



Key changes to the legislation

On 27 March 2024, the *Abortion Legislation Reform Act 2023* (WA) will come into effect in Western Australia. This Act repeals all provisions related to abortion within the *Health (Miscellaneous Provisions) Act 1911* (WA) and creates a new framework relating to abortion under the *Public Health Act 2016* (WA). Consequential amendments have also been made to the Criminal Code, *Children's Court Act*, *Coroner's Act*, *Freedom of information Act 1992* and the *Guardianship and Administration Act 1990*.

The new Part 12C of the *Public Health Act 2016* (WA) specifies who can perform an abortion, and under what circumstances.

Until the new legislation comes into effect, registered health practitioners must continue to comply with the existing legislation.

Key changes

Performing an abortion

- Within their scope of practice and training:
 - a registered medical practitioner may perform a lawful abortion on request up to 23 weeks' gestation.
 - a prescribing practitioner (nurse practitioner or endorsed midwife as prescribed by the subsidiary legislation under the Act) may prescribe the medical abortion medicine (MS-2 Step) as part of the care management pathway for early medical abortion.

- MS-2 Step is indicated in females of childbearing age for the medical termination of an intrauterine pregnancy, up to 63 days (9 weeks) of gestation.

Counselling

- The historical legislated provisions requiring a patient to undergo mandated counselling in order for a health practitioner to obtain the patient's informed consent for an abortion have been removed.
- As with the provision of any other health service, the registered health practitioner is required to obtain informed consent in line with existing standards of care.

Conscientious objection

- Registered health practitioners have a right to refuse to participate in an abortion when it conflicts with their own personal beliefs and values (referred to as a conscientious objection).
- These provisions do not alter the duty required of registered health practitioners to perform, assist with, make a decision about, or advise a patient about a termination of pregnancy in an emergency, where it is their duty to assist.
- Under the Act, registered health practitioners who conscientiously object to providing abortion services will be required to disclose their conscientious objection to the patient immediately.

- In addition, medical practitioners and prescribing practitioners who will not participate in an abortion for any reason (including conscientious objection) must, without delay, refer the patient to a health practitioner or health facility which they believe can provide the requested service(s); or provide the [patient information](#) approved by the Chief Health Officer.
- For further information, refer to [Conscientious Objection Information for Health Practitioners](#).

Assisting in an abortion

- Registered health practitioners such as Aboriginal and Torres Strait Islander health practitioners, medical practitioners, enrolled nurses, registered nurses, midwives, pharmacists, or students in any of these professions may assist in the abortion when it is within their scope of practice.

Statutory notifications

- Medical practitioners and prescribing practitioners must notify the Chief Health Officer if they perform an abortion via a new online form (note: Form 1 – Notification by Medical Practitioner of Induced Abortion – will no longer be used and must be destroyed.)
- For further information, refer to [Summary of changes to statutory notifications](#).

Late term abortions

- For a patient who is more than 23 weeks pregnant (23 weeks and 1 day gestation or more), an abortion may be performed by a medical practitioner (the primary practitioner) if additional requirements are met.
- The primary practitioner must have fully considered:
 - all relevant medical circumstances;
 - current and future physical, psychological and social circumstances; and
 - professional standards and guidelines commonly accepted by members of the medical profession in relation to the performance of the abortion.
- The primary practitioner must have consulted with at least one other medical practitioner who, having also taken into account the above considerations, reasonably believes that performing the abortion is appropriate in all the circumstances.

Ministerial approval

- Approval from a Ministerial Panel is no longer required for late term abortions.
- Approval from the Minister for Health is no longer required for health services to perform late term abortions.

Further information refer to [Frequently Asked Questions](#).

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