



# Report of the **ABORTION SUPERVISORY COMMITTEE**

2014

*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**

The Abortion Supervisory Committee is encouraged by the continuing decline in total abortion numbers, ratios and rates in New Zealand. Particularly notable is the sharp decline in abortion numbers for the 15 – 19 year old age group.

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 2013 calendar year.

Appendix One lists the functions and powers of the Committee as per section 14 of the Act while Appendix Two contains further detail of our activity during the 1 July 2013 to 30 June 2014 reporting year.

## **WORK OF THE COMMITTEE**

We place great importance on facilitating open dialogue with and obtaining feedback from abortion service providers in order to address any matters pivotal to improving the access to and timely provision of services. We note the continued improvement in the timeliness of first trimester abortions, which is further addressed below under the heading 'Access to Services'.

The Committee spends a large amount of time corresponding with individual members of the public or groups with an interest in abortion as well as responding to requests for information. The following three sections address issues that have been raised on more than one occasion throughout the reporting year.

## HARASSMENT

This issue continues to trouble us. While the Committee recognises the right to freedom of expression of people and groups with strong views about abortion, we have received reports of instances of verbal abuse and the distribution of offensive material to people entering hospital facilities. Women attend medical service providers for a variety of reasons and should be able to enter clinics without feeling they are the subject of coercion or humiliation. We have addressed this in previous reports and feel it is necessary to highlight again this issue affecting the provision of services throughout New Zealand. We will continue to monitor this behaviour and provide support to ease the concerns of the staff providing and women requiring this service.

## ACCESS TO SERVICES

We have received positive feedback from provincial areas that are now able to provide local services. As mentioned in previous reports, the timely provision of quality abortion services is a continuing focus for us. In comparison to previous years, the establishment of more clinics in provincial areas has resulted in a more timely provision of services as reflected in Graph 7.3 which shows the first trimester abortions by duration of pregnancy for the 2013 calendar year.

However we are extremely concerned with the access issues of greater Auckland, particularly the burden placed on the women of South Auckland in relation to their access to local services. We first raised this issue with the Counties Manukau District Health Board during a visit to South Auckland in June 2008. The issue was again raised in April 2014 when the Committee considered their annual licence renewal application. The response received to the recommendation of the Committee that they consider a local service was *“CM has a regional agreement with ADHB to manage our FTTOP for our population.”* We encourage the District Health Board to reconsider having a localised service available for this part of the Auckland population.

## **CERTIFYING CONSULTANTS**

We continue to appreciate the detailed information that has been made available by certifying consultants regarding their continuing professional education which includes peer group meetings as well as a commendable familiarity with the current scientific literature meaning they are well informed on current issues.

The number of certifying consultants on the roll maintained by the Committee has increased modestly. Based on the information that has been provided by consultants indicating the number of years they are likely to continue in practice and the continuing drop in the abortion rate we have no immediate concerns.

## **FALLING ABORTION RATE AND LONG TERM CONTRACEPTION**

The falling rate of abortions has been most marked since the licensing and funding of a long acting subcutaneous implant in August 2010. As well as the continuing decline in overall abortion rates and ratios, of note is the dramatic drop in the abortion rate of the 15-19 year old age group that we believe can be partially attributed to the introduction of this form of long term contraception. We would expect this downward trend to continue as this cohort ages.

While an encouraging number of women are choosing this method of contraception, we have received frequent anecdotal feedback from providers regarding the acceptability of the currently funded device in comparison to alternatives. A noticeable number of women who have had the currently funded implant inserted are having these removed due to side effects and there have been concerns regarding incorrect placement during insertion. Newer devices with more favourable side effect profiles and an improved mechanism that aids correct insertion are available internationally. The Committee has written to PHARMAC regarding this as we believe the introduction of such an alternative device would result in an even higher level of uptake and be more cost effective long term.

There has been a small but continuing drop in the number of women who have had one previous abortion. This drop is encouraging as it reflects the positive effect of the provision of long acting contraception immediately post procedure. We encourage certifying consultants to promote post termination long acting contraceptives and we are now collecting data that we will present in next year's annual report.

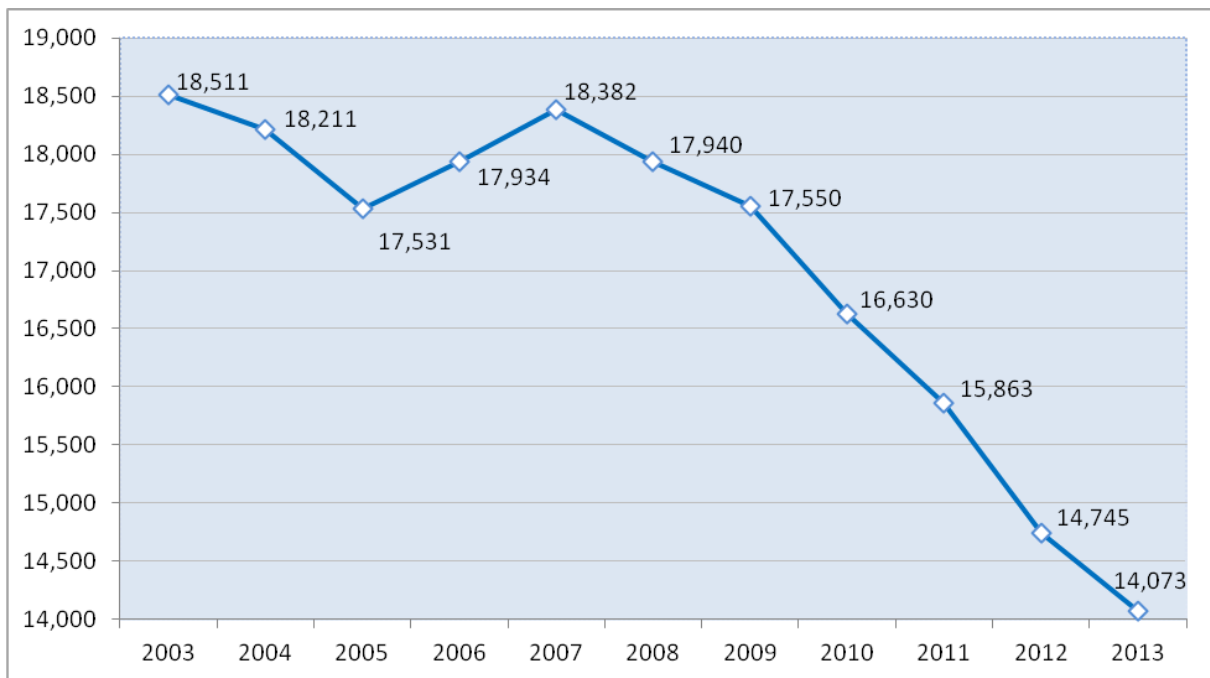
## STATISTICAL ANALYSIS AND TRENDS

In this section the Committee presents its analysis of the New Zealand abortion statistics for the 2013 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**

