Country Profile: Australia

Region: Oceania

Last Updated: 07 December 2023

Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practicioners
- Law on Health Care Services
- Other

Related Documents

From EML / Registered List:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012

Concluding Observations:

- CEDAW
- CEDAW
- SR VAW
- CRPD

Persons who can be sanctioned:

A woman or girl can be sanctioned
Providers can be sanctioned
A person who assists can be sanctioned

List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst OP
- ✓ 2nd OP
- ✓ CESCR
- CESCR-OP
- ✓ CAT
- CAT-OP
- ✓ CEDAW
- ✓ CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- CRC:OPIC
- CMW
- ✓ CRPD *
- ✓ CRPD-OP
- CED **
- Maputo Protocol

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Abortion at the woman's request

Australia	**Law Varies By Jurisdiction**
Capital Territory (Australia)	**Gestational limit: No limit specified**
New South Wales (Australia)	**Gestational limit: 22**
Northern Territory (Australia)	**Not Specified**
Queensland (Australia)	**Gestational limit: 22**
South Australia (Australia)	**Gestational limit: 22 weeks 6 days**
Tasmania (Australia)	**Gestational limit: 16**
Victoria (Australia)	**Gestational limit: 24**
Western Australia (Australia)	**No**

Legal Ground and Gestational Limit

Australia

Economic or social reasons

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Foetal impairment

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

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Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

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Related documents:

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Rape

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

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Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

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Incest	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Intellectual or cognitive disability of the woman	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Mental health	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Physical health	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Health	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Life	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Other	
Capital Territory (Australia)	
Economic or social reasons	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016

Foetal impairment	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016
Rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016
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Intellectual or cognitive disability of the woman	Not applicable **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016

Mental health	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016
Physical health	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016
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Life	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** The Health Act 1993 refers only to who may perform an abortion and where it may take place. It does not restrict abortion by grounds or gestational limit. **Related documents:** • Capital Territory Health Act, 2016
Other	
New South Wales (Australia)	

Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Foetal impairment	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Rape	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019

Mental health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Physical health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Life	Yes **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 6) **Gestational limit** **Weeks: No Limit Specified** • Reproductive Health Care Reform Bill, 2019 (page 6) • Abortion Access in NSW, 2020 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103) **Additional notes** In an emergency, a medical practitioner, whether or not a specialist medical practitioner, may perform a termination on a person who is more than 22 weeks pregnant if the medical practitioner considers it necessary to perform the termination to save the person’s life.

Other	According to the Reproductive Healthcare Reform Act, after 22 weeks, in considering whether a termination should be performed on a person a specialist medical practitioner must consider— (a) all relevant medical circumstances, and (b) the person's current and future physical, psychological and social circumstances, and (c) the professional standards and guidelines that apply to the specialist medical practitioner in relation to the performance of the termination. (4) Without limiting subsection (3), the specialist medical practitioner may ask for advice about the proposed termination from a multi-disciplinary team or hospital advisory committee. **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 6)
Northern Territory (Australia)	
Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and (b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 (page 6)
Foetal impairment	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) **Additional notes** A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and (b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Rape

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

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Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Incest

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Intellectual or cognitive disability of the woman

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

Additional notes

A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Mental health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Physical health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

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A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and

(b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above.

Related documents:

- Northern Territory Termination of Pregnancy Act, 2017 (page 6)

Life	Yes **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 (page 7) **Gestational limit** **Weeks: No Limit Specified** • Northern Territory Termination of Pregnancy Act, 2017 (page 7) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
Queensland (Australia)	
Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Foetal impairment	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Rape	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018
Mental health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)

Physical health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Health	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Criminal Code Act, 1899 • https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Therapeutic-Termination-of-Pregnancy.pdf • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Life	Yes **Related documents:** • Queensland Termination of Pregnancy Act, 2018 (page 8) **Gestational limit** **Weeks: No limit specified** • Queensland Termination of Pregnancy Act, 2018 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Other	In an emergency, a medical practitioner may perform a termination in case of a multiple pregnancy if they consider it is necessary to save the life of another fetus. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 (page 8) • Termination of pregnancy in Queensland, 2019 (page 1) • Clinical Guidelines Termination of Pregnancy, 2019 (page 11)
South Australia (Australia)	
Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)

Foetal impairment	Yes **Related documents:** • Termination of Pregnancy Policy, 2022 (page 6) • South Australia Criminal Law Consolidation Act, 1935 (page 72) • Termination of Pregnancy Bill 2021 (page 3) **Gestational limit** **Weeks: No Limit specified** • Termination of Pregnancy Policy, 2022 (page 6) • South Australia Criminal Law Consolidation Act, 1935 (page 1) • Termination of Pregnancy Bill 2021 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Rape	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021

Mental health

Yes

Related documents:

- Termination of Pregnancy Bill 2021 (page 5)
- Termination of Pregnancy Policy, 2022 (page 6)

Gestational limit

Weeks: No Limit specified

- Termination of Pregnancy Bill 2021 (page 5)
- Termination of Pregnancy Policy, 2022 (page 6)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Abortion Care Guideline (page 103)

Physical health

Yes

Related documents:

- Termination of Pregnancy Bill 2021 (page 5)
- Termination of Pregnancy Policy, 2022 (page 6)

Gestational limit

Weeks: No Limit specified

- Termination of Pregnancy Bill 2021 (page 5)
- Termination of Pregnancy Policy, 2022 (page 6)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Abortion Care Guideline (page 103)

Health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- South Australia Criminal Law Consolidation Act, 1935
- Termination of Pregnancy Bill 2021

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Life	Yes **Related documents:** • Termination of Pregnancy Policy, 2022 (page 6) • South Australia Criminal Law Consolidation Act, 1935 (page 72) • Termination of Pregnancy Bill 2021 (page 3) **Gestational limit** **Weeks: No Limit specified** • Termination of Pregnancy Policy, 2022 (page 6) • South Australia Criminal Law Consolidation Act, 1935 (page 1) • Termination of Pregnancy Bill 2021 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Other	One of the mandatory considerations for medical practitioners performing terminations after 22 weeks and 6 days includes whether it is essential to perform a termination of an affected foetus in a multiple pregnancy at a gestation that does not risk severe prematurity and its attendant consequences for the surviving foetus. **Related documents:** • Termination of Pregnancy Bill 2021 (page 5)
Tasmania (Australia)	
Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** In assessing the risk of injury to physical and mental health of continuing the pregnancy, the medical practitioner must have regard to the woman’s physical, psychological, economic and social circumstances. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 3)
Foetal impairment	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Rape	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013
Mental health	Yes **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 3) **Gestational limit** **Weeks: No limit specified** • Reproductive Health Access to Terminations Bill, 2013 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103) **Additional notes** In assessing the risk of injury to physical and mental health of continuing the pregnancy, the medical practitioner must have regard to the woman’s physical, psychological, economic and social circumstances.

Physical health

Yes

Related documents:

- Reproductive Health Access to Terminations Bill, 2013 (page 3)

Gestational limit

Weeks: No limit specified

- Reproductive Health Access to Terminations Bill, 2013 (page 3)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Abortion Care Guideline (page 103)

Additional notes

In assessing the risk of injury to physical and mental health of continuing the pregnancy, the medical practitioner must have regard to the woman’s physical, psychological, economic and social circumstances.

Health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Reproductive Health Access to Terminations Bill, 2013

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Life

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Reproductive Health Access to Terminations Bill, 2013

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Other

Victoria (Australia)

Economic or social reasons	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) **Additional notes** Terminations may be performed by a medical practitioner after 24 weeks only if the medical practitioner reasonably believes an abortion is appropriate in all the circumstances and has consulted at least one other medical practitioner who also believes an abortion is appropriate. In considering whether an abortion is appropriate in all the circumstances, the practitioners must have regard to all relevant medical circumstances and the women's current and future physical, psychological and social circumstances. **Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 5) • Abortion Services Health Authority, 2014 (page 1)
Foetal impairment	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Rape	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Intellectual or cognitive disability of the woman

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

Mental health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

Terminations may be performed by a medical practitioner after 24 weeks only if the medical practitioner reasonably believes an abortion is appropriate in all the circumstances and has consulted at least one other medical practitioner who also believes an abortion is appropriate. In considering whether an abortion is appropriate in all the circumstances, the practitioners must have regard to all relevant medical circumstances and the women's current and future physical, psychological and social circumstances.

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 5)
- Abortion Services Health Authority, 2014 (page 1)

Physical health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

Terminations may be performed by a medical practitioner after 24 weeks only if the medical practitioner reasonably believes an abortion is appropriate in all the circumstances and has consulted at least one other medical practitioner who also believes an abortion is appropriate. In considering whether an abortion is appropriate in all the circumstances, the practitioners must have regard to all relevant medical circumstances and the women's current and future physical, psychological and social circumstances.

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 5)
- Abortion Services Health Authority, 2014 (page 1)

Health

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

Terminations may be performed by a medical practitioner after 24 weeks only if the medical practitioner reasonably believes an abortion is appropriate in all the circumstances and has consulted at least one other medical practitioner who also believes an abortion is appropriate. In considering whether an abortion is appropriate in all the circumstances, the practitioners must have regard to all relevant medical circumstances and the women's current and future physical, psychological and social circumstances.

