A new medical abortion service for targeted vulnerable populations in a publicly funded sexual health service in Sydney, Australia

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Background
Abortion care is not routinely available in NSW public hospitals nor do many districts have public-facing or clear referral pathways. In February 2024, Sydney Local Health District's (SLHD) Department of Sexual Health Medicine (DSHM) commenced a free medical abortion service for target populations, including people who are age <25 years, Indigenous, trans and gender diverse, sex workers, inject drugs, post sexual assault, or Medicare-ineligible.

Method
Retrospective file review of people who attended SLHD DSHM for medical abortion during 1 February 2024 – 1 September 2025.

Results
Twenty-five patients attended SLHD DSHM for medical abortion care since service implementation. Half were referred from other local health services: youth (7/25, 28%), early pregnancy and assessment (3/25, 12%), emergency (2/25, 8%), Aboriginal medical (3/25, 12%). Most patients were age <25 years (19/25, 76%) with age range 15-38 years. Eight patients were Medicare-ineligible (32%), three patients were Indigenous (12%), and one patient was a sex worker (4%). Psychosocial screening rates were 76% for partner violence and reproductive coercion, and 84% for mental health. Except for one patient lost to follow-up whose abortion outcome remains unknown, all patients had successful medical abortion with no continuing pregnancy (19/25, 96%). Complications were minimal; one patient had retained products of conception managed by misoprostol treatment, and one patient attended emergency services for heavy vaginal bleeding that did not require any intervention. Most patients (17/25, 68%) initiated post-abortion contraception whilst under our care: contraceptive implant (5/17, 29%), intrauterine device (3/17, 18%), depot injection (1/17, 6%), combined oral contraceptive pill (4/17, 24%), progestogen-only pill (4/17, 24%).

Conclusion
It is feasible and safe for publicly funded sexual health services to expand service delivery to include medical abortion provision. This would especially benefit vulnerable groups who are at highest risk of unintended pregnancy. Effective contraception provision is an essential component of abortion care.

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