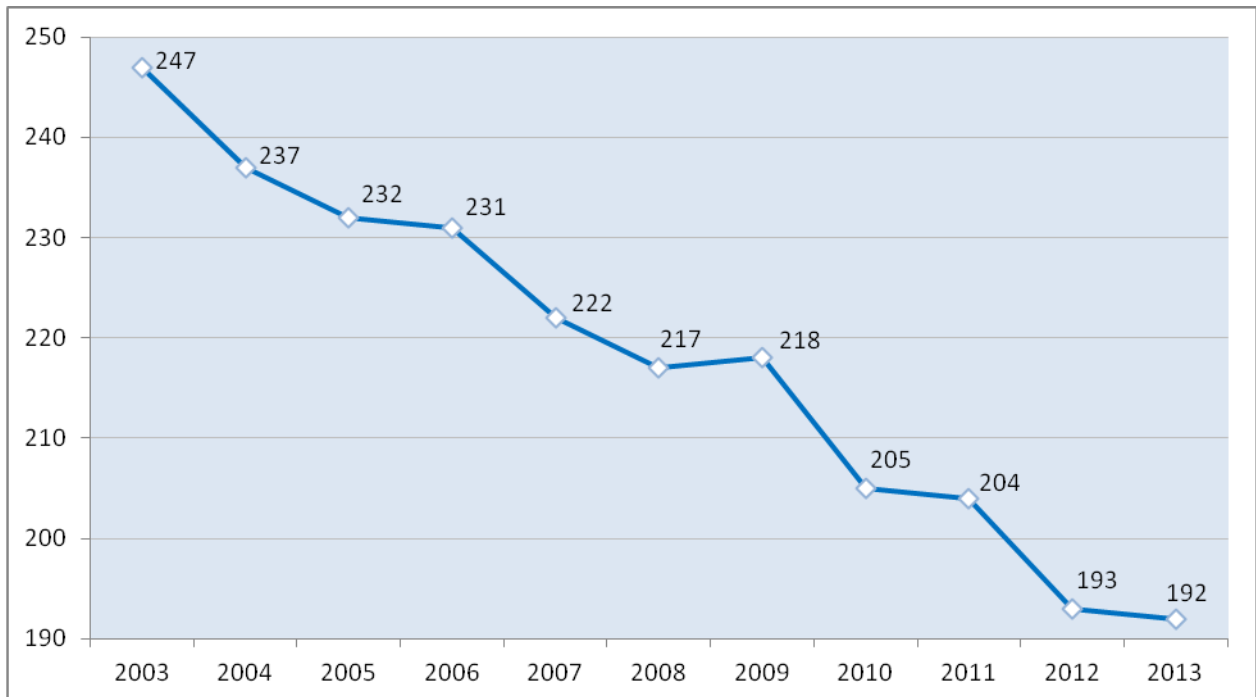
**Number of Induced Abortions  
2003-2013**



Induced abortions are those initiated with the intention of terminating a pregnancy. No other form of pregnancy loss is called induced abortion, even if an external cause is involved such as injury or high fever.

**Graph 1.2**

**Abortion Ratio**  
2003-2013

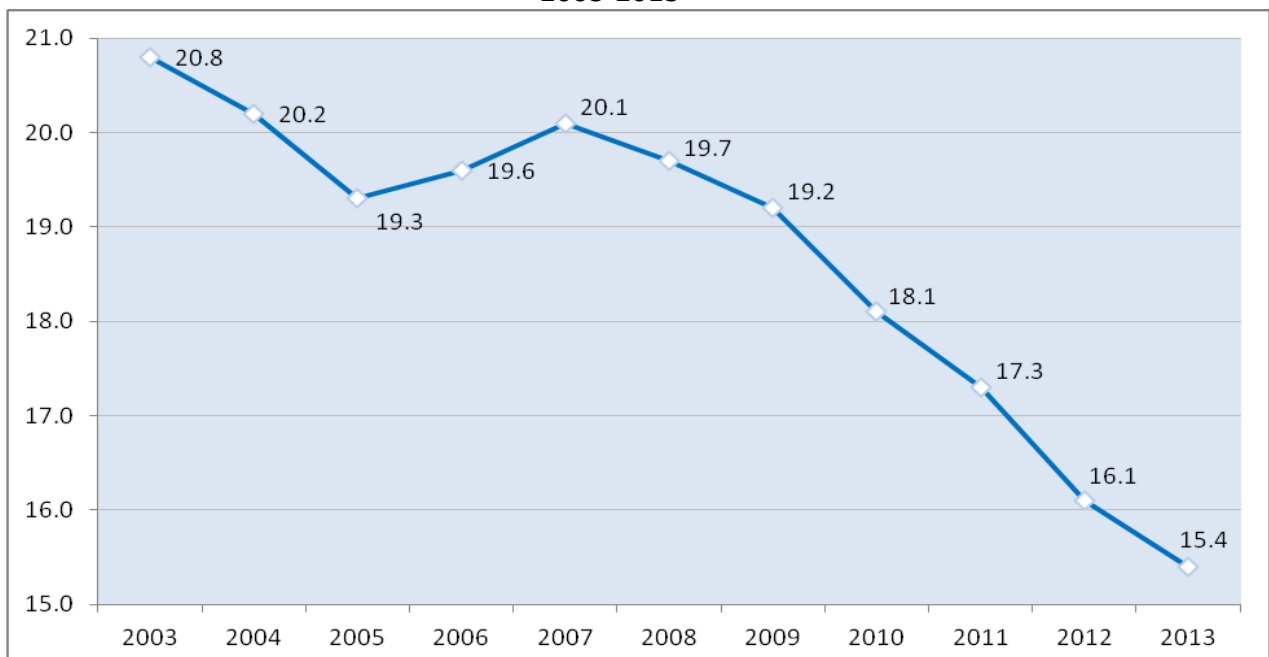


The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but does not include miscarriages.

Stillbirth is defined as foetal loss, excluding induced abortions, after the 20<sup>th</sup> week of pregnancy or where the foetus weighed 400g or more. Miscarriage is defined as foetal loss, excluding induced abortions, before the 21<sup>st</sup> week of pregnancy and where the foetus weighed less than 400g.

**Graph 1.3**

**General Abortion Rate**  
2003-2013

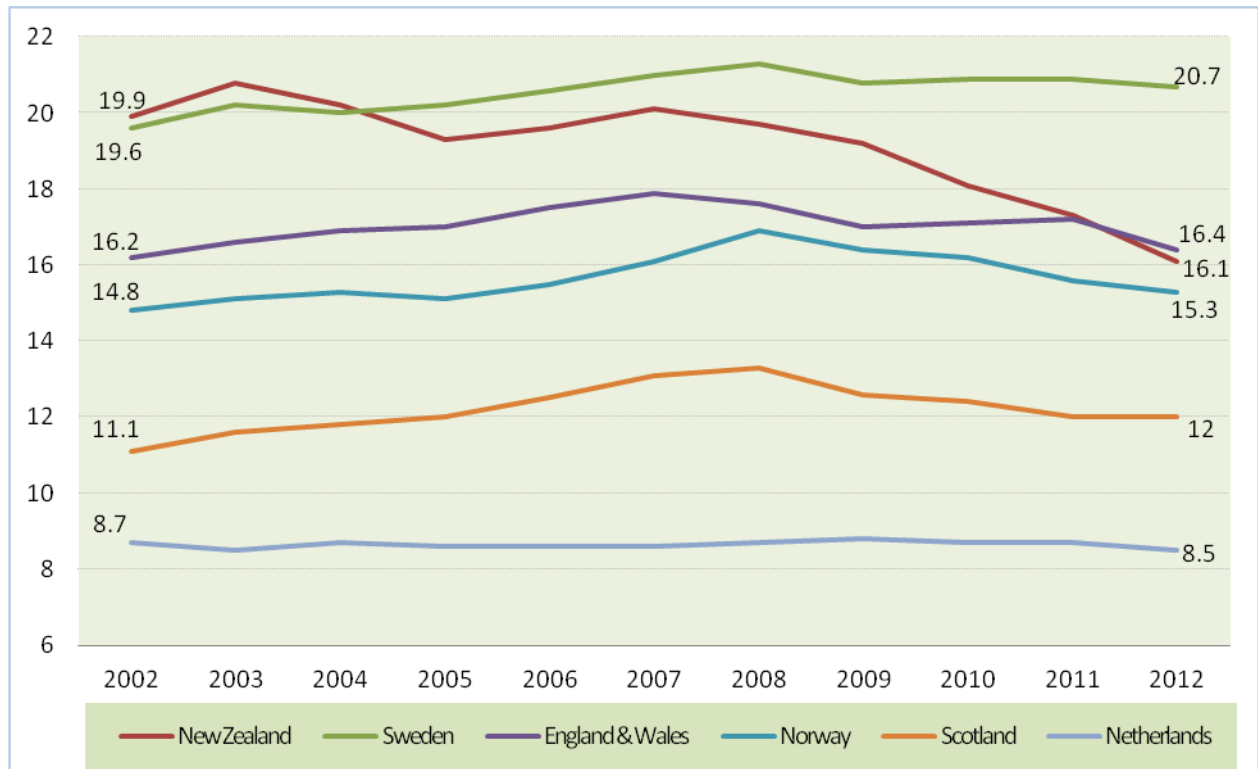


The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

Graph 1.4

## General Abortion Rates in Selected Countries

2002-2012



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 2013 is not available for many countries, so comparisons are made using 2012 data.



