit narratives about people seeking abortion or pregnancy care.

What Needs to be Measured

- Abortion service availability, accessibility, wait times, costs, and geographic distribution
- Rates of reproductive coercion
- Contraception access and affordability
- Impacts of conscientious objection on timely care
- Barriers faced by specific populations
- Quality of care, including respect, cultural safety, and person-centred approaches

South Australia is currently the only jurisdiction that routinely collects data on abortions. The Federal Government should commission the development of a comprehensive framework that establishes principles, standards and protocols for sensitive reproductive data collection, storage, dissemination and use across jurisdictions and sectors. This could be modelled on the South Australian approach and existing data collection approaches in sensitive health areas, such as HIV surveillance or family violence protocols.

Key Barriers to Access

Cost

The financial burden of reproductive care broadly and abortion care specifically is significant and unevenly distributed, shaping access to essential services across the country. The cost of an abortion varies across jurisdictions, between providers and by type and complexity of procedure. In some parts of the country, the abortions are primarily performed by private providers, making costs substantially higher. Even within jurisdictions, specific cost estimations are hard to find.

For example, private abortion provider, Marie Stopes International (MSI) has a cost estimation tool that predicts the cost of a medical abortion in NSW, inclusive of ultrasound and pain medication, to be approximately $645, with a potential Medicare rebate between $40-$90. This cost can be reduced to around $450 for a telehealth abortion without an ultrasound. MSI estimates that the lowest possible cost for a surgical abortion before 14 weeks with Medicare is $805, but after 14 weeks can be as high as $3,850 without Medicare. There are currently no Federal tools to identify, track or navigate these costs, which means there are few ways to ameliorate them and ensure access.

While Medicare subsidises some costs, coverage of consultations, ultrasounds, pathology and follow-up appointments is inconsistent, leading to high out-of-pocket expenses. In some cases, women experiencing miscarriages or wanting abortions are denied care in public hospitals and instead forced to pay significant costs at private abortion clinics.[v] Medicare rebates themselves reflect gender bias – for example, pelvic ultrasounds attract lower rebates than scrotal ultrasounds.[vi]

These expenses rarely exist in isolation. Travel, childcare, accommodation and lost wages frequently double or triple the overall cost of accessing care, particularly for those living in regional and remote areas.[vii] Accessing abortion care can mean time away from work, due to wait times for appointments and lengthy recovery periods.[viii] Many face difficulties with insufficient sick leave, sometimes needing to use annual leave or unpaid leave instead which can lead to financial hardship, especially for those in precarious work. Those without Medicare eligibility, including individuals on temporary migration schemes[ix], face even greater financial impact.

The Australian Government knows very little about who bears these costs. A 2017 Australian study found that more than two in three people receiving abortion procedures needed financial assistance.[x] The same study found that people who travelled more than four hours to receive the procedure, had little existing knowledge of abortion, were experiencing financial insecurity or were Aboriginal and/or Torres Strait Islander, were more likely to receive abortions at later gestations, and face significantly higher costs.[xi]

1. *ACT residents can access free abortions in the ACT, but residents of other states or territories must pay.*

Workforce Training

Access to abortion is determined as much by knowledge as geography or cost. Improving accessibility therefore requires investment in both workforce education and public health literacy, supported by federal leadership to reduce fragmentation.

Access to reproductive care depends on both workforce capability and community knowledge, which are interlinked. Abortion care is currently included in only half of Australian medical school curricula, and in some institutions, training remains optional[xii] or excluded altogether.[xiii] Clinical training opportunities are limited, disadvantaging students, nurses, midwives and junior doctors.[xiv] Further, research has identified shortcomings in education and training on emergency contraception for pharmacists, resulting in critical knowledge gaps and inadequate counselling practices.[xv]

Deficits in workforce training are acutely felt by people with a disability who report interactions with health professionals ill-equipped to communicate about reproductive health.[xvi] This promotes stigma and is a barrier to quality care. Women have reported rushed or judgmental interactions with healthcare staff, while others have spoken of the relief they felt when met with empathy and support on the same pathway to care. These contrasts highlight how access depends on the attitudes and knowledge of health professionals, and why better training and legal protections for providers are essential.

