



Position Statement: **Improving rural and regional women's access to termination services**

December 2025

Problem identification

Rural, regional and remote women face significant barriers to accessing both medical and surgical abortion services. Lack of service availability means these women must travel further, wait longer and face higher costs to access termination services.

Definitions

For the purposes of this statement:

- Termination or abortion services refers to medical or surgical termination of pregnancy.
- Medical abortion refers to taking medication to medically induce a miscarriage-type process. In Australia this medication is currently licensed up to 9 weeks gestation. Surgical abortion is a day-surgery procedure that can occur at varying gestations.¹

Policy landscape

Large parts of regional Australia are 'abortion deserts'

Large parts of rural, regional and remote Australia are underserved when it comes to termination services. In Queensland, there are nine listed surgical abortion providers, none further west than Longreach.² Access to surgical abortion in regional Western Australia, which has only decriminalised abortion in 2024, is unclear.³ Of the 24 high disadvantage regional and rural LGAs in Victoria, 67% did not have any listed surgical abortion providers, 45% did not have any listed medication abortion providers and 60% did not have any listed medication abortion dispensing pharmacies. In NSW, large areas of the state are abortion care 'deserts'. There are only three public hospitals that are listed as formally offering

¹ Abortion law in Australia (2024) MSI Australia. Available at: <https://www.msiaustralia.org.au/abortion-law-in-australia/> (Accessed: 04 December 2025).

² https://findaservice.childrenbychoice.org.au/?abortion_surgical=true#6,-23.453168015916184,144.26147460937503

³ Surgical abortion up to 13 weeks is available in Dunsborough, other locations are not listed. 'Local WA Country Health Service facilities vary in their ability to provide abortion care.' <https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Abortion/Abortion-CHO-approved-information-for-patients>

surgical abortion in NSW. The only public hospitals openly providing abortion outside of a medical emergency are in Broken Hill, Newcastle and the Royal Women's Hospital in Sydney.⁴

While medical abortion can be accessed more broadly, regional and rural women still face barriers. Even though GPs can prescribe the medication, many do not.⁵ Most practitioners require blood and ultrasound tests, which can cause significant delay and additional cost. Telehealth abortion is available, however patients must first have blood and ultrasound tests, either fill their prescription at a local pharmacy or have their medication sent by post, and they must be within two hours of a hospital or emergency medical facility when taking the medications.⁶ These factors can be limiting to women living in more remote areas of Australia.

Travelling requires access to transport and adds costs

Accessing services for people living in a 'desert' requires access to a form of transport, a minimum round trip of four hours by car, possible overnight accommodation and additional travel funds beyond the cost of the abortion itself. One study of regional Australian women accessing abortion care showed patients travelled between 2-10 hours⁷. Long travel times mean paying for fuel, food, and possibly accommodation. Due to the additional travel time, regional women may be forced to take additional time off work to attend appointments and procedures. Travel may be an additional barrier for young women and adolescent girls who may not have easy access to transport.⁸

⁴ NSW abortion deserts: Just three of 220 Public Hospitals provide terminations, research finds (2024) The Guardian. Available at: <https://www.theguardian.com/australia-news/2024/dec/17/nsw-abortion-deserts-just-three-of-220-public-hospitals-provide-terminations-research-finds> (Accessed: 04 December 2025).and How hard is it to access an abortion in NSW? these maps show the 'deserts' for care in the State (2024a) The Guardian. Available at: <https://www.theguardian.com/australia-news/ng-interactive/2024/dec/16/how-hard-is-it-to-access-an-abortion-in-nsw-these-maps-show-the-deserts-for-care-in-the-state> (Accessed: 04 December 2025).

⁵ Erica Millar, Senior Research Fellow (2025b) Who can access abortion in Australia?, The Conversation. Available at: <https://theconversation.com/who-can-access-abortion-in-australia-243699> (Accessed: 04 December 2025).

⁶ibid

⁷Wickramasinghe, S., Fisher, J., Taft, A. et al. Experiences of abortion care in Australia: a qualitative study examining multiple dimensions of access. *BMC Pregnancy Childbirth* 24, 652 (2024). <https://doi.org/10.1186/s12884-024-06758-8>

⁸ Adolescent birth rates are 6.6 times higher in remote areas - Australian Institute of Health and Welfare, 2020 <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/teenage-mothers>

Rural women are more likely to experience delays accessing termination services

Data from Women's Health Victoria shows that women wishing to terminate a pregnancy over 9 weeks gestation were more likely to be from disadvantaged backgrounds or underserved communities.⁹ This indicates that rural regional and remote women may be more likely to delay seeking pregnancy terminations. Another study of rural Australian women accessing abortion care showed participants waited between 1-6 weeks to access an appointment, due to the lack of services in their area.¹⁰

Rural women may face social stigma

Social stigma surrounding abortion can have negative consequences for women in small communities. Women's privacy is threatened when standing in line to access medication in a small rural town pharmacy. This stigma can lead to delays in accessing care.¹¹ Medical and pharmaceutical providers may worry about becoming known as 'abortion providers' either from negative social stigma or fear of being overwhelmed with an increased demand.

Policy recommendations

1. Introduce a Federal mandate that every public hospital service must provide medical and surgical abortion services and offer the full range of contraceptive care.
2. Increase the number of holistic sexual and reproductive healthcare services in remote and very remote areas.
3. Develop a nation-wide interactive online map to assist women to find contraception, abortion and other reproductive health care services
4. Improve state-based patient travel subsidy schemes to assist with travel costs associated with accessing termination services.

⁹ (2024) Realising access: Abortion and contraception inequities and enablers in Victoria. Available at: https://www.whv.org.au/wp-content/uploads/2024/12/Knowledge-Paper_2024.10.21_Realising-access-abortion-and-contraception-inequities-and-enablers-in-Victoria_Full-report_Nov_Fulltext-PDF.pdf (Accessed: 04 December 2025).

¹⁰ Wickramasinghe, S., Fisher, J., Taft, A. et al. Experiences of abortion care in Australia: a qualitative study examining multiple dimensions of access. *BMC Pregnancy Childbirth* 24, 652 (2024). <https://doi.org/10.1186/s12884-024-06758-8>

¹¹ Support for Rural & Regional Communities (2025a) Children By Choice. Available at: <https://childrenbychoice.org.au/for-communities/rural-and-regional/> (Accessed: 04 December 2025).



5. Improve specialised sexual and reproductive training for rural and regional health practitioners (including nurses) to enable wider provision of abortion services
6. Removal of state-based legislative barriers that inhibit deployment of medical termination of pregnancy services by nurses.¹²

¹²Nurse-led care MSI Australia. <https://www.msiaustralia.org.au/nurse-led-care/> (Accessed: 04 December 2025).