Disclosures: I have no interests to disclose.

Taking action to push against abortion stigma in the health system

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The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

The University also acknowledges and is grateful to the Traditional Owners, Elders and Knowledge Holders of all Indigenous nations and clans who have been instrumental in our reconciliation journey.

We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Indigenous colleagues and partners.

In making this Acknowledgment of Country we commit to respectful and responsible conduct towards all others according to the Traditional lores of this land, particularly at times of formal ceremony.

Outline

Part 1: Abortion seeker experiences

Part 2: Strategies to address stigma

Part 1: Pathways to care

Front desk

Sonography

Pharmacist

Public hospital/emergency

GP

Pathology

Abortion prescriber / provider

Nurse/midwife, counsellor

“Typologies of interactions between abortion seekers and healthcare workers in Australia: a qualitative study exploring the impact of stigma on quality of care.” *BMC Pregnancy and Childbirth* (2023).

Top 5 most impactful behaviours

(Survey of 299 healthcare workers in Australia)

1. Provider does not refer, delays referral, inappropriate referral (n=230)
2. Provider gives false/inaccurate abortion information (n=195)
3. Pharmacist does not supply MS2STEP / Does not provide alternative location with stock (n=168)
4. Receptionist obstructs or delays (n=160)

Obstruction

5. Communicates in cold, unfriendly, judgemental way (n=122)

Stigmatising communication

Makleff S et al. "Strategies to reduce abortion stigma in the healthcare workforce". Oral presentation (ASHM, September 2025).

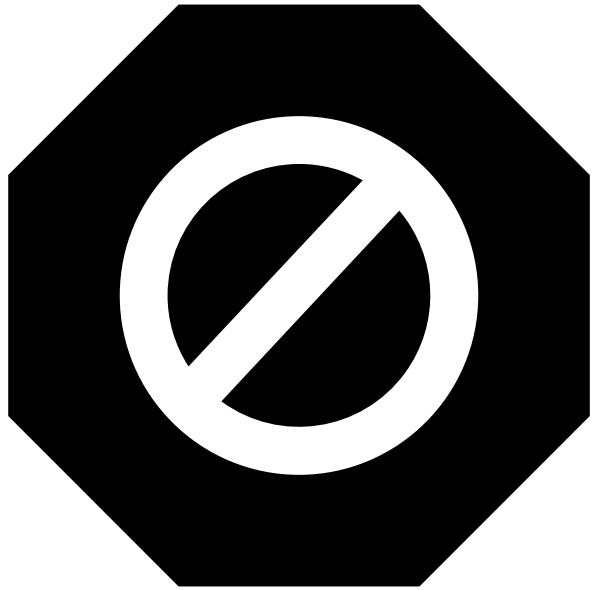
Conscientious objection vs obstructive behaviour

- Australian jurisdictions impose referral requirements (active or passive) for conscientious objectors [2]
  - Some refer respectfully
  - Some don’t refer at all
- Conscientious objectors aren’t the only ones obstructing care [3,4]

1. Wicclair, M.R. (2011) *Conscientious Objection in Health Care: An Ethical Analysis*. Cambridge University Press. **2.** Haining et al (2022) Abortion law in Australia: Conscientious objection and implications for access, *Monash University Law Review*, vol. 48, iss. 2. **3.** Brown, J., et al. (2021) *Factors influencing practitioners' who do not participate in ethically complex, legally available care: scoping review.* BMC Med Ethics, 22(1). **4** Keogh et al. Conscientious objection to abortion, the law and its implementation in Victoria, Australia: perspectives of abortion service providers, BMC Medical Ethics (2019).

Obstruction has many forms

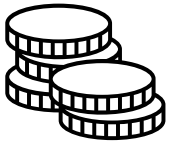
- Misinformation
- Attempts to delay care
- Refusal of care
- No referral / inappropriate referral
- Inappropriate/incomplete work-up
- Unnecessary appointments
- Not referring to available public service
- Questioning / dissuading / threats
- Denying or forcing contraception (reproductive coercion)



1. Keogh et al (2019) Conscientious objection to abortion, the law and its implementation in Victoria, Australia: Perspectives of abortion service providers. *BMC Medical Ethics*, vol. 20, iss 1.
2. Makleff S et al. "Typologies of interactions between abortion seekers and healthcare workers in Australia: a qualitative study exploring the impact of stigma on quality of care. *BMC Pregnancy and Childbirth* (2023).

