Early Medical Abortion provision at a publicly funded sexual health service – a feasible model of care for priority populations

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I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today, the land of the Kaurna people and I would like to pay my respects to Elders past and present and to Aboriginal people here today.

I would also like to acknowledge the Gadigal and Dharawal people where I live and work and for their continuing connection to land and sea. I feel so lucky to be living on this beautiful unceded land

Background I

- Abortion is a common reproductive experience
  - 73 million abortions occurring each year globally
- In Australia, 1:6 women < 30 years have ever had an abortion[1]
- Complex legal history in Australia with various laws through Australia and full decriminalisation in NSW in 2019, meaning: *no women or pregnant person is at risk of prosecution for procuring their own abortion, as well as doctors being protected for providing this service up to 22 weeks*[2]
- Despite this, stigma and financial barriers continue to limit access to abortion care.

1. ALSWH (2025). "Australian Longitudinal Study on Women's Health.". from https://alswh.org.au/resources/one-in-six-australian-women-have-had-an-abortion/.
2. Baird, B. and E. Millar (2024). "When history won't go away: abortion decriminalisation, residual criminalisation and continued exceptionalism." History Australia **21**(3): 416-433.

Background II

- Abortion care in NSW is mainly provided by the private sector, and limited public care [3]
- As of 2023 just three of the States 220 public hospitals disclosed that they are providing abortion services and there is access criteria
- Other hospitals may provide abortions, but provision is ad-hoc, information is hard to find. Try yourself!

Private provision is expensive!!!

	With HCC	Medicare	Nil
Medical	< $605	<$645	$1330
Surgical	<$770	<$805	$1230

3. Shankar, M., et al. (2017). "Access, equity and costs of induced abortion services in Australia: a cross-sectional study." Aust N Z J Public Health **41**(3): 309-314.

Nurse led early medical abortion care at KRC

- Women would routinely attend for unplanned pregnancy with little finances or support
- Identified a gap service provision
- Consultation period with stakeholders including FPA NSW and RWH
- Opted for a nurse-led model
- Underpinned by a trauma informed framework
- Research has found Nurse led MoC for EMA to be safe, feasible, cost-effective and acceptable to women
- Successfully implemented overseas in low and middle incomes countries such as Nepal, India, Nigeria and Ethiopia as well as high income countries such Sweden and UK [4, 5]

4 Kopp Kallner, H., Gomperts, R., Salomonsson, E., Johansson, M., Marions, L., & Gemzell Danielsson, K. (2015). The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: A randomised controlled equivalence trial. *BJOG, 122*(4), 510–517. https://doi.org/10.1111/1471-0528.13001

5. Royal College of Nursing. (2014). *Termination of pregnancy and abortion care clinical guidance*. United Kingdom

Model of care

Referral

Triage

Initial consultation

Pregnancy options

Referral

EMA

- Ultrasound + BhCG
- Bloods/ BBVI
- Pregnancy options
- Counselling
- DVRS
- Contraception
- Prescription + consent (MO)

Clinical eligibility

Prescription visit

Medication administration

Follow up care

Contraception

Contents

IMPORTANT CONTACT PHONE NUMBERS

In case of Emergency – Call for an Ambulance:
000

MSI Australia Nurse Aftercare Telephone Service
8am - 5pm Monday to Friday:
1300 888 022

Health Direct 24-hour Health Information and Advice
www.healthdirect.gov.au
1800 022 222

Kirketon Road Centre
(02) 9360 2766
Mon/Tues/Thurs/Fri (9:30am – 5pm)
Wed 12pm-5pm

Family Planning NSW Talkline
1300 658 886
(8am – 8pm Monday to Friday)

TAKE 1st

Mifepristone

Take all 4 tablets

at _____

on _____

Rinse your mouth then
place 2 tablets each side
(= 4 tablets total)
between your teeth and gums.

Allow these to soften for approx.
30 min and then swallow any
bits left over with water.

Take 2nd Pain & Nausea

We suggest you take the **nausea** and **pain relief** tablets 30 minutes ***BEFORE***
Take 3rd - Gymiso

(2a) For Nausea
Ondansetron (1 tablet provided)

Swallow 1 tablet at _____

on _____

30 minutes ***before***
Take 3rd - Gymiso

(2b) For Mild Pain Relief
Ibuprofen (4 tablets provided)

