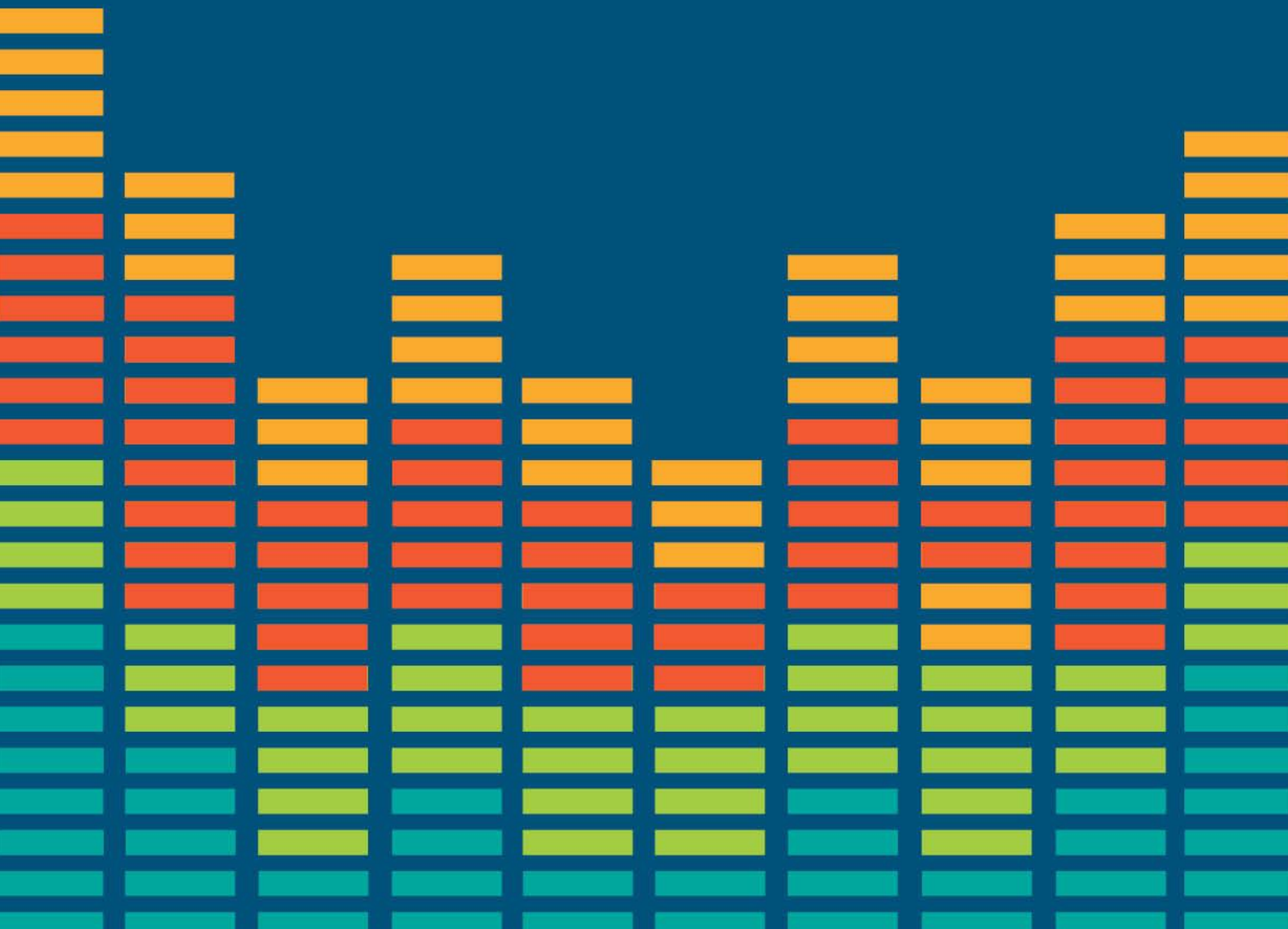


# USE OF MEDICAL ABORTION SERVICES IN NEW SOUTH WALES, AUSTRALIA BETWEEN 2018-2022



# Use of medical abortion services in New South Wales Australia between 2018-2022

## Publication information

Use of medical abortion services in New South Wales, Australia between 2018-2022

Published by Family Planning Australia

8 Holker St, Newington NSW 2127 Australia

Ph. (02) 8752 4300 [www.fpnsw.org.au](http://www.fpnsw.org.au)

ABN: 75 000 026 335

© Family Planning Australia

All rights reserved by Family Planning Australia. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the publisher in writing.

## Suggested citation

Family Planning Australia. Use of medical abortion services in New South Wales, Australia between 2018-2022. Newington, Sydney: Family Planning Australia. 2024.

## Disclaimer

The contributors and the publisher have, as far as possible, taken every care to ensure that the information contained in this publication is as accurate and up to date as possible at the time of going to press. Readers are strongly advised to confirm that the information complies with present research, legislation, and accepted standards of practice. Family Planning Australia accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

## Acknowledgements

### Authors

India Brooker, Research Intern

Doctor Emmalee Ford, Senior Research and Evaluation Officer

Doctor Lieu Trinh, Senior Research and Evaluation Officer

### Internal review

The production of this document would not have been possible without the contributions of the following members of the Family Planning Australia staff:

Caecilia Roth, Senior Policy Officer

Doctor Sally Sweeney, Medical Research Lead

Doctor Evonne Ong, Acting Medical Director

Sharon Hogan, Associate Director Media and Strategic Communications

Sue Shilbury, Chief Executive Officer

## Disclosure of conflict of interest

Family Planning Australia has published this monograph to provide data on the use of induced medical abortion by MS-2 Step across New South Wales, Australia. No external funding was received for this project.

## Contents

<b>Executive summary .....</b>	<b>10</b>
<b>At a glance.....</b>	<b>11</b>
<b>1. Background.....</b>	<b>14</b>
<b>2. Methods.....</b>	<b>15</b>
<b>3. Induced medical abortion rates in NSW and Australia.....</b>	<b>16</b>
<b>4. Induced medical abortion rates in NSW by age group.....</b>	<b>17</b>
<b>5. Induced medical abortion rates in NSW by remoteness .....</b>	<b>18</b>
<b>6. Induced medical abortion rates in Metropolitan and Non-Metropolitan NSW LHDs 21</b>	
6.1. Induced medical abortion rates in all Metropolitan and Non-Metropolitan NSW LHDs .....	21
6.2. Induced medical abortion rates in Metropolitan NSW LHDs .....	24
6.3. Induced medical abortion rates in Non-Metropolitan NSW LHDs.....	27
<b>7. Induced medical abortion rates in NSW Metropolitan LHDs by LGA .....</b>	<b>31</b>
7.1. Induced medical abortion rates in Nepean Blue Mountains LHD by LGA .....	31
7.2. Induced medical abortion rates in Northern Sydney LHD by LGA .....	34
7.3. Induced medical abortion rates in South-Eastern Sydney LHD by LGA.....	37
7.4. Induced medical abortion rates in South Western Sydney LHD by LGA.....	40
7.5. Induced medical abortion rates in Sydney LHD by LGA .....	43
7.6. Induced medical abortion rates in Western Sydney LHD by LGA .....	46
<b>8. Induced medical abortion rates in NSW Non-Metropolitan LHDs by LGA .....</b>	<b>49</b>
8.1. Induced medical abortion rates in Central Coast LHD by LGA .....	49
8.2. Induced medical abortion rates in Far West NSW LHD by LGA .....	52
8.3. Induced medical abortion rates in Hunter New England LHD by LGA. ....	55
8.4. Induced medical abortion rates in Illawarra Shoalhaven LHD by LGA.....	66
8.5. Induced medical abortion rates in Mid North Coast LHD by LGA .....	69
8.1. Induced medical abortion rates in Murrumbidgee LHD by LGA.....	72
8.2. Induced medical abortion rates in Northern NSW LHD by LGA.....	81
8.3. Induced medical abortion rates in Southern NSW LHD by LGA .....	84
8.4. Induced medical abortion rates in Western NSW LHD by LGA .....	87
<b>9. Induced medical abortion rates across all NSW LHDs and LGAs in 2022 .....</b>	<b>96</b>
9.1. Induced medical abortion rates across all NSW LHDs in 2022 .....	96
9.2. Induced medical abortion rates across all NSW LGAs in 2022 .....	99
<b>8. Discussion.....</b>	<b>102</b>
<b>9. References.....</b>	<b>105</b>

## Key indicators

- Rate of MS-2 Step prescriptions per 1,000 women aged 15-49 years
- Trends in MS-2 Step prescriptions across New South Wales
- Trends in MS-2 Step prescriptions across Australia
- Trends in MS-2 Step prescriptions by age, area of remoteness, LHD and LGA

## Purpose of this report

- To describe the trends in induced medical abortions across NSW, Australia
- To describe the trends in induced medical abortions in population subgroups within NSW
- To identify areas for data development

## Definitions and acronyms

<b>Abortion</b>	In this report, the term <i>abortion</i> refers only to induced abortions unless otherwise specified.
<b>Abortion rate</b>	The number of induced abortions per 1,000 women aged 15-49 years.
<b>Dilation and Curettage (D&amp;C)</b>	Dilation of the cervix using dilators and removal of pregnancy tissue using surgical curette. Usually performed prior to 14 weeks of gestation.
<b>Dilation and Evacuation (D&amp;E)</b>	Requires preparation of the cervix using osmotic dilators and/or pharmacological agents and evacuating the uterus primarily with forceps and/or vacuum aspiration. Usually performed following 14 weeks of gestation.
<b>Induced abortion</b>	Also referred to as termination of pregnancy, is a medical procedure to end a pregnancy that involves use of medicines or surgery to remove the embryo or foetus from the uterus. Induced abortions exclude spontaneous miscarriages.
<b>LGA</b>	Local Government Area; A geographical area which forms parts of a State or Territory over which local governing bodies have responsibility.
<b>LHD</b>	Local Health District; A geographical area within the state, defined by NSW Health.
<b>Medical abortion</b>	<p>Also referred to as medical termination of pregnancy or medication abortion, refers to the administration of medications for the purpose of ending a pregnancy.</p> <p>The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guidelines recommend mifepristone (a synthetic anti-progesterone agent) in combination with misoprostol (a prostaglandin analogue) as the best available regimen for medical abortion.</p> <p>Early medical abortion is approved in Australia up to 63 days of gestation in primary care settings. Medical abortion is also used in the hospital setting at later gestations.</p>

<b>MS-2 Step</b>	Tradename of composite pack of Mifepristone and Misoprostol for use for induced medical terminations of pregnancy/abortions.
<b>NSW</b>	The state of New South Wales.
<b>PBS</b>	Pharmaceutical Benefits Scheme.
<b>Surgical abortion</b>	Also called surgical termination of pregnancy, is the interruption of a pregnancy by surgical means. In the first trimester, suction curettage is the preferred method and is generally performed as a day surgery under sedation at later gestations surgical termination by dilation and evacuation (D&E) is usually performed.
<b>S*</b>	Suppressed values. To protect privacy in small populations we have suppressed values between 1 and 5 patients/services or where one provider provides more than 90% of services or two providers provide more than 85% of services.
<b>TGA</b>	Therapeutic Goods Administration.
<b>Women of reproductive age</b>	Women aged 15 to 49 years unless otherwise specified. This approach means that populations of women that are unlikely to become pregnant are not included, and this is consistent with reporting standards in Australian jurisdictions.

## Data sources and limitations

The data for this report is from the Pharmaceutical Benefits Scheme (PBS) obtained through Services Australia. The PBS is a government scheme that subsidises the costs associated with prescription medications within Australia. The PBS has been available in Australia since 1948 and is administered through Services Australia, a government organisation whose role is to deliver accessible services and payments on behalf of the government. To access the scheme, individuals must hold a valid Medicare card at the time of obtaining medications. Subsidised PBS medications are available for dispensary to patients of community pharmacies and private hospitals who are Australian citizens, permanent residents, and eligible foreign visitors (from countries who have reciprocal healthcare agreements with Australia)<sup>(1)</sup>. PBS subsidised medications are also available for dispensary to public hospital outpatients, non-admitted patients, and inpatients on their discharge<sup>(1)</sup>.

The medications currently dispensed and prescribed in Australia for induced medical abortion are Mifepristone (1 x 200mg) and Misoprostol (4 x 200mg). Mifepristone and misoprostol are available as a composite pack under the brand name MS-2 Step and are listed on the PBS through the streamlined item code 10211K. During the data collection period from 2018-2022, MS-2 Step was only able to be prescribed by a doctor who had been certified to prescribe it, and then dispensed by a pharmacist who was a registered dispenser. This report utilises PBS data on the MS-2 Step prescription rate by patient, prescriber and by pharmacy in NSW, Australia per 1,000 women aged 15-49 years across a five-year period between the 1 January 2018 and 31 December 2022. The PBS data utilised contained stratifications by age, remoteness of area, Local Health District (LHD) and Local Government Area (LGA) and provided averages for both NSW and Australia-wide rates.

Publicly available national and statewide Australian data on induced medical abortion rates are lacking, and therefore estimates of induced medical abortions across Australia rely upon data from either state-based or individual organisational published reports. While some Australian states collect data on the number of medical abortions performed, the only Australian states to regularly publish data on induced medical abortion rates are South Australia and Victoria. Therefore, updated data on the rates of induced medical abortions across NSW are lacking. This report provides a useful reference and source of data on induced medical abortion rates in NSW, in addition to providing updated national data.

The use of PBS data for medical abortion provides valuable information regarding trends in MS-2 Step uptake and use over time. By utilising PBS data, information regarding location of utilisation, and social factors such as age can be described and identified. It is important to recognise however that there are some limitations to the use of PBS data for describing induced medical abortion rates in Australia and across its states and territories. While PBS data provides valuable information, this data does not capture details such as gestational age at termination, gravidity and parity, the reason for obtaining the abortion, complications of the abortion, whether the prescription was provided under telehealth, or additional information such as ethnicity or indigenous status of the individual seeking the service. Additionally, PBS data do not capture the subsets of the population who are not eligible for government rebate, such as international migrant and refugee populations, nor does it capture the number of prescriptions provided to inpatients of public hospitals. Moreover, while PBS data includes useful information surrounding the number of MS-2 Step prescriptions that were dispensed, the data does not provide information surrounding the actual number of prescriptions utilised and therefore it is possible that the rates of induced medical abortions may be overestimated. Further, as this data does not capture the subsets of the population who are not eligible for government rebate, including international migrant and refugee populations, or the rates of

prescriptions dispensed to public hospital inpatients, the rates of induced medical abortions may be underestimated.

In summary, while limitations to the use of PBS data exist, it still provides critical information on the rates of induced medical abortions across multiple social and demographic factors, information not readily available at the time of publication.



## List of figures

- Figure 1.** MS-2 Step prescription rates in NSW and Australia, 2018 to 2022.
- Figure 2.** Patient MS-2 Step prescription rates in NSW by age group, 2018 to 2022.
- Figure 3a.** Patient MS-2 Step prescription rates in NSW by remoteness, 2018 to 2022.
- Figure 3b.** Prescriber MS-2 Step prescription rates in NSW by remoteness, 2018 to 2022.
- Figure 3c.** Pharmacy MS-2 Step dispensation rates in NSW by remoteness, 2018 to 2022.
- Figure 4a.** Patient MS-2 Step prescription rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.
- Figure 4b.** Prescriber MS-2 Step prescription rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.
- Figure 4c.** Pharmacy MS-2 Step dispensation rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.
- Figure 5a.** Patient MS-2 Step prescription rates in Metropolitan NSW LHDs, 2018 to 2022.
- Figure 5b.** Prescriber MS-2 Step prescription rates in Metropolitan NSW LHDs, 2018 to 2022.
- Figure 5c.** Pharmacy MS-2 Step dispensation rates in Metropolitan NSW LHDs, 2018 to 2022.
- Figure 6a.** Patient MS-2 Step prescription rates in Non-Metropolitan NSW LHDs, 2018 to 2022.
- Figure 6b.** Prescriber MS-2 Step prescription rates in Non-Metropolitan NSW LHDs, 2018 to 2022.
- Figure 6c.** Pharmacy MS-2 Step dispensation rates in Non-Metropolitan NSW LHDs, 2018 to 2022.
- Figure 7a.** Patient MS-2 Step prescription rates in Nepean Blue Mountains LHD by LGA, 2018 to 2022.
- Figure 7b.** Prescriber MS-2 Step prescription rates in Nepean Blue Mountains LHD by LGA, 2018 to 2022.
- Figure 7c.** Pharmacy MS-2 Step dispensation rates in Nepean Blue Mountains LHD by LGA, 2018 to 2022.
- Figure 8a.** Patient MS-2 Step prescription rates in Northern Sydney LHD by LGA, 2018 to 2022.
- Figure 8b.** Prescriber MS-2 Step prescription rates in Northern Sydney LHD by LGA, 2018 to 2022.
- Figure 8c.** Pharmacy MS-2 Step dispensation rates in Northern Sydney LHD by LGA, 2018 to 2022.
- Figure 9a.** Patient MS-2 Step prescription rates in South-Eastern Sydney LHD by LGA, 2018 to 2022.
- Figure 9b.** Prescriber MS-2 Step prescription rates in South-Eastern Sydney LHD by LGA, 2018 to 2022.
- Figure 9c.** Pharmacy MS-2 Step dispensation rates in South-Eastern Sydney LHD by LGA, 2018 to 2022.
- Figure 10a.** Patient MS-2 Step prescription rates in South-Western Sydney LHD by LGA, 2018 to 2022.
- Figure 10b.** Prescriber MS-2 Step prescription rates in South-Western Sydney LHD by LGA, 2018 to 2022.
- Figure 10c.** Pharmacy MS-2 Step dispensation rates in South-Western Sydney LHD by LGA, 2018 to 2022.
- Figure 11a.** Patient MS-2 Step prescription rates in Sydney LHD by LGA, 2018 to 2022.
- Figure 11b.** Prescriber MS-2 Step prescription rates in Sydney LHD by LGA, 2018 to 2022.
- Figure 11c.** Pharmacy MS-2 Step dispensation rates in Sydney LHD by LGA, 2018 to 2022.
- Figure 12a.** Patient MS-2 Step prescription rates in Western Sydney LHD by LGA, 2018 to 2022.
- Figure 12b.** Prescriber MS-2 Step prescription rates in Western Sydney LHD by LGA, 2018 to 2022.
- Figure 12c.** Pharmacy MS-2 Step dispensation rates in Western Sydney LHD by LGA, 2018 to 2022.
- Figure 13a.** Patient MS-2 Step prescription rates in Central Coast LHD by LGA, 2018 to 2022.
- Figure 13b.** Prescriber MS-2 Step prescription rates in Central Coast LHD by LGA, 2018 to 2022.
- Figure 13c.** Pharmacy MS-2 Step dispensation rates in Central Coast LHD by LGA, 2018 to 2022.
- Figure 14a.** Patient MS-2 Step prescription rates in Far West NSW LHD by LGA, 2018 to 2022.
- Figure 14b.** Prescriber MS-2 Step prescription rates in Far West NSW LHD by LGA, 2018 to 2022.
- Figure 14c.** Pharmacy MS-2 Step dispensation rates in Far West NSW LHD by LGA, 2018 to 2022.
- Figure 15a.** Patient MS-2 Step prescription rates in Hunter New England (Southern) LHD by LGA, 2018 to 2022.
- Figure 15b.** Prescriber MS-2 Step prescription rates in Hunter New England (Southern) LHD by LGA, 2018 to 2022.
- Figure 15c.** Pharmacy MS-2 Step dispensation rates in Hunter New England (Southern) LHD by LGA, 2018 to 2022.
- Figure 16a.** Patient MS-2 Step prescription rates in Hunter New England (Northern) LHD by LGA, 2018 to 2022.



**Figure 16b.** Prescriber MS-2 Step prescription rates in Hunter New England (Northern) LHD by LGA, 2018 to 2022.

**Figure 16c.** Pharmacy MS-2 Step dispensation rates in Hunter New England (Northern) LHD by LGA, 2018 to 2022.

**Figure 17a.** Patient MS-2 Step prescription rates in Illawarra Shoalhaven LHD by LGA, 2018 to 2022.

**Figure 17b.** Prescriber MS-2 Step prescription rates in Illawarra Shoalhaven LHD by LGA, 2018 to 2022.

**Figure 17c.** Pharmacy MS-2 Step dispensation rates in Illawarra Shoalhaven LHD by LGA, 2018 to 2022.

**Figure 18a.** Patient MS-2 Step prescription rates in Mid North Coast LHD by LGA, 2018 to 2022.

**Figure 18b.** Prescriber MS-2 Step prescription rates in Mid North Coast LHD by LGA, 2018 to 2022.

**Figure 18c.** Pharmacy MS-2 Step dispensation rates in Mid North Coast LHD by LGA, 2018 to 2022.

**Figure 19a.** Patient MS-2 Step prescription rates in Murrumbidgee (Eastern) LHD by LGA, 2018 to 2022.

**Figure 19b.** Prescriber MS-2 Step prescription rates in Murrumbidgee (Eastern) LHD by LGA, 2018 to 2022.

**Figure 19c.** Pharmacy MS-2 Step dispensation rates in Murrumbidgee (Eastern) LHD by LGA, 2018 to 2022.

**Figure 20a.** Patient MS-2 Step prescription rates in Murrumbidgee (Western) LHD by LGA, 2018 to 2022.

**Figure 20b.** Prescriber MS-2 Step prescription rates in Murrumbidgee (Western) LHD by LGA, 2018 to 2022.

**Figure 20c.** Pharmacy MS-2 Step dispensation rates in Murrumbidgee (Western) LHD by LGA, 2018 to 2022.

**Figure 21a.** Patient MS-2 Step prescription rates in Northern NSW LHD by LGA, 2018 to 2022.

**Figure 21b.** Prescriber MS-2 Step prescription rates in Northern NSW LHD by LGA, 2018 to 2022.

**Figure 21c.** Pharmacy MS-2 Step dispensation rates in Northern NSW LHD by LGA, 2018 to 2022.

**Figure 22a.** Patient MS-2 Step prescription rates in Southern NSW LHD by LGA, 2018 to 2022.

**Figure 22b.** Prescriber MS-2 Step prescription rates in Southern NSW LHD by LGA, 2018 to 2022.

**Figure 22c.** Pharmacy MS-2 Step dispensation rates in Southern NSW LHD by LGA, 2018 to 2022.

**Figure 23a.** Patient MS-2 Step prescription rates in Western NSW (Southern) LHD by LGA, 2018 to 2022.

**Figure 23b.** Prescriber MS-2 Step prescription rates in Western NSW (Southern) LHD by LGA, 2018 to 2022.

**Figure 23c.** Pharmacy MS-2 Step dispensation rates in Western NSW (Southern) LHD by LGA, 2018 to 2022.

**Figure 24a.** Patient MS-2 Step prescription rates in Western NSW (Northern) LHD by LGA, 2018 to 2022.

**Figure 24b.** Prescriber MS-2 Step prescription rates in Western NSW (Northern) LHD by LGA, 2018 to 2022.

**Figure 24c.** Pharmacy MS-2 Step dispensation rates in Western NSW (Northern) LHD by LGA, 2018 to 2022.

**Figure 25a.** Patient MS-2 Step prescriptions across NSW LHDs, 2022.

**Figure 25b.** Prescriber MS-2 Step prescriptions across NSW LHDs, 2022.

**Figure 25c.** Pharmacy MS-2 Step prescriptions across NSW LHDs, 2022.

**Figure 26a.** Patient MS-2 Step prescriptions across NSW LGAs, 2022.

**Figure 26b.** Prescriber MS-2 Step prescriptions across NSW LGAs, 2022.

**Figure 26c.** Pharmacy MS-2 Step prescriptions across NSW LGAs, 2022.

## Executive summary

In NSW and interstate, public and transparent reporting on abortion is inconsistent. This report builds on the early literature around abortion access and services. Specifically, it tracks the use of medical abortion around NSW, the providers who are available and the pharmacists who supply medication to patients. This transparent reporting of healthcare helps service planning and improvements to patient care in the longer term. Of note, the report spans 2018 to 2022, covering the period during which abortion in NSW moved from being a part of the criminal code to a recognised form of healthcare.

In Australia, medical abortion is undertaken by the sequential administration of Mifepristone and Misoprostol, both of which are supplied as a composite pack under the brand name MS-2 Step, and is Therapeutic Goods Administration (TGA) approved for prescription and dispensing up until 63 days gestation (9 weeks)<sup>(2)</sup>.

This report utilised PBS data from Services Australia on MS-2 Step (streamlined item code 10211K) prescription rate per 1,000 women aged 15 to 49 years, grouped by patient, prescriber, and pharmacy from 2018 to 2022. Data was stratified by age, remoteness, metropolitan and non-metropolitan local health districts (LHD) and local government areas (LGAs) within each LHD. Rates were compared to NSW- and Australia-wide rates.

Across Australia, the rate of MS-2 Step prescribing almost doubled over the five-year period from 2018 to 2022, increasing from 3.3 per 1,000 women aged 15 to 49 years in 2018 to 5.9 in 2022. Similarly, MS-2 Step uptake, prescribing, and dispensation rates across NSW increased from 2018 to 2022. Patient uptake and prescribing rates both increased by almost 35% between 2018 and 2022. While pharmacy dispensation rates of MS-2 Step increased by about 60% over the 5-year period, they remained around two-fold lower than patient and prescriber rates. Across all women of reproductive age, the rates of MS-2 Step patient prescriptions also increased from 2018 to 2022, with the highest rates in women aged 20-29 and 30-39 years, together consistently over four-fold greater than the lowest rates in the 40–49-year age group. Similarly, most NSW regions of remoteness, LHDs and LGAs also saw an increase in prescription rates across the five-year period.

There was considerable mismatch between patient uptake of MS-2 Step, availability of MS-2 Step prescribers, and dispensing of MS-2 Step across NSW between regional and non-regional areas. In 2022, patient prescription rates in remote NSW were over two-fold higher than those in major cities, while prescriber and pharmacy rates in major cities were greater when compared to a lack of prescriber activity and a lower pharmacy rate in remote NSW. Specific LHDs also mirrored these mismatches in 2022, with Sydney LHD showing lower patient prescription rates in comparison to Far West NSW LHD, while the prescriber rate was three-fold higher in Sydney LHD than Far West NSW LHD. In the same year however, pharmacy dispensation of MS-2 Step in Far West NSW LHD was triple the rate of Sydney LHD, suggesting that pharmacies dispense MS-2 Step in regional or remote NSW at higher rates than non-regional areas in a manner that meets patient demand, while prescriber levels in these areas remain low.

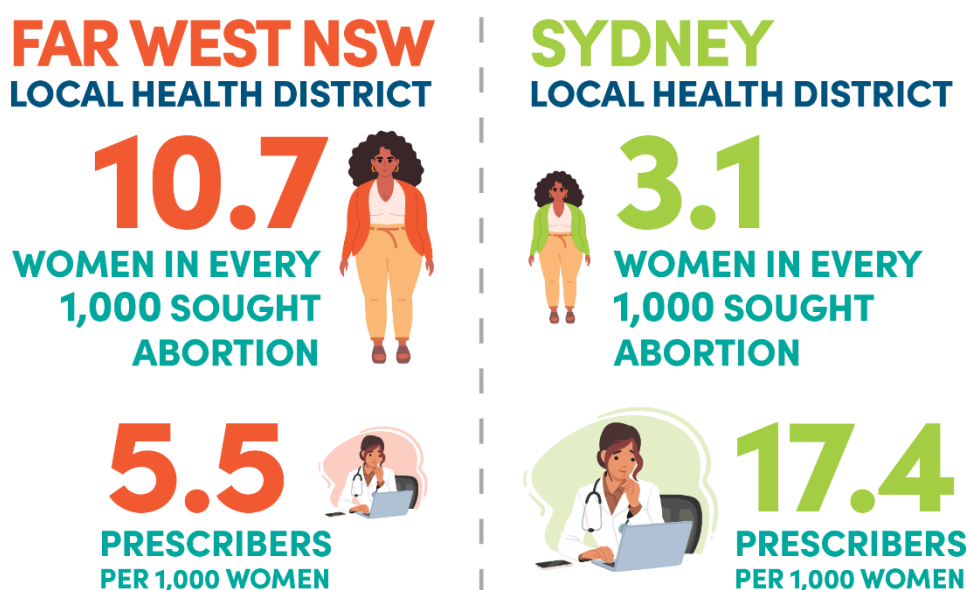
Importantly, this data provides detailed information on MS-2 Step prescriptions across NSW. It is important to note the data does not capture individuals without access to the PBS, including migrant and refugee populations, or prescriptions dispensed to public hospital inpatients. Despite this, data outlined in this report provides valuable insight into MS-2 Step prescription activity across NSW, critical to informing policy, health promotion activities, and the deployment of clinical service provision to areas identified to have restricted access.

## At a glance

Medical abortion across NSW is comprehensively tracked for the first time in this statistical analysis by Family Planning Australia. The report looks at data from 2018 to 2022 and highlights stark variation between where patients seeking healthcare live, and where healthcare providers are based.

This report shows that women in regional and rural NSW seek medical abortion at more than double the rate of city women. In very remote NSW there were 10 medical abortion prescriptions issued for every 1,000 women in 2022 and in major cities there were just 4.2 prescriptions for medical abortions for every 1,000 women.

The disparity is substantial when you compare our most remote locations, Far West Local Health District, with our most urban areas, Sydney and South Eastern Sydney local health districts. Women in Far West Local Health District were the most likely to seek a medical abortion in 2022 at 10.7 women in every 1,000. However, the prescriber rate of Far West Local Health District was 5.5 prescribers for every 1,000 women. Contrasting this, the highest prescriber rate in the state is Sydney Local Health District, at 17.4 for every 1000 women, and 3.1 women for every 1000 sought a medical abortion there in 2022.



Women in South Eastern Sydney Local Health District were the least likely to seek a medical abortion, 2.7 women in every 1000, with a prescriber rate of 8 for every 1000 women. Nepean Blue Mountains Local Health District has the lowest prescriber rate, 1.2 for every 1000 women and Mid North Coast Local Health District has the lowest prescriber rate of the non-metropolitan local health districts, 1.7 for every 1000 women.

This report highlights more than 30 local government areas where no doctor was providing medical abortion scripts to women. In 2022, local government areas without local doctors providing medical abortion services to people were predominantly in rural and regional NSW. Mosman was the only metropolitan local government area to have no doctors providing medical abortion scripts to women.

The 2022 data highlights misalignment of services between patient demand and local providers with some local government areas with significant patient use of medical abortion having no providers.

Rural areas with significant patient use of medical abortion in 2022 included Oberon, 17.3 per 1,000 women, Carrathool, 16.2, and Walgett, 14.7, however, each had no local doctor offering prescriptions in 2022. Similarly, the top 5 metropolitan local government areas for medical abortion by patient rate are Lithgow, 7.9 per 1,000 women, Campbelltown, 6.6, Penrith, 6.3. Blacktown, 6.1, and Wollondilly, 6. Several of these LGAs have low prescriber rates that have been suppressed.

### Metropolitan LGAs

Top 5 LGAs by Patient Rate		Prescriber Rate	Pharmacy Rate	Bottom 5 LGAs by Patient Rate		Prescriber Rate	Pharmacy Rate
Lithgow	7.9	*	0	Georges River	1.9	2.3	0.3
Campbelltown	6.6	*	*	Hunters Hill	2	*	0
Penrith	6.3	1.2	3.1	Waverley	2.2	8.9	1.5
Blacktown	6.1	0.5	0.8	Bayside	2.5	0.7	1.7
Wollondilly	6	*	*	Woollahra	2.5	*	0

\* indicates suppressed activity, rate obscured for privacy: between 1 to 5 patients/services or when 1 or 2 providers provide the majority of services.

### Non-metropolitan LGAs

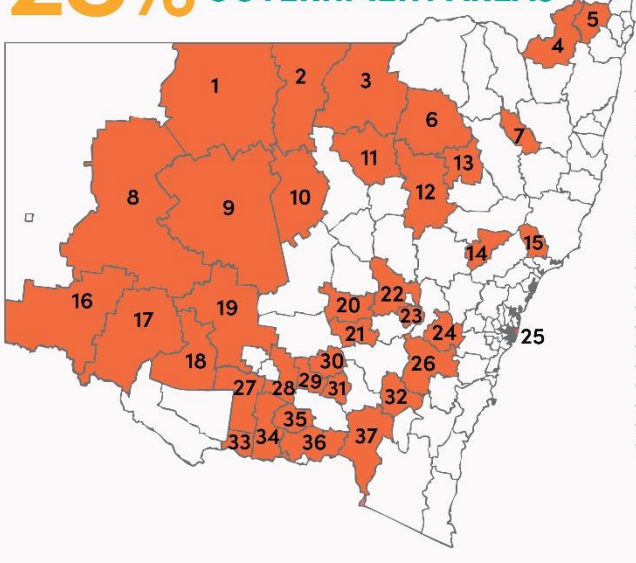
Top 5 LGAs by Patient Rate		Prescriber Rate	Pharmacy Rate	Bottom 5 LGAs by Patient Rate		Prescriber Rate	Pharmacy Rate
Moree Plains	18.2	27	21.9	Snowy Valleys	2.8	0	0
Oberon	17.3	0	0	Central Coast	3.6	3.2	1.9
Carrathool	16.2	0	0	Lake Macquarie	3.9	7	2
Walgett	14.7	0	9.8	Kiama	4	*	*
Cowra	14.1	*	18.6	Maitland	4.1	*	1.5

\* indicates suppressed activity, rate obscured for privacy: between 1 to 5 patients/services or when 1 or 2 providers provide the majority of services.

In 2022 rates of pharmacies supplying abortion medication are more evenly spread across NSW, although gaps in pharmacy supply can also be found in areas of high patient demand.

It is important to note this report uses Pharmaceutical Benefits Scheme Data to track medical abortions. This means abortions supplied to people without a Medicare card, including people on student visas, travellers and refugees, are not captured.

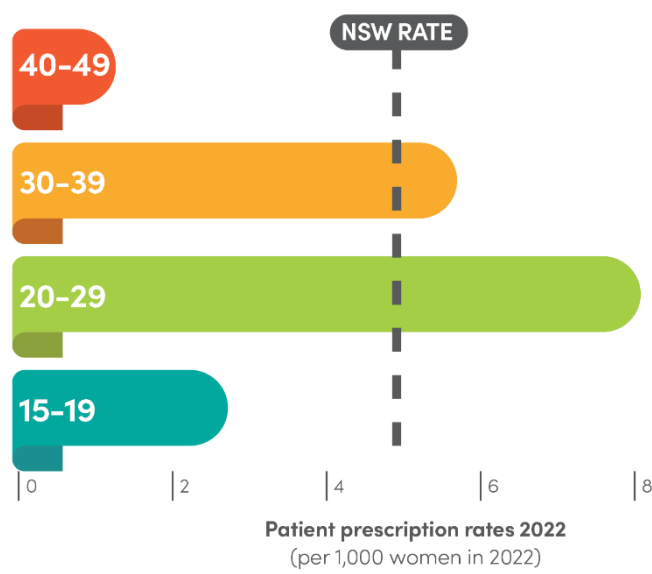
# 28% OF ALL NSW LOCAL GOVERNMENT AREAS DID NOT HAVE A DOCTOR PROVIDING MEDICAL ABORTION SCRIPTS



- 1 Bourke
- 2 Brewarrina
- 3 Walgett
- 4 Tenterfield
- 5 Kyogle
- 6 Narrabri
- 7 Uralla
- 8 Central Darling
- 9 Cobar
- 10 Bogan
- 11 Coonamble
- 12 Warrumbungle
- 13 Gunnedah
- 14 Muswellbrook
- 15 Dungog
- 16 Wentworth
- 17 Balranald
- 18 Hay
- 19 Carrathool
- 20 Forbes
- 21 Weddin
- 22 Cabonne
- 23 Blayney
- 24 Oberon
- 25 Mosman
- 26 Upper Lachlan
- 27 Murrumbidgee
- 28 Narrandera
- 29 Coolamon
- 30 Temora
- 31 Junee
- 32 Yass Valley
- 33 Berrigan
- 34 Federation
- 35 Lockhart
- 36 Greater Hume
- 37 Snowy Valleys



## Young women aged 20-39 years are the highest users of medical abortion in NSW





## 1. Background

Induced abortion refers to the intended termination of a pregnancy and can be performed by either medical or surgical means. In Australia, medical abortion is undertaken by the sequential administration of the medications Mifepristone followed by Misoprostol<sup>(3)</sup>. Mifepristone acts to antagonise progesterone, preventing pregnancy progression and causing placental and embryo detachment from the uterine surface<sup>(3)</sup>. Between 36 to 48 hours following Mifepristone administration, Misoprostol is administered to induce uterine contractions, cervical dilation, and cervical softening, all of which facilitate the expulsion of the uterine contents<sup>(3)</sup>. Together, Mifepristone and Misoprostol are marketed and dispensed as a composite pack, under the brand name MS-2 Step<sup>(3)</sup>. In Australia, MS-2 Step is approved for use up until 63 days of gestation (9 weeks) and is a safe and effective option for early pregnancy terminations with a high success rate of up to 98%<sup>(2, 4)</sup>. Conversely, induced abortion can be undertaken surgically which involves the use of either dilation and curettage (D&C) prior to 14 weeks of gestation, or dilation and evacuation (D&E) from 14 weeks onwards to remove the contents of the uterus<sup>(5)</sup>. Surgical abortion also has a high success rate (over 99%) and is available in Australia up to 20-24 weeks of gestation (depending on the state) or at gestations greater than 24 weeks depending on individual circumstances<sup>(6, 7)</sup>. In NSW, surgical abortion is available up to 22 weeks of gestation and can only be performed with informed consent<sup>(7)</sup>.

Legalisation and decriminalisation of induced abortion in Australia has a layered history that is useful to understand when interpreting the current context of medical abortion prescription. In 1969, surgical abortion became justified only in a case where it was necessary to preserve the physical and mental health of an individual<sup>(8)</sup>. Following this, it was a matter for each state or territory to legislate surrounding abortion access, with the Australian Capital Territory being the first state to decriminalise abortion in 2002, with the incoming of the Crimes (Abolition of Offence of Abortion) Act<sup>(9)</sup>. Each state and territory then sequentially decriminalised abortion. Regarding medical abortions, in the mid-1990s, a ministerial veto was created which meant that approval was required from the Minister of Health in Australia for the use of the medication Mifepristone (RU-486)<sup>(10)</sup>. In 2006, this veto was removed, however Mifepristone remained unapproved by the TGA, and medical practitioners needed approval from the TGA to prescribe it<sup>(10)</sup>. From August 2012, the TGA approved the distribution and use of MS-2 Step in Australia for medical abortions, allowing doctors who had prescriber status to prescribe both Mifepristone and Misoprostol up to 49 days of gestation (7 weeks)<sup>(10)</sup>. Then from August 2013, both medications were listed under the PBS, and by February 2015, the gestational limit for use of MS-2 Step was increased to 9 weeks of gestation<sup>(10)</sup>.

Although national legislation allowed the dispensing and prescription of MS-2 Step from 2013, each Australian state still reserves the right to independent legislation surrounding MS-2 Step provision. In NSW, decriminalisation of abortion services occurred in October 2019, with the commencement of the Abortion Law Reform Act 2019<sup>(11)</sup>. Following the commencement of this Act in NSW, both medical and surgical abortions became legally available in NSW, only after the obtaining informed consent<sup>(11)</sup>. The commencement of the Act means that women and pregnant people within NSW are no longer at risk of prosecution for procuring their own abortion.

Despite these changes to abortion legislation within NSW, various barriers exist regarding the accessibility of abortion services in NSW and Australia-wide. These include sociodemographic factors such as the location of the patient (rural versus remote), financial circumstances, and the location and proximity of abortion services<sup>(1)</sup>. Additionally, the burden of each of these factors is increased in First Nations people, adolescents, migrant and refugee populations, and in people with disabilities<sup>(12)</sup>. Therefore, there is an ongoing need to increase access,

availability, and equity of abortion services across Australia. As one of the key measures of success in the National Women's Health Strategy 2020-2030, developments in equal access to abortion care is a significant priority in Australia<sup>(13)</sup>.

In line with increasing accessibility to abortion services in Australia, legislation has recently changed regarding the prescribing and dispensing of MS-2 Step. From August 2023, the TGA removed restrictions surrounding MS-2 Step delivery<sup>(14)</sup>. This means that health professionals are now able to prescribe and dispense the medications, without the prior need for certification<sup>(14)</sup>. MS-2 Step was also downgraded from a telephone authority prescription to a streamlined authority code item. These legislative changes are likely to lead to increased access to abortion services by increasing the number of practitioners and health professionals providing these services, including doctors, pharmacists, and nurse practitioners.

This report aims to present the rate of prescription for medical abortion in NSW between 2018 and 2022. Moreover, this report will allow for the generation of statistical data before the recent lifting of restrictions in Australia surrounding MS-2 Step delivery in 2023. Further, it will provide critical information on the age and location of patients and the location of prescribers and pharmacies, and further stratify these factors based on metropolitan and non-metropolitan LHDs, and by LGA. By investigating these parameters, the ongoing intentions of this report are to inform policy, health promotion activities, and the deployment of clinical service provision to areas identified to have restricted access throughout NSW.

## 2. Methods

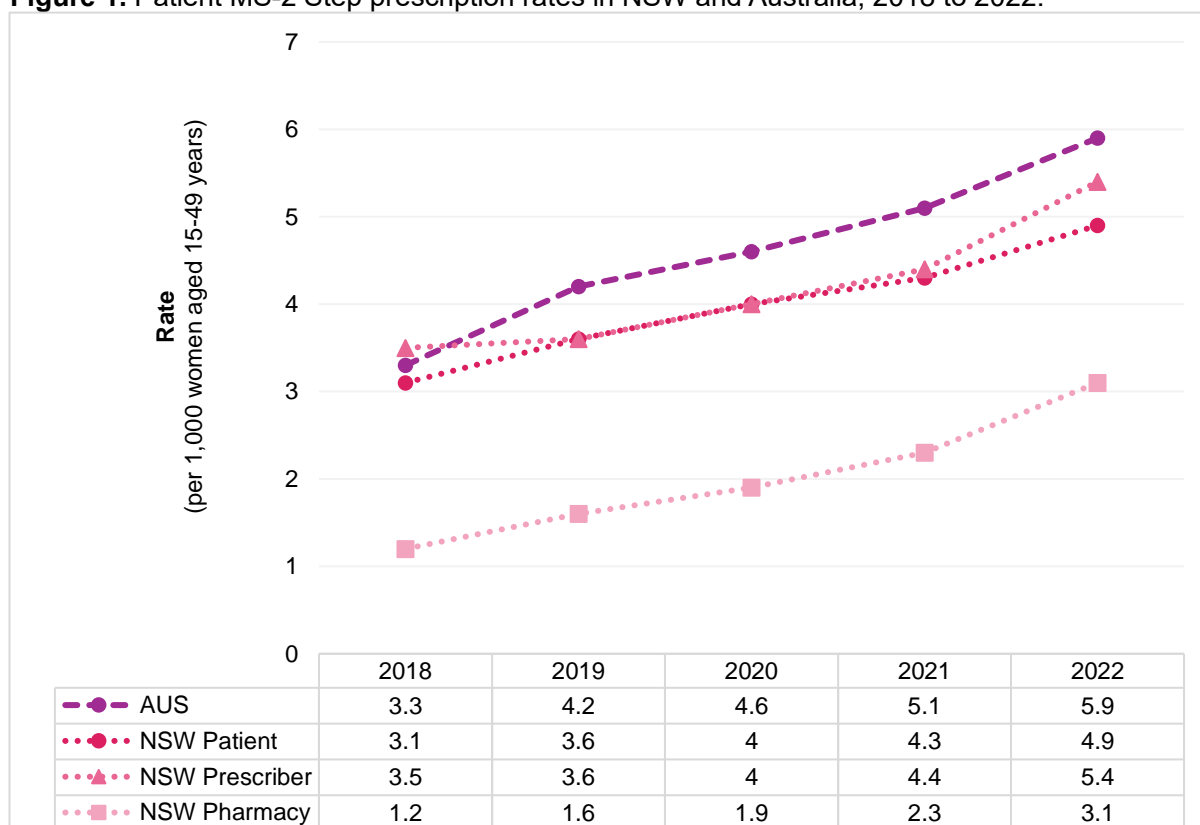
PBS data was obtained from Services Australia on MS-2 Step (streamlined item number 10211K) prescriptions by patient, prescriber, and by pharmacy per 1,000 women aged 15-49 years between 2018 and 2022. This data was analysed by age group, remoteness, metropolitan and non-metropolitan LHD and LGA within each LHD. Remoteness was defined based on the Bureau of Statistics Remoteness Area classes, which are measured based on the Accessibility/Remoteness Index of Australia Plus. Metropolitan and non-metropolitan LHDs are defined by NSW Health. Metropolitan LHDs cover the Sydney metropolitan region, while non-metropolitan LHDs cover regional and rural NSW. Prescription rates within NSW LHDs and LGAs were compared with NSW- and Australia-wide rates. Trends and changes in MS-2 Step prescription rates by patient, prescriber, and pharmacy were determined using descriptive statistics. Suppressed values were also determined based on when between 1 and 5 patients/services or one provider provides more than 90% of services or two providers provide more than 85% of services, and therefore outline when between 1 to 5 patients/services are obtaining or providing MS-2 Step, or when 1 or 2 providers provide the majority of services.



### 3. Induced medical abortion rates in NSW and Australia

There was an overall increasing trend in MS-2 Step prescription rates across Australia and NSW between 2018 and 2022 (Figure 1). Between 2018 to 2022, prescription rates of MS-2 Step across Australia increased from 3.3 per 1,000 women aged 15-49 years in 2018 to 5.9 per 1,000 women in 2022. Similarly, prescription and dispensation rates by patient, prescriber, and pharmacy across NSW all showed an increasing trend. Prescription rates by patient and prescriber remained alike, increasing from 3.1 and 3.5 per 1,000 women aged 15-49 years in 2018 to 4.9 and 5.4 per 1,000 women in 2022, respectively. Pharmacy dispensation rates were considerably lower than both patient and prescriber rates, ranging from 1.2 per 1,000 women aged 15-49 years in 2018 to 3.1 per 1,000 women in 2022. NSW consistently had lower rates than the national average.