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 5)
- Abortion Services Health Authority, 2014 (page 1)

Life	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Other	Circumstances in which abortion is considered to be appropriate. **Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 5) **Additional notes** Terminations may be performed by a medical practitioner after 24 weeks only if the medical practitioner reasonably believes an abortion is appropriate in all the circumstances and has consulted at least one other medical practitioner who also believes an abortion is appropriate. In considering whether an abortion is appropriate in all the circumstances, the practitioners must have regard to all relevant medical circumstances and the women's current and future physical, psychological and social circumstances.
Western Australia (Australia)	
Economic or social reasons	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3) • Western Australia Health Act, 1911 (page 236) • Criminal Code Act Compilation Act, 1913 (page 123) **Gestational limit** **Weeks: 20** • Western Australia Health Act, 1911 (page 236) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)

Foetal impairment	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3) • Western Australia Health Act, 1911 (page 236) • Criminal Code Act Compilation Act, 1913 (page 123) **Gestational limit** **Weeks: No Limit Specified** Abortion at gestational ages of more than 20 weeks is permissible if two medical practitioners who are members of a panel of at least six medical practitioners appointed by the Minister have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those two medical practitioners, justifies the procedure. • Western Australia Health Act, 1911 (page 236) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Rape	No **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3) • Western Australia Health Act, 1911 (page 236) • Criminal Code Act Compilation Act, 1913 (page 123) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	No **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	No **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123)

Mental health	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123) **Gestational limit** **Weeks: No Limit Specified** Abortion at gestational ages of more than 20 weeks is permissible if two medical practitioners who are members of a panel of at least six medical practitioners appointed by the Minister have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those two medical practitioners, justifies the procedure. • Western Australia Health Act, 1911 (page 236) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Physical health	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123) **Gestational limit** **Weeks: No Limit Specified** Abortion at gestational ages of more than 20 weeks is permissible if two medical practitioners who are members of a panel of at least six medical practitioners appointed by the Minister have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those two medical practitioners, justifies the procedure. • Western Australia Health Act, 1911 (page 236) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16) Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. **Source document**: WHO Abortion Care Guideline (page 103)
Health	No **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Life	No **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) • Criminal Code Act Compilation Act, 1913 (page 123) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Other	The woman will suffer serious personal, family or social consequences if the pregnancy is carried to term **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 1 02-AUSTRALIA-WESTERN-AUSTRALIA-HEALTH-ACT-1911.PDF) **Additional notes** No gestational limit specified. "Abortion at gestational ages of more than 20 weeks is permissible if two medical practitioners who are members of a panel of at least six medical practitioners appointed by the Minister have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those two medical practitioners, justifies the procedure."

Additional Requirements to Access Safe Abortion

Australia	
Authorization of health professional(s)	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Authorization in specially licensed facilities only	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Judicial authorization for minors	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Judicial authorization in cases of rape

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Police report required in case of rape

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Parental consent required for minors

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Spousal consent	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Ultrasound images or listen to foetal heartbeat required	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Compulsory counselling	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Compulsory waiting period	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Mandatory HIV screening test	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Other mandatory STI screening tests	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Prohibition of sex-selective abortion	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Restrictions on information provided to the public	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. Varies by Jurisdiction **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74) **Additional notes** Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
Capital Territory (Australia)	
Authorization of health professional(s)	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)

Authorization in specially licensed facilities only	No **Related documents:** • Health Improving Abortion Access Amendment Act, 2018 (page 1) • Abortion Access, 2021 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52) **Additional notes** Medical abortions are not required to occur at an approved medical facility. They can be provided by general practitioners, telehealth providers and 'Marie Stopes.' However, surgical abortions need to be carried out in approved medical facility.
Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Parental consent required for minors

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Standard operating Procedure. Consent and Treatment: Children or Young

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Additional notes

The Standard Operating Procedure for ACT Government Health requires informed consent in non-emergency medical treatments. The Age of Maturity Act 1974 states that a person becomes an adult at the age of 18. A person can only consent to medical treatment if they are an adult, or if they are mature enough to clearly understand the nature of the treatment and its consequences. Otherwise, a parent or legal guardian needs to provide consent on their behalf.

Related documents:

- Standard operating Procedure. Consent and Treatment: Children or Young (page 2)
- Age of Maturity, 1974 (page 6)

Spousal consent

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Standard operating Procedure. Consent and Treatment: Children or Young

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Ultrasound images or listen to foetal heartbeat required

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Standard operating Procedure. Consent and Treatment: Children or Young

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.

Source document: WHO Abortion Care Guideline (page 85)

Compulsory counselling

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Standard operating Procedure. Consent and Treatment: Children or Young

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.

Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.

The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2.

Source document: WHO Abortion Care Guideline (page 77)

Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Standard operating Procedure. Consent and Treatment: Children or Young **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)

Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
New South Wales (Australia)	
Authorization of health professional(s)	No **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 4) • Abortion Access in NSW, 2020 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** Authorisation required only after 22 weeks.
Authorization in specially licensed facilities only	No **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52) **Additional notes** After 22 weeks a termination must be performed at a hospital controlled by a statutory health organisation, within the meaning of the Health Services Act 1997, or (ii) an approved health facility.
Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 • Consent to Medical Treatment - Patient Information **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Police report required in case of rape	not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	Yes **Related documents:** • Consent to Medical Treatment - Patient Information (page 20) **Can another adult consent in place of a parent?** Yes As per the NSW guidelines, A child aged 14 years and above may consent to their own treatment provided they adequately understand and appreciate the nature and consequences of the operation procedure or treatment. However, where the child is 14 or 15 years of age, it is prudent for practitioners or hospitals to also obtain the consent of the parent or guardian, unless the patient objects. Generally, the age at which a young person is sufficiently mature to consent independently to medical treatment depends not only on their age but also on the seriousness of the treatment in question relative to their level of maturity. The health practitioner must decide on a case-by- case basis whether the young person has sufficient understanding and intelligence to enable him or her to fully understand what is proposed. • Consent to Medical Treatment - Patient Information (page 20) **Age where consent not needed** 14 • Consent to Medical Treatment - Patient Information (page 20) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Spousal consent	No **Related documents:** • Consent to Medical Treatment - Patient Information (page 18) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)

Compulsory counselling	No **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • New South Wales Crimes Act, 1900 • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
Northern Territory (Australia)	
Authorization of health professional(s)	Yes **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 (page 7) **Number and cadre of health-care professional authorizations required** **1 or 2** **Suitably qualified medical practitioner** A suitably qualified medical practitioner may perform a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate in all the circumstances, having regard to: (a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) professional standards and guidelines. A suitably qualified medical practitioner may perform a termination on a woman who is more than 14 weeks pregnant, but not more than 23 weeks pregnant, if: (a) the medical practitioner has consulted with at least one other suitably qualified medical practitioner who has assessed the woman; and (b) each medical practitioner considers the termination is appropriate in all the circumstances having regard to each of the matters mentioned above. • Northern Territory Termination of Pregnancy Act, 2017 (page 7) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Authorization in specially licensed facilities only	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52)

Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	NOT APPLICABLE **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	NOT APPLICABLE **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	Yes **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 29) **Can another adult consent in place of a parent?** Yes Person with parental authority • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 29) **Age where consent not needed** 14 The Clinical guidelines assume that adolescents have an evolving capacity to consent. As per the guidelines, a young woman under the age of 14 years should not be presumed to have capacity to give consent to medical treatment. In the majority of cases, a young woman under the age of 14 years would require a parent or person having parental authority to provide consent to treatment. A young woman under the age of 16 years may have capacity to give consent to medical treatment if it can be demonstrated that she meets the criteria of Gillick competence. A woman over the age of 16 years might be considered to have capacity to give consent to medical treatment id the medical practitioner determines so. • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 29) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** The Clinical guidelines assume that adolescents have an evolving capacity to consent. As per the guidelines, a young woman under the age of 14 years should not be presumed to have capacity to give consent to medical treatment. In the majority of cases, a young woman under the age of 14 years would require a parent or person having parental authority to provide consent to treatment. A young woman under the age of 16 years may have capacity to give consent to medical treatment if it can be demonstrated that she meets the criteria of Gillick competence. A woman over the age of 16 years might be considered to have capacity to give consent to medical treatment id the medical practitioner determines so.

Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)
Compulsory counselling	No **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 21) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)

Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
Queensland (Australia)	

Authorization of health professional(s)	Yes **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 7) • Queensland Termination of Pregnancy Act, 2018 (page 8) • Termination of pregnancy in Queensland, 2019 (page 1) **Number and cadre of health-care professional authorizations required** **2** **Medical Practitioner** • Clinical Guidelines Termination of Pregnancy, 2019 (page 7) • Queensland Termination of Pregnancy Act, 2018 (page 8) • Termination of pregnancy in Queensland, 2019 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** In an emergency, where termination is necessary to save the woman's life or the life of (in a multiple pregnancy) another fetus, termination can be performed without consulting another medical practitioner and without considering all relevant circumstances.
Authorization in specially licensed facilities only	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 25) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52)
Judicial authorization for minors	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 15) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Parental consent required for minors	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 15) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 18) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)
Compulsory counselling	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 33) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)

Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	After 22 weeks the medical practitioner, in considering whether a termination should be performed on a woman, must consider— "(a) all relevant medical circumstances; and (b) the woman's current and future physical, psychological and social circumstances; and (c) the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination." **Related documents:** • Queensland Termination of Pregnancy Act, 2018 (page 8)

South Australia (Australia)