## 2. Hospital and Residence

Graph 2.1

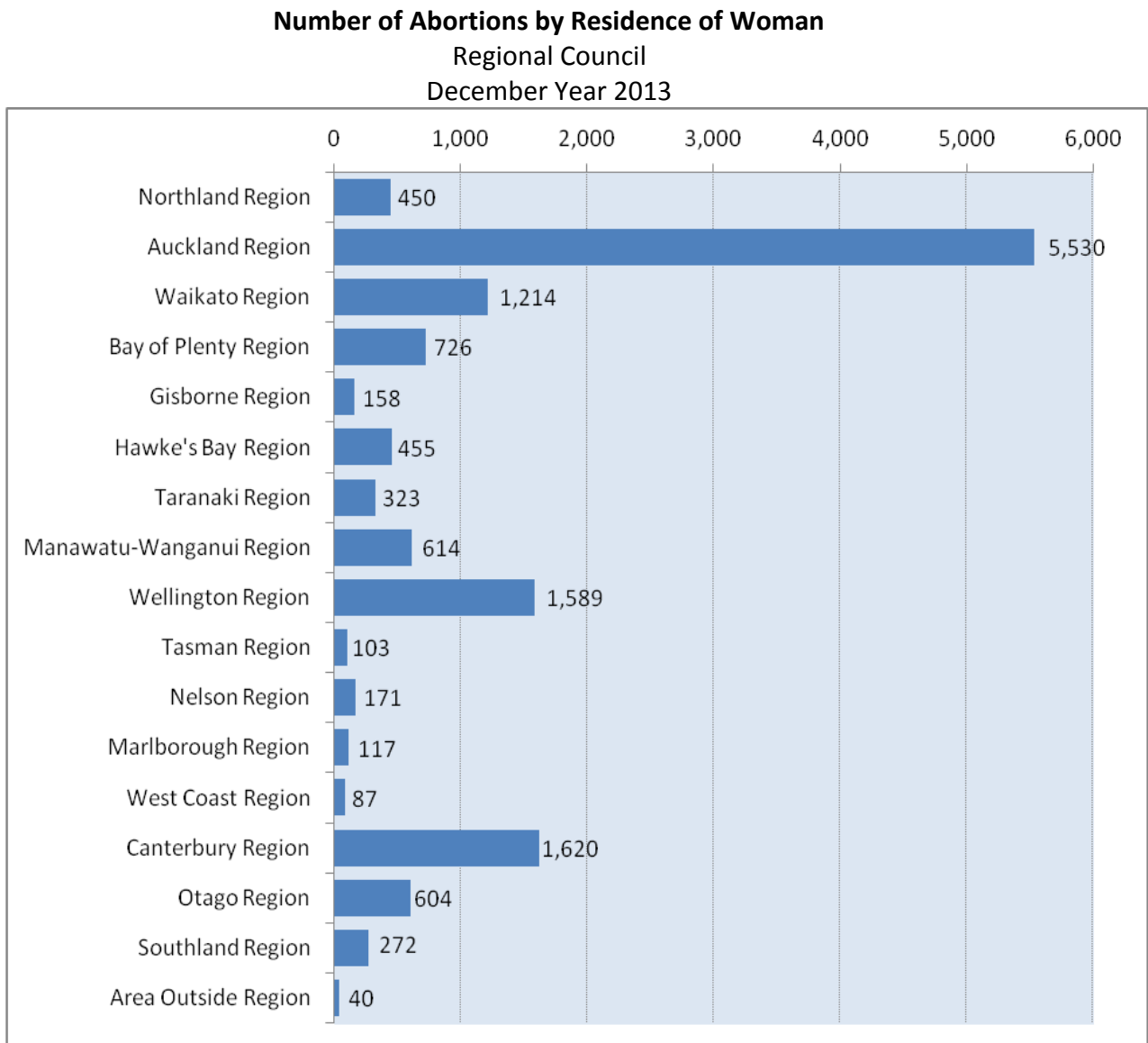


Table 2.2

**Induced Abortions by Residential Status of Woman**  
December Year 2013

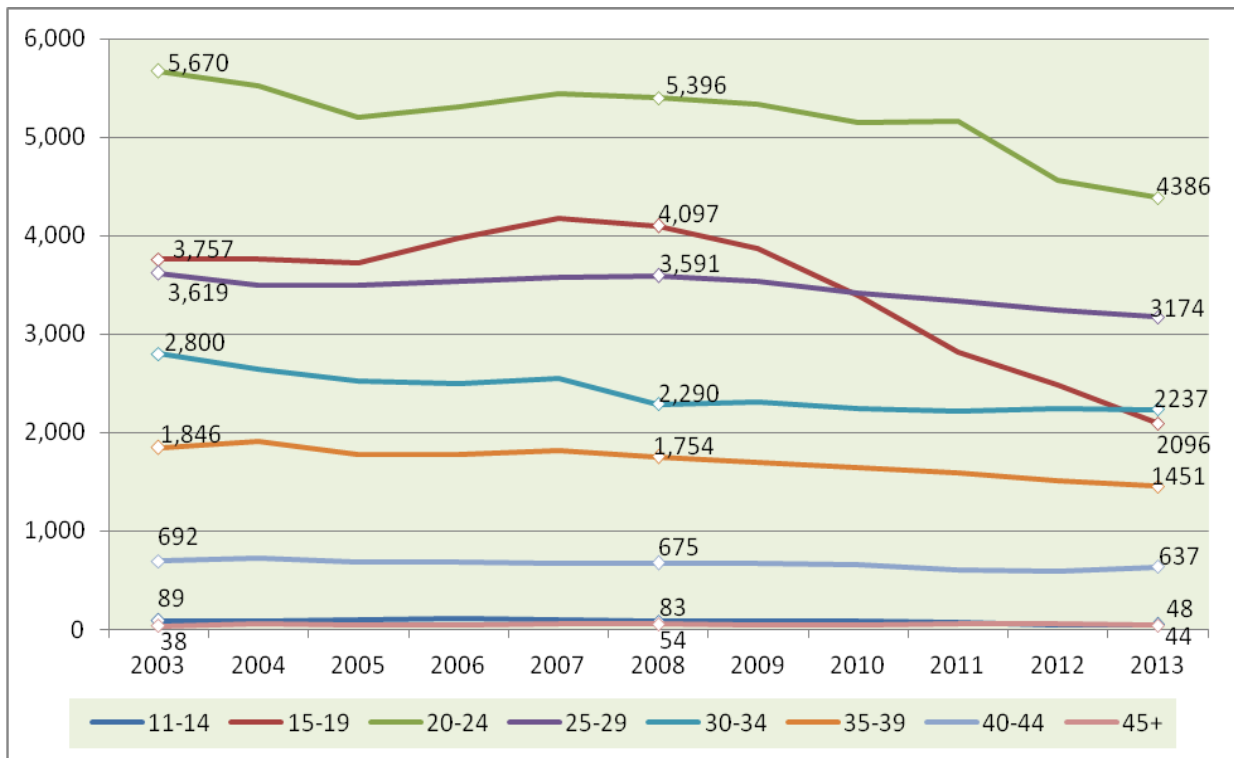
Residential Status <sup>(1)</sup>	Number
New Zealand Resident	12,933
Non-Resident	963
Not Stated	177
<b>Total</b>	<b>14,073</b>