**Figure 1.** Patient MS-2 Step prescription rates in NSW and Australia, 2018 to 2022.

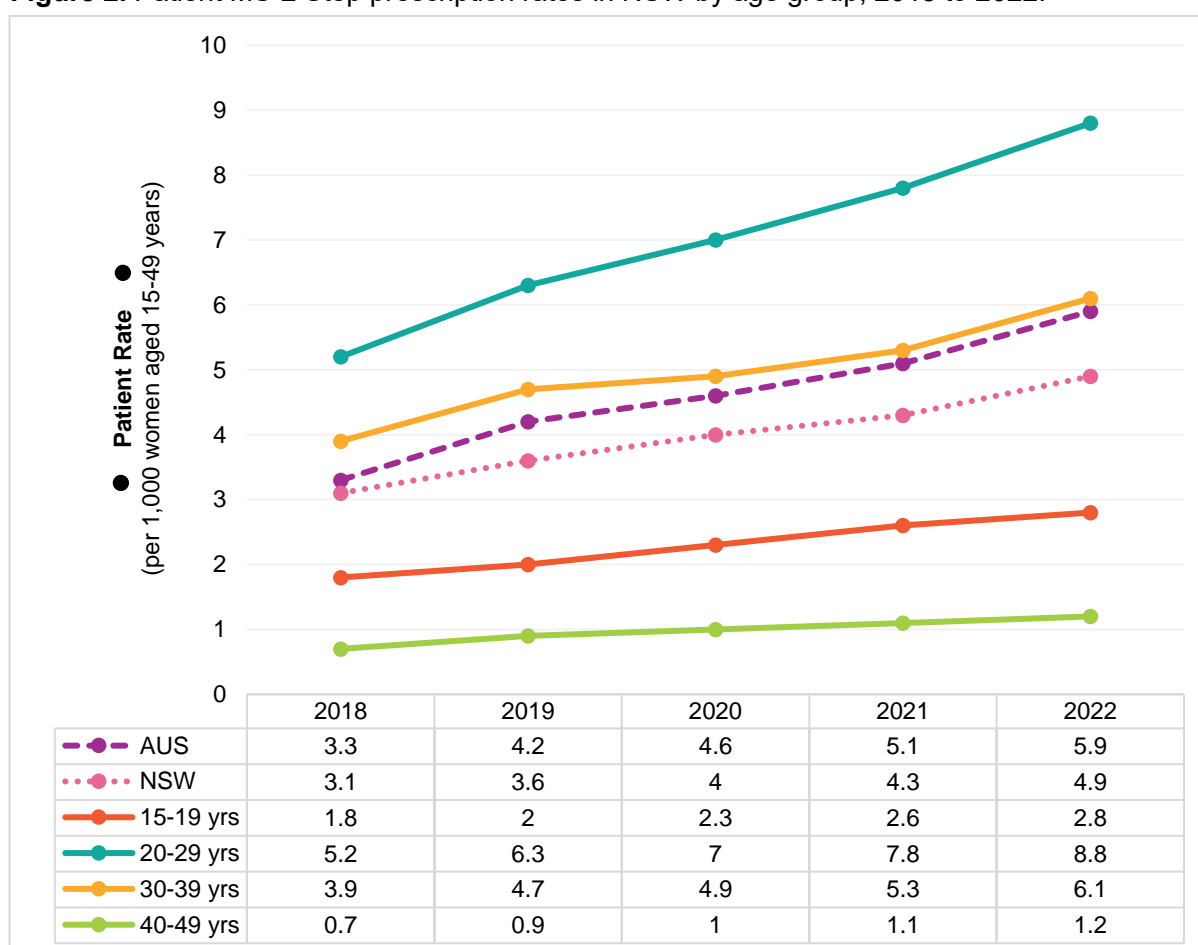


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

#### 4. Induced medical abortion rates in NSW by age group

Between 2018 and 2022, MS-2 Step prescription rates by patients steadily increased across all women of reproductive age (Figure 2). Patient prescription rates in women aged 15-19 and 40-49 years remained consistently lower than the national and NSW rates from 2018 to 2022. Patient prescription rates in the 15-19-year age group ranged from 1.8 per 1,000 women aged 15-49 years in 2018 to 2.8 per 1,000 women in 2022, while prescription rates in the 40-49-year age group ranged from 0.7 per 1,000 women in 2018 to 1.2 per 1,000 women in 2022. Conversely, MS-2 Step patient prescription rates in women aged 20-29 and 30-39 years remained consistently higher than both the national and NSW-wide rates. Patient prescription rates ranged from 5.2 per 1,000 women aged 15-49 years (2018) to 8.8 per 1,000 women (2022) in the 20-29 age group, while prescription rates increased from 3.9 per 1,000 women (2018) to 6.1 per 1,000 women (2022) in the 30-39-year age group.

**Figure 2.** Patient MS-2 Step prescription rates in NSW by age group, 2018 to 2022.

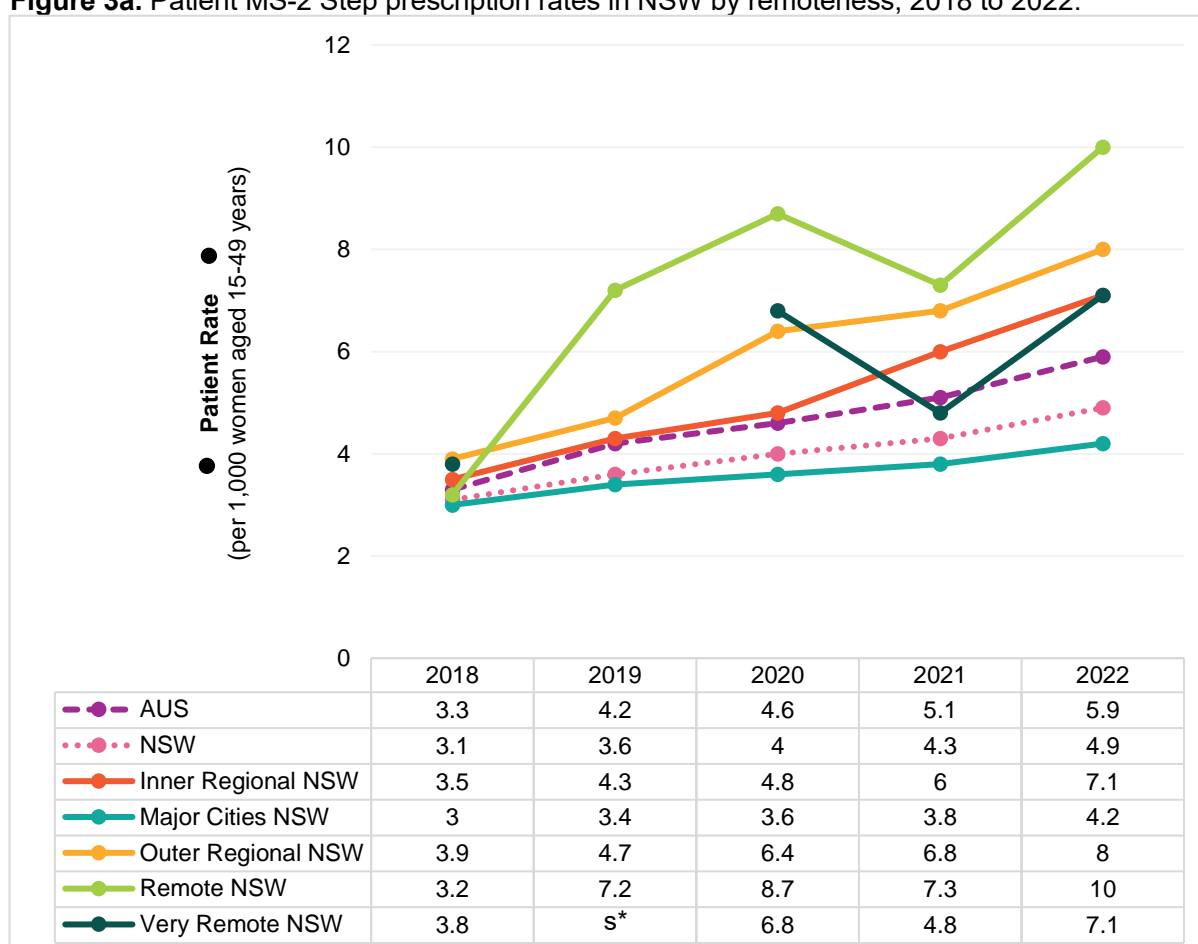


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

## 5. Induced medical abortion rates in NSW by remoteness

Overall, patient prescription rates for MS-2 Step increased across NSW regions from 2018 to 2022 (Figure 3a). Major cities saw the lowest relative rates of MS-2 Step patient prescription rates across NSW ranging from 3 to 4.2 per 1,000 women aged 15-49 years between 2018 and 2022, which were consistently lower than both the national and NSW-wide rates. Inner and outer regional and remote NSW patient prescription rates ranged from 3.5 per 1,000 women aged 15-49 in 2018 in inner regional NSW to 10 per 1,000 women in 2022 in remote NSW, rates that were consistently higher than both the national and NSW-wide rates. Very remote NSW also had MS-2 Step patient prescription rates that were higher than the national and NSW rates in 2018, 2020 and 2022, however, the prescription rate in very remote NSW dropped below the national rate in 2021. The 2019 patient prescription rate for very remote NSW was suppressed, indicative of some patient uptake in these areas (Figure 3a).

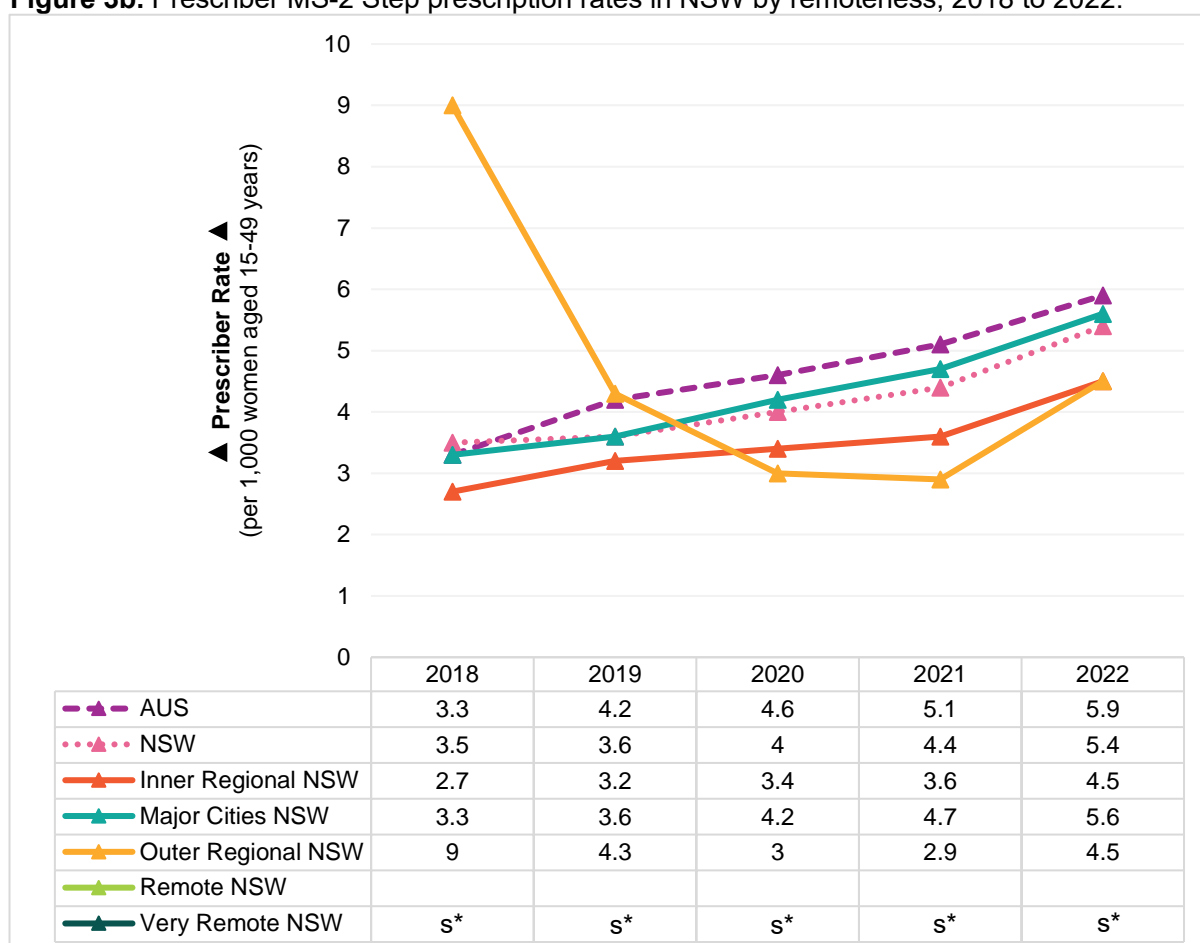
**Figure 3a.** Patient MS-2 Step prescription rates in NSW by remoteness, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Prescriber rates of MS-2 Step in major cities of NSW followed a similar increasing trend to national and NSW-wide rates between 2018 and 2022, ranging from 3.3 per 1,000 women aged 15-49 years in 2018 to 5.6 per 1,000 women in 2022 (Figure 3b). MS-2 Step prescriber rates of MS-2 Step prescriptions in inner regional NSW remained below both the national and NSW-wide rates between 2018 and 2022, ranging from 2.7 per 1,000 women aged 15-49 years in 2018 to 4.5 per 1,000 women in 2022. Conversely, outer regional NSW prescriber rates were higher than both the national and NSW-wide rates between 2018 and 2019 at 9 per 1,000 women aged 15-49 years in 2018 and 4.3 per 1,000 women in 2019, however this dropped to below both the national and NSW-wide rates between 2020 and 2022, ranging from 3 per 1,000 women in 2020 to 4.5 per 1,000 women in 2022. Prescriber prescription rates between 2018 and 2022 in very remote NSW were suppressed, indicating some activity in the provision of MS-2 Step. No prescriptions were reported in remote NSW in the five-year period from 2018 to 2022 (Figure 3b).

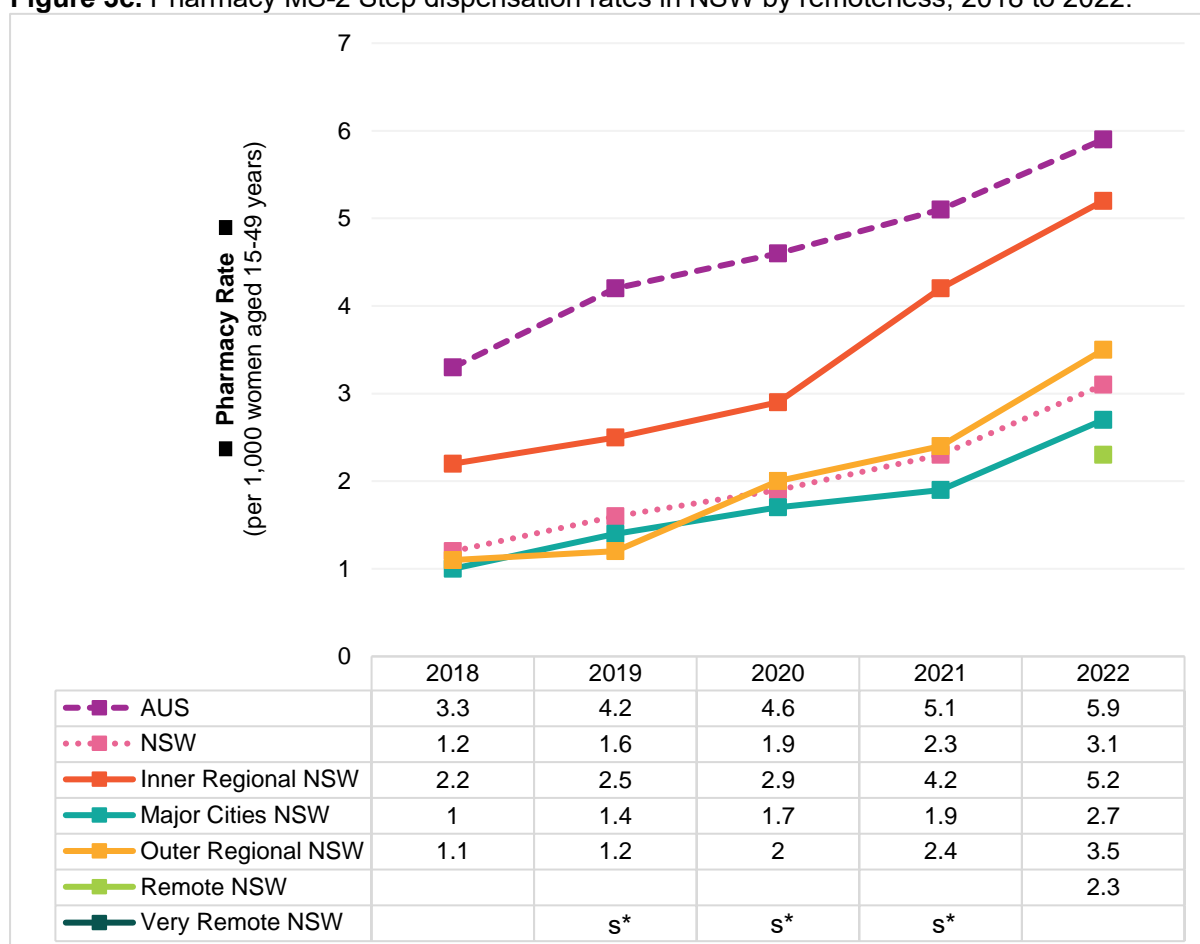
**Figure 3b.** Prescriber MS-2 Step prescription rates in NSW by remoteness, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Overall, pharmacy MS-2 Step dispensation rates showed an increasing trend across the regions of NSW between 2018 to 2022 (Figure 3c). Pharmacy dispensation rates in inner regional NSW ranged from 2.2 per 1,000 women aged 15-49 years in 2018 to 5.2 per 1,000 women in 2022, rates that were consistently lower than the national rates but higher than the NSW-wide rates. Pharmacy dispensation rates in the major cities of NSW and remote NSW remained consistently lower than both the national and NSW-wide rates. Outer regional NSW pharmacy dispensation rates ranged from 1.1 per 1,000 women in 2018 to 3.5 per 1,000 women in 2022. Pharmacy dispensation rates in remote NSW were suppressed between 2019 and 2021, indicating some activity in the dispensation of MS-2 Step. Notably, there were no MS-2 Step prescriptions dispensed by pharmacies in very remote NSW from 2018-2022, yet patients residing in very remote NSW received prescriptions at a minimum rate of 3.8 per 1,000 women (Figure 3c).

**Figure 3c.** Pharmacy MS-2 Step dispensation rates in NSW by remoteness, 2018 to 2022.



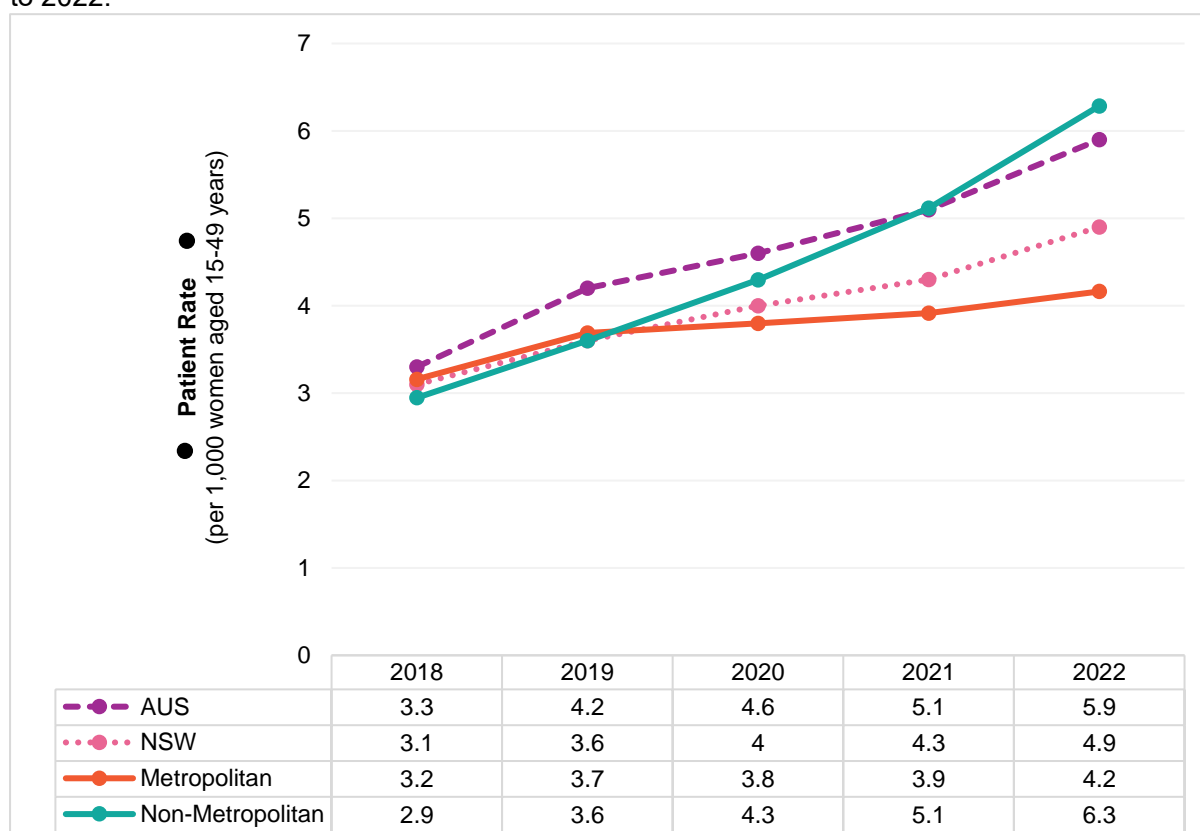
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 6. Induced medical abortion rates in Metropolitan and Non-Metropolitan NSW LHDs

### 6.1. Induced medical abortion rates in all Metropolitan and Non-Metropolitan NSW LHDs

Both metropolitan and non-metropolitan LHDs had consistently similar MS-2 Step patient prescription rates to the NSW-wide rates from 2018 to 2019 at 3.2 and 2.9 per 1,000 women aged 15-49 years (2018) and 3.7 and 3.6 per 1,000 women (2022), respectively, however these remained consistently lower than the national rates (Figure 4a). From 2020 to 2022, metropolitan LHD patient prescription rates decreased to below both the national and NSW-wide rates ranging from 3.8 per 1,000 women (2020) to 4.2 per 1,000 women (2022). Conversely, non-metropolitan patient prescription rates increased to above the NSW-wide rates in 2020 at 4.2 per 1,000 women aged 15-49 years, and above both the national and NSW-wide rates in 2022 at 6.2 per 1,000 women.

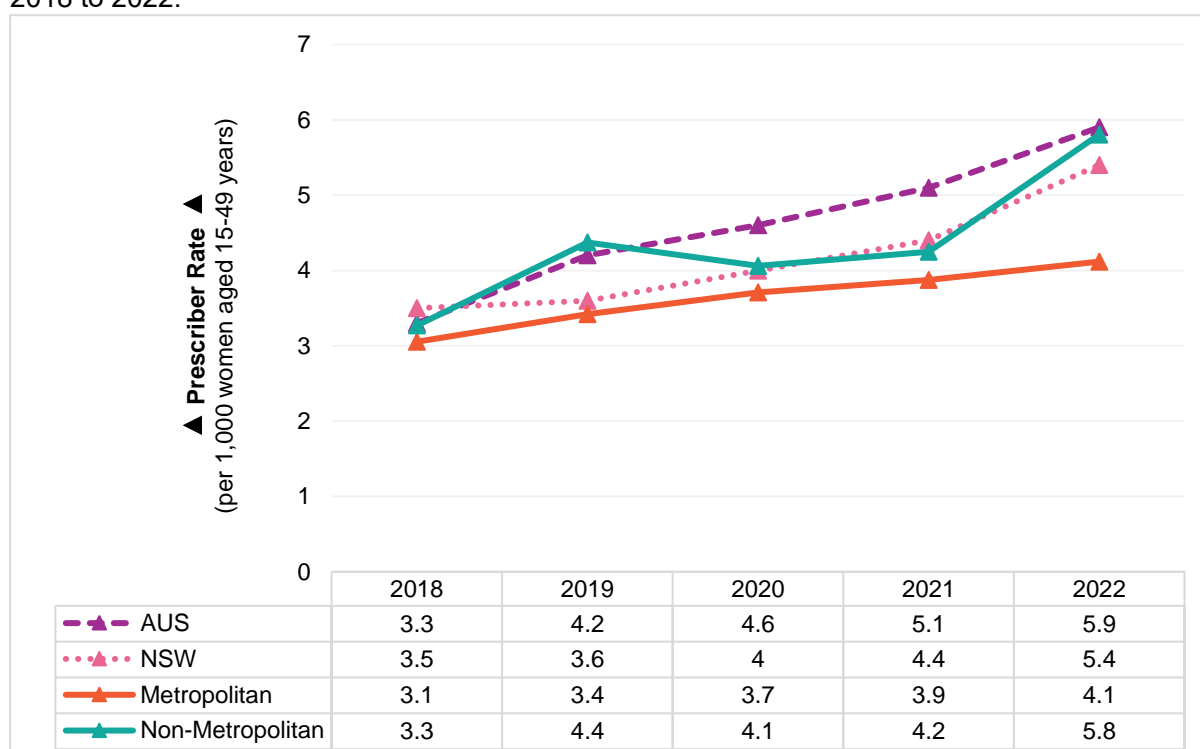
**Figure 4a.** Patient MS-2 Step prescription rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

From 2018 to 2022, metropolitan LHD MS-2 Step prescriber rates of MS-2 Step prescriptions were consistently lower than both the national and NSW-wide rates, ranging from 3.1 per 1,000 women aged 15-49 years in 2018 to 4.1 per 1,000 women in 2022 (Figure 4b). Conversely, non-metropolitan LHD prescriber prescription rates were similar to the national and NSW rates, ranging from 3.3 per 1,000 women aged 15-49 years in 2018 to 5.8 per 1,000 in 2022.

**Figure 4b.** Prescriber MS-2 Step prescription rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.

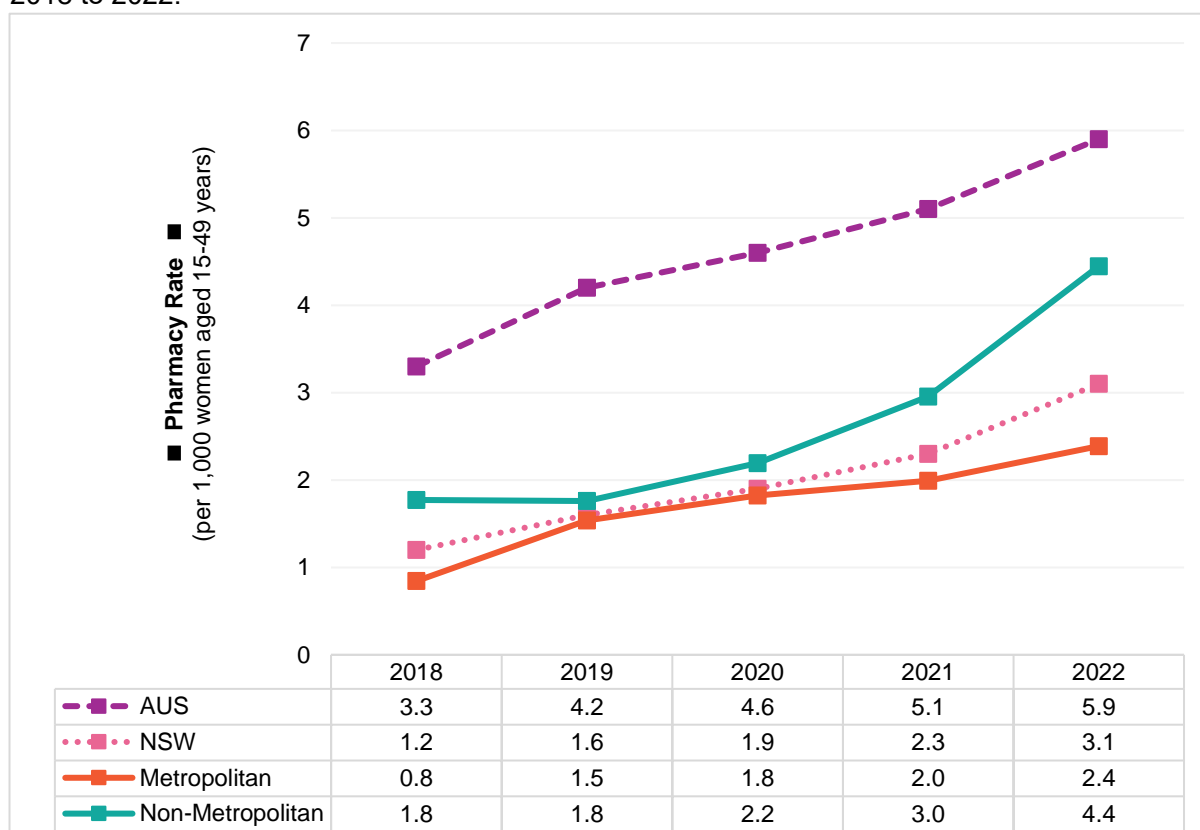


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. [Data available on request].



Across both NSW metropolitan and non-metropolitan LHDs, pharmacy MS-2 Step dispensation rates showed an increasing trend from 2018 to 2022 (Figure 4c). Pharmacy dispensation rates in metropolitan LHDs remained consistently lower than both the national and NSW-wide rates, ranging from 0.8 per 1,000 women aged 15-49 years in 2018 to 2.4 per 1,000 women in 2022. Pharmacy dispensation rates in non-metropolitan LHDs were consistently lower than the national rates between 2018 and 2022 but were consistently higher than the NSW-wide rates in the same period, ranging from 1.8 per 1,000 women in 2018 to 4.4 in 2022. Overall, dispensation rates by pharmacy across both metropolitan and non-metropolitan NSW LHDs were considerably lower than both patient and prescriber rates (Figure 4a-c).

**Figure 4c.** Pharmacy MS-2 Step dispensation rates in Metropolitan and Non-Metropolitan LHDs, 2018 to 2022.

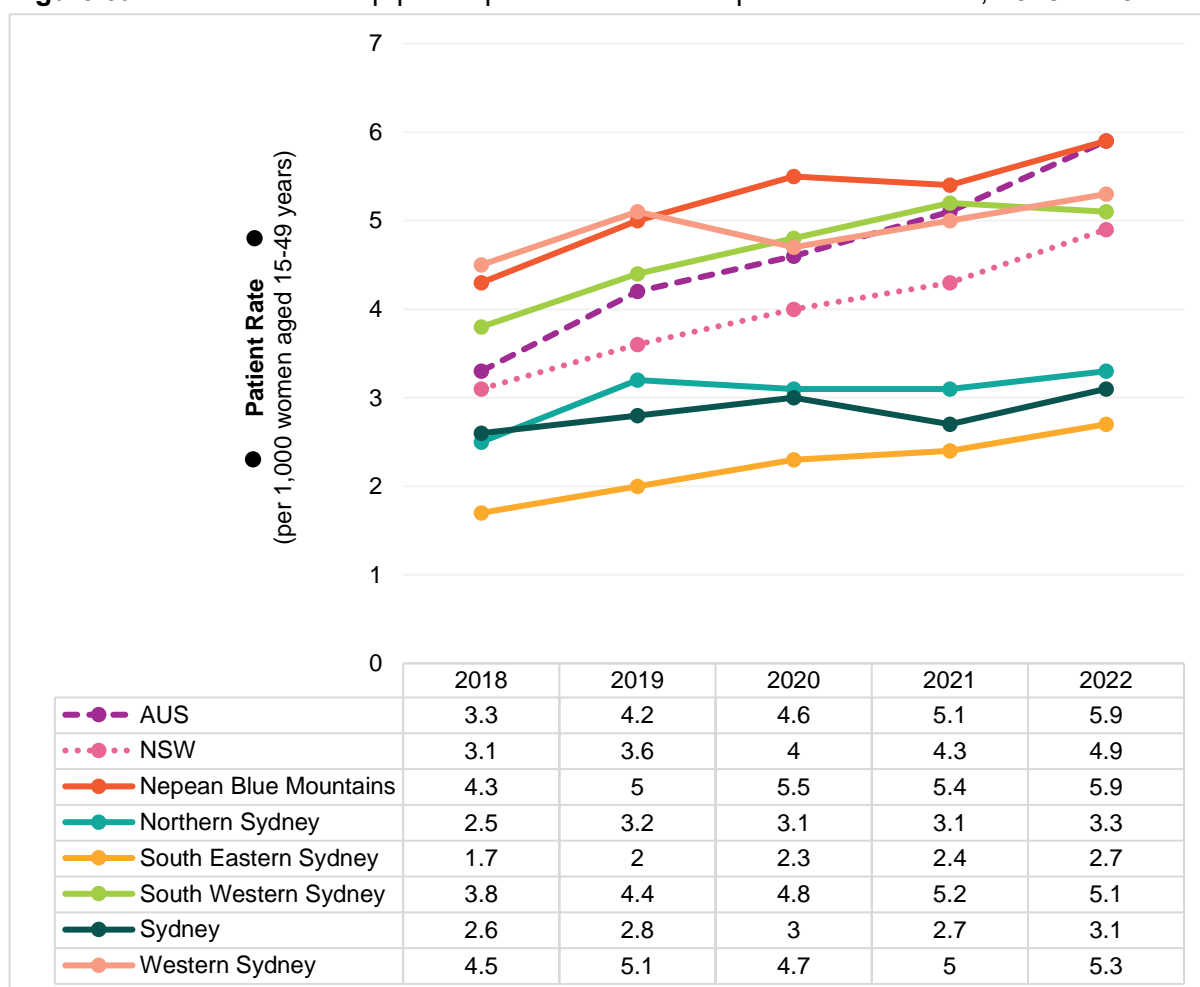


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. [Data available on request].

## 6.2. Induced medical abortion rates in Metropolitan NSW LHDs

Between 2018 and 2022, Northern Sydney, South Eastern Sydney and Sydney LHDs all had consistently lower patient MS-2 Step prescription rates compared to the national and NSW-wide rates, ranging from 1.7 per 1,000 women aged 15-49 years in 2018 in South Eastern Sydney LHD to 3.3 per 1,000 women in 2022 in Northern Sydney LHD (Figure 5a). Conversely, between 2018 and 2020, Nepean Blue Mountains, South Western Sydney and Western Sydney LHDs all had consistently higher patient prescription rates than both the national and NSW-wide rates, however, in 2021 and 2022, the rates within these LHDs tended to be relatively consistent with the national and NSW-wide rates.

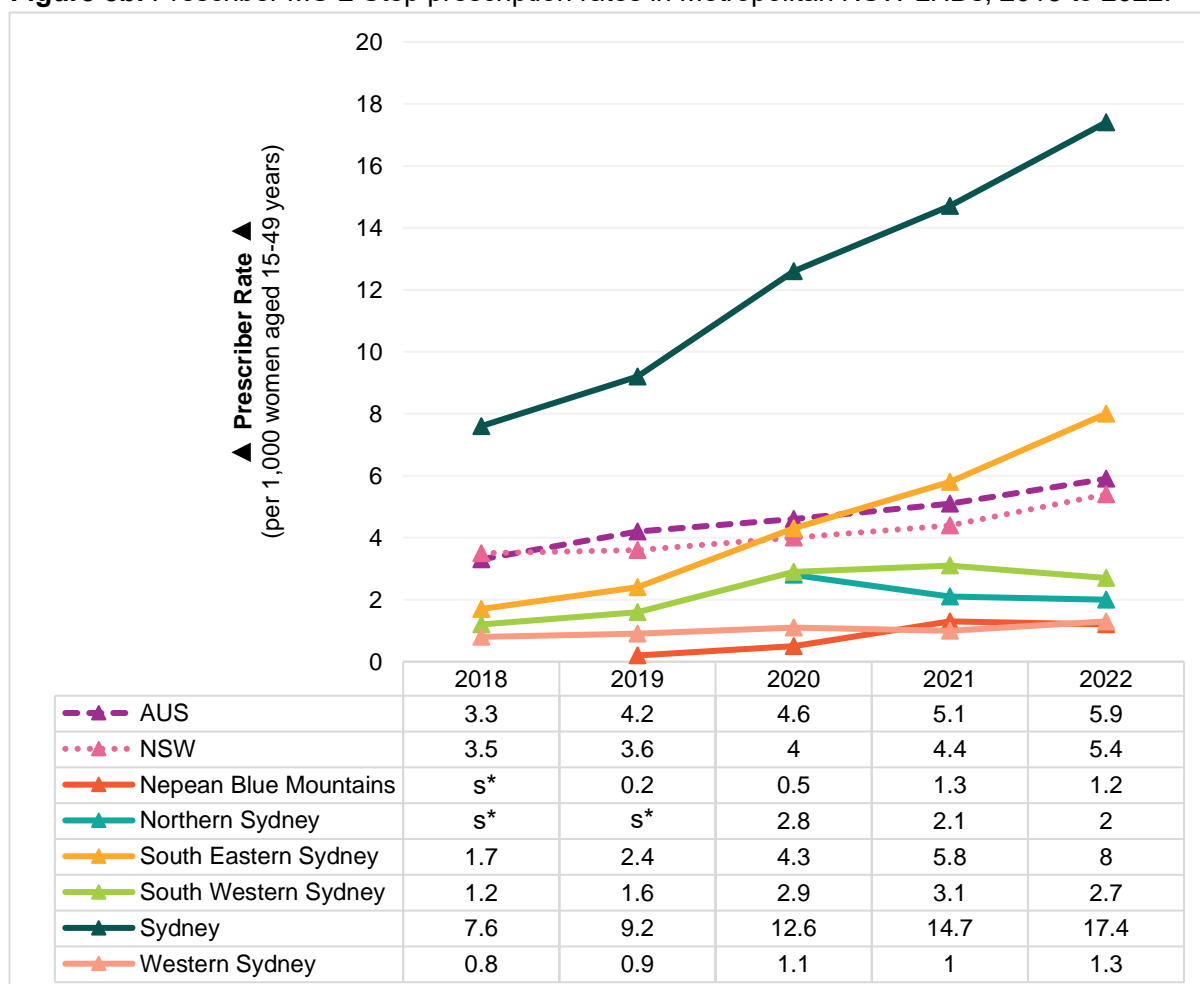
**Figure 5a.** Patient MS-2 Step prescription rates in Metropolitan NSW LHDs, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Between 2018 and 2022, prescribers located in Sydney LHD prescribed MS-2 Step at a rate that was consistently higher than both the national and NSW-wide rates, ranging from 7.6 per 1,000 women aged 15-49 years in 2018 to 17.4 per 1,000 women in 2022 (Figure 5b). Conversely, prescriber rates in Nepean Blue Mountains, Northern Sydney, and South Western Sydney LHDs were consistently lower than both the national and NSW-wide rates between 2018 and 2022, ranging from a rate of 0.2 in 2018 in Nepean Blue Mountains LHD to 2.7 in 2022 in South Western Sydney LHD. Western Sydney LHD had a stable rate over the five-year period. Prescriber rates in South Eastern Sydney LHD were also lower than both the national and NSW-wide rates in 2018 (1.7) and 2019 (2.4), then surpassed NSW-wide rates in 2020 (2.9) and further increased above both national and NSW-wide rates from 2021 (5.8) to 2022 (8). This represents a 3.7-fold increase in the rate of prescribers supplying prescriptions over the 5-year period for South Eastern Sydney LHD. The rate of prescribers providing MS-2 Step from Nepean Blue Mountains LHD was suppressed in 2018, with rates in Northern Sydney LHD also suppressed between 2018 and 2019, indicative of some level of prescription activity (Figure 5b).

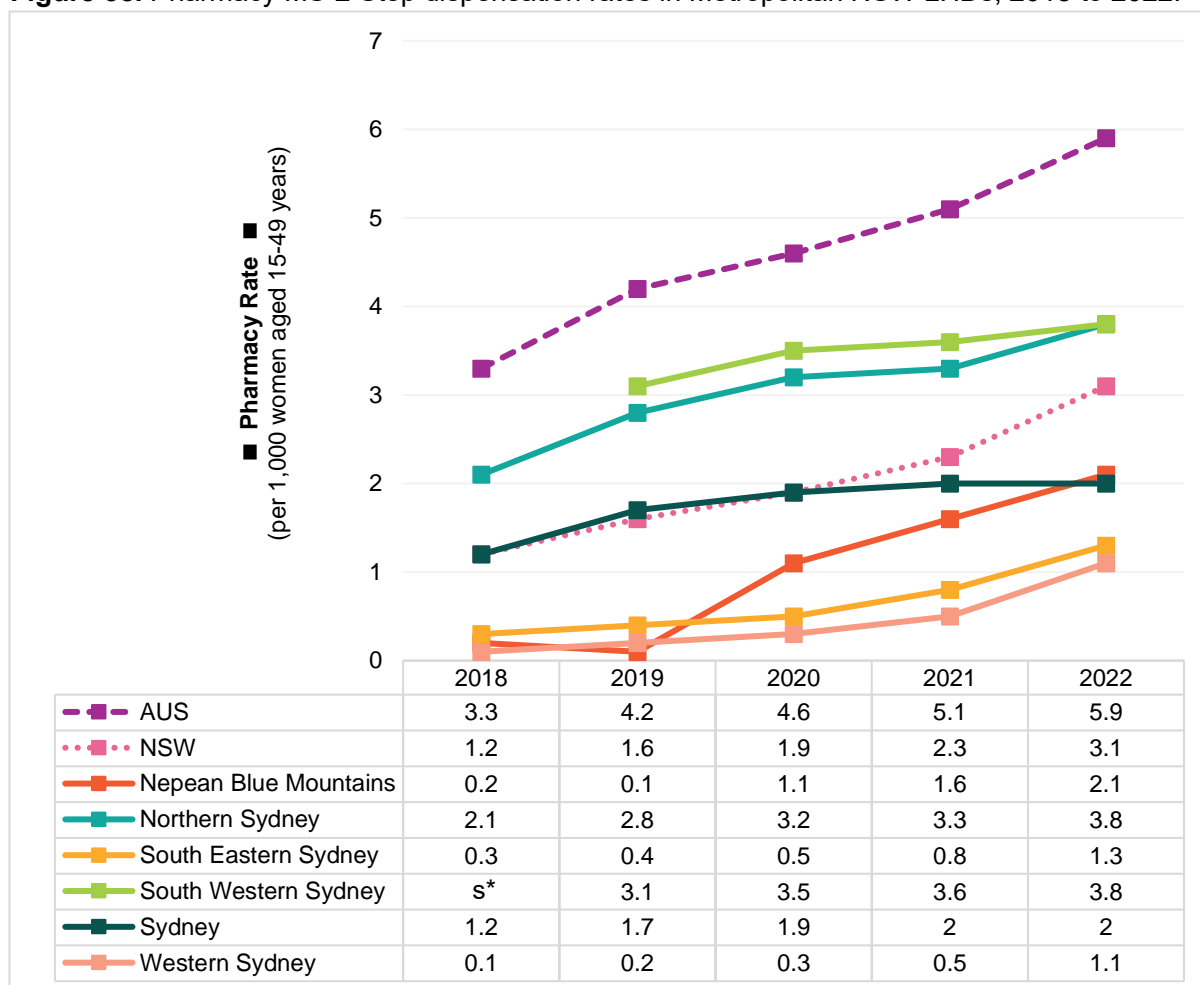
**Figure 5b.** Prescriber MS-2 Step prescription rates in Metropolitan NSW LHDs, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Pharmacies dispensing MS-2 Step prescriptions steadily increased across the NSW metropolitan LHDs between 2018 and 2022 (Figure 5c). In Nepean Blue Mountains, South Eastern Sydney and Western Sydney LHDs, pharmacy dispensation rates remained lower than both the national and NSW-wide rates, ranging from 0.1 per 1,000 women aged 15-49 years in 2018 in Western Sydney LHD to 2.1 per 1,000 women in 2022 in Nepean Blue Mountains LHD. Across the same time period, Northern and South Western Sydney LHDs had pharmacy dispensation rates that were between the national rates and NSW-wide rates. Pharmacy dispensation rates in Sydney LHD remained very similar to NSW wide rates between 2018 and 2020, however, prescription rates plateaued to 2 from 2021. The pharmacy dispensation rate was suppressed in 2018 in South Western Sydney LHD (Figure 5c).

**Figure 5c.** Pharmacy MS-2 Step dispensation rates in Metropolitan NSW LHDs, 2018 to 2022.

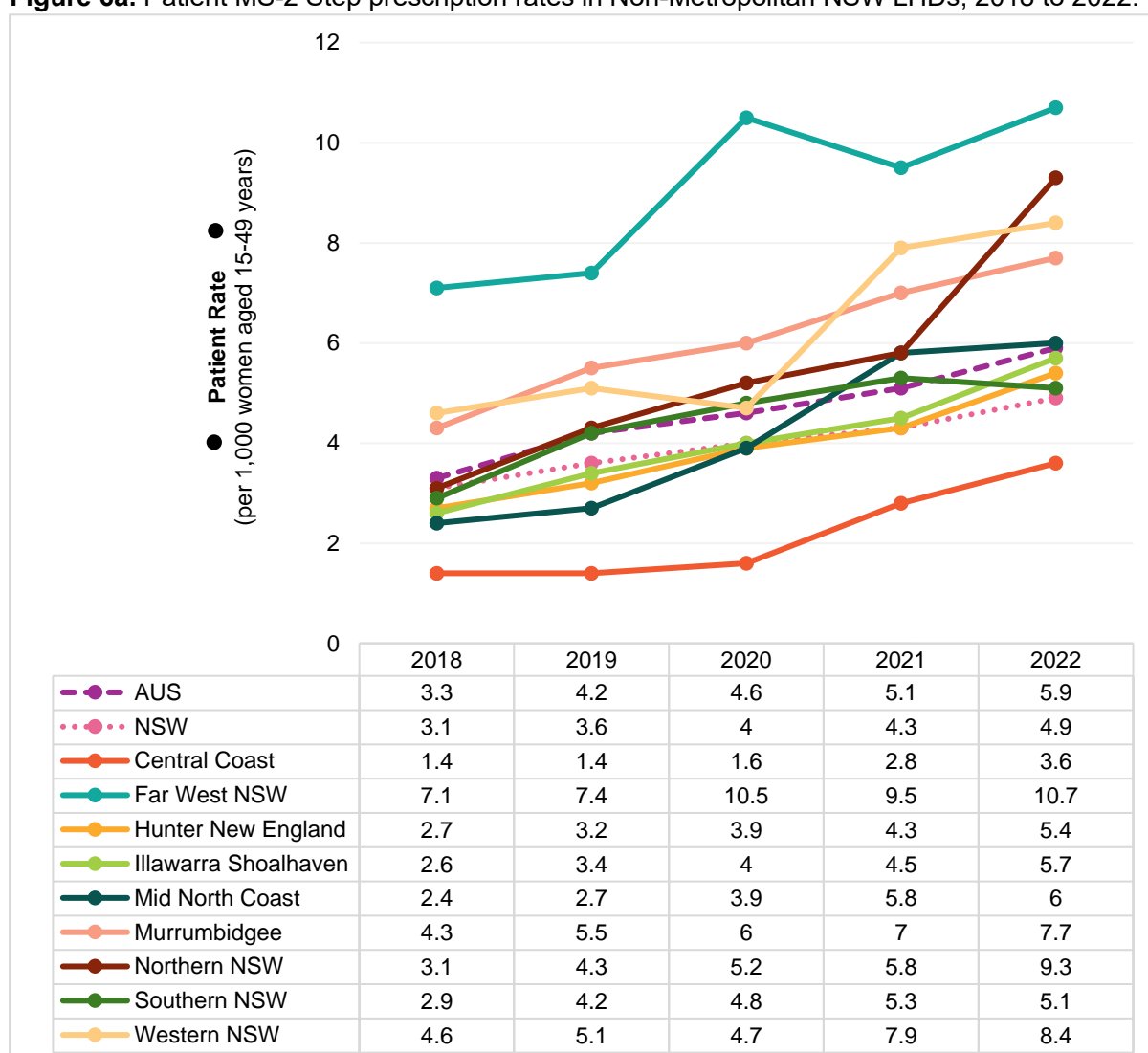


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

### 6.3. Induced medical abortion rates in Non-Metropolitan NSW LHDs

Patient MS-2 Step prescription rates across all non-metropolitan NSW LHDs increased from 2018 to 2022, ranging from 1.4 per 1,000 women aged 15-49 years in Central Coast LHD in 2018 to 10.7 in Far West LHD (Figure 6a). Prescriptions for patients residing in Central Coast LHD remained consistently lower than the national and NSW-wide rates from 2018-22, peaking at 3.6 in 2022. Patient prescription rates had an upward trend and remained higher than both the national and NSW-wide rates in Far West NSW, Murrumbidgee, and Western NSW LHDs. Conversely, patient prescription rates remained similar to national and NSW-wide rates in Hunter New England, Illawarra Shoalhaven, Mid North Coast and Southern NSW LHDs across 2018 to 2022. Similarly, patient MS-2 Step prescription rates were consistent with national and NSW-wide rates in Northern NSW LHD between 2018 (2.9) and 2021 (5.8), however the rates then sharply increased by about 60% in 2022 (Figure 6a).

