

ACCESS, EQUITY AND COSTS OF INDUCED ABORTION SERVICES IN AUSTRALIA

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Background and Objectives: The option of a medical abortion has become more available in Australia since legal and policy restrictions on mifepristone were lifted in 2012. As a suitable alternative to surgery, a medical abortion can be effectively provided in primary care, enabling service expansion and improved access. Women have to present no later than nine gestational weeks to be eligible for this option. This unique national study examines measures of access and equity in obtaining an abortion, including reported challenges, preferred abortion method, out-of-pocket costs, hours of travel and factors associated with presenting beyond nine weeks gestation.

Design, setting and participants: A cross-sectional survey of 2326 women aged 16+ years, presenting for a medical or surgical abortion at 14 Dr Marie clinics, between November 2014 and April 2015.

Analytical and outcome measures: Summary statistics and multivariate logistic regression to determine odds of presenting beyond nine weeks gestation.

Results: Over a third of eligible women opted for a medical abortion. More than one in 10 (11.2%) had an overnight stay. The median Medicare rebated upfront cost of a medical abortion was AUD 560, compared to AUD 470 for a surgical abortion at \leq nine weeks. Beyond 12 weeks costs rose considerably. Over two thirds (68.1%) received financial assistance from one or more sources. Women who travelled \geq four hours (AdjOR: 3.0, 95% CI: 1.2-7.3), had no prior knowledge of the medical option (AdjOR: 2.1, 95% CI: 1.4-3.1), had difficulty paying (OR: 1.5, 95% CI: 1.2-1.9) and identified as Aboriginal or Torres Strait Islander (AdjOR: 2.1, 95% CI: 1.2-3.4) had significantly higher odds of later presentation.

Conclusions: Abortion costs are substantial, increase at later gestations, and are a financial strain for many women. Poor knowledge, geographical and financial barriers restrict method choice. Policy reform should focus on reducing costs and enhancing early access.