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

### 3. Age of Woman

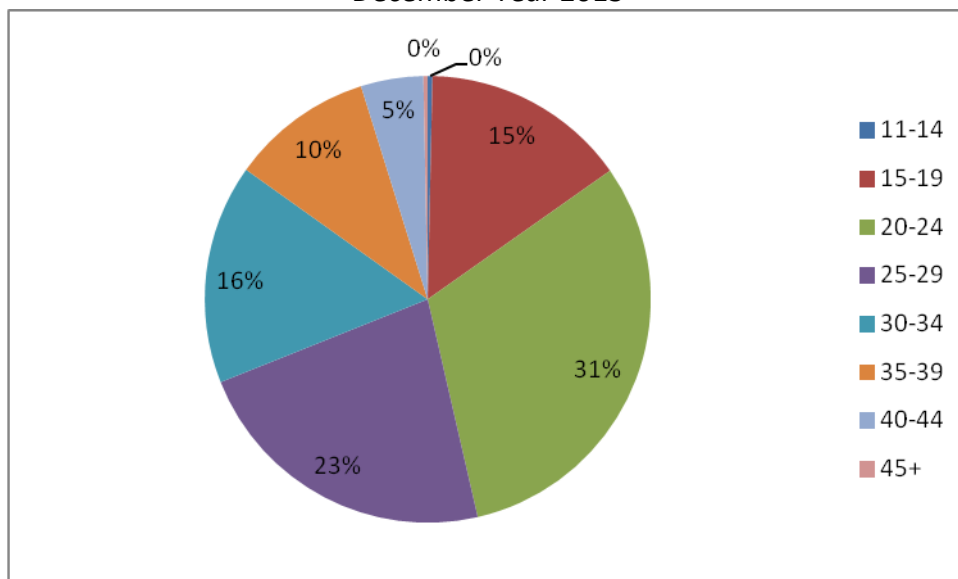
Graph 3.1

Number of Abortions by Age  
2003-2013



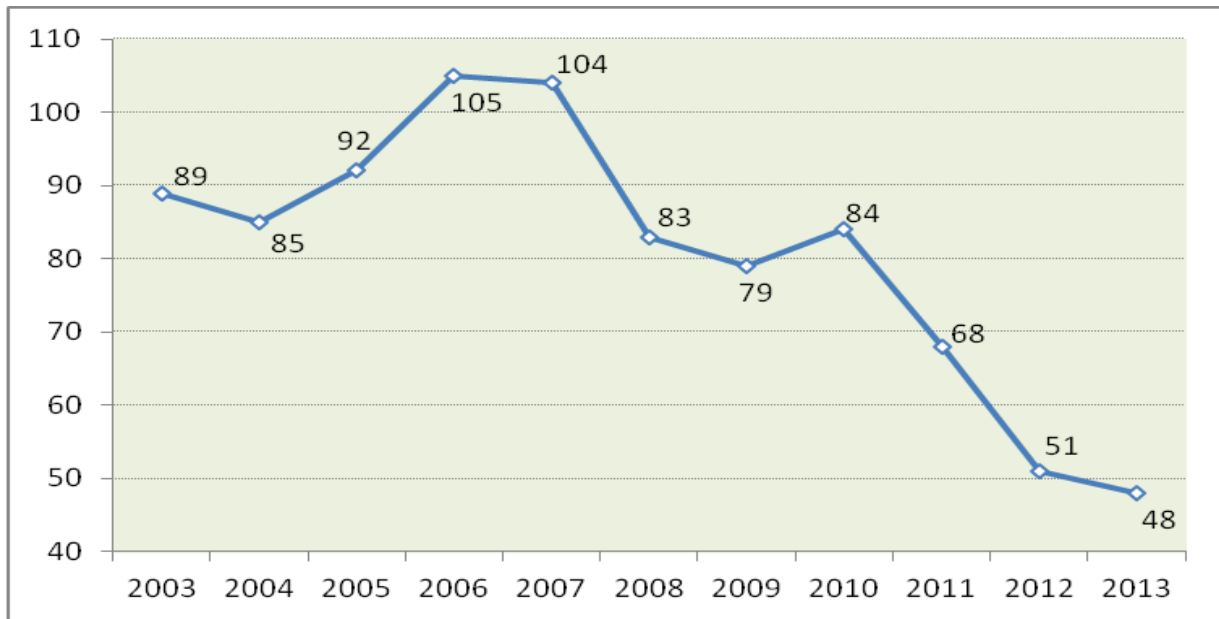
Graph 3.2

Number of Abortions by Age in Percentages  
December Year 2013



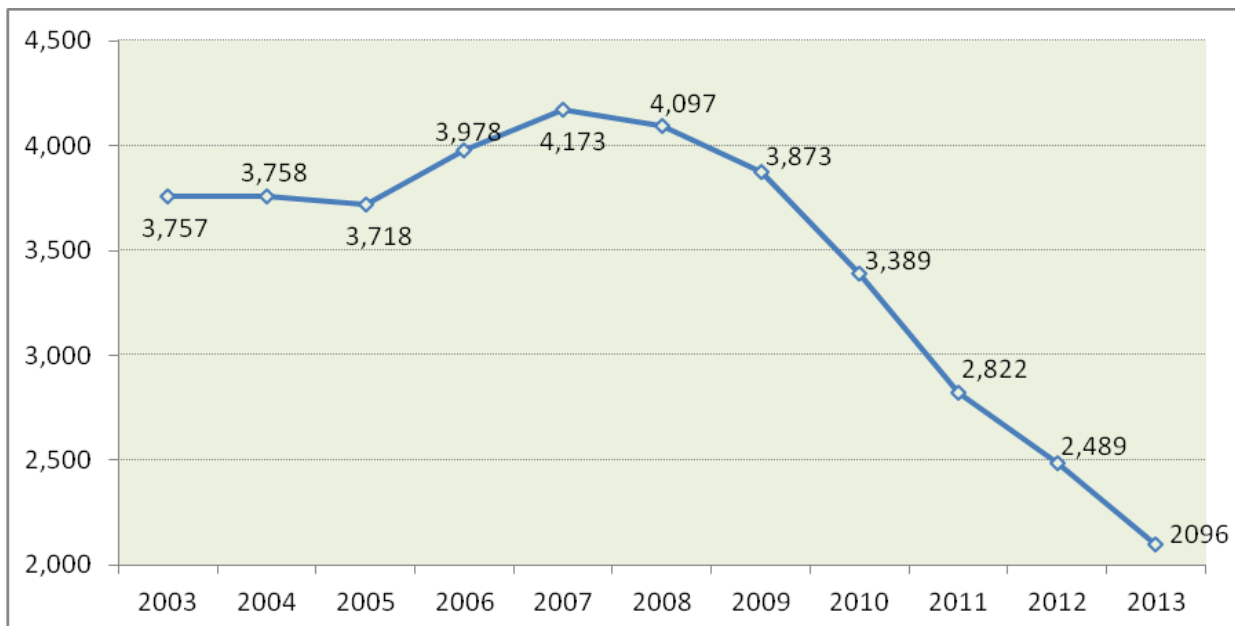
Graph 3.3

**Number of Abortions for Ages 11-14**  
2003-2013



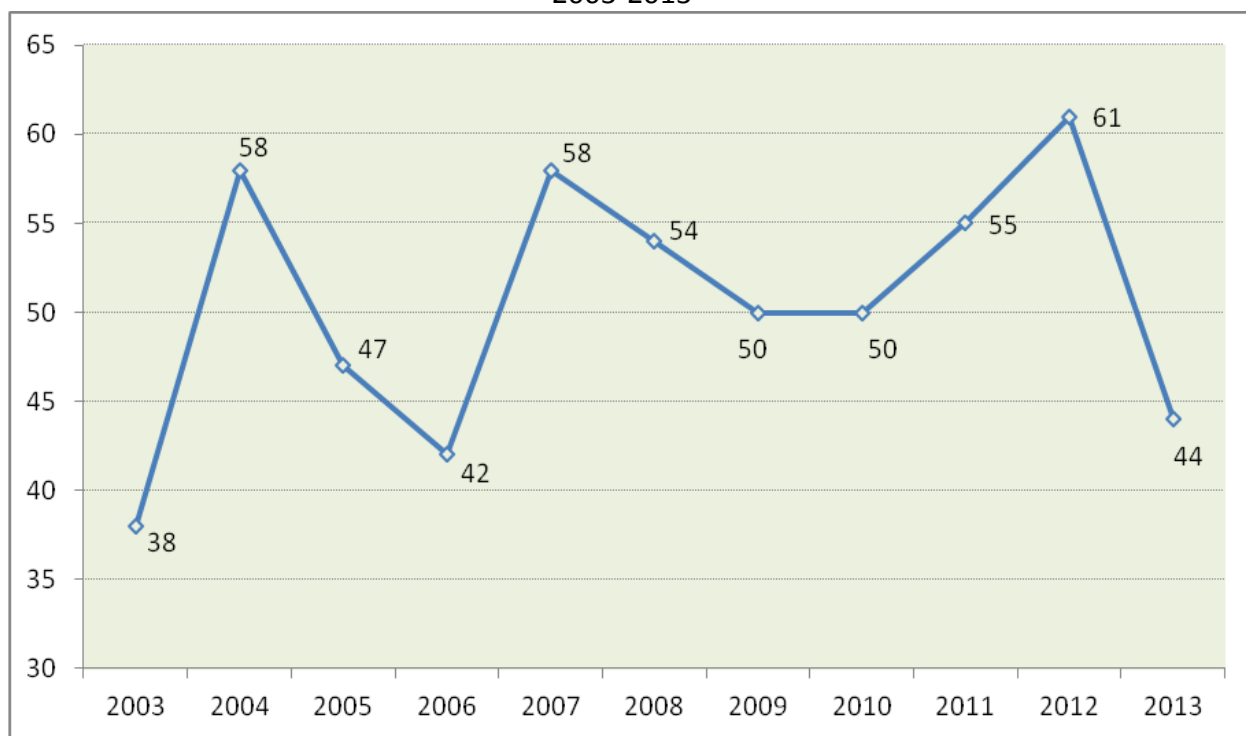
Graph 3.4

**Number of Abortions for Ages 15-19**  
2003-2013



Graph 3.5

Number of Abortions for Age 45+  
2003-2013



#### 4. Previous Live Births

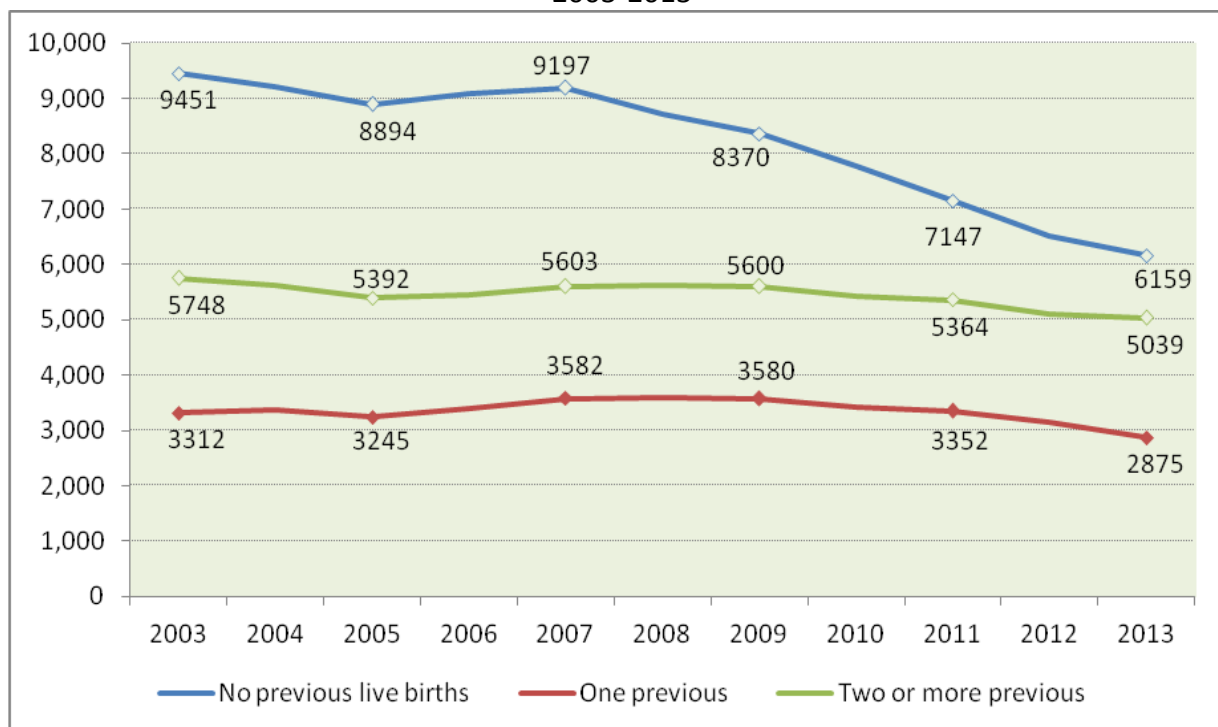
Table 4.1

**Induced Abortions by Age and Previous Live Births**  
December Year 2013

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>14,073</b>	<b>6,159</b>	<b>2,875</b>	<b>2,816</b>	<b>1,355</b>	<b>512</b>	<b>188</b>	<b>112</b>	<b>56</b>	<b>168</b>
Under 15	48	48	-	-	-	-	-	-	-	-
15-19	2,096	1,722	274	47	3	-	-	-	-	-
