

Nurse-led medical abortion care in Australia: legislative opportunities

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Background/Purpose:

Abortion access is an issue across metropolitan, rural, regional and remote areas of Australia. The burden of health inequity has been shouldered foremost by women and pregnant people, some of whom have not been able to access their choice of care. Our ongoing work towards nurse-led medical abortion seeks to maximise opportunities for both legislative reform and evolving models of care.

Approach:

A legislative scan was framed in the context of considering where a nurse-led MToP pilot could be conducted. This is because sexual and reproductive health providers will need to pilot nurse-led MToP in order to inform evolved models of care and subsequent clinical guidelines. This presentation will cover a legislative scan published in 2020 and provide an update of legislative change and action to date.

Outcomes/Impact:

The most appropriate state or territory for a nurse-led MToP pilot would be the Australian Capital Territory or South Australia. Given the legislation in most jurisdictions, it may be best to engage in partial nurse-led MToP in a way that involves GPs and/or other medical practitioners, as required by law, either directly or through telehealth where available. This kind of partial nurse-led MToP, would likely be lawful in Queensland, the Northern Territory and Victoria.

Innovation and Significance:

We are at a critical point in evolving models of care in order to maintain and expand access to sexual and reproductive health. Nurse-led care is evolving. Across the health system, nurses and midwives have experienced extended scope of practice, recognising their capacity and broader potential for healthcare. Nurse-led abortion care is possible, we know this from international experience. However, to apply nurse-led abortion care in Australia, we need to ensure there is a supportive legislative environment.

Disclosure of Interest Statement:

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