

The Medical Case for Abortion

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Australia & Aotearoa New Zealand abortion landscape

NORTHERN TERRITORY 2017/2021

- Lawful ≤ 24 weeks on request
- >24 weeks if two medical practitioners believe appropriate in the circumstances

QUEENSLAND 2018

- Lawful ≤ 22 weeks on request
- > 22 weeks if two medical practitioners believe appropriate in the circumstances

WESTERN AUSTRALIA 2024

- Lawful < 23 weeks
- ≥ 23 weeks if two medical practitioners believe circumstances are appropriate

NEW SOUTH WALES 2019

- Lawful ≤ 22 weeks on request
- > 22 weeks if two medical practitioners believe appropriate in the circumstances; some conditions

AUSTRALIAN CAPITAL TERRITORY 1993

- Lawful by medical practitioner
- No gestational limits

NEW ZEALAND 2020

- Lawful ≤ 20 weeks on request
- > 20 weeks if two medical practitioners believe appropriate in the circumstances

SOUTH AUSTRALIA 2021

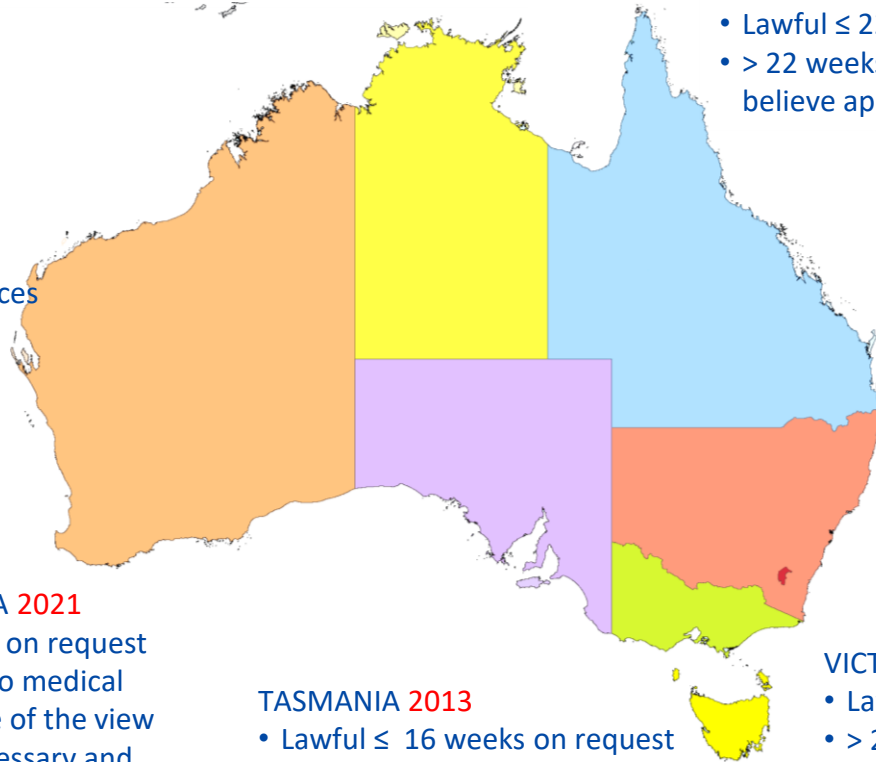
- Lawful ≤ 22w 6d on request
- ≥ 23 weeks if two medical practitioners are of the view termination necessary and meets certain criteria

TASMANIA 2013

- Lawful ≤ 16 weeks on request
- > 16 weeks if two medical practitioners agree risk to woman

VICTORIA 2008

- Lawful ≤ 24 weeks on request
- > 24 weeks if two medical practitioners believe appropriate in the circumstances



Abortion Incidence in Australia

No uniform data collection



Australian estimates 2003¹

- 84,000 / year
- 19.7 per 1000 women aged 15 – 44



Australian estimates 2017-2018²

- 88 287 / year
- 17.3 per 1000 women aged 15 - 44



1 Chan A, Sage LC. *Med J Aust* 2005;182:447-452

2 Keogh L, 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): 375-376.

Why is it important to have access to safe abortion services?



