



Report of the  
**ABORTION  
SUPERVISORY  
COMMITTEE**

2010

*Presented to the House of Representatives pursuant to Section 39 of the Contraception, Sterilisation, and Abortion Act 1977*

## TABLE OF CONTENTS

<b>Current Membership of the Committee</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>3</b>
<b>Acknowledgment</b> .....	<b>3</b>
<b>Statistics</b> .....	<b>4</b>
Induced abortions, rates and ratios.....	4
Hospital and residence.....	6
Age of woman.....	8
Ethnic group.....	9
Previous live births.....	10
Previous induced abortions.....	11
Duration of pregnancy.....	12
Grounds for abortion.....	15
Procedure.....	16
Contraception.....	17
<b>Work Programme</b> .....	<b>18</b>
Research.....	18
Standardised referrals for termination of pregnancy.....	18
Interpretation of abortion statistics.....	18
Continuing medical education for pregnancy loss counselling.....	19
Workforce issues.....	19
Costs to non-residents.....	20
<b>Appendix One</b> .....	<b>21</b>
<b>Appendix Two</b> .....	<b>22</b>

## CURRENT MEMBERSHIP OF THE COMMITTEE

Prof Dame Linda Holloway (Chair)  
Rev Patricia Allan

## INTRODUCTION

In 2009 the Abortion Supervisory Committee (ASC) launched a standardised referral system for use by primary care providers when consulted by women seeking termination of pregnancy. The last year has seen the ASC spend time encouraging uptake of the system around the country. Following the introduction of this system we have also been able to focus on the need for appropriate continuing medical education for counsellors working in the area of pregnancy loss, which includes abortion.

The ASC has continued to travel throughout New Zealand, meeting many of those who are involved in the provision and improvement of services.

We continue to be concerned about accessibility of services for women and believe it is unacceptable that women in some parts of the country have to travel long distances in order to access abortion services. The ASC is pleased to have been able to grant a licence to Tairāwhiti District Health Board in the course of the last year, given the long distances women from that area have had to travel in the past. We have been concerned about the lack of local service for the women of Southland, but are encouraged that the newly formed Southern District Health Board is actively addressing this matter.

The ASC has continued to perform its duties in accordance with its functions and powers as listed in the Contraception, Sterilisation and Abortion Act 1977 (refer Appendix Two). These duties include:

- ❖ Renewal and issuance of licences authorising the performance of abortions at 28 institutions in New Zealand.
- ❖ Promotion of *Standards of Care for Women Requesting Induced Abortion in New Zealand*, which were released in 2009.
- ❖ Monthly visits to licensed institutions to view facilities and meet staff.
- ❖ Monthly visits by ASC Counselling Advisor to report on counselling services provided by licensed institutions.
- ❖ Collation and presentation of abortion statistics (as follows in this report).

## ACKNOWLEDGMENT

The current members of the ASC would like to acknowledge the service of Dr Rosy Fenwicke, who was a member of the ASC from July 2007 to June 2010.

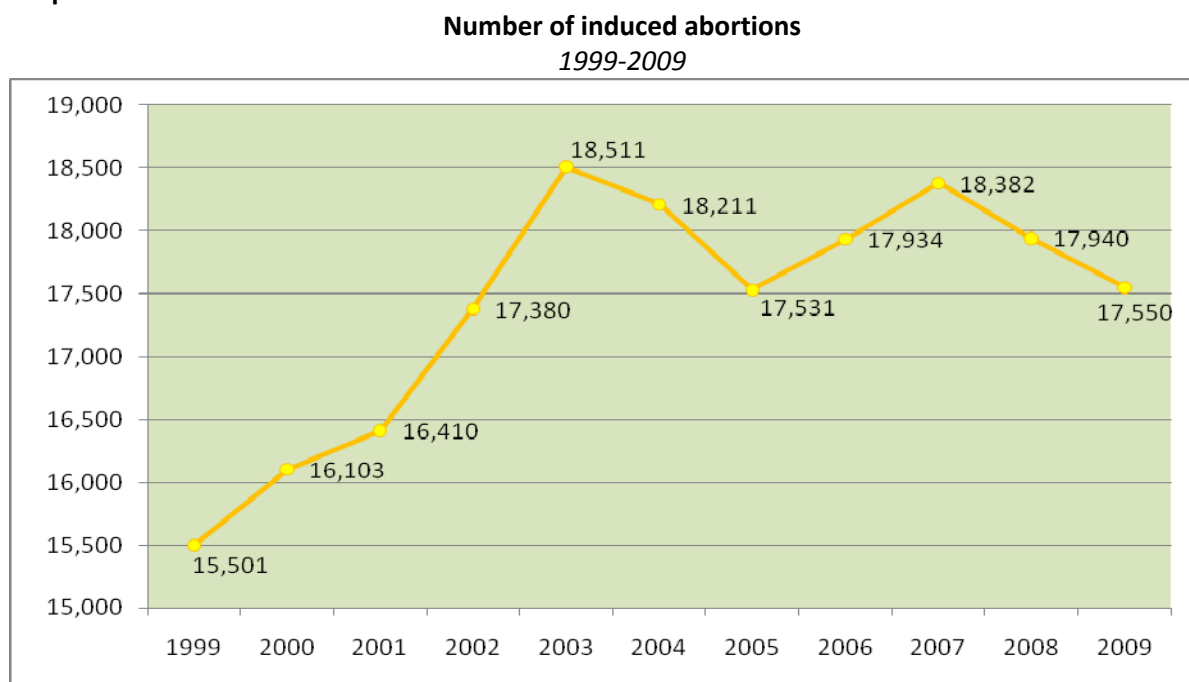
It has been extremely valuable to the ASC to have a member with the clinical experience of Dr Fenwicke, who was instrumental in the development of the *Standards of Care* document released by the ASC in 2009, and the standardised referral system.

## STATISTICS

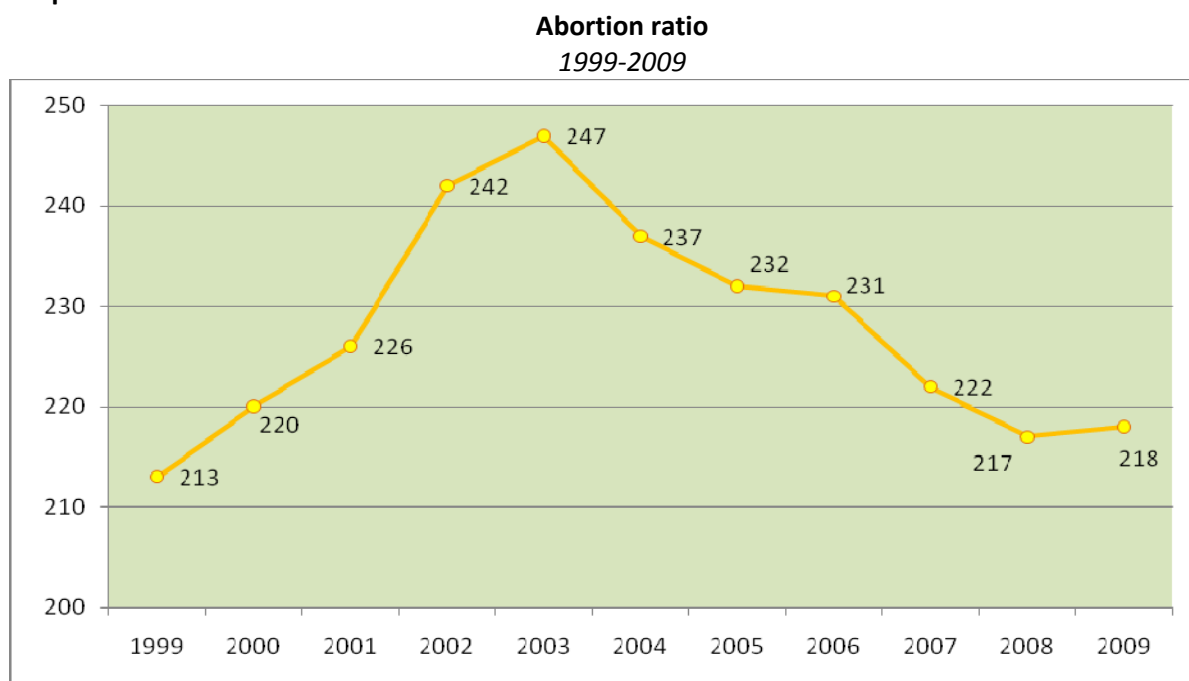
In this section the ASC presents its analysis of the New Zealand abortion statistics for the 2009 calendar year. Further statistics in tabular form are available to view online at Statistics New Zealand's website, <http://www.stats.govt.nz/>.

