Women's Health Tasmania

Termination of pregnancy

A good practice guide for Tasmanian care providers

DISCLAIMER

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ACKNOWLEDGEMENT

Women's Health Tasmania acknowledges the palawa and pakana people as the traditional and original custodians of lutruwita/Tasmania. We recognise that sovereignty was never ceded and we honour their continuing connection to land, waters and culture. We pay respect to Elders past, present and future.

THANK YOU TO CONTRIBUTORS

Our sincere thanks to Dr Lucy Mercer-Mapstone who researched and prepared the Women's Health Tasmania report *Talking to people about terminations of pregnancy in Tasmania* (2022), on which this guide is based.

We are grateful to the research participants who generously shared their lived experience with Dr Mercer-Mapstone and to the Women's Health Tasmania staff and other health professionals in Tasmania who contributed to the work.

Our thanks also to the health and termination care experts who formed the reference group for the development of this guide and to the termination care providers who reviewed its content.

This guide was prepared by Elinor Heard with graphic design by Kelly Eijdenberg at Poco People.

ABOUT WOMEN'S HEALTH TASMANIA

Based in nipaluna/Hobart in southern lutruwita/Tasmania, Women's Health Tasmania has been providing evidence-based services and advocacy for better health outcomes for women since 1988.

Women's Health Tasmania is run by women for women, with the vision of women being informed and active decision-makers in our own health and wellbeing. Our definition of 'women' is inclusive and our work supports everyone who identifies as a woman.

Since our inception, Women's Health Tasmania has been a leading voice in the development of better sexual and reproductive health systems and practices. Recent work in this space includes the establishment of an online directory of Tasmanian reproductive health services called Pregnancy Choices Tasmania[1] and the *Talking to people about terminations of pregnancy in Tasmania* report,[2] on which this guide is based.

We also offer evidence-based resources and support for a range of sexual and reproductive health matters including menstruation, menopause, contraception, infertility, pregnancy, pregnancy loss, termination of pregnancy, healthy relationships and parenting.

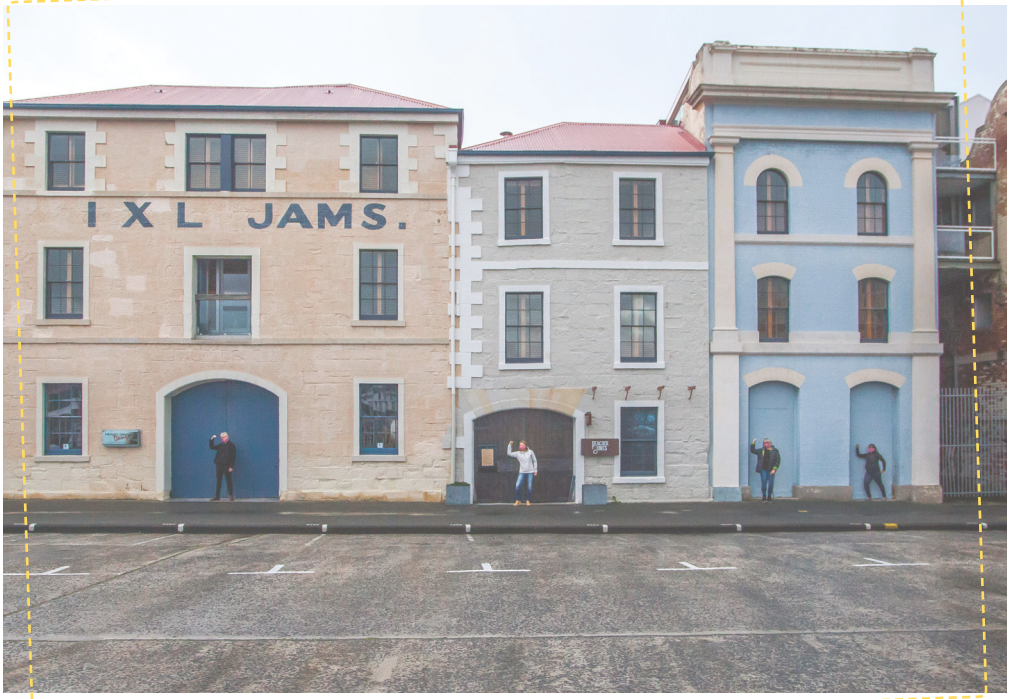
Our approach to sexual and reproductive health care is:

- Pro-choice
- Non-directive
- Non-judgemental
- Independent

We believe each individual is best placed to make their own sexual and reproductive health decisions based on their medical needs, personal preferences and life circumstances. We think health services should be person-centred and free of bias and judgement.

Women's Health Tasmania regards equitable access to quality health care as a fundamental right and recognises that for some people this right is limited by barriers relating to age, gender, sexuality, disability, income, housing, literacy, language, culture, immigration status and legal status. Our work seeks to highlight and respond to these barriers.

We also work with government, health and community sectors to promote good practice health care and to identify opportunities for service improvement and health system reform.



ABOUT THE GUIDE

Termination of Pregnancy: A Good Practice Guide for Tasmanian Care Providers is designed to support the development of high quality and consistent termination care practices in Tasmania.

It follows the release of the Women's Health Tasmania research report *Talking to people about terminations of pregnancy in Tasmania* (2022), which found that while some patients in Tasmania had positive termination care experiencess, this mostly reflected a single practitioner or service that stood out as going 'above and beyond,' rather than a general standard of care.

The Guide also responds to the finding that some Australian GPs are willing to provide termination care but do not, due to barriers that include "lack of training, lack of support, fear of or actual stigmatisation and fear of demand,"[3] together with uncertainty about how to establish termination care provision in a clinical setting. Clinicians suggest that describing good practice termination care in generalist settings "may therefore facilitate commencement of practice and empower GPs to start delivering [terminations]."[4]

To the best of our knowledge, at the time of publication, the Guide is the only Australian resource combining contemporary practice expertise with lived experience to support the development of high quality termination care practices.

While the Guide has a clear practice focus the content is relevant to all health professionals and staff involved in the provision of termination care.

The Guide reflects the Tasmanian legal and service provision context for termination of pregnancy and while the content may be applicable in other jurisdictions, this is not guaranteed.

Despite the localised setting, a survey of contemporary termination care resources in Australia and internationally suggests themes emphasised in the Guide—including trauma informed practice and inclusive health service delivery—are of universal value and importance.

This guide is not designed to be used in place of clinical guidelines for termination of pregnancy. For examples of clinical guidelines, see 'Professional resources'.