Authorization of health professional(s)	No **Related documents:** • Termination of Pregnancy Bill 2021 (page 4) • Termination of Pregnancy Policy, 2022 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** Authorizations are not required before 22 weeks and 6 days. After 22 weeks and 6 days, two authorizations are required when practitioner considers it is necessary to perform the termination to save the woman's life or the life of another unborn child. However, a termination of pregnancy may be performed in emergency cases without prior authorization of a second provider. **Related documents:** • Termination of Pregnancy Bill 2021
Authorization in specially licensed facilities only	No **Related documents:** • Termination of Pregnancy Bill 2021 (page 3) • Termination of Pregnancy Policy, 2022 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52) **Additional notes** Access to termination of pregnancy services may be facilitated onsite, via telehealth, or by referral to an alternative service provider (medical practitioner or health service known to provide the service), relevant to the gestation of pregnancy. After 22 weeks and 6 days, a termination must be performed at a prescribed hospital.
Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	No **Related documents:** • Guardianship and Administration Act 2000 (Qld) (page 8) • Consent to Medical Treatment and Palliative Care Act, 1995 (page 4) • Termination of Pregnancy in the First Trimester, 2020 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** A person of or over 16 years of age may make decisions about his or her own medical treatment as validly and effectively as an adult. If the patient is a child (under 16 years of age) a parent or guardian of the child can consent to what medical treatment should be administered. The child can provide his or her own consent if the medical practitioner is of the opinion that the child understands the nature, consequences and risks of the proposed treatment. This opinion must be supported by the written opinion of at least one other medical practitioner who has personally examined the child.
Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)

Compulsory counselling	No **Related documents:** • https://abortion-policies.srhr.org/documents/countries/04-Australia-SA-Standards-for-the-Management-of-Termination-of-Pregnancy.pdf#page=9 • Termination of Pregnancy Policy, 2022 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77) **Additional notes** Before performing a termination on a person, a registered health practitioner must provide all necessary information to the person about access to counselling, including publicly-funded counselling. **Related documents:** • Termination of Pregnancy Bill 2021
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	No **Related documents:** • Termination of Pregnancy in the First Trimester, 2020 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59) **Additional notes** Screening for sexually transmitted diseases (chlamydia and gonorrhoea) is recommended.

Prohibition of sex-selective abortion	Yes **Related documents:** • Termination of Pregnancy Bill 2021 (page 6) • Termination of Pregnancy Policy, 2022 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17) **Additional notes** This prohibition does not apply to the performance of a termination if the registered health practitioner is satisfied that there is a substantial risk that the person born after the pregnancy (but for the termination) would suffer a sex-linked medical condition that would result in serious disability to that person.
Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • South Australia Criminal Law Consolidation Act, 1935 • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Termination of Pregnancy Bill 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	**Tasmania (Australia)**
Authorization of health professional(s)	No **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** An additional authorization is only required after 16 weeks. In such cases, at least one of the medical practitioners must be a medical practitioner who specialises in obstetrics or gynaecology .

Authorization in specially licensed facilities only	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52)
Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 • Guardianship and Administration Act, 1995 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	No **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** The Reproductive Health (Access to Terminations) Act 2013, does not put any age requirement on a woman regarding consent to access abortions. The legislation defines a woman as 'a female person of any age.' It makes no mention of the need for parental or judicial consent.

Spousal consent	No **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** The pregnancy of a woman who is not more than 16 weeks pregnant may be terminated by a medical practitioner with the woman's consent.
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)
Compulsory counselling	No **Related documents:** • Pregnancy Termination Law Fact Sheet, 2014 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)

Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	
Victoria (Australia)	

Authorization of health professional(s)

Yes

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 5)

Number and cadre of health-care professional authorizations required

2

Registered medical practitioner (meaning a person registered under the Health Practitioner Regulation National Law to practise in the medical profession).

A registered medical practitioner may perform an

abortion on a woman who is more than 24 weeks

pregnant only if the medical practitioner has consulted at least one other registered

medical practitioner who also reasonably

believes that the abortion is appropriate in all

the circumstances.

- Victoria Abortion Law Reform Act, 2008 (page 5)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Additional notes

A registered medical practitioner may perform an

abortion on a woman who is more than 24 weeks

pregnant only if the medical practitioner has consulted at least one other registered

medical practitioner who also reasonably

believes that the abortion is appropriate in all

the circumstances.

Authorization in specially licensed facilities only

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

Source document: WHO Abortion Care Guideline (page 52)

Judicial authorization for minors

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Victoria Abortion Law Reform Act, 2008

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Judicial authorization in cases of rape	NOT APPLICABLE **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	NOT APPLICABLE **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	No **Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 3) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)

Compulsory counselling	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)
Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	

Western Australia (Australia)

Authorization of health professional(s)	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3) • Western Australia Health Act, 1911 (page 237) **Number and cadre of health-care professional authorizations required** **2 (for pregnancies of more than 20 weeks gestation)** **Two medical practitioners who are members of a panel of at least Six medical practitioners appointed by the Minister** • Western Australia Health Act, 1911 (page 235) • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Authorization in specially licensed facilities only	Yes **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 (page 3) • Western Australia Health Act, 1911 (page 236) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52)

Judicial authorization for minors	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Parental consent required for minors	No **Related documents:** • Western Australia Health Act, 1911 (page 237) • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 33) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)

Ultrasound images or listen to foetal heartbeat required

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.

Source document: WHO Abortion Care Guideline (page 85)

Compulsory counselling

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.

Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.

The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual’s situation and needs. Abortion Care Guideline § 3.2.2.

Source document: WHO Abortion Care Guideline (page 77)

Compulsory waiting period

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mandatory waiting periods delay access to abortion, sometimes to the extent that women’s access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.

Source document: WHO Abortion Care Guideline (page 79)

Mandatory HIV screening test

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.

Source document: WHO Abortion Care Guideline (page 59)

Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement. **Source document**: Preventing Gender-Biased Sex Selection (page 17)
Restrictions on information provided to the public	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	In the case of a dependent minor, the Health Act requires that a custodial parent has been informed that the performance of an abortion is being considered and has been given the opportunity to participate in a counselling process and in consultations between the woman and her medical practitioner as to whether the abortion is to be performed. **Related documents:** • Western Australia Health Act, 1911 (page 237) • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 33) **Additional notes** The role of the parent can be performed by a guardian. A woman is a dependent minor if she has not reached the age of 16 years and is being supported by a custodial parent or parents. The source Termination of pregnancy: Information and legal obligations for medical practitioners states: [t]he legislation does not define what is meant by supported. However, it would be reasonable to interpret it as referring primarily to financial support. Therefore, a child living away from home who was not financially dependent on the parents would not be a dependent minor. Additional evidence may be required in these cases, such as Social Security details. In these cases, the young woman is considered in the same way any woman over 16 years of age. The source further specifies that a woman who is a dependent minor may apply to the Children's Court for an order that a person specified in the application, being a custodial parent of the woman, should not be given the information and opportunity referred to in subsection and the court may, on being satisfied that the application should be granted, make an order in those terms.

Clinical and Service-delivery Aspects of Abortion Care

Australia

National guidelines for induced abortion

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Methods allowed

Vacuum aspiration

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Dilatation and evacuation

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Combination mifepristone-misoprostol

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Misoprostol only

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

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https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1) **Pharmacy selling or distribution** Yes, with prescription only • https://abortion-policies.srhr.org/documents/countries/08-Australia-TGA-Amendments-to-Mifepristone-and-Misoprostol-MS-2-Prescriptions-2023.pdf#page=1 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. Varies by jurisdiction **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Varies by Jurisdiction

Primary health-care centres

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Secondary (district-level) health-care facilities

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Specialized abortion care public facilities

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Private health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

NGO health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

National guidelines for post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Where can post abortion care services be provided

Primary health-care centres

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Secondary (district-level) health-care facilities

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Specialized abortion care public facilities

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Private health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

NGO health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Additional notes

In addition to the New South Wales official guidelines for professionals on the framework for termination of pregnancy there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Insurance to offset end user costs

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Who can provide abortion services

Varies by Jurisdiction

Nurse

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Midwife/nurse-midwife

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Doctor (specialty not specified)

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Specialist doctor, including OB/GYN

Varies by jurisdiction

Varies by Jurisdiction

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Extra facility/provider requirements for delivery of abortion services	**Referral linkages to a higher-level facility** Varies by jurisdiction Varies by Jurisdiction Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1) **Availability of a specialist doctor, including OB/GYN** Varies by jurisdiction Varies by Jurisdiction Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1) **Minimum number of beds** Varies by jurisdiction Varies by Jurisdiction Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary. Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions. • Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1) **Other (if applicable)** **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 132)
Capital Territory (Australia)	
National guidelines for induced abortion	There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: **Related documents:** • https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf • https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf • https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50)

Methods allowed

Vacuum aspiration

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Dilatation and evacuation

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Combination mifepristone-misoprostol

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Misoprostol only

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf
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- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Mifepristone and Misoprostol Registration, 2012 (page 1) **Pharmacy selling or distribution** Yes, with prescription only A trained pharmacist can dispense the medical abortion medication. • Abortion Access, 2021 (page 1) • Mifepristone and Misoprostol Registration, 2012 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:

- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

Primary health-care centres

Not specified

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016
- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

Secondary (district-level) health-care facilities

Not specified

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016
- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

Specialized abortion care public facilities

Not specified

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016
- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

Private health-care centres or clinics

Not specified

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016
- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

NGO health-care centres or clinics

Not specified

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016
- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

National guidelines for post-abortion care

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

Related documents:

- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf
- https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Where can post abortion care services be provided	**Primary health-care centres** Not specified • Capital Territory Health Act, 2016 **Secondary (district-level) health-care facilities** Not specified • Capital Territory Health Act, 2016 **Specialized abortion care public facilities** Not specified • Capital Territory Health Act, 2016 **Private health-care centres or clinics** Not specified • Capital Territory Health Act, 2016 **NGO health-care centres or clinics** Not specified • Capital Territory Health Act, 2016 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 133)
Contraception included in post-abortion care	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4. **Source document**: WHO Abortion Care Guideline (page 126) **Additional notes** There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf
Insurance to offset end user costs	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2. **Source document**: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Health Improving Abortion Access Amendment Act, 2018 (page 5)
- Abortion Access, 2021 (page 1)

Nurse

No

- Health Improving Abortion Access Amendment Act, 2018 (page 5)

Midwife/nurse-midwife

No

- Health Improving Abortion Access Amendment Act, 2018 (page 5)

Doctor (specialty not specified)

Yes

- Health Improving Abortion Access Amendment Act, 2018 (page 5)

Specialist doctor, including OB/GYN

Not specified

- Health Improving Abortion Access Amendment Act, 2018

Other (if applicable)

Medical abortions can be provided by general practitioners, telehealth providers and 'Marie Stopes.' A trained pharmacist can dispense the medical abortion medications.