Impacts of obstruction

- Distress
- Reduced health seeking
- Distrust of health system
- Delayed access
- Higher costs
- Time away from work / family
- Time delays mean medication abortion / abortion no longer an option due to gestational limits



Vallury et al. Systemic delays to abortion access undermine the health and rights of abortion seekers across Australia (2023).
Sorhaindo AM Lavelanet AF. Why does abortion stigma matter? A scoping review and hybrid analysis of qualitative evidence illustrating the role of stigma in the quality of abortion care (2022) Soc Sci Med. 2022 Oct;311:115271

Recommendations to address abortion stigma

(Survey of 299 healthcare workers in Australia)

Normalise abortion as routine care

- Standardised guidelines and resources
- Medical education
- Clinician skills training
- Values clarification

Improve referral pathways

- Centralised repository of pathways and providers
- Conscious hiring
- Regular ongoing education for all staff on referral pathways

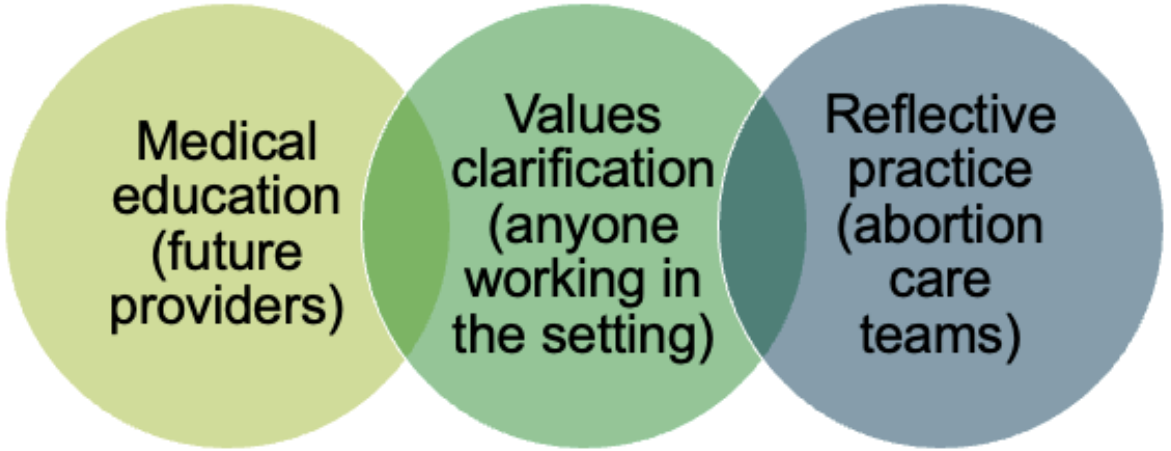
Incentivise quality / penalise obstruction

- Embed quality into audit and accreditation cycles
- MS2STEP stocking mandatory
- Reporting mechanisms for obstruction
- Sustainable funding models

Part 2: Individual and workplace solutions to address stigma

1. **Define, monitor, and regulate medical professionalism**

2. Workforce support and development



Define: Minimum professional referral standards

Refusal to refer	Unprofessional referral	Minimum standard for referral	Person-centred referral
• Does not comply with professional and legal obligations • Delays or denies abortion care • Centres needs and beliefs of provider over those of pregnant person	• Barely complies with obligation to refer • Can still delay or obstruct • Does not facilitate access to care • Centres needs and beliefs of provider over those of pregnant person	• Complies with legal obligation to refer • Made in a timely manner • Made to a high-quality and willing alternative provider • Professional and non-judgemental communication • Balances provider comfort with pregnant person's rights	• Empathic, friendly, non-judgmental communication • Proactively support access to timely, high-quality abortion care • Centres needs and preferences of pregnant person

Makleff, Merner, Black, Keogh. Reducing unprofessional practices in referrals to abortion care: proposing a minimum professional standard. MJA (2025)

Monitor: Capturing Obstructive Behaviour (COB) study

Knowledge gap: We lack information about nature, scope, patterns, geography of obstruction

Project aim: To develop an online tool for healthcare workers to report cases of obstruction of abortion care anonymously

Assumptions:

1. Abortion seekers are being obstructed across the health system
2. Healthcare workers hear about patient obstruction experiences
3. Some healthcare workers will report obstruction

Tool adapted from Care Post Roe tool (UCSF, USA); OSF Pre-registration: https://osf.io/e4jb7

Evaluation of one-month pilot

Importance: “Good to capture this. As we so often hear about [obstruction] but have little avenue to do anything if abortion seeker doesn’t want to proceed with any formal complaints.”

