

# The Disutility of Gestational Limits in Public Health Crises

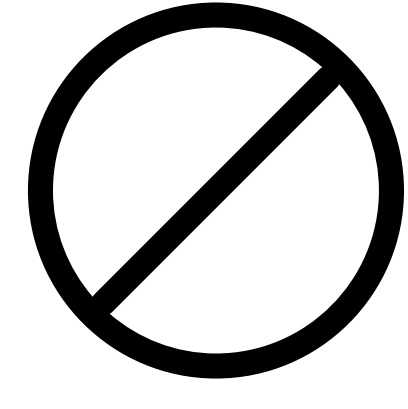

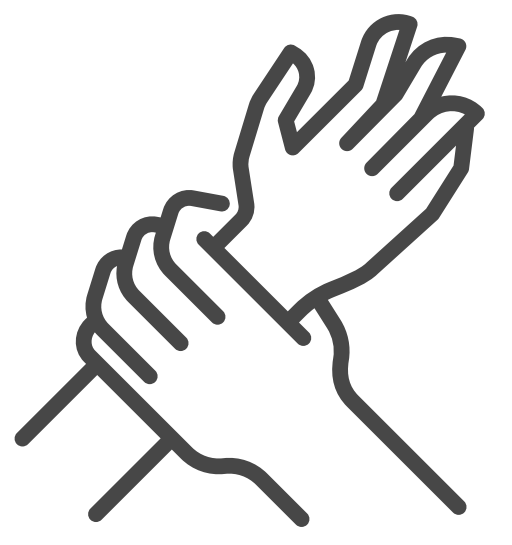
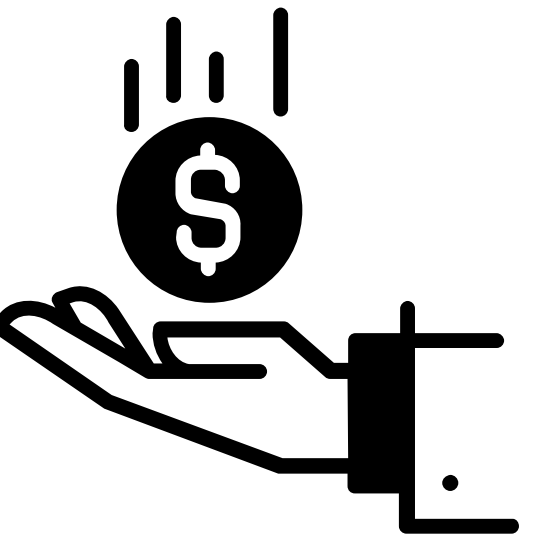

## Background

- The COVID-19 pandemic exacerbated existing barriers to abortion access in Australia and internationally – it brought lockdowns, worsened geographical barriers, increased partner violence, poorer financial health and overall poorer access healthcare.
- These barriers delayed access to abortion and were made more challenging by existing gestational limits.
- **Gestational limits** refer to the developmental age of a foetus (in weeks) in which abortion is legal.
- The pandemic's negative impacts on abortion access highlighted the need for greater access to abortion and revision of gestational limits

### **Gestational Limits:**

TAS = 16 weeks  
 WA = 20 weeks  
 SA/QLD/NSW = 22 weeks  
 VIC/NT = 24 weeks  
 ACT = no limit (up until birth).(1)

## The issues highlighted by the pandemic

<b>Gestational limits</b>	<ul style="list-style-type: none"> <li>• Gestational limits hurry decisions regarding abortion in order for people to comply with the law.(2)</li> <li>• Only 1.8% of abortions occur &gt;20 weeks gestation, with 60.2% being for congenital anomalies.(3)</li> <li>• Important foetal viability testing and personal circumstances incompatible with pregnancy may only occur after 20 weeks - past a gestational limit.(2, 4,5)</li> </ul>	
<b>Geographical barriers</b>	<ul style="list-style-type: none"> <li>• The pandemic's lockdowns and social distancing measures meant that 'reproductive tourism' - travel to states/territories where abortion access is more liberal and/or gestational limits is later - was not possible for many.(6,7)</li> <li>• Intrastate and social distancing restrictions meant rural individuals had worse access to abortion locally.(6)</li> <li>• Restrictions also meant doctors could not travel interstate and provide valuable reproductive care and outreach services.(6,8)</li> </ul>	
<b>Partner violence</b>	<ul style="list-style-type: none"> <li>• The pandemic's effects of incurring lockdowns, social distancing measures, and poorer access to services was associated with an increase in intimate partner violence.(9,10)</li> <li>• Measures such as increased funding for anti-violence organisations, safe accommodation, and exemptions to restrictions for those fleeing violence were implemented, however complementary sexual and reproductive measures to address an increase in unwanted pregnancies and delay to abortion access were not.(10,11,12)</li> </ul>	
<b>Financial/resource strain</b>	<ul style="list-style-type: none"> <li>• Medical abortions can cost hundreds, whilst surgical options can vary between \$3000 - \$7500.(6,13,14,15,16)</li> <li>• The pandemic resulted in reduced government subsidy and non-profit providers were unable to provide services without out-of pocket costs.(6,17)</li> <li>• The financial strain of the pandemic disproportionately affected those who may seek abortions.(11)</li> <li>• Jobkeeper wage subsidy did not benefit those on casual contracts - who are more commonly women.(11)</li> </ul>	
<b>Limitations of telemedicine</b>	<ul style="list-style-type: none"> <li>• Telehealth - in which a healthcare provider can remotely consult a patient, increased in use during the pandemic</li> <li>• Medical abortion became available by telehealth in all states and territories except for South Australia arguably due to anti-abortion activism (6,19,20)</li> <li>• Limitations of telehealth medical abortion included: limited to 9 weeks gestation, limited to medical abortions which are less than 25% of all abortions, may not be feasible in home environments where partner violence is occurring and telemedicine was reserved for patients who had previously been physically seen by the GP in the last 12 months (6,21,22,23)</li> </ul>	

## Recommendations

<b>Revise/remove gestational limits</b>	Implement policy to remove or increase gestational limits permanently or in settings of public health crises to allow for more liberal access to abortion when barriers to access are likely to worsen
<b>Implement service packages for humanitarian crises</b>	Implement policy to roll-out packages at the beginning of public health crises, ensuring access to safe abortion care, free contraception, free medical abortion via telehealth, and free follow-up care in order to best uphold the reproductive rights of pregnant people in Australia
<b>Remove obstacles</b>	<p>In public health crises:</p> <ul style="list-style-type: none"> <li>• Remove mandatory follow-up visits and ultrasound confirmations for those undergoing medical abortion.(19)</li> <li>• Permit medical abortions at home up to 12 weeks gestation as per WHO guidelines, and in light of studies showing this measure to be effective and safe.(20,24)</li> </ul>

## References



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