Stigma and Lack of Access to Information

Stigma shapes both awareness and quality of care. Women describe being judged or dismissed by doctors—told they would “regret” an abortion or congratulated on an unintended pregnancy.[xvii] Refused or censorious appointments leave people navigating complex decisions without support.[xviii] Some providers avoid offering medical abortion due to fear of stigma or protest at their clinics or workplaces.[xix] Limited community understanding of abortion services is a major barrier to care. Many people are unaware of available options or deterred by stigma and perceived system complexity.[xx]

Stigma affects communities in different ways, creating unequal barriers to reproductive care. Young people often report uncertainty about where to access sexual and reproductive healthcare and confusion around consent laws.[xxi] They also fear judgment when raising sexual health concerns.[xxii] People with disabilities may be denied even basic information about menstruation, restricting reproductive autonomy and self-advocacy.[xxiii] Further, medical ableism creates inaccessible facilities and equipment.[xxiv] For people with disabilities, negative attitudes from family or carers can lead to reproductive coercion.

Migrant and refugee communities face inadequate interpreter support, where euphemisms and lack of neutral terms can cause miscommunication.[xxv] Aboriginal and Torres Strait Islander people and LGBTIQA+ communities often avoid mainstream services due to exclusion and discrimination, despite limited specialist options.[xxvi] These barriers are not incidental but defining features of the reproductive care landscape. They shape who is safe to access essential healthcare in Australia.

Expanded Recommendations

1. Develop National Standards for Abortion Provision

1.1 Establish a national body responsible for reproductive healthcare education, implementation of existing reform commitments, and oversight of consistent national standards and principles.

1.2 Develop a National Sexual and Reproductive Health and Rights Strategy, drawing on international evidence of positive impacts.

1.3 Embed a primary prevention lens into reproductive healthcare planning to address the systemic and social drivers of poor health outcomes.

1.4 Develop treatment guidelines so there is national service consistency.

2. Collect Data and Monitor Service Provision and Access

2.1 Develop a National Reproductive Data Framework that balances privacy protection with public health need, in order to establish a national abortion data set with routine reporting from states and territories.

2.2 Adjust MBS item numbers to distinguish surgical abortion due to miscarriage or choice to terminate.

2.3 Fund the expansion and continuation of the Travel times to sexual and reproductive health services mapping project by Centre for Australian Research into Access and Deakin Rural Health.

2.4 Fund a national health literacy campaign to address misinformation and improve public understanding of reproductive health data.

3. Reduce Cost of Abortion Services

3.1 Require that all public hospitals that receive federal government funding provide medical and surgical termination services or establish timely and affordable referral pathways to local providers.

3.2 Expand funding for abortion services, prioritising regional and remote clinics.

3.3 Establish a national abortion telehealth service for information and delivery of abortion services, modelled on the New Zealand service DECIDE.

3.4 Ensure full Medicare coverage for abortion care.

3.5 Increase the number of Medicare-covered pregnancy options counselling sessions.

4. Improve Workforce Development and Training

4.1 Expand abortion training across the health workforce by mandating abortion education in medical and nursing curriculum, and extending training to nurses, pharmacists, and ACCHOs.

4.2 Develop streamlined practices and clearer referral pathways for GPs providing abortion care to reduce administrative barriers and improve patient outcomes.

4.3 Recognise, fairly compensate, and provide specialist training for interpreters, particularly on sensitive reproductive health topics.

5. Improve Access for Marginalised Communities

5.1 Fund and support ACCHOs to embed culturally safe sexual and reproductive health services.

5.2 Allocate resources to specialist LGBTIQ+ sexual health services for abortion specific care.

5.3 Establish dedicated travel grants for people who need to travel to receive abortion services and aren't eligible for jurisdictional patient travel schemes.