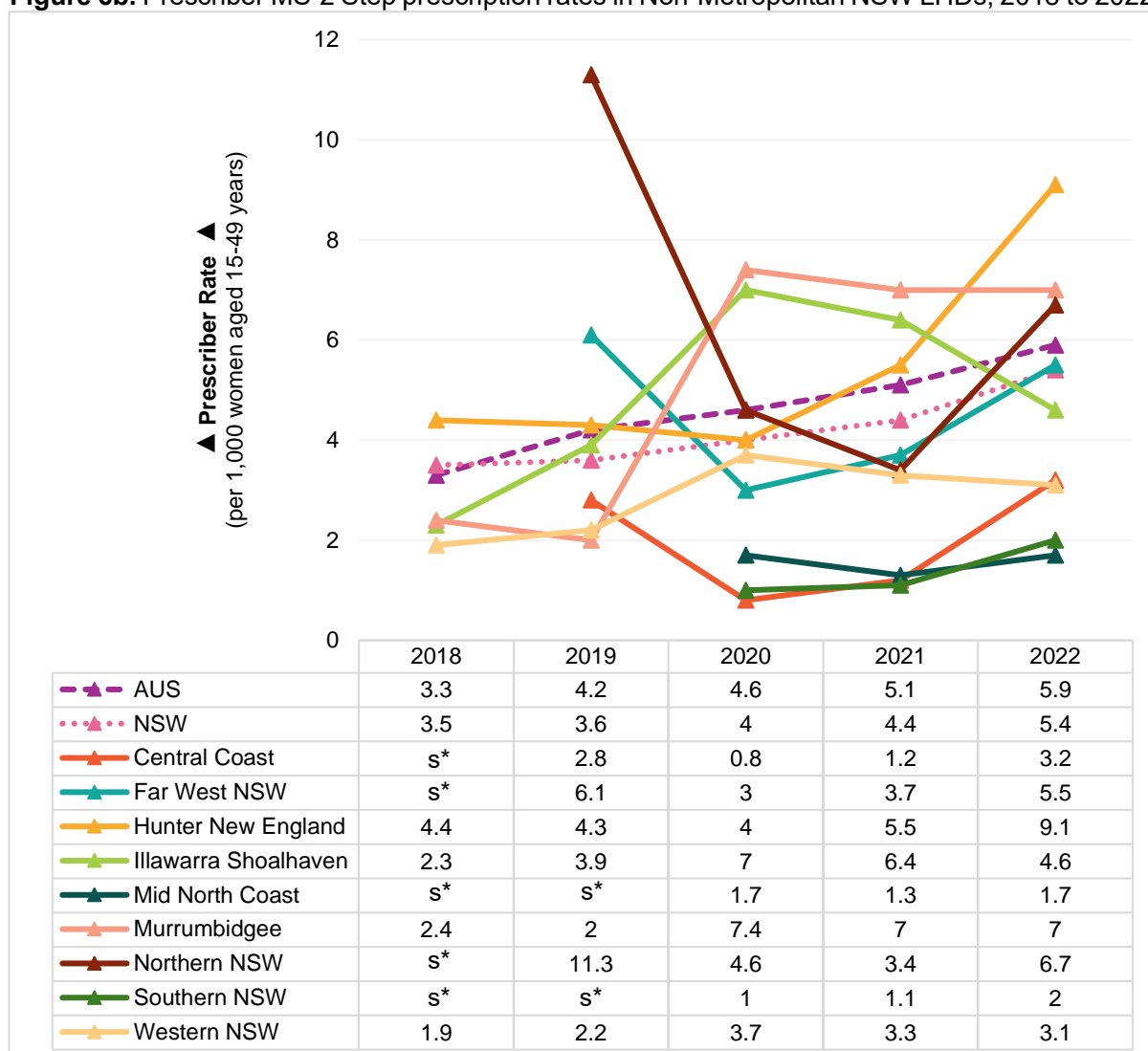
**Figure 6a.** Patient MS-2 Step prescription rates in Non-Metropolitan NSW LHDs, 2018 to 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

From 2018 to 2022, prescription rates of MS-2 Step by prescribers in non-metropolitan LGAs ranged from 0.8 prescriptions per 1,000 women aged 15-49 in Central Coast LHD in 2020, to 11.3 in Northern NSW LHD in 2019 (Figure 6b). The Central Coast, Mid North Coast, Southern NSW, and Western NSW LHDs were all below the national and NSW-wide rates, ranging between 0.8 (2020) in Central Coast LHD to 3.7 (2020) in Western NSW LHD. Prescriber rates showed an increasing trend across Hunter New England, Illawarra Shoalhaven, and Murrumbidgee LHDs between 2018 and 2022. Prescriber rates of MS-2 Step prescriptions in Far West and Northern NSW LHDs were 6.1 and 11.3 respectively in 2019, then both decreased over 2020 and 2021, then increased again to align with national levels. In 2018, prescriber rates were suppressed in Central Coast, Far West NSW, and Northern NSW LHDs, and between 2018 and 2019, the rates were suppressed in the Mid-North Coast and Southern NSW LHDs, indicating some activity in MS-2 Step provision in these areas (Figure 6b).

**Figure 6b.** Prescriber MS-2 Step prescription rates in Non-Metropolitan NSW LHDs, 2018 to 2022.

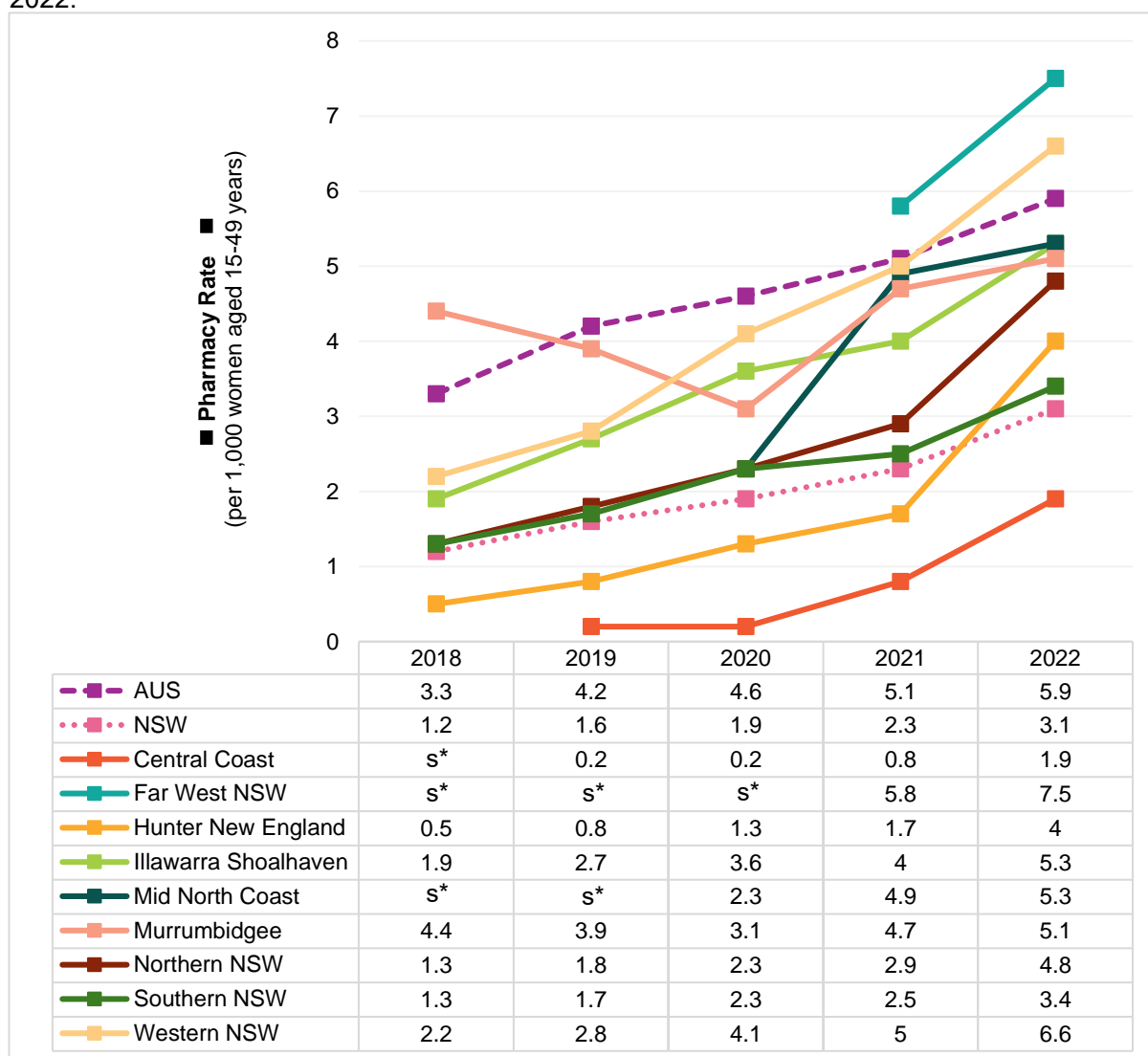


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Across all non-metropolitan NSW LHDs, pharmacy MS-2 Step dispensation rates increased between 2018 and 2022 (Figure 6c), ranging from 0.2 prescriptions per 1,000 women aged 15-49 in Central Coast LHD (2019) to 7.5 in Far West NSW LHD (2022). Pharmacy dispensation rates in Central Coast LHD remained consistently lower than both the national and NSW-wide rates between 2019 (0.2) and 2022 (1.9). Conversely, Far West LHD had dispensation rates that were higher than both the national and NSW-wide rates between 2021 (5.8) and 2022 (7.5). In Hunter New England LHD, pharmacy dispensation rates increased slowly over 2018 (0.5) to 2021 (1.7) but experienced a sharp increase to 4 in 2022. Pharmacy dispensation rates in Illawarra Shoalhaven, Mid North Coast, Northern NSW, and Southern NSW LHDs remained consistently lower than the national rates, however, were consistently higher than the NSW-wide rates, ranging from 1.3 in both Northern and Southern NSW LHDs in 2018 to 5.3 per in Illawarra Shoalhaven LHD in 2022. Dispensation rates across Murrumbidgee LHD decreased in the period between 2018 (4.4) and 2020 (3.1), then increased to a peak of 5.1 in 2022. In Western NSW LHD, prescription rates increased over the 5-year period, ranging from 2.2 to 6.6 per 1,000 women. Central Coast LHD had a suppressed rate in 2018, while Far West NSW LHD had suppressed rates between 2018 and 2020 and Mid North Coast LHD had suppressed rates between 2018 and 2019 (Figure 6c).



**Figure 6c.** Pharmacy MS-2 Step dispensation rates in Non-Metropolitan NSW LHDs, 2018 to 2022.



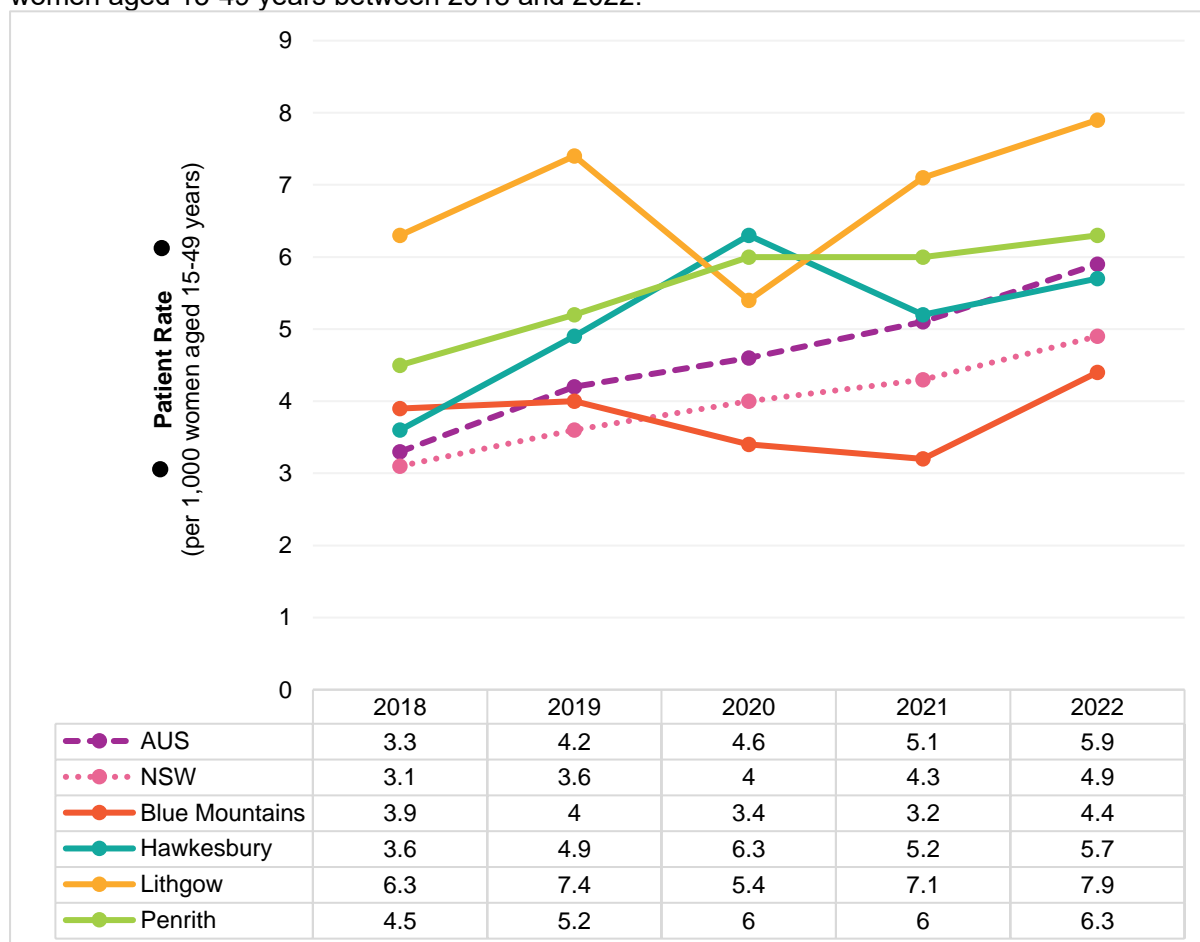
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 7. Induced medical abortion rates in NSW Metropolitan LHDs by LGA

### 7.1. Induced medical abortion rates in Nepean Blue Mountains LHD by LGA

Within Nepean Blue Mountains LHD, the patient MS-2 Step prescription rate varied between 3.6 prescriptions per 1,000 women aged 15-49 in Hawkesbury LGA (2018), to 7.9 in Lithgow LGA (2022; Figure 7a). Unlike the state and national rate of patient prescriptions, LGAs in Nepean Blue Mountains did not follow a steady increasing trend over the 5-year period, instead having periods of rising and declining rates. Blue Mountains LGA patient prescription rate remained steady between 2018 (3.9) and 2019 (4), then dropped to a minimum of 3.2 in 2021, peaking at 4.4 in 2022. Hawkesbury LGA remained relatively consistent with national and NSW-wide rates across 2018 (3.6), peaking in 2020 (6.3), then declining again to 5.7 in 2022. Across Lithgow and Penrith LGAs, patient prescription rates were consistently higher than both the national and NSW-wide rates between 2018 and 2022, experiencing fluctuation over this period. Patient prescription rates ranged from 4.5 per 1,000 women aged 15-49 years in 2018 in Penrith LGA to 7.9 per 1,000 women in Lithgow LGA (Figure 7a).

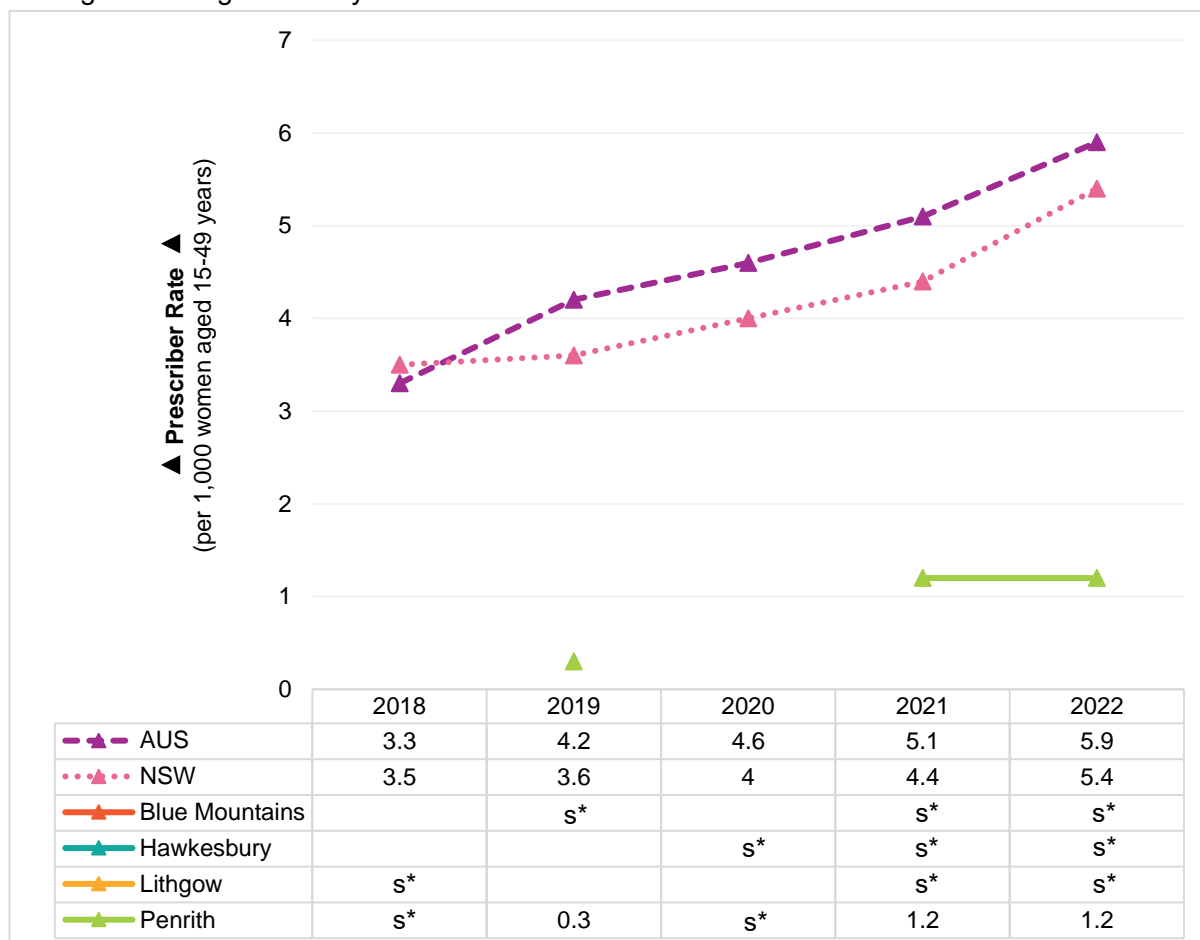
**Figure 7a.** Patient MS-2 Step prescription rates in Nepean Blue Mountains LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Prescriber MS-2 Step prescription rates of LGAs in Nepean Blue Mountains LHD contain limited information from 2018 to 2022, with rates available only for Penrith LGA (Figure 7b). Among the four LGAs in this region, all contain suppressed rates, with Blue Mountains, Hawkesbury, and Lithgow LGAs each reporting years of no activity. Penrith LGA had prescriber MS-2 Step prescription rates that were consistently lower than both the national and NSW-wide rates, ranging from 0.3 per 1,000 women aged 15-49 years in 2018 to 1.2 in 2022. Blue Mountains, Hawkesbury and Lithgow LGAs had MS-2 Step prescriber activity in 2021 and 2022 that was suppressed, while Penrith LGA had suppressed rates in both 2018 and 2020 (Figure 7b).

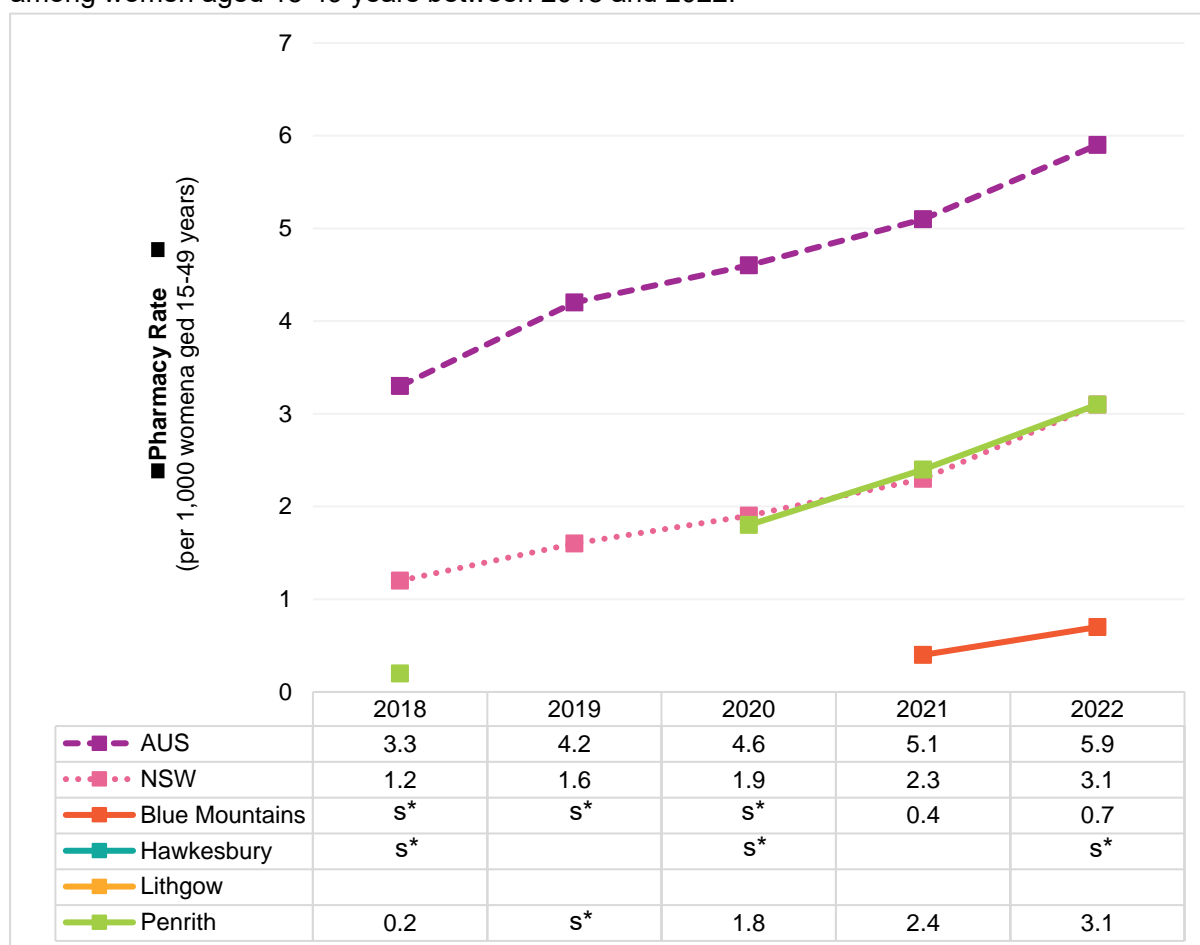
**Figure 7b.** Prescriber MS-2 Step prescription rates in Nepean Blue Mountains LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Between 2018 and 2022, pharmacy MS-2 Step dispensation rates showed a similar increasing trend to national and NSW-wide rates in both LGAs with activity data available; Blue Mountains and Penrith (Figure 7c). In Blue Mountains LGA, pharmacy dispensation rates ranged from 0.4 per 1,000 women aged 15-49 years in 2021 to 0.7 2022, while activity from 2018-2020 was suppressed. Within Penrith LGA, pharmacy dispensation rates increased from 0.2 per 1,000 women aged 15-49 years in 2018 to 3.1 per 1,000 women in 2022, while 2019 activity was suppressed. Suppressed pharmacy dispensation rates were reported for Hawkesbury LGA in 2018, 2020 and 2022, with all other years for that LGA reporting no activity. There were no pharmacies dispensing MS-2 Step prescriptions in Lithgow LGA over the 5-year period (Figure 7c).

**Figure 7c.** Pharmacy MS-2 Step dispensation rates in Nepean Blue Mountains LHD by LGA, among women aged 15-49 years between 2018 and 2022.

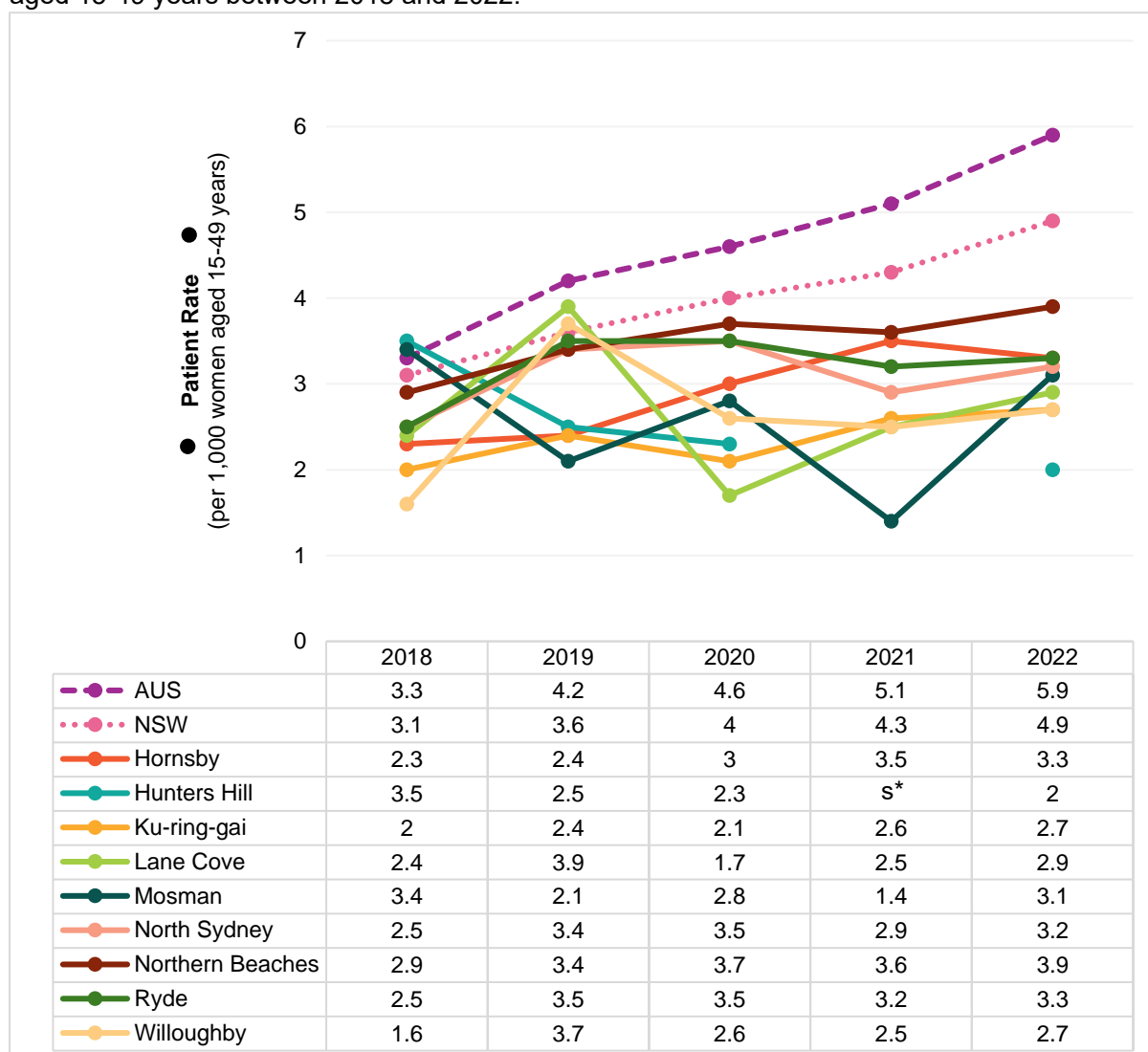


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 7.2. Induced medical abortion rates in Northern Sydney LHD by LGA

In Northern Sydney LHD, MS-2 Step patient prescription rates fluctuated, and ranged from 1.4 per 1,000 women aged 15-49 in Mosman LGA (2021), to 3.9 in Lane Cover LGA (2019; Figure 8a). Hornsby, Ku-ring-gai, North Sydney, Northern Beaches, and Ryde LGAs all had patient MS-2 Step prescription rates that were consistently lower than both the national and NSW-wide rates between 2018 and 2022. Patient prescription rates in Hunters Hill and Mosman LGAs decreased from 3.5 and 3.4 in 2018 to 2 and 3.1 per 1,000 women in 2022, respectively. Conversely, in Lane Cove LGA, patient prescription rates varied greatly, but had an overall increase from 2.4 per 1,000 women (2018) to 2.9 (2022).

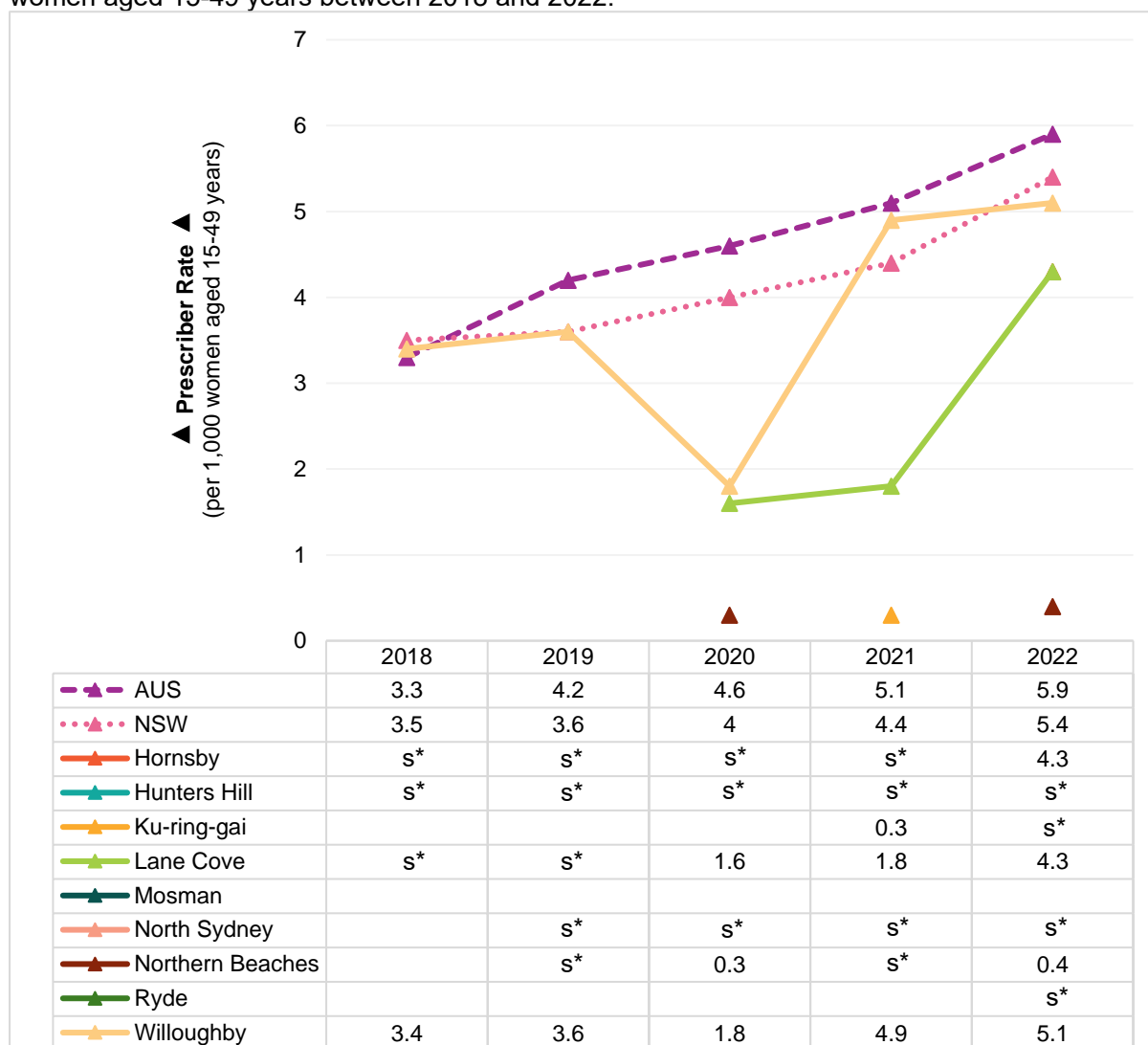
**Figure 8a.** Patient MS-2 Step prescription rates in Northern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Prescriber MS-2 Step prescription rates in Northern Sydney LHD were largely suppressed on an LGA-level, with reportable data available in four of the nine LGAs (Figure 8b). Rates of prescriber MS-2 Step prescriptions were consistently lower than both the national and NSW-wide rates between 2018 and 2022 in Hornsby, Ku-ring-gai, Lane Cove, and Northern Beaches LGAs, ranging from 0.3 per 1,000 women aged 15-49 years in 2021 in Ku-ring-gai LGA to 4.3 in 2022 in Hornsby and Lane Cove LGAs (Figure 8b). Prescriber rates in Willoughby LGA increased from 3.4 per 1,000 women aged 15-49 years in 2018 to 5.1 per 1,000 women in 2022, however dropped briefly to 1.8 per 1,000 women in 2020 (Figure 8b). There were no prescriber rates available in Mosman LGA over the 5-year period, and none in Ryde LGA from 2018 to 2021, Ku-ring-gai LGA from 2018 to 2020, and Northern Beaches and North Sydney LGAs in 2018 (Figure 8b).

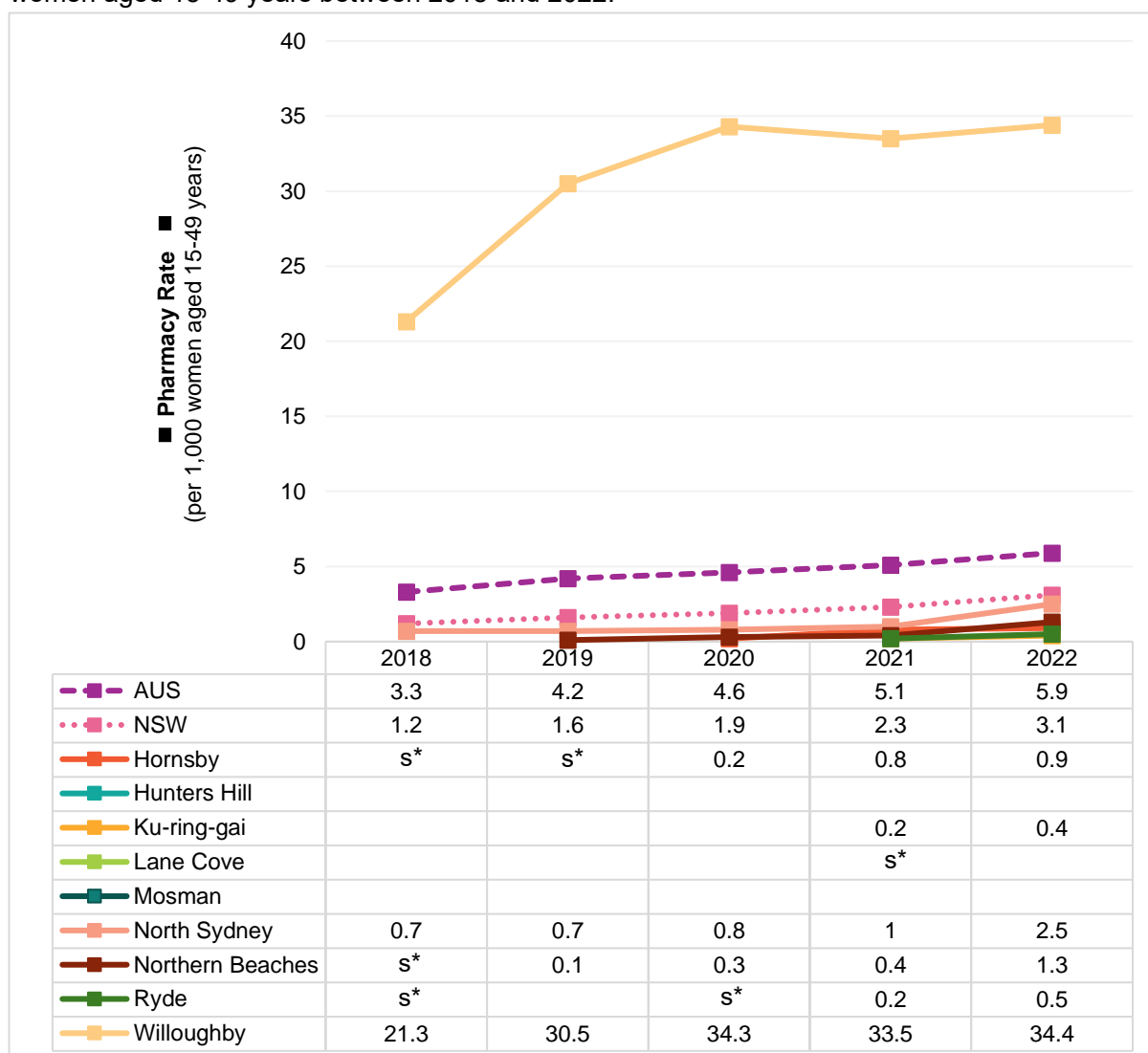
**Figure 8b.** Prescriber MS-2 Step prescription rates in Northern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Pharmacy MS-2 Step dispensation rates increased across all LGAs within Northern Sydney LHD between 2018 and 2022 (Figure 8c). In Northern Sydney, Northern Beaches and Ryde LGAs, pharmacy dispensation rates remained consistently lower than both the national and NSW-wide rates, ranging from 0.1 per 1,000 women aged 15-49 years in Northern Beaches LGA to 2.5 in 2022 in North Sydney LGA. Willoughby LGA pharmacy dispensation rates remained up to 6.5 times higher than the national and NSW-wide rates, ranging from 21.3 in 2018, to 34.4 in 2022. Suppressed pharmacy dispensation rates were reported in Hornsby LGA in 2018 and 2019, Lane Cove LGA in 2021, and Northern Beaches LGA in 2018, and Ryde LGA in 2018 and 2020. There was no reported dispensing of MS-2 Step prescriptions by pharmacies in Hunters Hill and Mosman LGAs, and before 2021 for Lane Cove and Kur-ring-gai LGAs (Figure 8c).

**Figure 8c.** Pharmacy MS-2 Step dispensation rates in Northern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



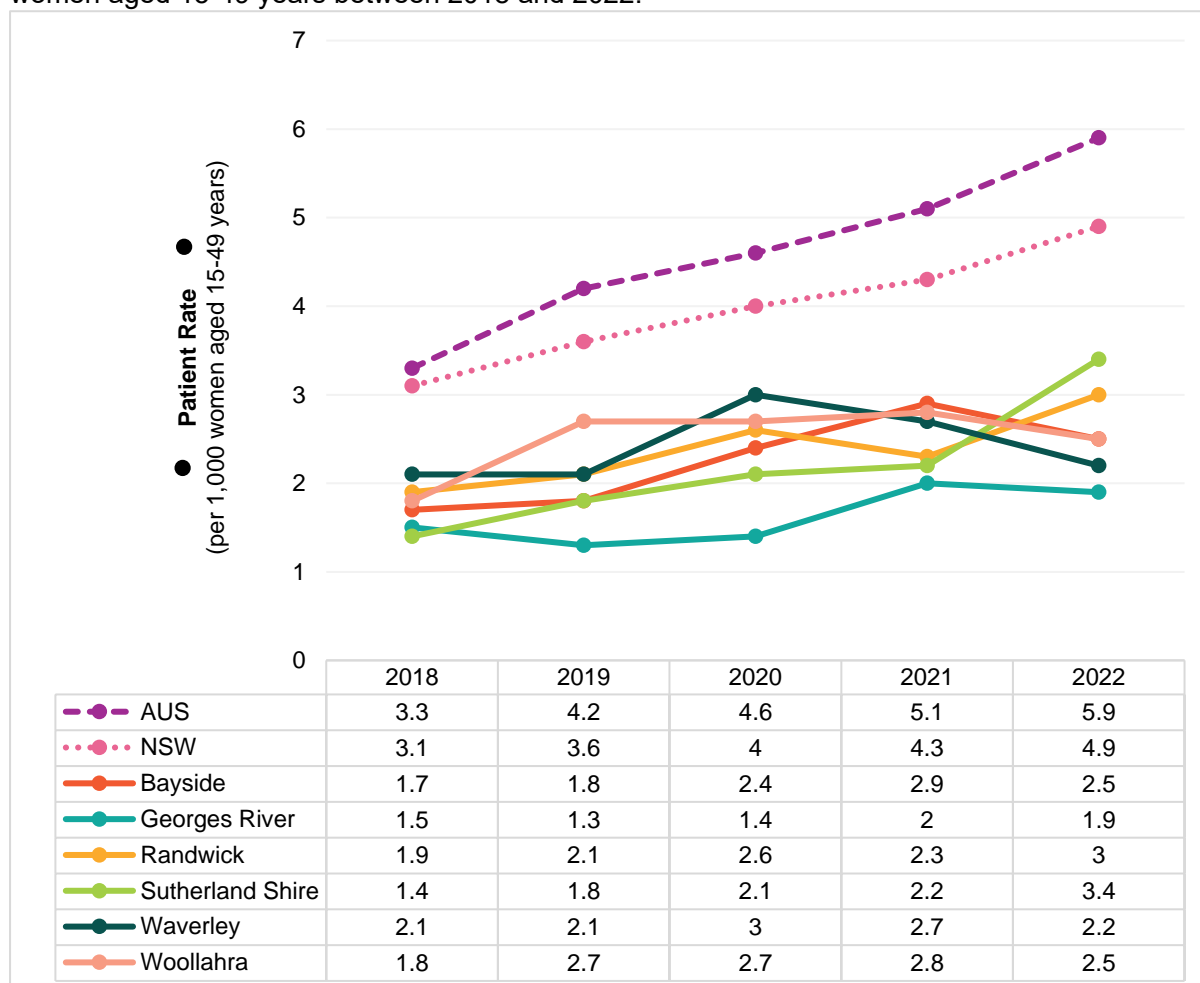
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].



### 7.3. Induced medical abortion rates in South-Eastern Sydney LHD by LGA

Patient MS-2 Step prescription rates increased across all LGAs within South-Eastern Sydney LHD between 2018 to 2022, however remained consistently lower than both the national and NSW-wide rates (Figure 9a). Sutherland Shire LGA saw the greatest increase in patient prescription rates from 1.4 per 1,000 women aged 15-49 years in 2018 to 3.4 in 2022. Waverley point LGA fluctuated but remained relatively unchanged overall, with 2.1 per 1,000 women in 2018, and 2.2 by 2022.

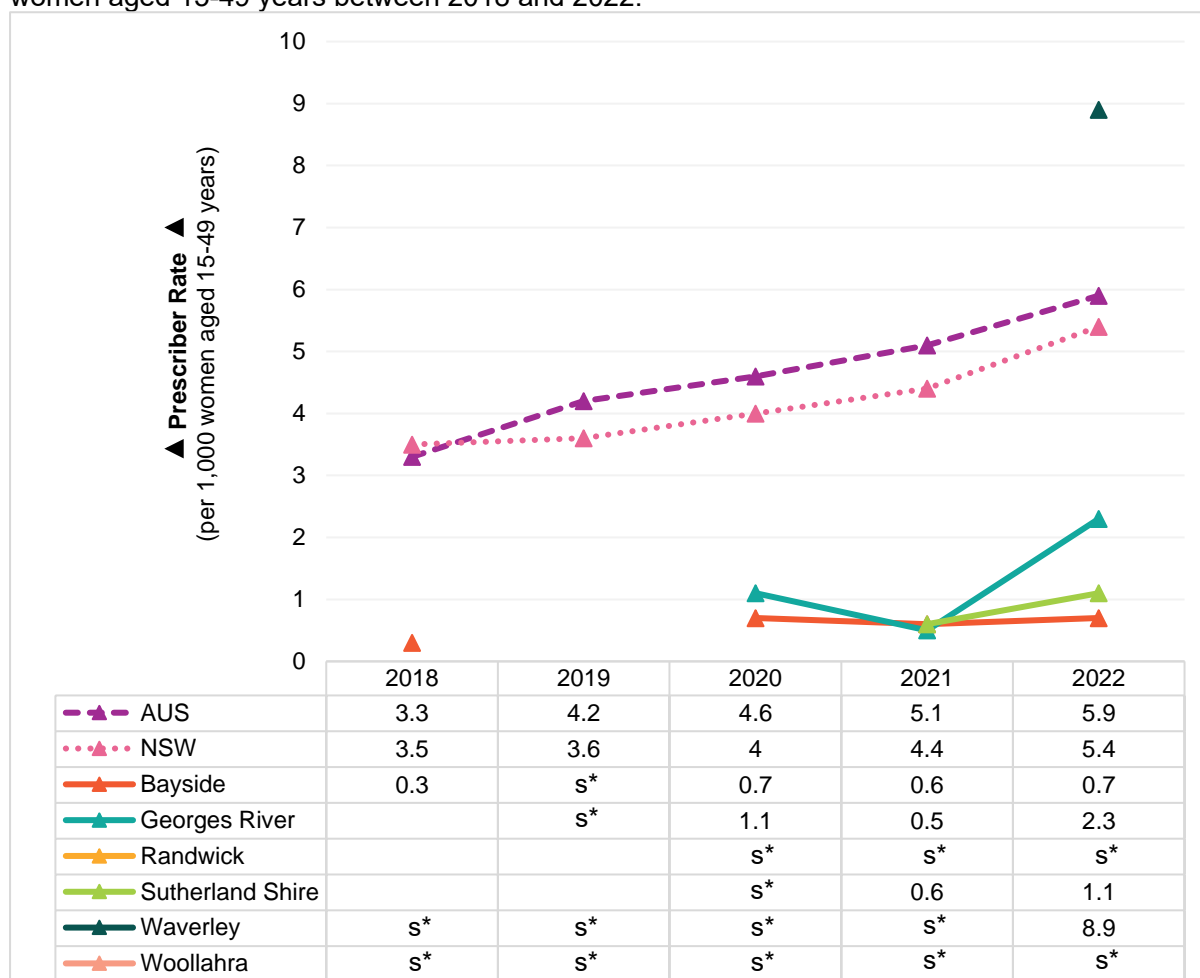
**Figure 9a.** Patient MS-2 Step prescription rates in South Eastern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Within the South Eastern Sydney LHD, prescribers provided MS-2 Step prescriptions in all six LGAs over the 5-year period from 2018 to 2022, yet not all activity was reportable (Figure 9b). Prescriber rates for MS-2 Step remained lower than both the national and NSW-wide rates across Bayside, Georges River, and Sutherland Shire LGAs, ranging from 0.3 per 1,000 women aged 15-49 years in 2018 in Bayside LGA to 2.3 in 2022 in Georges River LGA. Conversely, in 2022, the prescriber rate in Waverley LGA was higher than both the national and NSW-wide rates at 8.9. Prescriber rates were suppressed in Bayside and Georges River LGAs in 2019, Randwick LGA from 2020 to 2022, Sutherland Shire LGA in 2020, Waverley LGA between 2018 and 2021, and Woollahra LGA from 2018 to 2022. There were no data available before 2020 for Randwick and Sutherland Shire LGAs, or in Georges River LGA in 2018 (Figure 9b).