- Health Improving Abortion Access Amendment Act, 2018 (page 5)
- Abortion Access, 2021 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Capital Territory Health Act, 2016

Availability of a specialist doctor, including OB/GYN

Not specified

- Capital Territory Health Act, 2016

Minimum number of beds

Not specified

- Capital Territory Health Act, 2016

Other (if applicable)

Medical abortions are not required to occur at an approved medical facility. However, surgical abortions need to be carried out in approved medical facility.

- Capital Territory Health Act, 2016 (page 51)
- Abortion Access, 2021 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

New South Wales (Australia)

National guidelines for induced abortion

Related documents:

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Methods allowed

Vacuum aspiration

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Dilatation and evacuation

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Combination mifepristone-misoprostol

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Misoprostol only

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:

- Therapeutic Goods Administration Approval of Mifepristone/Misoprostol Combination (2012) (page 1)

Pharmacy selling or distribution

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

There is no information specified as to where the medications must be dispensed, but a prescription is required.

- Therapeutic Goods Administration Approval of Mifepristone/Misoprostol Combination (2012) (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

Source document: WHO Abortion Care Guideline (page 55)

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

Source document: WHO Abortion Care Guideline (page 55)

Related documents:

- Therapeutic Goods Administration Approval of Mifepristone/Misoprostol Combination (2012) (page 1)

Country recognized approval (misoprostol)

No data found

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

Source document: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:

- Reproductive Health Care Reform Bill, 2019 (page 4)

Primary health-care centres

Not specified

- Reproductive Health Care Reform Bill, 2019

Secondary (district-level) health-care facilities

Not specified

- Reproductive Health Care Reform Bill, 2019

Specialized abortion care public facilities

Not specified

- Reproductive Health Care Reform Bill, 2019

Private health-care centres or clinics

Not specified

- Reproductive Health Care Reform Bill, 2019

NGO health-care centres or clinics

Not specified

- Reproductive Health Care Reform Bill, 2019

Other (if applicable)

Termination of pregnancy after 22 weeks can be performed at a hospital controlled by a local health district or statutory health corporation or another facility approved by the Health Secretary.

- Reproductive Health Care Reform Bill, 2019 (page 4)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

After 22 weeks a termination must be performed at a hospital controlled by a statutory health organisation, within the meaning of the Health Services Act 1997, or (ii) an approved health facility.

National guidelines for post-abortion care

Related documents:

- According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Where can post abortion care services be provided	**Primary health-care centres** Not specified • Reproductive Health Care Reform Bill, 2019 **Secondary (district-level) health-care facilities** Not specified • Reproductive Health Care Reform Bill, 2019 **Specialized abortion care public facilities** Not specified • Reproductive Health Care Reform Bill, 2019 **Private health-care centres or clinics** Not specified • Reproductive Health Care Reform Bill, 2019 **NGO health-care centres or clinics** Not specified • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 133)
Contraception included in post-abortion care	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4. **Source document**: WHO Abortion Care Guideline (page 126) **Additional notes** According to the Reproductive Health Reform Act, revised guidelines may be developed subsequent to the enacting of the Bill by the Ministry of Health. In addition to these, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf
Insurance to offset end user costs	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2. **Source document**: WHO Abortion Care Guideline (page 53) **Additional notes** There is currently very limited access to abortion services through public sector funded services, except in cases of severe maternal health conditions, or fetal anomaly. **Related documents:** • Abortion Access in NSW, 2020 (page 12)

Who can provide abortion services	**Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 5) **Nurse** Not specified • Reproductive Health Care Reform Bill, 2019 **Midwife/nurse-midwife** Not specified • Reproductive Health Care Reform Bill, 2019 **Doctor (specialty not specified)** Not specified • Reproductive Health Care Reform Bill, 2019 **Specialist doctor, including OB/GYN** Not specified • Reproductive Health Care Reform Bill, 2019 **Other (if applicable)** Medical practitioner (prior to 22 weeks) Specialist medical practitioner (after 22 weeks) • Reproductive Health Care Reform Bill, 2019 (page 5) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8. **Source document**: WHO Abortion Care Guideline (page 97)
Extra facility/provider requirements for delivery of abortion services	**Referral linkages to a higher-level facility** Not specified • Reproductive Health Care Reform Bill, 2019 **Availability of a specialist doctor, including OB/GYN** Not specified • Reproductive Health Care Reform Bill, 2019 **Minimum number of beds** Not specified • Reproductive Health Care Reform Bill, 2019 **Other (if applicable)** After 22 weeks a termination must be performed at a hospital controlled by a statutory health organisation, within the meaning of the Health Services Act 1997, or (ii) an approved health facility. • Reproductive Health Care Reform Bill, 2019 (page 4) • Safe Access to Reproductive Health Clinics Act, 2018 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 132)
Northern Territory (Australia)	
National guidelines for induced abortion	Yes, guidelines issued by the government **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50)

Methods allowed	**Vacuum aspiration** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Dilatation and evacuation** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Combination mifepristone-misoprostol** Yes (9 WEEKS) • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 20) **Misoprostol only** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Other (where provided)** Surgical termination (14 WEEKS) • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 20) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners. The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1. **Source document**: WHO Abortion Care Guideline (page 101) Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1. **Source document**: WHO Abortion Care Guideline (page 103) The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2. **Source document**: WHO Abortion Care Guideline (page 106) The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2. **Source document**: WHO Abortion Care Guideline (page 106)
Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Northern Territory Hospital Formulary (page 48) • Australia Mifepristone and Misoprostol Registration Department of Health, 2012 (page 1) **Pharmacy selling or distribution** No Mifepristone is restricted to Obstetrics & Gynaecology specialists for the medical termination of pregnancy beyond the first trimester up to 22 completed weeks gestation and beyond 22 weeks for foetal death in utero only. Prescribers and dispensing pharmacists must be registered and certified with MS Health via: https://www.ms2step.com.au/ • Northern Territory Hospital Formulary (page 48) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) **Related documents:** • Northern Territory Hospital Formulary (page 48)

Country recognized approval (misoprostol)	Yes, indications not specified **Related documents:** • Northern Territory Hospital Formulary (page 48) **Misoprostol allowed to be sold or distributed by pharmacies or drug stores** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Northern Territory Hospital Formulary **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Where can abortion services be provided	**Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 48) **Primary health-care centres** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Secondary (district-level) health-care facilities** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Specialized abortion care public facilities** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Private health-care centres or clinics** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **NGO health-care centres or clinics** Not specified • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **Other (if applicable)** Hospitals • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 48) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
National guidelines for post-abortion care	Yes, guidelines issued by the government **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Secondary (district-level) health-care facilities

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Specialized abortion care public facilities

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Private health-care centres or clinics

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

NGO health-care centres or clinics

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

Yes

Related documents:

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 20)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Insurance to offset end user costs

Yes

Related documents:

- Northern Territory Termination of Pregnancy Policy, 2019 (page 3)

Induced abortion for all women

Yes

The Department of Health continues to fund NT Health Services for the provision of termination of pregnancy services to public patients. A woman's capacity to pay Medicare or PBS charges must not be a barrier to access. The Department of Health has made changes to the Patient Assisted Travel Scheme (PATS) guidelines to support access to early medical terminations of pregnancy. When a woman requires an early medical termination of pregnancy and does not have access to safe accommodation within two hours driving time of a hospital emergency service she will be eligible for financial assistance through PATS. Assistance provided will include transport and accommodation costs and automatic eligibility for an escort. The woman will be covered under the PATS program until she is discharged by a suitably qualified medical practitioner. Any further follow up appointments required for this procedure will also be covered by PATS. Other PATS eligibility criteria continue to apply.

- Northern Territory Termination of Pregnancy Policy, 2019 (page 3)

Abortion complications

Yes

- Northern Territory Termination of Pregnancy Policy, 2019 (page 3)

Private health coverage

Not specified

- Northern Territory Termination of Pregnancy Policy, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 48)

Nurse

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Midwife/nurse-midwife

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Doctor (specialty not specified)

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Specialist doctor, including OB/GYN

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Other (if applicable)

Medical practitioner Health professional under supervision

A suitably qualified medical practitioner may direct an authorised ATSI health practitioner, authorised midwife, authorised nurse or authorised pharmacist to assist in the performance of a termination on a woman who is not more than 14 weeks pregnant, if the medical practitioner considers the termination is appropriate.

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 4)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Availability of a specialist doctor, including OB/GYN

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Minimum number of beds

Not specified

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019

Other (if applicable)

Early medical termination can be provided by a suitably qualified medical practitioner: who has appropriate areas for privacy and confidentiality (not applicable to Telehealth Services), certain protocols in place, suitable qualified personnel, links to support services, access to local pathology services available for the hours the service is provided, access to a pharmacist prepared to stock and supply MS-2Step. To provide surgical Termination of Pregnancy up to 14 weeks', providers must have a range of health care facilities and support services including on site operating room(s) and/or day surgery suite facilities, appropriate areas for counselling that ensure the woman's privacy and confidentiality, emergency resuscitation equipment available as per accreditation requirements, access to ultrasound services for pregnancies greater than 12 weeks gestation, emergency transfusion supplies on site, and have appropriate protocols in place. More details are provided in the guidelines.

- Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 48)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Queensland (Australia)

National guidelines for induced abortion

Yes, guidelines issued by the government

Related documents:

- Clinical Guidelines Termination of Pregnancy, 2019 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Methods allowed

Vacuum aspiration

Not specified

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Dilatation and evacuation

Not specified

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Combination mifepristone-misoprostol

Yes

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

- Clinical Guidelines Termination of Pregnancy, 2019 (page 21)

Misoprostol only

Yes (Gestations less than or equal to 63 DAYS In the case of outpatients - 9 WEEKS)

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

- Clinical Guidelines Termination of Pregnancy, 2019 (page 21)

Other (where provided)

Surgical curettage Feticide Selective reduction or selective feticide

Other 1: Surgical curettage is generally suitable up to 12 weeks gestation; between 12–16 weeks (or greater) gestation, performed only by an experienced practitioner.

No gestational limit is provided for feticide or selective reduction.

- Clinical Guidelines Termination of Pregnancy, 2019 (page 21)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Therapeutic Goods Authority approval of Mifepristone/Misoprostol combination 2012 (page 1) • List of Approved Medicines, 2022 (page 84) **Pharmacy selling or distribution** Yes, with prescription only • Therapeutic Goods Authority approval of Mifepristone/Misoprostol combination 2012 (page 1) • Clinical Guidelines Termination of Pregnancy, 2019 (page 1) • List of Approved Medicines, 2022 (page 84) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	Yes, for gynaecological indications **Related documents:** • List of Approved Medicines, 2022 (page 85) **Misoprostol allowed to be sold or distributed by pharmacies or drug stores** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. No information is specified as to where misoprostol must be dispensed or whether a prescription is needed. • List of Approved Medicines, 2022 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided	**Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 1) **Primary health-care centres** Not specified **Secondary (district-level) health-care facilities** Not specified **Specialized abortion care public facilities** Not specified **Private health-care centres or clinics** Not specified **NGO health-care centres or clinics** Not specified **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
National guidelines for post-abortion care	Yes, guidelines issued by the government **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50) **Additional notes** In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf
Where can post abortion care services be provided	**Primary health-care centres** Not specified • Queensland Termination of Pregnancy Act, 2018 **Secondary (district-level) health-care facilities** Not specified • Queensland Termination of Pregnancy Act, 2018 **Specialized abortion care public facilities** Not specified • Queensland Termination of Pregnancy Act, 2018 **Private health-care centres or clinics** Not specified • Queensland Termination of Pregnancy Act, 2018 **NGO health-care centres or clinics** Not specified • Queensland Termination of Pregnancy Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

Yes

Related documents:

- Clinical Guidelines Termination of Pregnancy, 2019 (page 18)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Additional notes

In addition to the Queensland Maternal and Neonatal Clinical Guideline: Termination of Pregnancy, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Insurance to offset end user costs

No data found

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Clinical Guidelines Termination of Pregnancy, 2019 (page 9)
- Queensland Termination of Pregnancy Act, 2018 (page 9)

Nurse

Yes

- https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Termination-of-Pregnancy-2018.pdf#page=8
- Queensland Termination of Pregnancy Act, 2018 (page 9)

Midwife/nurse-midwife

Yes

- https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Termination-of-Pregnancy-2018.pdf#page=8
- Queensland Termination of Pregnancy Act, 2018 (page 9)

Doctor (specialty not specified)

Not specified

- Queensland Termination of Pregnancy Act, 2018

Specialist doctor, including OB/GYN

Yes

Queensland Health approves the use of MS-2 Step for specialist obstetric and gynaecology staff who are registered with the MS-2 Step Prescribing Program for use in the termination of an intra-uterine pregnancy as per the Queensland Maternity and Neonatal Clinical Guideline for termination of pregnancy.

- https://abortion-policies.srhr.org/documents/countries/02-Australia-Queensland-Clinical-Guideline-Termination-of-Pregnancy-2018.pdf#page=20

Other (if applicable)

Pharmacist; Aboriginal and Torres Strait Islander health practitioners; Other registered health practitioner prescribed by regulation medical practitioner.

Queensland Health approves the use of MS-2 Step for specialist obstetric and gynaecology staff who are registered with the MS-2 Step Prescribing Program for use in the termination of an intra-uterine pregnancy as per the Queensland Maternity and Neonatal Clinical Guideline for termination of pregnancy.

- Clinical Guidelines Termination of Pregnancy, 2019 (page 9)
- Queensland Termination of Pregnancy Act, 2018 (page 9)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Yes

- Clinical Guidelines Termination of Pregnancy, 2019 (page 13)

Availability of a specialist doctor, including OB/GYN

Not specified

Minimum number of beds

Not specified

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

South Australia (Australia)

National guidelines for induced abortion

Yes, guidelines issued by the government

Related documents:

- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Methods allowed

Vacuum aspiration

Yes (12 WEEKS)

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)

Dilatation and evacuation

Not specified

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Combination mifepristone-misoprostol

Yes (63 DAYS)

Mifepristone is for restricted use for the preparation for the action of registered prostaglandin analogues that are indicated for the termination of pregnancy for medical reasons beyond the first trimester prescribed by Obstetrics and Gynaecology or at an approved pregnancy termination centre, treated by a prescriber who is registered with the MS 2 Step Prescribing Program (non-PBS). Mifepristone (&) Misoprostol is also for restricted use for the termination of an intra-uterine pregnancy up to 63 days gestation, treated by a prescriber who is registered with the MS 2 Step Prescribing Program.

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
- Drug Formulary Research (page 12)

Misoprostol only

Yes

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)

Other (where provided)

For retained products of conception, medical management with further misoprostol or surgical management with dilatation and curettage is recommended.

- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Therapeutic Drugs Administration Approval Mifepristone and Misoprostol Combination, 2012 (page 1) • Drug Formulary Research (page 12) **Pharmacy selling or distribution** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. There is no information specified as to where mifepristone is to be dispensed, but a prescription is required. • Therapeutic Drugs Administration Approval Mifepristone and Misoprostol Combination, 2012 • Therapeutic Drugs Administration Approval Mifepristone and Misoprostol Combination, 2012 (page 1) • Drug Formulary Research (page 12) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) **Related documents:** • Therapeutic Drugs Administration Approval Mifepristone and Misoprostol Combination, 2012 (page 1) • Drug Formulary Research (page 12)
Country recognized approval (misoprostol)	Yes, for gynaecological indications **Related documents:** • Drug Formulary Research (page 13) **Misoprostol allowed to be sold or distributed by pharmacies or drug stores** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. There is no information specified as to where misoprostol is to be dispensed, but a prescription is required. **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) **Additional notes** Misoprostol is not included in the Pharmaceutical Benefits Scheme (PBS).

Where can abortion services be provided

Related documents:

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 1)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
- Termination of Pregnancy Bill 2021 (page 4)

Primary health-care centres

Not specified

- Termination of Pregnancy Bill 2021

Secondary (district-level) health-care facilities

Yes

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 1)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
- https://abortion-policies.srhr.org/documents/countries/02-Australia-South-Australia-Medical-Termination-of-Pregnancy-Regulations-2011.pdf#page=4
- Termination of Pregnancy Bill 2021 (page 4)

Specialized abortion care public facilities

Yes

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 1)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
- https://abortion-policies.srhr.org/documents/countries/02-Australia-South-Australia-Medical-Termination-of-Pregnancy-Regulations-2011.pdf#page=4
- Termination of Pregnancy Bill 2021 (page 4)

Private health-care centres or clinics

Yes

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 1)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
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- Termination of Pregnancy Bill 2021 (page 4)

NGO health-care centres or clinics

Not specified

- Termination of Pregnancy Bill 2021

Other (if applicable)

Access to termination of pregnancy services may be facilitated onsite, via telehealth, or by referral to an alternative service provider (medical practitioner or health service known to provide the service), relevant to the gestation of pregnancy. Terminations performed after 22 weeks and 6 days must performed at a prescribed hospital, except in emergency cases.

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 1)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)
- https://abortion-policies.srhr.org/documents/countries/02-Australia-South-Australia-Medical-Termination-of-Pregnancy-Regulations-2011.pdf#page=4
- Termination of Pregnancy Bill 2021 (page 4)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the South Australia Department of Health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Where can post abortion care services be provided

Primary health-care centres

Not specified

- Termination of Pregnancy Bill 2021

Secondary (district-level) health-care facilities

Not specified

- Termination of Pregnancy Bill 2021

Specialized abortion care public facilities

Not specified

- Termination of Pregnancy Bill 2021

Private health-care centres or clinics

Not specified

- Termination of Pregnancy Bill 2021

NGO health-care centres or clinics

Not specified

- Termination of Pregnancy Bill 2021

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

Yes

Related documents:

- Termination of Pregnancy in the First Trimester, 2020 (page 8)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Additional notes

In addition to the South Australia department of health issued guidelines for professionals on delivery of abortion services there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Insurance to offset end user costs

Yes

Related documents:

- National Maternity Services Capability Framework (page 8)

Induced abortion for all women

Yes

Most terminations of pregnancy that occur in South Australia are provided through the public health system. While women who have a surgical termination of pregnancy in a public clinic will not be charged, women who have a medical termination in a public clinic may be required to pay a gap for the medication.

Misoprostol is not included in the Pharmaceutical Benefits Scheme (PBS).