20-24	4,386	2,480	1,056	616	187	42	2	3	-	3
25-29	3,174	1,133	728	711	388	129	55	23	7	30
30-34	2,237	484	457	678	334	162	67	39	16	55
35-39	1,451	171	235	513	304	132	40	35	21	56
40-44	637	63	115	238	134	44	21	11	11	22
45 and over	44	8	10	13	5	3	3	1	1	2

Graph 4.2

**Number of Abortions by Previous Live Births**  
2003-2013



## 5. Previous Induced Abortions

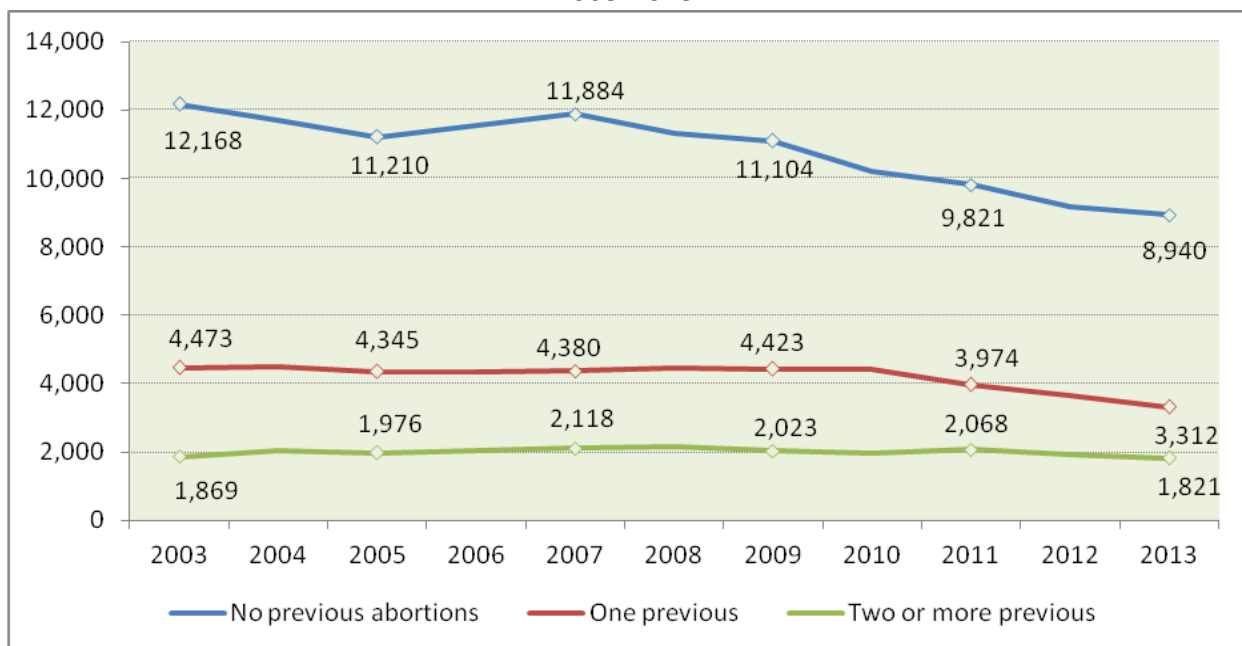
**Table 5.1**

**Induced Abortions by Age and Previous Induced Abortions**  
December Year 2013

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or More
<b>All Ages</b>	<b>14,073</b>	<b>8,940</b>	<b>3,312</b>	<b>1,210</b>	<b>410</b>	<b>132</b>	<b>46</b>	<b>23</b>
Under 15	48	48	-	-	-	-	-	-
15-19	2,096	1,843	224	26	2	1	-	-
20-24	4,386	2,994	992	304	81	11	3	1
25-29	3,174	1,770	898	333	118	40	12	3
30-34	2,237	1,170	620	279	107	42	14	5
35-39	1,451	716	410	197	74	29	14	11
40-44	637	369	161	66	26	9	3	3
45 and over	44	30	7	5	2	-	-	-

