



Report of the
ABORTION SUPERVISORY
COMMITTEE

2012

*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)
Rev Patricia Allan
Dr Tangimoana Habib

INTRODUCTION

This report marks the conclusion of a significant year for the Abortion Supervisory Committee (the Committee). As the reporting year closed the Supreme Court delivered its final judgment in the *Right to Life v Abortion Supervisory Committee* case, dismissing Right to Life's appeal. See the section 'Supreme Court Proceedings' below for more detailed information.

In May 2012 the Committee appeared before the Justice and Electoral Parliamentary Select Committee, the first such appearance in ten years. Discussion included mention of the recently introduced standardised referral system and we are grateful for the Select Committee's recognition of the value of the referral system and its recommendation that all primary healthcare providers use it. Discussion also centred around concern about the declining number of certifying consultants, fewer specialists available and overall aging of the workforce, as well as the uneven regional availability of certifying consultants and counsellors, and our continuing work to improve local access to services. The Committee felt the dialogue was constructive and thanks the Select Committee for its well informed approach to the Financial Review process.

Noting concern over regional availability of services, the Committee is pleased that at the time of writing abortion services are commencing in Invercargill, the first such service in Southland for over a decade.

The Committee has established contact recently with the Ministry of Health through its Elective Services Group, which may provide access to a range of relevant data previously not available to the Committee. Although the Contraception, Sterilisation and Abortion Act 1977 is administered by, and the Committee is supported by, the Ministry of Justice, contraception, sterilisation and abortion are health, not justice, issues and this new liaison with the Ministry of Health will prove valuable. Through this point of contact, the Committee hopes access to Health data and reporting, as well as new opportunities for dialogue, may provide insight into some of the more intractable abortion issues including multiple repeat terminations and access to and timeliness of services.

The statistics for the calendar year 2011 show a further decline in the number of induced abortions in New Zealand to the lowest number in twelve years. The Committee is pleased to note the sharpest decline has been in the child and teen age groups. Further statistical information, including various comments and interpretation from the Committee, are contained in the Statistics section of this report.

Appendix Two contains further detail on the Committee's activity during the reporting year.

CERTIFYING CONSULTANTS & LICENSED INSTITUTIONS

The Committee notes there is shortage of certifying consultants in some large provincial towns, such as Whanganui and Invercargill, as well as in a number of smaller towns throughout New Zealand. We see it as desirable that women can access services locally and note that any deterrent, such as having to travel for a consultation, could adversely affect a woman's decision making process or delay access to services.

We are further concerned about the impact of being known as a certifying consultant in some locations. During the last year the Committee has heard distressing reports from certifying consultants where they, their families, patients and wider public have been the subject of harassment. Particularly distressing are reports of women seeking fertility assistance who have been harassed when they were mistakenly thought to be seeking pregnancy termination.

We are encouraged to hear reports that many certifying consultants are able to participate in peer groups and hope that certifying consultants affected by protesting and harassment are able to support one another through these groups. Where consultants are located in more isolated communities the Committee encourages participation in peer group discussions by electronic means such as internet video conferencing.

It has also come to our attention that harassment of medical staff is taking place in Invercargill resulting from services now being offered at Southland Hospital. We are disappointed that this is occurring. Having local services available to women within their communities is very important. The alternative would be that women would need to travel to other main centres to access services, which may affect the timeliness of procedures and/or affect decision making processes due to limited support being available.

COUNSELLING

The Committee recognises there is a shortage of continuing professional education courses for abortion related counsellors. While some District Health Boards and others are offering in-house training, no such courses have been forwarded to the Committee for possible accreditation. The Committee welcomes such existing training programmes, as well as new work in this area, to be submitted for consideration for accreditation. Some excellent work is happening in the wider field of pregnancy loss counselling that could enhance educational initiatives.

When sufficient appropriate courses are established the Committee intends to mandate, as a requirement of licensing institutions, that counselling staff are funded and supported to attend accredited continuing professional education.

SUPREME COURT PROCEEDINGS

On 9 August 2012 the Supreme Court issued its judgment in *Right to Life v Abortion Supervisory Committee*. By majority the Court upheld the judgment of the Court of Appeal, finding that the Committee is not empowered to examine the individual decisions of certifying consultants in relation to the authorisation of individual abortions. The majority considered, however, that the Committee was at liberty to seek from consultants

“information about how they had generally approached their caseload”, as well as background information of statistical significance that is not directed to individual diagnoses or decisions.

The Committee notes it already makes regular enquiries of all certifying consultants. At the time of annual reapplication consultants report on qualifications, continuing professional education, peer support, intended years of service and the nature of the practitioners practice. Other enquiries will continue to be made as issues arise.

The Committee would like to acknowledge the expert advice and support of legal representatives from Crown Law and the Ministry of Justice. We are pleased this lengthy process has reached its conclusion and, having devoted considerable resources to the litigation over the past seven years, are now looking forward to focussing on exercising our functions under the legislation.

STATISTICS

At 15,863, the number of induced abortions for the calendar year 2011 is the lowest for twelve years and embeds for a fourth year the current significant downward trend in the total number of abortions. The abortion ratio also further declined, continuing an eight-year downward trend. The Committee is encouraged to see abortion numbers reducing, and notes the sharpest decline in terminations is from the child and teen age groups.

Despite these growing positive trends the Committee notes, with concern, that no decline can be seen in the number of terminations sought by women who have already had two or more abortions. We acknowledge educative resources may not be as effective with this heterogeneous group of women, and other life factors may contribute to a range of challenging outcomes. Key to reaching these women will be further increasing the availability of various forms of long-term contraception as well as increasing access to publicly funded tubal ligation or ablation so that unwanted pregnancies are avoided. It is concerning to note that the number of publicly funded tubal ligations performed has been declining.

The Committee notes that 50% of terminations record no use of contraception. This continuing unfavourable trend is an area that requires further research.

The Committee would also welcome further research into New Zealand’s youth age groups. It has been suggested to the Committee that the decline in both the number of child and teen pregnancies, and the number of child and teen abortions, may be due to a shift in the social atmosphere young New Zealanders find themselves a part of. Extensive reality television programming depicts the struggle most young people have in attempting to raise a child of their own, and the possibility of social media based peer pressure is thought to be further deterring unwanted pregnancies. The decline is also a likely result of younger New Zealanders practicing safer sex and having less sex overall. A recent national survey of university students, as well as our own abortion statistics, suggests the same cannot be said of New Zealand’s early twenties age group.

Finally, the Committee devotes considerable effort to presenting easily interpreted statistical data and information and hopes this report will facilitate understanding and informed comment. We note it is important that statistical information is considered in proper context, and that when statistical questions are asked they must be framed carefully to ensure responses are helpful and enhance rather than degrade the growing body of abortion related “information” available.