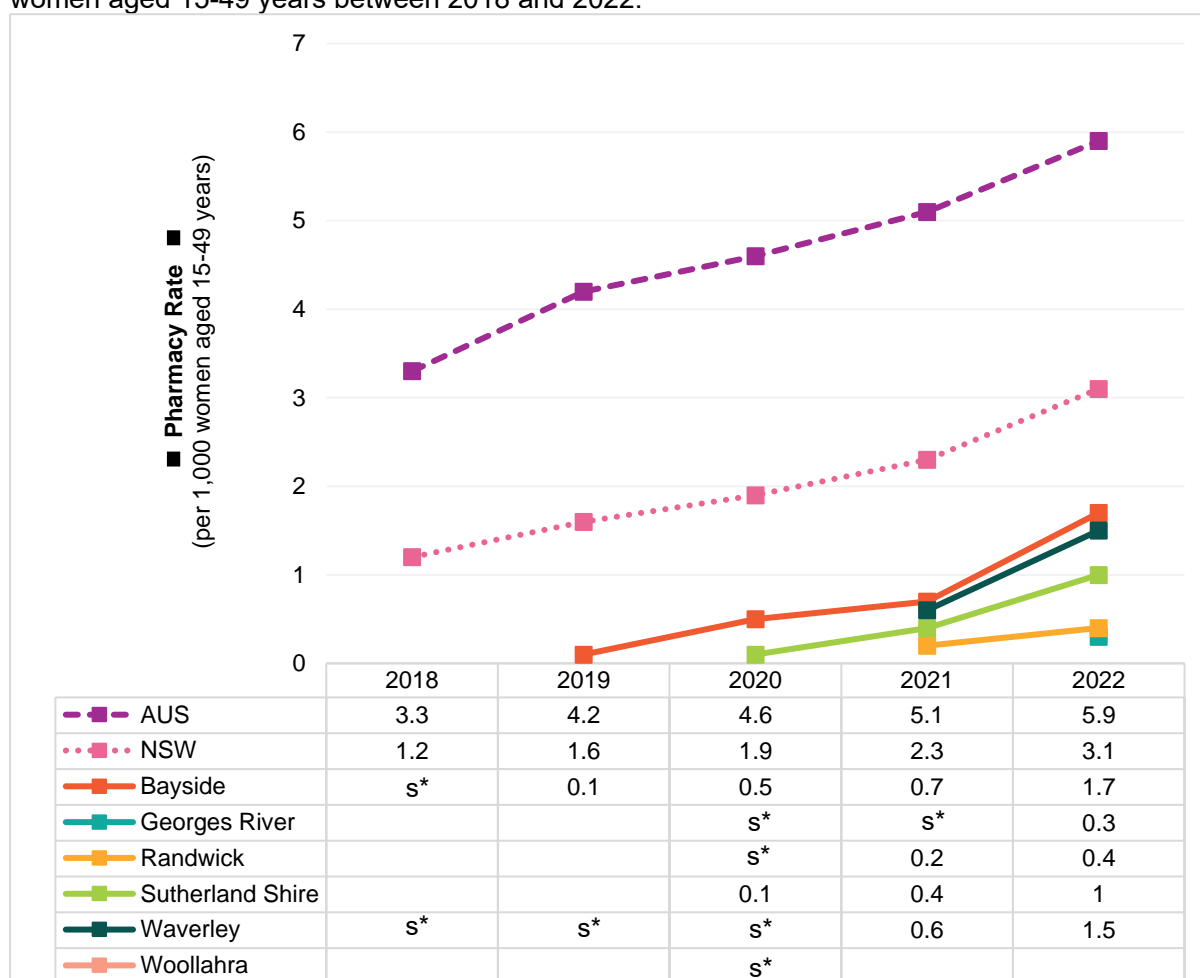
**Figure 9b.** Prescriber MS-2 Step prescription rates in South Eastern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Throughout the LGAs within South Eastern Sydney LHD, pharmacy MS-2 Step dispensation rates increased from 2018 to 2022 (Figure 9c). While the rates increased, pharmacy dispensation rates across the Bayside, Georges River, Randwick, Sutherland Shire, and Waverley LGAs remained consistently lower than both the national and NSW-wide rates, ranging from 0.1 per 1,000 women aged 15-49 years in both 2018 and 2019 for Bayside and Sutherland Shire LGAs to 1.7 in 2022 in Bayside LGA. Suppressed values were present in Bayside LGA in 2018, Georges River LGA in 2020 and 2021, Waverley LGA from 2018 to 2020 and the Woollahra LGA in 2020. There was no reported dispensation of MS-2 Step dispensations from pharmacies in Woollahra LGA in 2018, 2019, 2021, and 2022. Additionally, in 2018 and 2019, there was no pharmacy activity for Georges River, Randwick, and Sutherland Shire LGAs (Figure 9c).

**Figure 9c.** Pharmacy MS-2 Step dispensation rates in South Eastern Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.

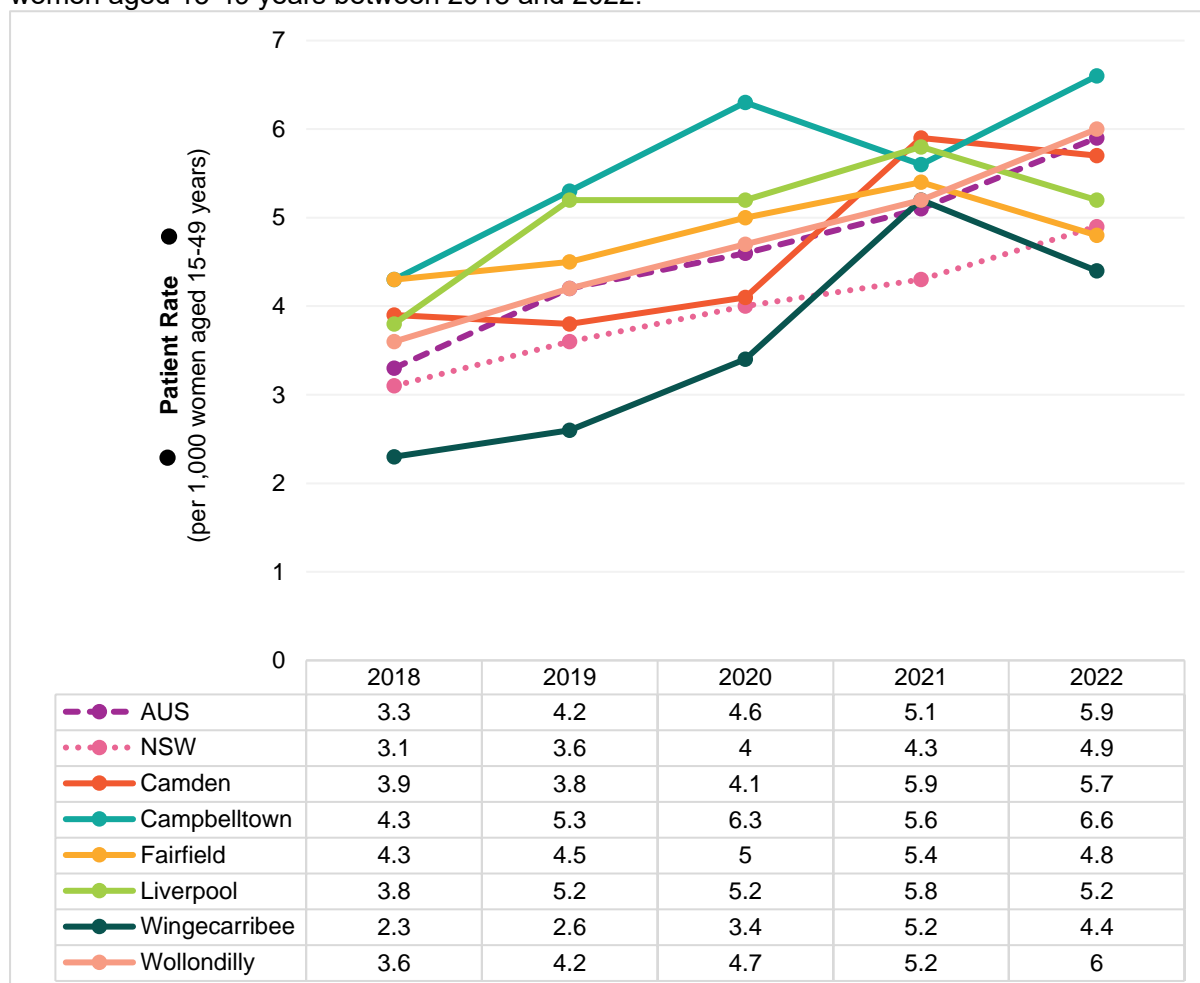


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

#### 7.4. Induced medical abortion rates in South Western Sydney LHD by LGA

Patient MS-2 Step prescription rates in South Western Sydney LHD showed a similar steady increasing trend across 2018 to 2022 to both the national and NSW-wide rates (Figure 10a). Patient prescription rates remained consistently higher than both the national and NSW-wide rates in Campbelltown LGA, ranging from 4.3 per 1,000 women aged 15-49 years in 2018 to 6.6 in 2022. Across the remaining LGAs within the South-Western Sydney LHD, the patient prescription rates ranged from 2.3 in 2018 in Wingecarribee LGA to 6 in 2022 in Wollondilly LGA.

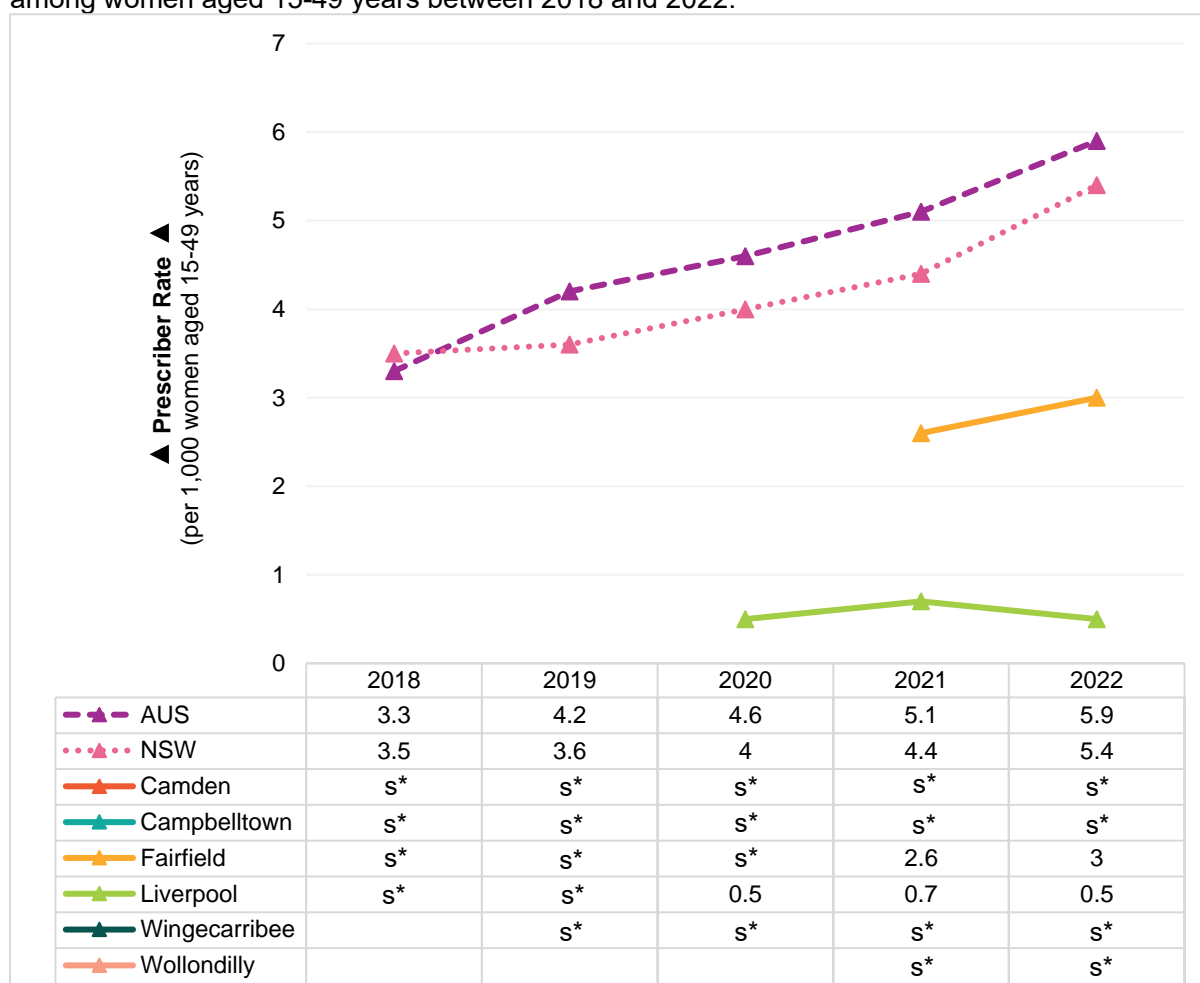
**Figure 10a.** Patient MS-2 Step prescription rates in South Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Across South Western Sydney LHD between 2018 to 2022, prescriber MS-2 Step prescription rates remained consistently lower than both the national and NSW-wide rates (Figure 10b). Prescriber rates in Fairfield LGA ranged from 2.6 per 1,000 women aged 15-49 years in 2021 to 3 per 1,000 women in 2022, with suppressed data over 2018-2020. Prescriber rates of MS-2 Step prescription were also suppressed in Liverpool LGA for 2018 and 2019, followed by a net neutral trend from 2020 onwards at 0.5 per 1,000 women. Both Camden and Campbelltown LGAs had suppressed prescriber prescription rates from 2018 to 2022, while suppressed rates were seen in Wingecarribee LGA from 2019 to 2022. Wollondilly LGA had no reported prescriber activity of MS-2 Step between 2018 and 2020, followed by some suppressed activity in 2021 and 2022 (Figure 10b).

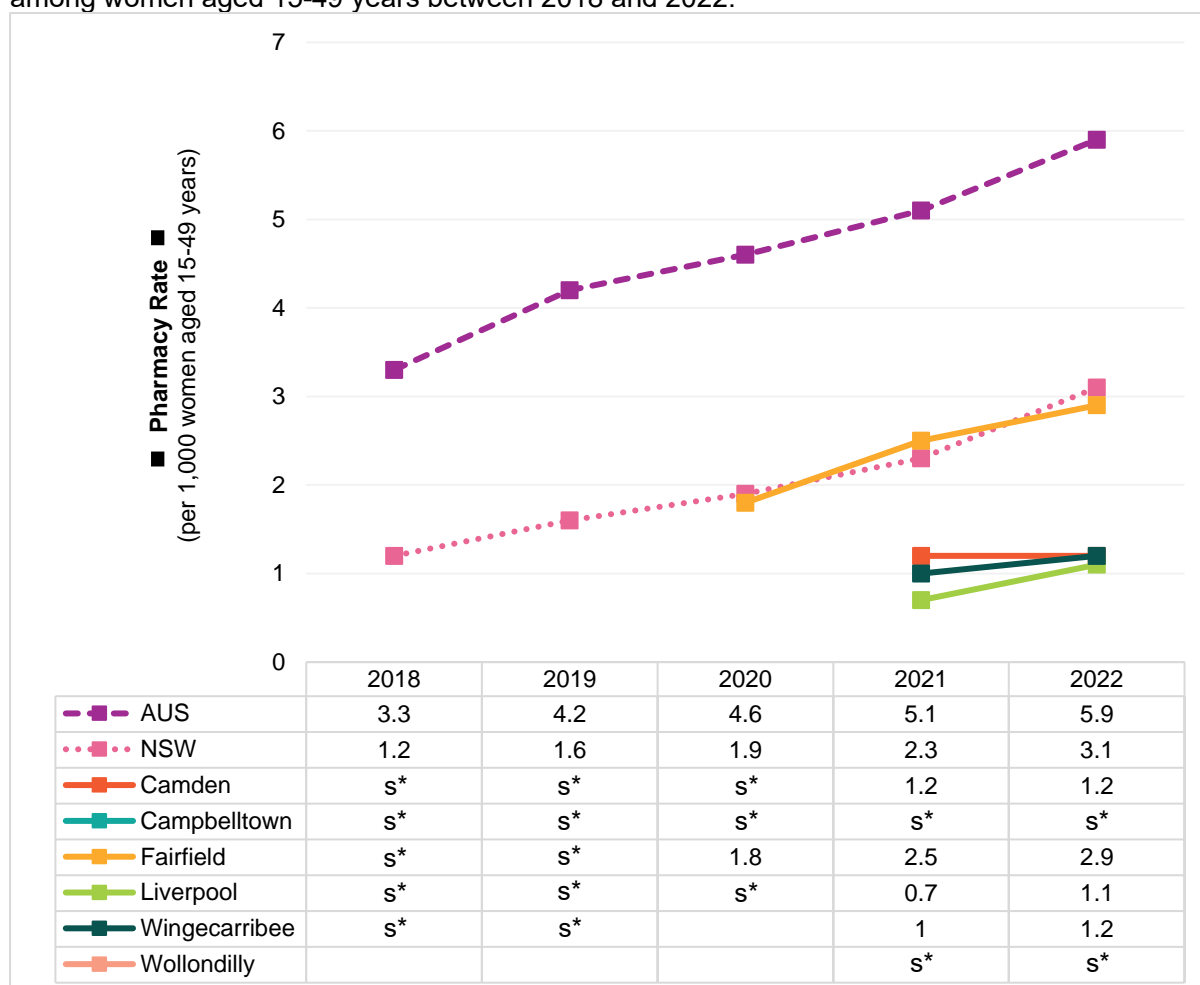
**Figure 10b.** Prescriber MS-2 Step prescription rates in South Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Pharmacies dispensing MS-2 Step within the South Western Sydney LHD was at or below the NSW-wide rates from 2020 to 2022, with 2019 and earlier having suppressed or no reported activity (Figure 10c). Between 2018 and 2022, Camden, Liverpool and Wingecarribee LGAs had pharmacy MS-2 Step dispensation rates that were consistently lower than both the national and NSW-wide rates, ranging from 0.7 per 1,000 women aged 15-49 years in 2020 in Liverpool LGA to 1.2 in 2022 in both Camden and Wingecarribee LGAs. From 2020 to 2022, Fairfield LGA saw pharmacy MS-2 Step dispensation rates that were relatively consistent with NSW-wide rates but lower than the national rates. Pharmacy dispensation rates were suppressed in Camden and Liverpool LGAs between 2018 and 2020, Campbelltown LGA from 2018 to 2022, Fairfield and Wingecarribee LGAs in 2018 and 2019. Before 2021, Wollondilly LGA had no reported pharmacy activity and suppressed activity in 2021 and 2022 (Figure 10c).

**Figure 10c.** Pharmacy MS-2 Step dispensation rates in South Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.

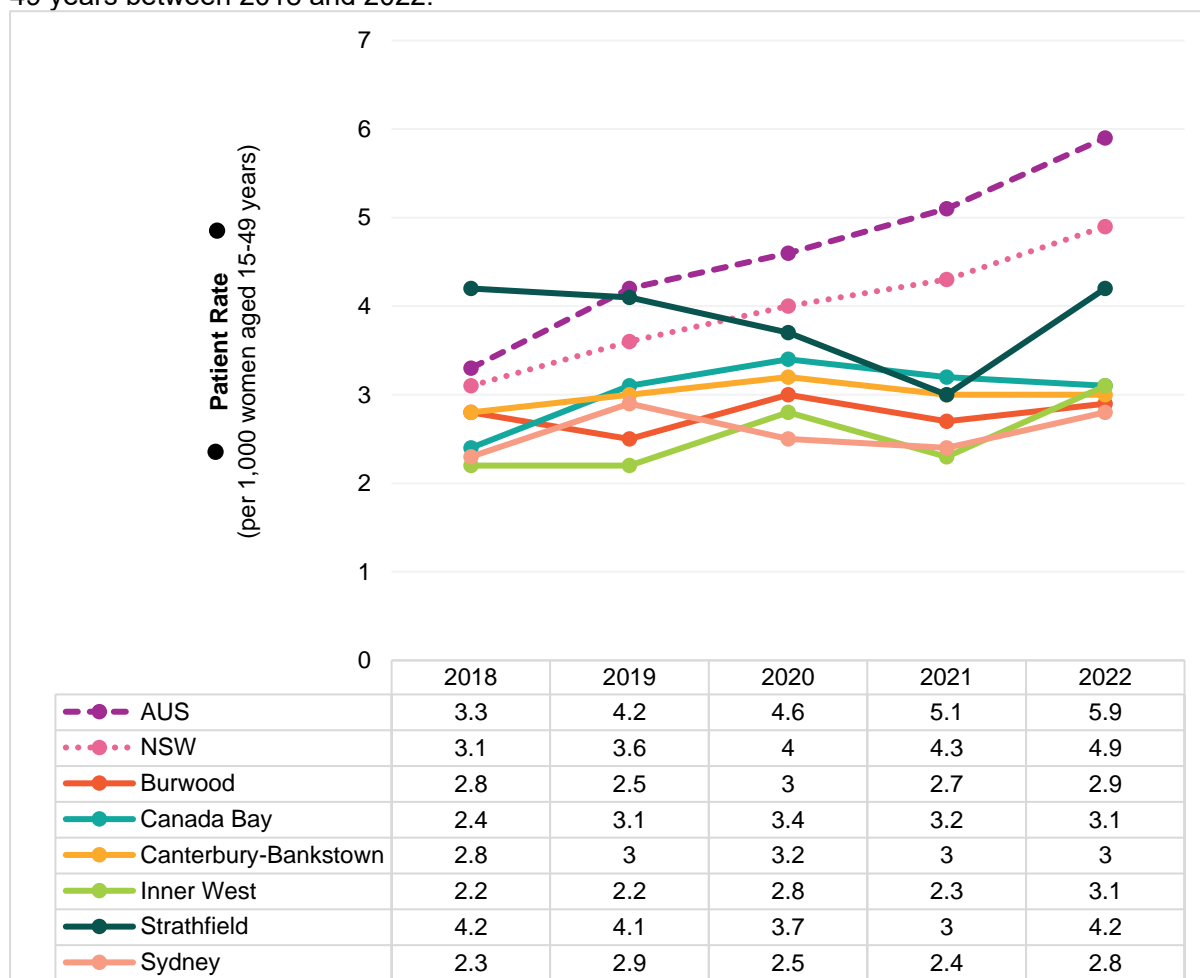


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

### 7.5. Induced medical abortion rates in Sydney LHD by LGA

Patient MS-2 Step prescription rates within Sydney LHD between 2018 and 2022 mostly trended positive, with one LGA (Strathfield) reporting a net neutral prescription rate (Figure 11a). Across Burwood, Canada Bay, Canterbury-Bankstown, Inner West, and Sydney LGAs, patient MS-2 Step prescription rates remained lower than both the national and NSW-wide rates ranging from 2.2 per 1,000 women aged 15-49 years in 2018 in the Inner West LGA to 3.1 in 2022 in Canada Bay and Inner West LGAs.

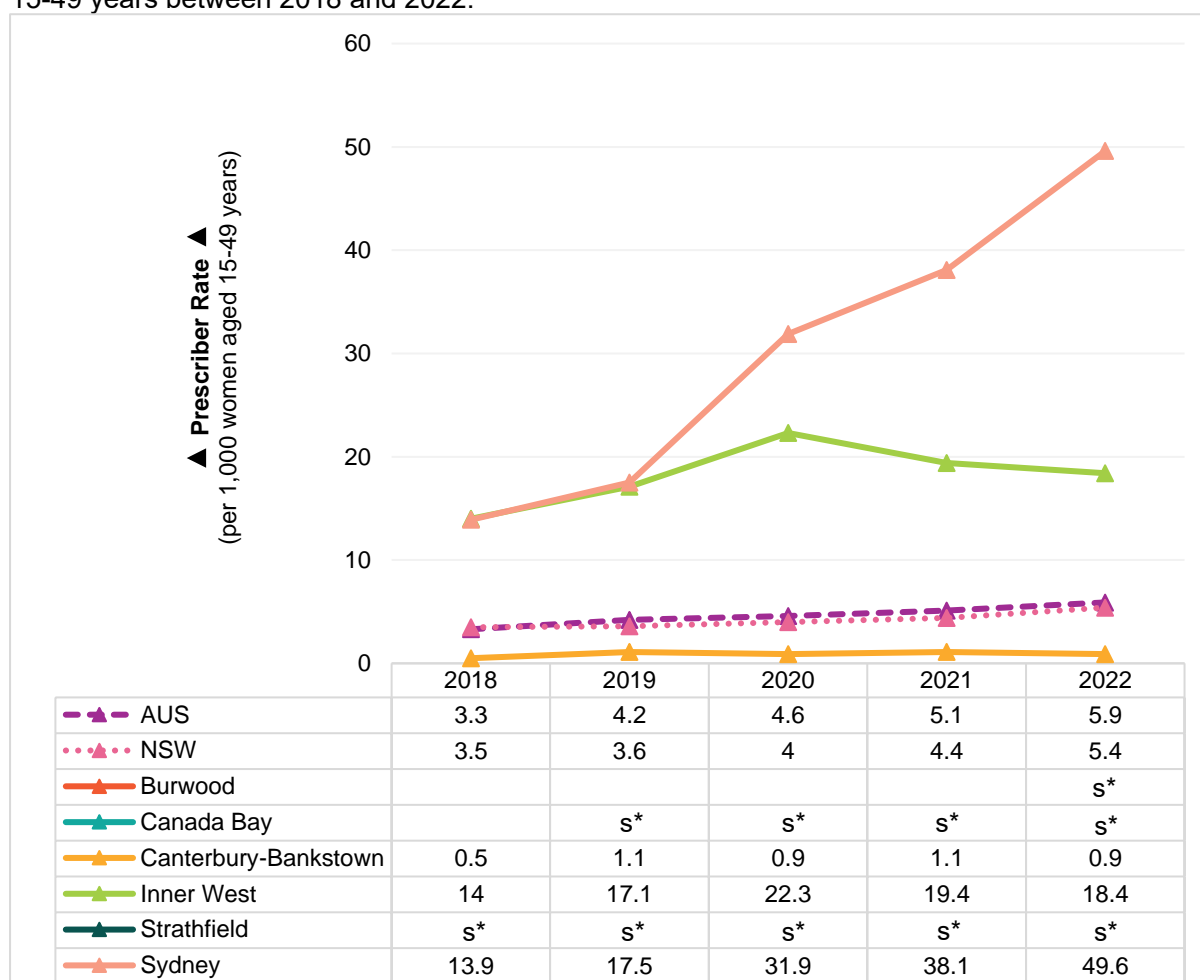
**Figure 11a.** Patient MS-2 Step prescription rates in Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Prescriber MS-2 Step prescription rates across Sydney LHD increased from 2018 to 2022, ranging from 0.5 per 1,000 women aged 15-49 years in 2018 (Canterbury-Bankstown LGA), to 49.6 (Sydney LGA; Figure 11b). Prescriber rates of MS-2 Step prescriptions in both Inner West and Sydney LGAs were consistently higher than both the national and NSW-wide rates and increased over the 5-year period. On the contrary, prescriber rates were consistently lower than both the national and NSW-wide rates in Canterbury-Bankstown LGA, ranging from 0.5 per 1,000 women in 2018 to 0.9 in 2022. The prescriber rate in 2022 was suppressed in the Burwood LGA, with all previous years reporting no prescriber activity. Suppressed rates were present in the Canada Bay LGA between 2019 and 2022, and in the Strathfield LGA from 2018 to 2022 (Figure 11b).

**Figure 11b.** Prescriber MS-2 Step prescription rates in Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.

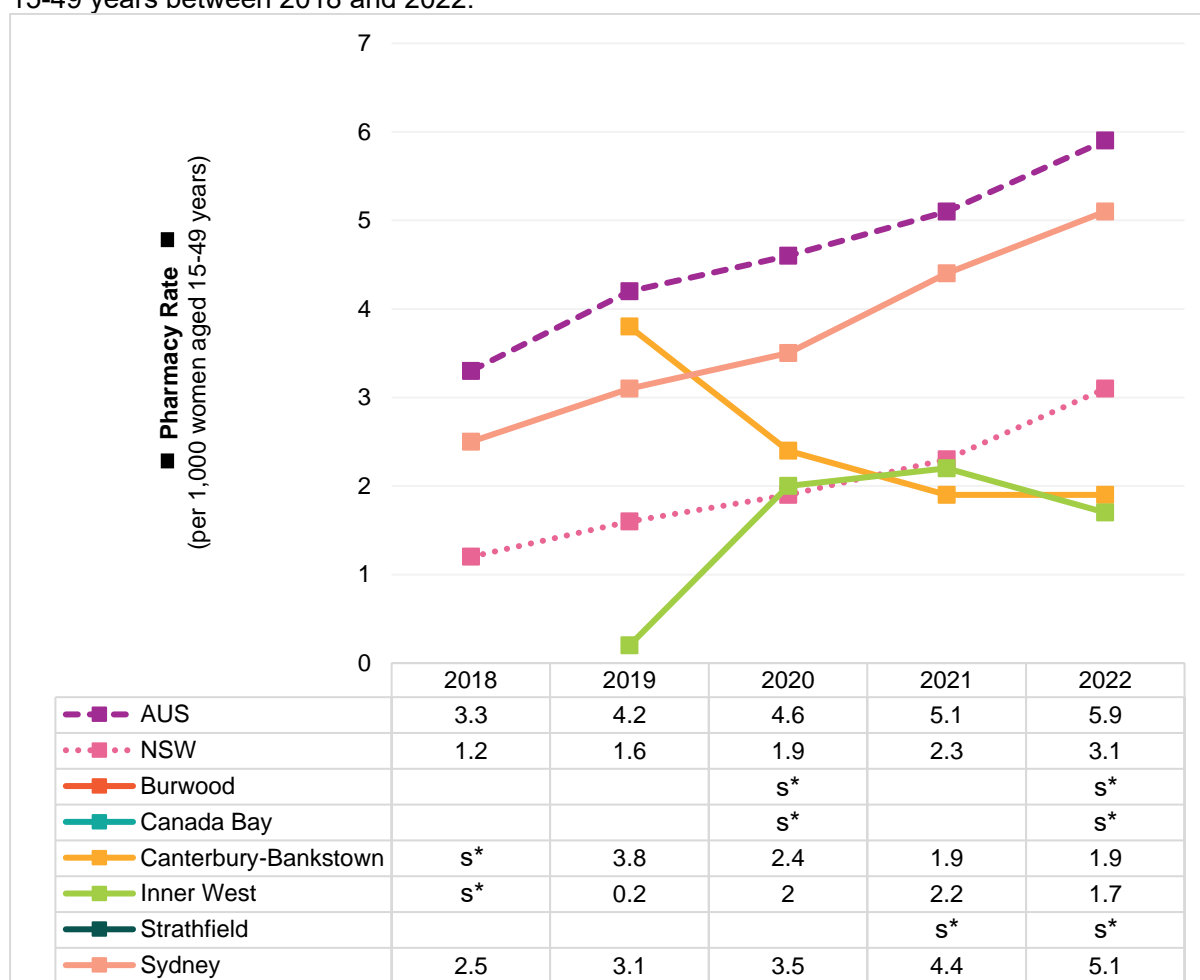


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].



Pharmacy dispensation rates for MS-2 Step in the Sydney LHD reported varied fluctuations and limited activity in the 5-year period between 2018 and 2022 (Figure 11c). Rates in Sydney LGA remained consistently lower than both national rates but consistently higher than NSW-wide rates ranging from 2.5 per 1,000 women aged 15-49 years in 2018 to 5.1 in 2022. Pharmacy dispensation rates across Canterbury-Bankstown LGA decreased from 3.8 per 1,000 women in 2018 to 1.9 in 2022. In Inner West LGA, pharmacy dispensation rates increased from 0.2 per 1,000 women in 2018 to 1.7 in 2022. Pharmacy dispensation rates were suppressed in 2020 and 2022 in both the Burwood and Canada Bay LGAs, with all other years reporting no pharmacy activity for MS-2 Step. In 2018 in both the Canterbury-Bankstown and Inner West LGAs, and in 2021 and 2022 in the Strathfield LGA had suppressed pharmacy activity (Figure 11c).

**Figure 11c.** Pharmacy MS-2 Step dispensation rates in Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.

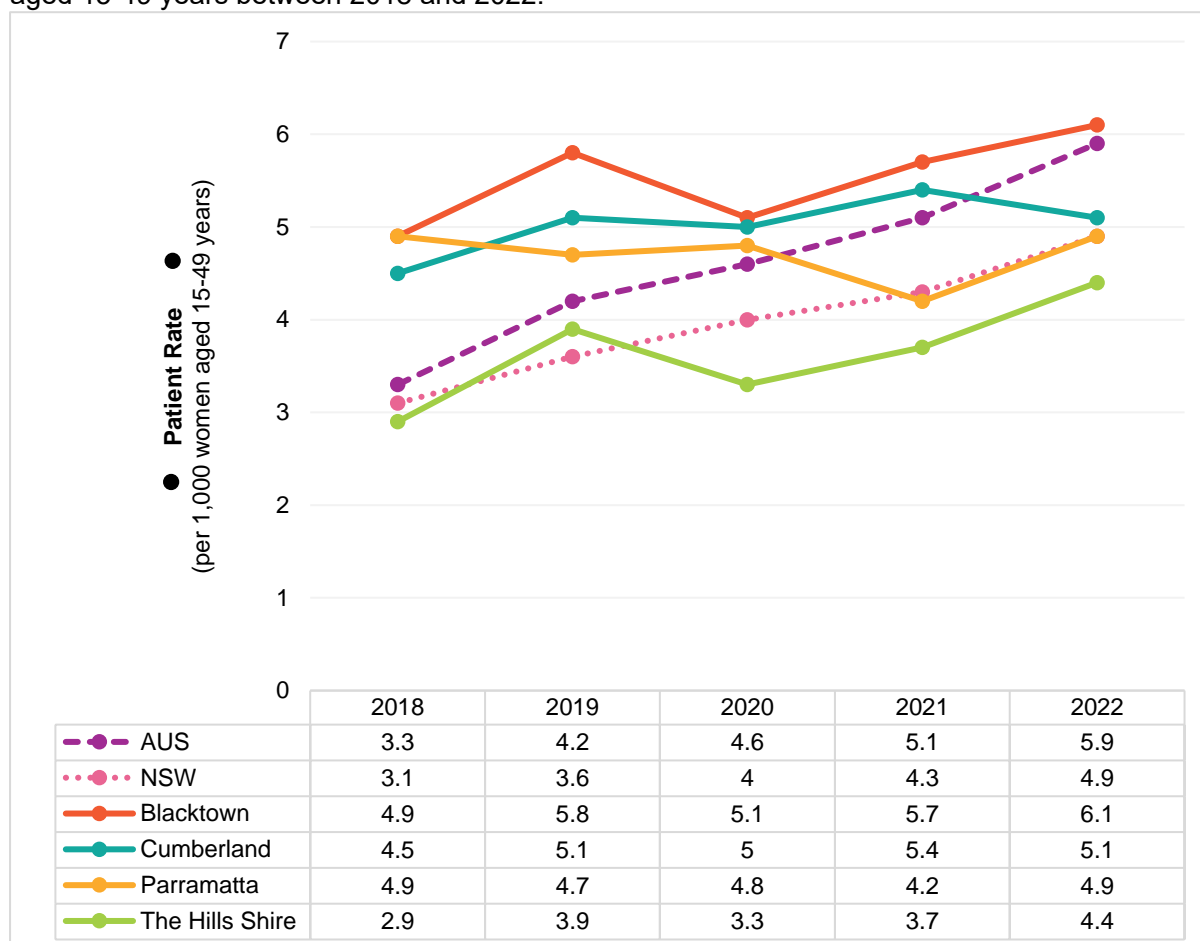


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 7.6. Induced medical abortion rates in Western Sydney LHD by LGA

In Western Sydney LHD between 2018 and 2022, patient MS-2 Step prescription rates showed an increasing trend similar to both the national and NSW-wide rates, across all LGAs (Figure 12a). Patient prescription rates in Blacktown, Cumberland, Parramatta, and The Hills Shire LGAs ranged from 2.9 per 1,000 women aged 15-49 years in 2018 in The Hills Shire LGA to 6.1 in 2022 in Blacktown LGA.

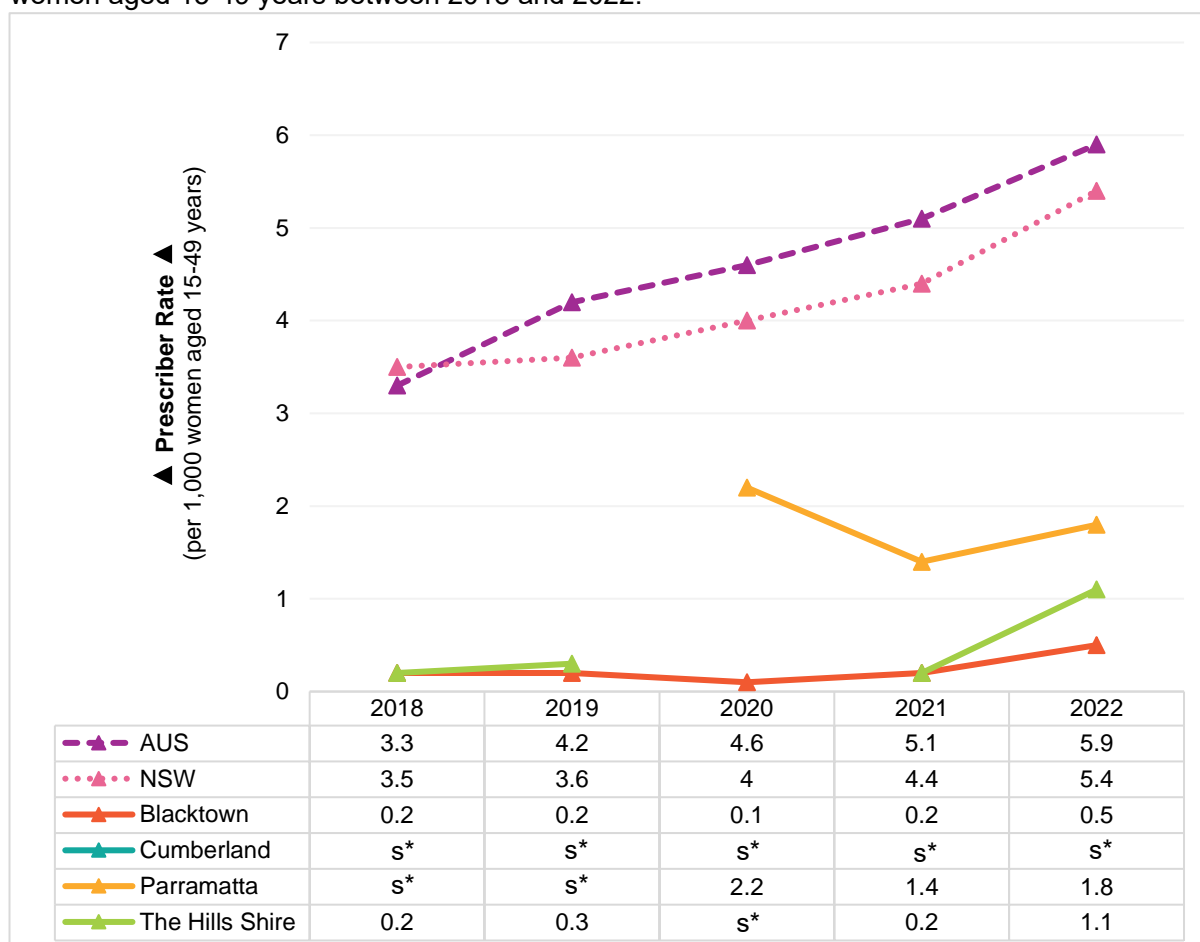
**Figure 12a.** Patient MS-2 Step prescription rates in Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Prescriber MS-2 Step prescription rates across Western Sydney LHD between 2018 and 2022 remained below the national and NSW-wide rates (Figure 12b). Prescriber rates in Blacktown and The Hills Shire LGAs ranged from 0.2 per 1,000 women aged 15-49 years in 2018 for both LGAs to 0.5 and 1.1 per 1,000 women in 2022, respectively. In Parramatta LGA, the prescriber MS-2 Step prescription rate decreased from 2.2 in 2020 to 1.8 in 2022. Prescriber rates were suppressed in Cumberland LGA from 2018 to 2022, in Paramatta LGA in 2018 and 2019, and in The Hills Shire LGA in 2020 (Figure 12b).

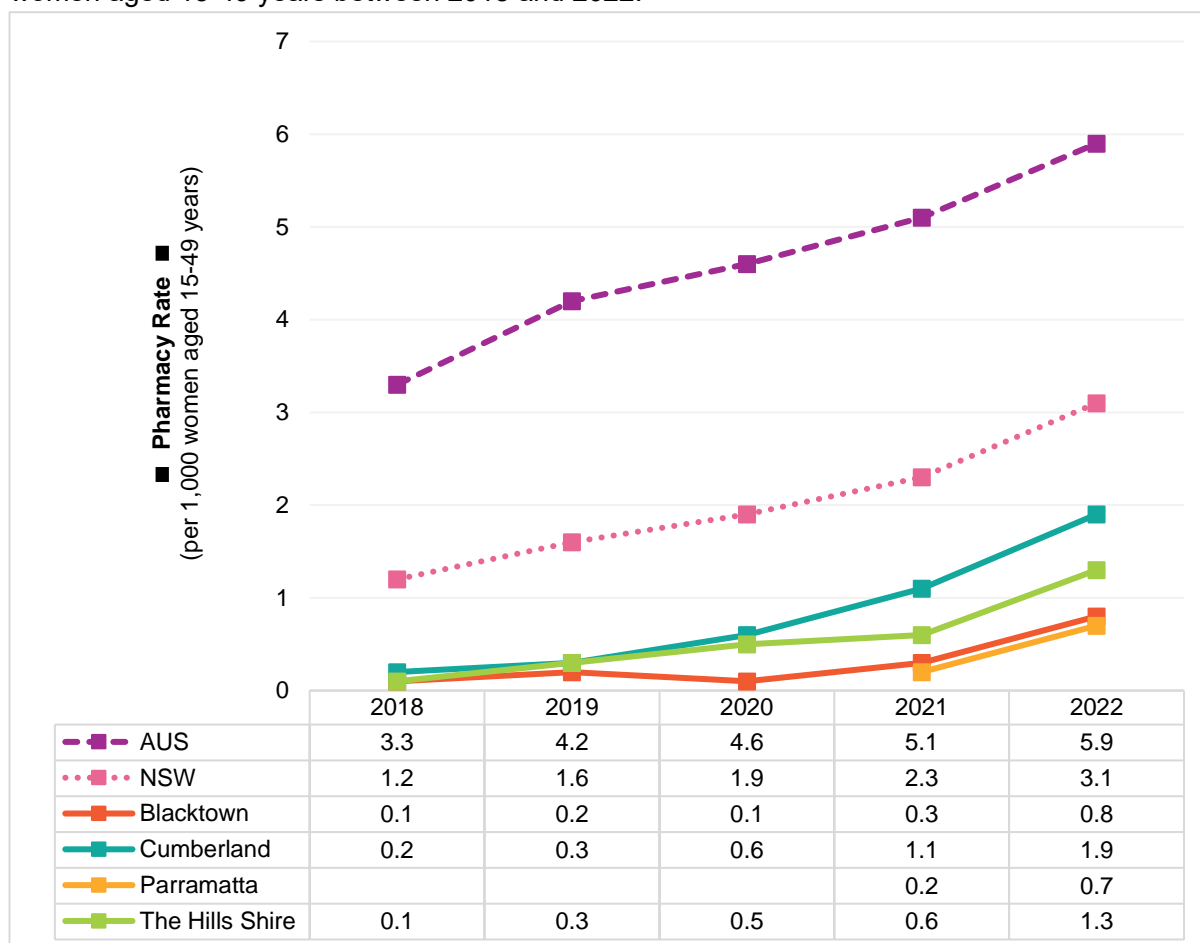
**Figure 12b.** Prescriber MS-2 Step prescription rates in Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Pharmacy MS-2 Step dispensation rates increased across all LGAs within the Western Sydney LHD between 2018 and 2022 (Figure 12c). Despite increasing, pharmacy dispensation rates remained consistently lower than both the national and NSW-wide rates between 2018 and 2022. Throughout Blacktown, Cumberland, Parramatta, and The Hills Shire LGAs, pharmacy dispensation rates ranged from 0.1 per 1,000 women aged 15-49 years in 2018 in both the Blacktown and The Hills Shire LGAs to 1.9 per 1,000 women in 2022 in the Cumberland LGA. There was no reported pharmacy activity for MS-2 Step dispensation in Parramatta before 2021 (Figure 12c).

**Figure 12c.** Pharmacy MS-2 Step dispensation rates in Western Sydney LHD by LGA, among women aged 15-49 years between 2018 and 2022.



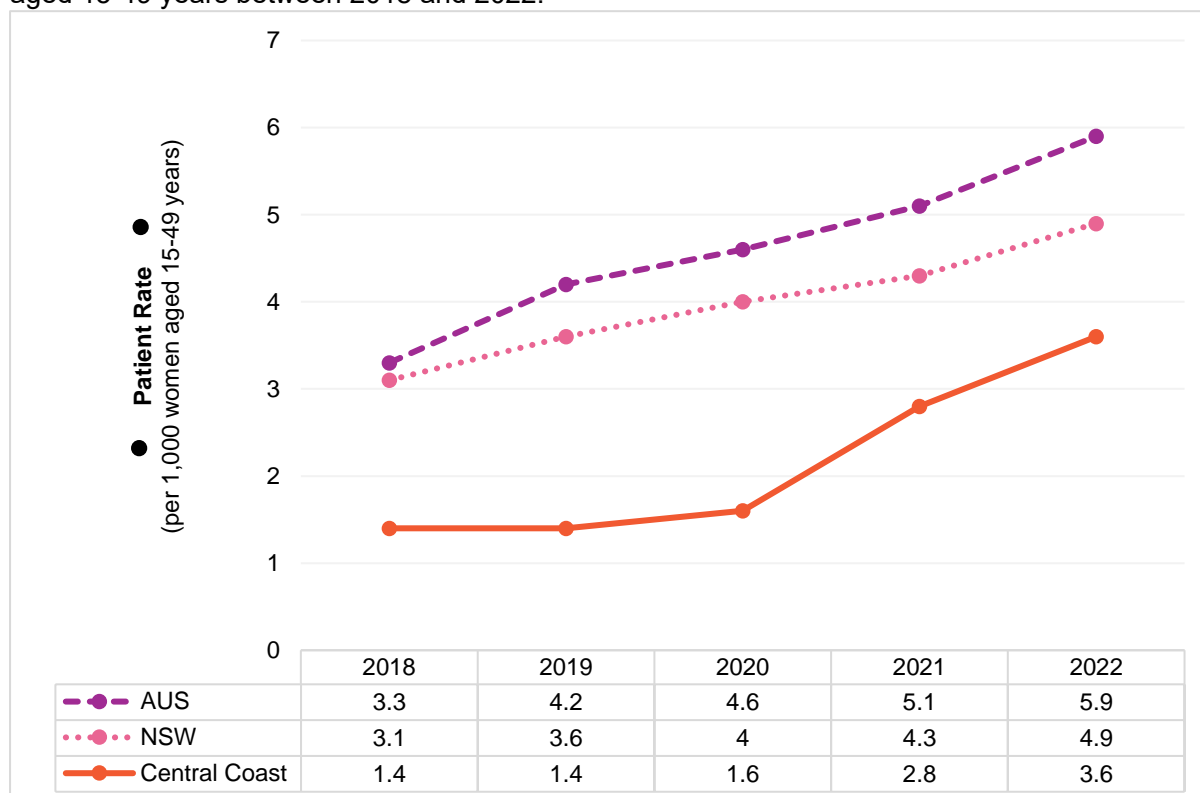
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. [Data available on request].

