

Position Statement

Standards for the Provision of Unintended Pregnancy Counselling

SHQ (Sexual Health Quarters) believes that comprehensive support services, including skilled non-directive counselling about all options, should be freely accessible to all individuals making decisions about unintended pregnancies.

For the purposes of this position statement 'non-directive counselling' refers to: 'a discussion by a professionally qualified practitioner with the individual facing an unintended pregnancy about all the options available to them, so they can decide which is best suited to their values, needs and particular situation. The process involves assistance to clarify the issues unique to them, provision of information and a facilitated decision-making process where the ensuing decision is wholly theirs.'

The availability of skilled counselling covering all pregnancy options has been shown to be important in assisting and supporting women when making decisions about their pregnancy¹, as well as for significant others.² Pregnant individuals need to know their options: to continue the pregnancy to term, parenting or adoption, or safe and legal abortion. SHQ supports the right of individuals to be able to exercise clear freedom of choice in their decision-making, in a completely confidential way.

Where appropriate, partners, support people, and/or family should be included. Skilled, non-directive, client-centred counselling that supports reproductive choice should also be available to them.

For some pregnant people, decisions concerning an unintended pregnancy may be straightforward, while for others they may be difficult, distressing or complex. However, all people affected by unintended pregnancy should have access to clear, accurate information to support their decision-making.

Practitioners have an ethical obligation to refrain from imposing their own personal values onto the client. The primary objective of their role is to facilitate the client's capacity to reflect and determine what is right for them. This can only occur in an environment in which the client can act freely and safely without judgement. Practitioners providing non-directive pregnancy options counselling should receive training and supervision to support reflection on their own values. If counselling provided is biased or directive, there is a significant increase in the likelihood of a negative outcome for the client.³

Individuals seeking counselling regarding an unintended pregnancy can expect:

- ▶ Provision of non-directive, client-centred counselling supporting reproductive rights and autonomy
- ▶ That the practitioner has formal qualifications, engages in reflective practice and accesses appropriate CPD and supervision
- ▶ That the practitioner provides care in line with evidence-based and ethical standards of care
- ▶ That information provided is accurate and up to date and is not based on the opinion or values of the practitioner.
- ▶ That the goals of the counselling session meet the individual needs of the pregnant person and support their values and capacity to make the decision that is best for them.
- ▶ That the counselling session focuses on promotion of decision-making and coping skills³.

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Although the process of counselling should not be confused with the dispensing of advice and information, the practitioner should also be able to provide accurate information and answer questions concerning reproductive health choices and how these may relate to the individual's circumstances – including attitudes to abortion, life goals and priorities, relationship status, access to practical, social and emotional support, work, housing and financial situations.

SHQ also supports the provision of post abortion care including post abortion counselling, support with grief or loss, connection to peer-support where appropriate where each person's unique experience with unintended pregnancy and abortion is supported, and respected.

Information current as of June 2026

References

1. Singer, J. (2004) 'Options counselling: techniques for caring for women with unintended pregnancies.' *Journal of Midwifery and Women's Health* 49: 235-242.
2. Reich, J.A and C. D. Brindis. (2006). 'Conceiving risk and responsibility: a quantitative examination of men's experiences of unintended pregnancy and abortion.' *International Journal of Men's Health* 5(6): 133-144.
3. Based on documentation from Reproductive Choice Australia 2005
 - ▶ Clinical guideline for abortion care: an evidence-based guideline for abortion care in Australia and Aotearoa New Zealand (2023). RANZCOG, Melbourne, Australia.
 - ▶ Access to Abortion Care in Australia Position Statement (2023). Family Planning Alliance Australia.