

Factsheet:

Abortion in the Australian Capital Territory

Laws and regulations about abortion vary widely in Australia. Since 2002 abortion is a legal and regulated health service in the Australian Capital Territory (ACT). In many other Australian States & Territories, abortion continues to be legislated as a crime that is lawful (legally permitted) in certain circumstances.

Abortion in the Australian Capital Territory is governed by the *Health Act 1993*, which requires that:

- Only a registered medical practitioner may carry out abortion (maximum penalty: 5 years imprisonment);
- Abortion is to be carried out in a medical facility, or part of a medical facility (maximum penalty: 50 penalty points, 6 months imprisonment or both);
- Ministerial approval is required for the medical facility, or part of, for abortions to be performed;
- No person is required to assist or perform in the carrying out of abortion.

It is difficult to determine actual numbers of abortions in Australia because there is no national, uniform data collection about pregnancy outcomes other than recorded births. Existing data do not distinguish between induced abortion for foetal abnormality or death, incomplete miscarriage, or other reasons.ⁱ Approximately 30% of pregnancies result in miscarriage, (also called spontaneous abortion.)ⁱⁱ Figures from South Australia, where some of the most reliable data collection occurs, show that over one-third of women who gave birth in that state in 2008 had experienced a previous miscarriage, and less than 20% had experienced a previous pregnancy termination.ⁱⁱⁱ Recognising these limits, most recent estimates put the abortion rate in Australia at about 19.7 per 1000 women aged 15-44.^{iv}

It is estimated that 1 in 3 women in Australia have at least one abortion in their lifetime. Over 92% of these occur in the first 14 weeks of pregnancy. It is a common misconception that abortion is exclusively or mainly sought by teenage women. Based on limited available data, the highest rate of induced abortion occurs in women aged 20-24 years, although this has declined, and the rate in women aged 35 years or more has increased slightly in the period 1995 to 2008.^v

It is estimated that up to half of all pregnancies in Australia may be unintended (see *SHFPACT Factsheet: Unplanned pregnancy in the Australian Capital Territory*). There are no specific published data for the rate of unintended pregnancy in the Australian Capital Territory, or for pregnancy outcome apart from recorded births. Not all unintended pregnancies are unwanted, many can simply occur at a time other than planned or intended. And not all planned or intended pregnancies are wanted. Complications such as discovery of genetic conditions and foetal abnormality, relationship breakdown, or other significant life crises, can change whether a pregnancy that was desired continues to be so.

Types of abortion**1. Medical abortion**

Medical abortion is available in Australia for pregnancies under 9 weeks. Medical abortion is a method of terminating a pregnancy using medication to induce a miscarriage instead of a surgical procedure. Medical abortion in Australia is performed using two medications: mifepristone (also sometimes known as RU486, or 'the abortion pill') a medication that blocks the hormone progesterone, which is needed to sustain a pregnancy, followed by a prostaglandin.

Mifepristone has been used in combination with prostaglandins for medical abortion since 1988 in France and China and since the early 1990s in the United Kingdom and Sweden. In September 2001 mifepristone was approved for distribution in New Zealand, and is under limited but increasing availability in Australia over the last few years. Millions of women worldwide have safely used mifepristone regimens for termination of pregnancy and it is named in the World Health Organisation Model List of Essential Medicines.

Approximately 95% (the range in published data is 92-98%) of women will have a complete abortion when using mifepristone/misoprostol in pregnancies less than nine weeks gestation. The remaining women will need a suction abortion either because of ongoing or excessive bleeding, an incomplete abortion (tissue remains in the uterus but there is no growing embryo), or an ongoing pregnancy (which occurs in less than 1% of cases).

2. Surgical abortion

First trimester surgical abortion is a simple surgical procedure which takes 10 to 15 minutes. It is usually carried out in a day procedure clinic and is usually performed under intravenous (IV) sedation, where the woman is effectively asleep during the procedure.

The suction curettage method is the most widely used surgical abortion method in Australian clinics. When performed in registered clinics, this method of pregnancy termination is a very safe procedure. Surgical abortion results in a complete abortion in almost all cases (the range in published data is 95-100%), with an estimated medical complication rate of less than 2% in Australia^{vi}.

Second trimester abortions (over 12 weeks gestation) are similar but may require preparation of the cervix, so these may require more than one visit to the clinic and are more expensive, with cost increasing with the length of the pregnancy. Medical complication rates rise with later gestation.

