Hon. Amber-Jade Sanderson MLA
Minister for Health; Mental Health

Via email: abortionlaws@health.wa.gov.au

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Ref: Abortion Legislation – Proposal for reform in Western Australia

Introduction

The Australian College of Midwives (ACM) is **the national peak professional body for midwives in Australia**. The ACM represents professional interests and supports the midwifery profession to enable midwives to work to full scope of practice. The ACM is also focused on ensuring better health outcomes for women, babies and their families. Midwives are primary care providers working directly with women, in public and private health care setting across all geographical regions (metropolitan, regional, rural and remote). There are over 36,000 midwives in Australia (3,246 in WA) of whom 908 are endorsed to prescribe scheduled medicines, of these 156 are based in WA[1].

The role of the midwife in abortion care

Midwives as primary health practitioners are well-placed to address issues regarding equity, accessibility, and availability of vital sexual and reproductive health services for women and their families, including health counselling and medical abortion. This is highlighted in the international definition of scope of practice for the midwife, which clearly articulates the role of the midwife in the provision of women's health, and sexual and reproductive health care:

'The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

***The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community**. This work should involve antenatal education and preparation for parenthood, **women's health, sexual or reproductive health (SRH)** and childcare. A midwife may practise in any setting including the home, community, hospitals, clinics or health units*[2].

In the Australian context this is also identified in the midwifery professional standards by the national regulator[3] for practice related to sexual and reproductive health care across a woman's lifespan:

Midwives are experts in the sexual and reproductive health space. The midwifery scope includes provision of women's health support, care and advice before conception, during pregnancy, labour, birth and the postnatal period.

The midwifery workforce is an underutilised resource that, if enabled in the WA setting, will play a crucial role in providing universal access to reproductive healthcare including counselling and medical abortion facilitating women's choice, agency and autonomous bodily control. Abortion care is health care, and as regulated health practitioners (as per the WA Dept of Health definition in the Abortion Legislation proposal for reform document) the provision of abortion care, which is within midwives' scope of practice, can be efficiently fulfilled by endorsed midwives in WA, thereby improving women's access to reproductive care which also upholds their human rights.

The Australian College of Midwives welcomes the Department of Health's 'Abortion Legislation – proposal for reform in Western Australia' and in this submission, the ACM concurs with the overall desired outcome of abortion legislation to improve access to safe and timely healthcare for women in WA via the following aims:

- enable reasonable and safe access to abortion; and
- regulate the conduct of health practitioners in relation to abortion

The ACM provides in this submission a comprehensive overview of the ACM's recommendations with regards to the options provided by WA Dept of Health as well as an overview of barriers to and corresponding solutions for women's health and freedom of choice. These solutions will not only improve health outcomes for women but will also facilitate woman-centred care in partnership with women by proactively recognising and facilitating the woman's right to her bodily autonomy.

Abortion Legislation – Proposal for reform in Western Australia

Informed consent and mandatory counselling requirements

ACM Supports Option 2*: Remove existing legislated provisions requiring mandatory counselling in order to obtain informed consent. Medical practitioners would continue to be required to obtain informed consent in line with existing standards of care and professional obligations.*

As indicated in the proposal the current legislation is inconsistent with other jurisdictions. It could also be a barrier to timely abortions and there may be limited opportunity for counselling in rural regional and remote areas.

Whilst the ACM supports option 2, we also strongly recommend that midwives as regulated health practitioners should also be able to provide counselling and access to medical abortion for women who wish to seek abortion if they so choose.

Midwives' expertise in primary care means that they are often the first profession a woman has contact with once she is pregnant. Counselling and education regarding contraception and abortion that is not provided at point of care is an opportunity cost for health optimisation and bodily autonomy. Counselling and education in this regard is within midwives' scope[4].

Limited access to a medical professional including GPs can also exacerbate lack of access to counselling, in particular for regional, rural and indigenous settings. It is critical that WA Health maximises it use of its health workforce, including midwives and nurse practitioners, to enable a

positive and timely opportunity for counselling for women who are seeking possible abortion if they wish it.

Midwives provide education to women and their partners along the continuum of childbearing from preconception care. This is essential for improving health literacy and health outcomes. A key feature of midwifery care is the provision of education to women and their families in and around the perinatal period. A core component of this education involves counselling on sexual and reproductive health (SRH). Ensuring women are informed and have access to evidence-based knowledge around SRH is a fundamental human right and an important step in enabling women to control their health outcomes.

