

Second trimester abortion, including over 20 weeks gestation

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Recent political influences...



Key facts from WHO


- **abortion is safe when using a method recommended by WHO, appropriate to the pregnancy duration and by skilled practitioners.**
- **6:10 unintended pregnancies end in an induced abortion.**
- **there are 73 million abortions worldwide**
- **45% abortions are unsafe, of which 97% occur in developing countries.**
- **unsafe abortion is a leading – but preventable – cause of maternal deaths and morbidities**
- **lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.**

WHO 2021 <https://www.who.int/news-room/fact-sheets/detail/abortion> accessed 1/05/2023



Restricting abortion laws

Whether or not there is consensus around abortion...

- restrictive abortion laws cause enormous harm
 - around 39,000 deaths occur per year from unsafe abortions
 - other effects include the loss of educational and economic opportunities and the deepening of historical marginalization
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Abortion in New Zealand

Abortion Legislation Act 2020 New Zealand



Change in Legislation

The Abortion Legislation Act 2020, this amended the primary legislation for abortion, set out in the Contraception, Sterilisation, and Abortion Act 1977 and the Crimes Act 1961

- self referral
- wider range of health professionals can provide abortion services
- no requirement for abortions to be performed in licenced premises.
- no clinical or statutory requirements for abortion before 20 weeks
- statutory clinical requirements for abortion after 20 weeks
- counselling not mandatory but ***must*** be offered and readily available
- safe areas- on 16 March 2022, the Safe Areas Amendment Act passed into law



Summary of the Abortion Act over 20 weeks gestation

A qualified health practitioner may only provide abortion services to a woman who is more than 20 weeks pregnant if the health practitioner reasonably believes that the abortion is clinically appropriate in the circumstances. In doing so they must:

Have regard to all relevant legal, professional and ethical standards

Consult at least one other practitioner

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Consider

- physical health
- mental health
- overall well-being



Abortion since introduction of the new legislation

2022 : 14,164 abortions procedures, up 6.8% from 2021- increase across all maternal ages between 15-40

- early medical abortions numbers increased from 3320 (y.2019) to 5811 and now outnumber surgical abortions (decrease 6%). This is likely due to access especially through self referral and Telehealth
 - later surgical abortions (>14/40) show a small decrease since 2019
 - later medical abortions represented 1.6% of all abortions with abortions over 20/40 <1%
 - average gestation at the time of access decreased across most ethnic, cultural and social groups
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Decision making for later abortion




Women who access later abortion

A US study found women frequently fitted the following profiles

- raising children alone
- suffering from mental health issues; e.g. depression, or using illicit substances
- in conflict with a partner or experiencing violence in the home
- had trouble deciding and then experienced access issues
- were young and nulliparous
- experienced logistical delays, e.g. finding an abortion provider, and raising funds for travel and procedure costs

Foster, D. & Kimport, K. (2013) Who seeks abortions at or after 20 weeks. Perspectives on Sexual and Reproductive Health DOI: <https://doi.org/10.1363/4521013>

In practice we find that women may underestimate their gestation or are unaware they are pregnant until later in the pregnancy



A note on later abortion procedures

- procedures >20 weeks accounts for ~1% of all abortions
- in many places, no choice of method
 - US – primarily Dilation and Evacuation
 - New Zealand – nearly exclusively labour induction
 - Studies attempting to randomise to IOL v D&E failed due to patients having strong preferences
- often most vulnerable, marginalised patients
- higher risks of stigmatisation compared to first trimester

Slide: A Hudspith, R Rapkin 2024

Second trimester abortion-current practice New Zealand

Procedure is guided by gestation

< 20 weeks gestation- medical induction of labour or surgical procedure under GA

>20 weeks – Induction of labour (IOL)

> 22/40 feticide recommended by NZ Abortion guidelines prior to IOL



Multi-disciplinary team involved in care

Social
Worker

Registered
Midwife

Qualified
health
practitioner

Sexual
Health
Doctor

Obstetricians

Patient travel
where
necessary



GP (unless
self referral)

Registered
Nurse


Psychiatrist
occasionally referral
needed for those
with complex mental
health needs

Clinic Admin
team


Counsellor

Case Study


Typical Case Study

- self referral of 33 year old single woman who is solo parent of 2 children
 - her relationship ended recently following a long period of physical/emotional abuse
 - she had experienced irregular periods but thought that this was associated with stress
 - at the time of referral, her gestation was calculated at 20 weeks by Ultrasound scan
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Planning and consent

- pregnancy bloods, vaginal swabs and an ultrasound scan to confirm gestation are arranged at the time of referral
 - counselling is offered/recommended by trained abortion counsellors
 - discussion around options: this includes available choices for procedure versus continuing the pregnancy, professional support, the process itself, legal obligations such as birth notification, and the need to register all births after 20 weeks. All of these factors will contribute to informed consent
 - once consent is confirmed, induction of labour (IOL) is arranged with the maternity ward
 - a text is sent to a team of midwives who have expressed interest in providing abortion care.
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Induction of labour process

- Mifepristone 200mg is administered and the individual is discharged home. This drug blocks the hormone progesterone needed for a pregnancy to continue
 - the individual returns 48 hours later to birthing suite or to the maternity ward, depending on gestation. They are encouraged, as with any labour and birth, to bring a support person
 - IOL is commenced with Misoprostol (prostaglandin) to soften the cervix and cause uterine contractions. Further doses will be given at 3 hourly intervals until delivery.
 - pain relief is commenced and continued throughout
 - often delivery occurs on the same day, but if not, the process can be continued following an overnight rest
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Following delivery

- the midwife discusses options; assisting with memory making such as photographs, hand and footprints, as well as providing guidance for burial/cremation.
 - Advice will be given by the midwife on dealing with/suppressing lactation.
 - practical guidance is given by the midwife for birth registration and for retrieving the body or ashes (where the hospital has arranged cremation)
 - post natal midwifery care is highly recommended, but may be refused. In this case it is important to ensure that the individual has an identified community health professional to seek review or medical assistance from if necessary.
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Key themes

- multi disciplinary collaboration is key to successful care/outcomes
- individuals often have complex needs
- individuals seeking late abortion have the right to:
 - informed consent, the ability to step back and consider options
 - quality maternity care
 - the presence of a support person
 - effective pain relief
 - memory making
 - postnatal care and follow up



Future planning for the service...