## 8. Induced medical abortion rates in NSW Non-Metropolitan LHDs by LGA

### 8.1. Induced medical abortion rates in Central Coast LHD by LGA

Patient MS-2 Step prescription rates in Central Coast LGA remained consistently lower than both the national and NSW-wide rates between 2018 and 2022, however still increased from 1.4 per 1,000 women aged 15-49 years in 2018 to 3.6 in 2022 (Figure 13a).

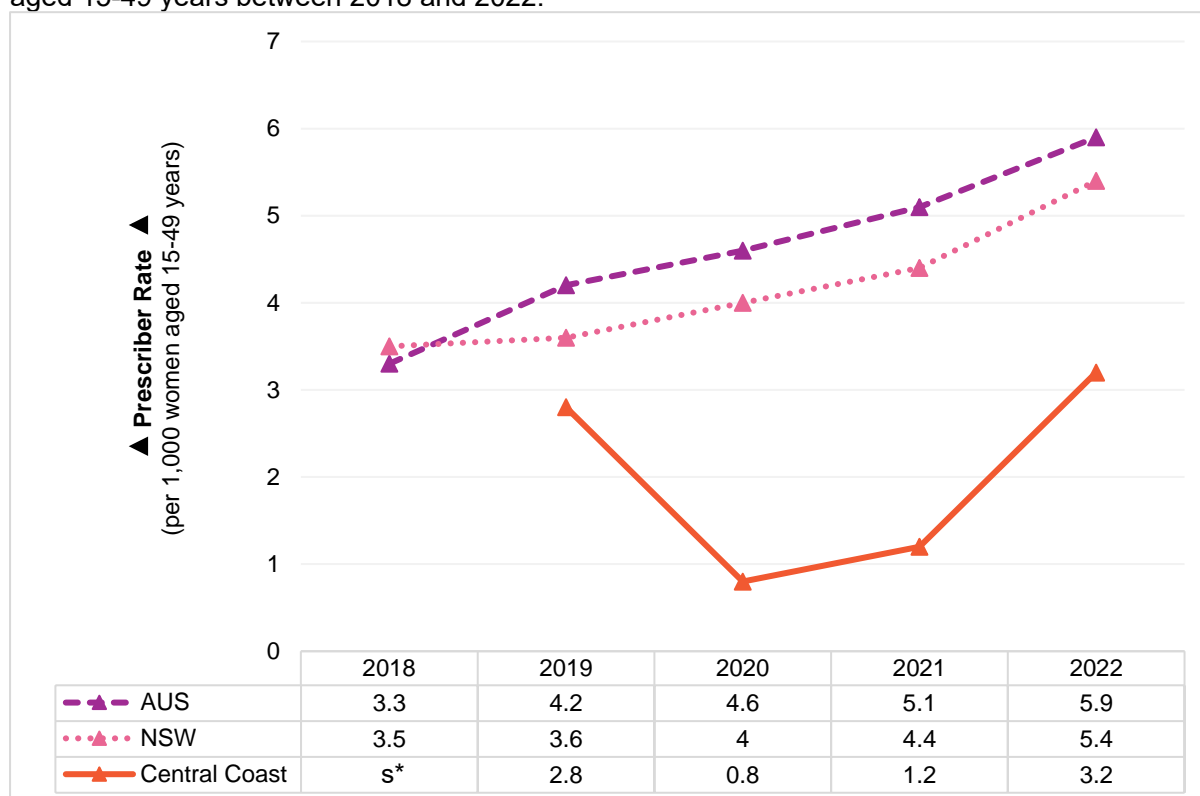
**Figure 13a.** Patient MS-2 Step prescription rates in Central Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

The prescriber MS-2 Step prescription rate fluctuated within Central Coast LGA and was consistently lower than both the national and NSW-wide rates between 2018 and 2022 (Figure 13b). The prescriber rate ranged from 2.8 per 1,000 women aged 15-49 years in 2019 to 3.2 in 2022. Prescriber MS-2 Step activity was suppressed in Central Coast LGA in 2018.

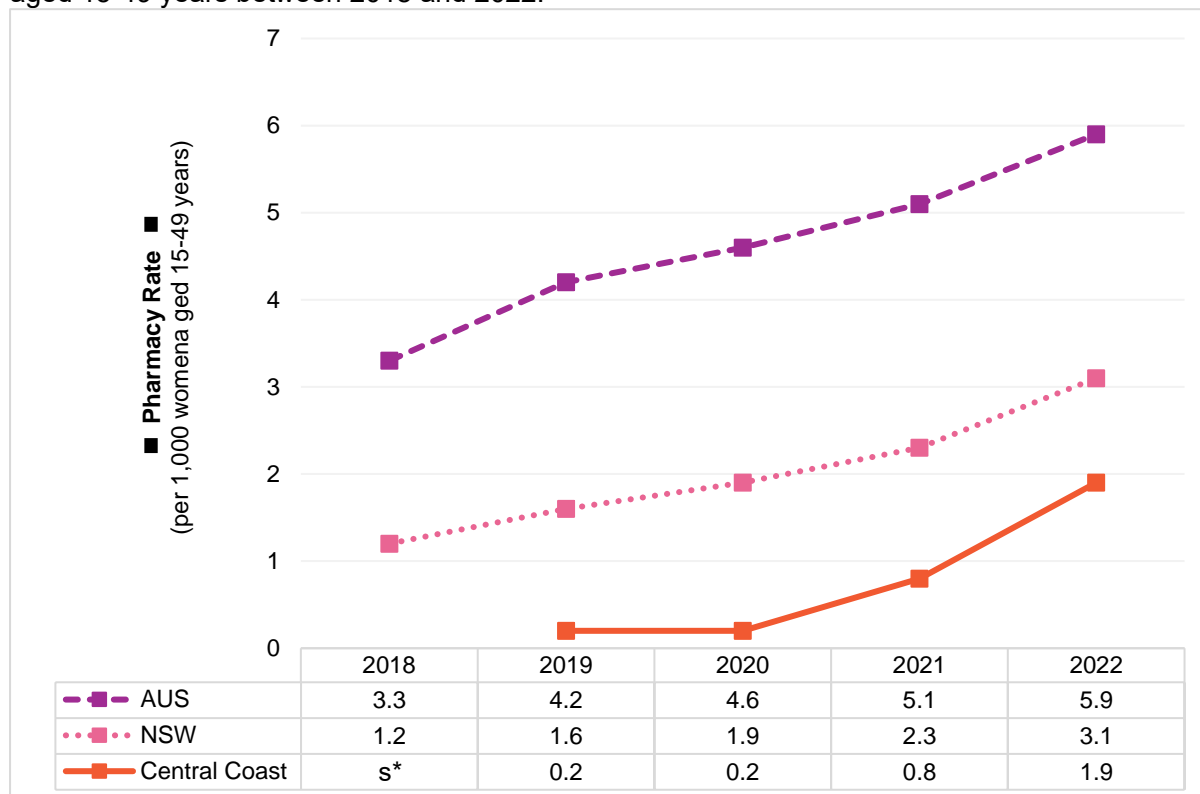
**Figure 13b.** Prescriber MS-2 Step prescription rates in Central Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Between 2018 and 2022, Central Coast LGA saw pharmacy MS-2 Step dispensation rates that were consistently below the national and NSW-wide rates, ranging from 0.2 per 1,000 women aged 15-49 years in 2019 to 1.9 in 2022 (Figure 13c). The 2018 pharmacy dispensation rate in Central Coast LGA was suppressed.

**Figure 13c.** Pharmacy MS-2 Step dispensation rates in Central Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.

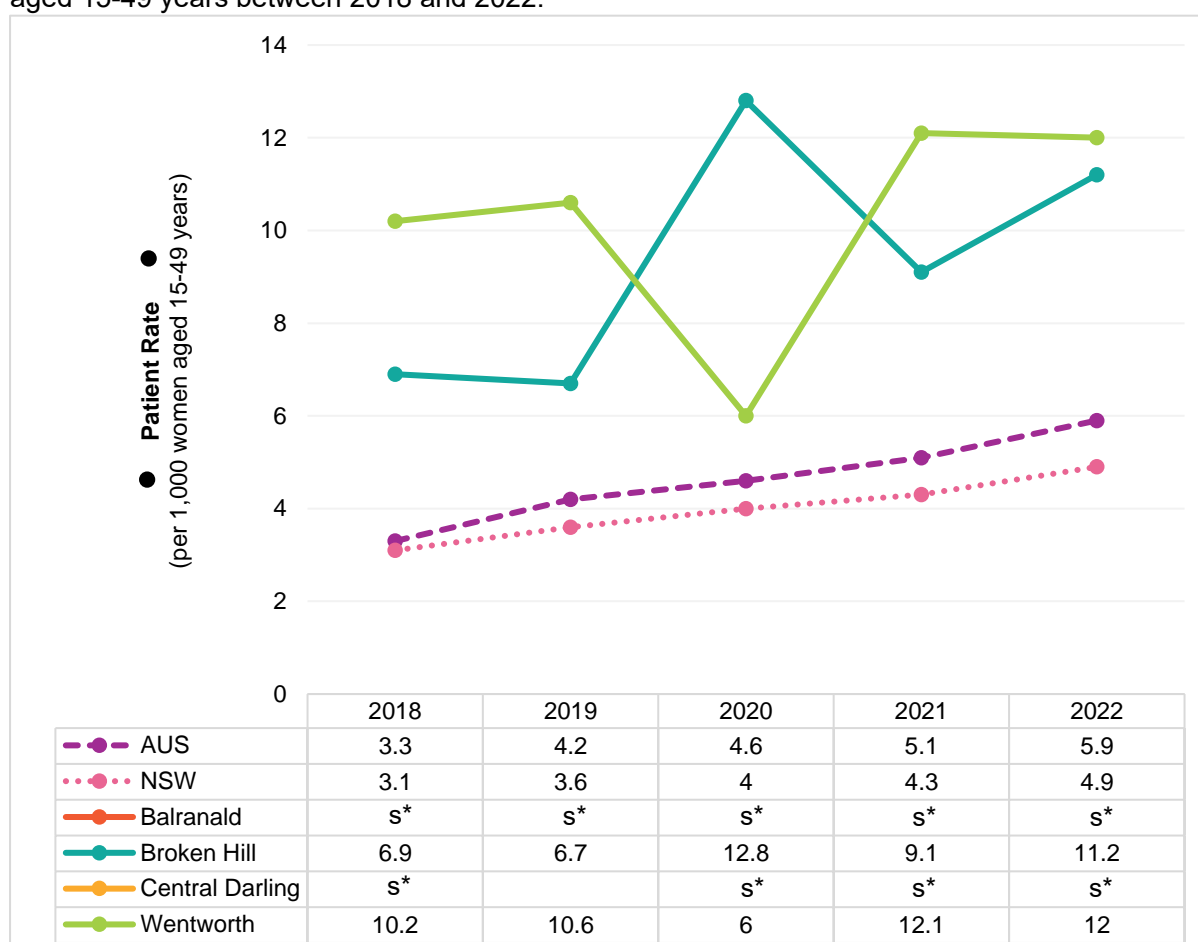


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 8.2. Induced medical abortion rates in Far West NSW LHD by LGA

Across Far West NSW LHD, half the LGAs in this district reported patient MS-2 Step prescription rates consistently higher than both the national and NSW-wide rates between 2018 and 2022 (Figure 14a). Patient prescription rates in Broken Hill LGA increased from 6.9 per 1,000 women aged 15-49 years in 2018 to 11.2 per 1,000 women in 2022, with a spike in 2020 doubling the increase from the previous year (6.7 versus 12.8). In Wentworth LGA, patient prescription rates ranged from 10.2 per 1,000 women in 2018 to 12 in 2022, with a temporary drop to 6 per 1,000 women in 2020. Patient prescription rates were suppressed from 2018 to 2022 in Balranald LGA, and in 2018 and between 2020 and 2022 in Central Darling LGA. There was no MS-2 Step patient activity in 2019 in Central Darling LGA (Figure 14a).

**Figure 14a.** Patient MS-2 Step prescription rates in Far West NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.

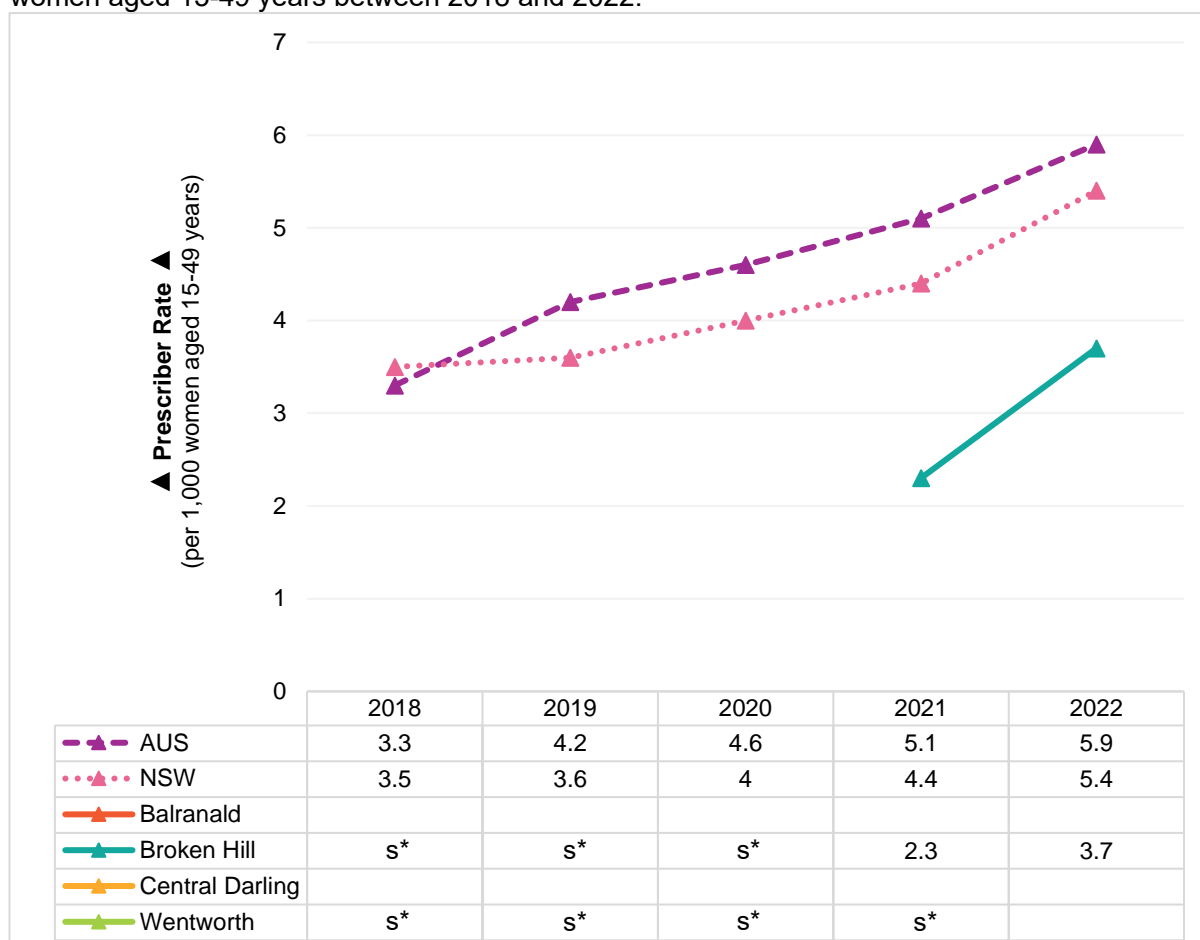


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].



Within the Far West LHD, only the Broken Hill LGA had reportable levels of prescriber MS-2 Step activity that were consistently lower than both the national and NSW-wide rates between 2021 and 2022, ranging from 2.3 prescriptions per 1,000 women aged 15-49 years in 2021 to 3.7 per 1,000 women in 2022 (Figure 14b). The Broken Hill LGA had suppressed prescriber rates in the three years prior, while the Wentworth LGA had suppressed rates between 2018 and 2021. There was no reportable activity of MS-2 Step prescribers in Balranald or Central Darling LGAs.

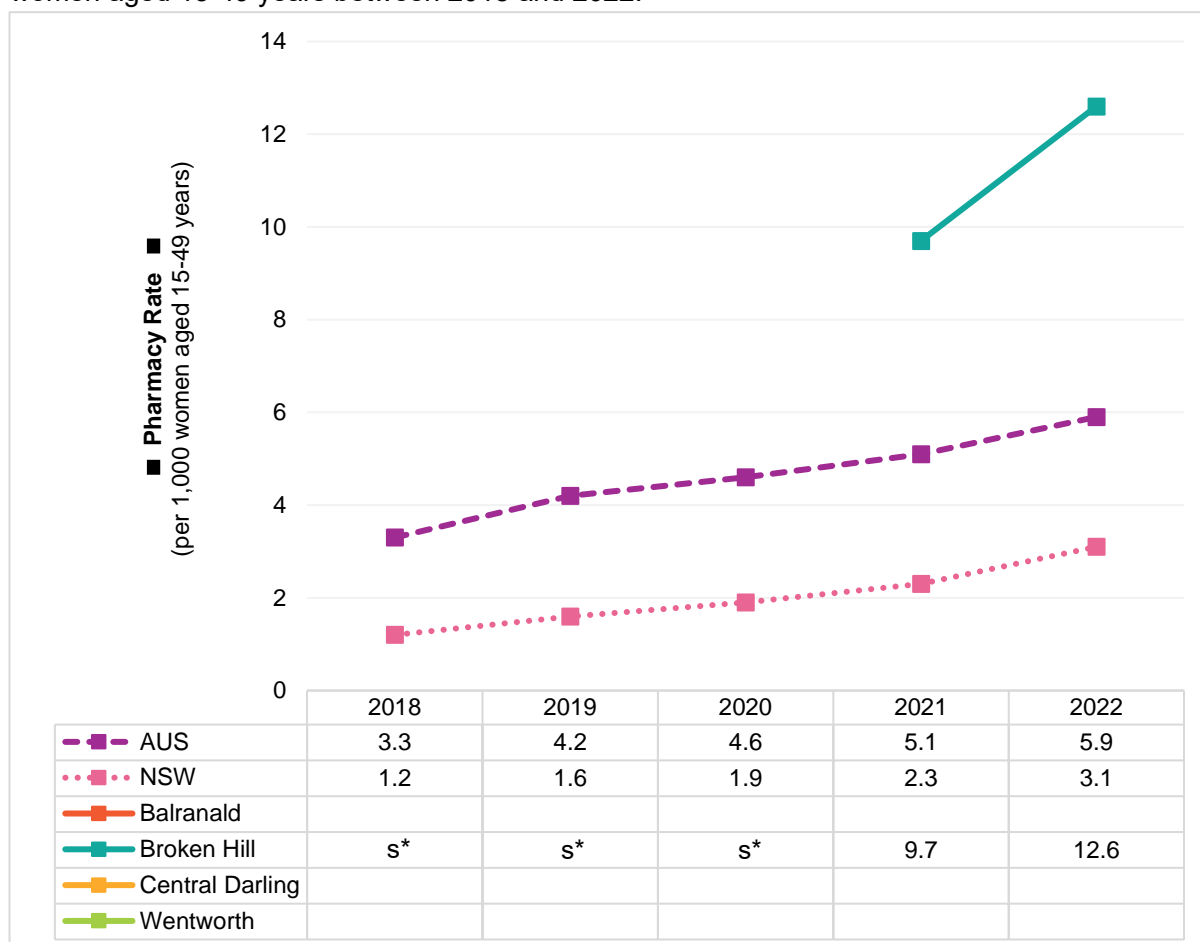
**Figure 14b.** Prescriber MS-2 Step prescription rates in Far West NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Within Far West NSW LHD, only Broken Hill LGA had activity from pharmacy dispensation of MS-2 Step. The rate of pharmacy MS-2 Step prescription was consistently higher than both the national and NSW-wide rates between in Broken Hill LGA for the two years it was reported, ranging from 9.7 per 1,000 women aged 15-49 years in 2021 to 12.6 in 2022 (Figure 14c). Pharmacy dispensation rates were suppressed in the Broken Hill LGA between 2018 and 2020. There was no reported activity from pharmacies in LGAs of Balranald, Central Darling, and Wentworth.

**Figure 14c.** Pharmacy MS-2 Step dispensation rates in Far West NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.

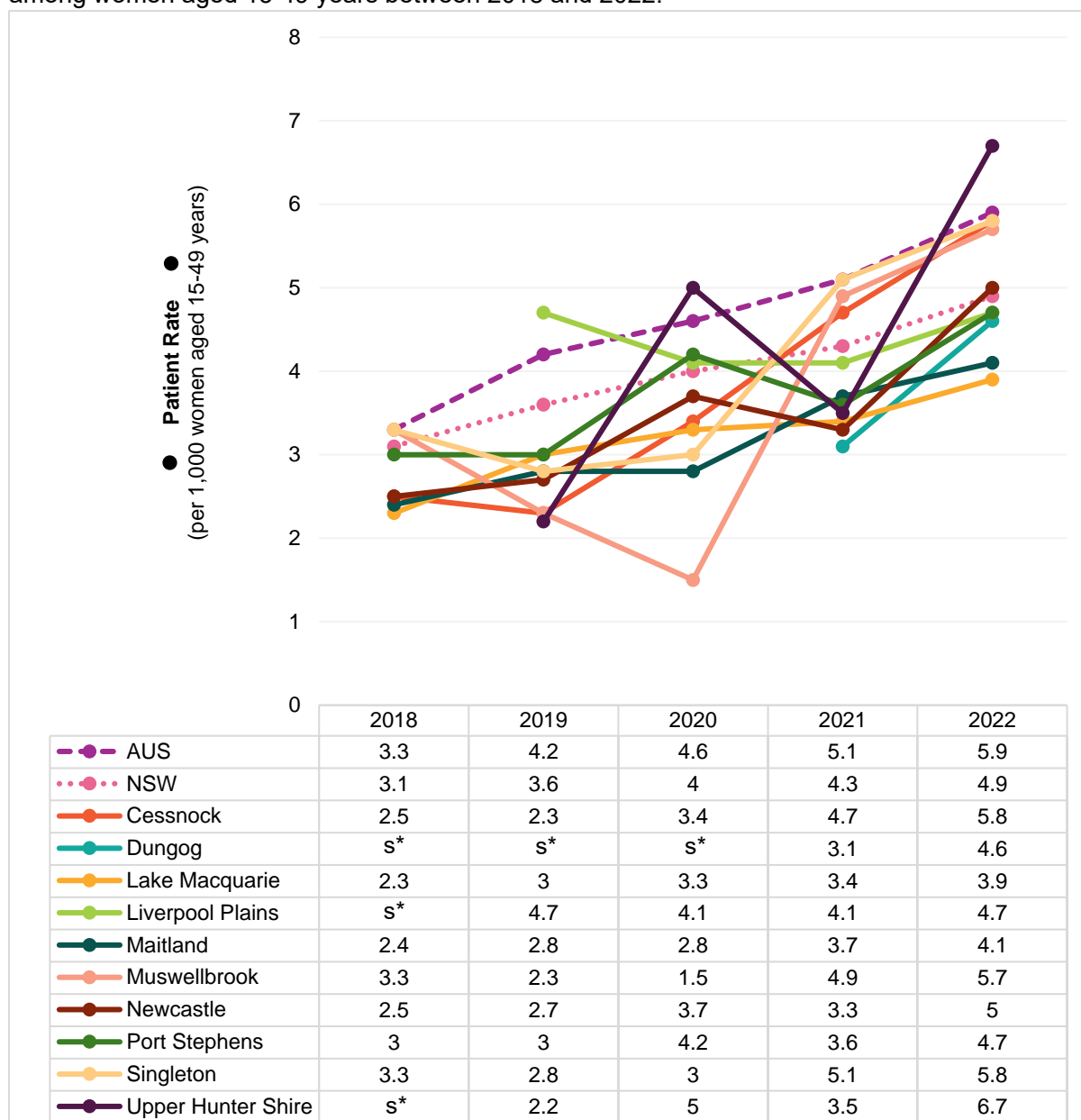


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

### **8.3. Induced medical abortion rates in Hunter New England LHD by LGA.**

Due to the large number of LGAs within Hunter New England LHD, the rates of MS-2 Step prescription by patient, prescriber, and pharmacy are divided into Hunter New England (Southern) and Hunter New England (Northern) for ease of reading. Across Hunter New England (Southern) LHD between 2018 and 2022, patient MS-2 Step prescription rates showed an increasing trend (Figure 15a). Across the ten LGAs in Hunter New England (Southern) LHD, patient prescription rates ranged from 2.3 per 1,000 women aged 15-49 years in Lake Macquarie LGA (2018) to 6.7 in Upper Hunter Shire LGA (2022). Muswellbrook LGA had an almost 25% reduction in the MS-2 Step patient prescription rate in 2020 (1.5) from the previous year, before increasing more than two-fold in 2021 (4.9). Patient prescription rates were suppressed in Dungog LGA between 2018 and 2022, and in Liverpool Plains and Upper Hunter Shire LGAs in 2018 (Figure 15a).

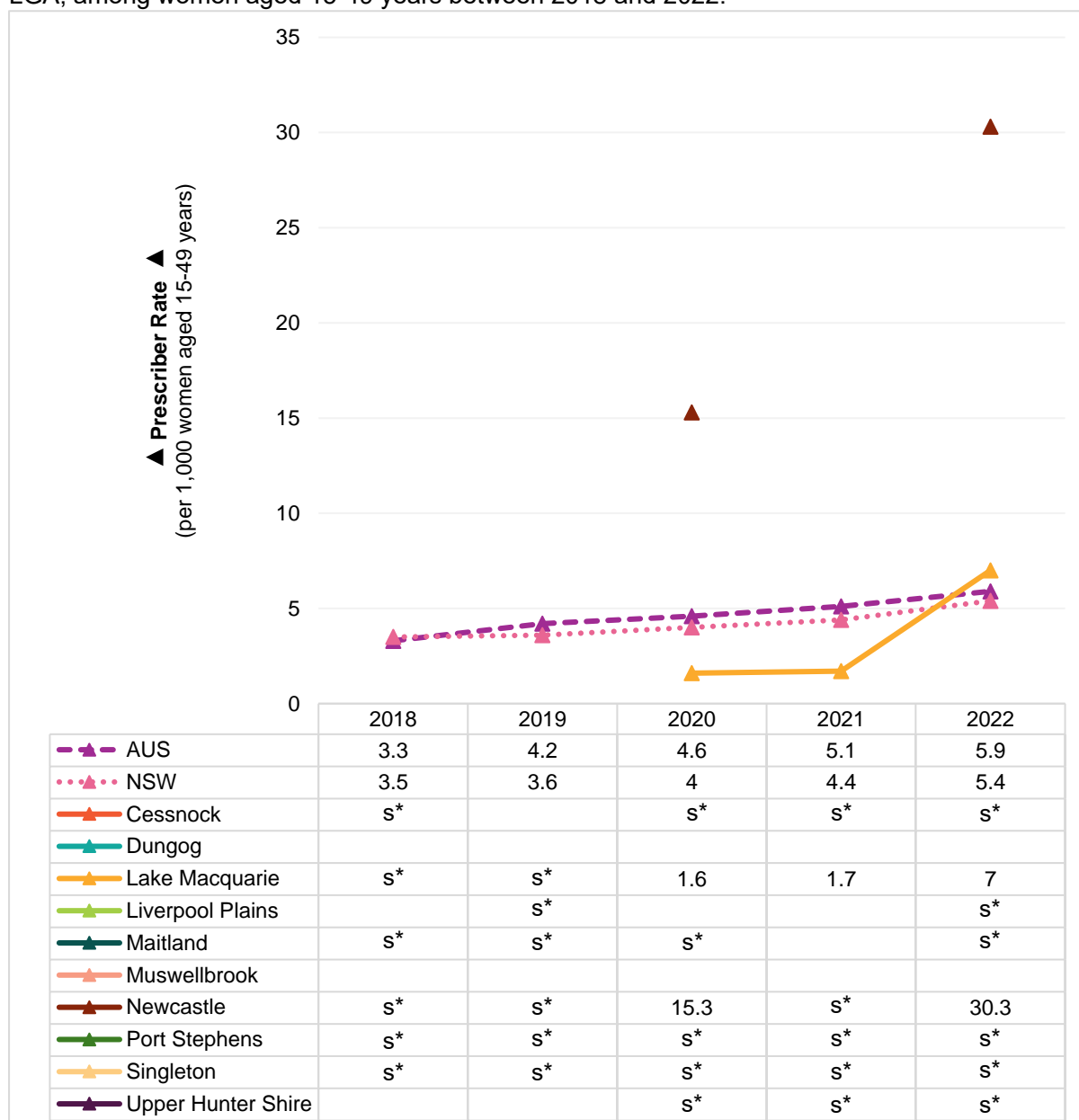
**Figure 15a.** Patient MS-2 Step prescription rates in Hunter New England (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Among the ten LGAs in the Hunter New England (Southern) LHD, prescriber MS-2 Step prescription rates were recorded in two LGAs only; Newcastle and Lake Macquarie. Prescriber rates in Newcastle LGA between 2018 and 2022 were consistently higher in comparison to both the national and NSW-wide rates, ranging from 15.3 per 1,000 women aged 15-49 years in 2020 to 30.3 per 1,000 women in 2022 (Figure 15b). Conversely, Lake Macquarie LGA saw prescriber prescription rates that were below both the national and NSW-wide rates at 1.6 and 1.7 per 1,000 women in 2020 and 2021, respectively, which increased to above the national and NSW-wide rates in 2022 to 7 per 1,000 women. Prescriber rates were suppressed for two or more years in the following LGAs; Cessnock, Lake Macquarie, Liverpool Plains, Maitland, Newcastle, Port Stephens, Singleton, and Upper Hunter Shire. There was no reportable MS-2 Step prescriber activity in Dungog or Muswellbrook LGAs over the five-year period from 2018 to 2022 (Figure 15b).

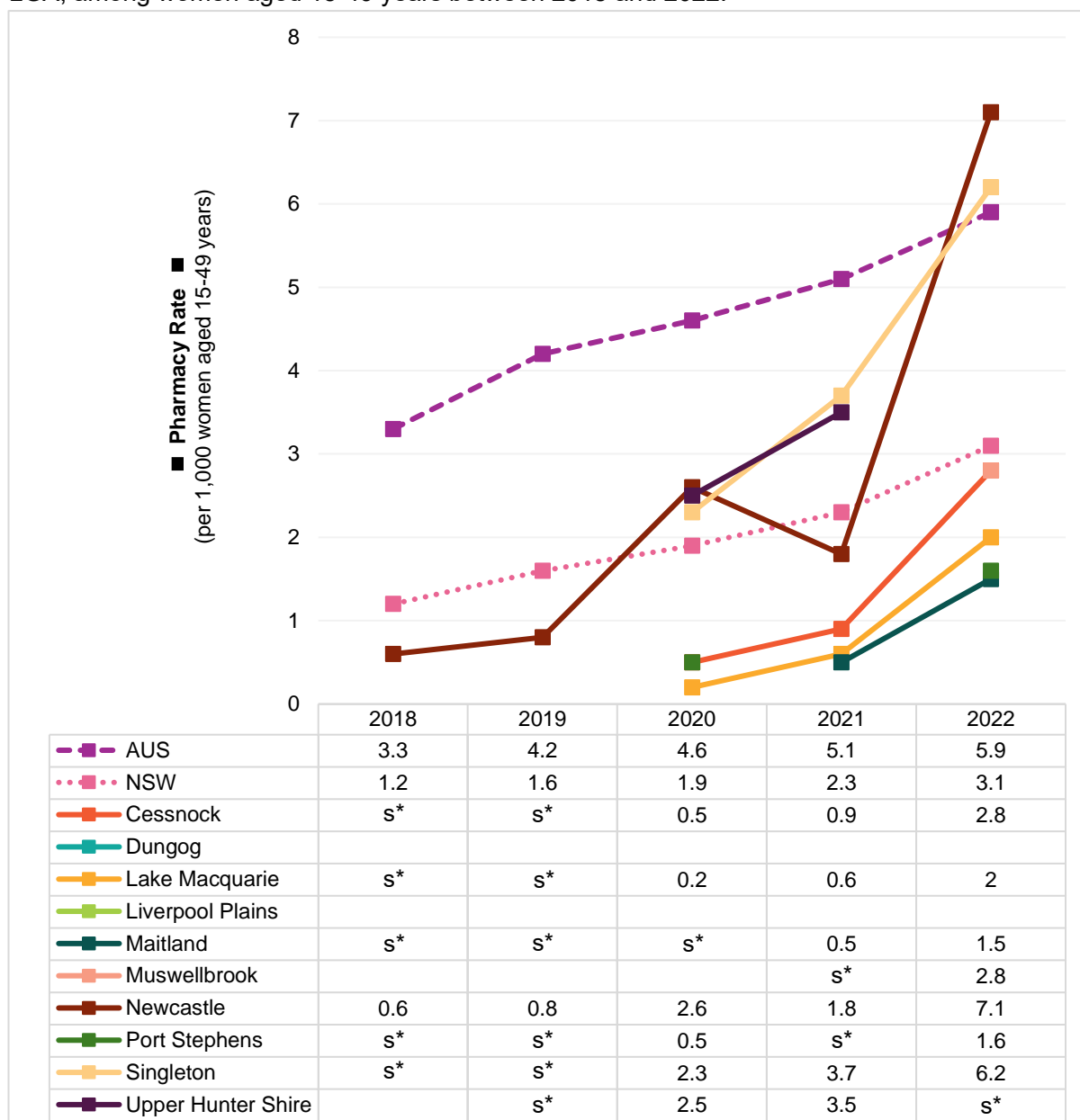
**Figure 15b.** Prescriber MS-2 Step prescription rates in Hunter New England (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Across the LGAs within the Hunter New England (Southern) LHD, pharmacy MS-2 Step dispensation rates increased from 2018 to 2022 (Figure 15c). Pharmacy MS-2 Step dispensation rates in Cessnock, Lake Macquarie, Maitland, Muswellbrook, and Port Stephens LGAs were consistently lower than both the national and NSW-wide rates, ranging from 0.2 per 1,000 women aged 15-49 years in 2020 in the Lake Macquarie LGA to 2.8 in 2022 reported in both Cessnock and Muswellbrook LGAs. Newcastle LGA recorded pharmacy dispensation rates that ranged from 0.6 per 1,000 women in 2018 to 7.1 per 1,000 women in 2022. Pharmacy dispensation rates in Singleton LGA ranged from 2.3 in 2020 to 6.2 in 2022, with previous activity in 2018 and 2019 suppressed. Upper Hunter Shire LGA pharmacy MS-2 Step dispensation rate ranged from 2.5 per 1,000 women in 2020 to 3.5 in 2021, with 2019 and 2022 activity suppressed. Cessnock and Lake Macquarie LGAs had suppressed pharmacy dispensation rates in 2018 and 2019, while rates were suppressed in the Maitland LGA from 2018 to 2020, in the Muswellbrook LGA in 2021, in the Port Stephens LGA in 2018, 2019 and 2021. There was no reported pharmacy MS-2 Step prescription dispensation in Dungog and Liverpool Plains LGAs (Figure 15c).

**Figure 15c.** Pharmacy MS-2 Step dispensation rates in Hunter New England (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.

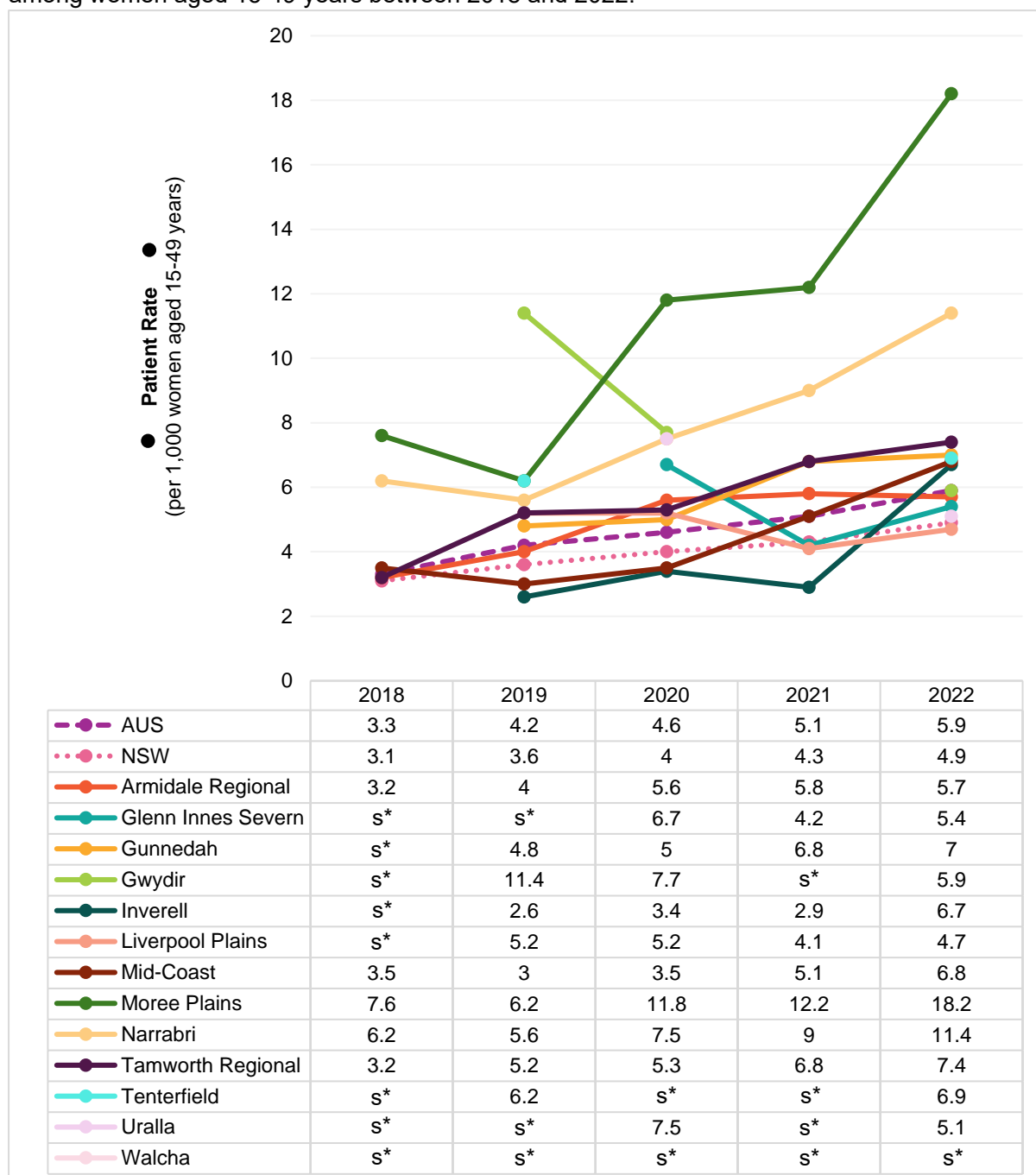


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Among the thirteen LGAs in Hunter New England (Northern) LHD, patient MS-2 Step prescription rates mostly recorded an increasing trend between 2018 and 2022, with a range from 2.6 per 1,000 women aged 15-49 years in Inverell LGA (2019) to 18.2 in Moree Plains LGA (2022; Figure 16a). Patient MS-2 Step prescription rates were consistently higher than both the national and NSW-wide rates in the LGAs of Gunnedah, Gwydir, Moree Plains, Narrabri, and Tenterfield, ranging from 3.5 prescriptions per 1,000 women in 2018 in Mid-Coast LGA to 18.2 per 1,000 women in Moree Plains LGA. Patient prescription rates were suppressed for one or more years in the following LGAs; Glenn Innes Severn, Gunnedah, Inverell, Liverpool Plains, Gwydir, Tenterfield, Uralla, and Walcha (Figure 16a).



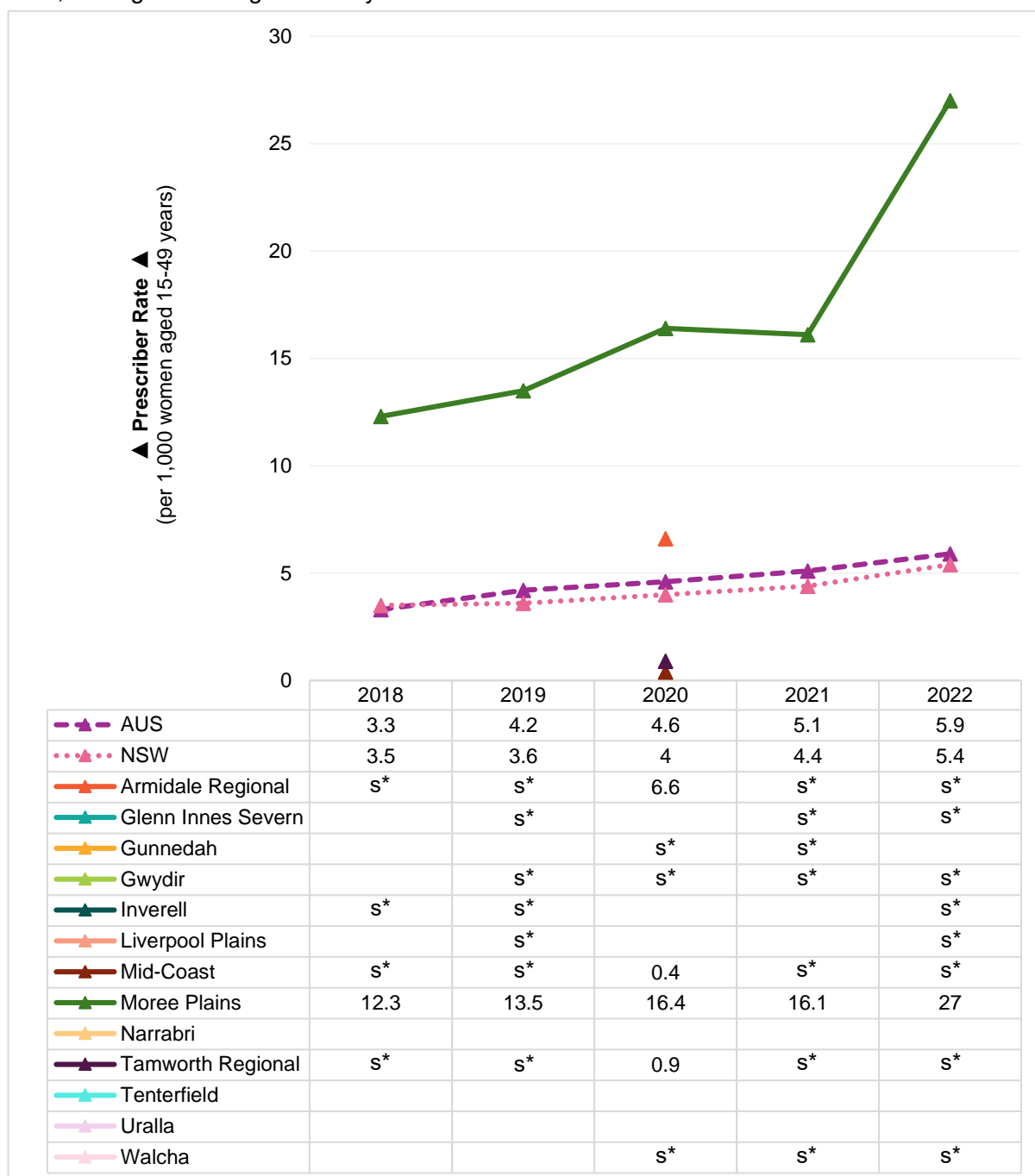
**Figure 16a.** Patient MS-2 Step prescription rates in Hunter New England (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

There was limited reportable activity of prescribers of MS-2 Step across Hunter New England (Northern) LHD over 2018 to 2022, with representation from four of thirteen LGAs (Figure 16b). The prescriber rate of MS-2 Step prescriptions were consistently higher than both the national and NSW-wide rates in both Armidale Regional and Moree Plains LGAs between 2018 and 2022. Prescriber rates across Armidale Regional and Moree Plains LGAs ranged from 6.6 per 1,000 women aged 15-49 years in 2020 in Armidale Regional LGA to 27 per 1,000 women in 2022 in Moree Plains LGA. Conversely, prescriber rates were consistently lower than the national and NSW-wide rates in Mid-Coast and Tamworth Regional LGAs, with suppressed activity in all years except 2020, when the rate was no greater than 0.9 per 1,000 women. Prescriber rates were suppressed for two or more years for the following LGAs; Armidale regional Glenn Innes Severn, Gwydir, Inverell, Liverpool Plains and Walcha. There was no reported prescriber MS-2 Step activity in Tenterfield and Uralla LGAs for the five years over 2018 to 2022 (Figure 16b).