Unsafe abortion

= a leading cause of maternal mortality worldwide = **8%** of pregnancy related deaths¹



Prior to 1971, abortion was a major cause of death in Australia with ~ 25% of maternal deaths attributable to abortion²

Around 45% of abortions globally are unsafe³

Almost every abortion death and disability is preventable

1 Say L, Chou D, Gemmill A, et al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014 Jun; 2(6):e323-33.

2 NHMRC. Report on maternal deaths in the Commonwealth of Australia, 1964-66

3 World Health Organization. (2022). Abortion care guideline.

Safety of Abortion

In most circumstances (legal) abortion is safer than continuing a pregnancy to term and complications are uncommon.

Mortality from abortion in wealthy countries:

= 0.6 / 100,000 procedures¹

= 0.1 / 100,000 for early 1st trimester abortion²

Aust. maternal mortality = 5.8 / 100,000 births³

Complications increase with gestation of pregnancy

1 Raymond EG, Grimes DA. *Obstet Gynecol* 2012;119:215-219

2 Bartlett LA et al. *Obstet Gynecol* 2004; 103:729-737

3. Australian Institute of Health and Welfare (2023). Maternal deaths [Internet]. AIHW, Australian Government



Case study



Leilani*

History

- 34 year old woman from Papua New Guinea
- Working in regional Australia under the PALM* scheme
- Obstetric history
 - Gravida 3, Para 2: 2 x previous caesarean sections, children aged 3 yrs and 18 months



*Patient details altered for confidentiality

**<https://www.palmscheme.gov.au/>

Leilani



- Presented to an MSI surgical abortion service
- Delayed presentation: language, knowledge of healthcare system, employment concerns
- 10 weeks gestation by self-reported dates (LMP)
- Ultrasound in clinic estimated gestational age of 12 weeks
- Placenta low, anterior, and adjacent to caesarean scar with thin overlying myometrium

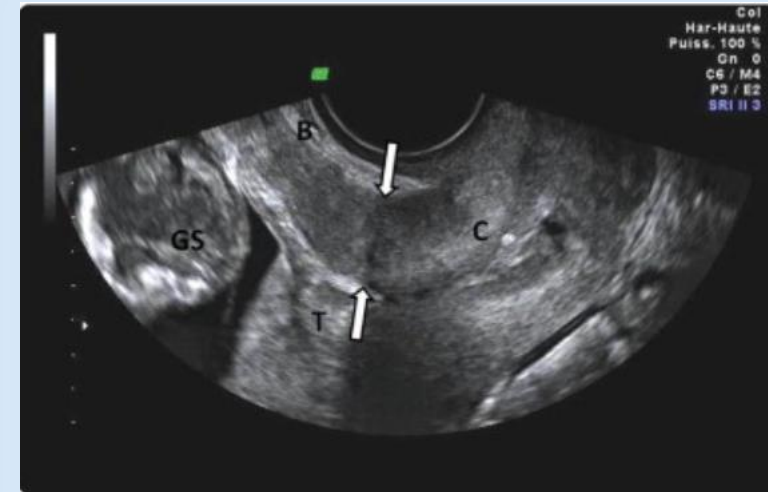
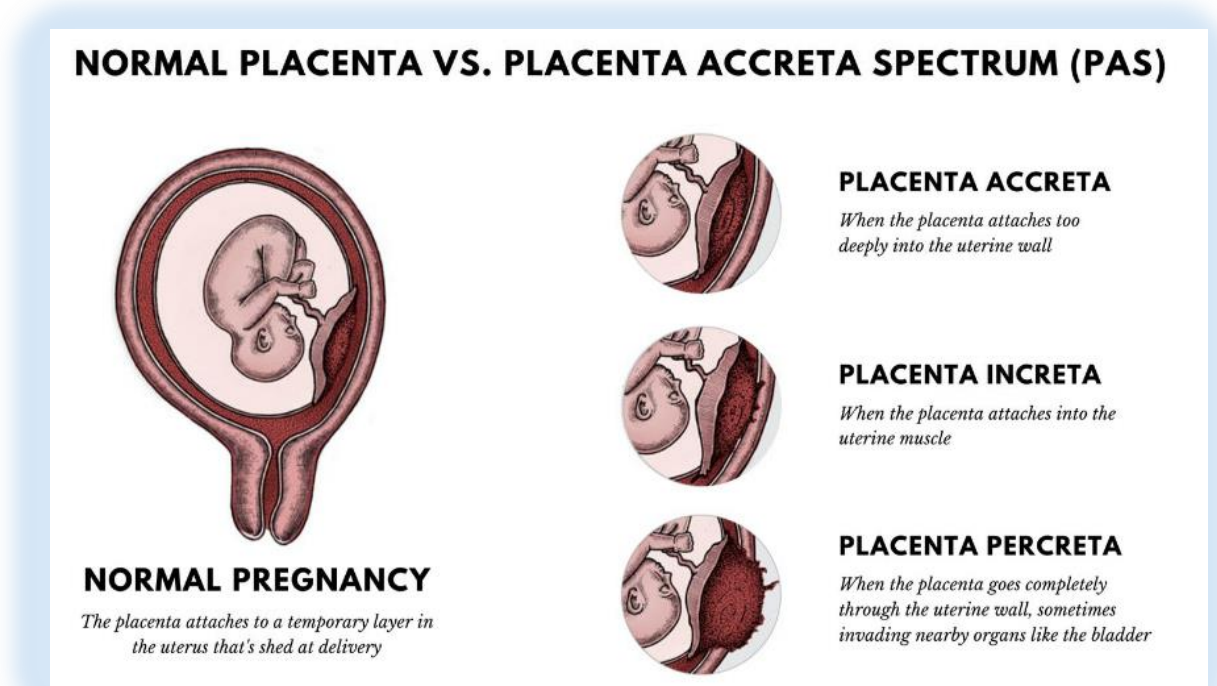