- National Maternity Services Capability Framework (page 8)
- Drug Formulary Research (page 13)

Induced abortion for poor women only

No

- National Maternity Services Capability Framework (page 8)

Abortion complications

Not specified

- National Maternity Services Capability Framework

Private health coverage

Not specified

- National Maternity Services Capability Framework

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 2)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 8)
- Termination of Pregnancy Bill 2021 (page 3)

Nurse

Not specified

- Termination of Pregnancy Bill 2021

Midwife/nurse-midwife

Not specified

- Termination of Pregnancy Bill 2021

Doctor (specialty not specified)

Not specified

- Termination of Pregnancy Bill 2021

Specialist doctor, including OB/GYN

Not specified

- Termination of Pregnancy Bill 2021

Other (if applicable)

Registered health practitioner, which includes medical practitioner, or any other person registered under the Health Practitioner Regulation National Law to practise in a health profession, other than as a student.

Medical practitioners wishing to prescribe mifepristone and misoprostol must be registered with and certified by MS Health via the secure healthcare professional website https://www.ms2step.com.au/ (for more information see Standards for the Management of Termination of Pregnancy in SA available at www.sahealth.sa.gov.au/perinatal). Registered medical practitioners with a Fellowship of the Royal Australian New Zealand College Obstetricians Gynaecologists will not have to complete the training but are still required to register with MS Health as part of the medical termination of pregnancy Risk Management Plan.

- Termination of Pregnancy Policy, 2022 (page 6)
- Termination of Pregnancy Regulations, 2022 (page 2)
- Termination of Pregnancy in the First Trimester, 2020 (page 1)
- Termination of Pregnancy in the Second Trimester, 2020 (page 8)
- Termination of Pregnancy Bill 2021 (page 3)
- Termination of Pregnancy in the First Trimester, 2020 (page 5)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Yes

- Termination of Pregnancy Policy, 2022 (page 6)

Availability of a specialist doctor, including OB/GYN

Yes

- Termination of Pregnancy Policy, 2022 (page 6)

Minimum number of beds

Not specified

Other (if applicable)

Basic or essential equipment and/or supplies.

South Australia Health services providing termination of pregnancy must have access to ultrasound for the purposes of accurately dating the pregnancy where clinically appropriate. Where there are service gaps in regional areas, consideration must be given to service agreements with local private providers.

- Termination of Pregnancy Policy, 2022 (page 6)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Tasmania (Australia)

National guidelines for induced abortion

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

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Methods allowed

Vacuum aspiration

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Dilatation and evacuation

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Combination mifepristone-misoprostol

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Misoprostol only

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • Mifepristone and Misoprostol Department of Health, 2012 (page 1) **Pharmacy selling or distribution** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. While it is not specified where mifepristone must be dispensed, a prescription is required. • Mifepristone and Misoprostol Department of Health, 2012 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:

- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Health Service Establishments Act, 2006 (page 1)
- Health Service Establishments Regulations, 2011 (page 1)
- Pregnancy Termination Information for Women (page 1)

Primary health-care centres

Not specified

- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Secondary (district-level) health-care facilities

Not specified

- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Specialized abortion care public facilities

Not specified

- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Private health-care centres or clinics

Not specified

- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

NGO health-care centres or clinics

Not specified

- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Other (if applicable)

In a clinic, Family Planning Tasmania, Marie Stopes Australia

- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Health Service Establishments Act, 2006 (page 1)
- Health Service Establishments Regulations, 2011 (page 1)
- Pregnancy Termination Information for Women (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

There is no requirement in the legislation around where an abortion (or post-abortion care) should be performed. However, the Health Service Establishments Act 2006 and the Health Service Establishments Regulations 2011 establish that all private health establishments must be licensed and detail the regulations and requirements for licensing. Private termination providers must apply to be licensed as day procedure centre or at a higher level. The Tasmanian Department of Health and Human Services information page for women states that three private facilities are licensed to provide abortions.

Related documents:

- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Health Service Establishments Act, 2006 (page 1)
- Health Service Establishments Regulations, 2011 (page 1)
- Pregnancy Termination Information for Women (page 1)

National guidelines for post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Where can post abortion care services be provided

Primary health-care centres

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Secondary (district-level) health-care facilities

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Specialized abortion care public facilities

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Private health-care centres or clinics

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

NGO health-care centres or clinics

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Insurance to offset end user costs

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Reproductive Health Access to Terminations Bill, 2013 (page 3)
- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Pregnancy Termination Law Fact Sheet, 2014 (page 1)

Nurse

Not specified

Midwife/nurse-midwife

Not specified

Doctor (specialty not specified)

- Reproductive Health Access to Terminations Bill, 2013 (page 3)
- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Pregnancy Termination Law Fact Sheet, 2014 (page 1)

Specialist doctor, including OB/GYN

Yes

- Reproductive Health Access to Terminations Bill, 2013 (page 3)
- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Pregnancy Termination Law Fact Sheet, 2014 (page 1)

Other (if applicable)

Medical practitioner

- Reproductive Health Access to Terminations Bill, 2013 (page 3)
- Termination of pregnancy Fact Sheet, 2021 (page 2)
- Pregnancy Termination Law Fact Sheet, 2014 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Availability of a specialist doctor, including OB/GYN

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Minimum number of beds

Not specified

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Victoria (Australia)

National guidelines for induced abortion

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Methods allowed

Vacuum aspiration

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Dilatation and evacuation

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Combination mifepristone-misoprostol

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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- Victoria Medication abortion Mifepristone Health Authority Victoria, 2016 (page 1)

Misoprostol only

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • https://abortion-policies.srhr.org/documents/countries/11-Australia-Mifepristone-and-Misoprostol-registration-Department-of-Health-2012.pdf#page=1 **Pharmacy selling or distribution** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • https://abortion-policies.srhr.org/documents/countries/11-Australia-Tasmania-Criminal-Code-Act-1924.pdf **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Primary health-care centres

Not specified

The Abortion Law Reform Act 2008 (1) does not prescribe where an abortion must take place. It is a legal requirement to register a day procedure centre or private hospital under Victoria law. The Victoria Department of Health is responsible for the regulation of private hospitals and day procedure centres under the Health Services Act 1988 (2) and the Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013 (3). The regulations do not specifically refer to registration for the performance of pregnancy terminations.

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013
- Victoria Abortion Law Reform Act, 2008 (page 6)
- Victoria Health Service Act, 1988 (page 1)
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013 (page 1)

Secondary (district-level) health-care facilities

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Specialized abortion care public facilities

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Private health-care centres or clinics

Not specified

The Abortion Law Reform Act 2008 (1) does not prescribe where an abortion must take place. It is a legal requirement to register a day procedure centre or private hospital under Victoria law. The Victoria Department of Health is responsible for the regulation of private hospitals and day procedure centres under the Health Services Act 1988 (2) and the Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013 (3). The regulations do not specifically refer to registration for the performance of pregnancy terminations.

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- Victoria Health Service Act, 1988 (page 1)
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013 (page 1)

NGO health-care centres or clinics

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

The Abortion Law Reform Act 2008 (1) does not prescribe where an abortion must take place. It is a legal requirement to register a day procedure centre or private hospital under Victoria law. The Victoria Department of Health is responsible for the regulation of private hospitals and day procedure centres under the Health Services Act 1988 (2) and the Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013 (3). The regulations do not specifically refer to registration for the performance of pregnancy terminations.

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 6)
- Victoria Health Service Act, 1988 (page 1)
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013 (page 1)

National guidelines for post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Where can post abortion care services be provided

Primary health-care centres

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Secondary (district-level) health-care facilities

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Specialized abortion care public facilities

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Private health-care centres or clinics

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

NGO health-care centres or clinics

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 133)

Contraception included in post-abortion care

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)

Additional notes

There are professional guidelines for medical health professionals on termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post-abortion care procedures, including contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Insurance to offset end user costs

Yes

Related documents:

- Abortion Services Health Authority, 2014 (page 1)

Induced abortion for all women

Yes

- Abortion Services Health Authority, 2014 (page 1)

Induced abortion for poor women only

Not specified

Abortion complications

Not specified

Private health coverage

Yes

- Abortion Services Health Authority, 2014 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Victoria Abortion Law Reform Act, 2008 (page 5)

Nurse

Yes

A registered medical practitioner may, in writing, direct a registered pharmacist or registered nurse, who is employed or engaged by a hospital, to administer or supply a drug or drugs to cause an abortion in a woman who is more than 24 weeks pregnant. A registered pharmacist or registered nurse who is authorised under the Drugs, Poisons and Controlled Substances Act 1981 to supply a drug or drugs may administer or supply the drug or drugs to cause an abortion in a woman who is not more than 24 weeks pregnant.

- Victoria Abortion Law Reform Act, 2008 (page 5)

Midwife/nurse-midwife

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Doctor (specialty not specified)

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Specialist doctor, including OB/GYN

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Other (if applicable)

Medical practitioner

A registered medical practitioner may, in writing, direct a registered pharmacist or registered nurse, who is employed or engaged by a hospital, to administer or supply a drug or drugs to cause an abortion in a woman who is more than 24 weeks pregnant. A registered pharmacist or registered nurse who is authorised under the Drugs, Poisons and Controlled Substances Act 1981 to supply a drug or drugs may administer or supply the drug or drugs to cause an abortion in a woman who is not more than 24 weeks pregnant.