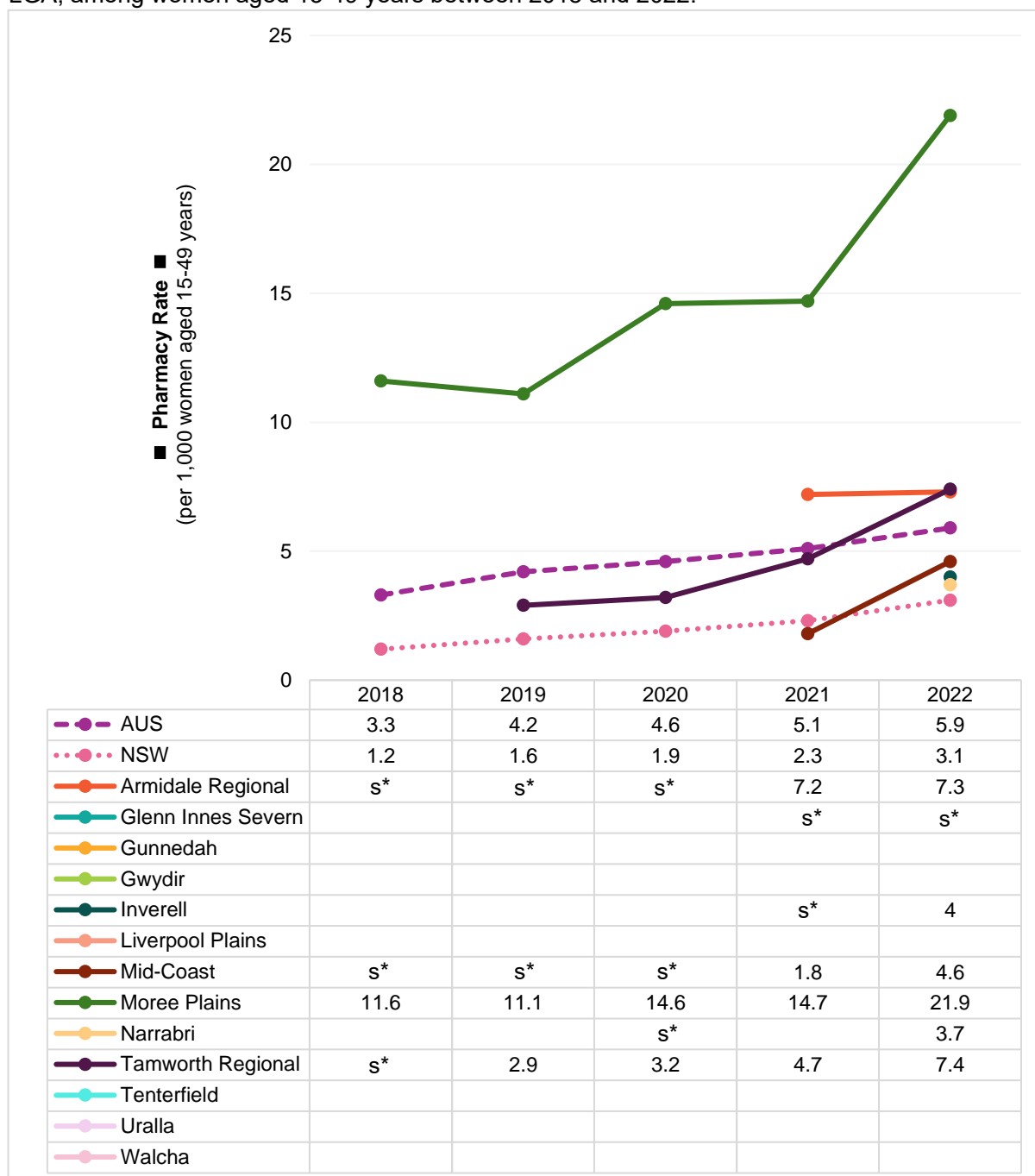
**Figure 16b.** Prescriber MS-2 Step prescription rates in Hunter New England (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Between 2018 and 2022, across Hunter New England (Northern) LHD, there was an overall trend of an increasing rate of pharmacies dispensing prescriptions of MS-2 Step. Pharmacy MS-2 Step dispensation rates were consistently higher than both the national and NSW-wide rates in both Armidale Regional and Moree Plains LGAs (Figure 16c). Across Armidale Regional LGA, pharmacy dispensation rates increased from 7.2 to 7.3 per 1,000 women aged 15-49 years from 2021 to 2022, with suppressed activity in the three years prior. Between 2018 and 2022, pharmacy rates increased from 11.6 to 21.9 per 1,000 women in the Moree Plains LGA. Pharmacy dispensation rates were similar to both the national and NSW-wide rates in Mid-Coast, Narrabri and Tamworth Regional LGAs between 2018 and 2022, ranging from 1.8 per 1,000 women aged 15-49 years in 2021 (Mid-Coast LGA) to 7.4 in 2022 (Tamworth Regional LGA). Albury LGA had suppressed pharmacy dispensation rates between 2018 and 2020, while suppressed rates were present in Gunnedah LGA in 2021 and 2022, Inverell LGA in 2021, Mid-Coast LGA between before 2021, Narrabri LGA in 2020, and Tamworth Regional LGA in 2018. There was no reported pharmacy dispensation activity from 2018 to 2022 for the LGAs of Gunnedah, Gwydir, Liverpool Plains, Tenterfield, Uralla, and Walcha (Figure 16c).

**Figure 16c.** Pharmacy MS-2 Step dispensation rates in Hunter New England (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

#### 8.4. Induced medical abortion rates in Illawarra Shoalhaven LHD by LGA

Across Illawarra Shoalhaven LHD, all four LGAs showed increasing patient MS-2 Step prescription rates between 2018 and 2022 (Figure 17a). Patient prescription rates were consistently higher than both the national and NSW-wide rates in Shoalhaven LGA between 2018 and 2022, ranging from 4.4 per 1,000 women aged 15-49 years in 2018 to 8 per 1,000 women in 2022. Conversely, patient prescription rates across Kiama and Wollongong LGAs were consistently lower than both the national and NSW-wide rates in the same period, ranging from 2.1 per 1,000 women in 2019 (Kiama LGA) to 4 and 4.7 per 1,000 women in 2022 (Wollongong LGA). Patient prescription rates in Shellharbour LGA ranged from 1.8 per 1,000 women in 2018 to 6.3 in 2022 (Figure 17a).

**Figure 17a.** Patient MS-2 Step prescription rates in Illawarra Shoalhaven LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

Illawarra Shoalhaven LHD prescriber MS-2 Step prescription rates increased between 2018 and 2022 (Figure 17b). In Kiama LGA, prescriber rates were suppressed for all years except 2020, when the rate was higher than both the national and NSW-wide rates at 7.6 per 1,000 women aged 15-49 years. In the Shoalhaven LGA, prescriber rates increased steadily from 2.7 per 1,000 women in 2020 to 5.3 in 2022. Moreover, in Wollongong LGA, prescriber rates reported an overall increase from 2.5 per 1,000 women to 5.9 over the five-year period. Prescriber MS-2 Step rates were suppressed in Kiama LGA from 2018 to 2019 and from 2021 to 2022, in Shellharbour LGA from 2018 to 2022, and in Shoalhaven LGA in 2018 and 2019 (Figure 17b).

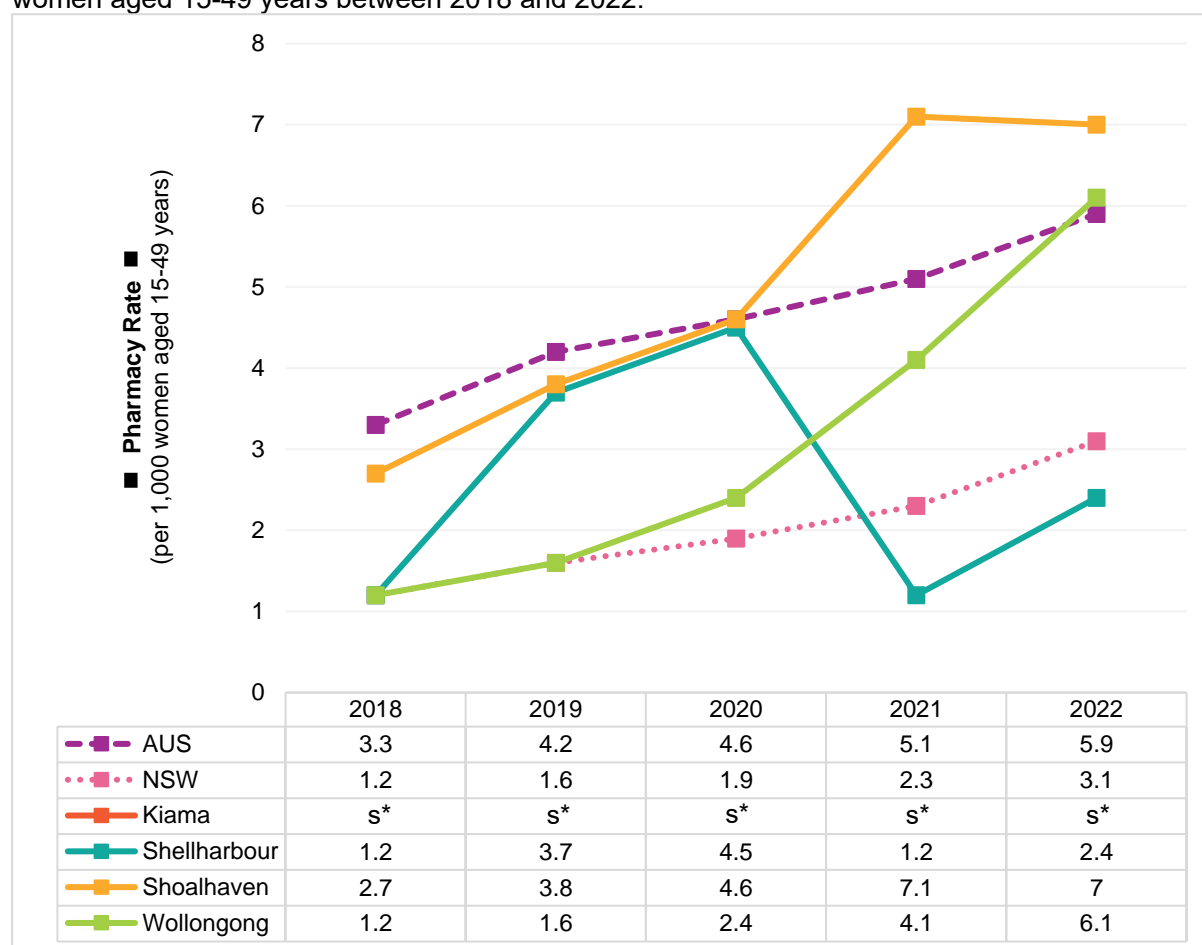
**Figure 17b.** Prescriber MS-2 Step prescription rates in Illawarra Shoalhaven LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

The rate of MS-2 Step prescription dispensations by pharmacists in Illawarra Shoalhaven all reported an overall increase over the period from 2018 to 2022, with each LGA progressing to a different extent (Figure 17c). Pharmacy dispensation rates in Shellharbour LGA increased from 1.2 per 1,000 women aged 15-49 years in 2018 to 4.5 in 2020, before dropping to 1.2 in 2021 and rising again to 2.4 by 2022. Between 2018 and 2019, pharmacy MS-2 Step dispensation rates were consistently lower than the national rates but higher than the NSW-wide rates in Shoalhaven LGA, before increasing steadily to 7.1 per 1,000 women in 2021 and decreasing slightly to 7 in 2022. Across Wollongong LGA, pharmacy dispensation rates ranged from 1.2 per 1,000 women in 2018 to 6.1 in 2022. Kiama LGA had pharmacy dispensation rates that were suppressed every year between 2018 and 2022 (Figure 17c).

**Figure 17c.** Pharmacy MS-2 Step dispensation rates in Illawarra Shoalhaven LHD by LGA, among women aged 15-49 years between 2018 and 2022.



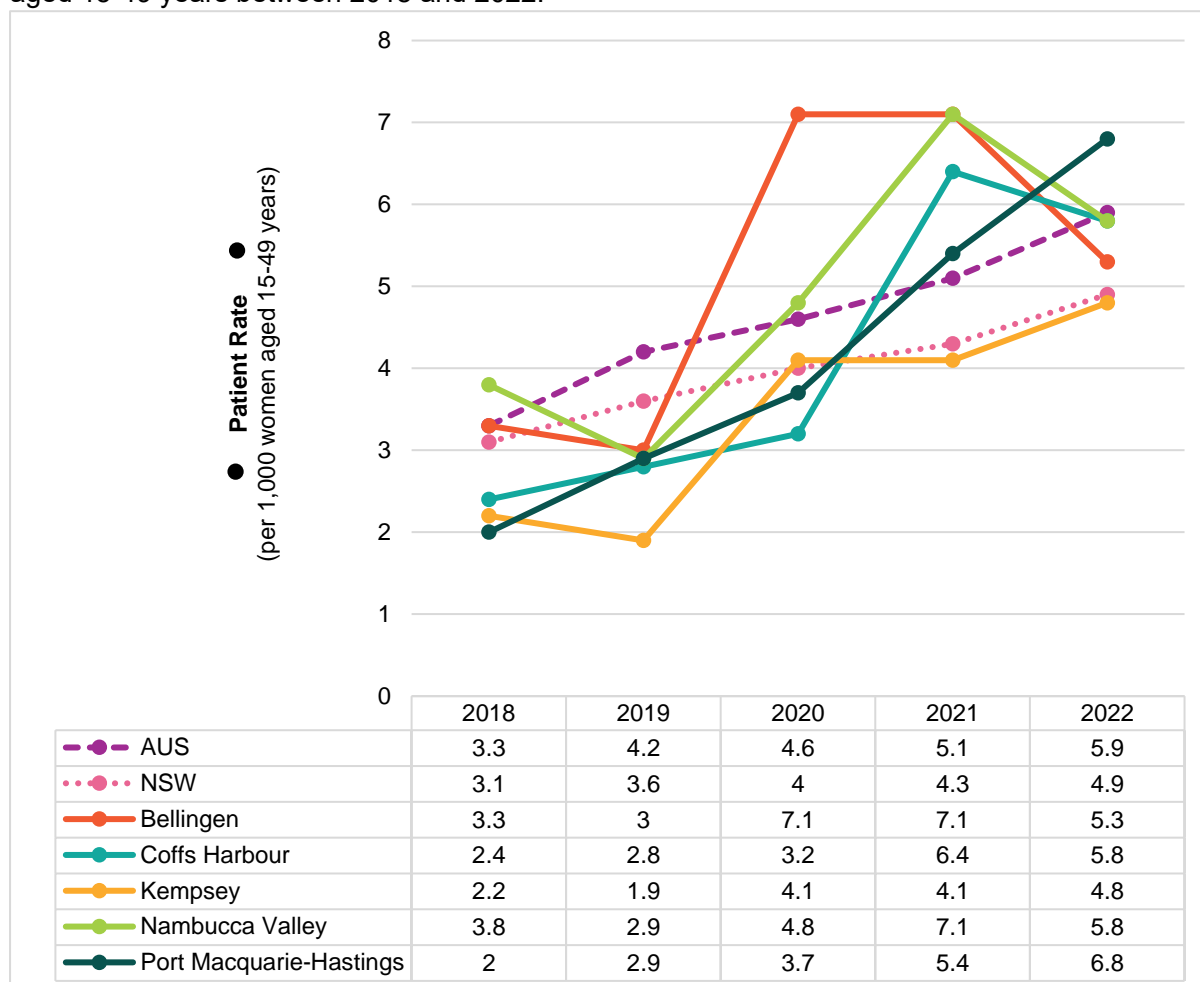
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].



### 8.5. Induced medical abortion rates in Mid North Coast LHD by LGA

Across Mid North Coast LHD between 2018 and 2022, all five LGAs saw an increase in patient MS-2 Step prescription rates (Figure 18a). Patient prescription rates across the LGAs of Bellingen, Coffs Harbour, Kempsey, Nambucca Valley, and Port Macquarie-Hastings ranged from 2 per 1,000 women aged 15-49 years in 2018 in Port Macquarie-Hastings LGA to 7.1 per 1,000 women in 2021 in both Bellingen and Nambucca Valley LGAs.

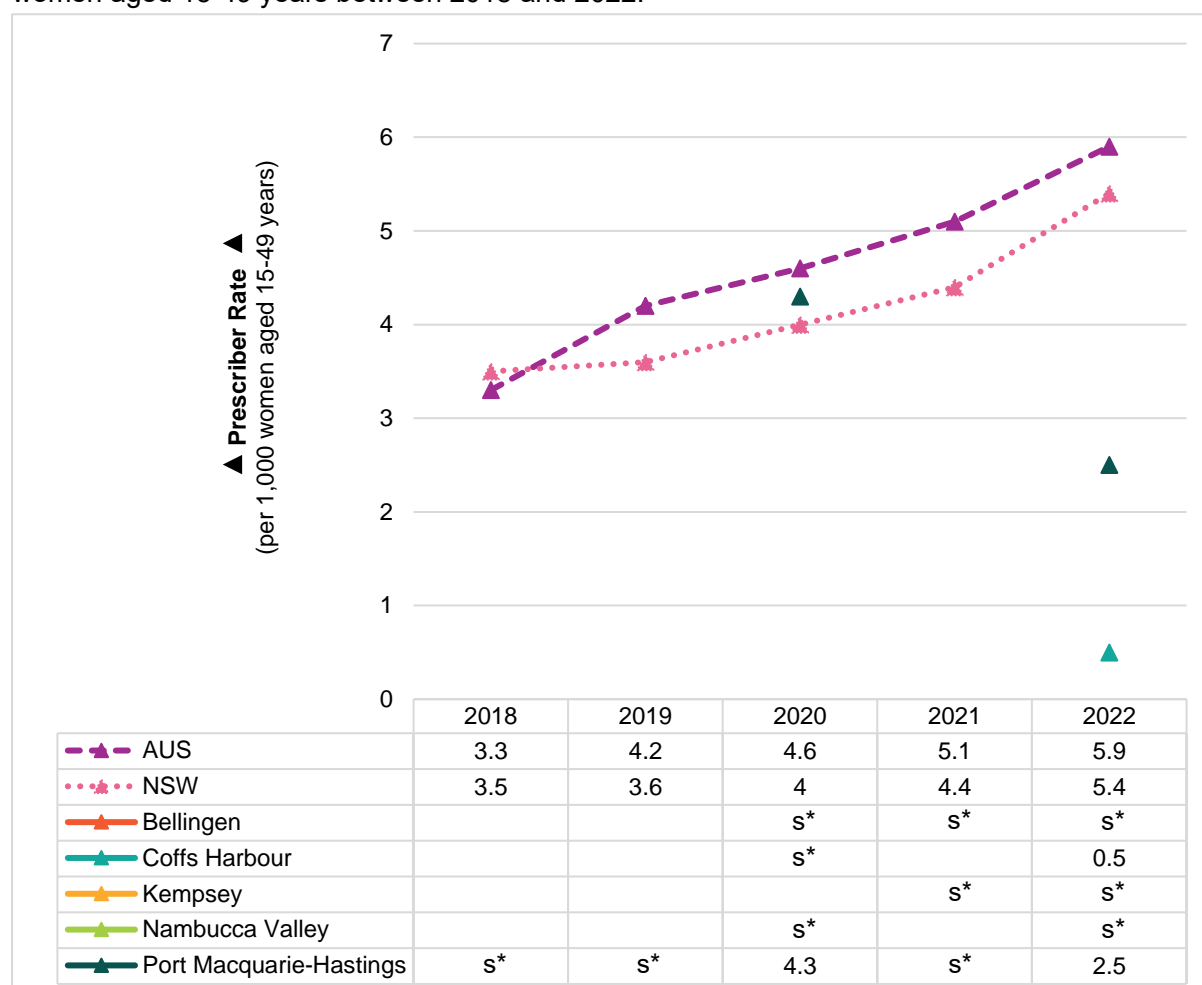
**Figure 18a.** Patient MS-2 Step prescription rates in Mid North Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. [Data available on request].

There was limited prescriber activity for MS-2 Step prescriptions in Mid-Coast LHD between 2018 and 2022 (Figure 18b). The prescriber MS-2 Step prescription rate in 2022 in Coffs Harbour LGA was lower than both the national and NSW-wide rate at 0.5 per 1,000 women aged 15-49 years in 2022. Prescriber rates across Port Macquarie-Hastings LGA decreased from 4.3 per 1,000 women in 2020, which was below the national but above the NSW-wide rate, to 2.5 in 2022, below both the national and NSW-wide rates. All other years between 2018 and 2022 had suppressed activity for Port Macquarie-Hastings LGA. Prescriber rates were suppressed between 2020 to 2022 in Bellingen LGA, from 2021 to 2022 in Kempsey LGA, in 2020 and 2022 in Nambucca Valley LGA and in 2018, 2019 and 2021 in Port-Macquarie Hastings LGA. There was no reported prescriber activity before 2020 for the LGAs of Bellingen, Coffs Harbour, Kempsey, and Nambucca Valley (Figure 18b).

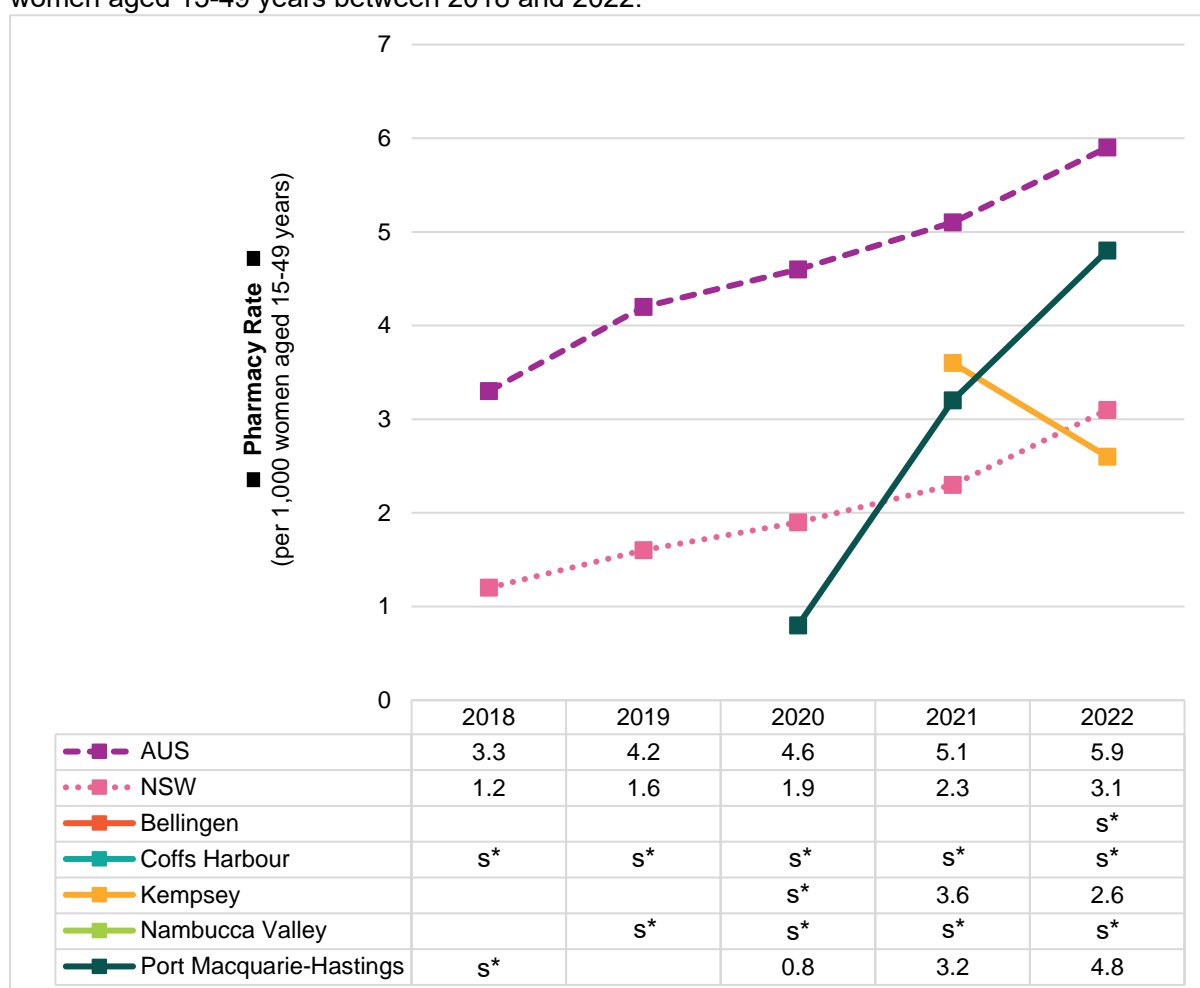
**Figure 18b.** Prescriber MS-2 Step prescription rates in Mid North Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Kempsey LGA had a pharmacy MS-2 Step dispensation rate lower than the national rate but higher than the NSW-wide rate in 2021 at 3.6 per 1,000 women aged 15-49 years, however this decreased to below both the national and NSW-wide rate in 2022 to 2.6 per 1,000 women (Figure 18c). Kempsey LGA activity was suppressed in 2020 and had no reportable activity in 2018 and 2019. The pharmacy dispensation rate in Port Macquarie-Hastings LGA was lower than both the national and NSW-wide rate in 2020 at 0.8 per 1,000 women aged 15-49 years, however this increased to above the NSW-wide rates but remained below the national rates in 2021 (3.2) and 2022 (4.8). Suppressed pharmacy dispensation rates were present in Bellingen LGA in 2022, in Coffs Harbour LGA from 2018 to 2022, in Nambucca Valley LGA from 2019 to 2022, and in Port-Macquarie Hastings LGA in 2018. There was no reportable pharmacy MS-2 Step dispensation activity in Bellingen LGA before 2022, and Kempsey LGA before 2020 (Figure 18c).

**Figure 18c.** Pharmacy MS-2 Step dispensation rates in Mid North Coast LHD by LGA, among women aged 15-49 years between 2018 and 2022.

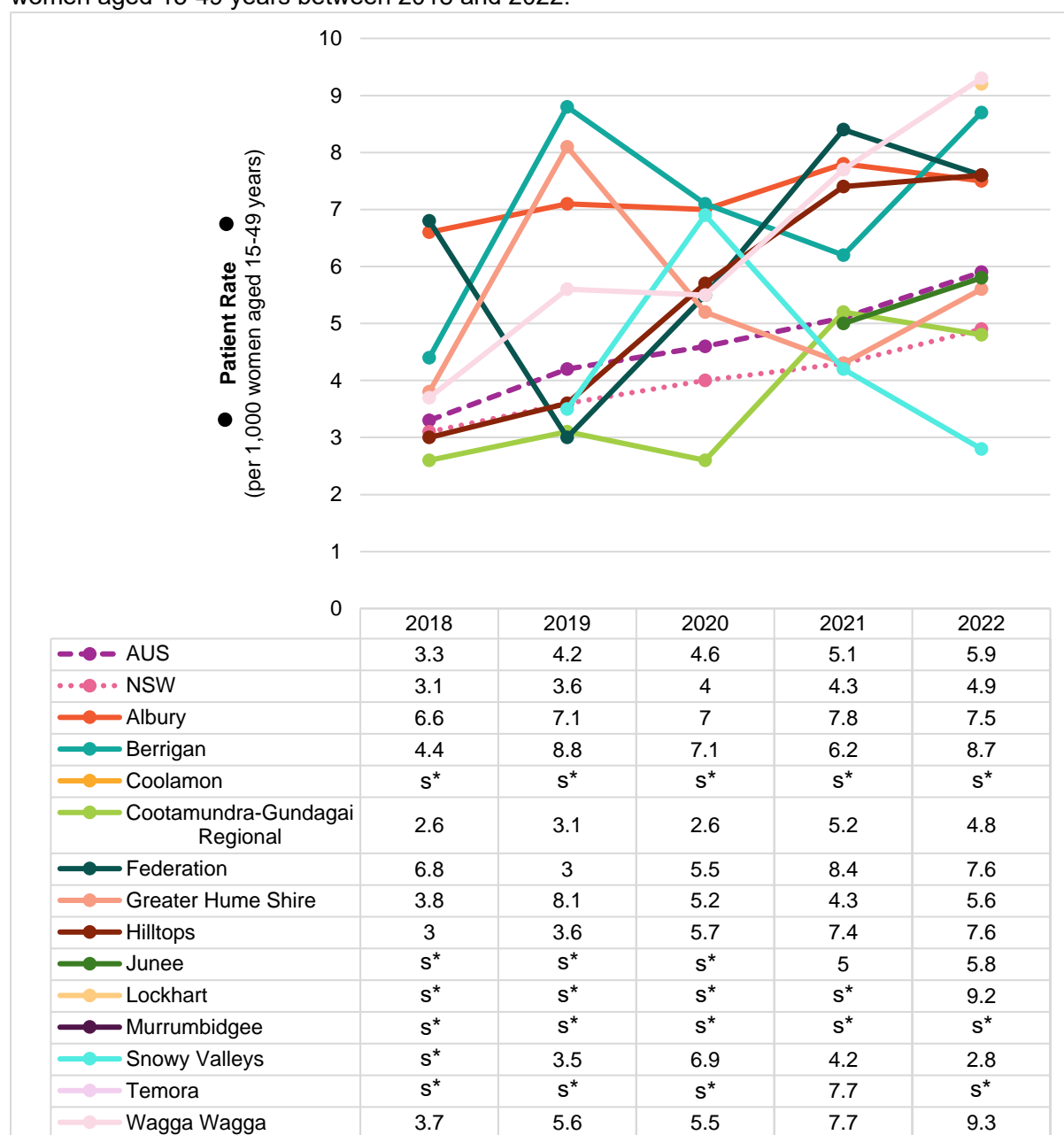


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

### 8.1. Induced medical abortion rates in Murrumbidgee LHD by LGA

Due to the large number of LGAs within Murrumbidgee LHD, the rates of MS-2 Step prescription by patient, prescriber, and pharmacy are divided into Murrumbidgee (Eastern) and Murrumbidgee (Western) for ease of reading. Most LGAs in Murrumbidgee LHD reported an overall increase in patient MS-2 Step prescription rates between 2018 and 2022, with a range of 2.6 prescriptions per 1,000 women aged 15-49 in Cootamundra-Gundagai LGA (in 2018 and 2020) to 9.3 in Wagga Wagga LGA (2022) (Figure 19a). Patient rates were consistently higher than both the national and NSW-wide rates in the LGAs of Albury, Berrigan, and Wagga Wagga across 2018 to 2022, and across Federation LGA, except for a dip in prescription rates in 2019 to 3 per 1,000 women. Overall, across Greater Hume Shire LGA, prescription rates increased from 3.8 (2018) to 5.6 (2022), with a sharp increase in 2019 to 8.1. Snow Valleys LGA had an increase from 3.5 (2019) to 6.9 (2020) before decreasing to 4.2 (2021) and further to 2.8 (2022). There was suppressed patient prescription activity for the entire period of 2018 to 2022 for the LGAs of Coolamon and Murrumbidgee. Additionally, suppressed activity was reported in all years before 2022 in Lockhart LGA, before 2021 in Junee LGA, in Snow Valleys LGA in 2018, and in all years except 2021 for Temora LGA (Figure 19a).

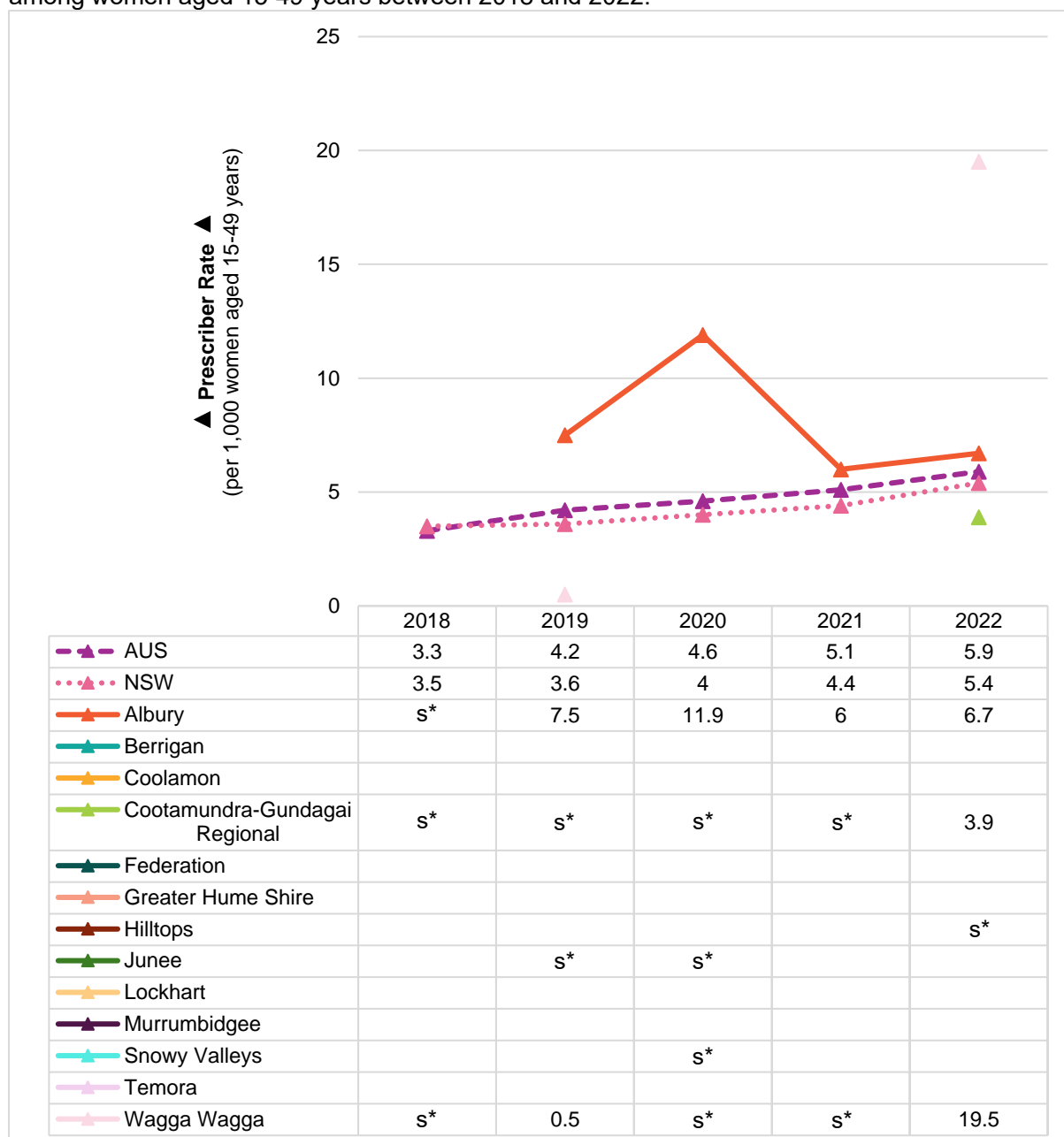
**Figure 19a.** Patient MS-2 Step prescription rates in Murrumbidgee (Eastern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

There was little prescriber MS-2 Step activity from LGAs in Murrumbidgee (Eastern) LHD over 2018 to 2022 (Figure 19b). From 2019 to 2022, prescriber MS-2 Step prescription rates were consistently higher in Albury LGA in comparison to both the national and NSW-wide rates, ranging from 7.5 per 1,000 women aged 15-49 years in 2019 to 5.4 per 1,000 women in 2022 (Figure 19b). In 2022, prescriber prescription rates in Cootamundra-Gundagai Regional LGA were lower than both the national and NSW-wide rates at 3.9 per 1,000 women. While the prescriber MS-2 Step prescription rate in Wagga Wagga LGA was lower than both the national and NSW-wide rates in 2019 at 0.5 per 1,000 women, this increased to 19.5 in 2022, higher than both the national and NSW-wide rates. Prescriber rates were suppressed in Albury LGA in 2018, in Cootamundra-Gundagai Regional LGA in all years before 2022, and in Wagga Wagga LGA in 2018, 2020 and 2021. There were also suppressed activity in the LGAs of Hilltops (2022), Junee (2019 and 2020), and Snowy Valleys (2020), with no reported activity in these areas over the remainder of the five-year period over 2018 and 2022. There was no MS-2 Step prescriber activity in the five-year period for the LGAs of Berrigan, Coolamon, Federation, Greater Hume Shire, Lockhart, Murrumbidgee, and Temora (Figure 19b).

**Figure 19b.** Prescriber MS-2 Step prescription rates in Murrumbidgee (Eastern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.

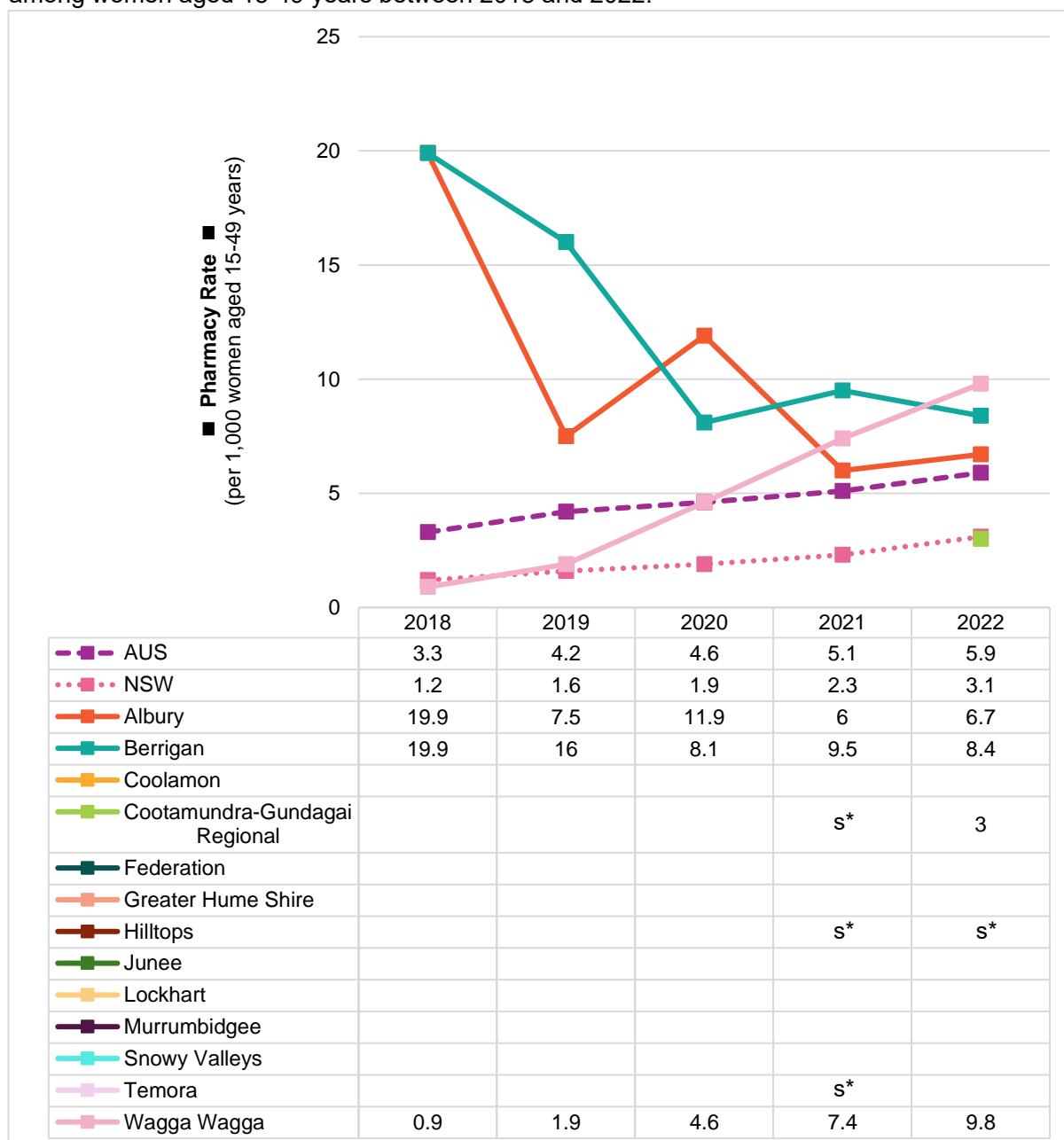


Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Within Murrumbidgee (Eastern) LHD, pharmacy MS-2 Step dispensation rates in Albury and Berrigan LGAs were consistently higher than both the national and NSW-wide rates between 2018 and 2022 but reported a decrease of 58% over time (Figure 19c). In Berrigan LGA, pharmacy dispensation rates decreased from 19.9 per 1,000 women aged 15-49 years in 2018 to 8.4 in 2022. Cootamundra-Gundagai Regional LGA had a pharmacy rate of 3 per 1,000 women in 2022. Additionally, within Albury LGA, pharmacy rates of MS-2 Step prescription decreased from 19.9 per 1,000 women in 2020 to 6.7 in 2022. The pharmacy rate in Wagga Wagga LGA was lower than both the national and NSW-wide rates in 2018 at 0.9 per 1,000 women, which increased to above both national and NSW-wide rates in 2022 to 9.8. Suppressed pharmacy dispensation rates were present in the LGAs of Cootamundra-Gundagai Regional and Temora (2021), and in the Hilltops LGA (2021 and 2022) – with each of these LGAs having no reportable activity prior to suppressed rates. There were several Murrumbidgee (Eastern) LGAs with no reported pharmacy dispensation activity for the entire five-year period from 2018 to 2022; Coolamon, Federation, Greater Hume Shire, Junee, Lockhart, Murrumbidgee, and Snowy Valleys (Figure 19c).



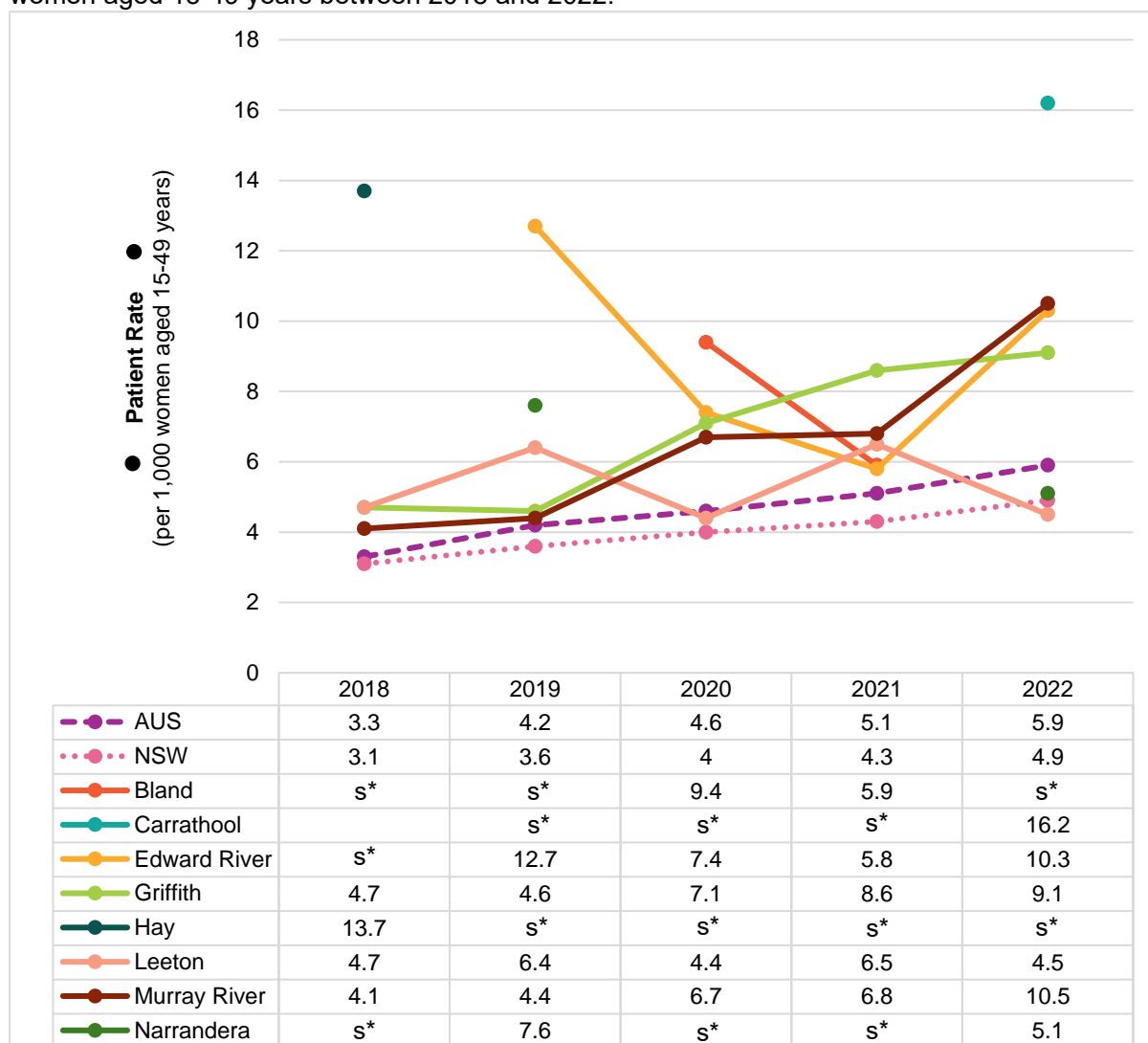
**Figure 19c.** Pharmacy MS-2 Step dispensation rates in Murrumbidgee (Eastern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

For Murrumbidgee (Western) LHD, there were LGAs which either increased or decreased the overall patient prescription rates of MS-2 Step between 2018 and 2022, ranging from 4.1 prescriptions per 1,000 women aged 15-49 in Murray River LGA (2018) to 16.2 in Carrathool LGA (2022; Figure 20a). Bland, Carrathool, Edward River, Griffith, Hay, Murray River, and Narrandera LGAs had patient MS-2 Step prescription rates that were consistently higher than both the national and NSW-wide rates, ranging from 4.1 per 1,000 women in the Murray River LGA to 16.2 in 2022 in Carrathool LGA. Leeton LGA had patient rates that remained relatively consistent between 2018 and 2022, decreasing slightly from 4.7 per 1,000 women in 2018 to 4.5 in 2022. Patient prescription rates were suppressed in Bland LGA in 2018, 2019 and 2022, in Carrathool LGA from 2019 to 2021, in Hay LGA from 2019 to 2022, and in Narrandera LGA in 2018, and between 2020 and 2021 (Figure 20a).

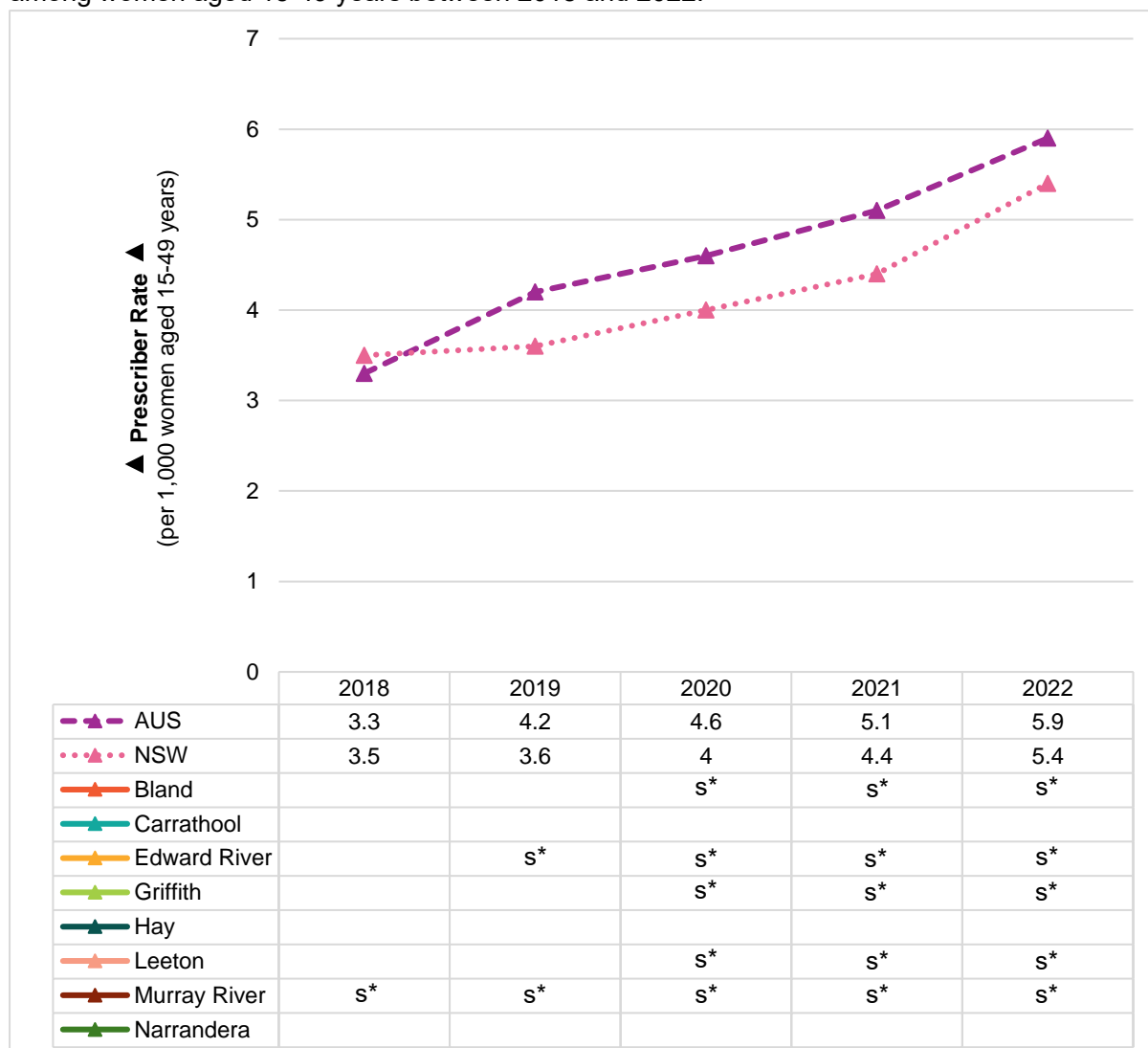
**Figure 20a.** Patient MS-2 Step prescription rates in Murrumbidgee (Western) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Across the Murrumbidgee (Western) LHD between 2018 and 2022, the rate of prescriber MS-2 Step prescription is unknown as all available activity was suppressed (Figure 20b). Prescriber activity was suppressed in the Bland, Griffith, and Leeton LGAs between 2020 and 2022, in the Edward River LGA between 2019 and 2022, and in the Murray River LGA from 2018 to 2022. There was no reportable activity over the five-year period for the LGAs of Carrathool, Hay, and Narrandera.