Image from article: Screening for placenta accreta at 11-14 weeks of gestation. Stirnemann, Julien J. et al. American Journal of Obstetrics & Gynecology, Volume 205, Issue 6, 547.e1 - 547.e6

Placenta accreta spectrum (PAS) disorders

- Range of pathologic adherence of the placenta, including placenta increta, placenta percreta, and placenta accreta
- Incidence increases with number of previous caesarean deliveries
- Rising caesarean section rates -> increase incidence PAS
- Associated with major maternal morbidity (reduced with perioperative planning)



Leilani

Management

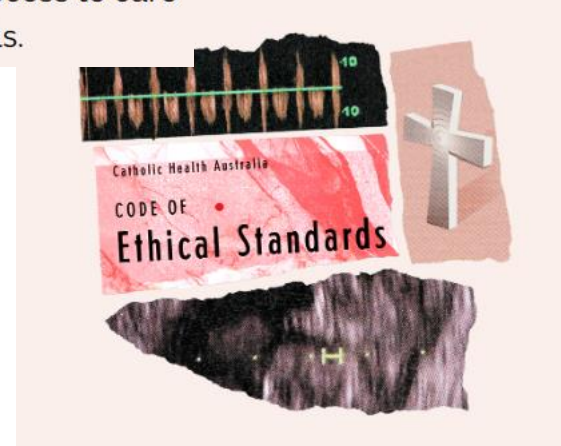
- Leilani too high risk for treatment in day surgery
- Further evaluation of placentation required and tertiary management
- Referral to public health system

Challenges

- No access to Medicare and limited financial resources
- Local hospital is faith-based



How a little-known religious code could influence your access to care in some public hospitals.



Leilani



Outcome

- Care further delayed due to lack of abortion provision in her local hospital
- Advocacy resulted in out of catchment tertiary hospital accepting her care
- Abortion procedure performed at 15+6 weeks
- Significant haemorrhage with blood transfusion required
- Uneventful recovery

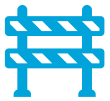
Conclusions



Where abortion is illegal or unavailable, unsafe abortion is a major cause of maternal morbidity and mortality.



Abortion is requested for many reasons and is usually safer than continuing a pregnancy to term.



The earlier in pregnancy an abortion occurs the safer it is therefore reducing barriers to access is essential.



Thank you!

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