### 1. Induced abortions, rates and ratios

**Graph 1.1**



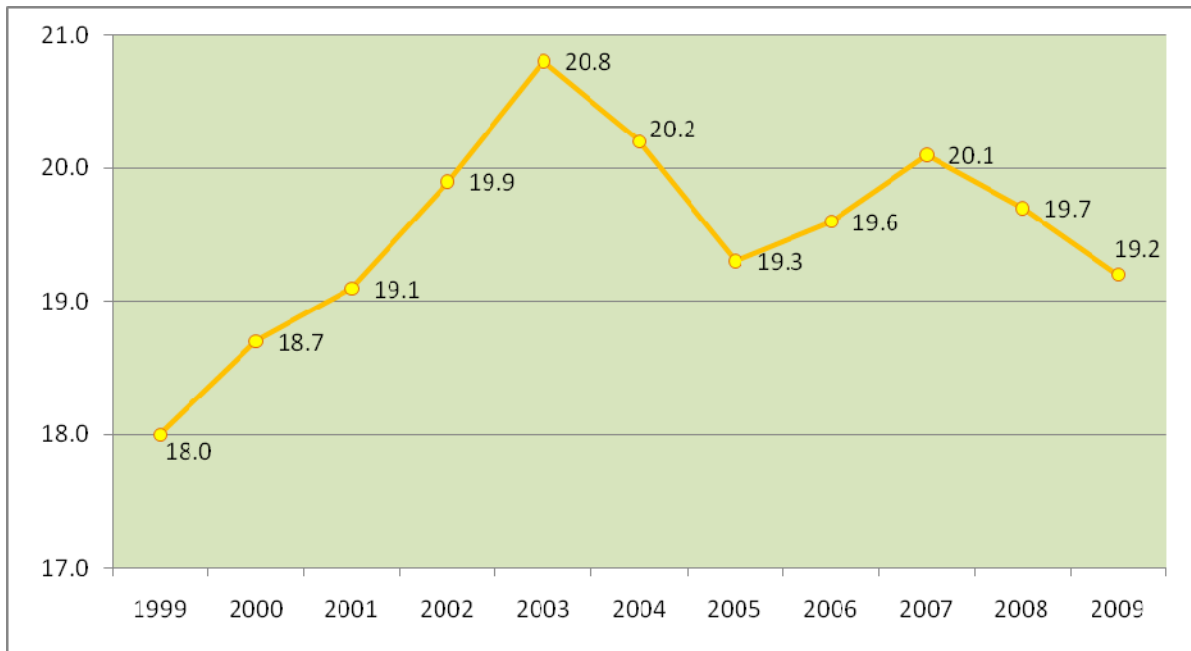
**Graph 1.2**



The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but do not include miscarriages.

**Graph 1.3**

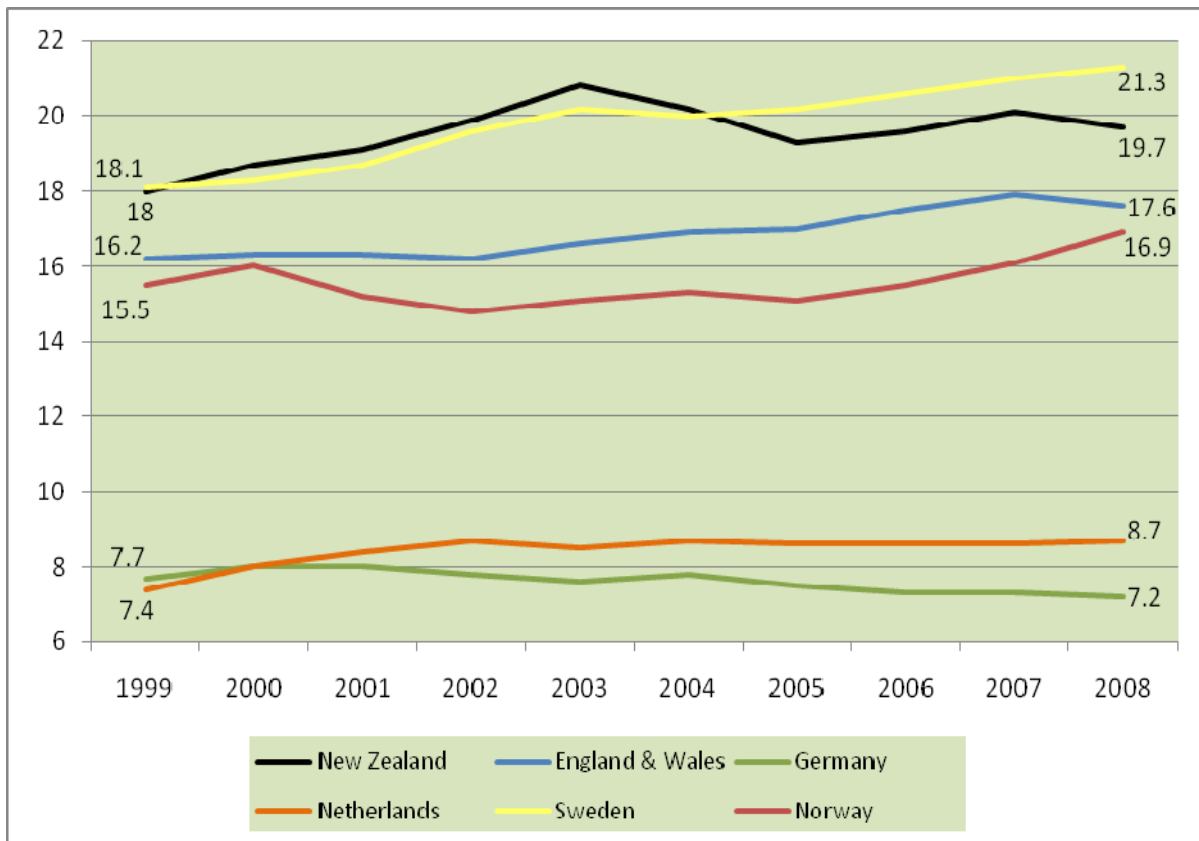
**General abortion rate**  
1999-2009



The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

**Graph 1.4**

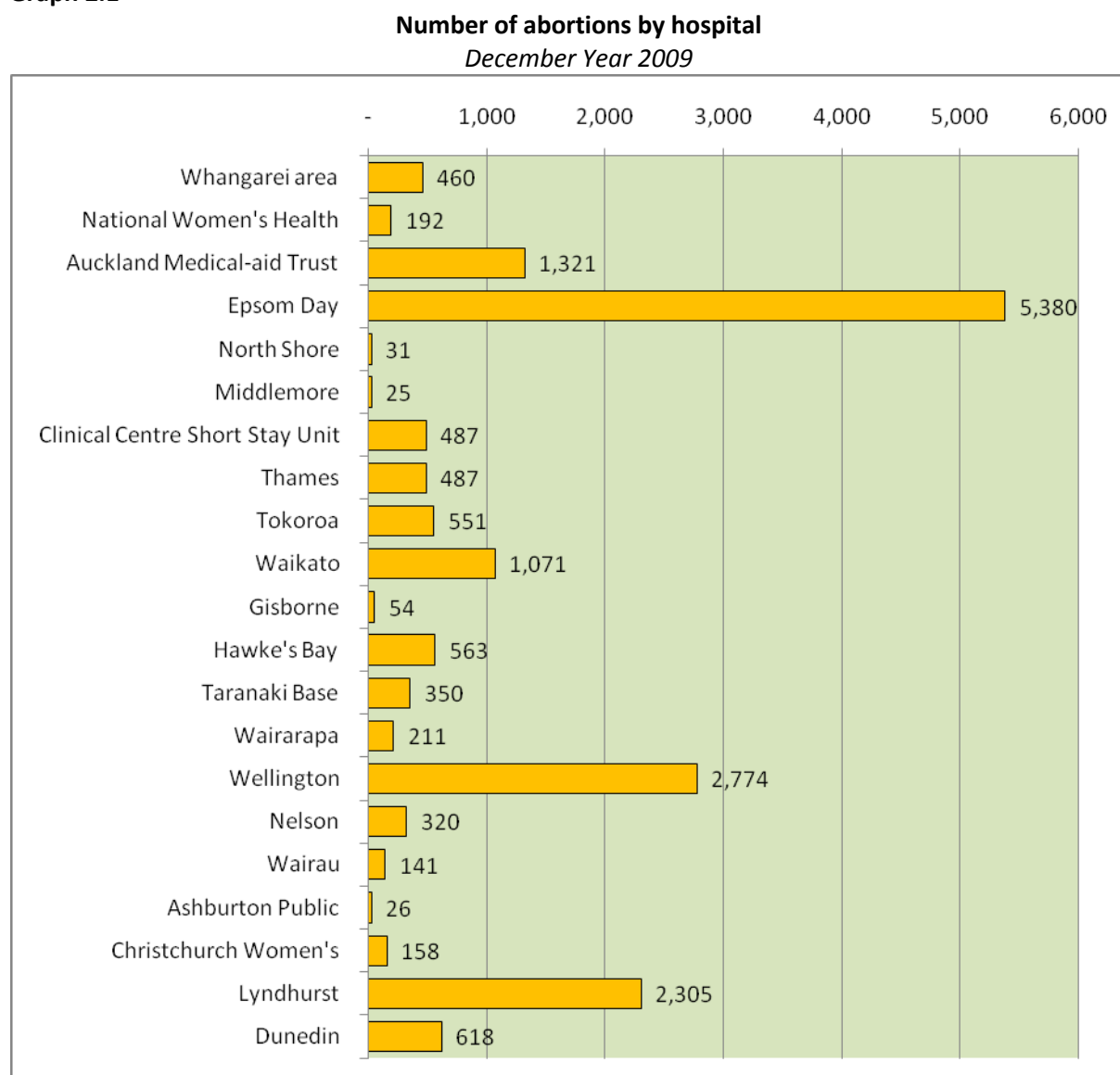
**General abortion rates in selected countries**  
1999-2008