LANGUAGE

In this guide we refer to all health care procedures that end a pregnancy as 'terminations' and to the provision of health care services and interventions before, during and after a termination as 'termination care'.

CONTENTS

GLOSSARY

Aftercare	Aftercare is the provision of care following a termination. It may include tests to confirm the termination is complete, managing residual side effects and providing contraception.
Conscientious objection	Refusing to provide termination of pregnancy care on the basis of personal conscience or beliefs.
Decriminalisation	Removing termination of pregnancy from all criminal laws and ensuring there are no penalties for having, assisting with, providing information about, or providing terminations.
General practitioner (GP)	A doctor who delivers health care in a general practice setting.
Gestational age	The duration of pregnancy in completed weeks, measured from the first day of the last menstrual period.
Mandatory reporting	The legal requirement for workers in some professions to report known or suspected harm or neglect of a child or young person to a designated authority. In Tasmania, all health care professionals are mandatory reporters.
Medical termination of pregnancy (MToP)	Ending a pregnancy by administering pharmacological agents.
Non-directive health care	An approach that supports patients to explore and clarify their health care goals and decisions without seeking to influence them.
Reproductive coercion	Any behaviour that controls, coerces or otherwise interferes with a person's reproductive autonomy or choices.
Surgical termination of pregnancy (SToP)	Ending a pregnancy by transcervical procedure such as vacuum aspiration or dilation and evacuation (D&E).
Termination care	The provision of health care services and interventions before, during and after a termination.
Patients	People seeking or accessing termination care.
Termination of pregnancy	A health care intervention to end pregnancy.
Young person	A person under 18 years of age.

TERMINATION OF PREGNANCY: THE LEGAL CONTEXT IN TASMANIA

The legal context for termination of pregnancy differs in each state and territory of Australia. Health professionals should ensure they are informed about the legislation that applies in the jurisdiction in which they practice.

Access to terminations

In Tasmania, termination of pregnancy is regulated by the *Reproductive Health (Access to Terminations) Act 2013*.[5] Under this law, a person can make the decision to terminate a pregnancy based on their own needs and circumstances up to 16 weeks of pregnancy. After 16 weeks they need the approval of two doctors, one of whom must specialise in obstetrics or gynaecology. In making their assessment the doctors must consider the patient's physical, psychological, economic and social circumstances.

Conscientious objection

Practitioners who personally disagree with terminating pregnancy (called 'conscientious objection') are not legally required to provide information about, or help people access, a termination. However, they must provide patients with a list of services that will assist them to find a termination care pathway.

Access zones

It is illegal to protest, harass or intimidate a person within 150 metres of a health service where termination care is provided in Tasmania. This is called an 'access zone'. A person engaging in prohibited behaviour within an access zone can be fined or imprisoned.

> "[Conscientious objectors] must provide patients with a list of services that will assist them to find a termination care pathway."

Types of terminations

There are three ways a termination can occur in Tasmania. The availability of these options depends on gestational age and other clinical factors.

- ***Medical termination:*** Available up to nine weeks of pregnancy and involves taking specific medication to end a pregnancy. GPs who have completed medical termination training can prescribe this medication.
- ***Surgical termination:*** Available up to 16 weeks of pregnancy and involves a hospital day surgery procedure performed by a gynaecologist.
- ***Termination by medical induction:*** A small number of second-trimester terminations are done by inducing labour with medication. Labour induction termination may be provided when there are no available providers of second-trimester surgical termination or in some cases of foetal abnormalities.

TERMINATION OF PREGNANCY: SUMMARY OF GOOD PRACTICE INDICATORS

Features of good practice	Indicators of good practice
Privacy and confidentiality	☐ My service safeguards privacy and confidentiality through a privacy management plan that includes protocols for patient records management, document management, referral processes, email and phone communication.
	☐ Clinical and non-clinical staff at my service receive privacy and confidentiality training.
Accessibility	☐ My service redirects patients whose specific needs we cannot meet to alternative referral pathways, including during service closures.
	☐ Staff at my service are aware of financial support schemes for termination care in Tasmania and actively promote these to patients.
	☐ My service provides patients with contact details for out-of-hours health advice and support.
Non-judgemental practice	☐ Practitioners at my service offer non-directive health care to all pregnant people.
	☐ Patient experience is regularly evaluated at my service with a view to continuous improvement.
Trauma informed practice	☐ Clinical and non-clinical staff at my service receive training in trauma informed practice.
	☐ Patients at my service are offered information about pre- and post-termination psychological support.
Clarity of information	☐ My service provides *clear, current, consistent and inclusive* information on where and how to access a termination in Tasmania.
	☐ My service provides patients with accurate, impartial and complete information about all aspects of the termination process.
Treatment options	☐ Where possible within clinical guidelines, patients at my service are offered a choice between a medical or surgical termination.
	☐ Patients at my service are informed about public and private treatment options and financial support schemes.
Specialised knowledge	☐ Practitioners at my service connect with other termination care providers to share specialised knowledge and resources.
	☐ Practitioners at my service deliver an evidence-based model of termination care.
Inclusion	☐ Clinical and non-clinical staff at my service receive diversity and inclusion training.
	☐ Practitioners at my service provide equitable care to all patients regardless of age, gender, sexuality, disability, education, social status, regionality, culture, religion or language.
Communication	☐ Practitioners at my service communicate clearly, sensitively and impartially with patients.
	☐ Practitioners at my service communicate clearly and discretely with other service providers.
Continuity of care	☐ My service has considered ways to streamline the delivery of termination care, including reducing the number of appointments across multiple service settings.
	☐ Practitioners at my service have connected with relevant health services in the region to establish a reliable termination care pathway.
Aftercare	☐ Practitioners at my service routinely book a post-termination appointment to assess patients' physical and emotional wellbeing.
	☐ Patients at my service are given contact details for post-termination medical support, including out of hours.

TERMINATION OF PREGNANCY: PRINCIPLES OF GOOD PRACTICE

This guide identifies six principles of good practice in termination care: Safety, Choice, Equity, Accountability, Person-centred care and System-wide care.

These principles are informed by the findings of the *Talking to people about terminations of pregnancy in Tasmania* report,[6] the World Health Organization's *Abortion care guideline*[7] and the Australian Charter of Healthcare Rights.[8]

Safety

Good practice termination care:

- is of a consistently high standard;
- minimises the risk of harm to patients, including emotional harm;
- is safeguarded by clear guidelines and regular evaluation;
- recognises patient privacy and confidentiality as an aspect of safety.