Swallow 1 tablet at _____

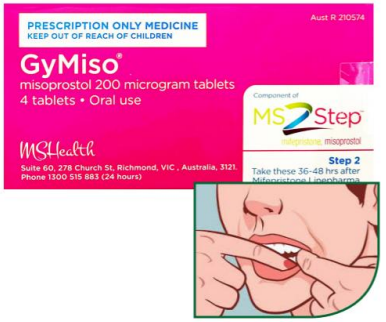
on _____

30 minutes ***before***
Take 3rd - Gymiso

Repeat in 4 hours
if needed
for mild pain

Take 3rd

Gymiso



Swallow this single tablet

at _____

on _____

Follow up- nurse led

Phone call Day 3
Assess for pain/ bleeding/ clots
Timing and how medication was taken
Did they attend ED, and why
Mood check in

Day 7- bloods for BhCG
If not able to come in, are provided with low sensitive urine test/ or a path form for an external provider

Day 14-21- final follow up, and check in
Contraception if not provided already
Other areas that need follow up eg counsellor referral/ housing support/ DV support

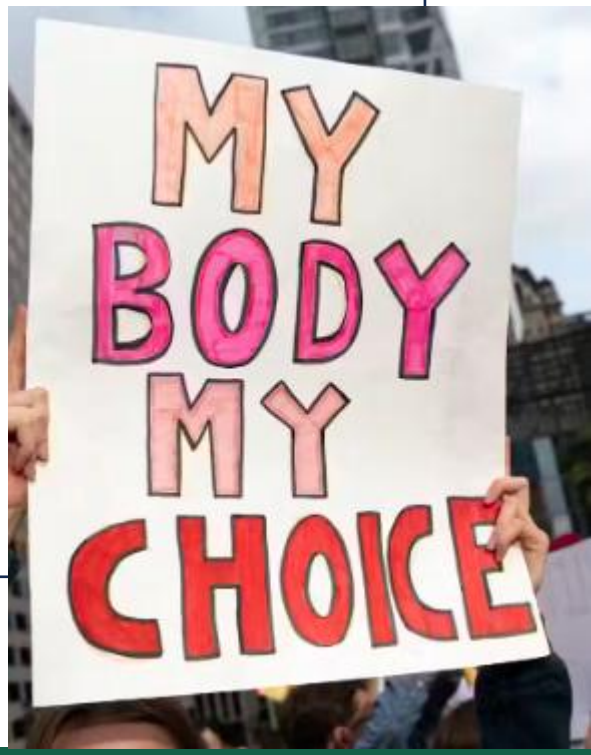
**Four clients from late 2021 and two clients from early 2025 were also included in this analysis.*

Clinic audit- first two years of operation

Methods:
A retrospective audit of 146 episodes of care from 2022–2024
Reviewed local health records (database) and electronic medical records.
Data reviewed by x 2 nurses working in the clinic for accuracy and data completion. Ethical approval obtained

Data included:

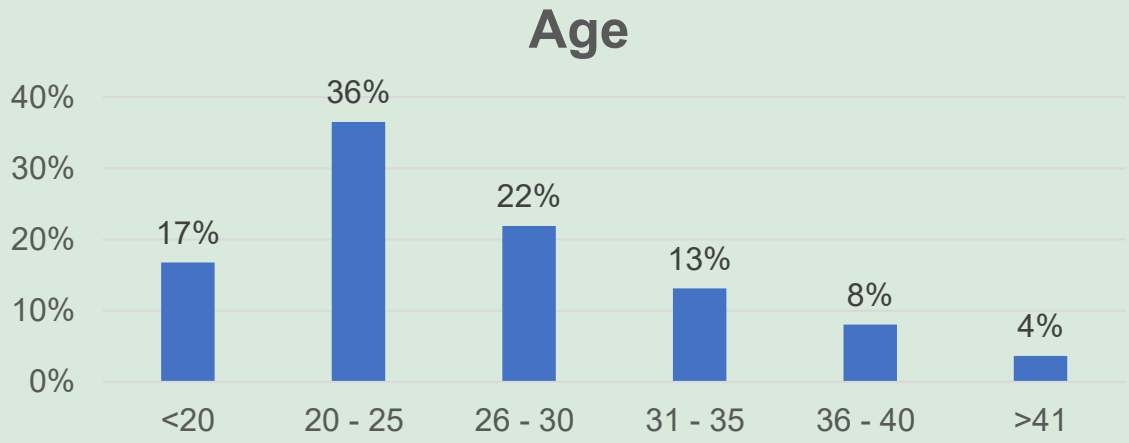
- demographic characteristics
- priority population
- referral pathways
- EMA eligibility and initiation
- follow-up outcomes
- contraception uptake.



Four clients from late 2021 and two clients from early 2025 were also included in this analysis.