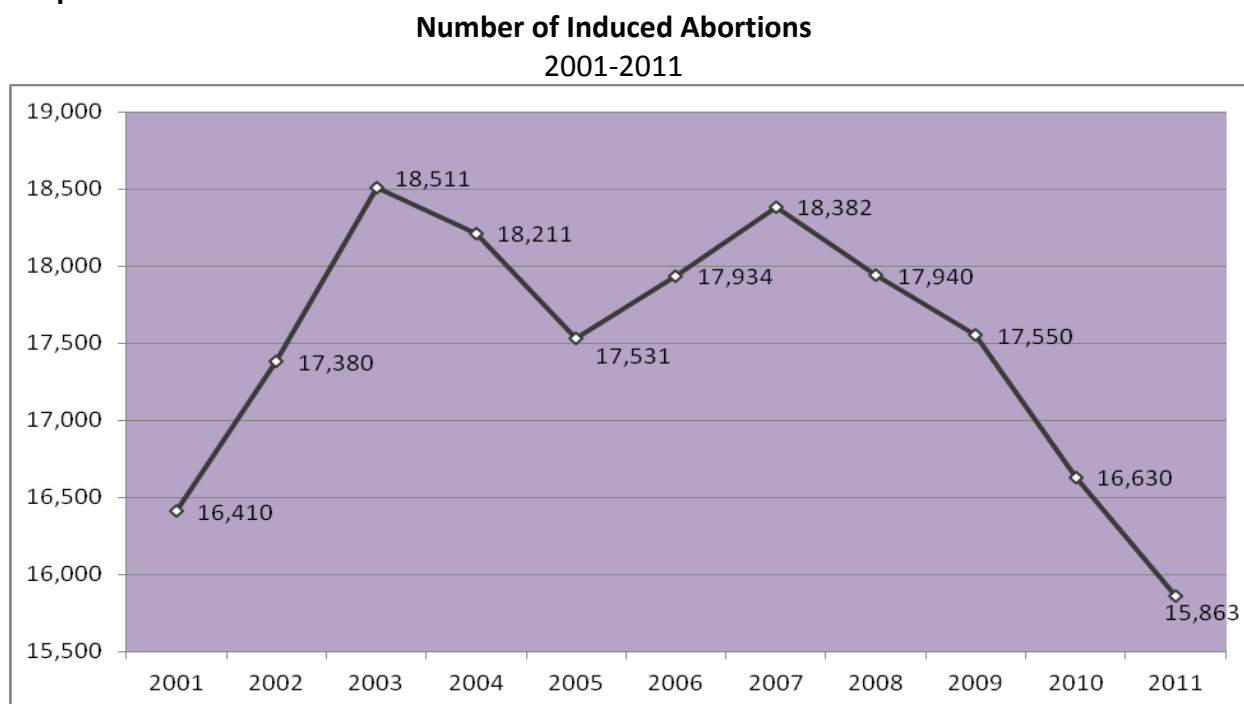
STATISTICAL ANALYSIS AND TRENDS

In this section the Committee presents its analysis of the New Zealand abortion statistics for the 2011 calendar year. Further statistics in tabular form are available to view online at Statistics New Zealand website:

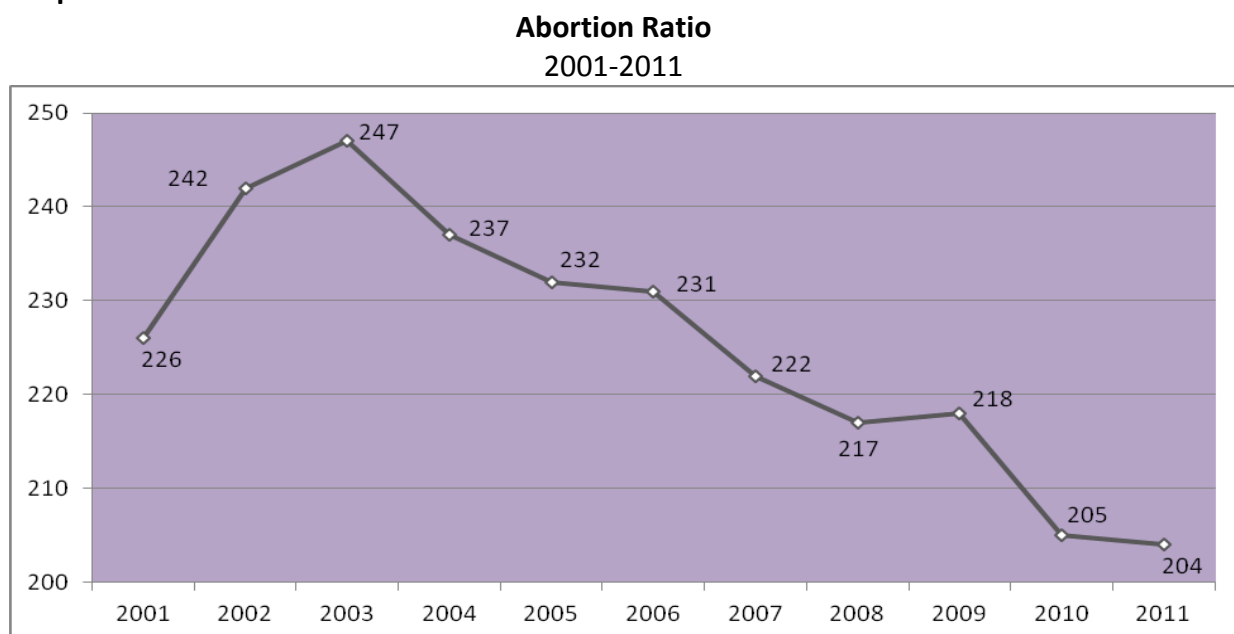
<http://www.stats.govt.nz>

1. Induced Abortions, Rates and Ratios

Graph 1.1

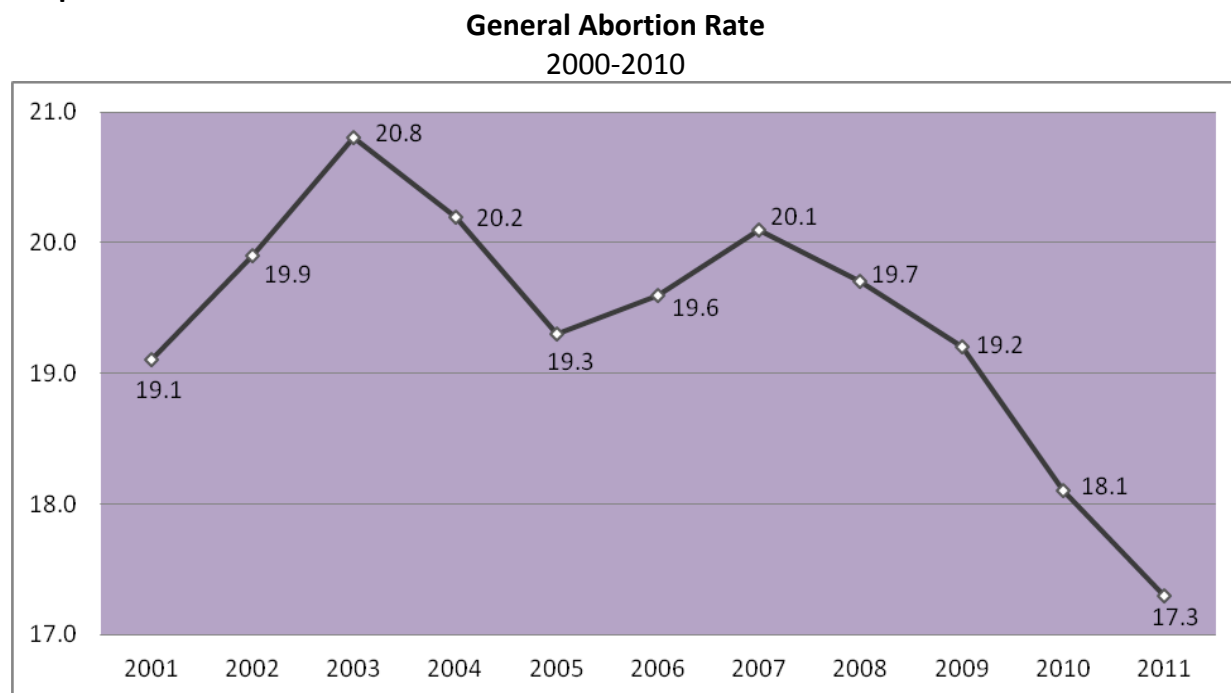


Graph 1.2



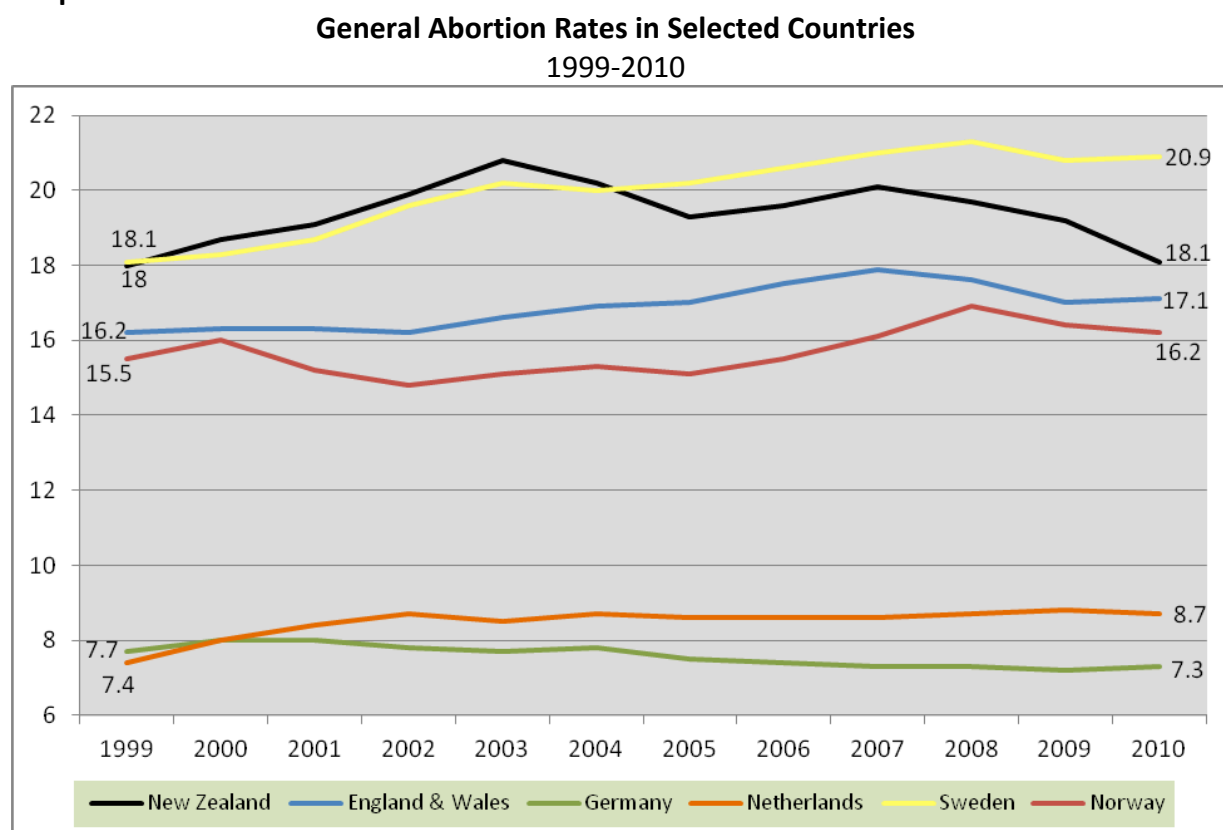
The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but does not include miscarriages.

Graph 1.3



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



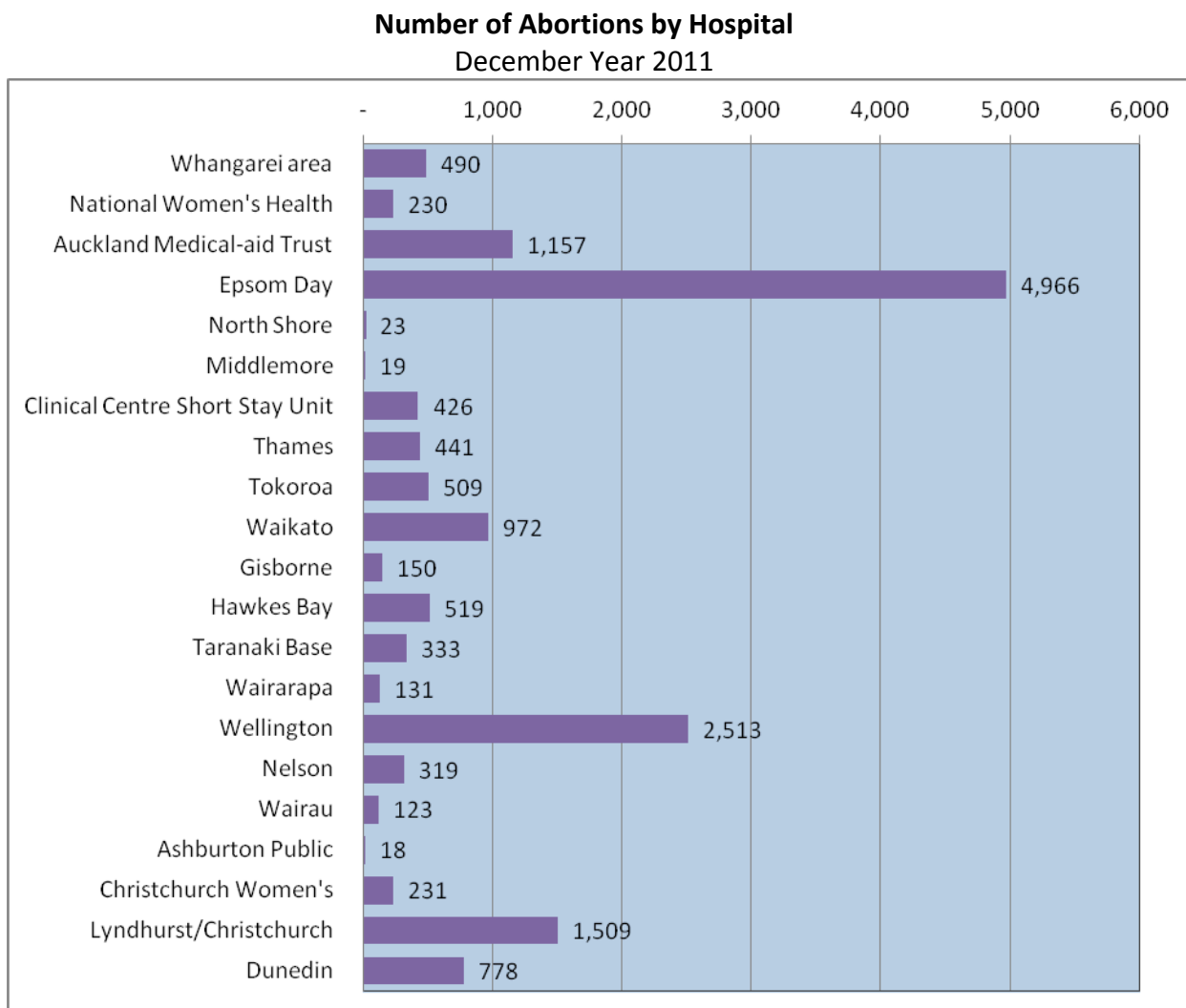
The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

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 2011 is not available for many countries, so comparisons are made using 2010 data.

2. Hospital and Residence

Graph 2.1



Two other hospitals performed a total of 6 abortions:

Palmerston North Hospital

Hutt Hospital

Graph 2.2

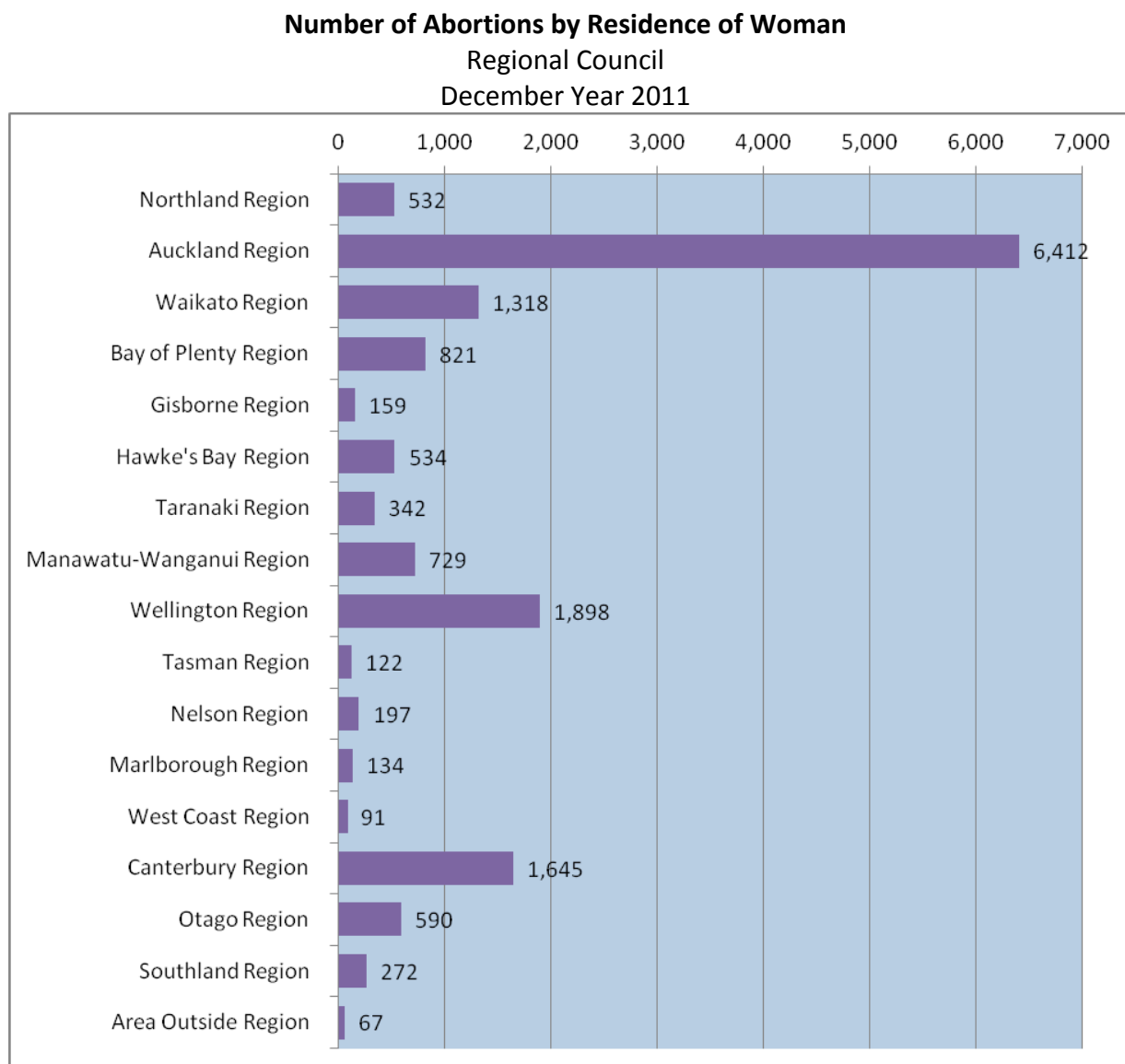


Table 2.3

Induced Abortions by Residential Status of Woman
December Year 2010

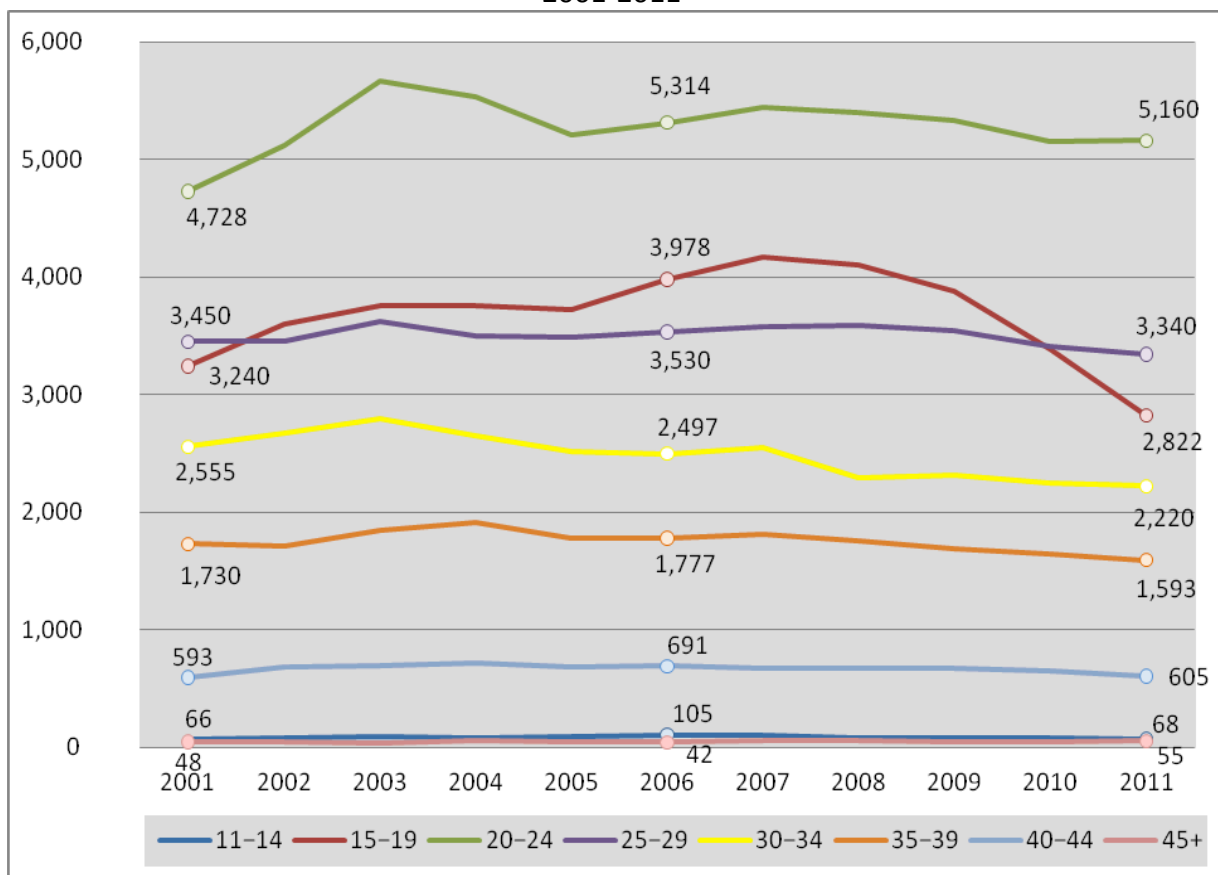
Residential Status ⁽¹⁾	Number
New Zealand Resident	14,656
Non-Resident	1,060
Not Stated	147
Total	15,863

(1) Residential status is not the same as place of residence.

3. Age of Woman

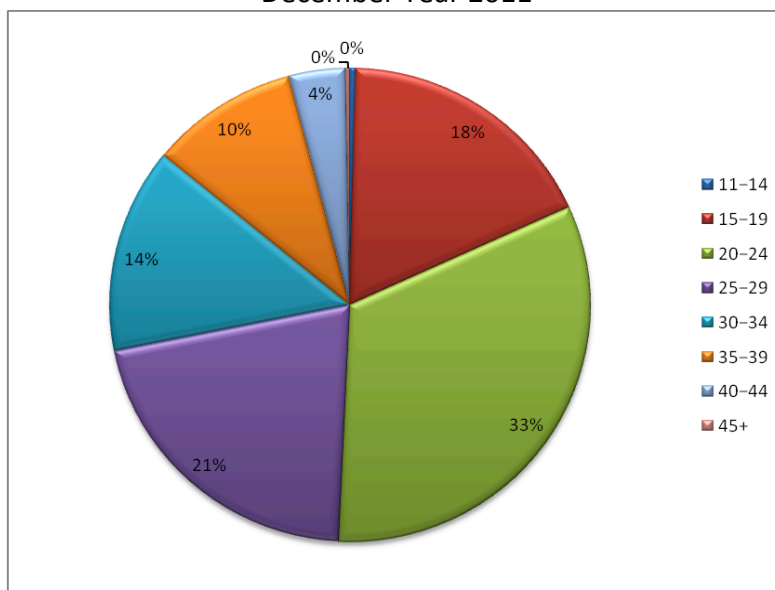
Graph 3.1

Number of Abortions by Age
2001-2011



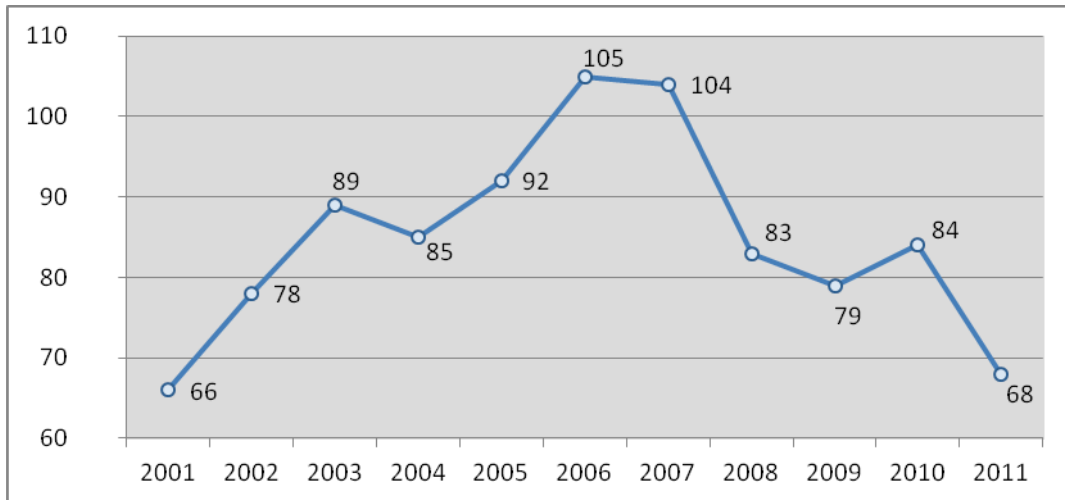
Graph 3.2

Number of Abortions by Age in Percentages
December Year 2011



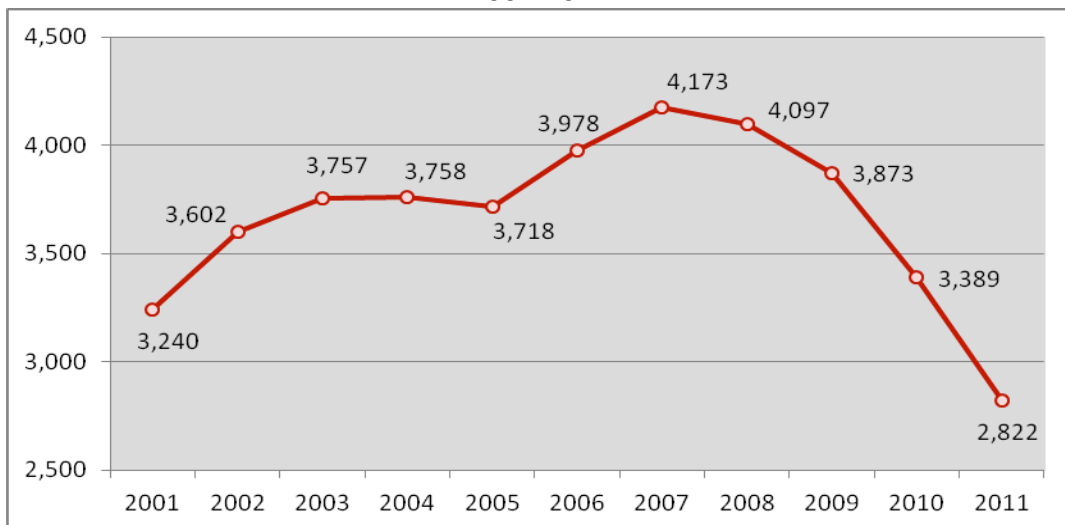
Graph 3.3

**Number of Abortions for Ages 11-14
2001-2011**



Graph 3.4

**Number of Abortions for Ages 15-19
2001-2011**



4. Previous Live Births

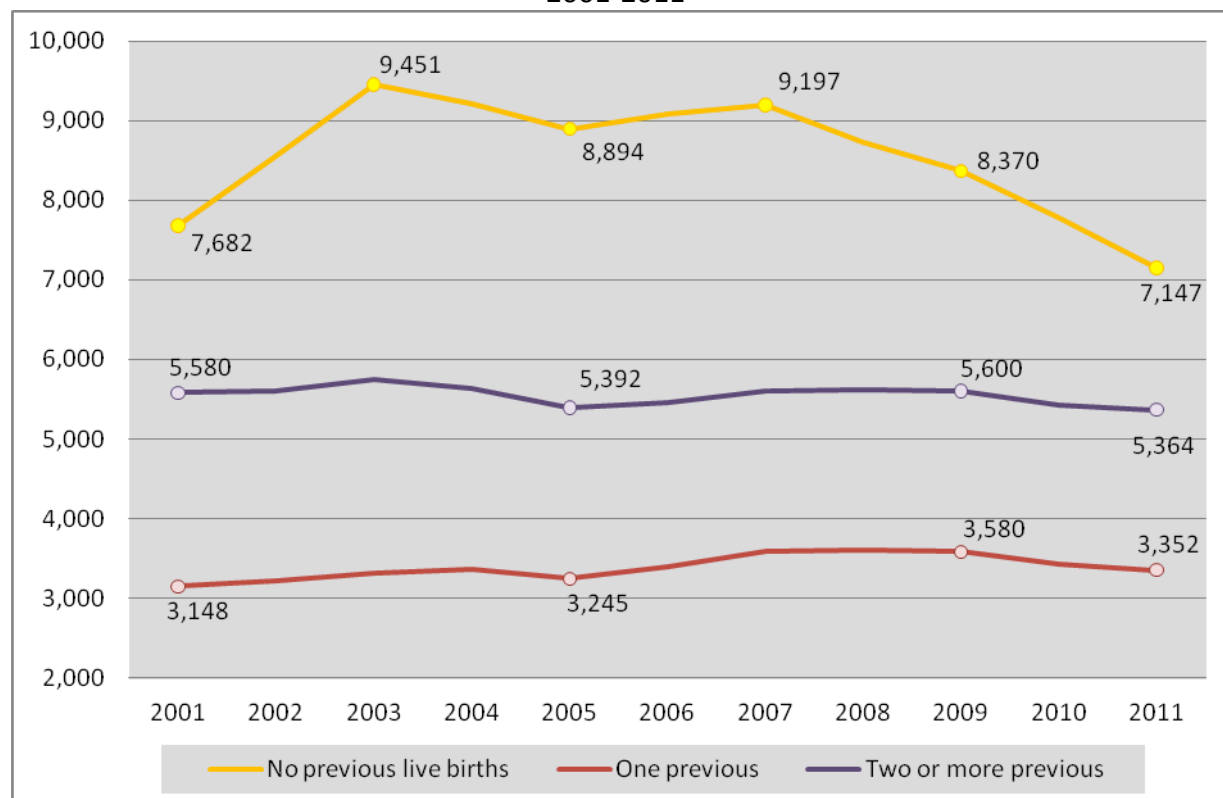
Table 4.1

Induced Abortions by Age and Previous Live Births
December Year 2011

Age (years)	Previous Live Births									
	Total	0	1	2	3	4	5	6	7 or More	6 or More
Number										
All Ages	15,863	7,147	3,352	3,039	1,429	535	206	90	65	155
Under 15	68	68	-	-	-	-	-	-	-	-
15-19	2,822	2,347	420	52	3	-	-	-	-	-
20-24	5,160	2,823	1,367	696	229	37	7	1	-	1
25-29	3,340	1,221	718	793	409	131	56	9	3	12
30-34	2,220	456	445	664	348	189	61	33	24	57
35-39	1,593	180	292	583	288	127	62	33	28	61
40-44	605	44	104	231	141	49	16	11	9	20
45 and over	55	8	6	20	11	2	4	3	1	4

Graph 4.2

Number of Abortions by Previous Live Births
2001-2011



5. Previous Induced Abortions

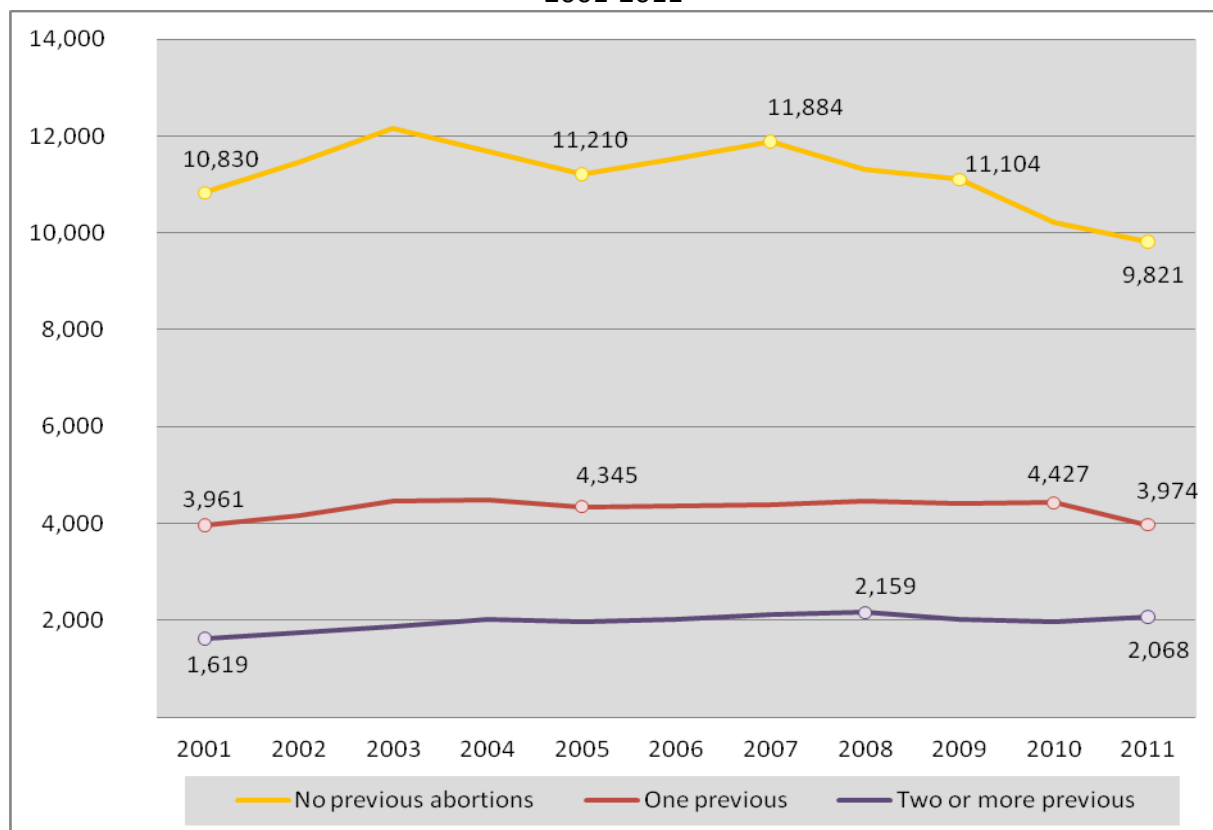
Table 5.1

Induced Abortions by Age and Previous Induced Abortions
December Year 2011

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or More
Number								
All Ages	15,863	9,821	3,974	1,398	446	143	52	29
Under 15	68	65	3	-	-	-	-	-
15-19	2,822	2,386	386	44	6	-	-	-
20-24	5,160	3,359	1,308	386	92	13	1	1
25-29	3,340	1,739	977	397	161	41	18	7
30-34	2,220	1,086	669	300	100	45	15	5
35-39	1,593	815	456	196	72	30	13	11
40-44	605	332	166	71	15	13	5	3
45 & Over	55	39	9	4	-	1	-	2

Graph 5.2

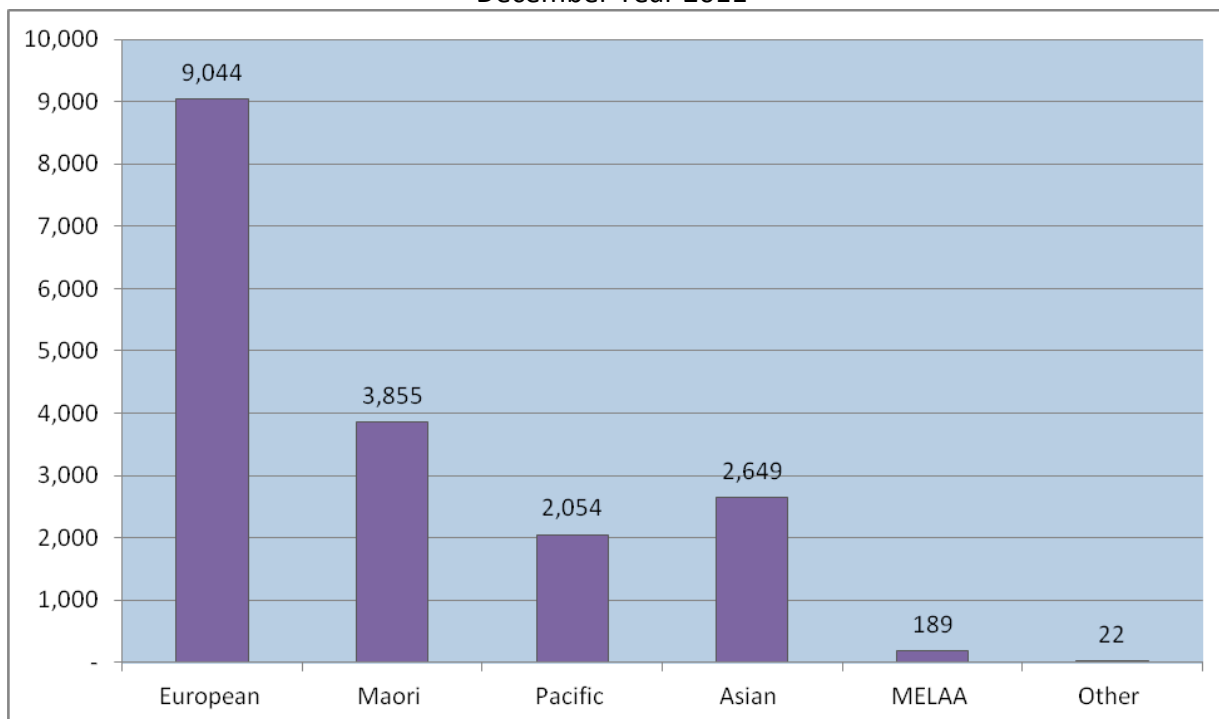
Number of Abortions by Previous Induced Abortions
2001-2011



6. Ethnic Group

Graph 6.1

Number of Abortions by Ethnic Group
December Year 2011



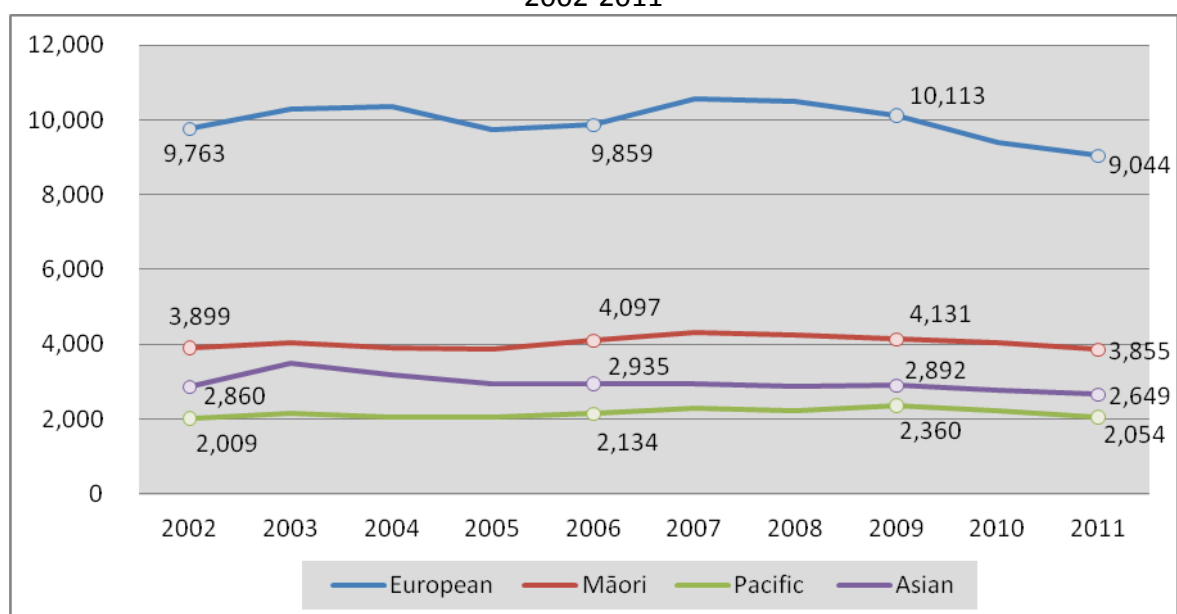
Each abortion has been included in every ethnic group specified. For this reason, some abortions are counted more than once.