Choice

Good practice termination care:

- provides clear, comprehensive and impartial information at all stages;
- where possible, offers treatment options;
- supports patients to make their own choices based on clinical needs, preferences and life circumstances.

Equity

Good practice termination care:

- is accessible to all people on the basis of health care need;
- is not limited by socioeconomic disadvantage or geographical location;
- does not vary on the basis of patient characteristics such as age, gender, sexuality, disability, race or religion.

Accountability

Good practice termination care:

- is accountable to patients through feedback and complaint mechanisms;
- is accountable within services through monitoring and evaluation mechanisms;
- where failures of care or service provision are identified, is transparent and provides appropriate remedies.

Person-centred care

Good practice termination care:

- respects the culture, identity, values and beliefs of individual patients;
- responds to the treatment needs and preferences of individual patients;
- upholds the privacy, dignity and autonomy of patients at all times.

System-wide care

Good practice termination care:

- requires all parties involved in the provision of health care before, during and after a termination to provide a high standard of care — including GPs, medical specialists, pharmacists, pathology providers, sonographers, nurses and administrative staff;
- relies on supportive law and policy frameworks, well-functioning termination care pathways, and the commitment of individual health services and practitioners.

TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE

Privacy and confidentiality

The provision of termination care "that respects fully the woman's, girl's or other pregnant person's privacy and guarantees confidentiality" is a human rights standard.[9]

Privacy and confidentiality in termination care supports the dignity and autonomy of patients as well as their physical and emotional safety. Conversely, where privacy and confidentiality are compromised, patients may be exposed to risks ranging from emotional harm, reputational damage and relationship abuse to loss of employment and income, family estrangement, homelessness, and cultural or religious exclusion.[10]

Good practice:

- Where practical, de-identify patients' information;
- Ask for explicit consent to share identifiable information;
- Clearly explain referral processes and who will have access to the information;
- Be aware that confidentiality is harder to maintain in small or isolated communities and take additional privacy measures where possible;
- If the patient attends a consultation with a partner or third party, ask them to wait in the waiting room and advise the patient that you need to ensure they freely consent to that person attending the consultation before you invite them in—if the patient does not consent or is otherwise distressed, screen for reproductive coercion (see 'Reproductive Coercion');
- Where legally obliged to breach the confidentiality of the patient (for example, mandatory reporting of suspected harm to children), and where it is safe to do so, discuss the situation with the patient, and if possible, make the disclosure together.

"It ended up that I needed to see so many different people in so many different places, so I felt in the end [the termination] was this very public thing. I was telling my story 10,000 times. And you already have that guilt which made it so much worse when I had to keep explaining myself. I wanted it kept private, I was already humiliated."[11]

Good practice indicators:

- **My service safeguards privacy and confidentiality through a privacy management plan that includes protocols for patient records management, document management, referral processes, email and phone communication.**
- **Clinical and non-clinical staff at my service receive privacy and confidentiality training.**

TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE (CONTINUED)

Accessibility

The World Health Organization defines accessible termination care as care that is "timely, affordable, geographically reachable, and provided in a setting where skills and resources are appropriate to medical need."[12]

Patients in Tasmania have reported challenges accessing termination care when they need it, where they need it, at a reasonable cost—particularly in regional areas of the state and at certain times of year.[13] While individual providers cannot resolve these issues in isolation, they can take steps to improve termination care access within their own services and communities.

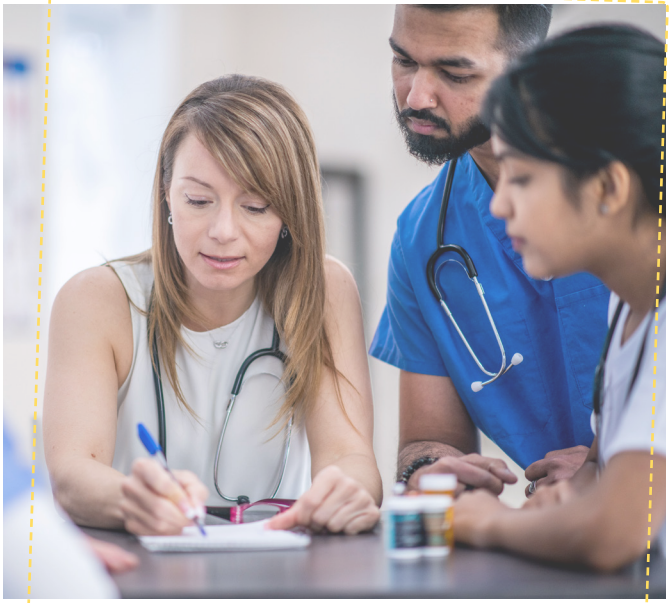
Good practice:

- Plan for termination care enquiries that come in during seasonal holidays and service closure periods—for example, record a voicemail greeting redirecting patients to a provider that is open (seek the provider's permission before doing this due to the risk of service overwhelm);
- Be informed about the financial support schemes for termination care in Tasmania and share this information with all patients so the onus is not on individuals to declare financial hardship (see 'Financial Assistance');
- If your service is unable to meet local demand for termination care or respond to emergency or specialist termination care requirements, partner with other termination care providers in your region to establish alternative referral pathways;
- Consider offering telehealth termination care for patients who are remote or cannot travel easily;
- Ensure the information you provide to patients includes contact details for out-of-hours health advice and support.

"New Year's Eve I did a pregnancy test, and it was positive. I just started Googling and spiralling because nothing was open. I couldn't call anyone. When it came to the next business day, still nothing was open. I tried to call [a specialist service]. I was on hold for 40 minutes and I got hung up on and told to leave a message. I just had no control over the situation at all... I was pregnant New Year's Eve all the way through till mid-February."[14]

Good practice indicators:

- **My service redirects patients whose specific needs we cannot meet to alternative referral pathways, including during service closures.**
- **Staff at my service are aware of financial support schemes for termination care in Tasmania and actively promote these to patients.**
- **My service provides patients with contact details for out-of-hours health advice and support.**



Non-judgemental practice

Non-judgmental practice should be fundamental to all health care, yet termination care patients commonly describe feeling criticised or reproached in health care settings.[15] Sometimes this results from direct statements made by health professionals aiming to dissuade patients from ending a pregnancy and sometimes from passing comments made by others in the care setting.