International data should be interpreted with care as accuracy varies from country to country depending on reporting requirements. Data for 2009 is not available.

## 2. Hospital and residence

Graph 2.1



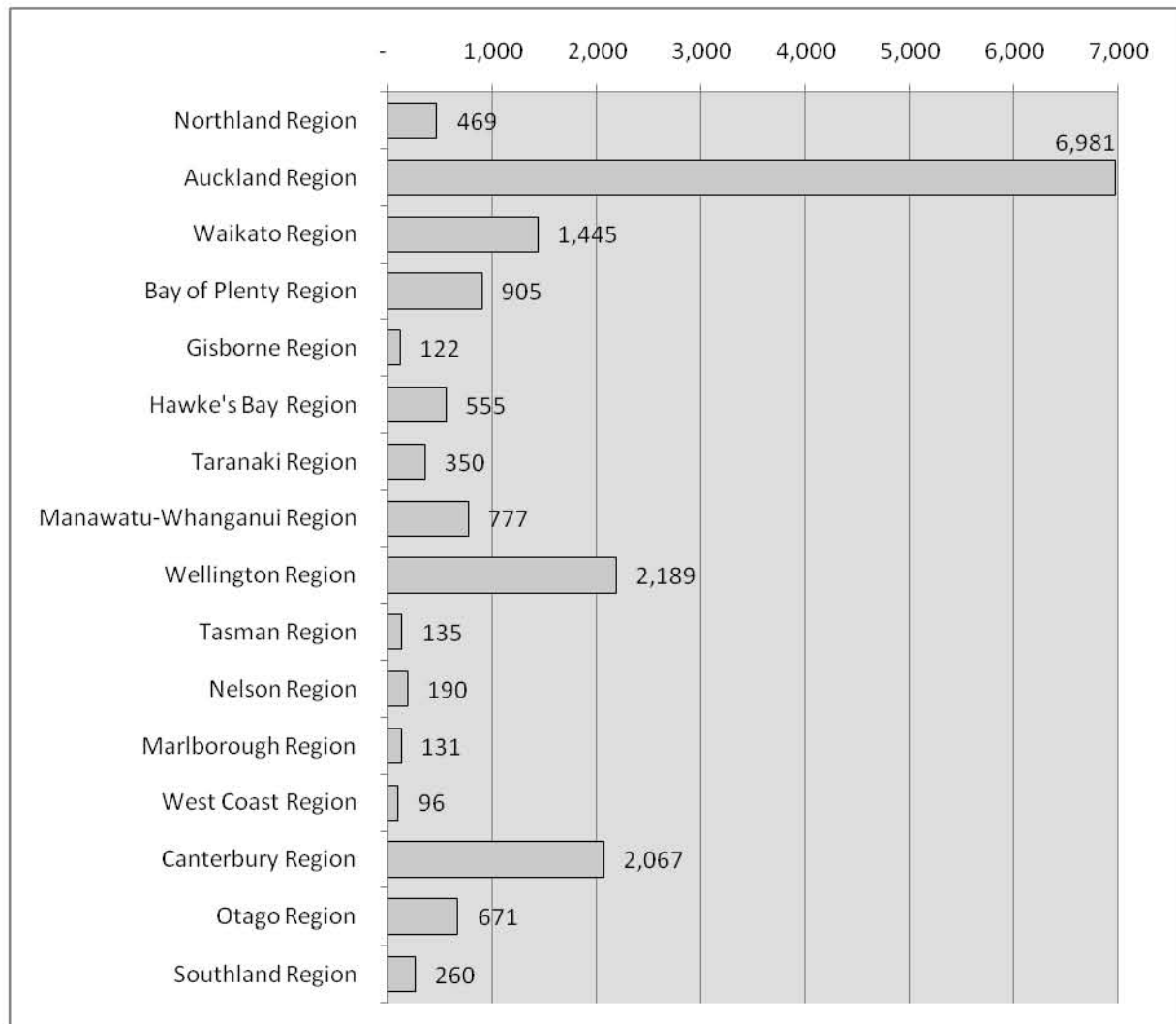
Four other hospitals performed a total of 25 abortions: Surgery on Shakespeare, Rotorua Hospital, Palmerston North Hospital and Timaru Hospital.