References

i. Laura Tarzia, Heather Douglas, Nicola Sheeran, 2022, Reproductive coercion and abuse against women from minority ethnic backgrounds: views of service providers in Australia, Culture, Health & Sexuality, https://pubmed.ncbi.nlm.nih.gov/33428538/

ii. World Health Organization, Reproductive health, https://www.who.int/southeastasia/health-topics/reproductive-health

iii. Senate Standing Committee on Community Affairs, 2023, Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia, Parliament of Australia, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report

iv. Australian Government, 2025, Australian Government response to the Senate Community Affairs Reference Committee Report: Ending the postcode lottery – Addressing barriers to sexual, maternity and reproductive healthcare in Australia, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Government_Response

v. Emma Pollard, 2025, The public hospital patients who ended up paying abortion clinics for miscarriage care, ABC News, https://www.abc.net.au/news/2025-09-23/qld-mater-miscarriage-care-catholic-hospital-abortion/105781022

vi. Claudia Long, 2024, Health specialists say biased Medicare rebates are costing women more, ABC News, https://www.abc.net.au/news/2024-04-04/medicare-bias-costing-women-more-mbs-schedule/103664726

vii. Sethini Wickramasinghe, Jane Fisher, Angela Taft, Shelly Makleff, 2024, Experiences of abortion care in Australia: a qualitative study examining multiple dimensions of access, https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06758-8

viii. Tom Hvala and Karin Hammarberg, 2025, The impact of reproductive health needs on women's employment: a qualitative insight into managing endometriosis and work, BMC Women's Health, https://pmc.ncbi.nlm.nih.gov/articles/PMC12060336/

ix. Australian Women's Health Alliance, 2025, Reproductive Health and Rights for PALM Scheme Workers – Statement, https://australianwomenshealth.org/2025/05/13/reproductive-health-and-rights-for-palm-scheme-workers/

x. Shankar, M., et al, 2017, Access, equity and costs of induced abortion services in Australia: a cross-sectional study, Aust NZ J Public Health, Vol 41(3), https://pubmed.ncbi.nlm.nih.gov/28110510/

xi. *Ibid.*

xii. Ronli Sifris and Tania Penovic, 2021, Barriers to abortion access in Australia before and during the COVID-19 pandemic, Women's Studies International Forum, https://pmc.ncbi.nlm.nih.gov/articles/PMC9756820/

xiii. Greta Skahill and Mridula Shankar, 2025, Factors that affect the provision of medical abortion services in Australian primary care: a mixed methods systematic review, https://www.mja.com.au/journal/2025/223/2/factors-affect-provision-medical-abortion-services-australian-primary-care-mixed

xiv. *Ibid.*

xv. Ruth A Nona, Robin A Ray, Selina M Taylor, Beverley D Glass, 2025, Knowledge, attitudes, and practices of community pharmacists providing over-the-counter emergency hormonal contraception: a scoping review, The international journal of pharmacy practice, https://pubmed.ncbi.nlm.nih.gov/39550212/

xvi. Women with Disabilities Australia (WWDA), 2022, Towards Reproductive Justice for young women, girls, feminine identifying, and non-binary people with disability (TWGwD), Report from the TWGwD National Survey, https://wwda.org.au/wp-content/uploads/2022/11/Towards-Reproductive-Justice-for-young-women-girls-feminine-identifying-and-non-binary-people-with-disability-YWGwD.pdf

xvii. Mridula Shankar, Anisa Assifi, Shelly Makleff, 2022, In Roe v Wade's shadow, there's an urgent need to tackle abortion stigma in Australia, Monash University, https://lens.monash.edu/@medicine-health/2022/05/26/1384710/in-roe-v-wades-shadow-theres-an-urgent-need-to-tackle-abortion-stigma-in-australia

xviii. Georgia Hitch, 2023, Women share difficulties and stigma around accessing abortion care with Senate inquiry, ABC News, https://www.abc.net.au/news/2023-02-26/senate-inquiry-universal-reproductive-healthcare-abortion-access/102018234

xix. Felicity Nelson, 2018, What's stopping GPs from offering medical abortions?, The Medical Republic, https://www.medicalrepublic.com.au/whats-stopping-gps-offering-medical-abortions/2102

xx. Tiffany R. Phillips, Eric P. F. Chow and Jacqueline Coombe, 2023, *Emerging sexual and reproductive health in Australia and New Zealand: gaps, challenges and solutions*, https://www.publish.csiro.au/sh/pdf/SH23156

xxi. Helen Bittleston and Meredith Temple-Smith, 2025, What is needed to improve young people's access to sexual health care through primary care?, https://www.mja.com.au/journal/2025/222/9/what-needed-improve-young-peoples-access-sexual-health-care-through-primary-care