**Graph 5.2**

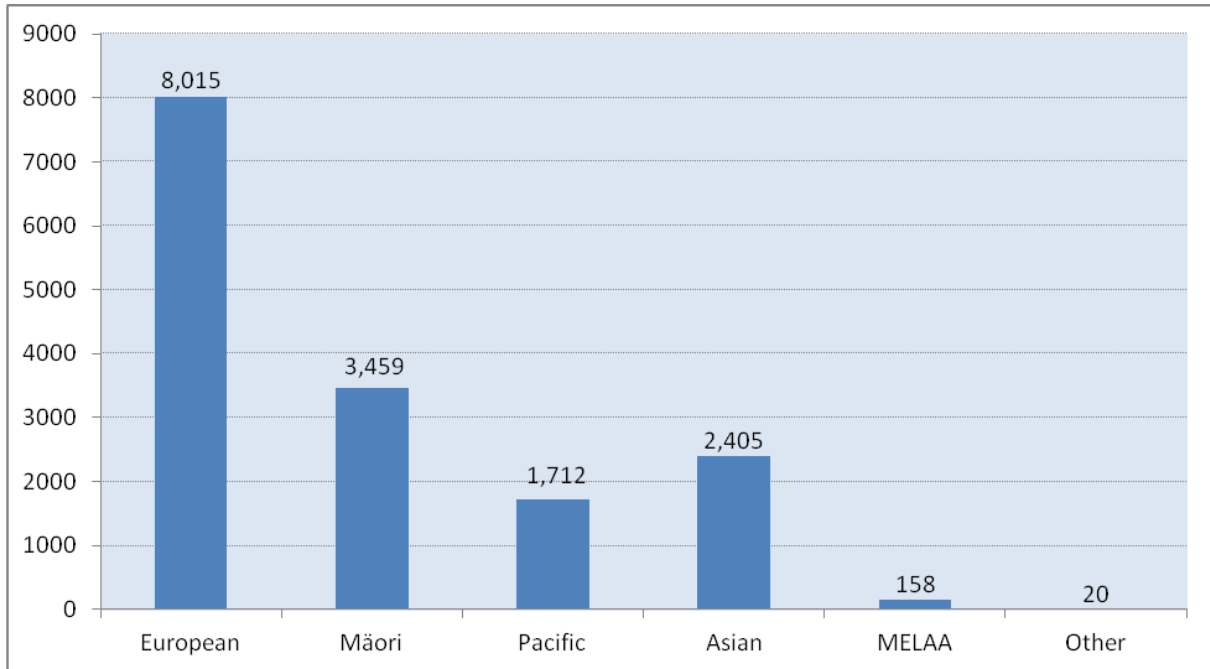
**Number of Abortions by Previous Induced Abortions**  
2003-2013