Graph 2.2

### Number of abortions by residence of woman

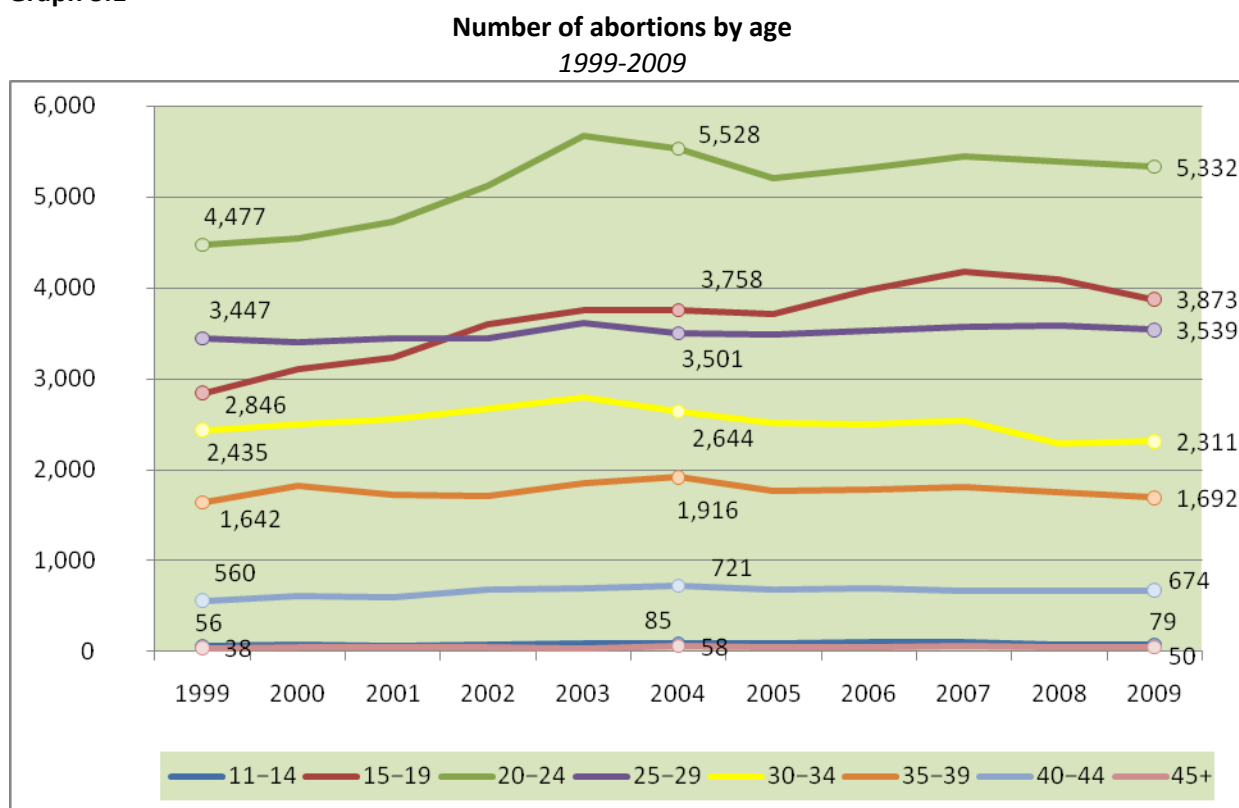
Regional Council

December Year 2009

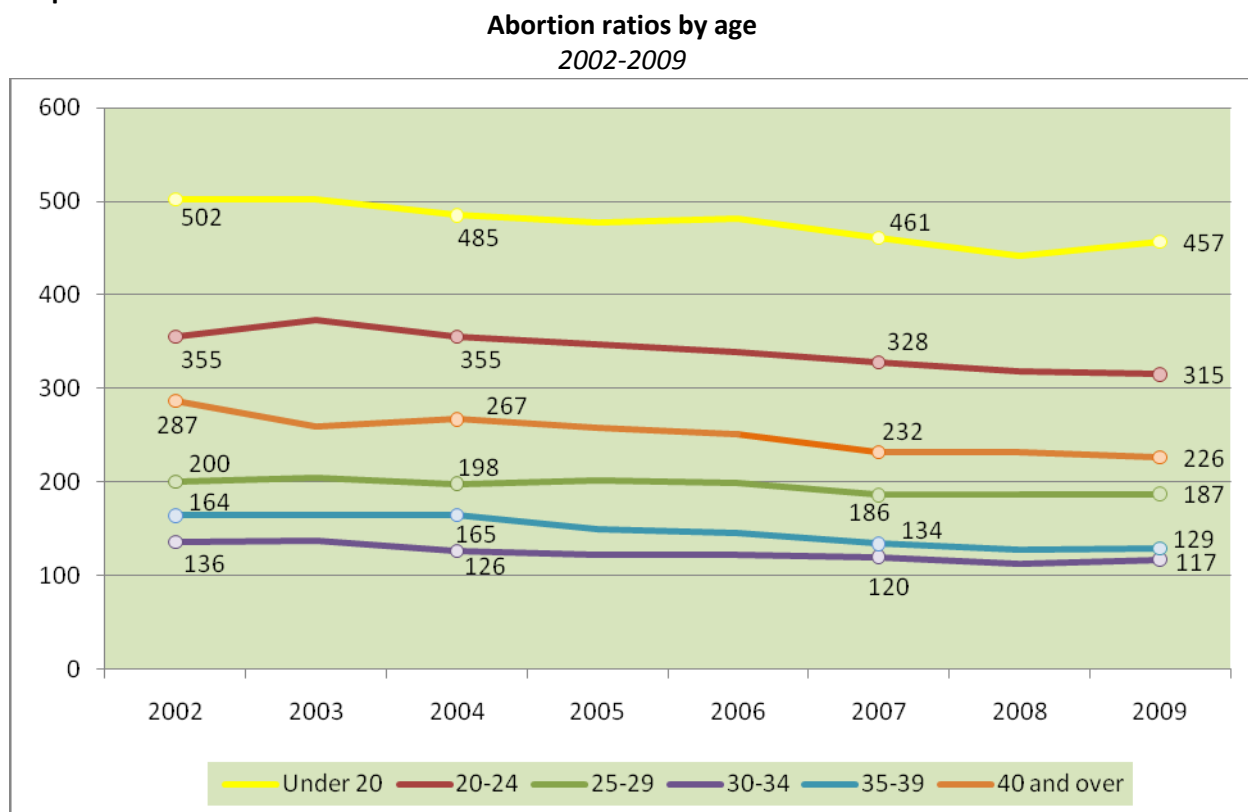


### 3. Age of woman

Graph 3.1



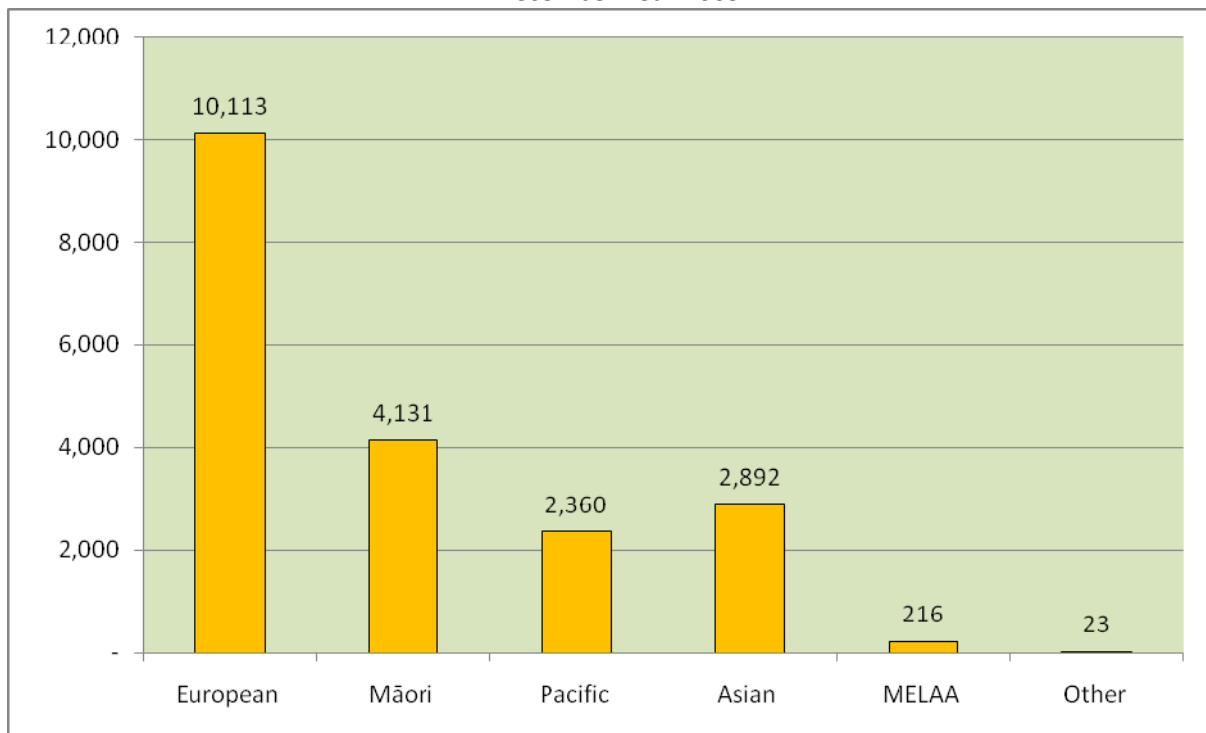
Graph 3.2



### 4. Ethnic group

Graph 4.1

**Number of abortions by ethnic group**  
December Year 2009



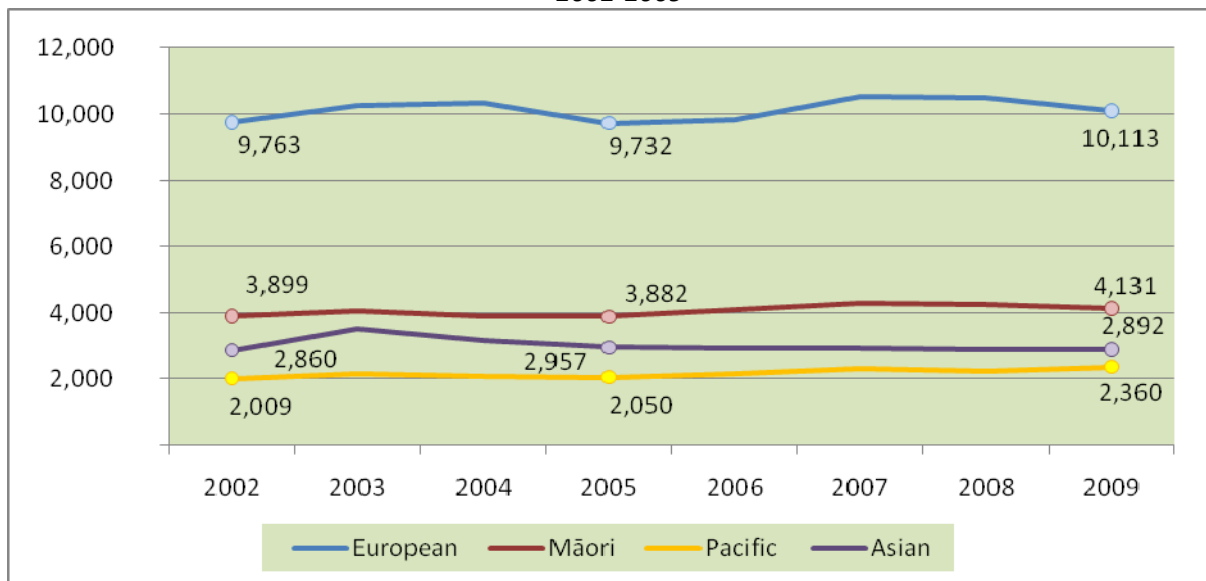
Each abortion has been included in every ethnic group specified. For this reason, some abortions are counted more than once.