Medical complications following abortion

While there are risks associated with any medical procedure, medical complications and other reported problems associated with abortion considered in the context of risks about continuing pregnancy and childbirth demonstrate that legal, safe abortion is markedly safer than childbirth. The risk of death associated with childbirth is approximately 14 times higher than that with abortion. Similarly, the overall morbidity associated with childbirth exceeds that with abortion.^{vii} Women routinely accept the health risks associated with continuing a desired pregnancy, and are equally capable of understanding and judging the risks of abortion for themselves.

Medical complications occur in approximately 2% of abortion procedures in the first trimester. This rises to 5% after 15 weeks gestation. Research has clearly shown no link between safe, legal abortion and future infertility, breast cancer or ectopic pregnancy.

Psycho-emotional consequences

The overwhelming majority of women who have an abortion say that they feel they made the right decision both at the time, and later.^{viii} Qualitative social research conducted in Australia with women who have had abortions indicates that women view the decision as consideration of a complex range of factors, relating to the woman herself, the potential child, existing children, and the woman's partner and other significant relationships, most of which contribute to what it means to a woman to be a good mother.^{ix}

Women who experience emotional problems following an abortion tend to be those who were very ambivalent at the time of the abortion, or were coerced into having an abortion by someone else. Some women may feel great pressure by partners, family or others to have an abortion. If a woman wants to continue the pregnancy, a coerced abortion can result in emotional problems for her afterwards. If a woman has had problems with anxiety or depression in the past, and has found the decision a very difficult one then she may need more support during this time. This support may be from family or friends or through professional counselling if needed.

Abortion services

All states and territories in Australia have some abortion services; however the availability and cost can vary widely.

In the ACT abortion is regulated as a health service that must be provided by a medical doctor in a government-approved medical facility, and there is no legal restriction on when an abortion can be provided. In practice, however, available services limit abortion to under the first 16 weeks of gestation.

There are two clinics which provide termination or pregnancy services in the ACT region:

- Dr Marie (Marie Stopes International) based in Canberra City which provides medical termination from 5 to 9 weeks gestation and surgical termination up to 15 weeks and 6 days gestation
- Gynaecology Centres Australia based in Queanbeyan, which provides medical termination from 5 to 9 weeks gestation and surgical termination up to 13 weeks and 6 days gestation.

Private general practitioners (GPs) may be able to provide medical abortion services, but do not frequently advertise this service widely.

Abortion services, other than for foetal abnormality, are not provided in public or private hospitals in the Australian Capital Territory.

SHFPACT acknowledges and thanks Children by Choice for the use and adaptation of material available at <http://www.childrenbychoice.org.au/>

ⁱ Bateson, D "Contraception and options for unintended pregnancy" (Ch 11) in **Sexual Health: A Multidisciplinary Approach** (2014) Temple-Smith, M (ed.) IP Communications: Melbourne

ⁱⁱ J Robotham and E Somerville 'Miscarriage rates revealed' *The Age*, 17 January 2009, Melbourne, Victoria.

ⁱⁱⁱ A Chan, J Scott, A Nguyen, L Sage **Pregnancy Outcome in South Australia 2008** Pregnancy Outcome Unit, South Australian Department of Health, Government of South Australia

^{iv} A Chan, L Sage 'Estimating Australia's abortion rate 1985-2003' *Medical Journal of Australia* 2005; 182 (9): 447-452

^v Family Planning NSW (2011) **Reproductive and sexual health in New South Wales and Australia: Differentials, trends and assessment of data sources**. FPNSW: Sydney.

^{vi} The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Termination of Pregnancy: A resource for health professionals November 2005. Available online at <http://www.ranzcog.edu.au/publications/womens-health-publications/termination-of-pregnancy-booklet.html>

^{vii} Raymond EG, Grimes DA "The comparative safety of legal induced abortion and childbirth in the United States.". *Obstet Gynecol.* 2012 Feb;119(2 Pt 1):215-9

^{viii} Rocca CH, Kimport K, Roberts SC, Gould H, Neuhaus J, Foster DG. *Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study*. *PLoS One*. 2015 Jul 8;10(7)

^{ix} Centre for Women's Health, Gender and Society, The University of Melbourne, Australia "Reasons women give for contemplating or undergoing abortion: a qualitative investigation in Victoria, Australia." *Sexual & reproductive healthcare: official journal of the Swedish Association of Midwives* 11/2010; 1(4):149-55