## 6. Ethnic Group

**Graph 6.1**

**Number of Abortions by Ethnic Group**  
December Year 2013



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

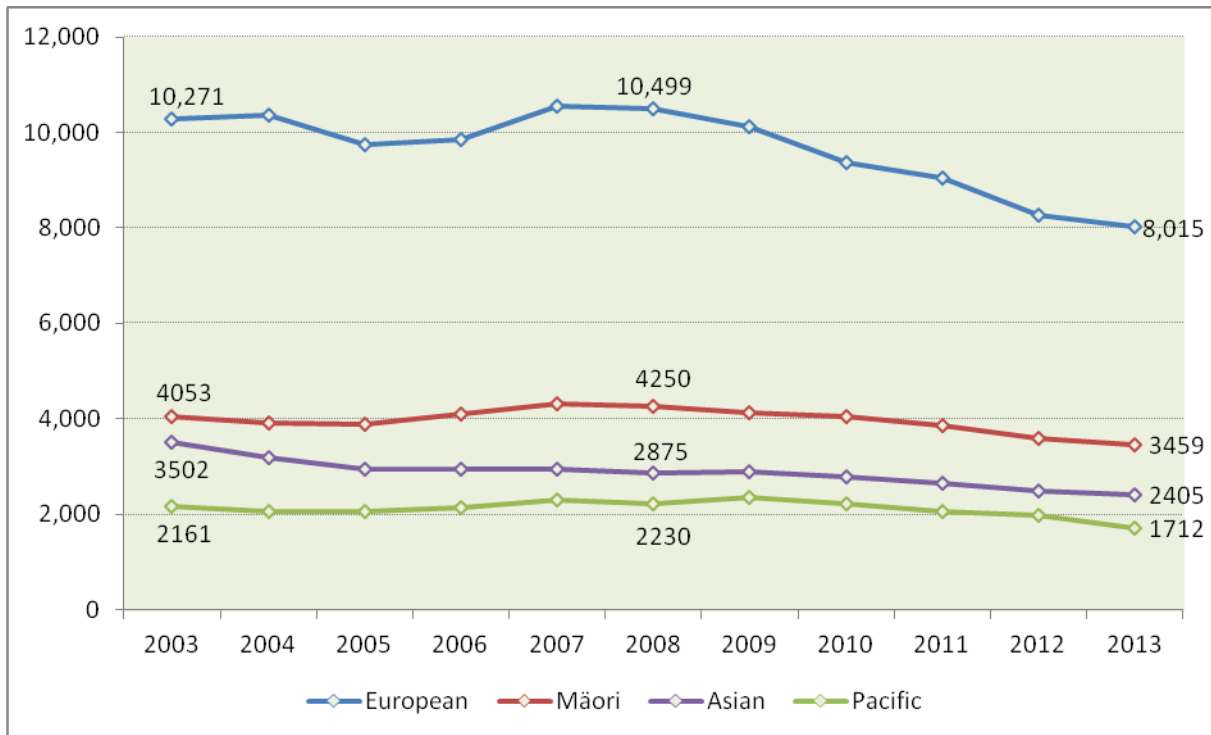
**Note:**

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

**Graph 6.2**

**Number of Abortions by Ethnic Group (Trend)**

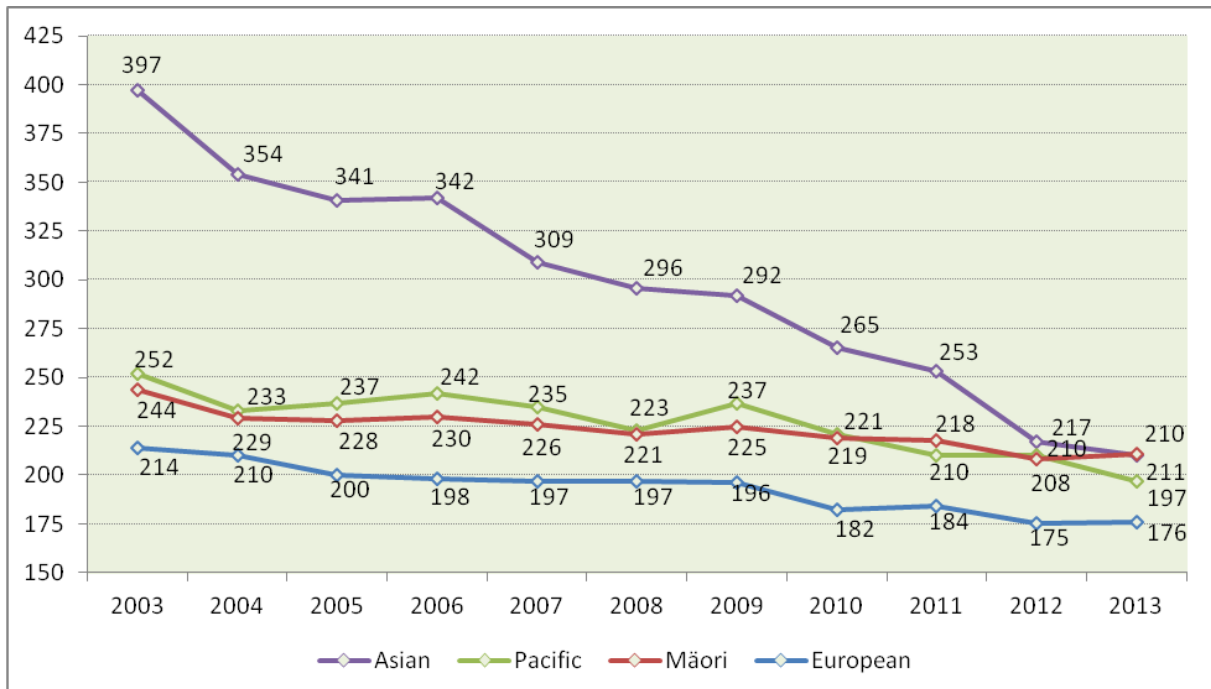
2003-2013



**Graph 6.3**

**Induced Abortions by Ethnicity Ratio**

2003-2013



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 2013

Age Group	Total	Under 8 weeks	8-12 weeks	13-16 weeks	17-20 weeks	Over 20 weeks
<b>Totals</b>	<b>14,073</b>	<b>2,516</b>	<b>10,409</b>	<b>861</b>	<b>223</b>	<b>64</b>
Under 20	2,144	314	1,649	138	40	3
20-24	4,386	770	3,296	245	62	13
25-29	3,174	562	2,382	186	36	8
30-34	2,237	426	1,627	131	36	17
35-39	1,451	301	1,001	98	32	19
40-44	637	131	428	58	16	4
45 and Over	44	12	26	5	1	-

**Table 7.2**

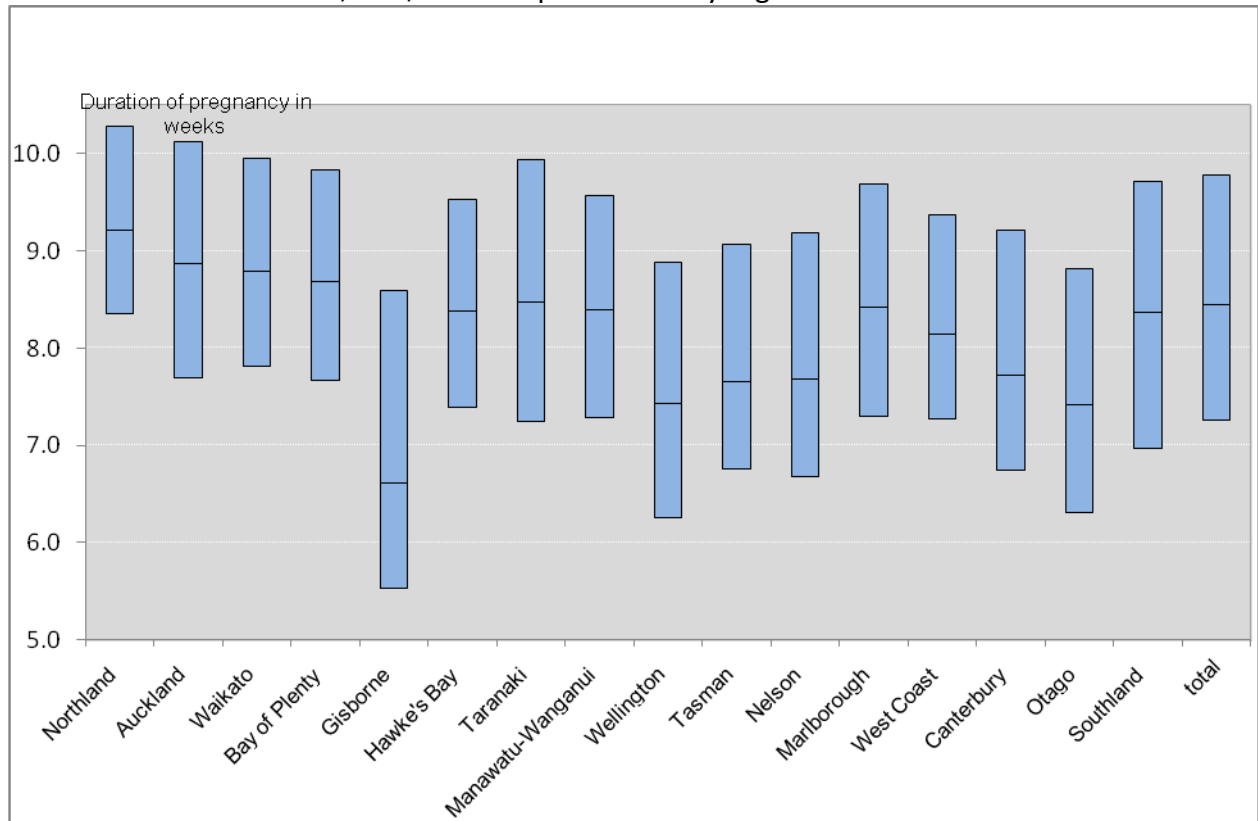
**Induced Abortion by Duration of Pregnancy**  
2003-2013

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

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

Table 7.3

**First Trimester Abortions <sup>(1)</sup> by Duration of Pregnancy 2013**  
 25<sup>th</sup>, 50<sup>th</sup>, and 75<sup>th</sup> 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 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).

## 8. Grounds for Abortion

**Table 8.1**

**Induced Abortion by Grounds for Abortion**  
December Year 2013

Grounds for Abortion	Number	Percent
<b>Total</b>	<b>14,073</b>	<b>100.0</b>
Danger to Life	36	0.3
Danger to Physical Health	13	0.1
Danger to Mental Health	13,730	97.6
Danger to Life and Physical Health	4	0.0
Danger to Life and Mental Health	2	0.0
Mental and Physical Health Danger	91	0.6
Other Physical/Mental/Health Combination	3	0.0
Handicapped Child and Danger to Life	1	0.0
Handicapped Child and Physical Danger	1	0.0
Handicapped Child and Mental Danger	125	0.9
Handicapped Child, Physical and Mental Danger	2	0.0
Handicapped Child, Danger to Life & Physical Health	1	0.0
Seriously Handicapped Child	64	0.5

## 9. Procedure

**Table 9.1**

**Induced Abortions by Procedure**  
December Year 2013

Procedure	Number	Percent
<b>Total</b>	<b>14,073</b>	<b>100.0</b>
Prostaglandin and suction curettage	10,871	77.2
Other surgical and medical combination	1,813	12.9
Medical only	1,389	9.9

## 10. Complication

**Table 10.1**

**Induced Abortions by Complication**  
December Year 2013

Complication	Number	Percent
<b>Total</b>	<b>14,073</b>	<b>100.0</b>
None	13,996	99.5
Retained placenta/ products	33	0.2
Haemorrhage (500ml or more)	19	0.1
Other	14	0.1
Perforation of Uterus	6	0.0
Haemorrhage and retained placenta/products	3	0.0
Haemorrhage and Other	2	0.0

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

## 11. Contraception

**Table 11.1**

**Induced Abortions by Contraception Used**  
December Year 2013

Contraception Used	Number	Percent
<b>Total</b>	<b>14,073</b>	<b>100.0</b>
None	7,704	54.7
Condoms	3,581	25.4
Combined oral contraceptives	1,572	11.2
Progestrone only contraceptives	417	3.0
Natural family planning	208	1.5
Emergency contraception	205	1.5
Intra-Uterine contraceptive device without hormones	200	1.4
Depo provera injections	112	0.8
Intra-Uterine contraceptive device with hormones	30	0.2
Other	21	0.1
Long-acting implant	20	0.1
Diaphragm	3	0.0