**Note:**

- (a) MELAA = Middle Eastern, Latin American and African.
- (b) Other includes New Zealanders.

Graph 4.2

**Number of abortions by ethnic group**  
2002-2009



## 5. Previous live births

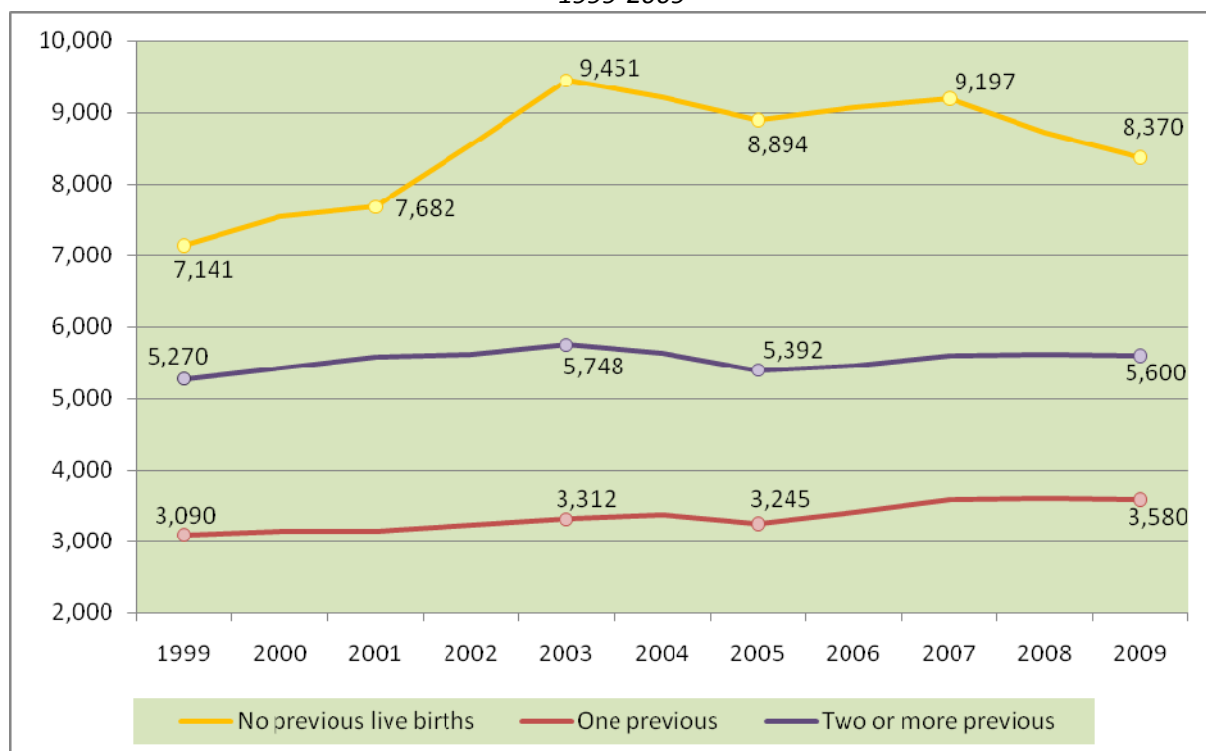
**Table 5.1**

**Induced Abortions by Age and Previous Live Births**  
December Year 2009

Age (years)	Previous Live Births									
	Total	0	1	2	3	4	5	6	7 or More	6 or More
<b>Number</b>										
<b>All Ages</b>	<b>17,550</b>	<b>8,370</b>	<b>3,580</b>	<b>3,235</b>	<b>1,401</b>	<b>602</b>	<b>195</b>	<b>98</b>	<b>69</b>	<b>167</b>
Under 15	79	79	-	-	-	-	-	-	-	-
15-19	3,873	3,227	563	74	9	-	-	-	-	-
20-24	5,332	2,964	1,393	723	203	41	4	2	2	4
25-29	3,539	1,343	772	830	380	139	51	17	7	24
30-34	2,311	496	456	713	359	187	50	30	20	50
35-39	1,692	193	291	605	315	175	62	31	20	51
40-44	674	64	101	274	123	52	27	17	16	33
45 and Over	50	4	4	16	12	8	1	1	4	5

**Graph 5.1**

**Number of abortions by previous live births**  
1999-2009



## 6. Previous induced abortions

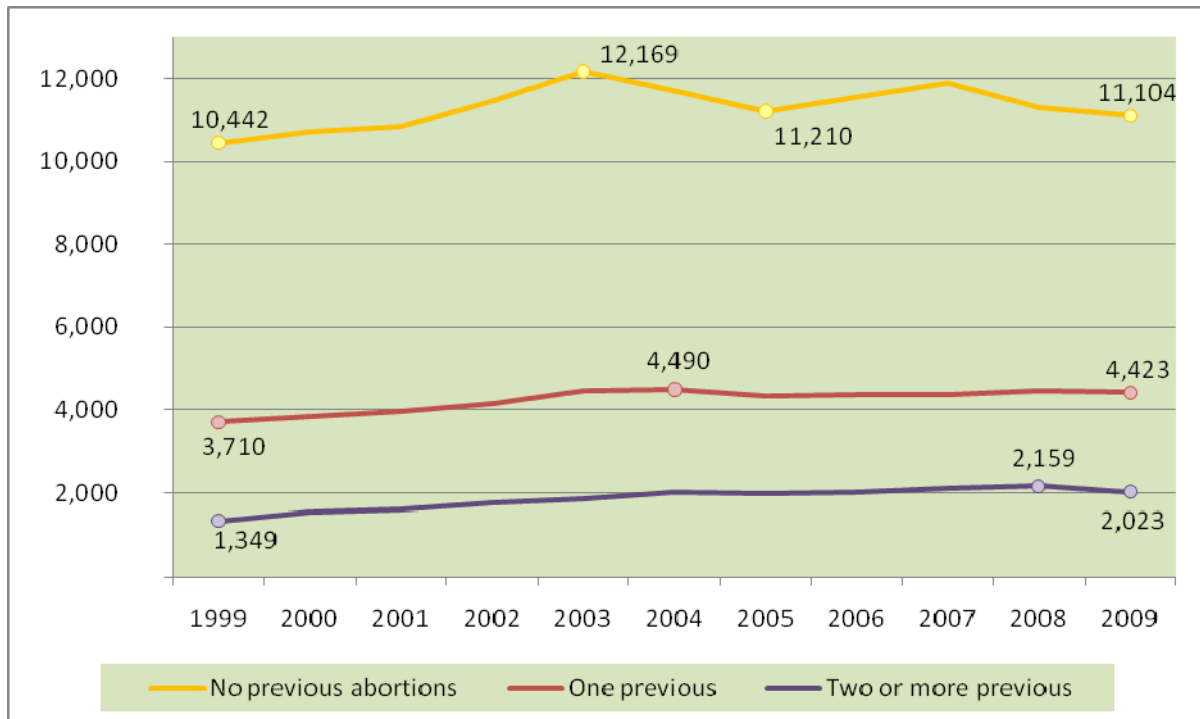
**Table 6.1**

**Induced Abortions by Age and Previous Induced Abortions**  
December Year 2009

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or More
<b>Number</b>								
<b>All Ages</b>	<b>17,550</b>	<b>11,104</b>	<b>4,423</b>	<b>1,364</b>	<b>441</b>	<b>136</b>	<b>63</b>	<b>19</b>
Under 15	79	78	1	-	-	-	-	-
15-19	3,873	3,278	528	63	4	-	-	-
20-24	5,332	3,451	1,382	401	80	10	6	2
25-29	3,539	1,880	1,048	400	147	44	20	-
30-34	2,311	1,117	738	266	117	50	18	5
35-39	1,692	894	522	168	63	21	15	9
40-44	674	376	190	63	28	11	3	3
45 and Over	50	30	14	3	2	-	1	-

**Graph 6.1**

**Number of abortions by previous abortions**  
1999-2009



The ASC is encouraged to note that there has been a small decrease in the number of women who have had two or more abortions.