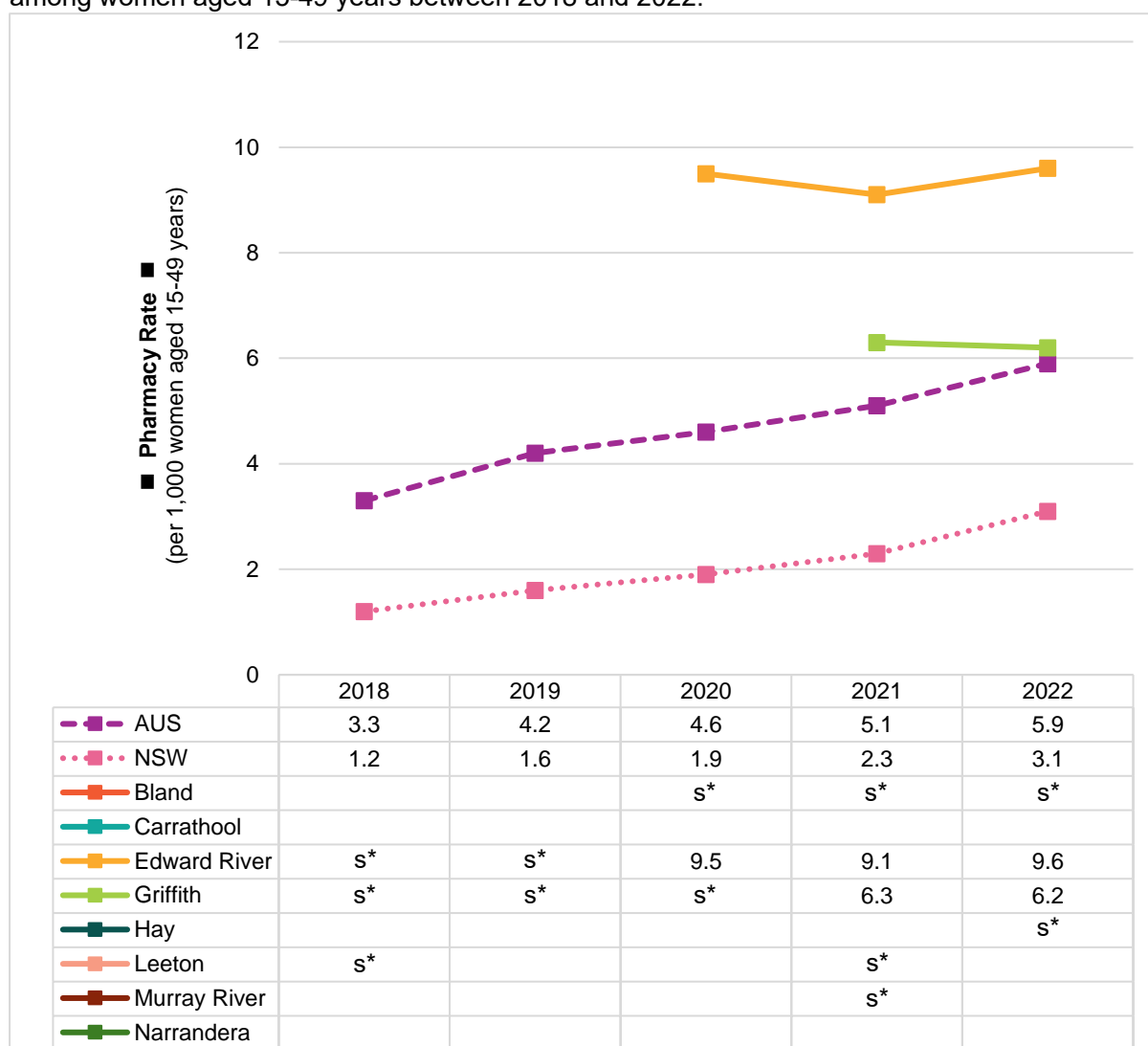
**Figure 20b.** Prescriber MS-2 Step prescription rates in Murrumbidgee (Western) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. [Data available on request].

Between 2020 and 2022, MS-2 Step pharmacy dispensation rates across the Murrumbidgee (Western) LHD were consistently higher than both the national and NSW-wide rates (Figure 20c). Pharmacy dispensation rates ranged from 9.5 per 1,000 women aged 15-49 years in 2018 to 9.6 in 2022 in Edward River LGA (Figure 20c). Across Griffith LGA, pharmacy dispensation rates were 6.3 per 1,000 women in 2021 and 6.2 per 1,000 women in 2022, with all prior activity suppressed. Pharmacy dispensation rates were suppressed in the LGAs of Bland (2020 to 2022), Edward River (2018 and 2019), Hay (2022), Leeton (2018 and 2021) and Murray River (2021). Several LGAs in Murrumbidgee (Western) LHD reported no activity for pharmacy MS-2 Step dispensation for three or more years; Carrathool, Hay, Leeton, Murray River, and Narrandera LGAs (Figure 20c).

**Figure 20c.** Pharmacy MS-2 Step dispensation rates in Murrumbidgee (Western) LHD by LGA, among women aged 15-49 years between 2018 and 2022.

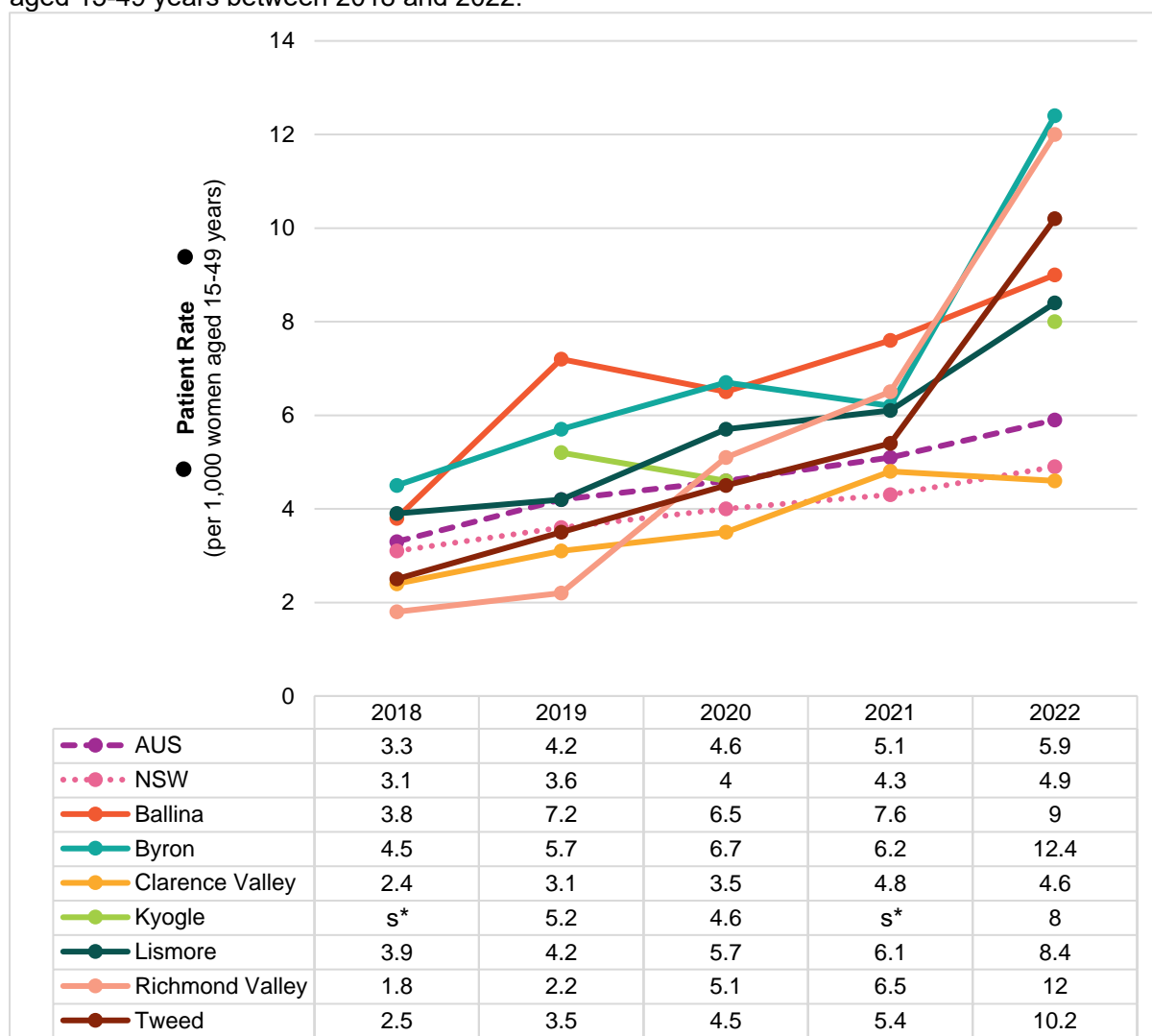


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 8.2. Induced medical abortion rates in Northern NSW LHD by LGA

There was an increasing trend in patient MS-2 Step prescription rates between 2018 and 2022 across Northern NSW LHD (Figure 21a). In both Ballina and Byron LGAs, patient prescription rates were consistently higher than both the national and NSW-wide rates, ranging from 3.8 per 1,000 women aged 15-49 years in 2018 in Ballina LGA to 12.4 in 2022 in Byron LGA. Across the LGAs of Clarence Valley, Kyogle, Lismore, and Tweed, patient prescription rates ranged from 2.4 per 1,000 women in 2018 (Clarence Valley) to 10.2 in 2022 (Tweed). In Richmond Valley LGA, patient rates ranged from 1.8 per 1,000 women in 2018 to 12. In Suppressed patient prescription rates were present in the Kyogle LGA in 2018 and 2021 (Figure 21a).

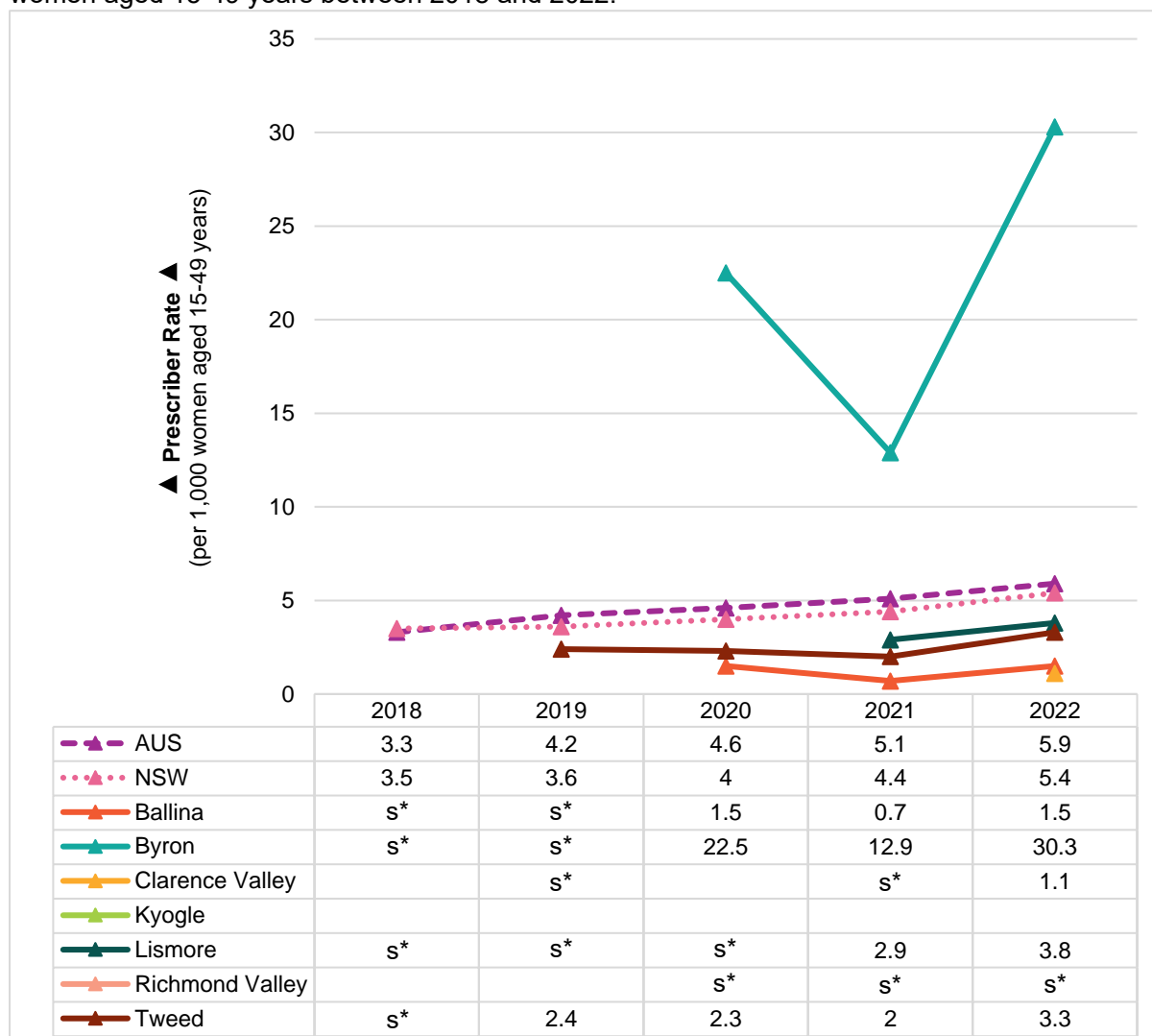
**Figure 21a.** Patient MS-2 Step prescription rates in Northern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Prescriber rates of MS-2 Step prescription between 2018 and 2022 in Byron LGA remained consistently higher than both the national and NSW-wide rates, increasing from 22.5 per 1,000 women aged 15-49 years in 2018 to 30.3 in 2022, with a drop to 12.9 in 2021 (Figure 21b). Across Ballina, Clarence Valley, Lismore and Tweed LGAs, prescriber rates were consistently lower than both the national and NSW-wide rates, ranging from 0.7 per 1,000 women in 2021 in Ballina LGA to 3.8 in 2022 in Lismore LGA. Prescriber rates were suppressed in Ballina and Byron LGAs in 2018 and 2019, in Clarence Valley LGA in 2019 and 2021, in Lismore LGA from 2018 to 2020, in Richmond Valley 2020 to 2022 and in Tweed LGA in 2018. There was no prescriber activity in Kyogle LGA in the five years between 2018 to 2022 (Figure 21b).

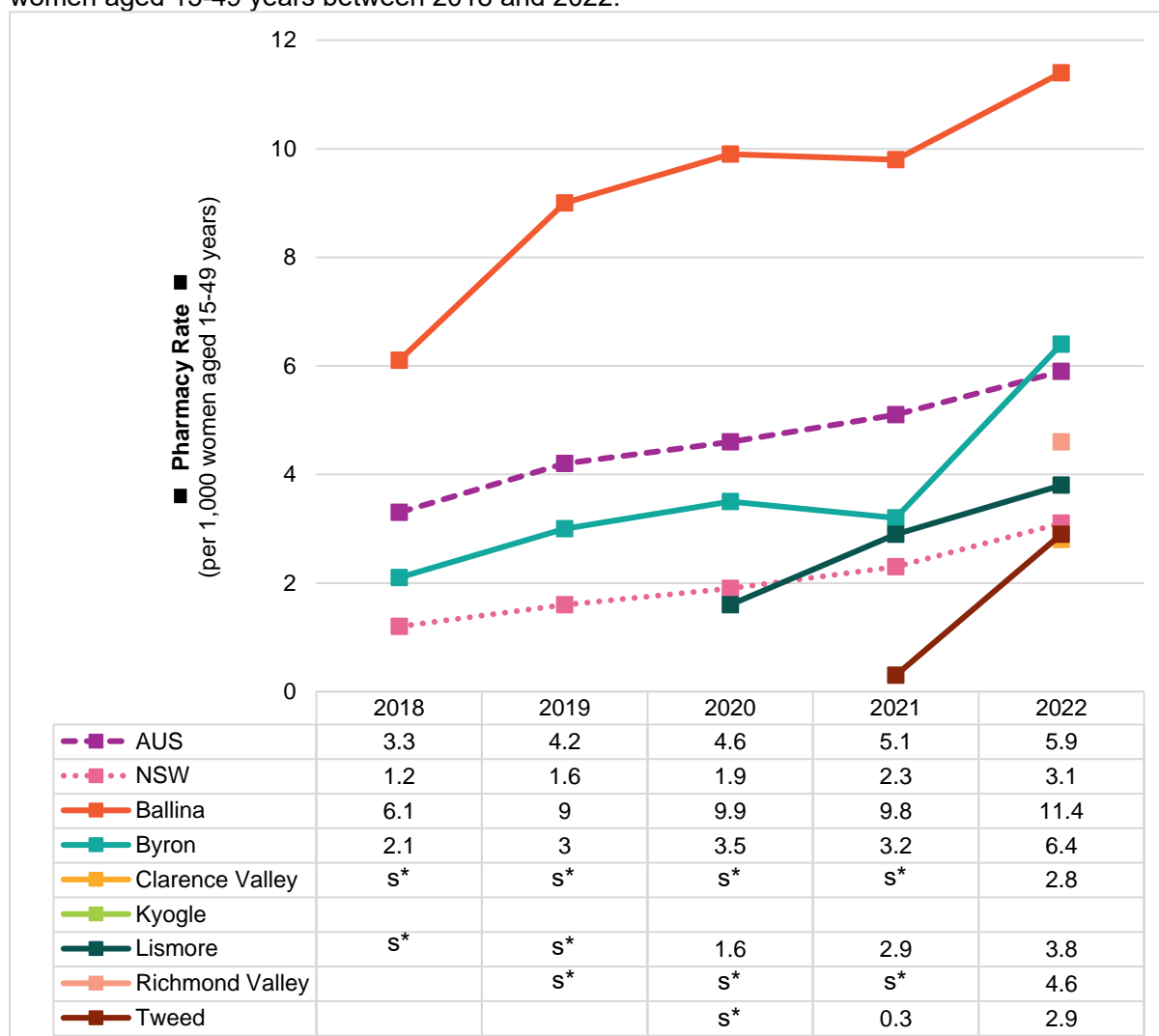
**Figure 21b.** Prescriber MS-2 Step prescription rates in Northern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Between 2018 and 2022, pharmacy MS-2 Step dispensation rates trended toward an overall increase in Northern NSW LHD, ranging from 0.3 prescriptions per 1,000 women aged 15-49 in Tweed LGA (2021) to 11.4 in Byron LGA (2022) (Figure 21c). The rate of MS-2 Step dispensation by pharmacies remained consistently higher than both the national and NSW-wide rates across Ballina LGA, but within national rates for other LGAs. The pharmacy dispensation rate in Clarence Valley LGA was lower than both the national and NSW-wide rate in 2022 at 2.8 per 1,000 women. Byron LGA saw an increasing pharmacy dispensation rate between 2018 and 2022 from 2.1 per 1,000 women in 2018 to 6.4 in 2022. Pharmacy dispensation rates were suppressed in 2018 and 2019 for Lismore LGA, then increased from 1.6 per 1,000 women in 2020 to 3.8 by 2022. Richmond Valley LGA had a pharmacy dispensation rate lower than both the national and NSW-wide rates in 2022 at 4.6 per 1,000 women, with all pharmacy dispensation activity suppressed between 2019 and 2021. Additionally, Tweed had pharmacy dispensation rates below both the national and NSW-wide rates ranging from 0.3 per 1,000 women in 2021, up to 2.9 in 2022. Pharmacy dispensation rates were suppressed in Clarence Valley LGA from 2018 to 2021, and Tweed LGA in 2020. There was no reported pharmacy dispensation activity in Kyogle LGA between 2018 and 2022, or in Tweed before 2020 (Figure 21c).

**Figure 21c.** Pharmacy MS-2 Step dispensation rates in Northern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.

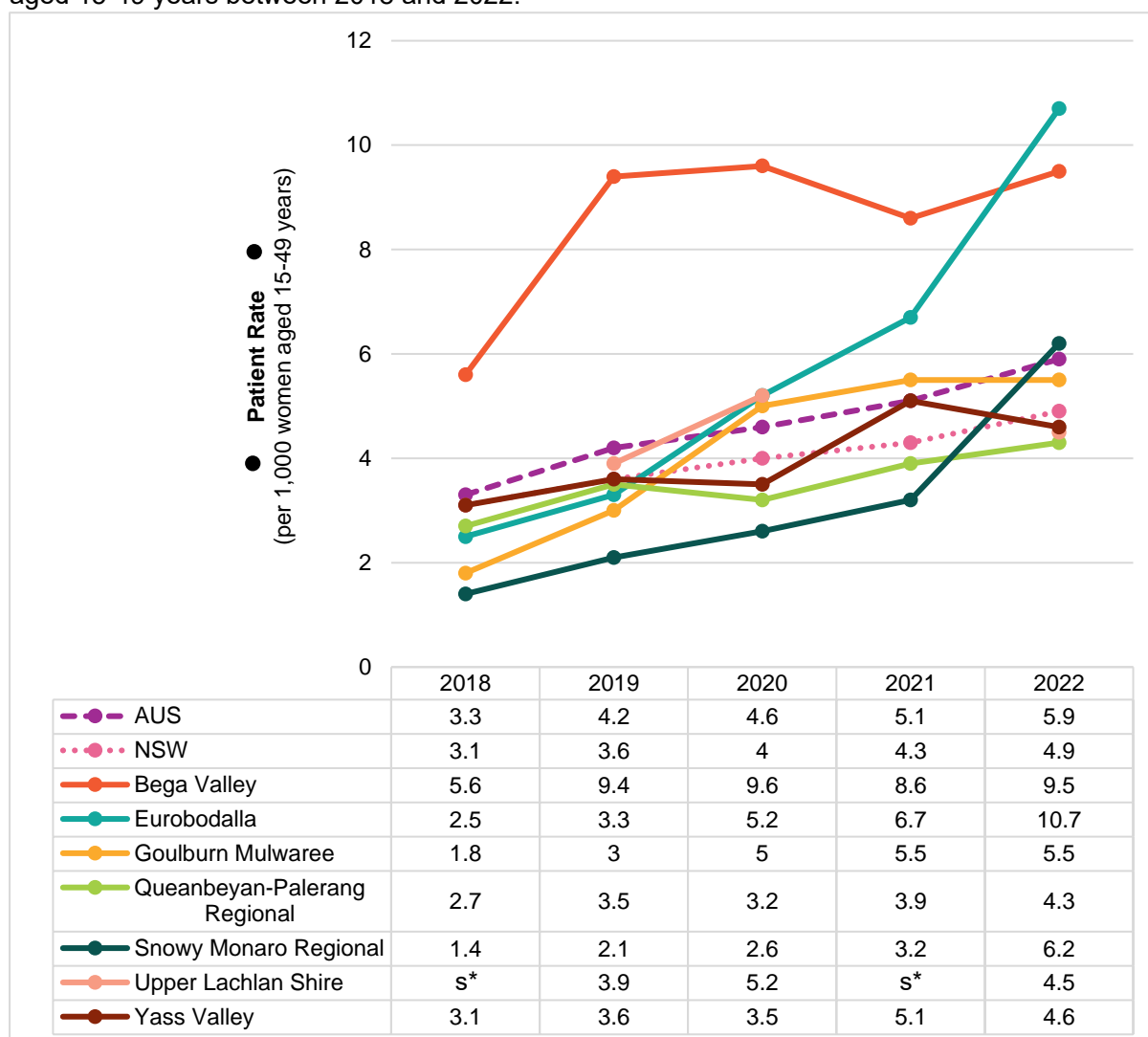


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

### 8.3. Induced medical abortion rates in Southern NSW LHD by LGA

Patient MS-2 Step prescription rates in Southern NSW LHD increased over the five-year period between 2018 and 2022. In Bega Valley LGA, patient prescription rates were consistently higher than both the national and NSW-wide rates between 2018 and 2022, ranging from 5.6 per 1,000 women aged 15-49 years in 2018 to 9.5 in 2022 (Figure 22a). Across the remaining six LGAs, patient prescription rates ranged from 1.4 per 1,000 women aged 15-49 years in 2018 in Snowy Monaro Regional LGA to 10.7 per 1,000 women in 2022 in Eurobodalla LGA. Upper Lachlan Shire had suppressed patient prescription rates in 2018 and 2021 (Figure 22a).

**Figure 22a.** Patient MS-2 Step prescription rates in Southern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.

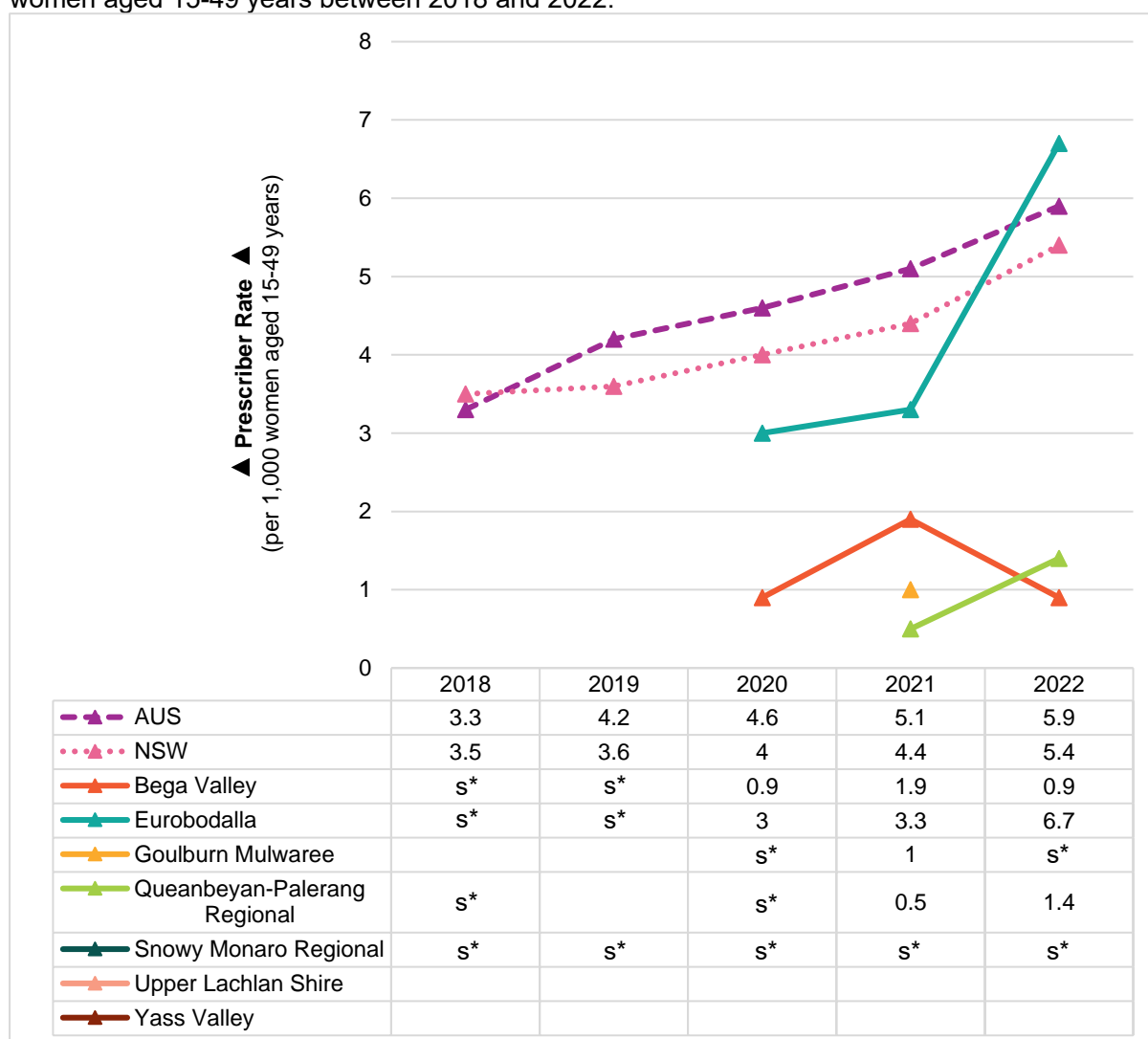


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].



From 2018 to 2022, prescriber MS-2 Step prescription rates were consistently lower than both the national and NSW-wide rates in Bega Valley, Goulburn Mulwaree and Queanbeyan-Palerang Regional LGAs, ranging from 0.5 per 1,000 women aged 15-49 years in Queanbeyan-Palerang Regional LGA (2021) to 1.9 in the Bega Valley LGA (2019) (Figure 22b). Only Eurobodalla LGA had a rate above national levels, it doubled from 3 per 1,000 women in 2020, to 6.7 in 2022. Prescriber rates were suppressed in 2018 and 2019 in both the Bega Valley and Eurobodalla LGAs, in 2020 and 2022 in the Goulburn Mulwaree LGA, in 2018 and 2020 in the Queanbeyan-Palerang Regional LGA, and from 2018 to 2022 in the Snowy Monaro regional LGA. Over the five-year period, there was no reported prescriber MS-2 Step activity in Upper Lachlan Shire and Yass Valley LGAs (Figure 22b).

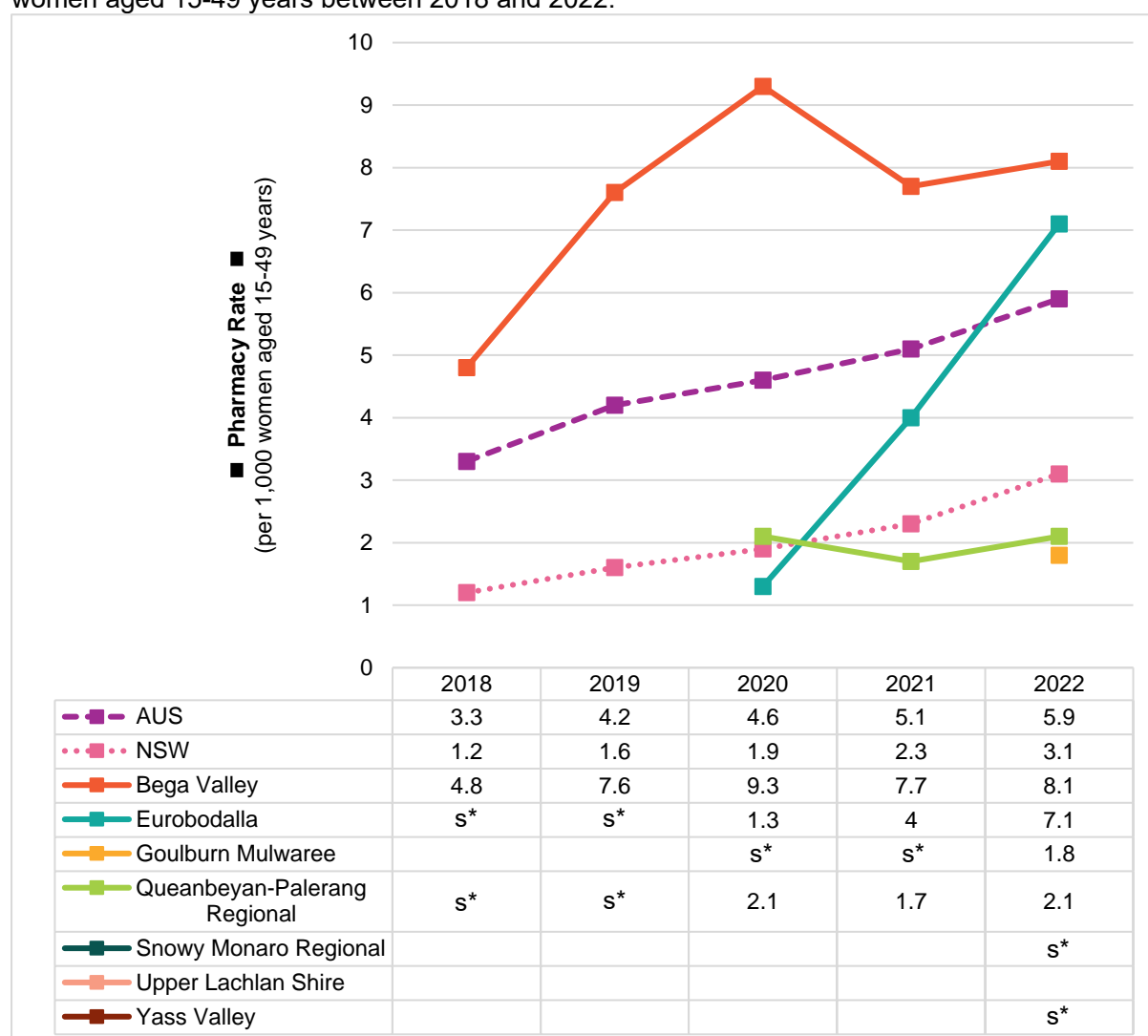
**Figure 22b.** Prescriber MS-2 Step prescription rates in Southern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Across the Southern NSW LHD, MS-2 Step pharmacy dispensation rates in Bega Valley LGA were consistently higher than both the national and NSW-wide rates between 2018 and 2022, ranging from 4.8 per 1,000 women aged 15-49 years in 2018 to 8.1 in 2022 (Figure 22c). In Eurobodalla LGA, pharmacy dispensation rates ranged from 1.3 per 1,000 women in 2020 to 7.1 in 2022. Goulburn Mulwaree LGA had a pharmacy dispensation rate lower than both the national and NSW-wide rate at 1.8 per 1,000 women aged 15-49 years in 2022, with suppressed activity in 2020 and 2021. Between 2020 to 2022, pharmacy dispensation rates remained relatively consistent across the Queanbeyan-Palerang Regional LGA, from 2.1 per 1,000 women aged 15-49 years in 2020, which dropped to 1.7 in 2021 then increased back to 2.1 in 2022. In 2018 and 2019, pharmacy dispensation rates were suppressed in Eurobodalla and Queanbeyan-Palerang Regional LGAs, and in 2022 for both Snowy Monaro Regional and Yass Valley LGAs. There was no reported activity over the five-year period for Upper Lachlan Shire LGA, or for Snowy Monaro Regional and Yass Valley LGAs before 2022 (Figure 22c).

**Figure 22c.** Pharmacy MS-2 Step dispensation rates in Southern NSW LHD by LGA, among women aged 15-49 years between 2018 and 2022.

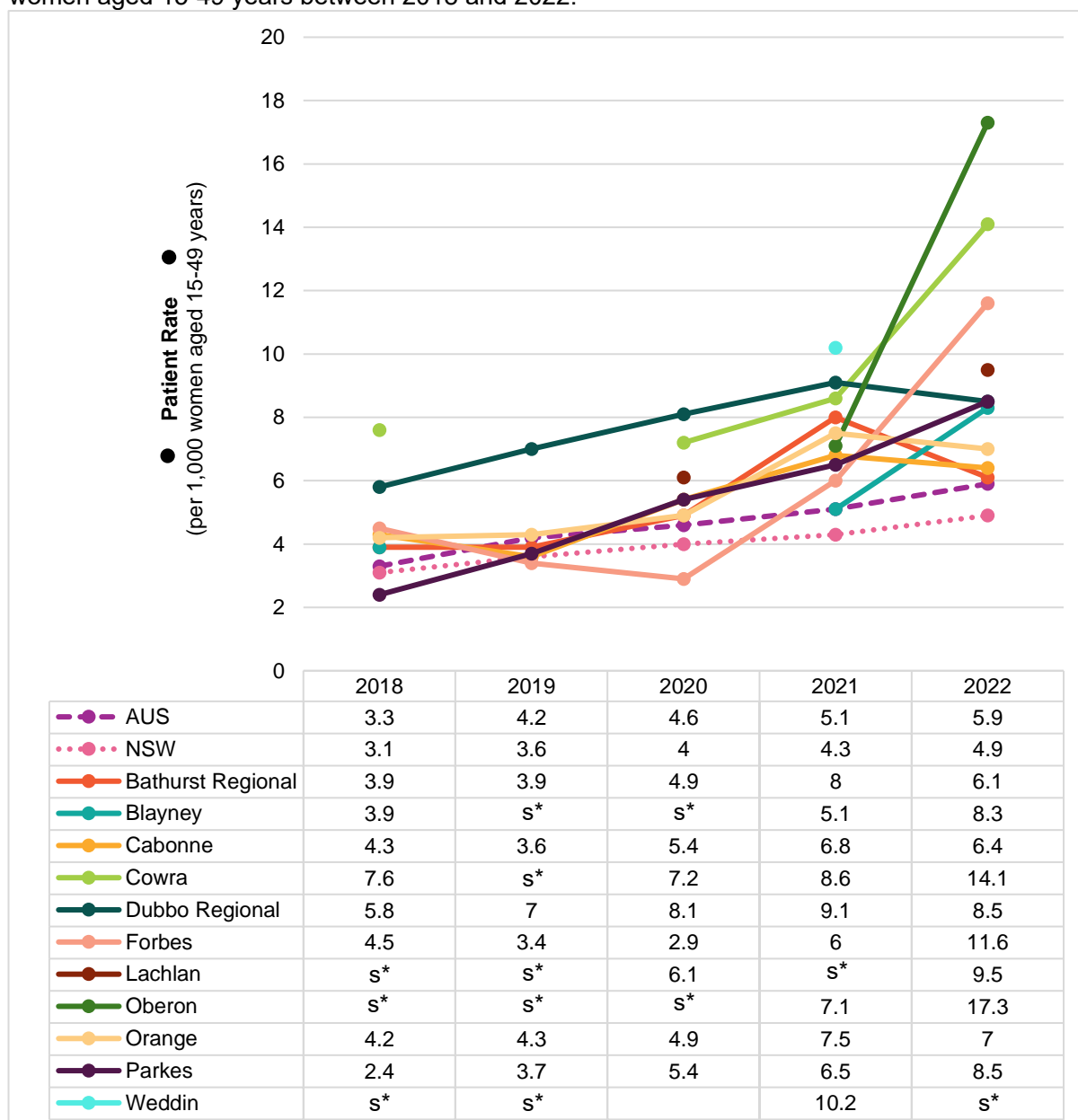


Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

#### **8.4. Induced medical abortion rates in Western NSW LHD by LGA**

Prescription rates of MS-2 Step by patient, prescriber and pharmacy across Western NSW LHD are separated into Western NSW (Southern) and Western NSW (Northern) LHD for ease of reading. Across all LGAs in Western NSW (Southern) LHD, patient MS-2 Step prescription rates increased from 2018 to 2022 (Figure 23a). Patient prescription rates within Cowra, Dubbo Regional, Lachlan, Oberon, Orange and Weddin LGAs were consistently higher than both the national and NSW-wide rates, ranging from 4.2 per 1,000 women aged 15-49 years in the Orange LGA (2018) to 17.3 (2022) in Oberon LGA. Across the remaining five LGAs within Western NSW (Southern) LHD, patient prescription rates ranged from 2.4 per 1,000 women in the Parkes LGA (2018) to 11.6 (2022) in Forbes LGA. Patient prescription rates were suppressed for one or more years in the following LGAs Blayney, Cowra, Lachlan, Oberon, and Weddin (Figure 23a).

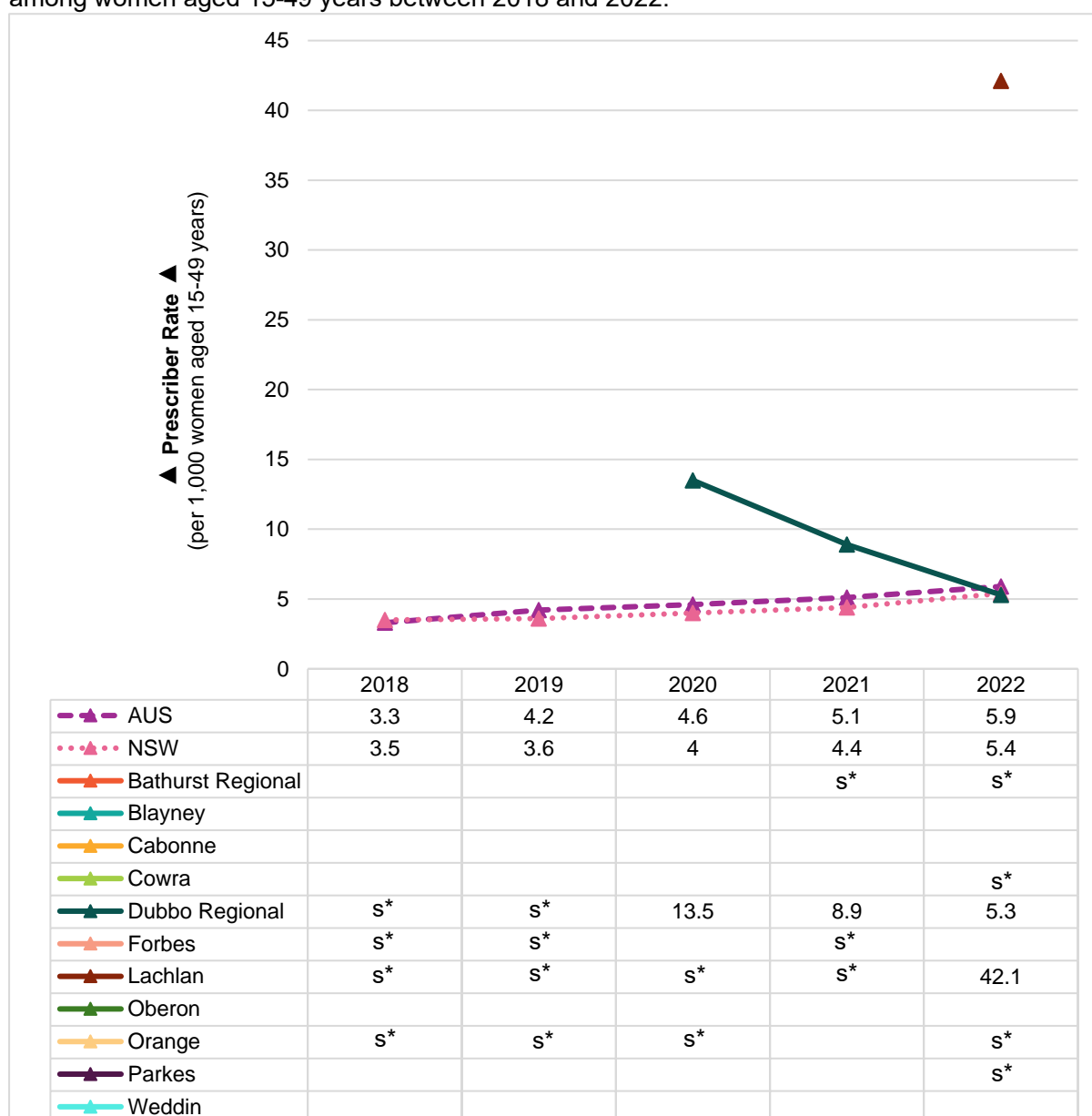
**Figure 23a.** Patient MS-2 Step prescription rates in Western NSW (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Prescriber MS-2 Step prescription activity was limited in Western NSW (Southern) LHD between 2018 and 2022, with only two LGAs having reportable rates (Figure 23b). Between 2020 and 2022, prescriber rates in Dubbo Regional LGA decreased from 13.5 per 1,000 women aged 15-49 years in 2020, higher than both the national and NSW-wide rate, to below the national and NSW-wide rates to 5.3 per 1,000 women in 2022. The two years prior, Dubbo Regional LGA had suppressed prescriber MS-2 Step activity. Lachlan LGA had a prescriber rate of 42.1 per 1,000 women aged 15-49 years in 2022, much higher than both the national and NSW-wide rate in the same year but had suppressed activity in all four years prior. Prescriber rates were suppressed for one or more years the LGAs of Bathurst Regional in Cowra, Forbes, Orange, and Parkes. There was no prescriber activity in the entire five-year period between 2018 and 2022 for the LGAs of Blayne, Cabonne, Oberon and Weddin (Figure 23b).