Regardless of the intention, behaviours or remarks that disparage, minimise or overly personalise the patient's experience are inappropriate. Instead, experts emphasise the importance of delivering termination care in a respectful and sensitive manner that acknowledges the patient as the decision maker.[16]

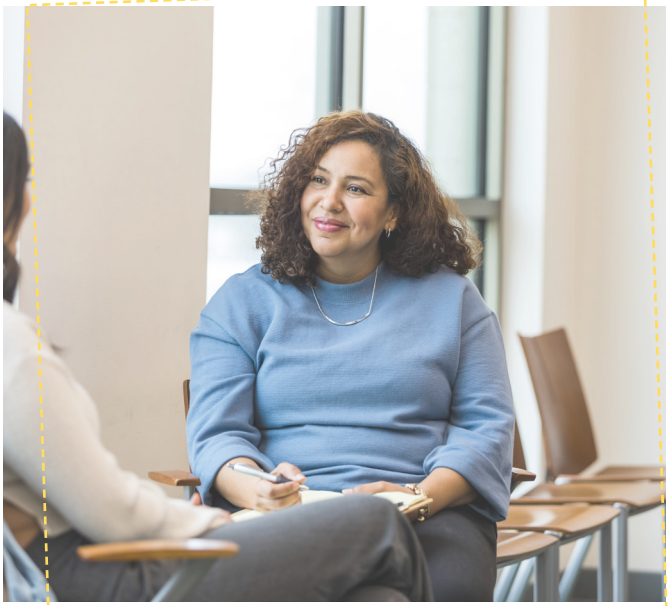
Good practice:

- Use welcoming body language;
- Use value-neutral, impartial language;
- Normalise termination of pregnancy as a common health care treatment;
- Avoid assumptions about the patient's personal life or decision-making process;
- Encourage questions;
- For patients who may benefit from further discussing their options, offer a referral to non-directive pregnancy options counselling.

"I felt judged by the GP, to be honest. She was quite condescending, and it made me feel really terrible. She just said, 'Oh it's really up to you I guess, but I've got three kids, and you've already got two kids so you know you can do it. Just keep the baby.' I remember being really quite angry and feeling even more ostracised."[17]

Good practice indicators:

- **Practitioners at my service offer non-directive health care to all pregnant people.**
- **Patient experience is regularly evaluated at my service with a view to continuous improvement.**



TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE (CONTINUED)

Trauma informed practice

Trauma informed practice in health care means recognising the potential impacts of trauma and adversity in patients' lives and attending compassionately to these impacts in the delivery of health services.[18]

Patients may have past experiences that affect how they feel about accessing a termination, including their degree of comfort in health care settings. These experiences may include past pregnancies, past relationships, past medical procedures, and childhood or family trauma.

For termination care patients, many of whom report feeling vulnerable as a result of stigma, judgement and emotions arising from the termination itself, trauma informed practice can make all the difference.[19]

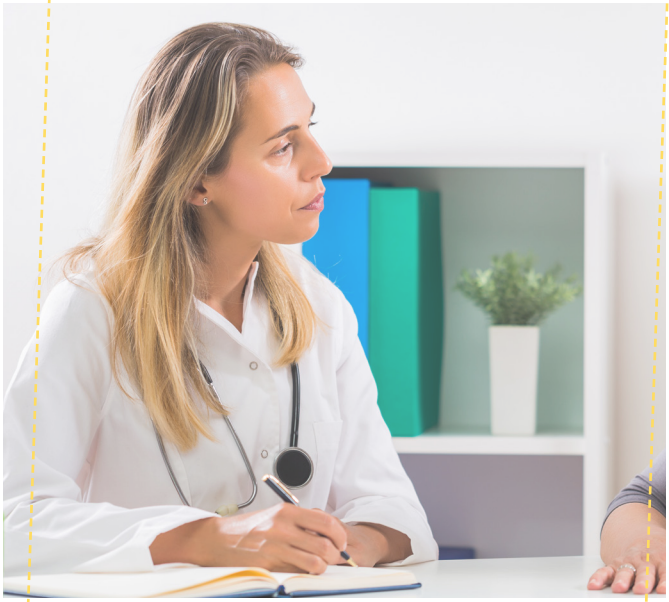
Good practice:

- Recognise that termination care patients may feel vulnerable or anxious and respond with empathy and reassurance;
- Let patients know it is normal to feel a range of emotions about the termination, including grief, sadness and relief;
- Emphasise the agency and resilience of patients in making a health care decision that is best for them;
- Offer patients information about how to access psychological support before and after the termination—this is especially important for people with experiences of trauma, previous mental health problems, those belonging to cultural or religious groups that prohibit terminations, and those lacking social supports.

"I just felt like it was highly medicalised, but it's actually more than just a medical procedure. It's very psychological. It can bring up a lot of stuff from the past and it's a big decision to make. I really regret I didn't reach out for support."[20]

Good practice indicators:

- **Clinical and non-clinical staff at my service receive training in trauma informed practice.**
- **Patients at my service are offered information about pre- and post-termination psychological support.**



Clarity of information

Patients say it can be difficult to find clear and comprehensive information about termination care in Tasmania, and that accessing a termination can be unnecessarily stressful, time-consuming and costly as a result.

Lack of adequate information can also leave patients unprepared for the reality of a termination, with MToP patients in particular reporting feeling under-equipped for the pain, bleeding, and duration of symptoms.[21] Termination care providers can support better outcomes for patients by providing accurate, impartial and complete information about all aspects of the termination process.

Good practice:

- Information provided to patients is:
  - **Clear**—in plain English;
  - **Current**—contains up-to-date information;
  - **Consistent**—all staff provide the same information;
  - **Inclusive**—relevant to all patients regardless of factors such as age, gender, sexuality and disability.
- Information provided to patients includes:
  - Medical and surgical options for termination, including public and private options;
  - Financial support schemes available;
  - How much pain and bleeding to expect;
  - How to access medical support if needed, including out of hours;
  - A plan for pain management;
  - A plan for aftercare, including follow-up tests and consultations;
  - How long recovery is likely to take and when normal activities can be resumed;
  - Information about pre- and post-termination psychological support;
  - If appropriate, post-termination contraceptive options.

"It's just absolutely mind boggling that such an essential service is not obvious. If the GPs don't even know what to do, how am I, as a non-medical professional, supposed to know where to go?"[22]

Good practice indicators:

- **My service provides *clear, current, consistent and inclusive* information on where and how to access a termination in Tasmania.**
- **My service provides patients with accurate, impartial and complete information about all aspects of the termination process.**

TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE (CONTINUED)

Treatment options

In keeping with the principles of Choice and Person-centred care, good practice termination care responds to the individual treatment needs and preferences of patients.