## 7. Duration of pregnancy

**Table 7.1**

**Induced Abortions by Age and Duration of Pregnancy**  
*December Year 2009*

Age group	Total	Under 8 weeks	8-12 weeks	13-16 weeks	17-20 weeks	Over 20 weeks
<b>Totals</b>	<b>17,550</b>	<b>1,941</b>	<b>14,203</b>	<b>1,012</b>	<b>321</b>	<b>73</b>
Under 20	3,952	330	3,255	286	73	8
20-24	5,332	572	4,371	299	83	7
25-29	3,539	442	2,859	163	59	16
30-34	2,311	276	1,840	118	52	25
35-39	1,692	222	1,328	94	34	14
40-44	674	95	514	45	18	2
45 +	50	4	36	7	2	1

**Table 7.2**

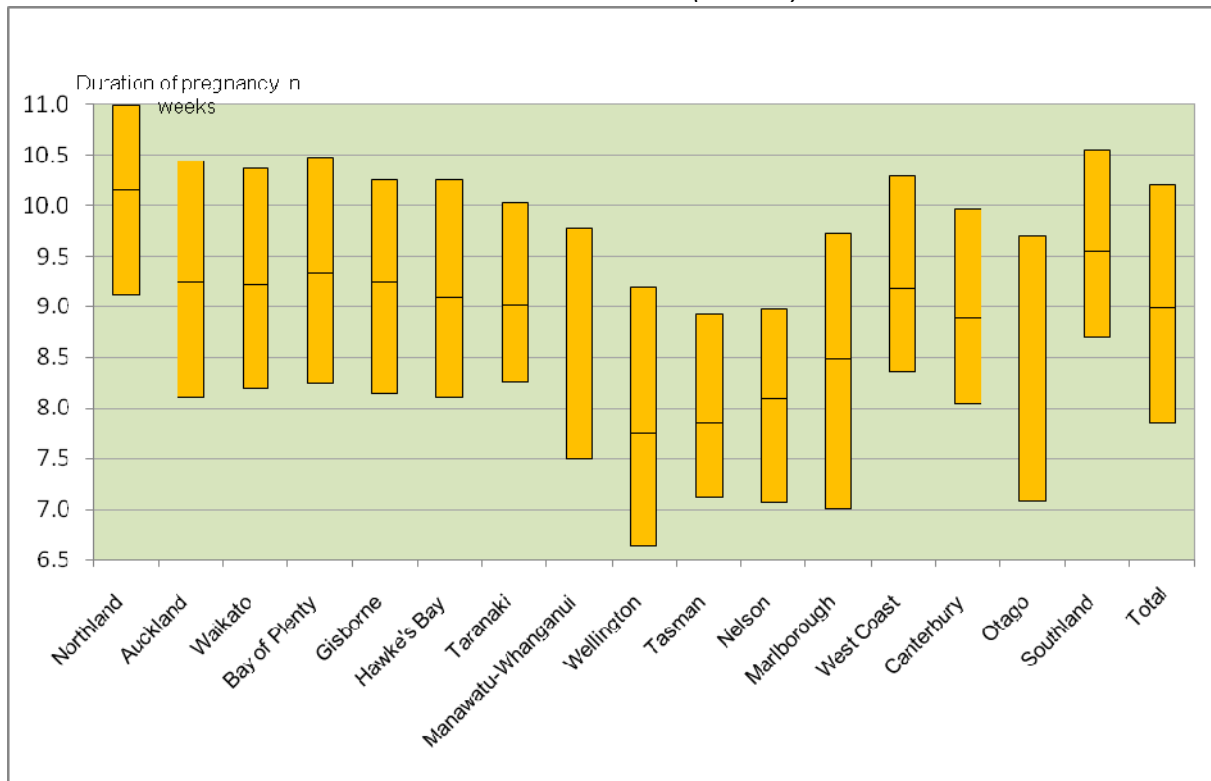
**Induced Abortions by Duration of Pregnancy**  
*1999–2009*

December year	Duration of pregnancy in weeks (refers to the Xth week, ie 7 wks + 5 days is recorded under 8)								
	Under 8	8	9	10	11	12	13	14+	Total
<b>Number</b>									
1999	775	1,948	3,047	3,502	2,496	1,935	1,030	768	15,501
2000	854	2,047	3,135	3,564	2,627	2,062	985	829	16,103
2001	925	1,790	2,969	3,622	2,721	2,270	1,227	886	16,410
2002	1,129	1,751	2,773	3,820	3,019	2,633	1,300	955	17,380
2003	1,281	1,824	2,710	3,882	3,456	2,903	1,494	961	18,511
2004	1,263	1,835	3,505	3,933	3,007	2,613	1,164	891	18,211
2005	1,271	1,782	2,928	3,620	3,011	2,640	1,350	929	17,531
2006	1,526	1,843	3,012	3,729	2,990	2,634	1,259	941	17,934
2007	1,478	2,413	3,558	3,671	3,131	2,631	478	1,022	18,382
2008	1,687	2,875	3,743	3,535	2,655	2,026	438	981	17,940
2009	1,941	3,294	3,580	3,149	2,412	1,768	408	998	17,550
<b>Percent</b>									
1999	5.0	12.6	19.7	22.6	16.1	12.5	6.6	5.0	100.0
2000	5.3	12.7	19.5	22.1	16.3	12.8	6.1	5.1	100.0
2001	5.6	10.9	18.1	22.1	16.6	13.8	7.5	5.4	100.0
2002	6.5	10.1	16.0	22.0	17.4	15.1	7.5	5.5	100.0
2003	6.9	9.9	14.6	21.0	18.7	15.7	8.1	5.2	100.0
2004	6.9	10.1	19.2	21.6	16.5	14.3	6.4	4.9	100.0
2005	7.3	10.2	16.7	20.6	17.2	15.1	7.7	5.3	100.0
2006	8.5	10.3	16.8	20.8	16.7	14.7	7.0	5.2	100.0
2007	8.0	13.1	19.4	20.0	17.0	14.3	2.6	5.6	100.0
2008	9.4	16.0	20.9	19.7	14.8	11.3	2.4	5.5	100.0
2009	11.1	18.8	20.4	17.9	13.7	10.1	2.3	5.7	100.0

**Note:** Percentages may not sum to stated totals due to rounding.

Graph 7.1

**First trimester abortions<sup>(1)</sup> by duration of pregnancy and residence of woman**  
*December Year 2008 (Revised)*



(1) Induced abortions performed before the thirteenth week of pregnancy

Note: Gestation refers to the Xth week not complete weeks. For example 7 weeks and 5 days is recorded as the 8th week.

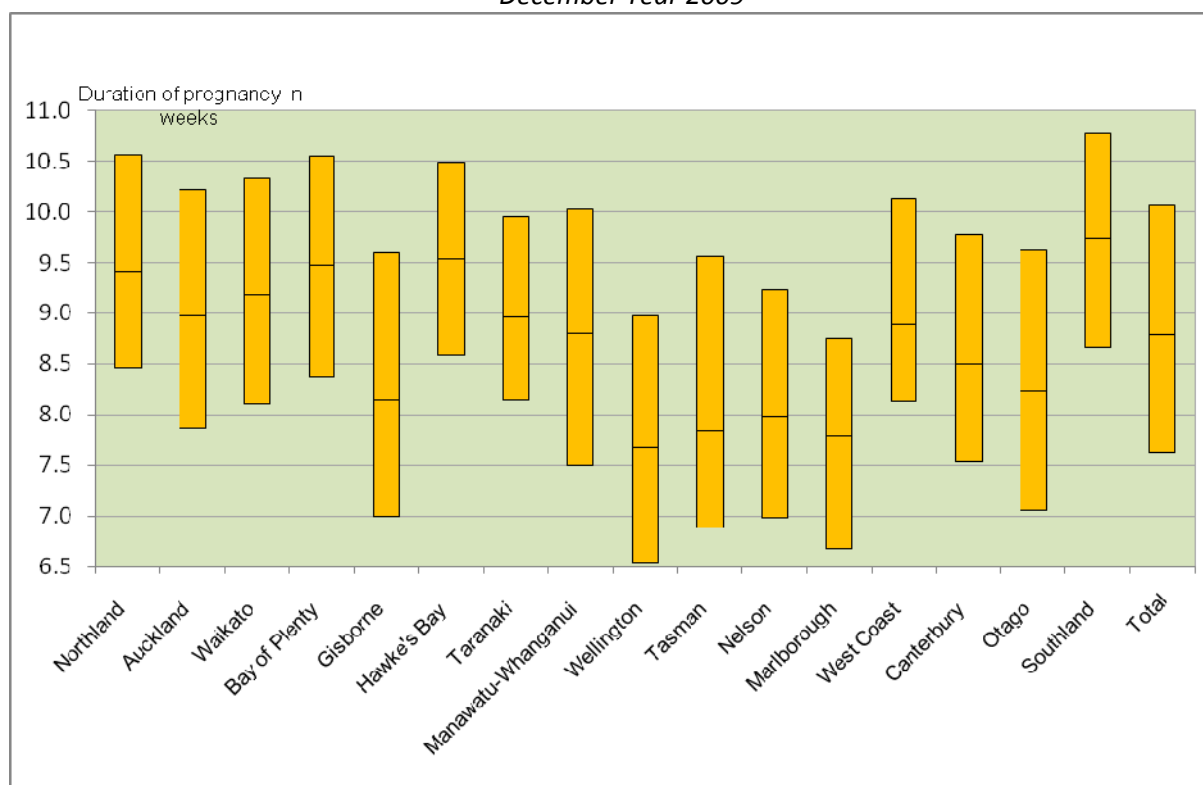
This 'box-plot' shows the median duration of pregnancy (indicated by the line in the middle of each box) for first trimester abortions in each region (by regional council areas).

The top of the box is the 75<sup>th</sup> percentile (that is three-quarters of first trimester pregnancies were terminated within this number of weeks) and the bottom of the box is the 25<sup>th</sup> percentile (that is, one-quarter of first trimester pregnancies were terminated within this number of weeks).

The box-plot published in the 2008 annual report failed to record the correct gestation, for example 7 weeks and 5 days was recorded as 7 weeks. The above is a revised version of the box-plot published in the 2008 annual report.

Graph 7.2

**First trimester abortions<sup>(1)</sup> by duration of pregnancy and residence of woman**  
*December Year 2009*



(1) Induced abortions performed before the thirteenth week of pregnancy

Note: Gestation refers to the Xth week not complete weeks. For example 7 weeks and 5 days is recorded as the 8th week.

## 8. Grounds for abortion

**Table 8.1**

**Induced Abortions by Grounds for Abortion**  
*December Year 2009*

Grounds for Abortion	Number	Percent
<b>Total</b>	<b>17,550</b>	<b>100.0</b>
Danger to Life	40	0.2
Danger to Physical Health	16	0.1
Danger to Mental Health	17,230	98.2
Danger to Life and Physical Health	4	0.0
Danger to Life and Mental Health	1	0.0
Mental and Physical Health Danger	64	0.4
Other Physical/Mental/Health Comb	1	0.0
Handicapped Child and Physical Danger	1	0.0
Handicapped Child and Mental Danger	153	0.9
Handicapped Child, Physical and Mental Danger	4	0.0
Seriously Handicapped Child	35	0.2
Other	1	0.0

## 9. Procedure

**Table 9.1**

**Induced Abortions by Procedure**  
*December Year 2009*

Procedure	Number	Percent
<b>Total</b>	<b>17,550</b>	<b>100.0</b>
Prostaglandin and suction curettage	14,028	79.9
Prostaglandin, dilation, curettage and evacuation	1,091	6.2
Mifegyne and prostaglandin	1,041	5.9
Prostaglandin, suction curettage, dilation, curettage, and evacuation	439	2.5
Prostaglandin, suction curettage, dilation and evacuation	304	1.7
Suction curettage	284	1.6
Prostaglandin, suction curettage, dilation and curettage	216	1.2
Prostaglandin, mifegyne, suction curettage, dilation, curettage and evacuation	58	0.3
Mifegyne	18	0.1
Prostaglandin, suction curettage and mifegyne	13	0.1
Prostaglandin	11	0.1
Prostaglandin, dilation and evacuation	9	0.1
Suction curettage, dilation and curettage	8	0.0
Mifegyne, prostaglandin and other medical	5	0.0
Prostaglandin, mifegyne, suction curettage, dilation, and evacuation	5	0.0
Prostaglandin, dilation, curettage, and evacuation	3	0.0
Dilation and curettage	2	0.0
Suction curettage and mifegyne	2	0.0
Suction curettage, dilation and evacuation	2	0.0
Suction curettage, dilation, curettage, and evacuation	2	0.0
Suction curettage, mifegyne and prostaglandin	2	0.0
Dilation, curettage and mifegyne	1	0.0
Other medical	1	0.0
Other surgical, mifegyne and prostaglandin	1	0.0
Prostaglandin and other medical	1	0.0
Prostaglandin, dilation, curettage and mifegyne	1	0.0
Prostaglandin, mifegyne, dilation and evacuation	1	0.0
Suction curettage and other surgical	1	0.0
Total medical only abortions	1,077	6.1
Total surgical abortions	16,473	93.9

The ASC notes there has been a slight rise in medical abortions in 2009, up from five percent in 2008. We have been encouraging licence holders that do not provide a medical abortion service to consider offering such a service in future.

## 10. Contraception

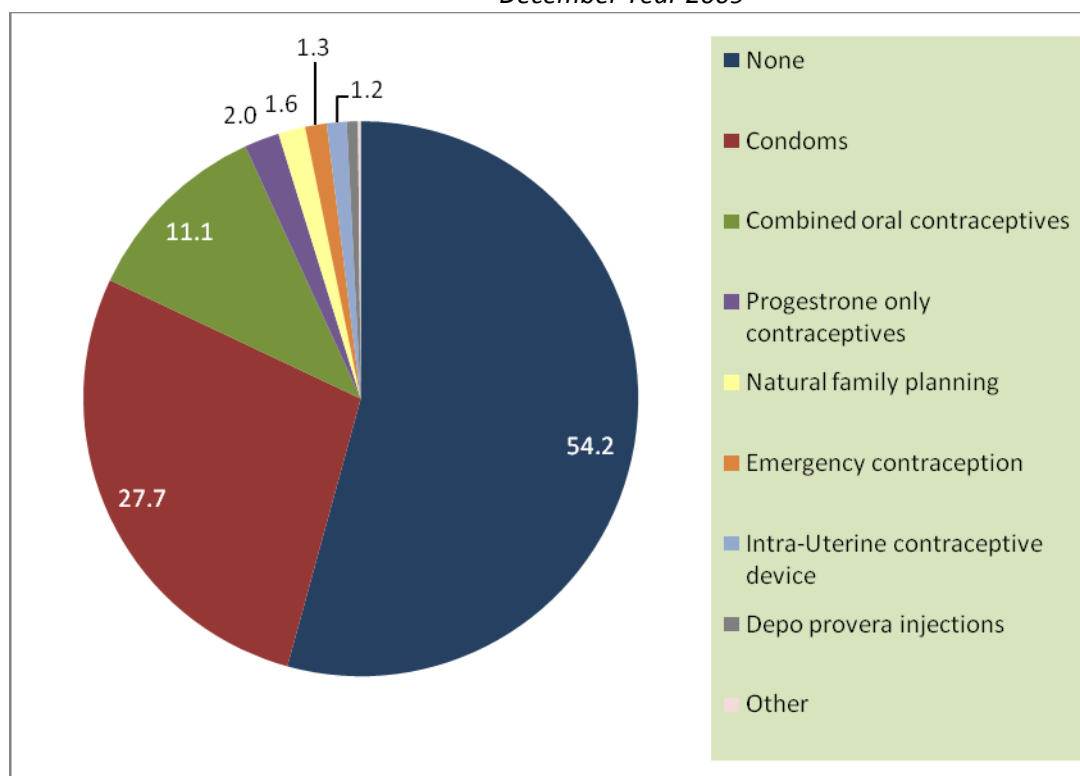
**Table 10.1**

**Induced Abortions by Contraception Used**  
*December Year 2009*

Contraception Used	Number	Percent
<b>Total</b>	<b>17,550</b>	<b>100.0</b>
None	9,517	54.2
Condoms	4,867	27.7
Combined oral contraceptives	1,954	11.1
Progestrone only contraceptives	358	2.0
Natural family planning	276	1.6
Emergency contraception	220	1.3
Intra-Uterine contraceptive device	203	1.2
Depo provera injections	114	0.6
Other	28	0.2
Diaphragm	13	0.1

**Graph 10.1**

**Percentage of abortions by contraception used**  
*December Year 2009*



The ASC notes that there has been no improvement in the proportion of women having abortions who are using no contraception, and we are concerned that contraceptive health education is not being effective. We would encourage the Ministry of Health to foster research into this important issue. The ASC considers that, where long-term reversible contraception is the appropriate choice for a woman, price should not be a barrier to its provision. The ASC are therefore encouraged by the reported uptake of long acting implants as a result of the funding decision by Pharmac.

## WORK PROGRAMME

### Research

The ASC is encouraged that peer-reviewed, funded research into abortion in New Zealand appears to be increasing as there are many issues that need to be explored, for example information from Epsom Day Unit has divulged that one third of women accessing abortion have a history of domestic violence.

In reviewing recent international statistics, we note the strong correlation between abortion rates and socio-economic deprivation. This information is not easily obtainable in New Zealand, but it would be an important avenue for research, given the high abortion rates in New Zealand.