**Graph 11.2**

**Percentage of Abortions by Contraception Used**  
December Year 2013

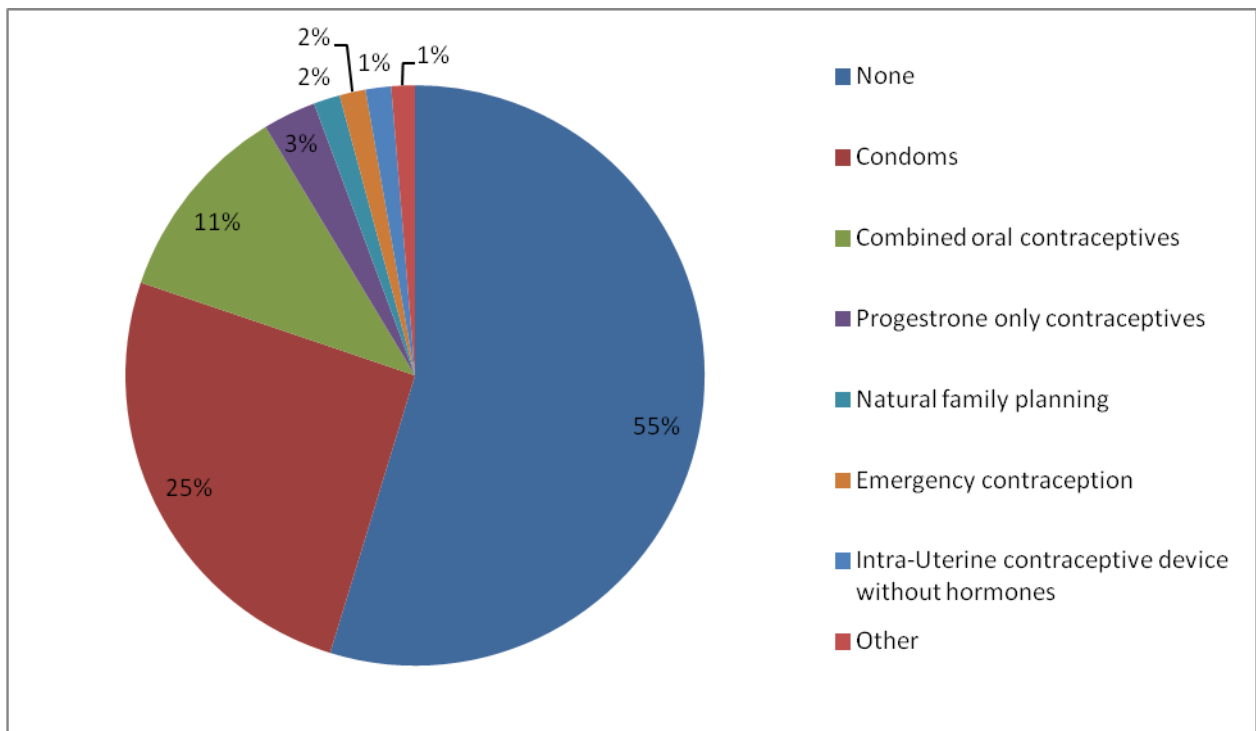


Table 11.3

**Induced Abortions by Age and Contraception Use**  
December Year 2013

Age Group (years)	Total	No Contraception Used	Contraception Used
<b>All Ages</b>	<b>14,073</b>	<b>7,704</b>	<b>6,369</b>
Under 20	2,144	1,260	884
20-24	4,386	2,412	1,974
25-29	3,174	1,663	1,511
30-34	2,237	1,171	1,066
35-39	1,451	805	646
40 +	681	393	288

Graph 11.4

**No Contraception Used by Age Group**  
December Year 2013

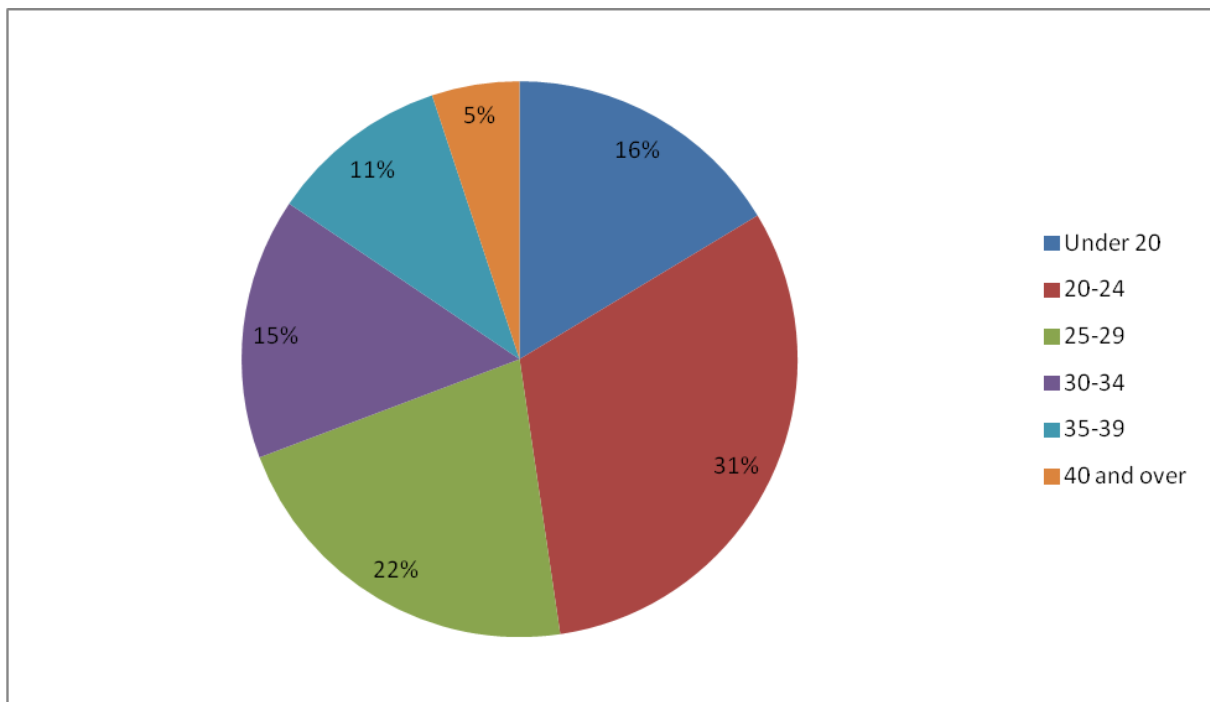


Table 11.5

**Contraception Used by Previous Live Births and Previous Abortions**  
December Year 2013

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
<b>Total</b>	<b>14,073</b>	<b>7,704</b>	<b>6,369</b>	<b>14,073</b>	<b>7,704</b>	<b>6,369</b>
0	6,159	3,245	2,914	8,940	5,001	3,939
1	2,875	1,646	1,229	3,312	1,731	1,581
2	2,816	1,491	1,325	1,210	649	561
3	1,355	759	596	410	204	206
4 or more	868	563	305	201	119	82

## 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 2013 to 30 June 2014 the Supervisory Committee held ten meetings.

### Visits

New Plymouth Sexual Health Clinic  
Auckland Medical Aid Centre

### Meetings

The Supervisory Committee met with:

- Ministry of Justice Staff
- Statistics New Zealand Staff
- New Plymouth Sexual Health Clinic Staff
- Auckland Medical Aid Centre Staff

### Certifying Consultants

As at 30 June 2014 there were 167 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 **\$ 3,985,754** in the year ended 30 June 2014.

The below table shows the fees payable to certifying consultants for each financial year for the period 2008 - 2013.

<b>Financial Year (1 July – 30 June)</b>	<b>Total fees payable</b>
2012 - 2013	\$ 4,427,100
2011 - 2012	\$4,551,929
2010 - 2011	\$4,848,579
2009 - 2010	\$4,998,870
2008 - 2009	\$5,048,096