Empowerment, validation, catharsis and/or relief:

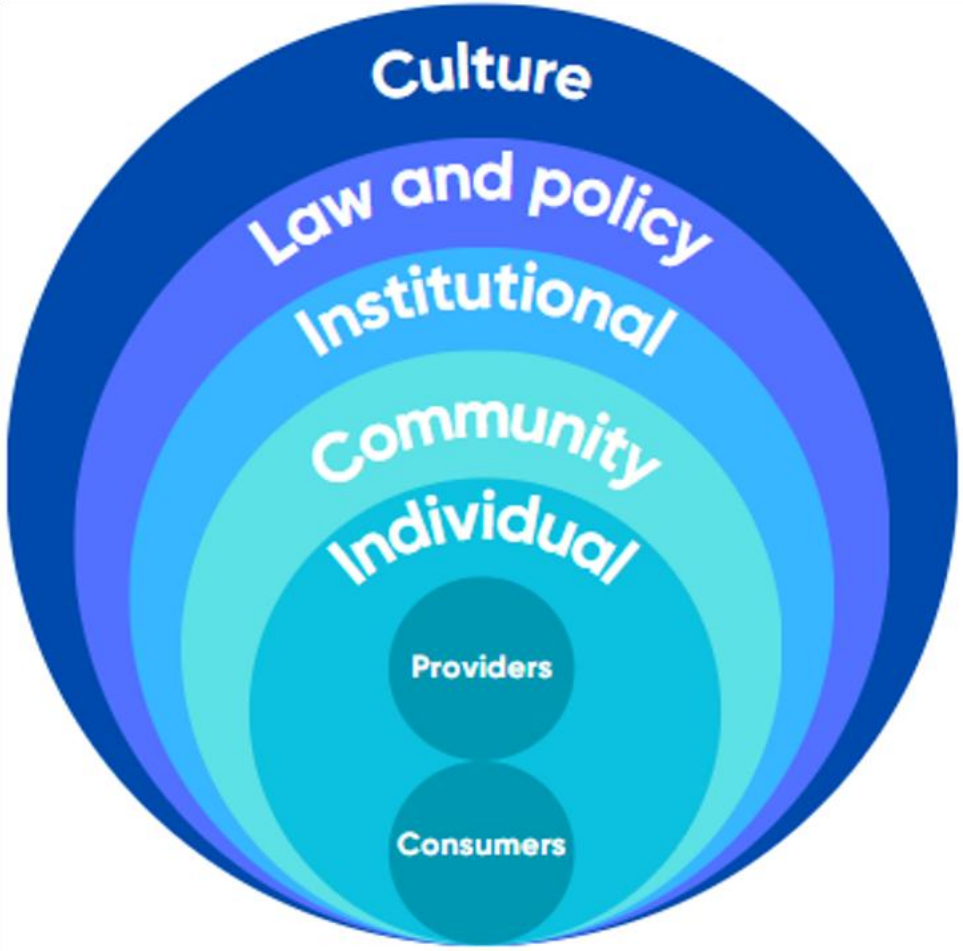
“Having somewhere to put the frustrations of hearing about obstruction on a daily basis was so therapeutic.”

Link to action and regulation: “We can provide this feedback to health departments, or it can go to AHPRA, or it can be used to particularly target areas that obviously seem to have a higher rate of obstruction.”

Stigma affects the workforce

1. Define, monitor, and regulate medical professionalism

2. **Workforce support and development**



Socioecological model of abortion stigma
Image adapted from Cockrill et al. by K. Arnold

1. Workforce development and support

Empathy

2. Workforce development and support

Empathy

3. Workforce development and support

Take away messages

- Any patient may experience stigma or obstruction on their pathway to abortion care
  - How can you communicate to counter these messages?

- Can you advocate for:
  - **Reporting mechanisms/regulation** of unprofessional referral/conduct
  - **Values clarification** to support enabling environment
  - **Reflective practice** to support abortion care teams
  - **Medical education and training** around abortion referral and care

Questions?

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More information about projects: