



Report of the **ABORTION SUPERVISORY COMMITTEE**

2018

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

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CURRENT MEMBERSHIP OF THE COMMITTEE

Prof Dame Linda Holloway (Chair)
Dr Tangimoana Habib
Carolyn McIlraith

INTRODUCTION

As required by section 39 of the Contraception, Sterilisation, and Abortion Act 1977 (the Act) this Report summarises our work during the past year. We also include a wide range of graphs and charts that analyse abortion data recently made available for the 2017 calendar year.

Appendix One lists the functions and powers of the Committee as per section 14 of the Act. Appendix Two contains further detail of our activity during the 1 July 2017 to 30 June 2018 reporting year.

STANDARDS OF CARE DOCUMENT

The Abortion Supervisory Committee (ASC) is pleased to announce the release of an updated Standards of Care for Women Requesting an Abortion in Aotearoa New Zealand. The original 2009 Standards of Care document was reviewed and updated by a Standards Committee, which was appointed by the ASC.

The new version of the document contains standards and recommendations for health practitioners to follow when providing abortion care services in New Zealand. The ASC expects standards are to be met by hospitals and clinics as part of their licensing obligations while recommendations are intended to provide a general guideline to follow.

The ASC recognises the importance of having such a document available for professionals providing abortion services to ensure consistent care is being provided nationwide.

All areas of the document have been updated with areas such as Māori health, women centred care, counselling, clinical guidelines, and pre and post abortion care all strengthened. New sections relating to working with young women, women in situations of family violence, migrant and refugee women and women who have experienced sexual assault.

The ASC would like to extend its sincere gratitude to all individuals that contributed to updating the Standards of Care document and believes the changes will provide meaningful assistance to all those working in the field of abortion care.

POTENTIAL FOR CHANGE – LAW REVIEW

In February 2018 the Minister of Justice, Andrew Little, wrote to the Law Commission requesting that it review the current abortion law and provide the Government with advice on how the law could be changed to align with a health approach. Specifically, the Law Commission was asked to review the criminal aspects of abortion law, the grounds for abortion and the process around receiving abortion services.

The Law Commission sought submissions from the public to assist it in developing its advice to the Minister between April and May 2018.

The ASC met with the Law Commission in April 2018 to discuss its views on the current abortion legislation and how it is applied to abortion services in its current form. The ASC has advised Parliament by way of annual hearings before the Justice and Electoral Select Committee and contained in ASC Annual Reports of its concerns with sections of the Contraception, Sterilisation and Abortion Act 1977 (the CSA Act). The CSA Act has not been reviewed or updated in forty years and no longer aligns with modern healthcare practices.

The ASC has cooperated with the Law Commission throughout 2018 in responding to queries the Law Commission has had.

As of October 2018, the Law Commission Report has now been sent to the Minister of Justice, Andrew Little. The ASC is pleased its opinions were considered by the Law Commission and outlined in its report to the Minister. The ASC felt the report was a fair and honest interpretation of abortion services throughout New Zealand.

APGANZ PROFESSIONAL DEVELOPMENT FORUM

The ASC attended the Abortion Providers Group Aotearoa New Zealand (APGANZ) Professional Development Forum, which was held in Dunedin over two days in June 2018.

The ASC found it useful to have exposure to presentations from local and international speakers on various topics relating to abortion services and women's health. Some topics of interest included

implications to healthcare delivery if the law changes, the Standards of Care document, current procedural practices, safety and wellbeing to women, overseas legislation and how it affects abortion care, and cultural considerations.

There was discussion around the difficulty to women obtaining medical abortion procedures not being able to take the second dose of medication at home. This is an issue the ASC has had ongoing concerns about. Requiring an additional visit to a licensed facility can cause considerable barriers to access; especially to women living in rural areas or where a licensed facility is a significant distance away from home.

STATISTICAL ANALYSIS AND TRENDS

In this section the ASC presents its analysis of the New Zealand abortion statistics for the 2017 calendar year. Further statistics in tabular form are available to view online at Statistics New Zealand website: <http://www.stats.govt.nz>

In interpreting the number of abortions by hospital (graph 2.1) and induced abortions by residence of woman, it's necessary to consider the redistribution of provision of services. The increased number of abortions at The Womens Clinic in Palmerston North is likely to have resulted from a reduced number of abortions carried out in Wellington and the Wairarapa. It should also be noted that abortions recorded for The Womens Clinic during 2016 only included procedures performed over a part year.

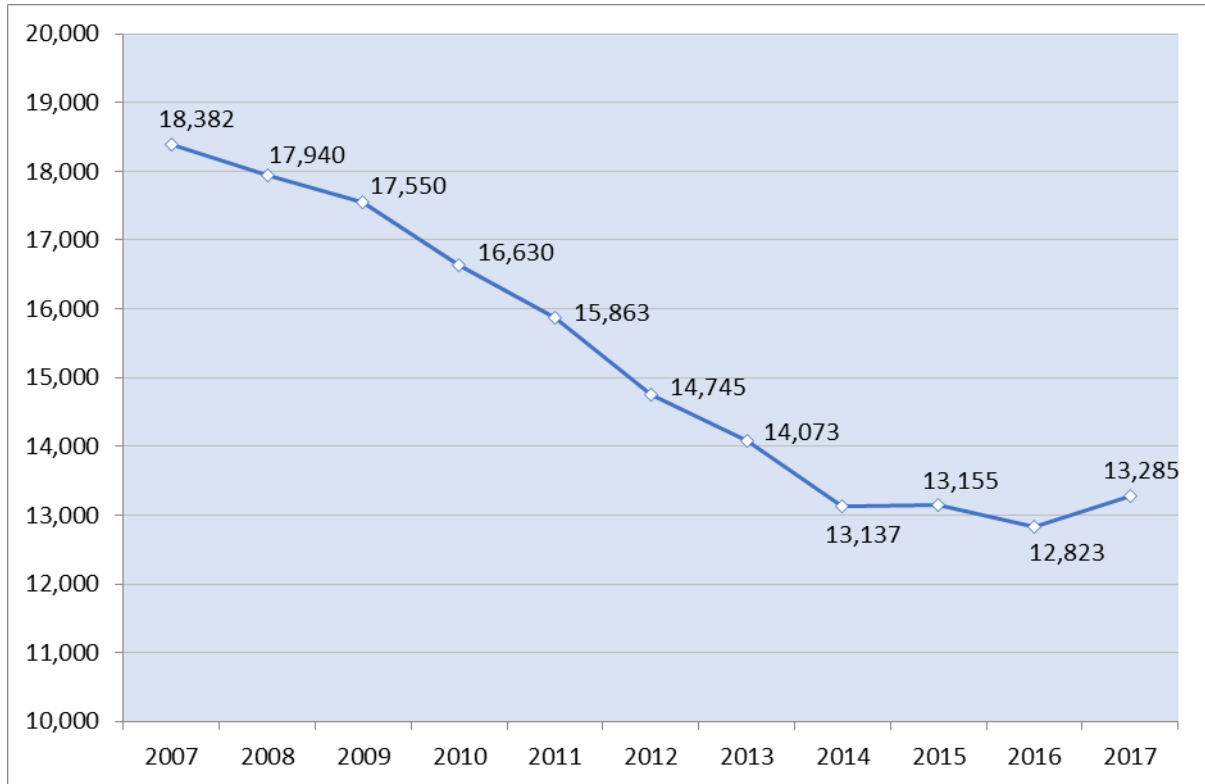
There has been an increase in abortion numbers in the Auckland region, which is likely to be attributed to overall population growth in that area. It is encouraging to see that despite population growth in Dunedin and Otago, abortion numbers have not increased in these areas.

The ASC is also pleased to see the high level of uptake of contraception provided to women at the time of the procedure throughout the country (see graph 11.8).

1. Induced Abortions, Rates and Ratios

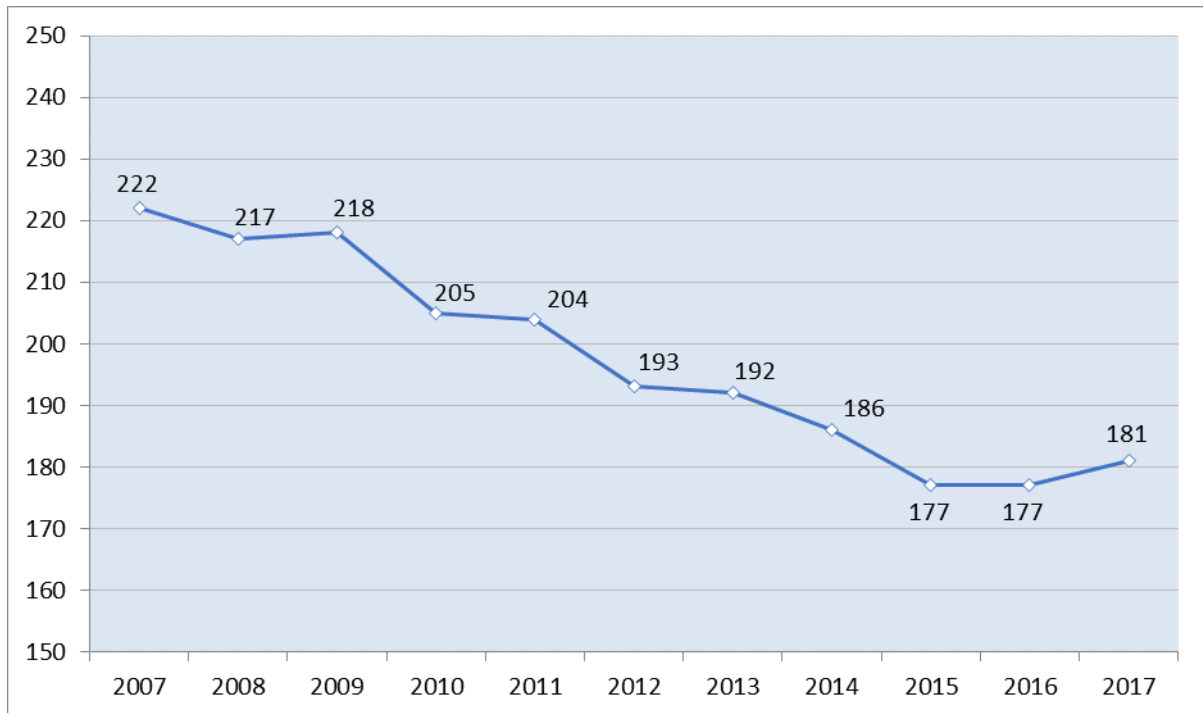
Graph 1.1

Number of Induced Abortions
2007-2017



Graph 1.2

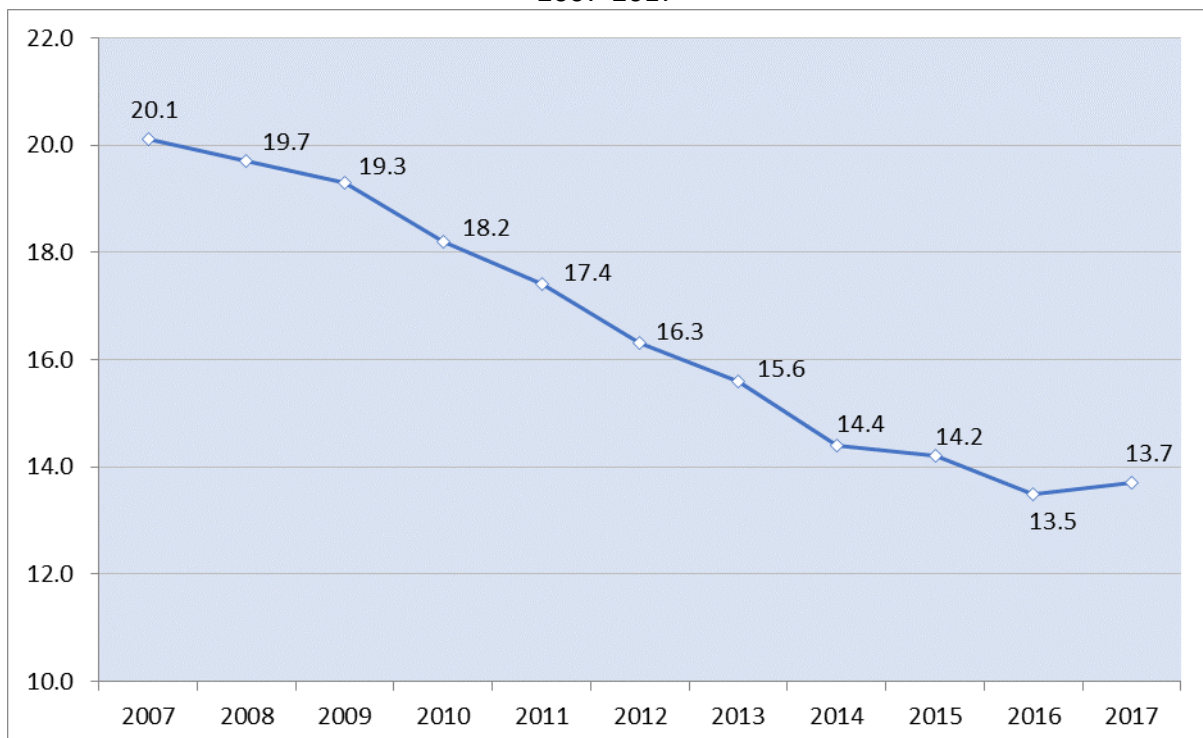
Abortion Ratio
2007-2017



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

Graph 1.3

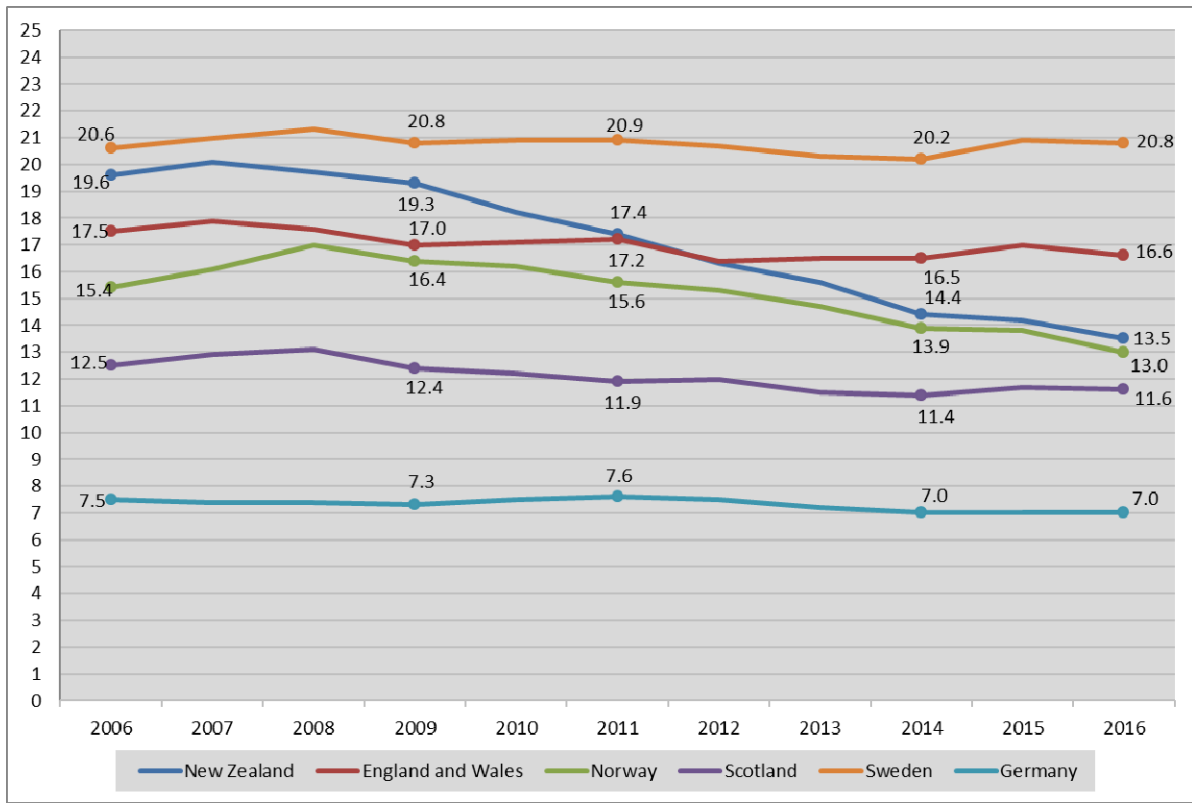
General Abortion Rate
2007-2017



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
2006-2016



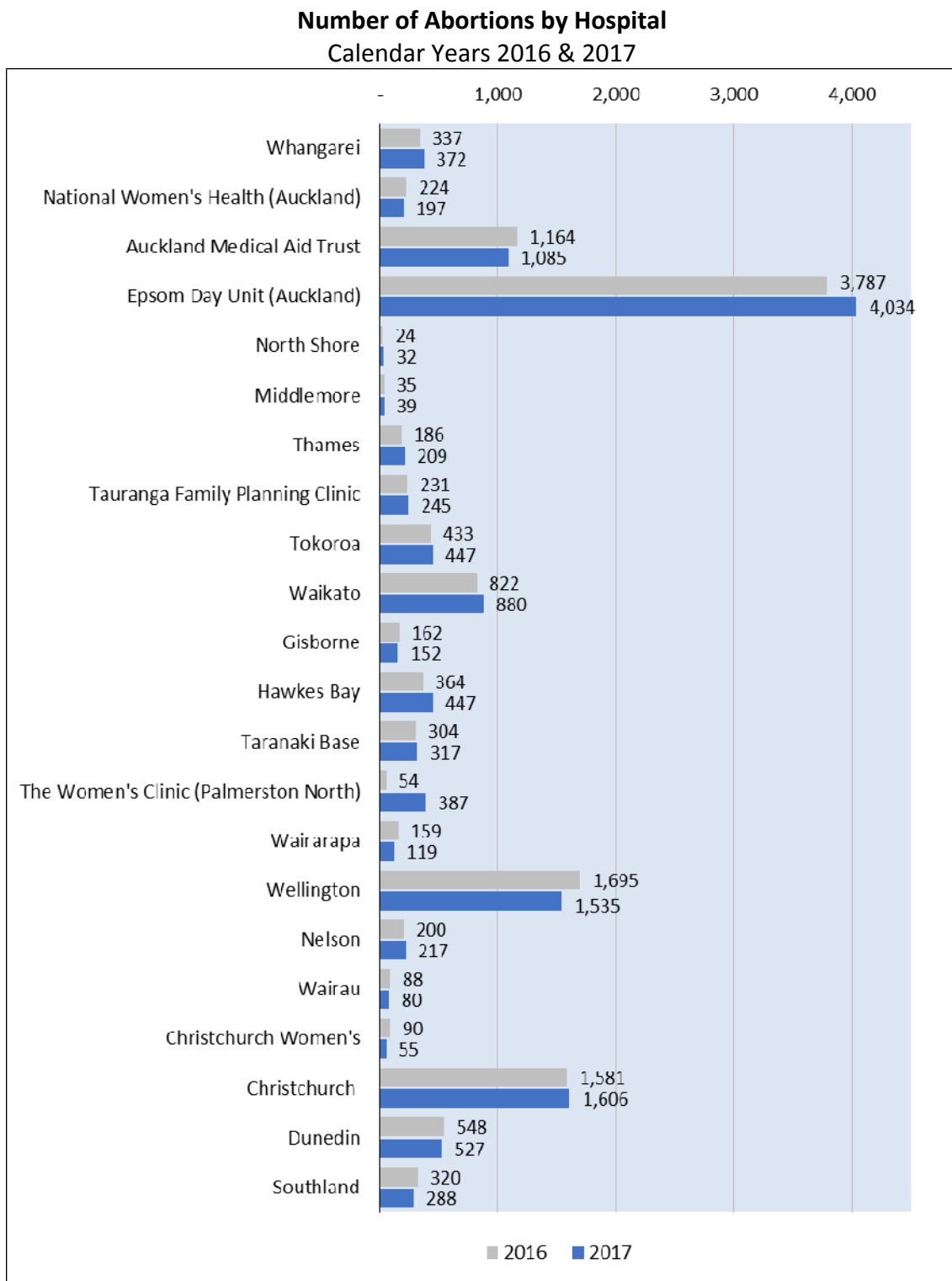
The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years. Statistical coverage and laws relating to induced abortion affect international comparisons of abortion statistics.

Induced abortions are not a notifiable procedure in many countries and statistics on abortion rates are not available for many countries. Consequently, differences between abortion rates for New Zealand and other countries should be interpreted with care.

International data for 2017 is not available for many countries, so comparisons are made using 2016 data.

2. Hospital and Residence

Graph 2.1



Four other hospitals performed a total of 15 abortions:

Surgery on Shakespeare
Rotorua
Palmerston North
Hutt Hospital

Graph 2.2

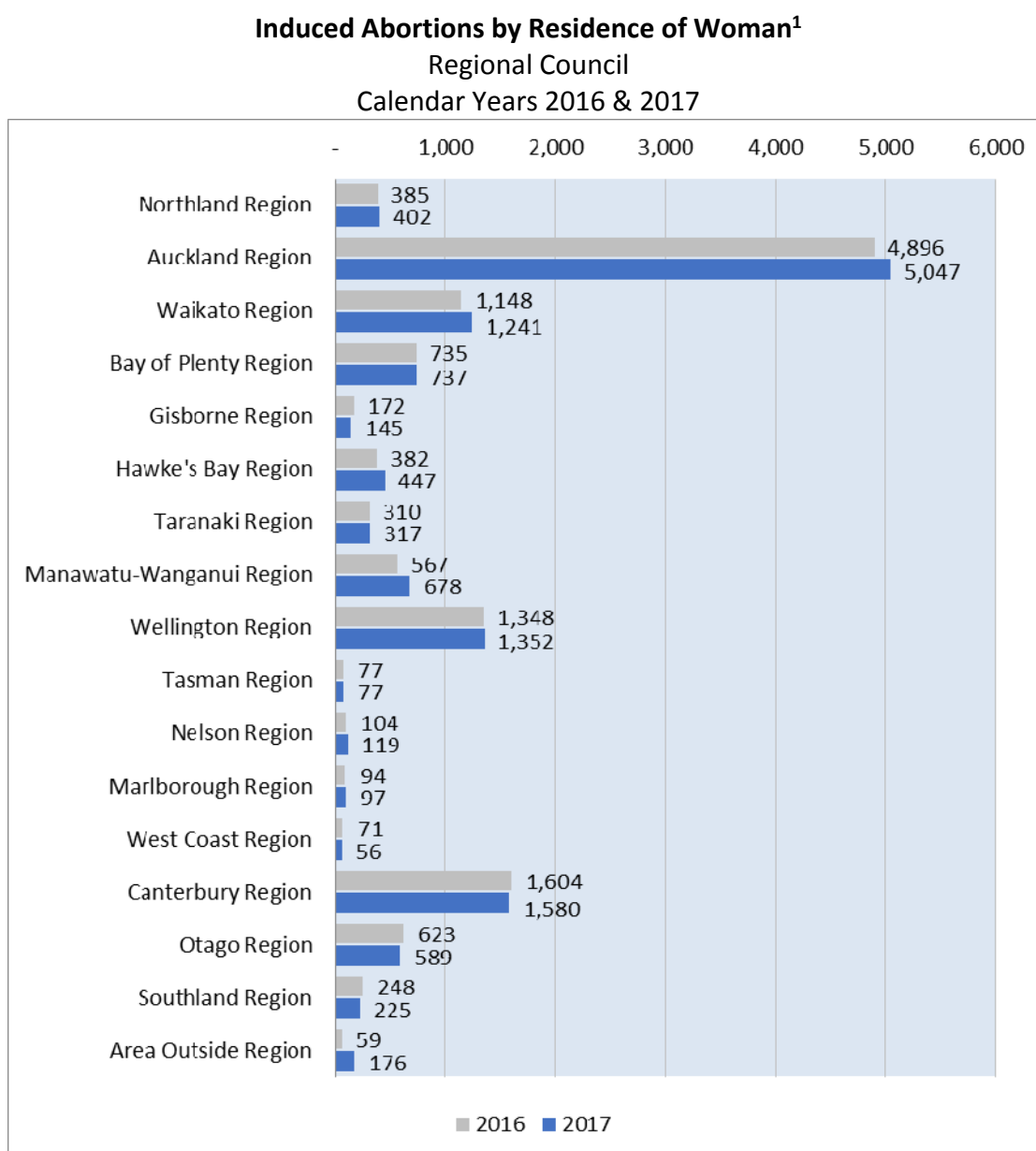


Table 2.3

Induced Abortions by Residential Status of Woman
Calendar Year 2017

Residential Status ²	Number
New Zealand Resident	11,403
Non-Resident	1,168
Not Stated	714
Total	13,285

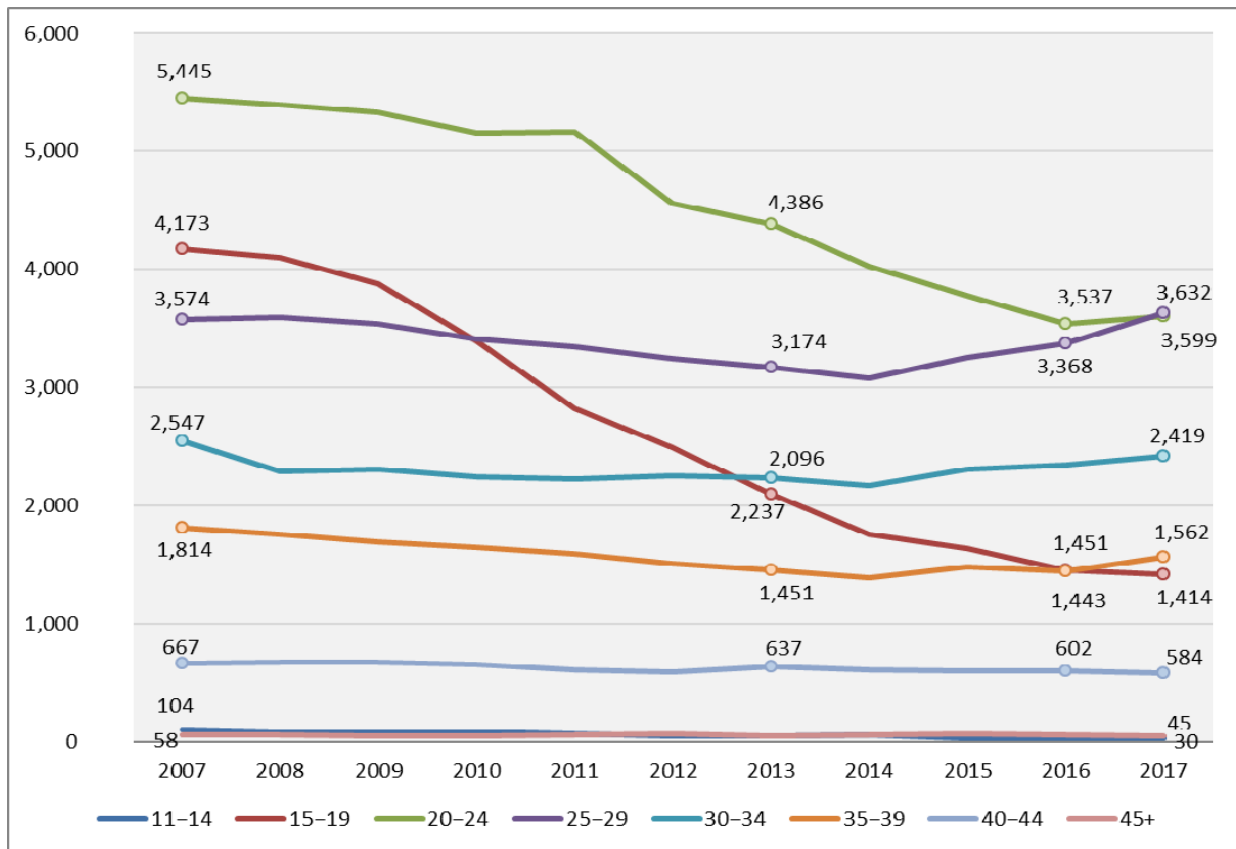
¹ Due to different rates of 'not specified' region across hospitals, regional data should be interpreted with care.

² Residential status is not the same as place of residence.

3. Age of Woman

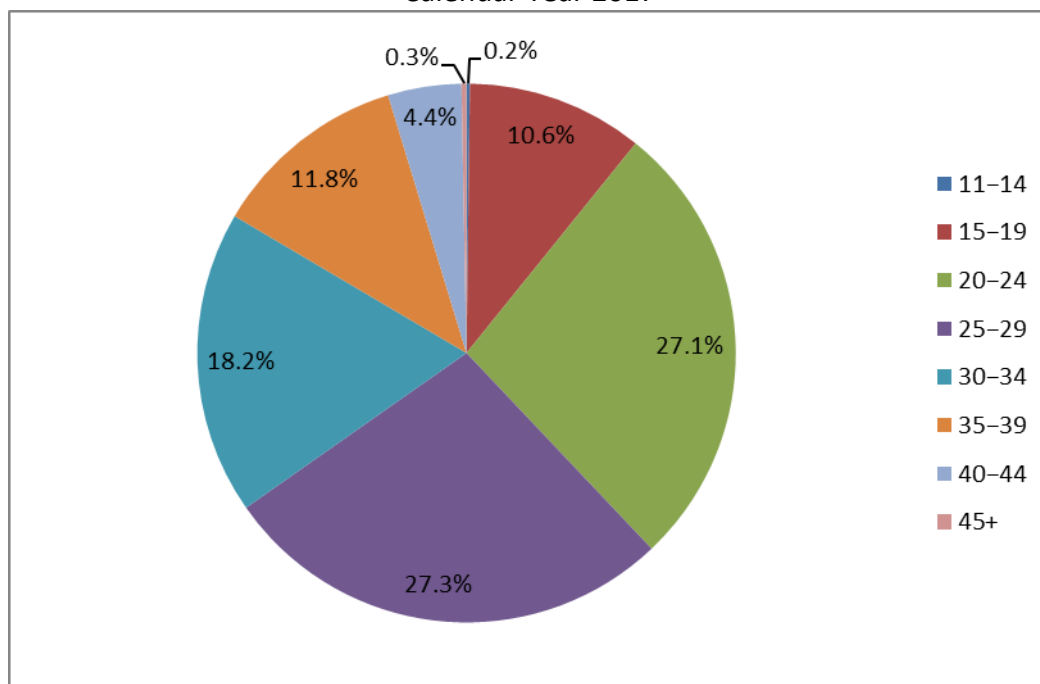
Graph 3.1

Number of Abortions by Age
2007-2017



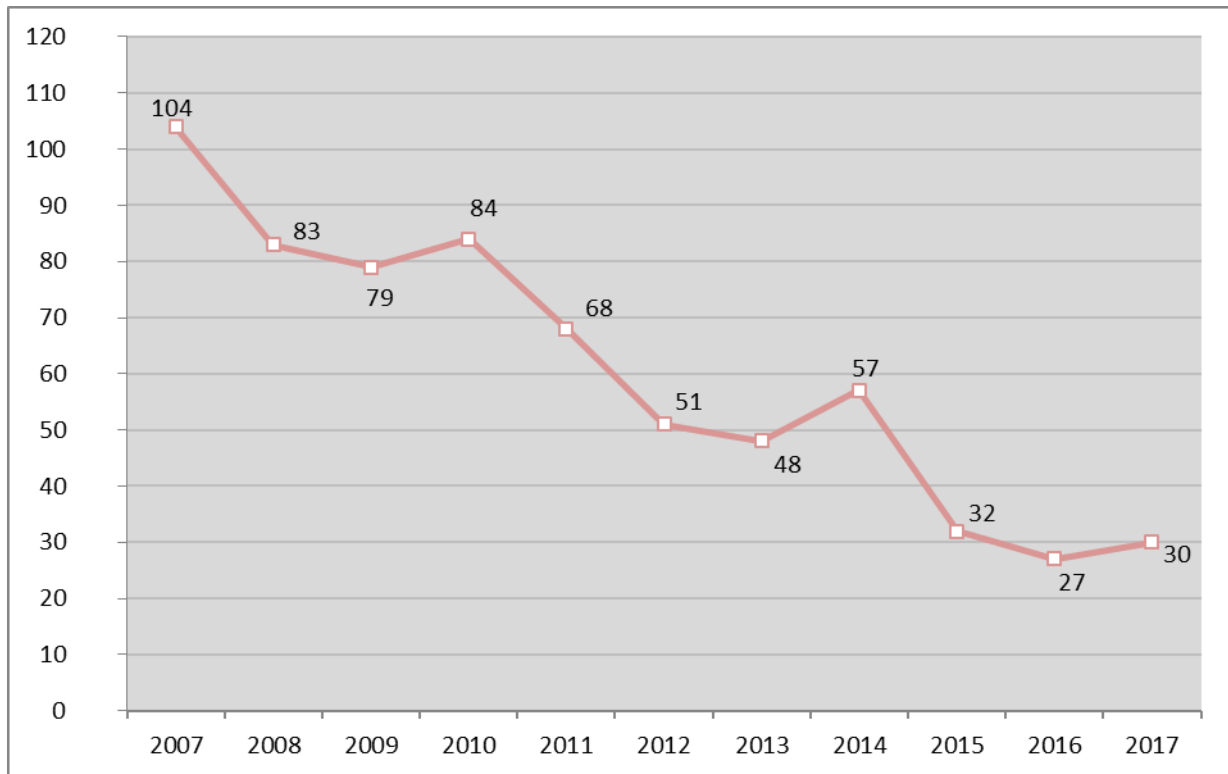
Graph 3.2

Number of Abortions by Age in Percentages
Calendar Year 2017



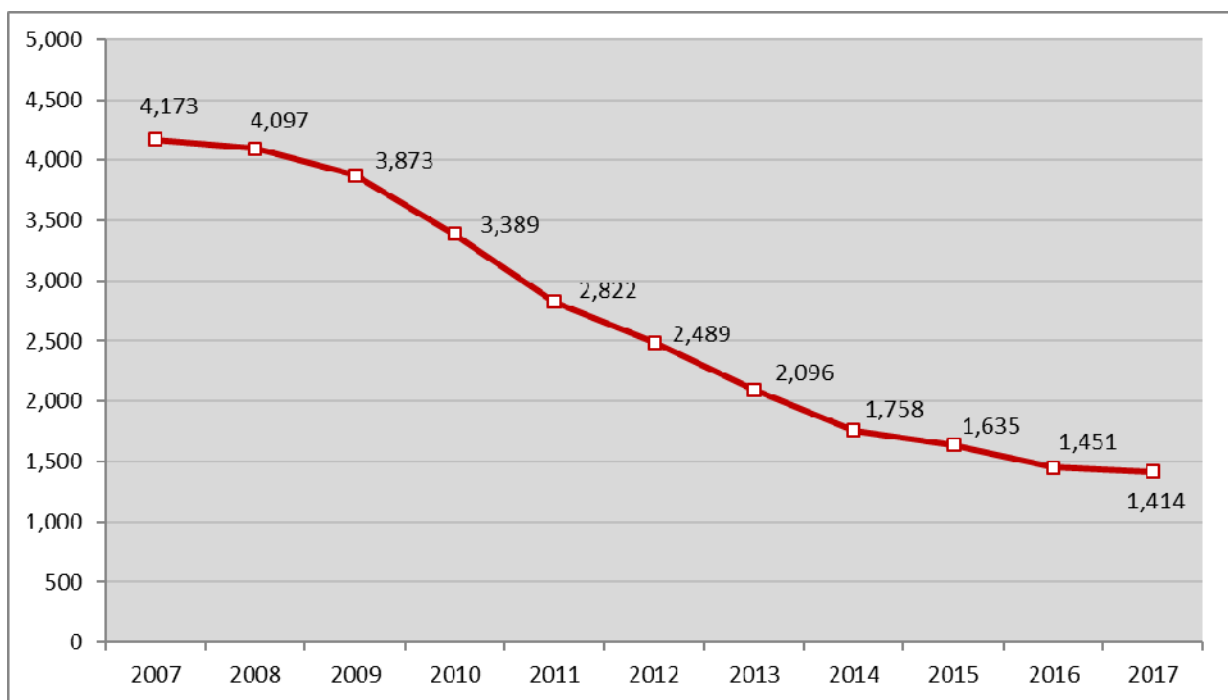
Graph 3.3

Number of Abortions for Ages 11-14
2007-2017



Graph 3.4

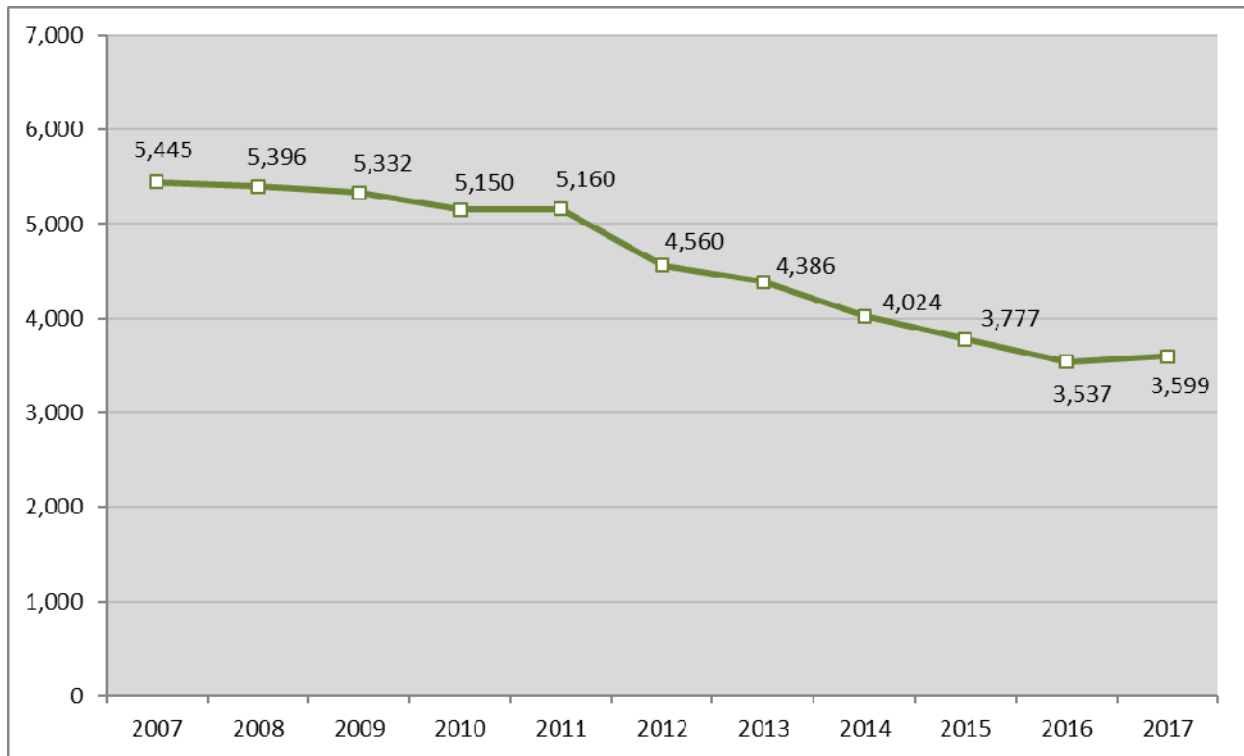
Number of Abortions for Ages 15-19
2007-2017



The ASC notes there has been a dramatic drop in abortion numbers for 15-19 year olds over the previous decade.

Graph 3.5

**Number of Abortions for Ages 20-24
2007-2017**



Graph 3.6

**Number of Abortions for Ages 45+
2007-2017**

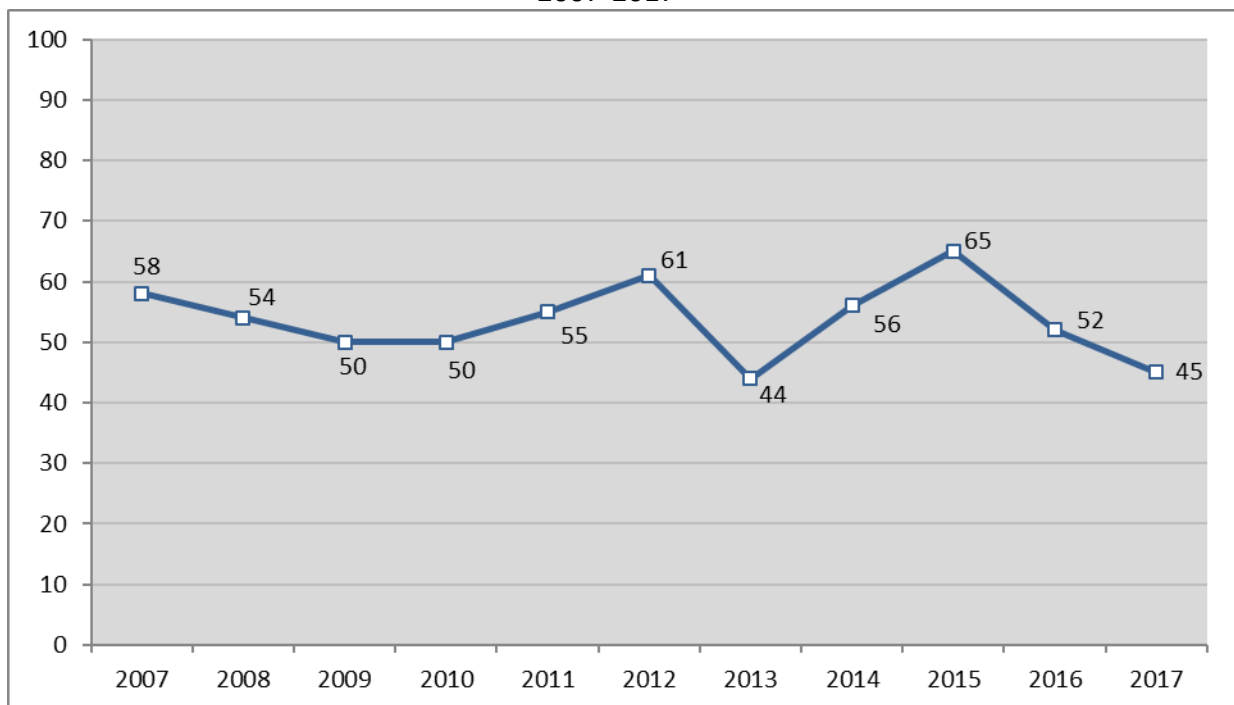


Table 3.7

Induced Abortions by Age – Under 16 Years
Calendar Year 2017

Age (Years)	Number
11	-
12	-
13	5
14	25
15	69
Total	99

Table 3.8

Induced Abortions by Parent or Legal Guardian Notification ³
Calendar Year 2017

Parent or Legal Guardian	Number
Yes	67
No	32
Total	99

This information should be interpreted with care. The information does not capture those women who have support of a trusted adult who is not specifically a parent or legal guardian.

³ Under 16 years of age

4. Previous Live Births

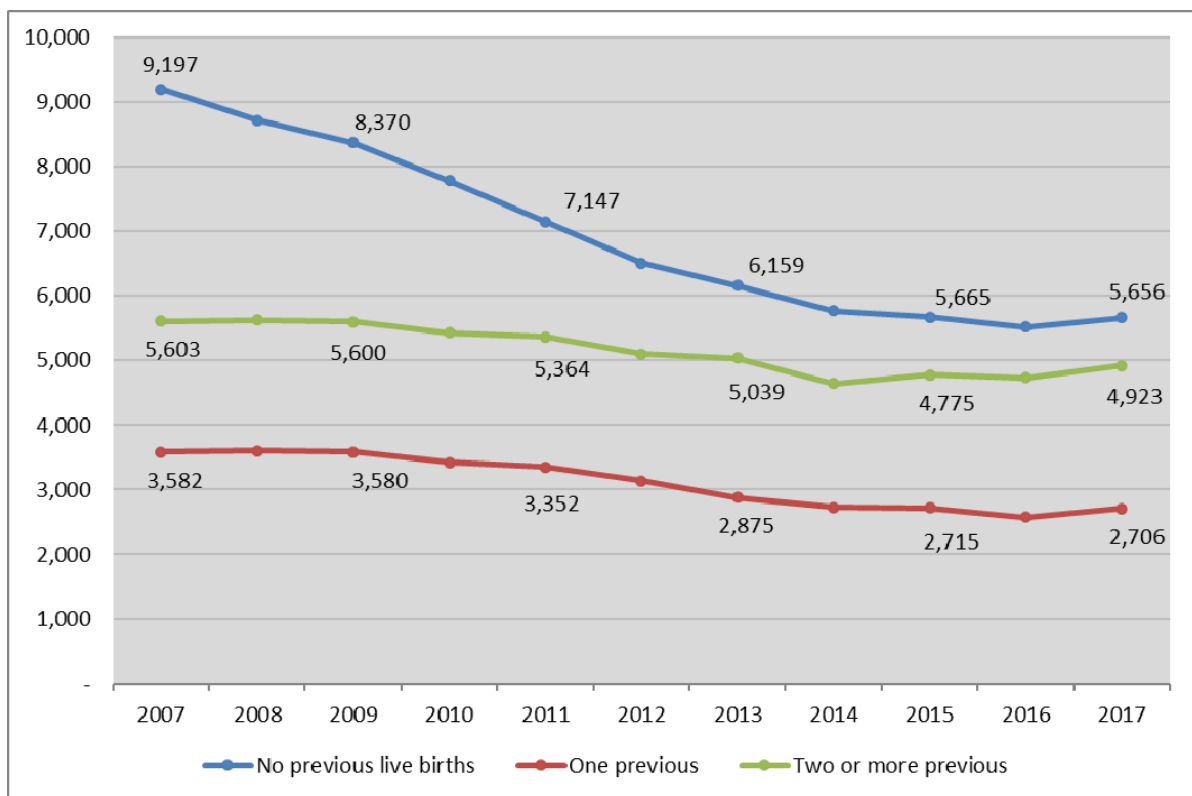
Table 4.1

Induced Abortions by Age and Previous Live Births
Calendar Year 2017

Age (years)	Previous Live Births								
	Total	0	1	2	3	4	5	6	7 or More
All Ages	13,285	5,656	2,706	2,832	1,299	470	178	87	57
Under 15	30	30	-	-	-	-	-	-	-
15-19	1,414	1,231	159	22	2	-	-	-	-
20-24	3,599	2,241	774	447	118	15	4	-	-
25-29	3,632	1,390	806	818	428	126	36	17	11
30-34	2,419	511	553	742	324	158	81	29	21
35-39	1,562	195	309	556	295	119	39	31	18
40-44	584	51	96	227	127	49	17	10	7
45 and Over	45	7	9	20	5	3	1	-	-

Graph 4.2

Number of Abortions by Previous Live Births
2007-2017



5. Previous Induced Abortions

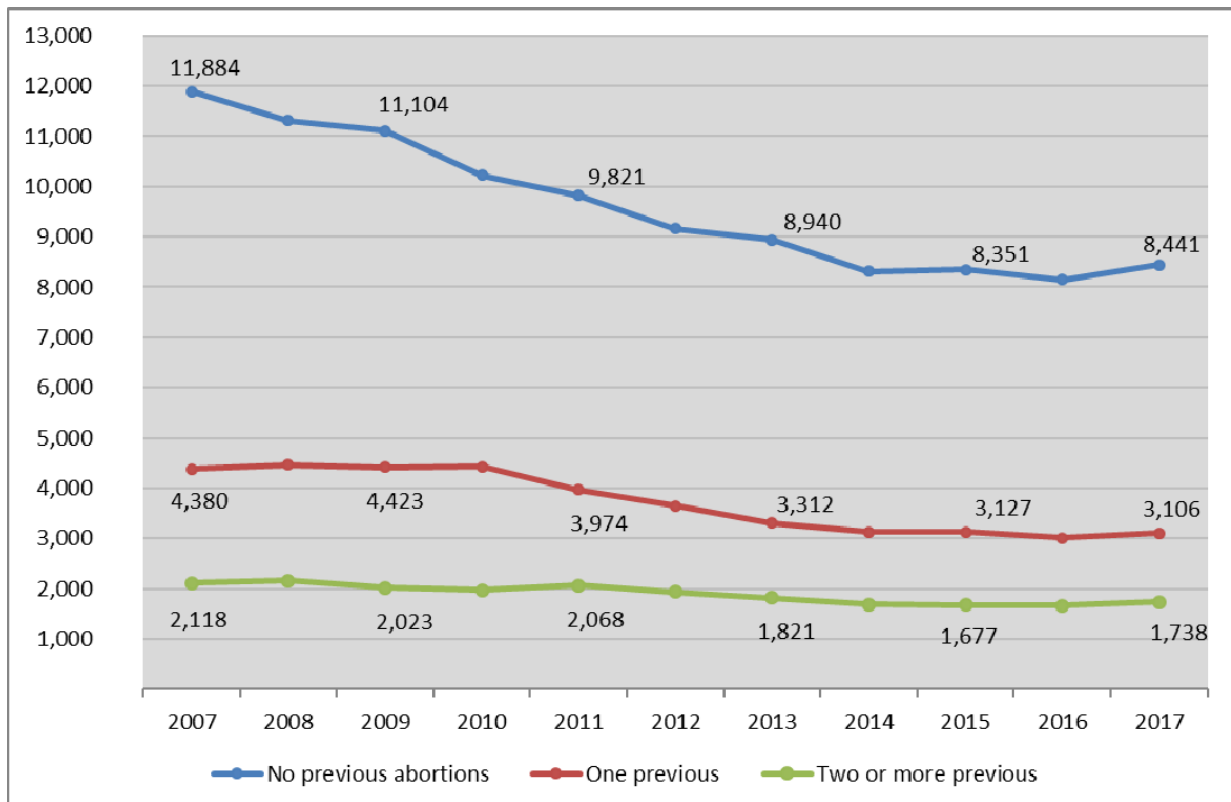
Table 5.1

Induced Abortions by Age and Previous Induced Abortions
Calendar Year 2017

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or more
All Ages	13,285	8,441	3,106	1,158	376	138	37	29
Under 15	30	30	-	-	-	-	-	-
15-19	1,414	1,283	119	11	1	-	-	-
20-24	3,599	2,648	729	172	38	11	1	-
25-29	3,632	2,077	953	417	125	42	10	8
30-34	2,419	1,244	703	286	123	45	8	10
35-39	1,562	827	429	195	62	29	14	6
40-44	584	308	159	74	26	9	4	4
45 and Over	45	24	14	3	1	2	-	1

Graph 5.2

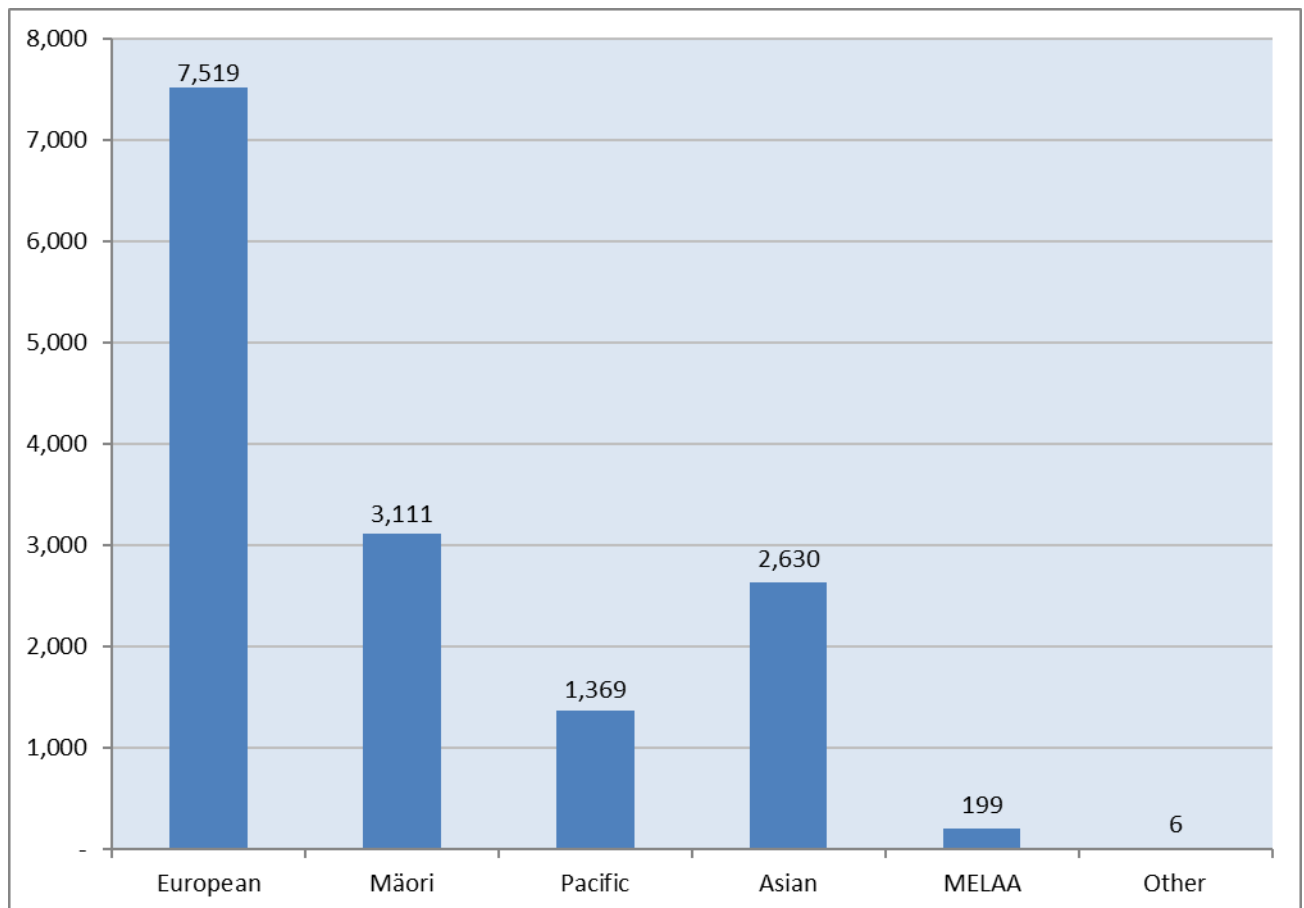
Number of Abortions by Previous Induced Abortions
2007-2017



6. Ethnic Group

Graph 6.1

Number of Abortions by Ethnic Group
Calendar Year 2017



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

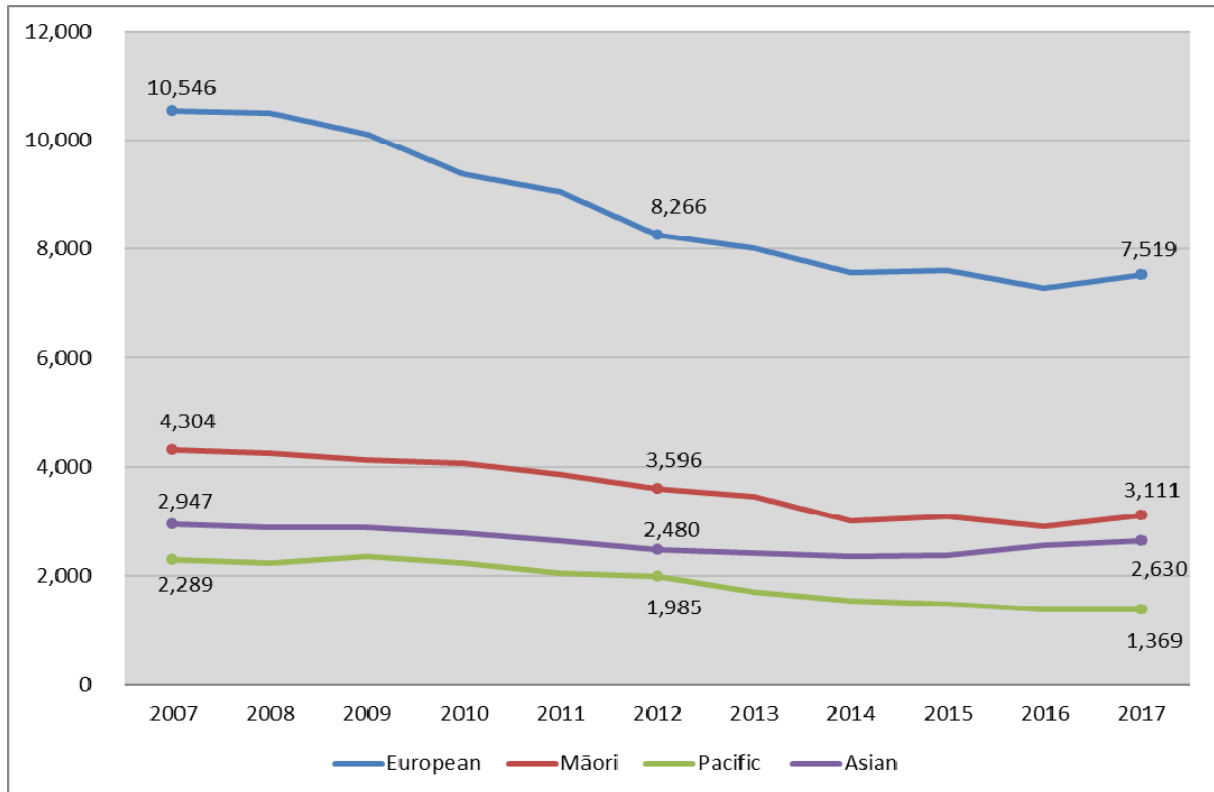
Note:

(a) MELAA = Middle Eastern, Latin American and African

(b) Other includes New Zealanders.

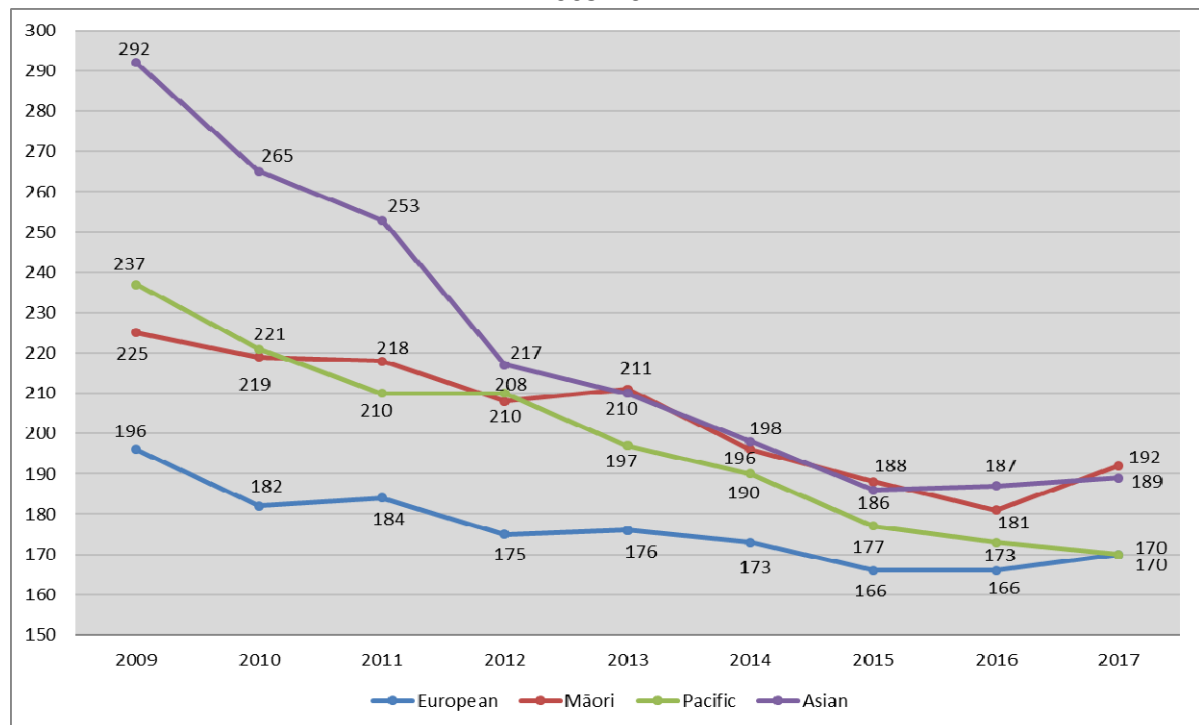
Graph 6.2

**Number of Abortions by Ethnic Group
2007-2017**



Graph 6.3

**Induced Abortions by Ethnicity Ratio
2009-2017**



Ratio: Induced abortions per 1,000 known pregnancies including live births, stillbirths and abortions combined, but does not include miscarriages.

7. Duration of Pregnancy

Table 7.1

Induced Abortion by Age and Duration of Pregnancy Calendar Year 2017

Age (years)	Duration of Pregnancy (weeks)					
	Total	Under 8	8-12	13-16	17-20	Over 20
All Ages	13,285	3,096	8,778	1,107	232	72
Under 20	1,444	273	999	138	29	5
20-24	3,599	813	2,444	286	49	7
25-29	3,632	864	2,397	286	64	21
30-34	2,419	580	1,590	180	49	20
35-39	1,562	388	985	146	27	16
40-44	584	161	342	66	13	2
45 +	45	17	21	5	1	1

Table 7.2

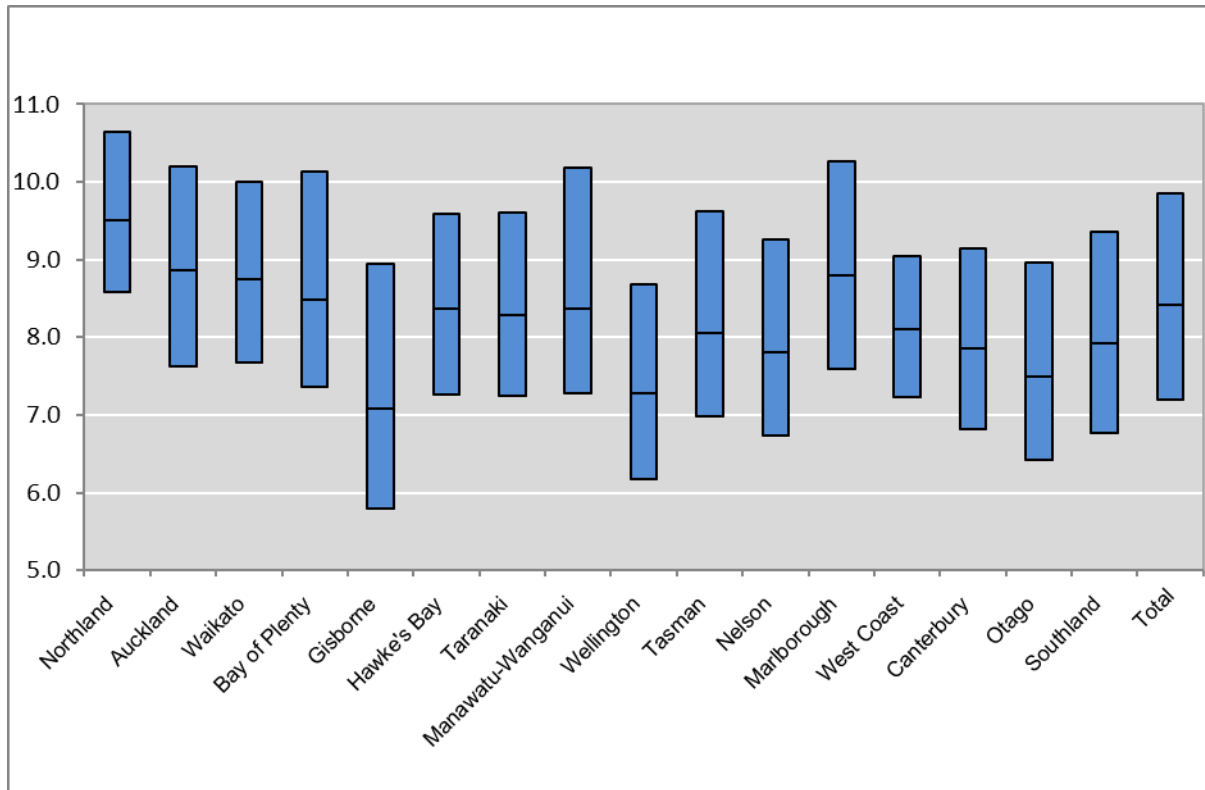
Induced Abortion by Duration of Pregnancy 2007-2017

December year	Duration of pregnancy (weeks)								Total abortions
	Under 8	8	9	10	11	12	13	14+	
Number									
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
2010	2,168	3,836	3,316	2,601	1,993	1,364	470	882	16,630
2011	1,893	3,518	3,289	2,561	1,930	1,364	400	908	15,863
2012	2,031	3,066	3,053	2,349	1,730	1,264	409	843	14,745
2013	2,516	2,735	2,683	2,251	1,571	1,169	358	790	14,073
2014	2,558	2,557	2,323	1,858	1,420	1,136	504	781	13,137
2015	2,465	2,452	2,357	1,833	1,507	1,203	553	785	13,155
2016	2,433	2,452	2,444	1,808	1,315	1,058	512	801	12,823
2017	3,096	2,365	2,325	1,765	1,334	989	597	814	13,285
Percent									
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
2010	13.0	23.1	19.9	15.6	12.0	8.2	2.8	5.3	100.0
2011	11.9	22.2	20.7	16.1	12.2	8.6	2.5	5.7	100.0
2012	13.8	20.8	20.7	15.9	11.7	8.6	2.8	5.7	100.0
2013	17.9	19.4	19.1	16.0	11.2	8.3	2.5	5.6	100.0
2014	19.5	19.5	17.7	14.1	10.8	8.6	3.8	5.9	100.0
2015	18.7	18.6	17.9	13.9	11.5	9.1	4.2	6.0	100.0
2016	19.0	19.1	19.1	14.1	10.3	8.3	4.0	6.2	100.0
2017	23.3	17.8	17.5	13.3	10.0	7.4	4.5	6.1	100.00

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

Table 7.3

First Trimester Abortions ⁽¹⁾ by Duration of Pregnancy 2017
 25th, 50th, and 75th percentiles by regional council



(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

The 'box-plot' graph above 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 75th percentile (that is three-quarters of first trimester pregnancies were terminated within this number of weeks) and the bottom of the box is the 25th percentile (that is, one-quarter of first trimester pregnancies were terminated within this number of weeks).

8. Grounds for Abortion

Table 8.1

Induced Abortion by Grounds for Abortion Calendar Year 2017

Grounds for Abortion	Number	Percent
Total	13,285	100.0
Danger to Life	24	0.2
Danger to Physical Health	16	0.1
Danger to Mental Health	12,925	97.3
Danger to Life and Physical Health	9	0.1
Danger to Life and Mental Health	3	0.0
Mental and Physical Health Danger	94	0.7
Handicapped Child and Other Grounds *	6	0.0
Other Physical/Mental/Health Combination	3	0.0
Handicapped Child and Mental Danger	102	0.8
Handicapped Child, Physical and Mental Danger	3	0.0
Seriously Handicapped Child	97	0.7
Criminal Offence and Danger to Mental Health and Other	3	0.0

Stats NZ recommends that counts less than three are not released. Some categories have been combined where necessary to protect confidentiality.

*Other covers any combination of the grounds above it that have not already been grouped.

9. Procedure

Table 9.1

Induced Abortions by Procedure and Duration of Pregnancy Calendar Year 2017

Procedure	Under 9 weeks	9th week and over	Total
Total	5,461	7,824	13,285
Surgical	3,256	7,248	10,504
Medical only (no surgery)	2,189	543	2,732
Failed medical only followed by surgical	13	17	30
Failed surgical followed by medical	3	10	13
Other	-	6	6

10. Complication

Table 10.1

Induced Abortions by Complication Calendar Year 2017

Complication	Number	Percent
Total	13,285	100.0
None	13,197	99.3
Haemorrhage (500ml or more)	42	0.3
Retained placenta/products	26	0.2
Other	12	0.1
Haemorrhage and retained placenta/products	4	0.0
Perforation of Uterus	3	0.0
Two or more complications	1	0.0

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

11. Contraception

Table 11.1

Induced Abortions by Contraception Used
Calendar Year 2017

Contraception Used	Number	Percent
Total	13,285	100.0
None	8,016	60.3
Condoms	2,957	22.3
Combined oral contraceptives	1,173	8.8
Progesterone only contraceptives	451	3.4
Natural family planning	220	1.7
Emergency contraception	180	1.4
Intra-Uterine contraceptive device without hormones	136	1.0
Depo provera injections	79	0.6
Intra-Uterine contraceptive device with hormones	33	0.2
Long-acting implant	26	0.2
Other	14	0.1

Graph 11.2

Percentage of Abortions by Contraception Used
Calendar Year 2017

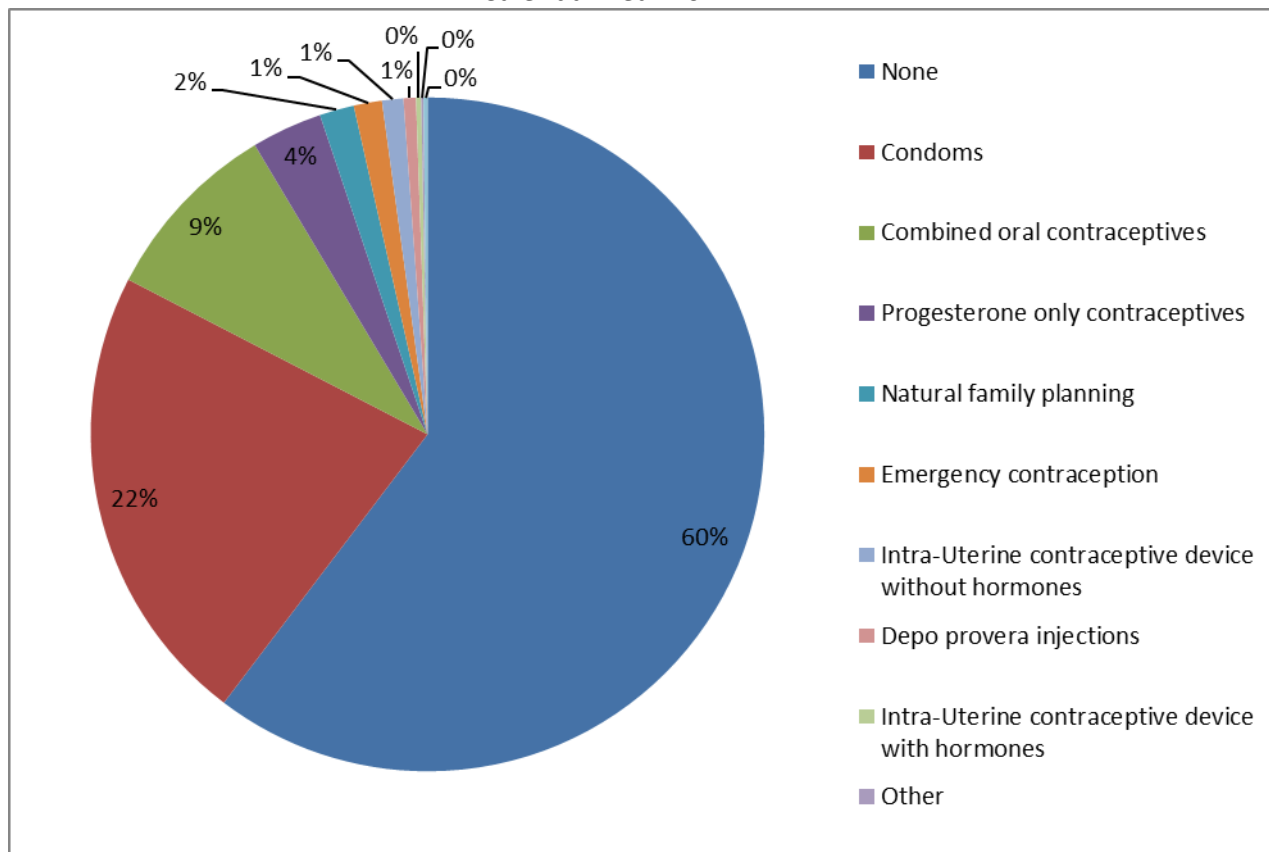


Table 11.3

Induced Abortions by Age and Contraception Use
Calendar Year 2017

Age Group (years)	Total	No Contraception Used	Contraception Used
All Ages	13,285	8,016	5,269
Under 20	1,444	921	523
20-24	3,599	2,166	1,433
25-29	3,632	2,137	1,495
30-34	2,419	1,420	999
35-39	1,562	963	599
40 +	629	409	220

Graph 11.4

No Contraception Used by Age Group
Calendar Year 2017

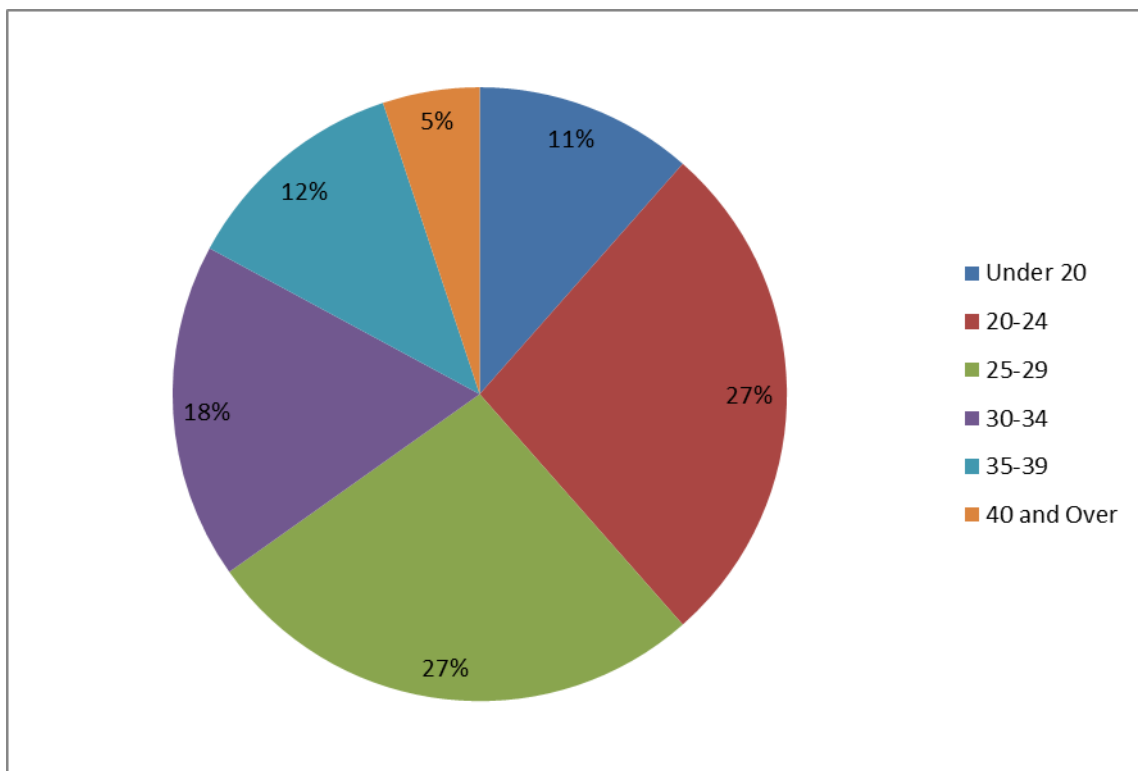


Table 11.5

Contraception
Women who have had Previous Live Births and Previous Abortions
 Calendar Year 2017

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
Total	13,285	8,016	5,269	13,285	8,016	5,269
0	5,656	3,261	2,395	8,441	5,197	3,244
1	2,706	1,696	1,010	3,106	1,772	1,334
2	2,832	1,683	1,149	1,158	683	475
3	1,299	803	496	376	241	135
4 or more	792	573	219	204	123	81

Table 11.6

Contraception Provided at the Time of the Procedure
for Women who have had Previous Abortions
 Calendar Year 2017

Previous abortions	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
Total	13,285	1,372	4,650	1,715	3,008	1,297	1,298	144
0	8,441	936	2,721	1,102	2,032	736	942	120
1	3,106	292	1,204	380	640	340	267	15
2 or more	1,738	144	725	233	336	221	89	9

Note:

- (a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.
- (b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
- (c) 'Oral Contraceptives' includes combined oral contraceptives and progesterone only contraceptives.
- (d) 'Other' contraceptives are largely the emergency contraceptive pill.

Table 11.7

**Induced Abortions by Contraception Provided at the Time of the Procedure
Calendar Year 2017**

Contraception Used	Number	Percent
Total	12,823	100.0
IUCD insertion	4,623	34.8
Combined oral contraceptives	2,358	17.7
Implant insertion	1,708	12.9
None	1,372	10.3
Depo provera injections	1,288	9.7
Condoms	1,085	8.2
Progesterone only contraceptives	586	4.4
Condoms and emergency contraceptive pill	138	1.0
Progesterone only contraceptives and condoms	38	0.3
Other	30	0.2
Combined oral contraceptives and condoms	18	0.1
IUCD insertion and condoms	12	0.1
IUCD insertion and combined oral contraceptives	7	0.1
Emergency contraceptive pill	6	0.0
IUCD insertion and depo provera injections	6	0.0
Implant insertion and condoms	4	0.0
Depo provera injections and condoms	3	0.0
IUCD and implant insertion and implant & implant insertion and progesterone only contraceptives (combined)	3	0.0

Notes:

- (a) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
 (b) 'Other' contraceptives are largely sterilisation.

Table 11.8

Contraception Provided at the Time of the Procedure by Residence of Woman
Regional Council
Calendar Year 2017

Regional Council	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
New Zealand	13,285	1,372	4,650	1,715	3,008	1,297	1,298	144
Northland Region	402	45	227	16	54	47	12	2
Auckland Region	5,047	592	1,887	610	981	317	675	88
Waikato Region	1,241	91	486	163	270	131	130	15
Bay of Plenty Region	737	47	199	105	210	100	84	18
Gisborne Region	145	9	76	18	22	18	3	-
Hawke's Bay Region	447	28	104	103	113	53	46	-
Taranaki Region	317	52	77	62	74	46	7	-
Manawatu-Wanganui	678	71	183	113	180	101	20	-
Wellington Region	1,352	135	497	217	317	112	76	-
Tasman Region	77	17	20	5	18	10	6	-
Nelson Region	119	25	20	15	31	19	6	-
Marlborough Region	97	10	24	13	31	14	5	1
West Coast Region	56	6	21	3	14	10	2	-
Canterbury Region	1,580	152	504	149	432	209	135	2
Otago Region	589	28	182	52	185	81	75	17
Southland Region	225	28	94	53	33	13	4	1
Area Outside Region	176	36	49	18	43	16	12	-

Note:

- (a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.
- (b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
- (c) Oral Contraceptives includes combined oral contraceptives and progesterone only contraceptives.
- (d) 'Other' contraceptives are largely the emergency contraceptive pill.

APPENDIX ONE

Functions and powers of the Supervisory Committee

The functions and powers of the ASC are set out in section 14 (1) of the Contraception, Sterilisation, and Abortion Act 1977.

(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.

APPENDIX TWO

In the year from 1 July 2017 to 30 June 2018 the Supervisory Committee held 10 meetings and appeared before the Justice and Electoral Select Committee.

Visits

- The Women's Clinic, Palmerston North
- Middlemore Hospital, Auckland
- Rotorua Hospital, Rotorua
- APGANZ Professional Development Forum

Meetings

The Supervisory Committee met with:

- Ministry of Justice staff
- Law Commission
- Various certifying consultants
- Licence holders
- Middlemore Hospital staff
- Rotorua Hospital staff

Certifying Consultants

As at 30 June 2018 there were 168 certifying consultants (of whom 112 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 \$4,068,482.08 in the year ended 30 June 2018.