

ABORTION AT DIFFERENT STAGES OF PREGNANCY

Most abortions take place during in the first trimester, with **91.2 to 95 per cent** of abortions occurring before 14 weeks.

Abortions after 22 weeks gestation are rare, at around **0.7 to 2.8 per cent**¹, and usually involve complex medical or psychosocial reasons.

In NSW, abortions at this stage take place in a hospital with a **multidisciplinary team of health professionals to care for the woman.**

ABORTIONS AFTER 22 WEEKS

A woman may be seeking an abortion at this stage for a range of complex reasons, including:

- Continuing the pregnancy would put her life or health at risk
- A devastating fetal abnormality was discovered during a routine ultrasound (at 18-20 weeks of gestation)
- She is in an abusive relationship, and her partner has prevented her from accessing an abortion earlier

Some fetal abnormalities cannot be diagnosed until between 18 and 20 weeks gestation and results can take weeks to process. There may also be uncertainty around diagnosis that require additional weeks of fetal development for diagnostic certainty.²

Legislating for a 22-week gestational limit allows time for the diagnosis of fetal abnormalities, providing pregnant women and practitioners the opportunity to make an informed decision.

Legislating for abortion up to 22 weeks reflects existing decriminalisation amendments in Victoria and Queensland which allow for gestation limits of 24 weeks and 22 weeks respectively, as recommended by peak medical bodies.

¹ Australian Institute of Health and Welfare. Use of Routinely collected national data sets for reporting on induced abortion in Australia. 2005. Available from: <https://www.aihw.gov.au/reports/mothers-babies/use-national-data-sets-reporting-induced-abortion/contents/table-of-contents>. Note that this figure includes some other procedures. See also SA Health. Pregnancy Outcome in South Australia. 2016. Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/4ccbba85-14c6-4b39-a19e-4e8cd54e9ea1/Pregnancy+Outcome+in+South+Australia+2016.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4ccbba85-14c6-4b39-a19e-4e8cd54e9ea1-mAT252p>.

² Victoria Law Reform Commission (Victoria, 2008), *Law of Abortion Final Report*, pp. 42

SOCIAL REASONS AS A QUALIFIER FOR ABORTION AFTER THE GESTATIONAL LIMIT

The circumstances surrounding abortion are complex and often multilayered, sometimes including a variety of maternal health conditions.

Social reasons may include domestic violence, substance abuse issues, financial circumstances and a woman's age, and they may impact a woman at any stage of her pregnancy.

Judges interpreting the current legislation in NSW have allowed consideration of economic and social factors for more than 40 years (see for instance, the cases of Levine in 1971 and Kirby in 1994).

Modern abortion legislation, such as that introduced in Queensland in 2018 and Victoria in 2008, consider the woman's current and future physical, psychological and social circumstances.

PANEL OF PRACTITIONER AND ADMINISTRATORS TO DECIDE IF ABORTION IS WARRANTED

The requirement of a panel to determine if an abortion is warranted is inherently problematic.

Medical practitioners in one study reported that panels were 'slow to convene and inconsistent in their decisions', and that some women were left with no option but to travel interstate to access abortions.³

Panels may also delay access to abortion, cause distress, and place a disproportionate burden on women needing to travel long distances or take time away from work or caring responsibilities.

A mandatory panel of practitioners and administrators will not supplement the involvement of two practitioners post 22 weeks gestation, as already stipulated by the legislation.

QUALIFICATIONS OF DOCTORS POST GESTATIONAL LIMIT

All abortions after 22 weeks occur in hospitals in NSW, where specialists of various disciplines are present to help.

It is standard for medical practitioners to consult with numerous specialists following a devastating fetal diagnosis or risk of maternal complications.

It is important that legislation not dictate specific qualifications for abortion at this stage, which could be unnecessarily burdensome or risk imposing delays. Rather, doctor specialty should be determined based on clinical need.

³ Black K, Douglas H, de Costa C. Women's access to abortion after 20 weeks' gestation for fetal chromosomal abnormalities: Views and experiences of doctors in New South Wales and Queensland. *Aust N Z J Obstet Gynaecol.* 2015; 55(2):144-8. DOI: 10.1111/ajo.12305.