- Victoria Abortion Law Reform Act, 2008 (page 5)
- Victoria Abortion Law Reform Act, 2008 (page 5)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Availability of a specialist doctor, including OB/GYN

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Minimum number of beds

Not specified

- Victoria Abortion Law Reform Act, 2008
- Victoria Health Service Act, 1988
- Health Services (Private Hospitals and Day Procedure Centres) Regulations, 2013

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Western Australia (Australia)

National guidelines for induced abortion

Yes, guidelines issued by the government

Related documents:

- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the Western Australia Department of Health Termination of Pregnancy Information for Medical Practitioners, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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Methods allowed

Vacuum aspiration

Yes (up to 12 WEEKS)

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- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 14)

Dilatation and evacuation

Yes (up to 12 WEEKS)

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- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 14)

Combination mifepristone-misoprostol

Not specified

In addition to the Western Australia Department of Health Termination of Pregnancy Information for Medical Practitioners, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

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- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

Misoprostol only

Not specified

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- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

Other (where provided)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

Source document: WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

Source document: WHO Abortion Care Guideline (page 106)

Country recognized approval (mifepristone / misoprostol)	Yes **Related documents:** • Registration of Mifepristone (RU 486) and GynMiso (Misoprostol), 2012 (page 1) **Pharmacy selling or distribution** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Registration of Mifepristone (RU 486) and GynMiso (Misoprostol), 2012 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Country recognized approval (misoprostol)	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:

- Western Australia Health Act, 1911 (page 236)

Primary health-care centres

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Secondary (district-level) health-care facilities

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Specialized abortion care public facilities

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Private health-care centres or clinics

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

NGO health-care centres or clinics

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Other (if applicable)

Abortions after 20 weeks gestation can only be legally provided in facilities approved by the Minister.

- Western Australia Health Act, 1911 (page 237)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes

In addition to the Western Australia Department of Health Termination of Pregnancy Information for Medical Practitioners, there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website:

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf

Where can post abortion care services be provided	**Primary health-care centres** Not specified • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **Secondary (district-level) health-care facilities** Not specified • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **Specialized abortion care public facilities** Not specified • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **Private health-care centres or clinics** Not specified • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **NGO health-care centres or clinics** Not specified • Western Australia Acts Amendment Abortion Act, 1998 • Western Australia Health Act, 1911 • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 133)
Contraception included in post-abortion care	**WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4. **Source document**: WHO Abortion Care Guideline (page 126) **Additional notes** In addition to the Western Australia Department of Health Termination of Pregnancy Information for Medical Practitioner there are national professional guidelines to medical health professionals on providing termination of pregnancy, including medical termination and late termination by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). They include references to post abortion care procedures too, such as contraceptive counselling. These professional guidelines can be accessed from the RANZCOG website: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Use-of-mifepristone-for-medical-termination-of-pregnancy-(C-Gyn-21)-Amended-February-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Late-Termination-of-Pregnancy-(C-Gyn-17a)-New-May-2016.pdf?ext=.pdf
Insurance to offset end user costs	No data found **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2. **Source document**: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- Western Australia Health Act, 1911 (page 237)
- Criminal Code Act Compilation Act, 1913 (page 123)

Nurse

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Midwife/nurse-midwife

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Doctor (specialty not specified)

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Specialist doctor, including OB/GYN

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners
- Criminal Code Act Compilation Act, 1913

Other (if applicable)

Medical practitioner, defined as a person registered under the Health Practitioner Regulation National Law (Western Australia) in the medical profession

- Criminal Code Act Compilation Act, 1913 (page 123)
- Western Australia Health Act, 1911 (page 237)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

Availability of a specialist doctor, including OB/GYN

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

Minimum number of beds

Not specified

- Western Australia Acts Amendment Abortion Act, 1998
- Western Australia Health Act, 1911
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners

Other (if applicable)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Conscientious Objection

Australia

Public sector providers

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Private sector providers

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

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Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Provider type not specified

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Neither Type of Provider Permitted

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Public facilities

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Private facilities

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Facility type not specified

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Neither Type of Facility Permitted

Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Additional notes

Access to safe and legal abortion services is governed by each state or territory, rather than at the national level. The only nationwide applicable source that could be found was the approval by the Therapeutic Goods Administration of Mifepristone/Misoprostol combination. However, rules on accessing this medicine at the local level also vary.

Gestational limits also vary from state to state, as do the grounds of access, and any additional restrictions.

Related documents:

- Australia Mifepristone and Misoprostol registration Department of Health, 2012 (page 1)

Capital Territory (Australia)

Public sector providers

Related documents:

- Capital Territory Health Act, 2016 (page 52)
- Health Improving Abortion Access Amendment Act, 2018 (page 7)

Individual health-care providers who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Health Improving Abortion Access Amendment Act, 2018

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

Doctors and nurses can refuse to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion, on religious or other conscientious grounds. They must not refuse to carry out, or assist in carrying out, a surgical abortion in an emergency where an abortion is necessary to preserve the life of the pregnant person; or to provide medical assistance or treatment to a person requiring medical treatment because of an abortion. In case of refusal, the doctor or nurse must tell a person requesting the abortifacient or abortion that they refuse because of the objection.

Private sector providers	**Related documents:** • Capital Territory Health Act, 2016 (page 52) • Health Improving Abortion Access Amendment Act, 2018 (page 7) **Individual health-care providers who have objected are required to refer the woman to another provider** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Capital Territory Health Act, 2016 • Health Improving Abortion Access Amendment Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Doctors and nurses can refuse to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion, on religious or other conscientious grounds. They must not refuse to carry out, or assist in carrying out, a surgical abortion in an emergency where an abortion is necessary to preserve the life of the pregnant person; or to provide medical assistance or treatment to a person requiring medical treatment because of an abortion. In case of refusal, the doctor or nurse must tell a person requesting the abortifacient or abortion that they refuse because of the objection.
Provider type not specified	Yes **Related documents:** • Capital Territory Health Act, 2016 (page 52) • Health Improving Abortion Access Amendment Act, 2018 (page 7) **Individual health-care providers who have objected are required to refer the woman to another provider** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Capital Territory Health Act, 2016 • Health Improving Abortion Access Amendment Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Doctors and nurses can refuse to prescribe, supply or administer an abortifacient, or carry out or assist in carrying out a surgical abortion, on religious or other conscientious grounds. They must not refuse to carry out, or assist in carrying out, a surgical abortion in an emergency where an abortion is necessary to preserve the life of the pregnant person; or to provide medical assistance or treatment to a person requiring medical treatment because of an abortion. In case of refusal, the doctor or nurse must tell a person requesting the abortifacient or abortion that they refuse because of the objection.

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Public facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Health Improving Abortion Access Amendment Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Private facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Health Improving Abortion Access Amendment Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Facility type not specified	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Capital Territory Health Act, 2016 • Health Improving Abortion Access Amendment Act, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)

Neither Type of Facility Permitted

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Capital Territory Health Act, 2016
- Health Improving Abortion Access Amendment Act, 2018

WHO Guidance

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Source document: WHO Abortion Care Guideline (page 48)

New South Wales (Australia)

Public sector providers

Related documents:

- Reproductive Health Care Reform Bill, 2019 (page 6)

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

The registered health practitioner must, as soon as practicable after the person makes the request for a termination, disclose the practitioner's conscientious objection to the first person. The practitioner must then without delay give information to the person on how to locate or contact a medical practitioner who, in the first practitioner's reasonable belief, does not have a conscientious objection to the performance of the termination, or transfer the person's care to another registered health practitioner who, in the first practitioner's reasonable belief, can provide the requested service and does not have a conscientious objection to the performance of the termination, or a health service provider at which, in the first practitioner's reasonable belief, the requested service can be provided by another registered health practitioner who does not have a conscientious objection to the performance of the termination. The obligation to provide the service in an emergency regardless of conscientious objection remains.

- Reproductive Health Care Reform Bill, 2019 (page 6)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Private sector providers

Related documents:

- Reproductive Health Care Reform Bill, 2019 (page 6)

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Provider type not specified	Yes **Related documents:** • Reproductive Health Care Reform Bill, 2019 (page 6) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes The registered health practitioner must, as soon as practicable after the person makes the request for a termination, disclose the practitioner's conscientious objection to the first person. The practitioner must then without delay give information to the person on how to locate or contact a medical practitioner who, in the first practitioner's reasonable belief, does not have a conscientious objection to the performance of the termination, or transfer the person's care to another registered health practitioner who, in the first practitioner's reasonable belief, can provide the requested service and does not have a conscientious objection to the performance of the termination, or a health service provider at which, in the first practitioner's reasonable belief, the requested service can be provided by another registered health practitioner who does not have a conscientious objection to the performance of the termination. The obligation to provide the service in an emergency regardless of conscientious objection remains. • Reproductive Health Care Reform Bill, 2019 (page 6) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98)
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Public facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Care Reform Bill, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
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Northern Territory (Australia)

Public sector providers	**Related documents:** • Northern Territory Termination of Pregnancy Act, 2017 (page 8) • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 10) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes It is important such a referral be timely, for example within a maximum of two days following initial consultation • Northern Territory Termination of Pregnancy Act, 2017 (page 8) • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98)
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Public facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Northern Territory Termination of Pregnancy Clinical Guidelines, 2019 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
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Queensland (Australia)	
Public sector providers	**Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) • Queensland Termination of Pregnancy Act, 2018 (page 9) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Not permitted in cases of emergency.
Private sector providers	**Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) • Queensland Termination of Pregnancy Act, 2018 (page 9) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Not permitted in cases of emergency.