While the availability of treatment options is determined foremost by clinical factors, patients should be supported to exercise choice wherever possible.

To facilitate informed decision-making by patients, health professionals should be educated about the treatment options available and able to discuss potential benefits or disadvantages.

Good practice:

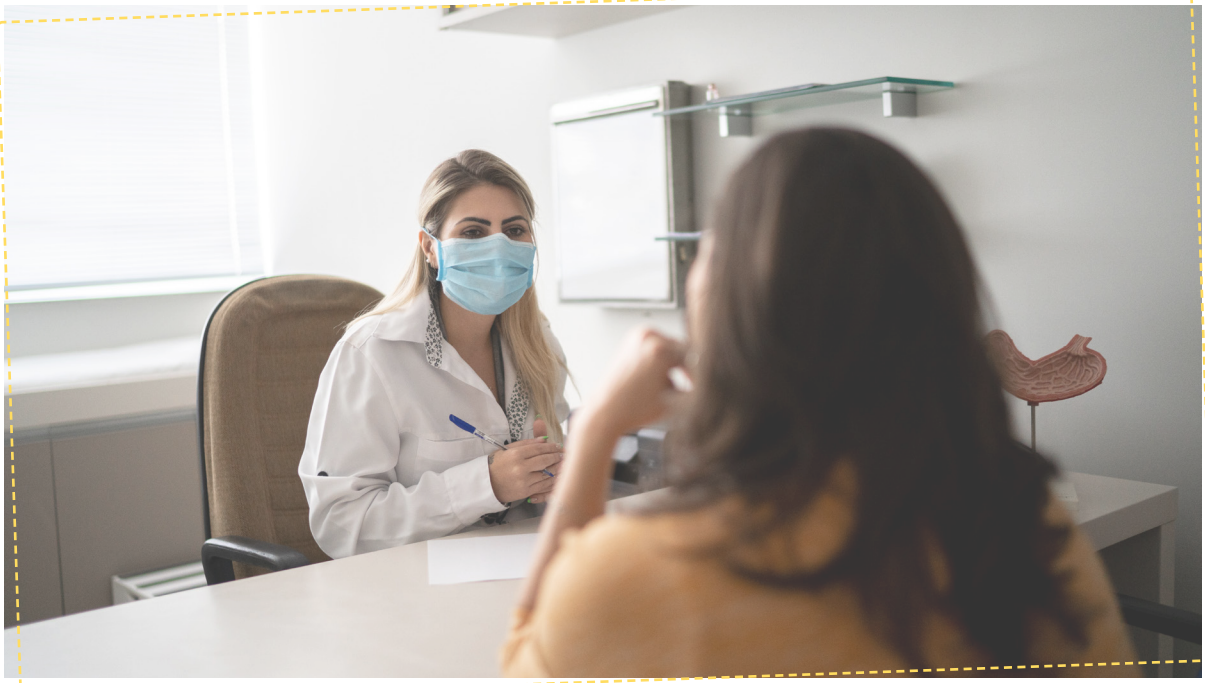
- Where possible within clinical guidelines, offer patients the choice between a medical and surgical termination and provide comprehensive information about wait times, cost, pain and recovery;
- Inform patients about public and private treatment options, even when they involve travel;
- Offer information about financial support schemes for termination care and avoid assumptions about patients' financial capacity;
- For patients who are unsure about their decision, offer a referral to non-directive pregnancy options counselling.

"It would have been helpful to have a GP who could talk meaningfully about public health options. He sent us straight into the private system and we got stellar service and support, but it was also very expensive at a time when we did not have a lot of money."[23]

"I chose a surgical termination because it would just be done in a day. There was no ambiguity of how long it would last, if it would go badly, and I would be [at the clinic] if anything went wrong instead of being at home."[24]

Good practice indicators:

- **Where possible within clinical guidelines, patients at my service are offered a choice between a medical or surgical termination.**
- **Patients at my service are informed about public and private treatment options and financial support schemes.**



Specialised knowledge

For termination access in Tasmania to improve across a range of measures—including timeliness, cost and regional availability—it is essential that high quality termination care is offered in generalist health care settings as well as by specialist providers.

In the past, patients who accessed terminations through specialist providers reported overall more satisfactory care experiences,[25] however there is a growing body of specialised knowledge around termination care provided in general practice.

GPs can use the emerging evidence base to develop a consistent, professional and empathetic approach to termination care within their own services and communities.

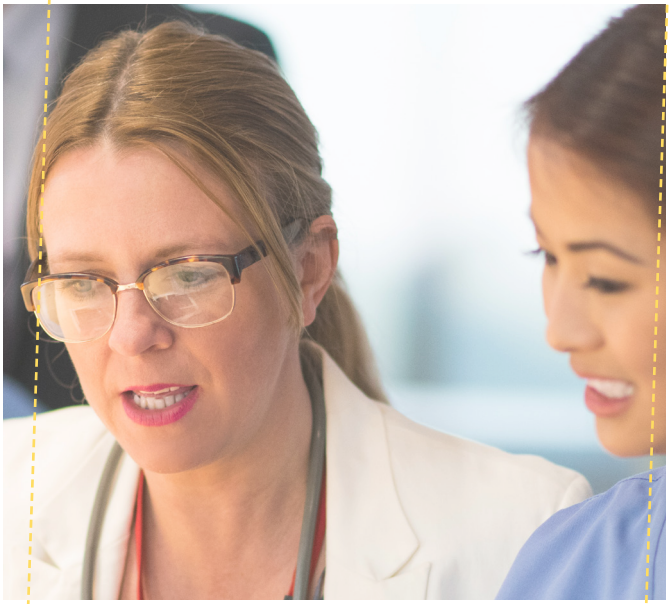
Good practice:

- Encourage practitioners at your service to undertake medical termination of pregnancy (MToP) certification;
- Make use of ongoing support and professional resources offered by the training provider;
- Connect with other termination care providers in your region to share advice, resources and referral pathways;
- Develop your practice expertise by joining national networks or communities of practice for termination care;
- In line with the evidence base, consider adopting a model of termination care that is:
  - Streamlined to limit the number of consultations required;
  - Ultrasonography-inclusive—while the set-up and training investment is higher, there is significant payoff in efficiencies of care and patient satisfaction.[26]

"I had a really good experience... Everyone in the whole process was very kind and just treated me like any other patient experiencing any other procedure... They ran through everything that could happen and how everything goes, they made sure I knew everything, so there was nothing unexpected."[27]

Good practice indicators:

- **Practitioners at my service connect with other termination care providers to share specialised knowledge and resources.**
- **Practitioners at my service deliver an evidence-based model of termination care.**



TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE (CONTINUED)

Inclusion

For sexual and reproductive health care to be equitable, it must be inclusive—meaning an equivalent standard of care is available to all people regardless of age, gender, sexuality, disability, education, social status, regionality, culture, religion or language. [28]

Patients reinforce the additional importance of inclusion in termination care, a setting in which patients may already feel vulnerable and which can still attract stigma and judgement.[29]

Some inclusion measures are instantly achievable while others require an investment in protocol development and training. Either way, the outcomes are likely to be service-wide and to benefit staff as well as patients.[30]

Good practice:

- Ensure information provided to patients is written in plain English;
- Avoid assumptions about patients' gender, relationships and bodies;
- For patients with limited English offer access to an interpreting service—noting that for safety and privacy reasons, termination care interpreters should be women, have the highest grade of interpreting skill, reside in another state or territory, and be screened to ensure they support reproductive choice;
- Consider additional supports that may be required to facilitate termination care for people with a disability or comorbid health conditions;
- Provide information about financial support schemes to all patients so that the onus is not on individuals to declare financial hardship.

"Back then, I was very much just put in the het[erosexual] box. And at the time, I didn't feel too challenged by that. But now, if I had gone through that process, I would really struggle with a lot of the heteronormative language that was used."[31]

Good practice indicators:

- **Clinical and non-clinical staff at my service receive diversity and inclusion training.**
- **Practitioners at my service provide equitable care to all patients regardless of age, gender, sexuality, disability, education, social status, regionality, culture, religion or language.**

Communication

Communication is a critical component of health care and is especially important when more than one service is involved in the delivery of treatment, as is often the case with termination care.

Termination care requires clear and sensitive communication not only from individual practitioners to patients, but also between health services, and within health services between clinical and non-clinical staff.[32]

Key to this is ensuring the privacy of patients is protected and that their interactions with other services are not contextualised as routine pregnancy care, even when the procedure at hand is as straightforward as a blood test.

Good practice:

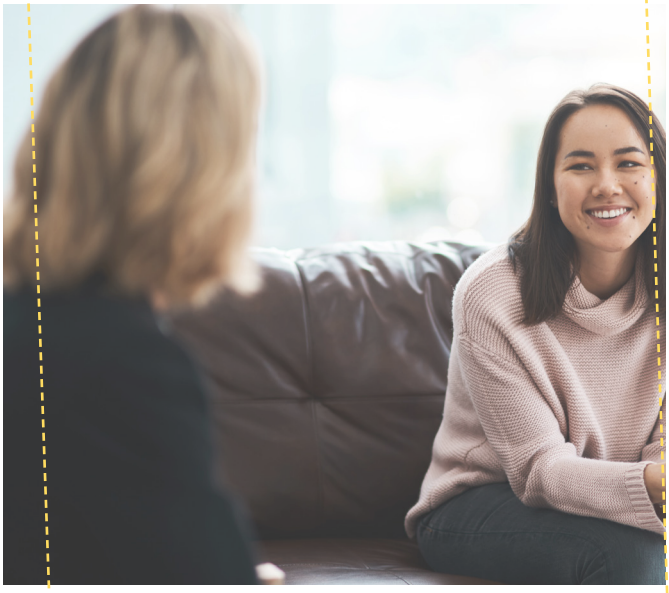
- Adhere to privacy and confidentiality protocols for communication at all times;
- Use straightforward language and avoid medical jargon;
- Deliver information about treatment options sensitively and impartially;
- Speak respectfully about the pregnancy before and after the termination;
- Check that the patient has understood what has been discussed and ask if they have questions;
- Be clear on request forms and referral paperwork that pregnancy care assumptions should be avoided.*

"I remember sitting at the [hospital] in their pathology department and the lady there was putting the needle in for the bloods, and she was like, "How exciting you're having a baby!" and I just start crying and was like, "I don't want a baby! I don't want one."[33]

Good practice indicators:

- **Practitioners at my service communicate clearly, sensitively and impartially with patients.**
- **Practitioners at my service communicate clearly and discretely with other service providers.**

* Experts recommend not disclosing on referral paperwork that the care context is termination of pregnancy, as it may expose the patient to negative service responses—rather, they advise wording such as 'Do not discuss images/pathology with patient unless directly asked'. This is ethically complex, because all health services and staff should deliver non-discriminatory care. However, given the anecdotal experience of termination care patients suggests service responses vary, discretion in communicating the care context is advisable.[34]



TERMINATION OF PREGNANCY: FEATURES OF GOOD PRACTICE (CONTINUED)

Continuity of care

Patients say accessing a termination in Tasmania can be a fragmented process, requiring multiple consultations across a range of services including GP visits, ultrasounds, blood tests and aftercare.[35]

This presents a particular challenge for people in regional locations where there may be long geographical distances between services and can cause distress to patients who have to repeat their story multiple times.

Providing continuity of care may be simpler for specialist providers that have staff and equipment all in one place, however termination care providers in generalist settings can also take steps to improve continuity of care.

Good practice:

- Consider the evidence base for streamlined models of termination care and assess whether one could be implemented in your own service setting;
- Connect with relevant services in your region—for example, ultrasonography, pathology and pharmacy services—to establish a reliable termination care pathway;
- During the initial consultation with the patient, discuss the termination process in its entirety so each step is understood;
- Be clear on request forms and referral paperwork that pregnancy care assumptions should be avoided;
- Where appropriate, provide test results to the patient by phone rather than in-person.

"I was being bounced between doctors within [a service], then bounced to the hospital, and back and forth. I felt like I was trying to deal with it mostly on my own because I was relaying messages from [the service] to hospital and vice versa."[36]

Good practice indicators:

- **My service has considered ways to streamline the delivery of termination care, including reducing the number of appointments across multiple service settings.**
- **Practitioners at my service have connected with relevant health services in the region to establish a reliable termination care pathway.**

Aftercare

Patients in Tasmania report varying experiences of aftercare—ranging from receiving high quality aftercare to none at all—with most agreeing good aftercare contributes substantially to positive termination care outcomes.[37]

As well as providing confirmation that the termination is complete, good practice aftercare offers patients a debriefing opportunity, addresses any ongoing physical side effects or concerns, establishes a plan for contraception where appropriate, and assesses the need for further psychological, emotional or social support.[38]

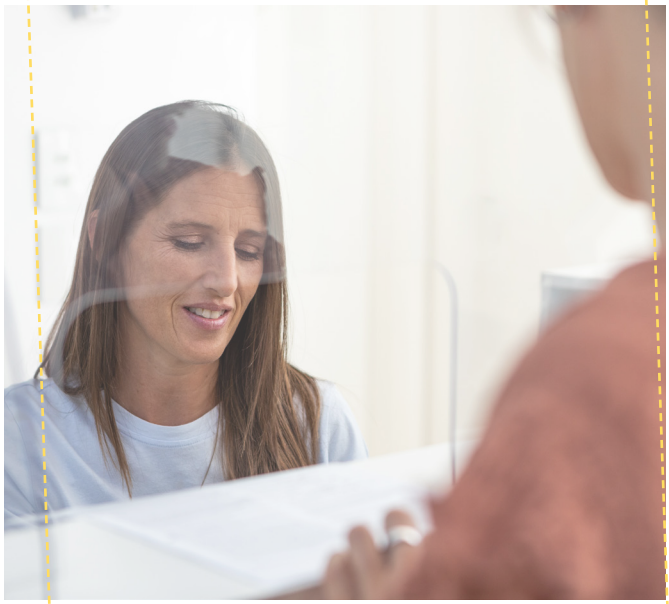
Good practice:

- During the initial consultation, explain the importance of aftercare and what it involves;
- Make an aftercare plan at the outset that includes booking follow-up appointments, either telehealth or in-person;
- Provide clinical confirmation that the termination is complete;
- In accordance with clinical guidelines, attend to any physical side effects or concerns, such as ongoing blood loss or discomfort;
- Discuss whether a plan for contraception is needed;
- Discuss whether a referral for counselling or other wellbeing supports would be of benefit;
- Ensure the patient has contact details for further medical support, including out of hours.

One patient reported being given four rounds of termination medication, including ultrasounds at each stage, because the GP "just didn't seem sure" what was normal and what wasn't. She was later told by a different health care practitioner that this had been "totally unnecessary overtreatment."[39]

Good practice indicators:

- **Practitioners at my service routinely book a post-termination appointment to assess patients' physical and emotional wellbeing.**
- **Patients at my service are given contact details for post-termination medical support, including out of hours.**



TERMINATIONS AND YOUNG PEOPLE

Young people accessing termination care are entitled to the same degree of professionalism, respect and empathy from health services as everyone else.

Practitioners can support the provision of good practice termination care for young people by familiarising themselves with the legal context for care and recognising the specific vulnerabilities young people may experience when accessing a termination.

A young person is defined as a person under 18 years of age.

Q & A: The legal context

Is it legal for young people to have sex?

By law a person in Tasmania must be 17 years of age in order to consent to sex—however, two young people of a similar age who have consensual sex may be exempt from this. There are no circumstances in which a young person under the age of 12 can consent to sex.[40]

In Tasmania, age of consent is regulated by the *Criminal Code Act 1924* (Schedule 1, Section 124).[41]

At what age can a young person get a termination?

There is no age limit for termination of pregnancy in Tasmania.[42]

Does a young person have to tell a parent or guardian they are pregnant?

There is no law requiring a young person to inform their parent/guardian they are pregnant nor requiring health professionals to inform a young person's parent/guardian they are pregnant.[43]

Can a young person independently choose to terminate a pregnancy?

A young person can independently choose to terminate a pregnancy provided the consulting doctor is satisfied they can provide informed consent and that they understand the implications of the decision—they do not need the agreement of a partner, the person they had sex with, or a parent/guardian.[44]

A young person who a doctor deems capable of providing informed consent is referred to as 'Gillick competent', meaning they meet the legal threshold for competence to consent to a medical procedure.[45]

It should be noted that for a young person who is subject to a care and protection order, consent to terminate a pregnancy must be provided by the Child Safety Service.[46]

What if a young person is not capable of providing informed consent?

If a doctor determines a young person is not Gillick competent, consent to terminate a pregnancy may be provided by a parent/guardian instead. If the practitioner believes involving a parent/guardian may have safety implications or other consequences for the young person, they should seek advice from a service such as Youth Law Australia.[47]

What are the mandatory reporting obligations regarding young people?

All health professionals are mandatory reporters in Tasmania including doctors, nurses and midwives. This means they must notify the Strong Families, Safe Kids Advice & Referral Line if they believe a person under 18 has been or is being abused or neglected, or there is a reasonable likelihood of a child being harmed by a person with whom they reside. There are also obligated to make a report for unborn children who may be at risk after birth (see 'Further information').[48]

Good practice

- Be mindful that a young person seeking termination care is likely to feel vulnerable and anxious and reassure them that they are entitled to health care like everyone else;
- Be clear about how processes such as referrals, Medicare payments, ultrasounds and blood tests work, remembering it may be a young person's first time navigating health services independently (note that until they are 14 a young person's parents can see their Medicare claims, and that from the age of 15 they can get their own Medicare card, provided they are an Australian citizen or permanent resident, or a New Zealand citizen);
- If a young person is anxious or undecided about terminating the pregnancy, offer a referral to non-directive pregnancy options counselling;
- If a young person is accessing termination care independently of a parent or guardian, ask whether there is a trusted adult who could support them—if not, encourage them to access confidential support through a youth health or counselling service (note that for safety reasons, an MToP should never be prescribed for a patient who does not have a support person);
- Do not insist that a parent or guardian is involved with, or authorises, the young person's termination unless legally required to—if you are legally required to, but suspect involving a parent/guardian may have safety implications or other consequences for the young person, seek advice from a service such as Youth Law Australia;
- At all times maintain the privacy and confidentiality of a young person seeking termination care, unless legally required to disclose their circumstances.

REPRODUCTIVE COERCION

Definitions of domestic and family violence have expanded in recent years to include less visible forms of interpersonal control and abuse, such as reproductive coercion.[49]

Also called reproductive abuse or violence, reproductive coercion is any behaviour that interferes with a person's reproductive autonomy. It includes hiding or disposing of a person's contraception, pressuring a person to become pregnant or terminate a pregnancy, monitoring a person's menstrual cycles, and preventing a person from accessing reproductive health care.[50]

Reproductive coercion may be perpetrated through physical or sexual violence, verbal or emotional abuse, or via strategies such as financial control and social isolation.