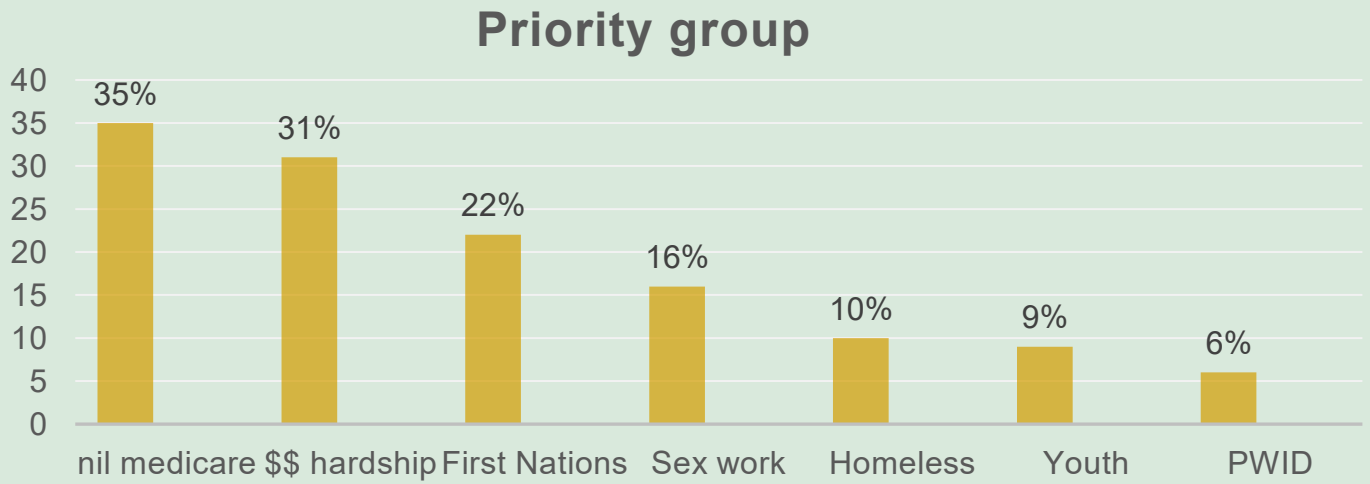
Demographics and population groups

138 unique clients. Three attended on 2 occasions and three other on 3 occasions

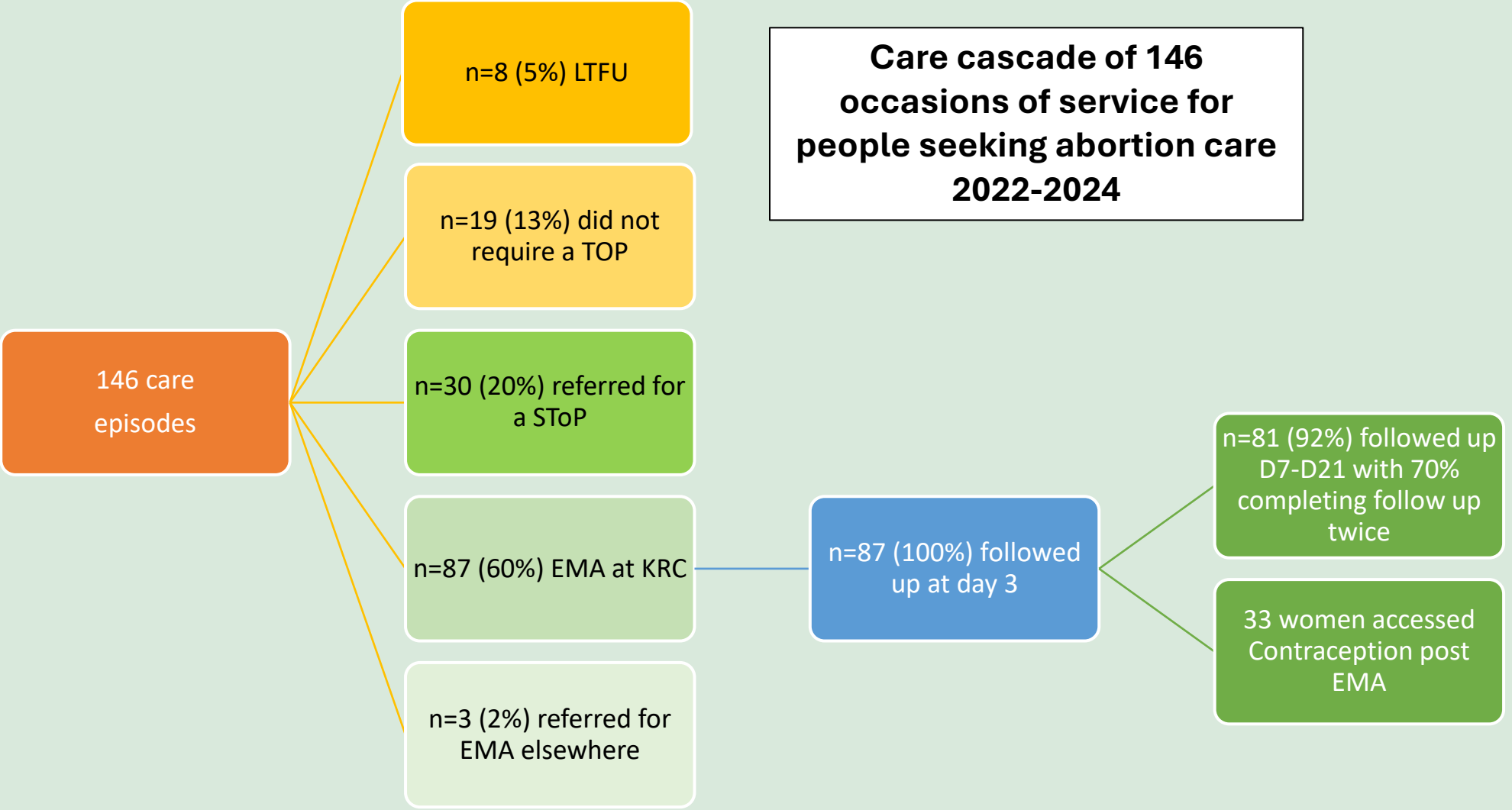


Nil Medicare:
SWs

From



Care cascade of 146 occasions of service for people seeking abortion care 2022-2024



14 women required additional medical attention (1 required blood transfusion)
7 (8%) RPOC
ED > 6 (7% for pain- two also had RPOC)
> 4 (5%) bleeding(one also had RPOC)
>4 (5%) Other

Case presentation

- Hikaru (pseudonym), 35 , sex worker
- On student visa
- RMP who is ex client
- Unplanned pregnancy – noted to be 7/40
- DVRS- experienced high levels of DV at home, including recent episodes of NFS- bruising and scratch marks to neck, and bruising to arms
- Occurs when partner loses money (gambling). About every month

Priorities

1. Safety
2. Unplanned pregnancy

Plan

1. Referred to the medical team for review
2. Counselling team + SAM
3. USS and EMA workup and pathway. Client's partner supportive of abortion and could help pay for medications and scans

Outcome

1. Successful abortion
2. Linked into care with the counsellors > ongoing > SAM
3. Reviewed medically and cleared > to monitor for concerning changes
4. Implanon inserted

Discussion (AAAQ framework)

This framework, underpinned by equity and human rights focuses on the need for healthcare to be available, accessible, acceptable and of high quality

AVAILABILITY

- The **nurse led model** reduces reliance on the medical team and promotes timely access to care
- **Increased Service Availability** has expanded abortion access in metropolitan Sydney
- **Multidisciplinary team** enhances the experience for women who can access multiple services at once
- **Workforce Sustainability** enables nurses to work to full scope, improves job satisfaction, retention, and healthcare system resilience.