Requirement for two medical practitioners to be involved before a woman can have an abortion

ACM Supports Option 2: *Amend provisions to allow only one health practitioner to be involved (excludes late abortions).*

As indicated in the proposal, the current requirements for two medical practitioners are a barrier to accessing time critical care, particularly if there is limited access to a medical professional. It also does not align with other jurisdictions and is costly for the woman. Western Australia provides limited medical abortion access therefore forming one of the so-called 'abortion deserts' of Australia[5]. Those living in rural and remote areas and who experience social disadvantage are disproportionately impacted by lack of access. Women are often unable to access the limited number of medical practitioners qualified to perform abortions. Currently, only 703 out of 34,000 GPs are certified to provide Medical Abortion and it is unclear how many of these are actually providing these services[6]. Given the limited access to medical practitioners who are also registered Mifepristone and Misoprostol composite pack (MS-2 Step) providers, women may need to wait up to 3-4 weeks for a medical abortion, which is a time critical procedure. Removing the requirement for two medical practitioners, to one health practitioner would reduce this barrier to care access.

The ACM also recommends a legislative amendment that allows endorsed midwives who are already living and working in the identified 'abortion deserts' of Australia to perform medical abortions. By undertaking the same credentialing and training required by medical practitioners (currently not available to midwives), these midwives will improve access and quality of care for women[7]. In Sweden, midwives are the primary care providers for medical abortion and there are national calls for similar models to be rolled out in Australia[6-9]. To improve access and remove barriers, legislative change is required. Currently abortion procedures are only able to be performed by medical practitioners.

Federal and jurisdictional recommendations required as follows:

- Legislative amendment which allows midwives to perform medical abortions
- PBS access for midwives prescribing Mifepristone/Misoprostol (MS-2 Step)
- Change to Drugs and Poisons Act in some states to facilitate the prescribing of MS-2 Step by endorsed midwives
- In very remote regions enable authority dispensary to ensure timely access to medical abortion by women living in these areas
- Additional MBS midwife numbers for necessary pre and post-abortion consultations
- Education to enable midwives to develop and practise the required skillset; this could be achieved through universities incorporating abortion education in midwifery programs.
    - Government funded scholarships for training
- Ability for midwives to refer to counselling and psychology services (if the woman so chooses)

- Full access to MBS items for diagnostic investigations required (ultrasounds and pathology)

Conscientious objection

ACM Supports Option 2: *Provide updated provisions to allow health practitioners to conscientiously object with clear and unambiguous directions to refer the patient to another health practitioner who is willing and able to provide abortion care.*

The ACM agrees with the information provided for this legislative regulatory change.

Women have the right to safe and timely health care, and this includes abortion care. This regulatory option provides for this and allows women to seek abortion in a timely manner. In rural, regional and remote settings the time-critical nature of the above is exacerbated. Women's bodily autonomy is paramount and thus women have the right to referral to another health practitioner.

Additional requirements for late abortions Gestational limit of 20-weeks

ACM Supports Option 2: *Increase the gestational age at which additional requirements will apply from 20 weeks to 24-weeks' gestation.*

The ACM agrees with the information provided and rationale for this legislative regulatory change.

Ministerial Panel decision maker in late abortions

ACM Supports Option 2: *Remove the requirement for members of a Ministerial Panel to approve abortions beyond the gestational age limit (i.e. late abortions) but require an additional medical practitioner to be consulted.*

The ACM agrees with the information provided and rationale for this legislative regulatory change.

Regulatory options in relation to health service approval to perform late abortions

ACM Supports Option 2*: Remove the requirement for Ministerial approval for a health service to perform late abortions.*

The ACM agrees with the information provided and rationale for this legislative regulatory change.

Conclusion

ACM supports each of the recommended legislative changes as outlined in the proposal.

These legislative changes will empower bodily autonomy for women, they will increase women's choice and reduce barriers to abortion care. Abortion care is primary care and women should not need to access the hospital setting for many abortion choices. Health practitioners, including endorsed midwives and nurse practitioners in WA, are well placed to be a key workforce solution to increasing access to reproductive healthcare services for all women and their families. Midwives' full scope of practice includes sexual and reproductive health care including pre-conception care counselling and

contraception prescribing for endorsed midwives. The endorsement for scheduled medicines for midwives clearly provides increased workforce accessibility at low cost, in existing underrepresented locations such as rural, remote and indigenous settings. A legislative change to allow endorsed midwives to provide medical abortion would improve women's choice and agency over their bodies and improve health outcomes throughout WA, particularly in the rural, remote and indigenous settings.

The Australian College of Midwives welcomes the Department of Health's 'Abortion Legislation – proposal for reform in Western Australia' and ACM concurs with the overall desired outcome, for abortion legislation reform to improve access to safe and timely healthcare for women in WA.

For your consideration

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