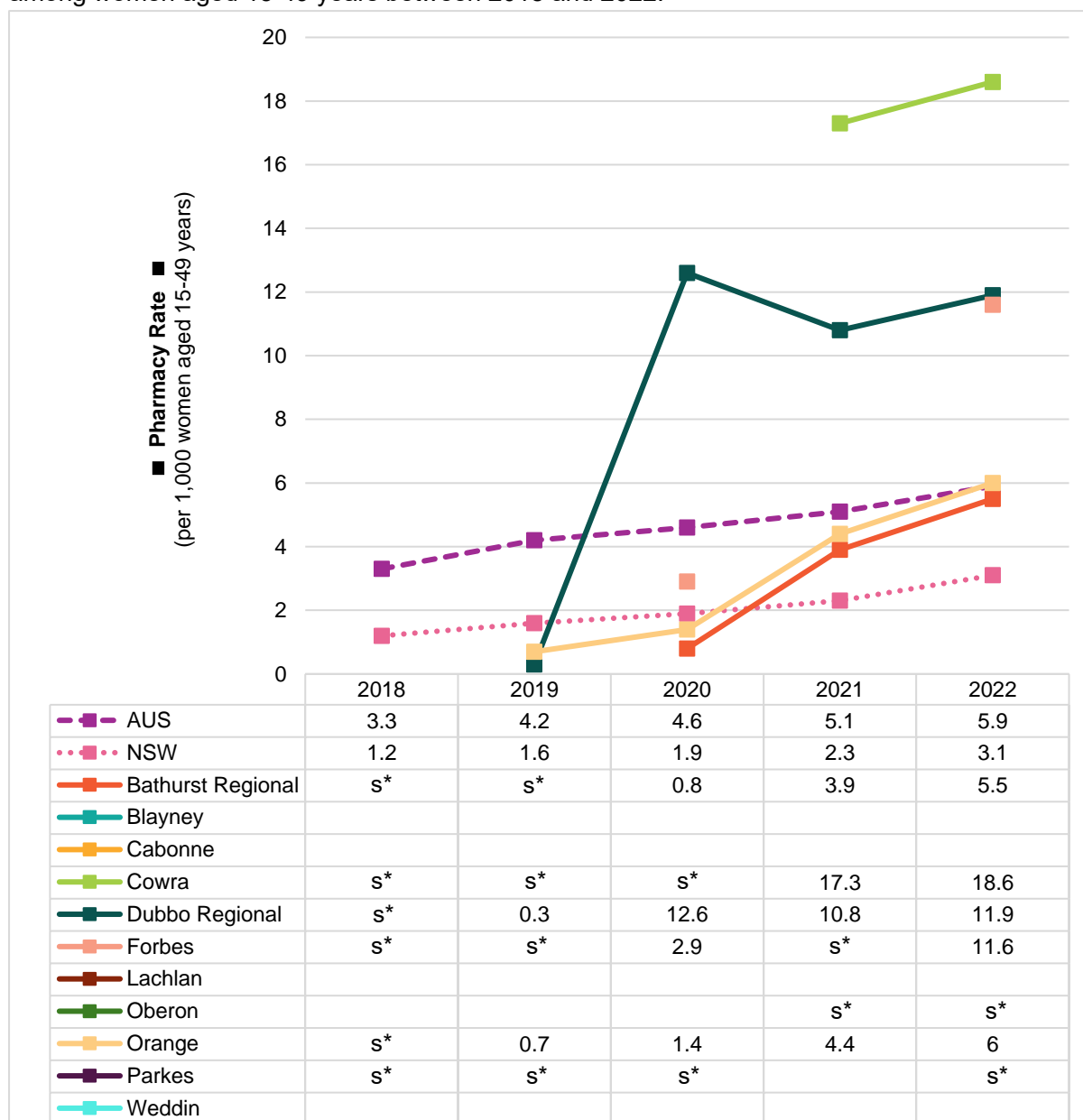
**Figure 23b.** Prescriber MS-2 Step prescription rates in Western NSW (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Across all LGAs within Western NSW (Southern) LHD, the pharmacy MS-2 Step dispensation rate increased from 2018 to 2022 (Figure 23c). Across Bathurst Regional, Forbes and Orange LGAs, pharmacy dispensation rates ranged from 0.7 per 1,000 women aged 15-49 years in Orange LGA (2019) to 11.6 (2022) in Forbes LGA. Prescription dispensation rates in Cowra LGA between 2018 and 2022 were consistently higher than both the national and NSW-wide rates, ranging from 17.3 per 1,000 women in 2021 to 18.6 in 2022. In Dubbo Regional LGA, pharmacy dispensation rates increased substantially from 0.3 per 1,000 women in 2019, which was below both the national and NSW-wide rates, up to 11.9 in 2022, above national and NSW-wide rates. Suppressed pharmacy dispensation rates were present for two or more years in the LGAs of Bathurst Regional, Cowra, Dubbo Regional, Orange, Forbes, Oberon, and Parkes. There was no pharmacy MS-2 Step activity over the entire five-year period for the LGAs of Blayney, Cabonne, Lachlan, and Weddin (Figure 23c).

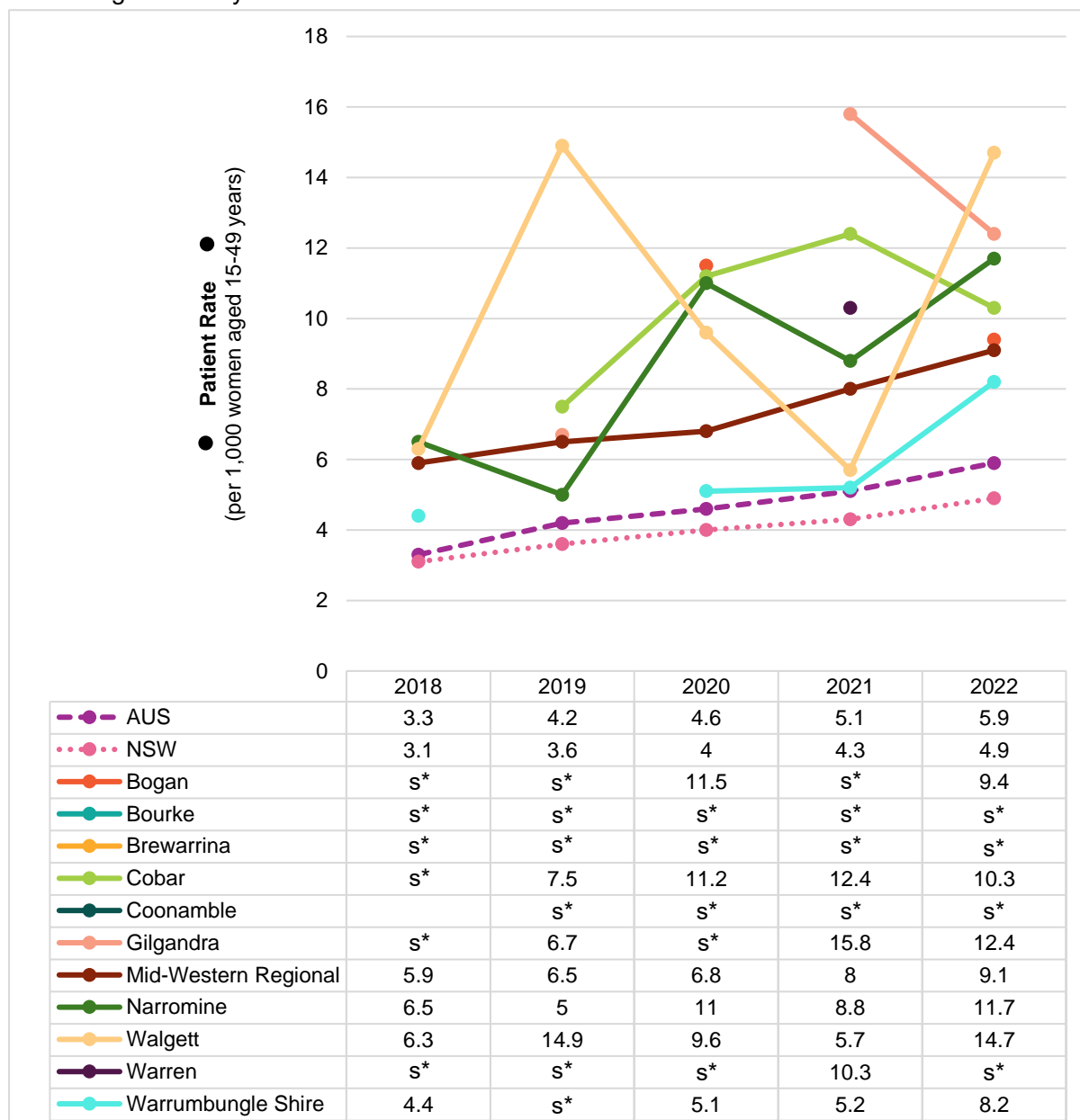
**Figure 23c.** Pharmacy MS-2 Step dispensation rates in Western NSW (Southern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

Patient MS-2 Step prescription rates remained consistently above both the national and NSW-wide rates across the Western NSW (Northern) LHD between 2018 and 2022 but with most LGAs reporting an overall increase in rate (Figure 24a). Patient prescription rates in Bogan, Cobar, Gilgandra, Mid-Western Regional, Narromine, Walgett, Warren, and Warrumbungle Shire LGAs ranged from 4.4 per 1,000 women aged 15-49 years in 2018 in the Warrumbungle Shire LGA to 15.8 in 2021 in the Gilgandra LGA. Most LGAs in Western NSW (Northern) LHD contained suppressed activity, notably in Bogan LGA (2018 and 2019), Bourke and Brewarrina LGAs (both 2018 to 2022), Coonamble LGA (2019 to 2022), Gilgandra LGA (2018 and 2020), and Warren LGA (2018 to 2022; Figure 24a).

**Figure 24a.** Patient MS-2 Step prescription rates in Western NSW (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.

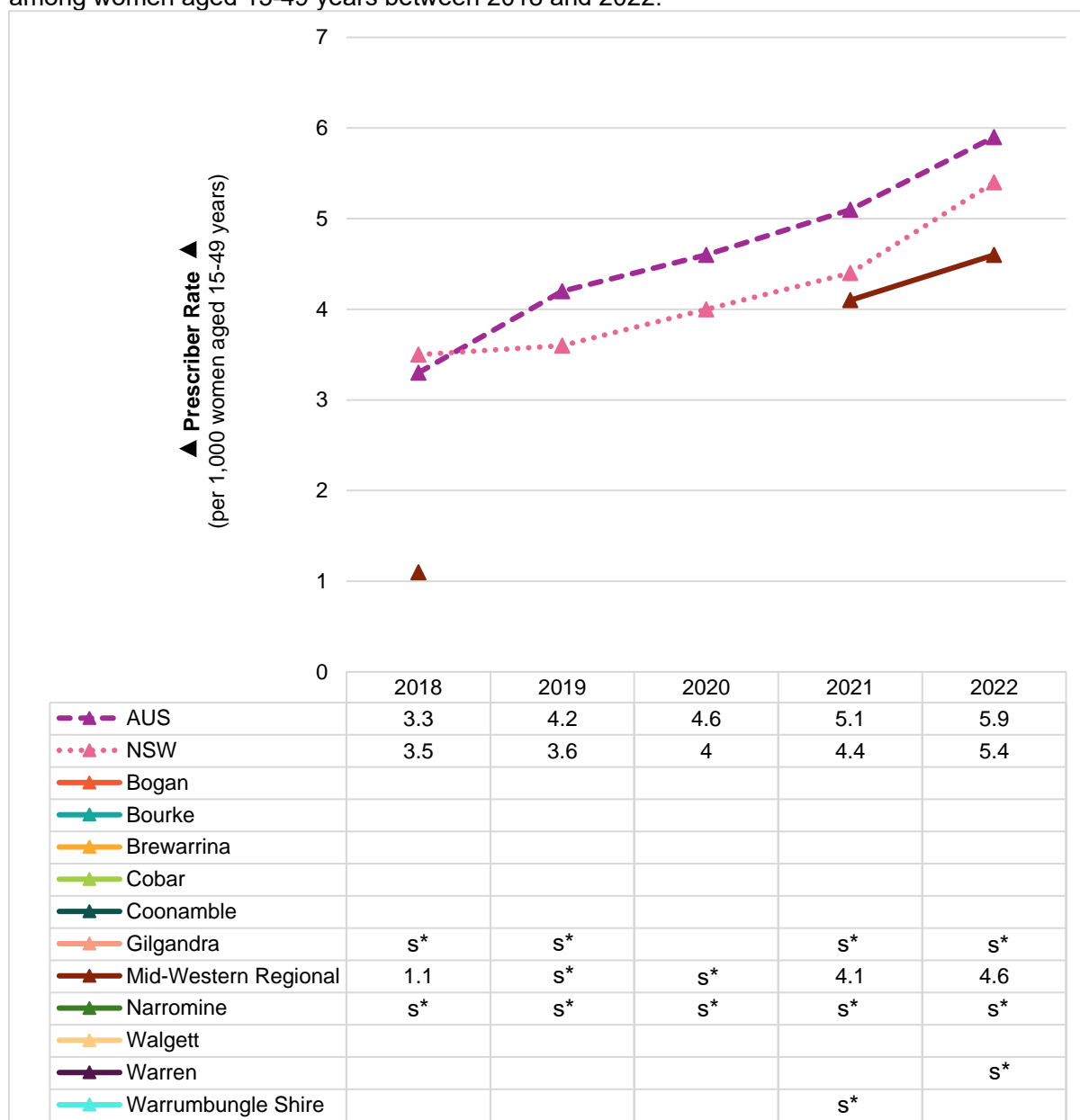


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. s\* = suppressed values. [Data available on request].



Between 2018 and 2022, prescriber MS-2 Step prescription rates in Mid-Western Regional LGA were consistently lower than both the national and NSW-wide rates, increasing from 1.1 per 1,000 women aged 15-49 years in 2018 to 4.6 per 1,000 women in 2022 (Figure 24b). Prescriber rates were suppressed in Gilgandra LGA all years except 2020, when there was no reported activity. Rates were suppressed in Mid-Western Regional LGA from 2019 to 2020, from 2018 to 2022 in the Narromine LGA, in 2022 in Warren LGA and in 2021 in Warrumbungle Shire LGA. There was no reportable prescriber activity for the entire five-year period between 2018 and 2022 for the LGAs of Bogan, Bourke, Brewarrina, Cobar, Coonamble, and Walgett (Figure 24b).

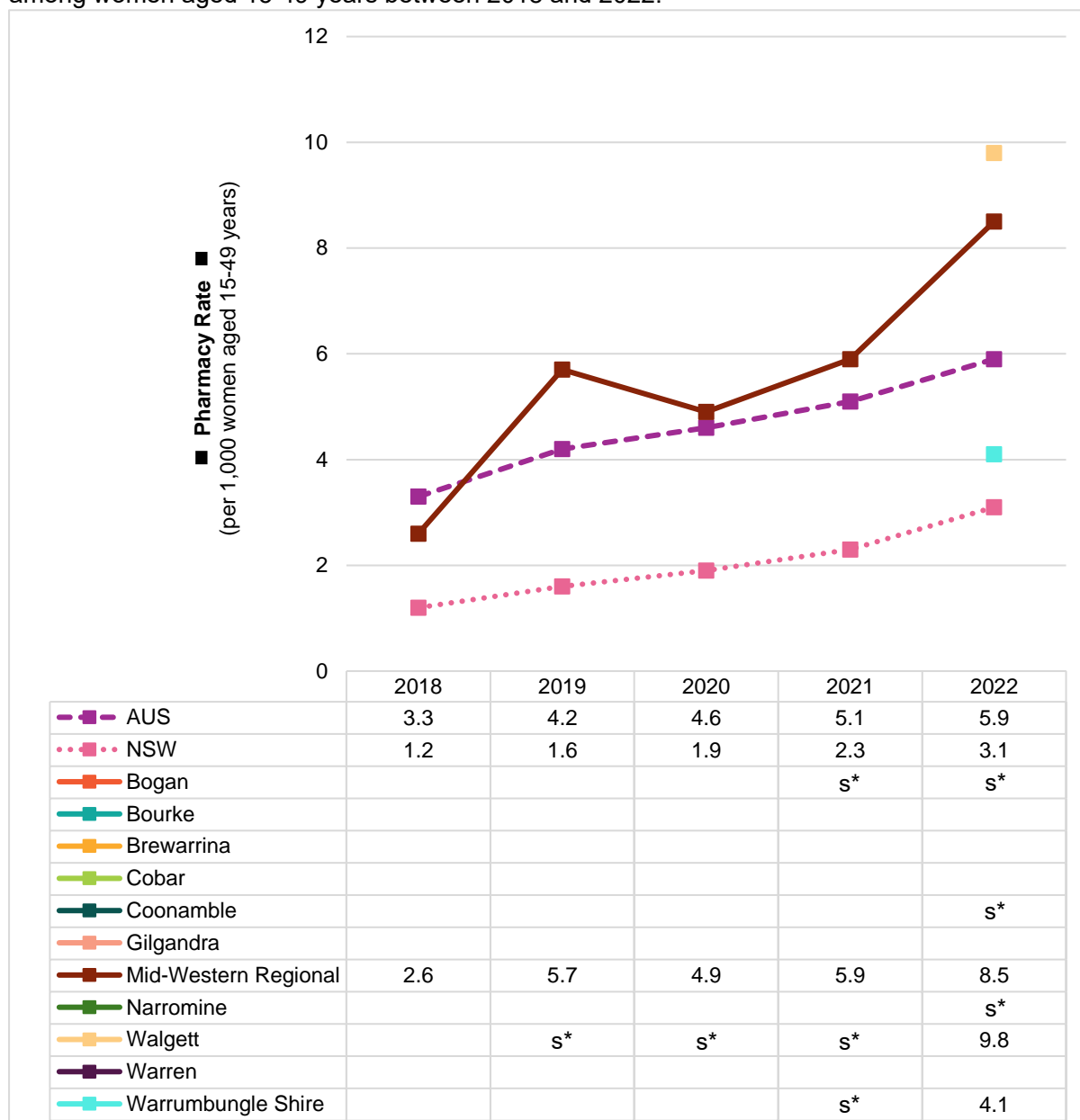
**Figure 24b.** Prescriber MS-2 Step prescription rates in Western NSW (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



Source: Services Australia, MS-2 Step prescriptions by prescriber. PBS item number 10211K. s\* = suppressed values. [Data available on request].

From 2018 to 2022, pharmacy MS-2 Step dispensation rates in Mid-Western Regional LGA increased from below the national rate at 2.6 per 1,000 women aged 15-49 years in 2018 to above both the national and NSW-wide rates to 8.5 in 2022 (Figure 24c). The pharmacy dispensation rate in Walgett LGA was higher than both the national and NSW-wide rates in 2022 at 9.8 per 1,000 women, with suppressed activity between 2019 and 2021. Warrumbungle Shire LGA saw a pharmacy dispensation rate lower than both the national and NSW-wide rates at 4.1 per 1,000 women in 2022, and suppressed activity the year before in 2021. Suppressed pharmacy dispensation rates were present in 2022 in the Bogan, Coonamble, and Narromine LGAs, in 2021 in Bourke LGA. There was no pharmacy dispensation activity in any year between 2018 and 2022 for the following LGAs; Bourke, Brewarrina, Cobar, Gilgandra, and Warren. Coonamble LGA had no activity before 2022, nor Bogan and Warrumbungle Shire LGAs before 2021 (Figure 24c).

**Figure 24c.** Pharmacy MS-2 Step dispensation rates in Western NSW (Northern) LHD by LGA, among women aged 15-49 years between 2018 and 2022.



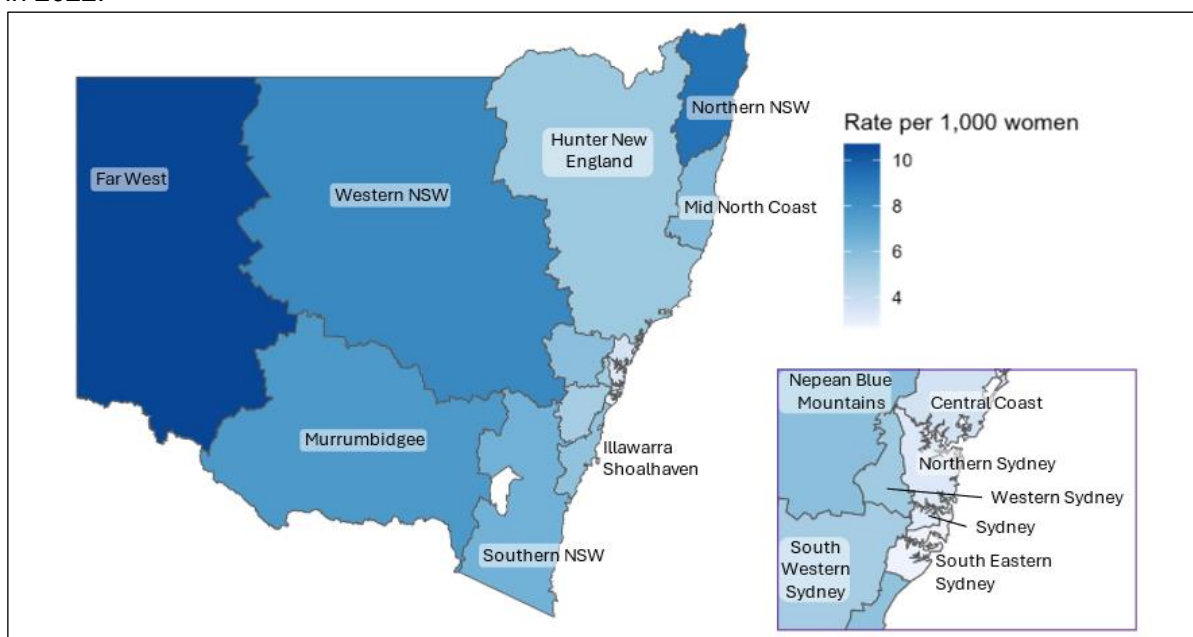
Source: Services Australia, MS-2 Step dispensation by pharmacies. PBS item number 10211K. s\* = suppressed values. [Data available on request].

## 9. Induced medical abortion rates across all NSW LHDs and LGAs in 2022

### 9.1. Induced medical abortion rates across all NSW LHDs in 2022

To compare the rates of MS-2 Step prescription by patient, provider, and pharmacy in geographical context, the 2022 rates, including suppressed activity, were mapped at the LHD level and appear across the next few figures in this section. Patient MS-2 Step prescription rates across all NSW LHDs in 2022 ranged from 2.7 per 1,000 women aged 15-49 years (light blue) to 10.7 per 1,000 women (dark blue; Figure 25a). In 2022, the highest patient prescription rates were in more regional areas such as Northern NSW and Far West, lower rates were common in metropolitan LHDs in the Greater Sydney region.

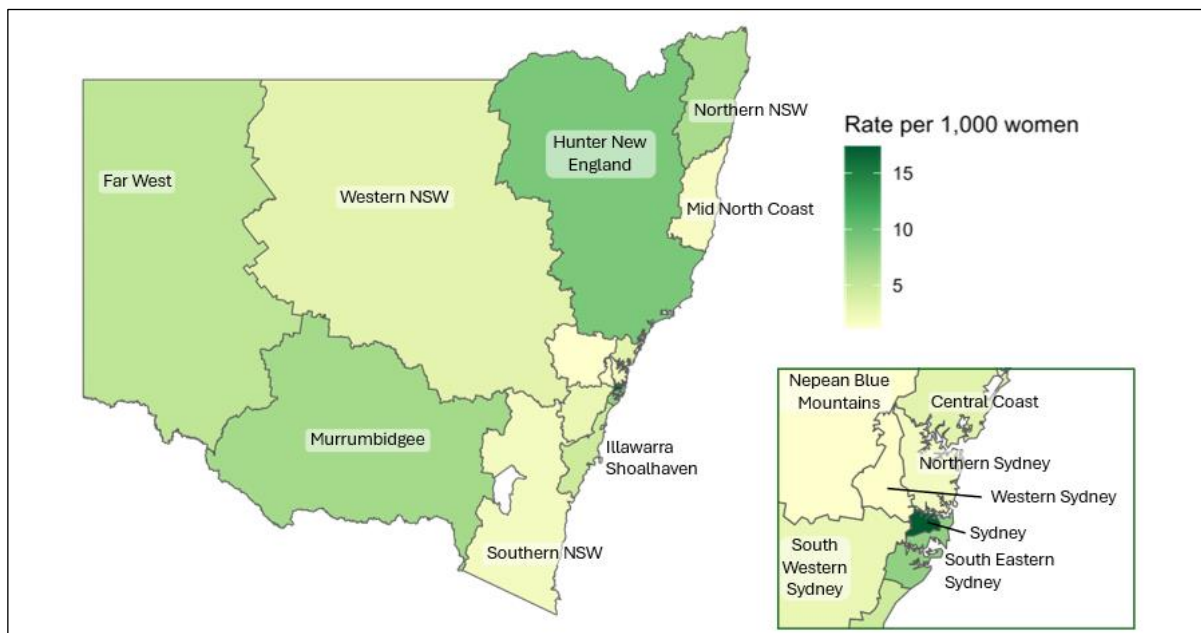
**Figure 25a.** Patient MS-2 Step prescriptions across NSW LHDs, among women aged 15-49 years in 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].

Prescriber MS-2 Step prescription rates across all NSW LHDs in 2022 ranged from 1.2 per 1,000 women aged 15-49 years (light green) to 17.4 per 1,000 women (dark green; Figure 25b). Sydney LHD saw the highest prescriber prescription rate, which was over three times higher than the lowest rate in Nepean Blue Mountains LHD.

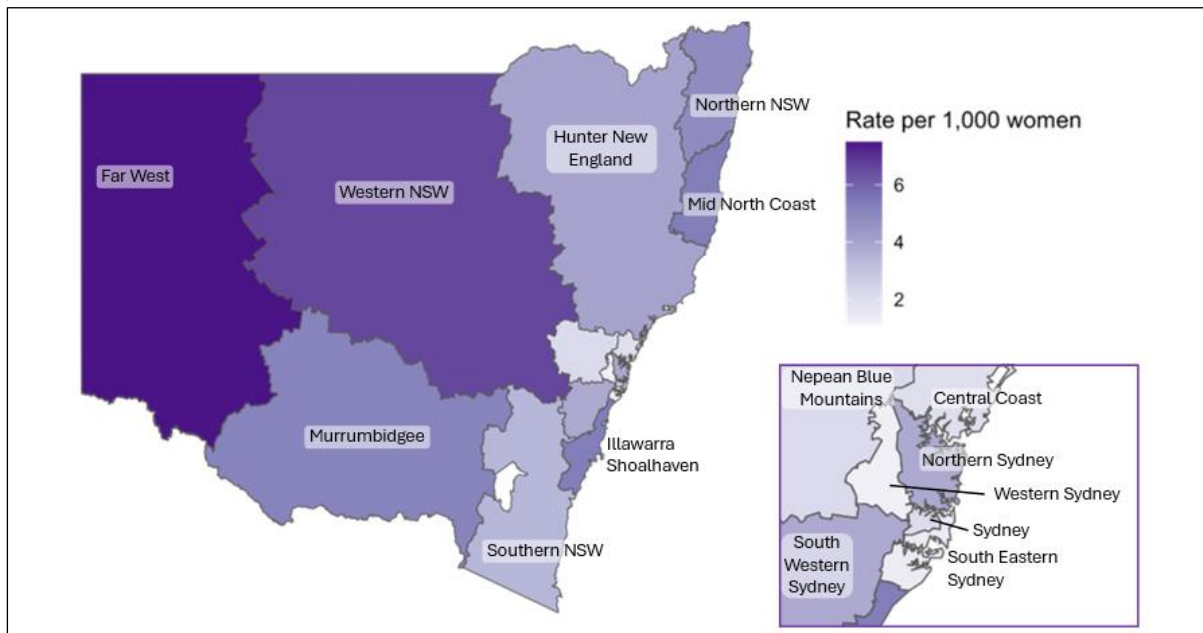
**Figure 25b.** Prescriber MS-2 Step prescriptions across NSW LHDs, among women aged 15-49 years in 2022.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].

Pharmacy MS-2 Step dispensation rates in 2022 displayed a similar geographic distribution to patient rates, with a range that was greater in parts of western NSW (dark purple) than it was in the Greater Sydney region (light purple; Figure 25c). In 2022, the highest pharmacy dispensation rate was in the Far West LHD while the lowest was in the Western Sydney LHD.

**Figure 25c.** Pharmacy MS-2 Step prescriptions across NSW LHDs, among women aged 15-49 years in 2022.

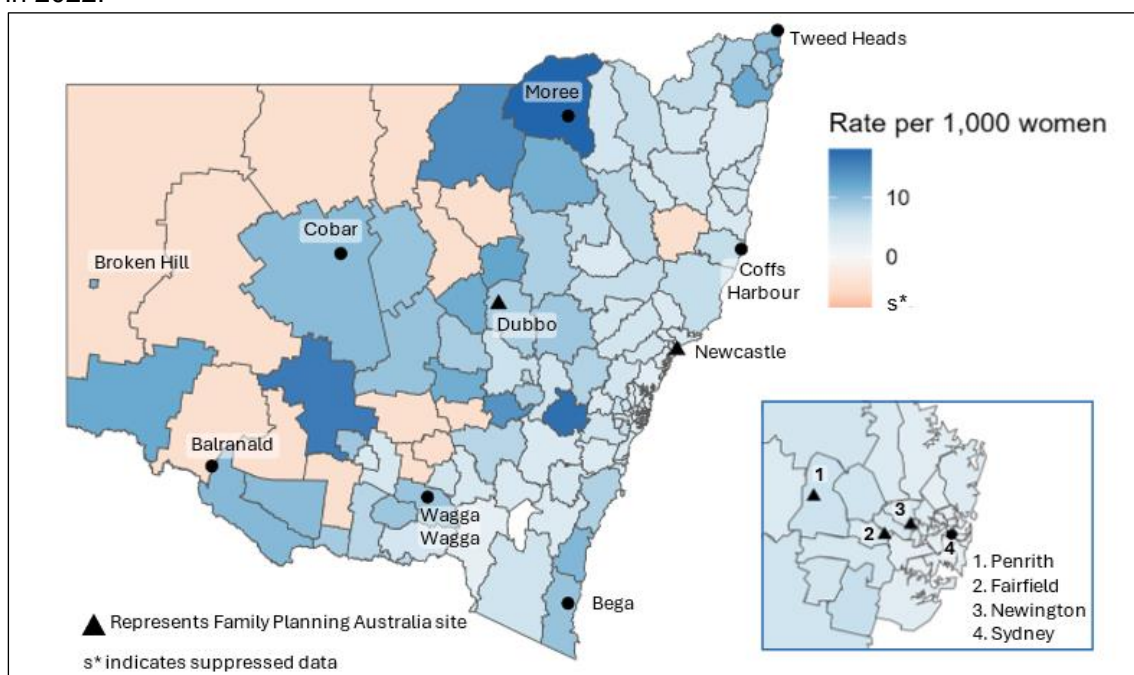


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].

## 9.2. Induced medical abortion rates across all NSW LGAs in 2022

To compare the rates of MS-2 Step prescription by patient, provider, and pharmacy in geographical context, 2022 rates, including suppressed activity, were mapped at the LGA level and appear across the next few figures in this section. Patient MS-2 Step prescription rates across all NSW LGAs in 2022 ranged from approximately 1.9 per 1,000 women aged 15-49 years (light blue) to 18.2 per 1,000 women (dark blue; Figure 26a). Moree Plains, Oberon, and Carrathool LGAs, all regional areas, showed the highest relative patient prescription rate, while metropolitan LGAs including Sydney showed the lowest rates. Across all NSW LGAs, 14 had suppressed patient prescription rates (light orange). Overall, the rate of patient prescriptions was common in regional LGAs across central NSW (Figure 26a).

**Figure 26a.** Patient MS-2 Step prescriptions across NSW LGAs, among women aged 15-49 years in 2022.

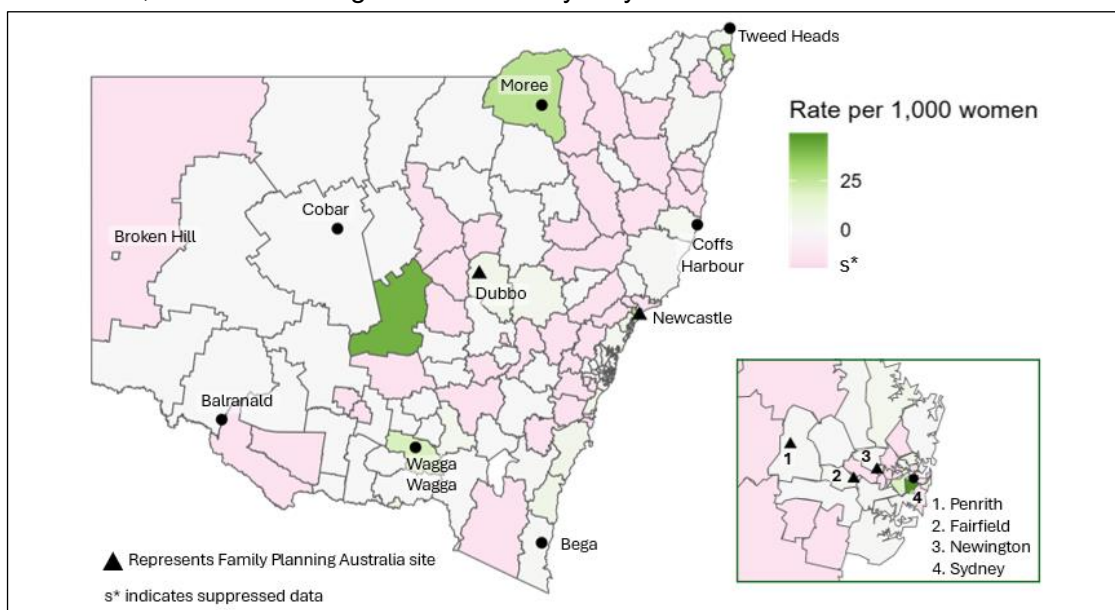


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].



Prescriber MS-2 Step prescription rates across NSW LGAs in 2022 was very limited and contained many sites with suppressed activity (pink), or no activity (white). The rates ranged from approximately 0.4 per 1,000 women aged 15-49 years (light green) to 49.6 per 1,000 women (dark green; Figure 26b). The LGAs with the greatest relative rates of prescribers were a regional area (Lachlan LGA), and a metropolitan area (Sydney), both with a rate greater than 40 MS-2 Step prescriptions per 1,000 women. Overall, 51 NSW LGAs had suppressed prescription rates by prescriber (light pink), while 37 LGAs had no prescriber activity (white).

**Figure 26b.** Prescriber MS-2 Step prescriptions across NSW LGAs, among women aged 15-49 years in 2022, inset shows magnified Greater Sydney area.

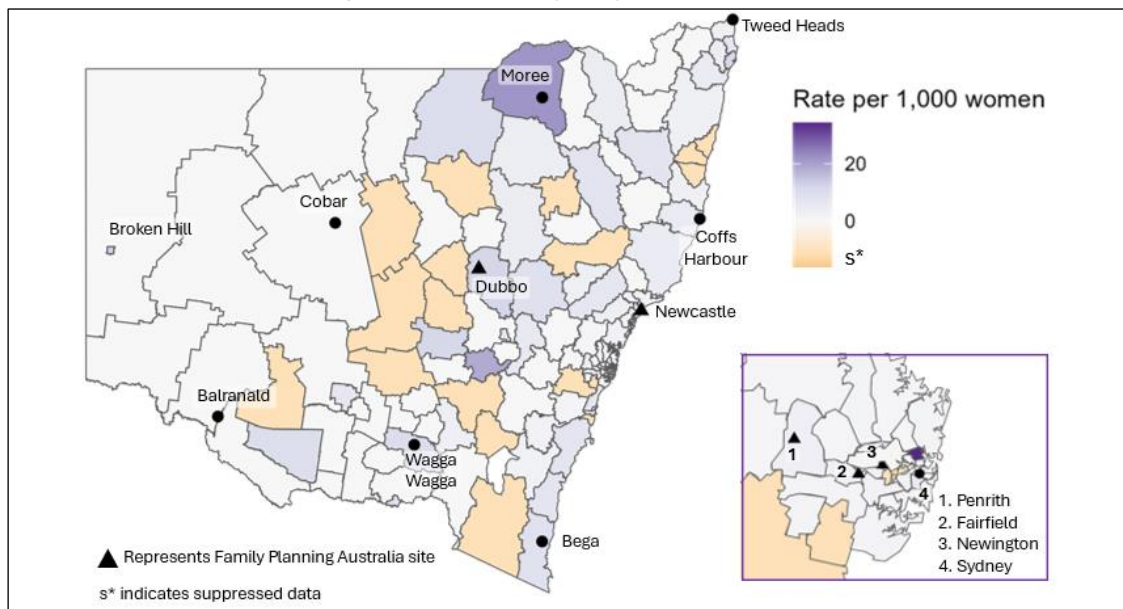


Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].



Across all NSW LGAs in 2022, pharmacy MS-2 Step dispensation rates ranged from approximately 0.5 per 1,000 women aged 15-49 years (light purple) to approximately 34 per 1,000 women (dark purple; Figure 26c). The LGAs with the highest activity were Willoughby LGA (34.4 per 1,000 women), Moree Plains LGA (21.9). There were 21 LGAs across NSW in 2022 that had suppressed pharmacy dispensation rates (light orange), and 40 LGAs with no pharmacy dispensation activity (white).

**Figure 26c.** Pharmacy MS-2 Step prescriptions across NSW LGAs, among women aged 15-49 years in 2022, inset shows magnified Greater Sydney area.



Source: Services Australia, MS-2 Step prescriptions by patient. PBS item number 10211K. Inset shows magnified Greater Sydney area. Cities marked for geographical reference points, or to indicate towns with a Family Planning Australia clinic location. s\* = suppressed values. [Data available on request].

## 8. Discussion

Overall, the data presented in this report shows increasing trends in MS-2 Step prescription across Australia, and in New South Wales. Nationally, MS-2 Step prescription rates increased from 3.3 per 1,000 women aged 15-49 years in 2018 to 5.9 in 2022. In NSW, prescription rates mirrored this increase by patient, prescriber, and by pharmacy throughout the five-year period, although pharmacy rates remained consistently almost 2-fold lower across the five-year period. Similarly, across all remoteness areas in NSW, MS-2 Step prescription rates by patient, prescriber, and pharmacy all increased. While there was considerable variation among the prescription rates across the individual LHDs and LGAs, many of the LHDs and LGAs also reported an overall increase in prescription rates. Similarly, previous studies investigating medical abortion rates across Australia have shown that between the years 2014-15 to 2017-18 MS-2 Step patient prescription rates increased, while another reported an increase in medical abortions by outpatient services across Victoria from 2015 to 2020<sup>(15, 16)</sup>. Moreover, previous studies have also shown that since the listing of MS-2 Step on the PBS in Australia in 2013, medical abortion rates have continued to increase, while surgical abortion rates have decreased, suggesting MS-2 Step for medical abortion is increasingly becoming the preferred option for induced abortion across Australia<sup>(15)</sup>. Further, while accessing abortion services continues to be difficult based on several sociodemographic factors, the initiation of telehealth for medical abortion services in 2020 has shown significant improvements in increasing abortion access for patients, particularly for those located in rural and remote areas<sup>(17)</sup>. Additionally, given that in NSW abortion wasn't decriminalised until 2019, it is unsurprising that prescription rates have continued to increase, given the greater legal freedom of seeking an abortion in NSW since these changes in reform.

The data presented here also showed increases in MS-2 Step patient prescription rates across all women of reproductive age from 2018 to 2022. Notably, women aged 20-29 and 30-39 years showed the highest rates. These findings are similar to previous reports across South Australia and Western Australia, where the rates of all induced abortions (medical and surgical) were the greatest in women aged 20-39 years across this five-year period<sup>(18-23)</sup>. Despite similarities between these states, it is still not known why these women exhibit higher rates. To comprehensively understand this, further research and work is required in this area.

This report identified a considerable mismatch between patient, prescriber, and pharmacy rates across NSW between regional and non-regional areas. For instance, in 2022, patient prescription rates in remote NSW were more than two-fold higher than those in major cities, while there was an opposite trend for prescribers, with a notable lack of activity in remote NSW. However, in the same year, pharmacy rates were relatively similar between major cities and remote NSW. In another example from 2022, patient and pharmacy dispensation rates in Sydney LHD were much lower than the rates in Far West NSW LHD. Conversely, Sydney LHD reported an MS-2 Step rate by prescriber that was much higher than the prescriber rate in Far West NSW LHD. Together this data highlights a mismatch in patient uptake, prescriber provision, and pharmacy dispensation of MS-2 Step across NSW, with a greater rate of uptake and dispensation in regional areas compared to non-regional areas, compounded by greater provision in non-regional compared to regional areas. There may be several factors contributing to these mismatches, one of which being the level of knowledge and education of health professionals surrounding medical abortion provision. Up until August 2023, health professionals providing medical abortion services in NSW were required to complete additional comprehensive training and registration in order to prescribe or dispense MS-2 Step<sup>(14)</sup>. This limited the provision of medical abortion based on certification and registration of health professionals, creating a barrier for prescribing and dispensing the medications<sup>(14)</sup>. While this is known, the exact impact of this on providers in regional compared to non-regional

areas is not currently understood. To further explain this mismatch, is the use of telehealth for medical abortion. Individuals living in more regional or remote areas may utilise telehealth to obtain MS-2 Step from providers in non-regional or metropolitan areas, thus increasing the rates of provision in these areas. A third factor that likely contributes to the mismatches is the uptake by NSW patients of medical abortion in neighbouring states. As states such as Victoria and Queensland provide abortion services close to the borders of NSW, services in these states may be available within a closer proximity to the patient than those located in NSW. Such circumstances may impact the prescription rates in these areas and would not be included in the rates reported by NSW. Finally, to explain the discrepancy in pharmacy dispensation rates, previous studies have found that individuals from small communities are more likely to seek abortions services in areas outside of their local town, resulting from concerns around privacy and confidentiality in areas where many providers are part of their social network<sup>(24)</sup>.

Of the Australian states, South Australia, Victoria, and Western Australia all report on induced abortions. The most recent South Australian report on induced abortions in 2022 outlined that the total abortion rate was 14.1 per 1,000 women aged 15-44 years, of which 59.8% utilised MS-2 Step, however they outlined that MS-2 Step may also be used prior to surgical abortion and therefore their rates cannot be differentiated, making it difficult to tease apart the exact rate of medical abortions in the state<sup>(19)</sup>. PBS data published in the Victorian Women's Health Atlas show that the 2022 MS-2 Step prescription rate by patients was 5.3 per 1,000 women aged 12-54 years, while the prescriber rate was 4.9 and the pharmacy rate was 3.2<sup>(25)</sup>. Victorian rates were therefore similar to those outlined within this report across NSW, showing that 2022 MS-2 Step patient prescription rates were 4.9 per 1,000, prescriber rates were 5.4 and pharmacy rates were 3.1. Conversely, Western Australian data provided by the Department of Health in 2018 showed a total abortion rate across the state of 14.3 per 1,000 women aged 15-44 years, of which 33% were medical, making the rate approximately 4.7 per 1,000 women, and therefore approximately 20% higher than the NSW rate by patient of 3.1<sup>(18)</sup>. It is important to note that the rates across each state are calculated based on slightly different ranges of women of reproductive age and therefore likely contributes to variations in the rates. While data has been reported by these states in Australia, to our knowledge, no data is available internationally describing medical abortion rates alone. Therefore, this data is crucial to understanding trends in medical abortion specifically.

Family Planning Australia conducts several initiatives to increase access to abortion in NSW, such as the publication of this report. Family Planning Australia has several fixed locations across NSW, including in Newington, Newcastle, Penrith, Dubbo, and Fairfield, that provide comprehensive sexual and reproductive health services to the NSW community. Additionally, the service runs outreach clinics for individuals living in the Northern NSW LHD, with current clinics running in Brewarrina, Cobar, Nyngan, and Walgett at regular intervals. From these locations, Family Planning Australia provides pregnancy options counselling and the Talkline service by phone and email that together supplies free and confidential information, advice, and options across a wide range of reproductive and sexual health issues. Additionally, Family Planning Australia provides education and training to health professionals including doctors and nurses, but also to members of the community working with younger people, including youth workers and school teachers. To increase access to these critical services, Family Planning Australia also provides telehealth to individuals who are unable to attend a clinic, or who are located at a long distance from the nearest site. The organisation is also involved in ongoing research around abortion and access to abortion services across the state. Moreover, Family Planning Australia has been involved with critical initiatives such as the recently developed Search+ site<sup>(26)</sup>, a searchable database that provides listings for numerous sexual

and reproductive health services across NSW, including those that provide abortion and pregnancy options counselling.

This report provides valuable insight into MS-2 Step prescription activity across NSW, detailing patient uptake, provision, and pharmacy dispensation. We anticipate that these data will be critical for informing policy, health promotion activities, and the deployment of clinical service provision to areas identified to have restricted access throughout NSW, ultimately to improve sexual and reproductive health outcomes for the NSW community.

## 9. References

1. Subasinghe AK, McGeechan K, Moulton JE, Grzeskowiak LE, Mazza D. Early medical abortion services provided in Australian primary care. *Medical Journal of Australia*. 2021;215(8):366-70.
2. Goldstone P, Walker C, Hawtin K. Efficacy and safety of mifepristone-buccal misoprostol for early medical abortion in an Australian clinical setting. *Aust N Z J Obstet Gynaecol*. 2017;57(3):366-71.
3. Mazza D, Burton G, Wilson S, Boulton E, Fairweather J, Black KI. Medical abortion. *Aust J Gen Pract*. 2020;49(6):324-30.
4. Gatter M, Cleland K, Nucatola DL. Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days. *Contraception*. 2015;91(4):269-73.
5. Clinical Guidelines for Abortion Care: Royal Australian and New Zealand College of Obstetricians and Gynaecologists; 2024 [Available from: <https://ranzcog.edu.au/resources/abortion-guideline/>].
6. Termination of Pregnancy: A Resource for Health Professionals: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2005 [Available from: [https://www.aph.gov.au/~media/wopapub/senate/committee/clac\\_ctte/completed\\_inquiries/2004\\_07/ru486/submissions/sub401b\\_pdf.ashx](https://www.aph.gov.au/~media/wopapub/senate/committee/clac_ctte/completed_inquiries/2004_07/ru486/submissions/sub401b_pdf.ashx)].
7. Australian Abortion Legislation: Children by Choice; 2024 [Available from: <https://www.childrenbychoice.org.au/organisational-information/legislation/>].
8. Baird B. Decriminalization and Women's Access to Abortion in Australia. *Health Hum Rights*. 2017;19(1):197-208.
9. Crimes (Abolition of Offence of Abortion) Act 2002: Australian Capital Territory Government; 2002 [Available from: <https://www.legislation.act.gov.au/a/2002-24>].
10. Medical Abortion in Australia Children by Choice 2024 [Available from: <https://www.childrenbychoice.org.au/organisational-information/papers-reports/medical-abortion-in-australia/>].
11. Abortion Law Reform Act 2019 2019 [Available from: <https://legislation.nsw.gov.au/view/html/inforce/current/act-2019-011>].
12. Melville C. Abortion care in Australasia: A matter of health, not politics or religion. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2022;62(2):187-9.
13. National Women's Health Strategy 2020-2030: Australian Government, Department of Health and Aged Care; 2019 [Available from: <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030?language=en>].
14. Amendments to restrictions for prescribing of MS-2 Step (Mifepristone and Misoprostol): Therapeutic Goods Administration, Department of Health and Aged Care, Australian Government. ; 2023 [Available from: <https://www.tga.gov.au/news/media-releases/amendments-restrictions-prescribing-ms-2-step-mifepristone-and-misoprostol>].
15. Keogh LA, Gurrin LC, Moore P. Estimating the abortion rate in Australia from National Hospital Morbidity and Pharmaceutical Benefits Scheme data. *Med J Aust*. 2021;215(8):375-6.
16. Marzan MB, Johnson E, Moore P, Jiang H, Hui L. Changes in the numbers of hospital-based abortions and outpatient early medical abortions in Victoria, 2012-22: a retrospective cohort study. *Med J Aust*. 2024;220(3):145-53.
17. Hyland P, Raymond EG, Chong E. A direct-to-patient telemedicine abortion service in Australia: Retrospective analysis of the first 18 months. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2018;58(3):335-40.
18. Government of Western Australia DoH. Induced Abortions in Western Australia. 2019.
19. Committee SAAR. Annual Report for the Year 2022. 2023.
20. Committee SAAR. Annual Report for the Year 2018. 2020.
21. Committee SAAR. Annual Report for the Year 2019. 2022.
22. Committee SAAR. Annual Report for the Year 2020. 2022.
23. Committee SAAR. Annual Report for the Year 2021. 2023.

24. Noonan A, Black KI, Luscombe GM, Tomnay J. "Almost like it was really underground": a qualitative study of women's experiences locating services for unintended pregnancy in a rural Australian health system. *Sex Reprod Health Matters*. 2023;31(1):2213899.
25. Medical Abortion (PBS 10211K): Victoria Women's Health Atlas; 2022 [Available from: [https://victorianwomenshealthatlas.net.au/#!/atlas/Sexual%20and%20Reproductive%20Health/SRH/Medication%20Abortion%20\(PBS%2010211K\)/SRH\\_14/2022%20Rate%20\(per%201,000\)%20by%20PHARMACY%20location/503/F/state/all/false](https://victorianwomenshealthatlas.net.au/#!/atlas/Sexual%20and%20Reproductive%20Health/SRH/Medication%20Abortion%20(PBS%2010211K)/SRH_14/2022%20Rate%20(per%201,000)%20by%20PHARMACY%20location/503/F/state/all/false)].
26. SEARCH+ Find Reproductive and Sexual Health Services in NSW 2024 [Available from: <https://searchplus.org.au/>].