Contributors to the report *Talking to people about terminations of pregnancy in Tasmania* said experiencing reproductive coercion from partners or family members is not uncommon.[51] They also said the coercion was not noticed by health professionals even when occurring in the context of broader family violence.

In accordance with the *Family Violence Act 2004* (Tas), reproductive coercion is illegal in Tasmania.[52]

Some contributors also reported experiences of coercion from practitioners themselves, usually in the form of verbal pressure to continue a pregnancy, or being deliberately misdirected to a service that provides pregnancy care instead of termination care.[53]

"I went for a private consultation and the doctor asked why I wanted a termination and I said, 'Because this is what [my partner] wants.' In hindsight, I think that would have been an opportunity for the doctor to say, 'Hang on, that's what he wants, but it's actually up to you. What do you want?' and that conversation wasn't had."[54]

Screening for reproductive coercion

The following indicators may help determine whether reproductive coercion is occurring:[55]

- The patient is fearful, intimidated or does not appear free to make their own health care decisions;
- The patient's partner or family member accompanies them to routine medical appointments, including for reproductive health issues such as contraception and cervical screening;
- The patient's partner or family member speaks for them, interrupts them, or makes decisions on their behalf;
- The patient is socially isolated and does not appear to have networks of family or friends;
- The patient is distressed about their reproductive health care choices, including expressing regret about current or past pregnancies or terminations.

Good practice

- If conducting a termination care consultation by phone, video or online, check the patient is able to speak privately;
- If the patient attends a consultation with a partner or third party, ask them to wait in the waiting room and advise the patient that you need to ensure they freely consent to that person attending the consultation before you invite them in—use the opportunity to check the patient is voluntarily seeking a termination and not being coerced into ending the pregnancy;
- Reproductive coercion often occurs in the context of broader family violence—be alert to symptoms such as anxiety, depression and trauma, and disclosures such as 'I'm walking on eggshells at home';
- If reproductive coercion or other forms of abuse or control are suspected, offer non-detectable and tamper-proof forms of contraception, such as the contraceptive injection or an IUD with the strings trimmed;[56]
- At all times maintain the privacy and confidentiality of the patient;
- Encourage clinical and non-clinical staff at your service to undertake professional development on domestic and family violence topics, including reproductive coercion.

What to do if reproductive coercion is suspected

If reproductive coercion is suspected or identified:

- Raise your concerns in a sensitive way with the patient—be aware they may not know reproductive coercion is occurring or that it is a form of abuse;
- Offer a referral to the Family Violence Counselling and Support Service or another specialist family violence service (see 'Further information');
- Do not insist the patient take written information away with them as this may compromise their safety;
- Do not insist the patient end the coercive relationship—without appropriate supports in place this may compromise rather than improve their safety;
- In an emergency call 000.

FURTHER INFORMATION

Sexual and reproductive health service directory

Pregnancy Choices Tasmania
pregnancychoicestas.org.au

Pregnancy options support and information

Women's Health Tasmania Information Line
1800 675 028

Launceston Women's Health Clinic
03 6388 9284

Family Planning Tasmania
South: 03 6273 9117
North: 03 6343 4566
North West: 03 6431 7692

The Link Youth Health Service
03 6231 2927

Pulse Youth Health Service
South: 03 6166 1421
North: 03 6777 4422
North West: 0400 333 608

Mental health support, advice and referral

Access Mental Health Helpline:
1800 332 388

Family violence support, advice and referral

Family Violence Counselling and Support Service (FVCSS)
1800 608 122

Child wellbeing and safety (mandatory reporting)

Strong Families, Safe Kids Advice & Referral Line
1800 000 123

Legal information and help for young people

Youth Law Australia
1800 950 570

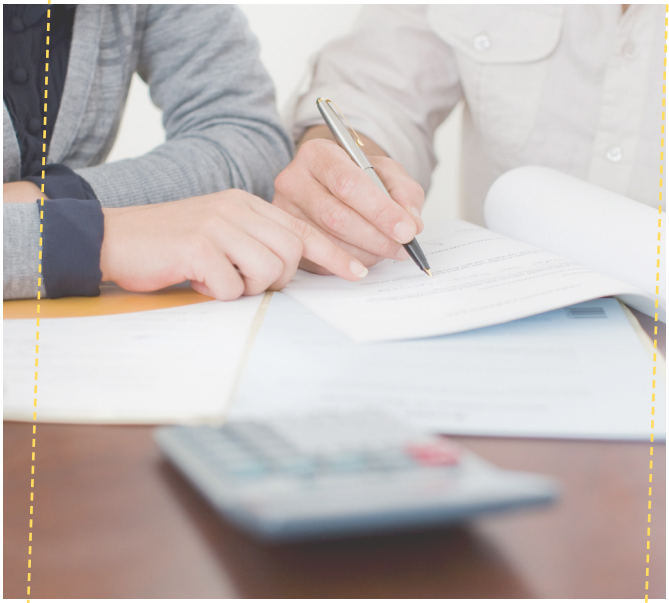
FINANCIAL ASSISTANCE

Women's Health Fund (Age 25+)

Administered by Women's Health Tasmania
1800 675 028

Youth Health Fund (Age 12-24)

Administered by The Link
03 6231 2927



PROFESSIONAL RESOURCES

Medical termination of pregnancy training and certification

MS-2 Step: www.ms2step.com.au

Clinical resources for termination of pregnancy

Abortion care guideline. Geneva: World Health Organization, 2022.

Abortion: Principles of Assessment and Care. Melbourne: Royal Women's Hospital, 2020.

Best practice in abortion care. London: Royal College of Obstetricians and Gynaecologists, 2022.

Children by Choice: *Becoming a Medical Abortion Provider*

childrenbychoice.org.au/for-professionals/becoming-a-medical-abortion-provider

Tasmanian HealthPathways: *Termination of Pregnancy*

tasmania.communityhealthpathways.org: Women's Health/Gynaecology/Termination of Pregnancy (TOP)

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North Hobart, Tasmania 7002
Open 9.15am–4pm Mon–Thurs
P: **6231 3212** F: **6236 9449**
Women's Health Information Line: **1800 675 028**

info@womenshealthtas.org.au
www.womenshealthtas.org.au
www.pregnancychoicestas.org.au

SUPPORTED BY Tasmanian Government

WHT receives funding support
from the Tasmanian Government
through the Department of Health