



Statement on the National Audit of Early Pregnancy Assessment Services (EPAS) Clinics

The Department of Health, Disability and Ageing (department) welcomes the publication of the National Audit of Early Pregnancy Assessment Services (EPAS) Clinics. The report provides insights into the delivery of early pregnancy care across Australia and highlights the experiences of people who have experienced early pregnancy complications and loss.

The audit maps the current service landscape and identifies opportunities to strengthen support for people experiencing miscarriage, ectopic pregnancy and other early pregnancy complications. It also highlights service innovations, including strong referral pathways, continuity of care models, training resources and approaches to supporting people experiencing pregnancy loss. The department acknowledges and thanks the women, families, healthcare providers, researchers and advocacy organisations who contributed their experiences and expertise.

The audit also reinforces the role of EPAS clinics for women and the broader health system. The report notes that EPAS clinics can support earlier diagnosis of pregnancy complications, timely access to ultrasound and clinical assessment, improved coordination of care, education, and emotional wellbeing during what is often a distressing and uncertain time. The audit further found that both women and providers regard EPAS as a vital component of the health system, with many stakeholders identifying EPAS as the preferred setting for the management of non-urgent early pregnancy complications. The audit highlights the potential for EPAS models to reduce fragmentation of care, improve navigation of the health system and support more consistent clinical management of early pregnancy complications.

The audit identifies variability in access, service models and care pathways across Australia, as well as gaps in nationally consistent data and opportunities to improve coordination, information, psychosocial support and continuity of care. The findings should be considered alongside other evidence, local service data and jurisdictional priorities. Participation was voluntary, representation varied across jurisdictions and service types, and the audit was not a comprehensive census of all settings providing early pregnancy care. The estimated 84 dedicated EPAS clinics therefore does not capture all care delivered through emergency departments, maternity services, general practice and other integrated models.

These limitations do not diminish the experiences shared by women and providers or the opportunities for improvement identified through the audit. However, they mean the findings and recommendations may not apply uniformly across Australia. Differences in geography, population needs, workforce availability and health system design can appropriately result in different service models, particularly in regional, rural and remote communities.

Responsibility for planning, funding and delivering public hospital and community health services, including most early pregnancy assessment services, primarily rests with state and territory governments. The Australian Government supports the health system through

national policy, funding arrangements, evidence, data and coordination. The audit's recommendations will be considered taking account of existing service models, local needs, workforce and infrastructure constraints, available evidence and broader health system priorities. Publication of the audit does not indicate that governments have agreed to, or funded, its recommendations.

The Australian Government remains committed to supporting people who experience early pregnancy complications and loss. The government will continue to work collaboratively with clinicians, researchers, service providers, professional bodies, consumers and advocacy organisations to improve the quality, accessibility and consistency of care across Australia. The audit provides a foundation for future policy development and service planning and contributes to a broader understanding of how best to support people during early pregnancy and pregnancy loss.

The Senate resolved to establish the Select Committee on Women's Health on 19 August 2026, which presents an important opportunity to further examine barriers to accessing timely, equitable and high-quality healthcare for women across Australia. While the EPAS audit was not designed to provide a definitive assessment of all early pregnancy care services, it provides evidence on women's experiences and challenges accessing care. The findings, stakeholder perspectives and experiences captured through the audit may inform the committee's broader consideration of women's health system challenges and opportunities for improvement.