

Abortion services in Aotearoa New Zealand: The voices of wāhine on improving access.

Executive Summary and Recommendations

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This report would not have been possible without the generous contribution of survey and interview participants. Ngā mihi nui ki a koutou. We are grateful for your time and allowing us to share your stories. We hope our collective efforts bring to light the voices of wāhine.

Me aro koe ki te hā o Hine-ahu-one.

Pay heed to the dignity of women.

Executive summary

The vision of Manatū Hauora (the Ministry of Health) is for abortion services in Aotearoa New Zealand to be accessible, equitable, person-centred, and high-quality. This research was conducted to provide direct consumer feedback on how wāhine access and experience abortion services following the abortion law reforms of 2020.

We aimed to identify aspects of equitable, timely, safe, and accessible abortion services in Aotearoa New Zealand; that is what works now and what can be improved. The experiences of wāhine were collected in 126 anonymous surveys and seven confidential interviews, augmented by 13 confidential interviews with healthcare providers.

The findings suggest that many steps have been taken towards achieving the Manatū Hauora vision for abortion services in Aotearoa New Zealand but there is still work to be done.

Elements of equitable, safe, and accessible abortion services in Aotearoa New Zealand include:

- Culturally safe staff at all steps of the abortion care pathway.
- Knowledge and freedom to self-refer to an abortion service.
- Providing wāhine with a choice between telehealth and in-person abortion services.
- Clear and accurate information for wāhine at all steps.
- Offering counselling before and after abortion for information and emotional support.
- Removing time and financial barriers for wāhine.
- Offering choices for post-abortion contraception and facilitating its provision.
- Whānau inclusiveness.
- Ensuring no contact with protesters.

These elements, including those introduced by recent reforms, must be protected or enhanced where needed to fully realise the Manatū Hauora vision. To this end, recommendations are made for policy and oversight of practice, for health services, and for national professional organisations and councils. Abortion care does not begin or end with the abortion procedure itself and despite decriminalisation, this healthcare continues to take place in a societal context of considerable stigma and judgement. Our recommendations extend beyond health services and include wider support for wāhine such as supportive working environments.

Recommendations

Recommendations for policy, strategy, data, and regulation

(Manatū Hauora)

1. Retain the safeguards enshrined in the new legislation, and protect any elements of equitable, safe, and accessible abortion services that are currently in place.
2. Work with stakeholders to ensure that there is clear information about clinical pathways adapted to the local circumstances available online for primary care. There is an urgent need for these pathways. Ensure that this information is kept current.
3. Ensure a whole sector approach to future abortion annual reports by including detailed analyses of the impact of DECIDE services. Conduct additional research to ensure an in-depth understanding of the impact of telehealth EMA services: wāhine experiences, equity, after-care, complications and contraception provision.
4. Work with other areas of government on legislation or policy for supportive working environments when employees have an acute medical or surgical procedure, similar to leave rights related to family violence, bereavement, and maternity care, recognising that there will be varying needs for leave.
5. Establish and maintain strict and transparent governance of abortion care data, in line with the values expressed by wāhine here.

Recommendations for commissioning, workforce and service planning

(Te Whatu Ora)

1. Protect a local choice for wāhine between in-person and telehealth abortion services.
2. Work with stakeholders to ensure that there is clear information about clinical pathways adapted to the local circumstances available online for primary care. There is an urgent need for these pathways. Ensure that this information is kept current.

3. Develop and promote practical and clear health navigation tools and information for wāhine wanting to self-refer.
4. Provide all abortion services with portable ultrasound scanners and train staff in their use for point of care scanning.
5. Support all abortion services to optimise manaakitanga, which can take many forms (petrol vouchers, free parking vouchers, taxi chits, kai, and creating a welcoming clinical space inclusive of all cultures).
6. Work with stakeholders to develop further information for wāhine about abortion types, what to expect, how to prepare for EMA at home, pain management, and recovery. Rangatahi in particular desire more information. Ensure that this information is culturally inclusive, and that online information is kept current.
7. Explore ways to ensure wāhine who access telehealth EMA also have access to long-acting reversible contraception.

Recommendations for health services

(abortion services general practice, and sexual and reproductive health services)

1. Recognise the importance of the first contact with a health service and reinforce with all staff (including reception, switchboard, and after-hours staff) that kindness, warmth, and respect are fundamental expectations in all healthcare interactions.
2. Ensure all staff undertake and regularly refresh cultural safety training at all levels of the health service.
3. Engage local Māori cultural advisors to lead and develop processes and practical actions to consistently support wāhine Māori in a culturally safe way (particularly around whenua-ki-te-whenua – the returning of the products of conception to the whenua).
4. Enhance systems and processes for follow-up care and after-hours care, including information for wāhine and staff.

5. Recognise the value that wāhine place on clear information at all stages about abortion types, what to expect, how to prepare for EMA at home, pain management and recovery. Rangatahi in particular may need information provided in a range of ways and times.
6. General practice and sexual and reproductive health services (such as Sexual Wellbeing Aotearoa) are a first point of contact for many wāhine. Timeliness for wāhine would be supported by directly providing the contact information of the local abortion service.
7. Ensure wāhine have multiple opportunities to have conversations about contraception and are offered a choice of contraception. Ensure that these conversations are handled respectfully.
8. Ensure that counselling is offered at multiple points in the pathway, especially to rangatahi.
9. Strengthen processes for asking wāhine for consent for their abortion data to be used.

Recommendations for national professional organisations and councils

1. Continue to provide education, training, and professional standards relating to cultural safety.
2. Provide information and education for members about the 2020 law changes and current abortion care pathways, and how to reduce barriers to timeliness for wāhine.
3. Work with stakeholders to ensure that there is clear clinical pathway information adapted to the local circumstances available online, including pathways for medical, surgical and later abortion services.