Note:

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

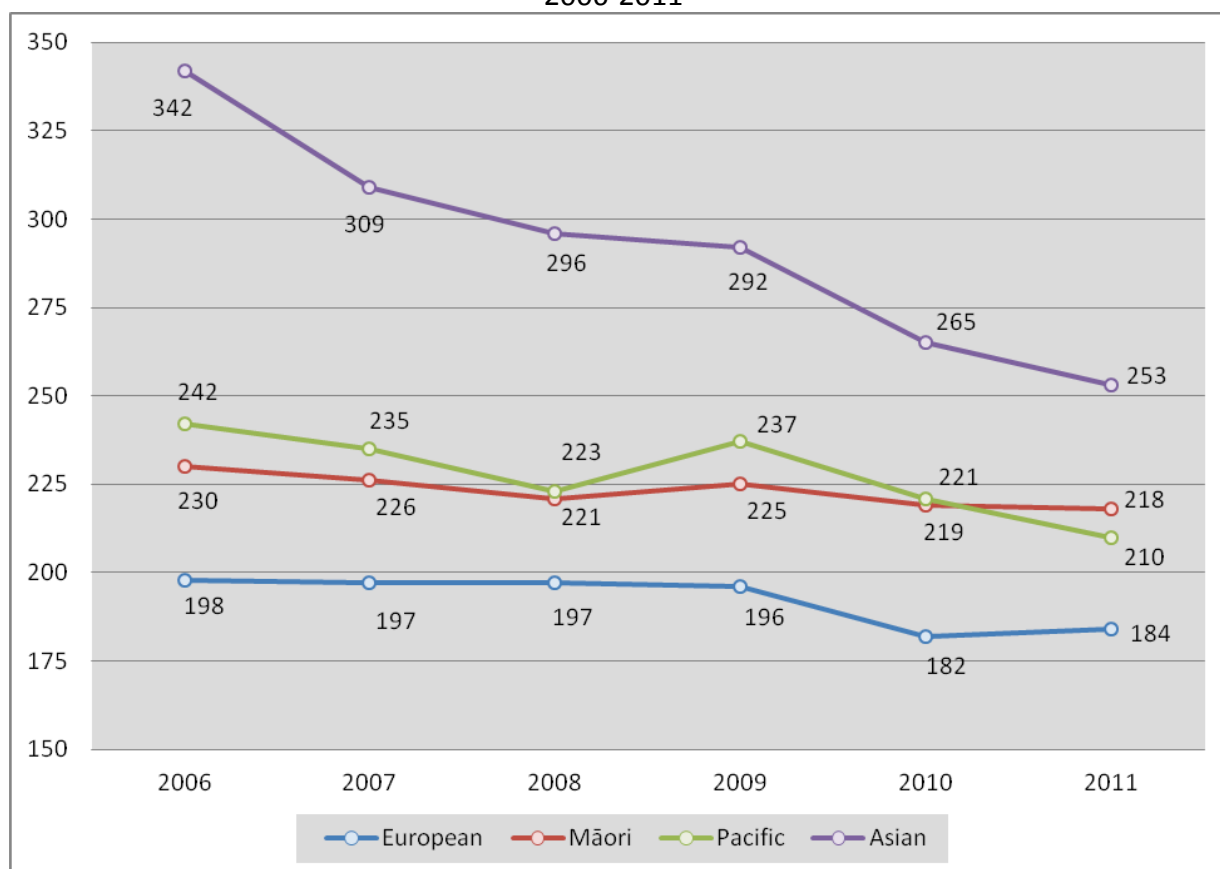
Graph 6.2

Number of Abortions by Ethnic Group (Trend)
2002-2011



Graph 6.3

Induced Abortions by Ethnicity Ratio 2006-2011



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

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
December Year 2010

Age Group	Total	Under 8 weeks	8-12 weeks	13-16 weeks	17-20 weeks	Over 20 weeks
Totals	15,863	1,893	12,662	956	252	100
Under 20	2,890	238	2,383	212	46	11
20-24	5,160	619	4,160	293	74	14
25-29	3,340	447	2,655	172	51	15
30-34	2,220	279	1,756	121	38	26
35-39	1,593	224	1,196	117	27	29
40-44	605	81	471	37	14	2
45 +	55	5	41	4	2	3

Table 7.2

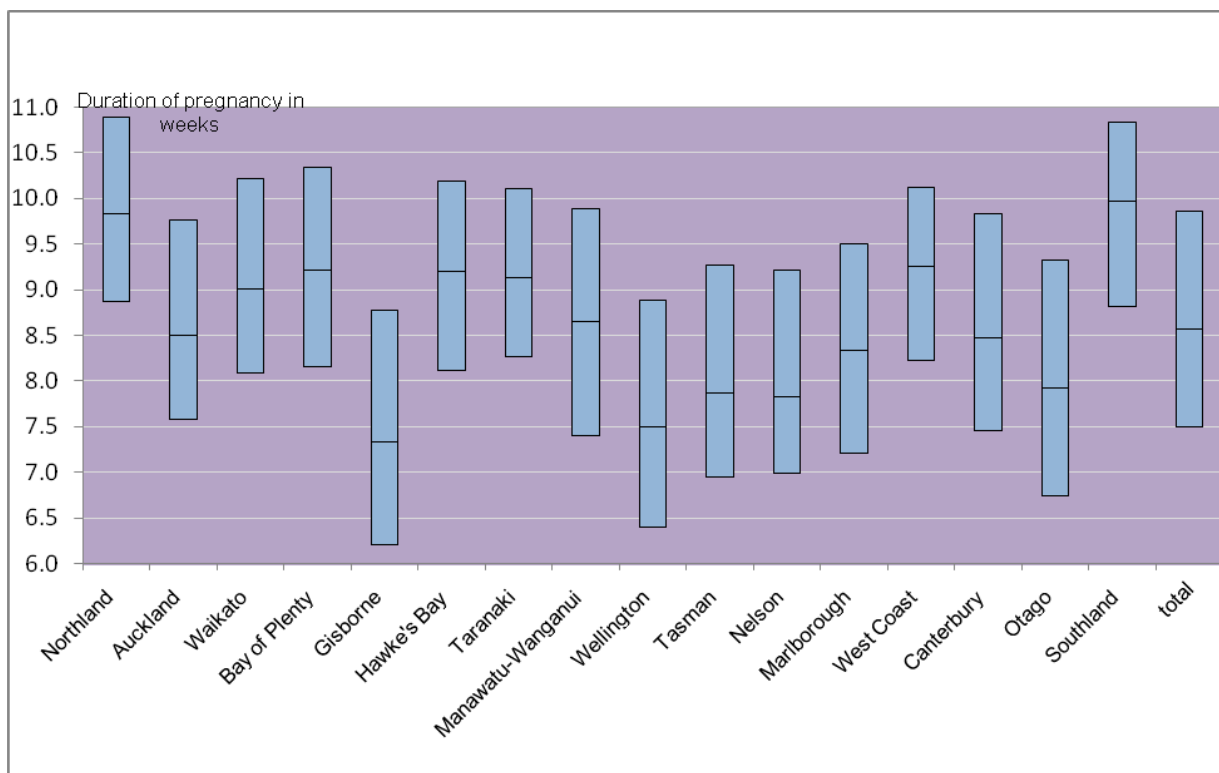
Induced Abortion by Duration of Pregnancy
2001-2011

December year	Duration of pregnancy (weeks)								Total abortions
	Under 8	8	9	10	11	12	13	14+	
Number									
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
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
Percent									
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
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

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

Table 7.3

First Trimester Abortions (1) by Duration of Pregnancy 2011
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
December Year 2011

Grounds for Abortion	Number	Percent
Total	15,863	100.0
Danger to Life	38	0.2
Danger to Physical Health	13	0.1
Danger to Mental Health	15,478	97.6
Danger to Life and Physical Health	6	0.0
Mental and Physical Health Danger	81	0.5
Handicapped Child and Danger to Life	2	0.0
Handicapped Child and Physical Danger	1	0.0
Handicapped Child and Mental Danger	180	1.1
Handicapped Child, Physical and Mental Danger	5	0.0
Seriously Handicapped Child	55	0.3
Criminal Offence and Danger to Mental Health	4	0.0