Provider type not specified	Yes **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) • Queensland Termination of Pregnancy Act, 2018 (page 9) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Not permitted in cases of emergency.
Neither Type of Provider Permitted	**Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) • Queensland Termination of Pregnancy Act, 2018 (page 9) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Not permitted in cases of emergency.
Public facilities	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** The Queensland Clinical Guidelines for the Termination of Pregnancy specify that Hospitals, institutions or services do not have the right to conscientiously object as this is a personal and individual right.
Private facilities	No **Related documents:** • Clinical Guidelines Termination of Pregnancy, 2019 (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** The Queensland Clinical Guidelines for the Termination of Pregnancy specify that Hospitals, institutions or services do not have the right to conscientiously object as this is a personal and individual right.

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South Australia (Australia)	
Public sector providers	**Related documents:** • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes All medical practitioners must ensure access to appropriate termination of pregnancy services through either local service provision or through well-developed referral processes/pathways to external services. • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Individuals are permitted to conscientiously object in cases where they are asked to perform a termination on another person; assist in the performance of a termination on another person; make a decision about whether a termination on another person should be performed; or advise the first person about the performance of a termination on another person. The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person. This does not apply to emergency services needed.

Private sector providers	**Related documents:** • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes All medical practitioners must ensure access to appropriate termination of pregnancy services through either local service provision or through well-developed referral processes/pathways to external services. • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Individuals are permitted to conscientiously object in cases where they are asked to perform a termination on another person; assist in the performance of a termination on another person; make a decision about whether a termination on another person should be performed; or advise the first person about the performance of a termination on another person. The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person. This does not apply to emergency services needed.
Provider type not specified	Yes **Related documents:** • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes All medical practitioners must ensure access to appropriate termination of pregnancy services through either local service provision or through well-developed referral processes/pathways to external services. • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Individuals are permitted to conscientiously object in cases where they are asked to perform a termination on another person; assist in the performance of a termination on another person; make a decision about whether a termination on another person should be performed; or advise the first person about the performance of a termination on another person. The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person. This does not apply to emergency services needed.

Neither Type of Provider Permitted	**Related documents:** • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes All medical practitioners must ensure access to appropriate termination of pregnancy services through either local service provision or through well-developed referral processes/pathways to external services. • Termination of Pregnancy Bill 2021 (page 5) • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Individuals are permitted to conscientiously object in cases where they are asked to perform a termination on another person; assist in the performance of a termination on another person; make a decision about whether a termination on another person should be performed; or advise the first person about the performance of a termination on another person. The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person. This does not apply to emergency services needed.
Public facilities	No **Related documents:** • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** Conscientious objection applies only to an individual registered health practitioner. South Australia Health sites do not have a right to conscientious objection.
Private facilities	No **Related documents:** • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** Conscientious objection applies only to an individual registered health practitioner. South Australia Health sites do not have a right to conscientious objection.
Facility type not specified	No **Related documents:** • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** Conscientious objection applies only to an individual registered health practitioner. South Australia Health sites do not have a right to conscientious objection.

Neither Type of Facility Permitted	Yes **Related documents:** • Termination of Pregnancy Policy, 2022 (page 8) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48) **Additional notes** Conscientious objection applies only to an individual registered health practitioner. South Australia Health sites do not have a right to conscientious objection.
Tasmania (Australia)	
Public sector providers	**Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 4) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes No individual has a duty to perform a termination by contract or by any other legal requirement if the person has a conscientious objection, except in the case where the termination is necessary to save the life of the pregnant woman or prevent serious injury to her. In this case, a medical practitioner has a duty to perform a termination, and a nurse or midwife has a duty to assist. In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options. • Reproductive Health Access to Terminations Bill, 2013 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** No individual has a duty to perform a termination by contract or by any other legal requirement if the person has a conscientious objection, except in the case where the termination is necessary to save the life of the pregnant woman or prevent serious injury to her. In this case, a medical practitioner has a duty to perform a termination, and a nurse or midwife has a duty to assist. In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options.
Private sector providers	**Related documents:** • Reproductive Health Access to Terminations Bill, 2013 (page 4) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes No individual has a duty to perform a termination by contract or by any other legal requirement if the person has a conscientious objection, except in the case where the termination is necessary to save the life of the pregnant woman or prevent serious injury to her. In this case, a medical practitioner has a duty to perform a termination, and a nurse or midwife has a duty to assist. In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options. • Reproductive Health Access to Terminations Bill, 2013 (page 4) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** No individual has a duty to perform a termination by contract or by any other legal requirement if the person has a conscientious objection, except in the case where the termination is necessary to save the life of the pregnant woman or prevent serious injury to her. In this case, a medical practitioner has a duty to perform a termination, and a nurse or midwife has a duty to assist. In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options.

Provider type not specified

Yes

Related documents:

- Reproductive Health Access to Terminations Bill, 2013 (page 4)

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

No individual has a duty to perform a termination by contract or by any other legal requirement if the person has a conscientious objection, except in the case where the termination is necessary to save the life of the pregnant woman or prevent serious injury to her. In this case, a medical practitioner has a duty to perform a termination, and a nurse or midwife has a duty to assist.

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WHO Guidance

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Source document: WHO Abortion Care Guideline (page 98)

Additional notes

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In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options.

Neither Type of Provider Permitted

Related documents:

- Reproductive Health Access to Terminations Bill, 2013 (page 4)

Individual health-care providers who have objected are required to refer the woman to another provider

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In non-emergency situations where the practitioner has a conscientious objection, they must, on becoming aware that a woman is seeking a termination, provide the woman with a full list of prescribed health services from which the woman may seek advice, information and counselling on the full range of pregnancy options.

Public facilities

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

- Reproductive Health Access to Terminations Bill, 2013
- Health Service Establishments Act, 2006
- Health Service Establishments Regulations, 2011

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

Private facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 • Health Service Establishments Act, 2006 • Health Service Establishments Regulations, 2011 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Facility type not specified	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Reproductive Health Access to Terminations Bill, 2013 • Health Service Establishments Act, 2006 • Health Service Establishments Regulations, 2011 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
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Victoria (Australia)	
Public sector providers	**Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 7) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Victoria Abortion Law Reform Act, 2008 (page 7) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Medical practitioners, registered nurses and pharmacists are under a duty to perform an abortion in an emergency when the abortion is necessary to save the life of the woman.

Private sector providers	**Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 7) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Victoria Abortion Law Reform Act, 2008 (page 7) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Medical practitioners, registered nurses and pharmacists are under a duty to perform an abortion in an emergency when the abortion is necessary to save the life of the woman.
Provider type not specified	Yes **Related documents:** • Victoria Abortion Law Reform Act, 2008 (page 7) **Individual health-care providers who have objected are required to refer the woman to another provider** Yes • Victoria Abortion Law Reform Act, 2008 (page 7) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98) **Additional notes** Medical practitioners, registered nurses and pharmacists are under a duty to perform an abortion in an emergency when the abortion is necessary to save the life of the woman.
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Public facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)

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Facility type not specified	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Neither Type of Facility Permitted	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Victoria Abortion Law Reform Act, 2008 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Western Australia (Australia)	
Public sector providers	**Related documents:** • Western Australia Health Act, 1911 (page 235) • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 10) **Individual health-care providers who have objected are required to refer the woman to another provider** No • Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 10) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. **Source document**: WHO Abortion Care Guideline (page 98)

Private sector providers

Related documents:

- Western Australia Health Act, 1911 (page 235)
- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 10)

Individual health-care providers who have objected are required to refer the woman to another provider

No

- Termination of Pregnancy: Information and Legal Obligations for Medical Practitioners (page 10)

WHO Guidance

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The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Provider type not specified

Yes

Related documents:

- Western Australia Health Act, 1911 (page 235)
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- Western Australia Health Act, 1911 (page 235)
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Source document: WHO Abortion Care Guideline (page 98)

Public facilities

Related documents:

- Western Australia Health Act, 1911 (page 235)

Health-care facilities who have objected are required to refer the woman to another provider

Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- Western Australia Health Act, 1911

WHO Guidance

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Source document: WHO Abortion Care Guideline (page 48)

Private facilities	**Related documents:** • Western Australia Health Act, 1911 (page 235) **Health-care facilities who have objected are required to refer the woman to another provider** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Western Australia Health Act, 1911 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Facility type not specified	Yes **Related documents:** • Western Australia Health Act, 1911 (page 235) **Health-care facilities who have objected are required to refer the woman to another provider** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Western Australia Health Act, 1911 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Neither Type of Facility Permitted	**Related documents:** • Western Australia Health Act, 1911 (page 235) **Health-care facilities who have objected are required to refer the woman to another provider** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. • Western Australia Health Act, 1911 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)

Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	No data
1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	No data
1.a.2 Proportion of total government spending on essential services (education, health and social protection)	No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio	**6** (2017)

3.1.2 Proportion of births attended by skilled health personnel	No data
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	No data
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	**12.9** (2015-2020)
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
3.c.1 Health worker density and distribution	No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex	No data
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No data
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No data
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	No data
5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education	No data
5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	No data
5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities	No data

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	No data
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	No data

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 1829 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet	No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	No data
Percentage of births attended by trained health professional	**99.7** (2015)
Percentage of women aged 20-24 who gave birth before age 18	No data
Total fertility rate	**1.74** (2018)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	**18** (2009-2017)
Gender Inequalities Index (Value)	**0.11** (2017)
Gender Inequalities Index (Rank)	**23** (2017)
Mandatory paid maternity leave	**Yes** (2020)
Median age	**37.9** (2020)
Population, urban (%)	**86.012** (2018)

Percentage of secondary school completion rate for girls	**1** (2013)
Gender parity in secondary education	**0.867** (2016)
Percentage of women in non-agricultural employment	**47.3** (2013)
Proportion of seats in parliament held by women	**32.7** (2017)
Sex ratio at birth (male to female births)	**1.06** (2018)