ACCESIBILITY

- **Removing Financial Barriers** by providing clow cost options for those with and without Medicare
- **Accessible Location c**entrally located clinic with public transport access
- **Integrated One-Stop Services** combining abortion care with sexual health services reduces logistical burdens and normalises care.
- **Flexible Follow-Up Options** such as Low sensitivity urine tests and external pathology
- Full circle of **reproductive health care** with nurses also able to insert Implanon

Discussion (AAAQ framework)

ACCEPTABILITY

- **Trauma-Informed Care** which is the cornerstone of care at KRC
- Importantly, we provided care to **priority populations**, including sex workers, homeless women and Aboriginal women
- **Strengths-Based and Client choice leading to** client resilience and empowerment.
- **Affirmation of Gender Diversity** did have one transman who required care
- **Continuity and Relational Care** providing consistent non-judgmental support throughout the process

QUALITY

- Delivered safe care to **marginalised and priority populations** with high follow-up rates
- **Use of EBP and clinical guidelines** and multidisciplinary oversight
- Nurses provide detailed education to clients on medication use, side effects, and emergency signs
- **Holistic Reproductive Care**

Innovation and Significance

- Integrating EMA services within a PFSHS is both feasible and effective in reaching priority populations.
- Trained nurses can oversee this care and support women to make informed choices, with medical support as required
- Bridges gaps in healthcare delivery
- Cost effective and efficient, optimising workforce capabilities
- Nurse led models align with holistic principles of care underpinned by equity

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