xxii. *Ibid.*

xxiii. Women with Disabilities Australia (WWDA), 2022, *Towards Reproductive Justice for young women, girls, feminine identifying, and non-binary people with disability (YWGwD),* Report from the YWGwD National Survey, https://wwda.org.au/wp-content/uploads/2022/11/Towards-Reproductive-Justice-for-young-women-girls-feminine-identifying-and-non-binary-people-with-disability-YWGwD.pdf

xxiv. *Ibid.*

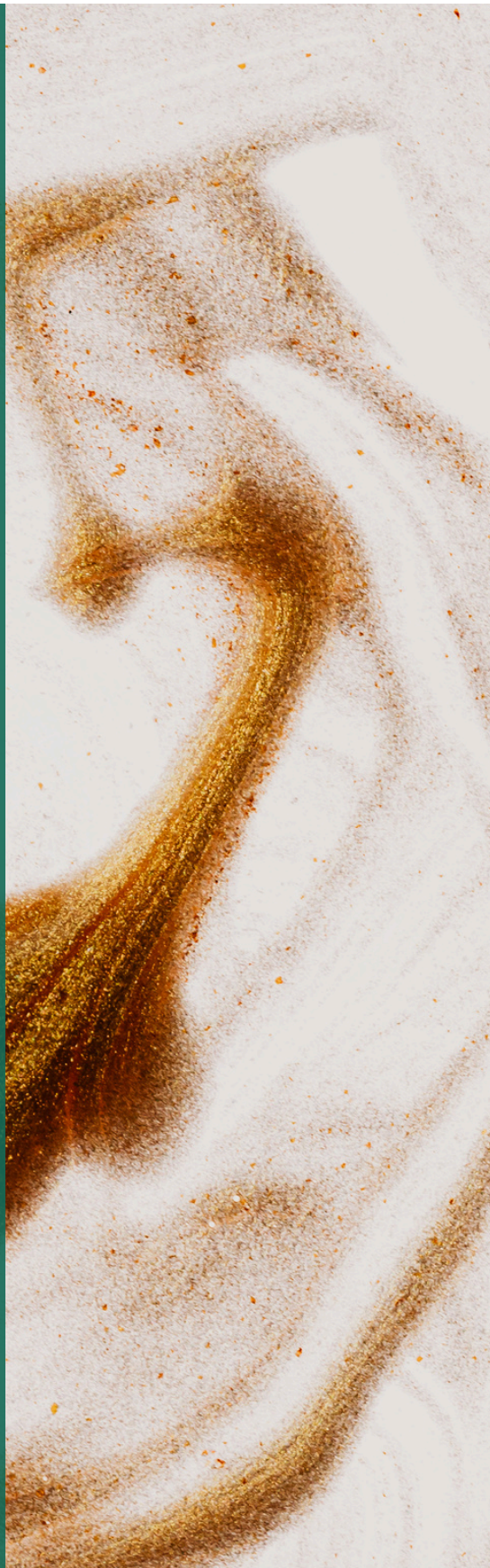
xxv. Michelle Kwan, Zakia Jeemi, Richard Norman, Jaya A R Dantas, 2023, *Professional Interpreter Services and the Impact on Hospital Care Outcomes: An Integrative Review of Literature*, International Journal of Environmental Research and Public Health, https://pmc.ncbi.nlm.nih.gov/articles/PMC10048935/#sec4-ijerph-20-05165; Viviane Lucia Fluck, 2019, *Socio-Linguistic Barriers to Discussing Sensitive Topics in Humanitarian Crises & Mental Health*

xxvi. National Aboriginal Community Controlled Health Organisation (NACCHO), 2022, Universal Access to Reproductive Health Care, https://www.naccho.org.au/wp-content/uploads/2024/01/Universal-Access-to-Reproductive-Health-Care_NACCHO-submission-1.pdf; Sally Bowler, Kari Vallury, Ernesta Sofija, 2023, Understanding the experiences and needs of LGBTIQA+ individuals when accessing abortion care and pregnancy options counselling: a scoping review, BMJ Sexual and Reproductive Health, https://pubmed.ncbi.nlm.nih.gov/36635070/

Working with Women Alliance

POLICY BRIEF

ABORTION ACCESS IN AUSTRALIA



NOVEMBER 2025

Submitted by:
Gemma Killen
Director, National Women's Equality Portfolio
Working with Women Alliance
Gemma.killen@nwea.org.au