### Standardised referrals for termination of pregnancy

The ASC has been encouraging uptake of the new standardised referral system introduced in 2009 for use by primary carers when consulted by women considering an abortion. The application will provide the ASC with anonymous and encrypted data on the number of women who proceed to abortion following confirmation of a pregnancy for which termination has been considered. This process will also provide the ASC with more accurate data regarding complications, will encourage appropriate follow up of women following abortion, and enable appropriate referrals for ongoing mental health issues. The use of this form will also ensure that women have been aware of their right to access counselling.

### Interpretation of abortion statistics

The ASC continues to be frustrated by a lack of media and public understanding when interpreting the reason for the high number of approvals for abortions given by the second certifying consultant. This statistic indicates appropriate support for women provided by their general practitioners, counselling services and the expertise of the first certifying consultant in assessing the physical and mental health of the women.

Women considering termination of pregnancy are required to discuss the implications with their medical doctor. Women are then offered decision counselling and an assessment from the first consultant, who is guided by clinical judgement and provisions of the abortion law in New Zealand, before proceeding to an assessment by a second certifying consultant. The referral to a second certifying consultant also gives the women a final opportunity for reflection before any procedure is carried out. This indicates that by the time of referral to the second certifying consultant, the consideration of abortion for a patient is both clinically appropriate and within the law. What is not currently reflected in the statistics are those women, who after having seen two certifying consultants, choose not to proceed with an abortion.

### **Continuing professional medical education for pregnancy loss counselling**

The ASC has been involved in meetings and discussions to scope the need for continuing medical education for counsellors and others involved in pregnancy loss. We have determined that any such continuing professional education would need to be distance-taught in order to support those working in isolation in smaller centres and the course would include all issues surrounding pregnancy loss. The ASC are encouraged by the progress being made towards the provision of such continuing education.

### **Workforce issues**

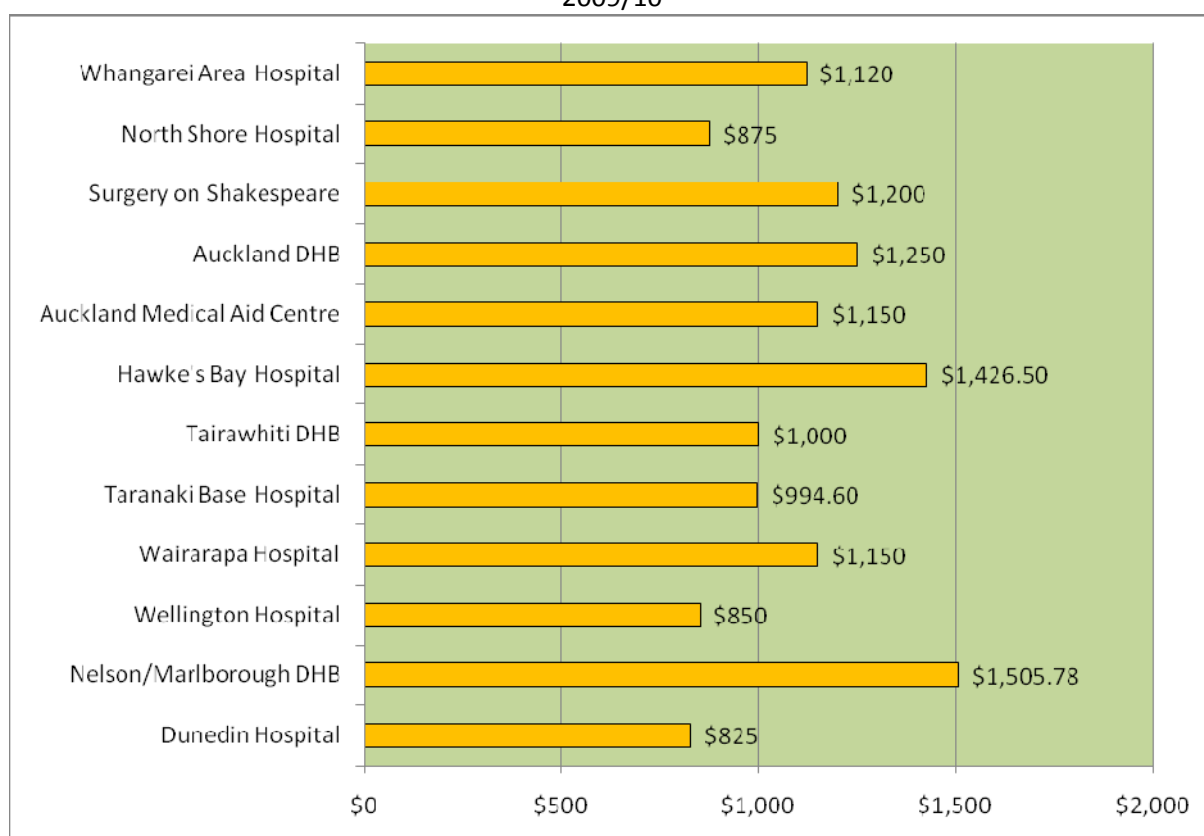
In our 2009 report we signalled that workforce will need to be addressed to be assured about future provision of services. The ASC is continuing to gather workforce-related data in order to determine future needs. The ASC have been encouraged by a number of new applications from prospective certifying consultants in some of the smaller centres for an appropriate service to mitigate the disruption and expense for woman needing to travel long distances out their area of domicile.

### Costs to non-residents

The ASC continues to be conscious of the cost of accessing abortion for some groups of non-residents such as migrant workers. We considered it important to obtain and publish the data we have collected on this matter, which is presented in the graph below.

The ASC notes the significant variance in cost across providers, which reflects that costs will differ depending on method of termination (medical or surgical), anaesthetic (local or general), and gestation (first or second trimester).

**Fees charged to individual non-residents by selected licensed institutions**  
2009/10



## APPENDIX ONE

In the year from 1 July 2009 to 30 June 2010 the Supervisory Committee held 12 meetings and visited 8 licensed institutions.

### Visits

Taranaki Base Hospital  
 Wellington Hospital  
 Hawke's Bay Hospital  
 Christchurch Women's Hospital  
 Dunedin Hospital  
 Waikato Hospital  
 Rotorua Hospital  
 Whangarei Hospital

### Meetings

The Supervisory Committee met with:

- Prof David Fergusson
- Officials from Statistics New Zealand
- Representatives of Family Planning
- Dr Alison Knowles
- ASC Counselling Advisor, Janet Campbell
- Dr Carol Shand
- Officials from the Crown Law Office
- Officials from the Ministry of Justice
- Staff of the University of Otago, Christchurch

### Certifying consultants

As at 30 June 2009 there were 176 certifying consultants (of whom 111 met the Act's specialist category requirements) on the Supervisory Committee's list.

Fees payable to certifying consultants for consultations with women considering termination of pregnancy totalled \$4,848,579 (GST exclusive) in the year ended 30 July 2010.

## APPENDIX TWO

### Functions and powers of the Supervisory Committee

The functions and powers of the ASC are set out in section 14 of the Contraception, Sterilisation, and Abortion Act 1977.

#### **s14(1)**

***(a) Keep under review all the provisions of the abortion law, and the operation and effect of those provisions in practice.***

***(b) Receive, consider, grant, and refuse applications for licences or for the renewal of licences under this Act, and to revoke any such licence***

***(c) Prescribe standards in respect of facilities to be provided in licensed institutions for the performance of abortions***

***(d) Take all reasonable and practicable steps to ensure that:***

- i. licensed institutions maintain adequate facilities for the performance of abortions; and***
- ii. all staff employed in licensed institutions in connection with the performance of abortions are competent***

***(e) Take all reasonable and practicable steps to ensure that sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion***

***(f) Recommend maximum fees that may be charged by any person in respect of the performance of an abortion in any licensed institution or class of licensed institutions, and maximum fees that may be charged by any licensed institution or class of licensed institutions for the performance of any services or the provision of any facilities in relation to any abortion***

***(g) Obtain, monitor, analyse, collate, and disseminate information relating to the performance of abortions in New Zealand***

***(h) Keep under review the procedure, prescribed by sections 32 and 33 of this Act, whereby it is determined in any case whether the performance of an abortion would be justified***

***(i) Take all reasonable and practicable steps to ensure that the administration of the abortion law is consistent throughout New Zealand, and to ensure the effective operation of this Act and the procedures thereunder***

***(j) From time to time report to and advise the Minister of Health and any district health board on the establishment of clinics and centres, and the provision of related facilities and services, in respect of contraception and sterilisation***

***(k) Report annually to Parliament on the operation of the abortion law.***