9. Procedure

Table 9.1

Induced Abortions by Procedure
December Year 2011

Procedure	Number	Percent
Total	15,863	100.0
Prostaglandin and suction curettage	12,826	80.9
Mifegyne and prostaglandin	942	5.9
Prostaglandin, dilation, curettage and evacuation	850	5.4
Prostaglandin, suction curettage, dilation and curettage	339	2.1
Prostaglandin, suction curettage, dilation, curettage, and evacuation	313	2.0
Prostaglandin, suction curettage, dilation and evacuation	251	1.6
Suction curettage	128	0.8
Prostaglandin, mifegyne, suction curettage, dilation, curettage, and evacuation	83	0.5
Prostaglandin, suction curettage and mifegyne	50	0.3
Mifegyne	29	0.2
Mifegyne, prostaglandin and other medical	13	0.1
Prostaglandin, mifegyne, suction curettage, dilation and curettage	12	0.1
Prostaglandin	9	0.1
Mifegyne and other medical	4	0.0
Other medical	3	0.0
Dilation and evacuation	2	0.0
Prostaglandin, dilation and evacuation	2	0.0
Suction curettage, dilation and curettage	2	0.0
Suction curettage, mifegyne and prostaglandin	2	0.0
Dilation and curettage	1	0.0
Other surgical and medical combination	1	0.0
Prostaglandin and other surgical	1	0.0
Total medical only abortions	1,000	6.3
Total surgical abortions	14,863	93.7

10. Contraception

Table 10.1

Induced Abortions by Contraception Used
December Year 2011

Contraception Used	Number	Percent
Total	15,863	100.0
None	8,270	52.1
Condoms	4,470	28.2
Combined oral contraceptives	1,808	11.4
Progestrone only contraceptives	443	2.8
Natural family planning	271	1.7
Emergency contraception	209	1.3
Intra-Uterine contraceptive device without hormones	180	1.1
Depo provera injections	108	0.7
Intra-Uterine contraceptive device with hormones	50	0.3
Other	38	0.2
Long-acting implant	12	0.1
Diaphragm	4	0.0

Graph 10.2

Percentage of Abortions by Contraception Used
December Year 2011

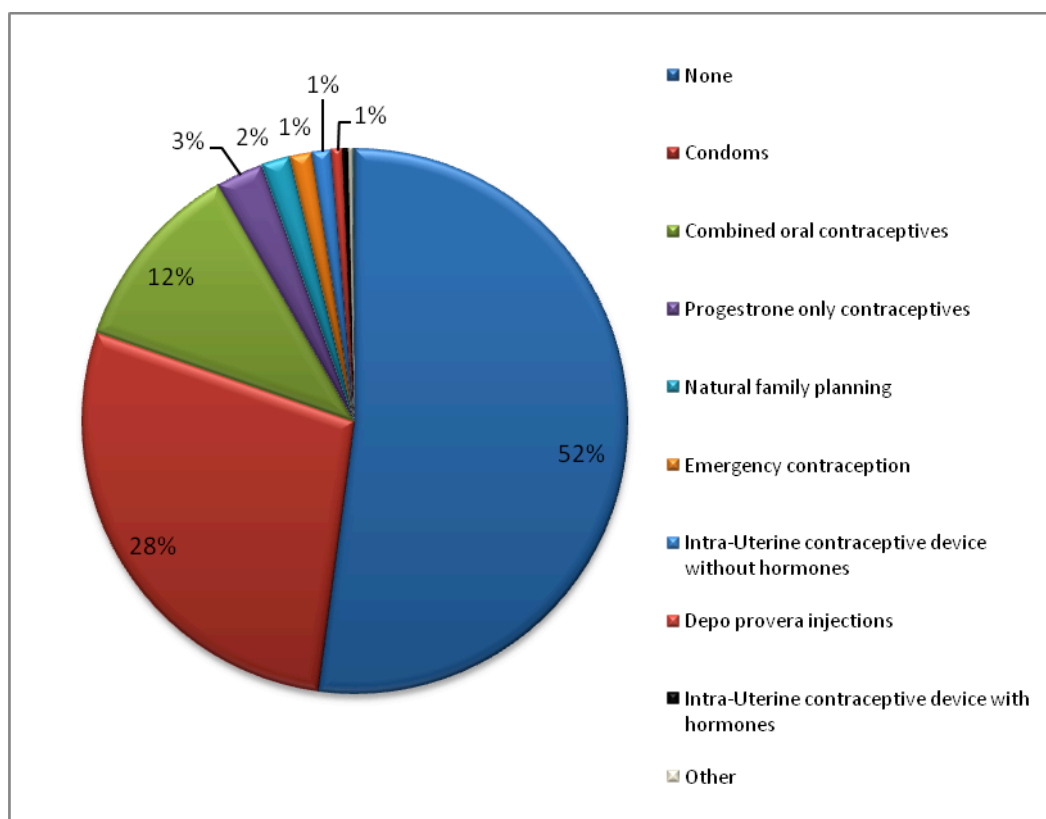


Table 10.3

Induced Abortions by Age and Contraception Use
December Year 2011

Age Group (years)	Total	No Contraception Used	Contraception Used
All Ages	15,863	8,270	7,593
Under 20	2,890	1,672	1,218
20-24	5,160	2,625	2,535
25-29	3,340	1,675	1,665
30-34	2,220	1,162	1,058
35-39	1,593	803	790
40 and Over	660	333	327

Graph 10.4

No Contraception Used by Age Group
December Year 2011

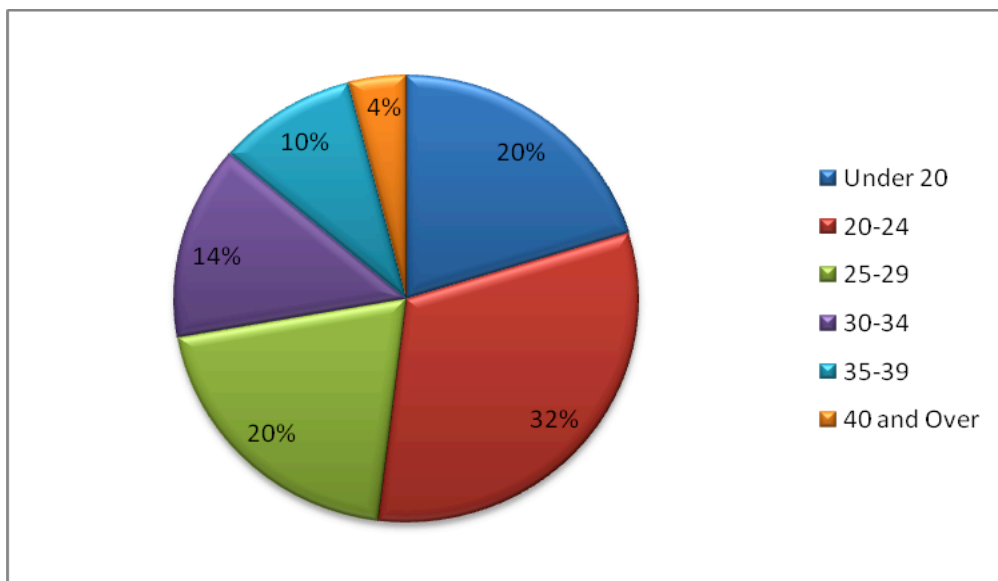


Table 10.5

Contraception Used by Previous Live Births and Previous Abortions
December Year 2011

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
Total	15,863	8,270	7,593	15,863	8,270	7,593
0	7,147	3,602	3,545	9,821	5,333	4,488
1	3,352	1,836	1,516	3,974	1,940	2,034
2	3,039	1,540	1,499	1,398	665	733
3	1,429	748	681	446	221	225
4 or more	896	544	352	224	111	113

APPENDIX ONE

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.

APPENDIX TWO

In the year from 1 July 2011 to 30 June 2012 the Supervisory Committee held 11 meetings, visited 4 licensed institutions and one representative attended the Abortion Providers Conference in Rotorua.

Visits

Christchurch Women's Hospital
Christchurch Hospital, Lyndhurst Unit
Hawke's Bay Hospital
Southland Hospital

Meetings

The Supervisory Committee met with:

- Southland Hospital Staff
- Christchurch Hospital Staff
- Hawke's Bay Hospital Staff
- Officials from the Ministry of Justice
- Officials from the Crown Law Office
- Staff of the University of Otago, Christchurch

Certifying Consultants

As at 30 June 2012 there were 170 certifying consultants (of whom 115 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 \$4,427,120 (GST exclusive) in the year ended 30 June 2012.