ABORTION

Law reform where is it going?
Why is it needed?
Where are the staff?
What do they do?
Definition

“Termination of Pregnancy is deliberately ending a pregnancy so it doesn’t progress to birth.”

(The Royal Australia and New Zealand College of Obstetricians and Gynaecologists, 2002.)
A Bit of History

“During the late 17th, the whole of the 18th and the early nineteenth centuries, English and American women were totally free from all restraints, ecclesiastical as well as secular, in regard to the termination of unwanted pregnancies, at any time during gestation.”

Cyril C. Means Jr. as cited in Keown 1988
Legal reasons for abortion

- The legal reasons for terminating a specific pregnancy are stipulated under the Crimes Act 1961:
  - Serious danger to physical health
  - Serious danger to mental health
  - Incest or sexual relationships with a guardian
  - Risk that the child, if born, would be seriously physically or mentally disabled.
  - Woman or girl is severely subnormal.
  - Other factors which are not grounds in themselves, but which may be taken into account – extremes of age and rape.
Raped by your cretinous brother...
Abandoned by your alcoholic husband
Mother of ten... one spina bifida, two phenylketonurics... a diabetic and one hydrocephalic
A history of depression & attempted suicide...
Application rejected!
Your flimsy excuses are an affront to our dignity. Now for God's sake woman smile! You're supposed to enjoy pregnancy.

Already an obstetric disaster
Contraception Sterilisation and Abortion Act 1977

Set up the Abortion Supervisory Committee
Three members, 2 of whom must be medical practitioners.
Report to Parliament every year, controlled and financed through the Justice Department.
A.S.C cont.

Set Standards of practice
To keep under review all provisions of abortion law
Oversee licencing of premises
Set fees and keep register of certifying consultants.
Monitor, analyse collate disseminate information regarding abortion care.
Licesenced Facilities

- Whangarei – yet to start
- Auckland – EDU, AMAC, Auckland Day Stay, Middlemore
- Gisborne
- Hastings
- Hamilton
- Thames
- Taupo
- Tokaroa
- Tauranga
- New Plymouth
- Palmerston North
- Whanganui
- Lower Hutt
- Wellington
- Nelson
- Blenheim
- Christchurch
- Dunedin
- Invercargill
A Woman’s Journey

- Abortions must be authorised by two doctors (referred to as "certifying consultants" within the legislation), one of whom must be a gynaecologist or obstetrician. However, doctors can refuse to authorise the procedure, in which case the woman must find another doctor and plead her case with them until she has the permission of two doctors, and also a qualified surgeon if neither of those doctors are licensed to perform the operation.

From Wikipedia, the free encyclopedia
Other Acts of parliament around Abortion

More recently Amendment to the Care of Children’s Act 2004 gave the right to consent to a procedure to a female child of any age to an abortion and conversely the right to refuse an abortion.
What sort of people are abortionists?

In the past and everywhere around the world it’s Midwives and Nurses. The witch, the crone, the wise woman, the kaumatua.
In New Zealand
Not that Doctors and pharmacists haven’t been around
But desperate women do desperate things.
What happens when there are barriers to care?

“...were abortions viewed in the more contextual terms of ‘stewardship’ rather than ‘dominion’ it could be properly situated as a ‘sober matter, an occasion, often for moral emotion, such as grief and regret’, not as an act of vice. And where there is grief and regret this should be taken as a signal ‘not that the action was indecent, but that decent actions sometimes involve loss’,”

Chapter 9 Abortion Ethics and the Nursing Profession. p234
What sort of people are abortionists?

In the past and everywhere around the world its Midwives and Nurses. The witch, the crone, the wise woman, the kaumatua.
The Australian man convicted of killing abortion clinic guard Steven Rogers was sentenced in November 2002 to life not to be eligible for parole for at least 23 years. The Judge said “You have murdered one man in the planned massacre of many” Knight went to the abortion clinic in July 2001 with a gun, ammunition, kerosene and other equipment. He blasted the clinic door, set it on fire, shot the guard within and turned his gun on a woman patient, but he subdued by two men in the clinic’s waiting room.

Pro-Choice Action Network Press Autumn-Winter 2002
Who provide abortion care today and scope of practice

- Nurses/midwives seldom mentioned in Law
- ASC has always had a social work /Counsellor advisor but the role of the nurse/midwife largely ignored.
- Traditionally there is no barrier in the scope of a nurse to care for women seeking abortion under 20 weeks
- Is abortion care within the scope of midwifery?
- Training of Medical Practitioners
- Conscientious objection
The Wellington Team
Nurses
Midwives
Doctors
Social Work/Counsellors
Administrators
Changes are afoot

This coalition Govt has asked the Law Commission to investigate Law Reform.

The Commission has now recommended to Govt 3 options for consideration.
NZNO WOMEN’S HEALTH COLLEGE ORAL SUBMISSION

• Early in 2018.
• Combined with Family Planning, a delegation was invited to the Law Commission.
• Kate Weston-Professional Advisor NZNO
• Marilyn Head- Researcher NZNO
• Kerri Nuku – Kaiwhakahaere NZNO
• Ann Simmons-National Committee Member Women’s Health College
Law Commission Alternative Models for when abortion would be lawful

- **Model A**: No Statutory Test
  
  Decision between the woman and her registered health practitioner

- **Model B**: A statutory test would remain but the test would be in test in health regulation rather than in the Crimes Act.
• Model C: For pregnancies of not more than 22 weeks same as Model A.

• For pregnancies of more than 22 weeks Same as Model B
  Statutory test as in Model B
• Conclusions:

• Model A is the closest suggestion from the Law Commission's report to our submission.

  ie: that the decision for abortion should be between a woman and her health professional
Conclusions cont.

- The women of Aotearoa deserve a non-Judgemental, safe, timely, accessible abortion service.
- Removing abortion from the Crimes Act and incorporating it into the health system is the first step to ensure better access to safe, timely care.
- That statutory references to medical practitioner be replaced by appropriately trained and registered health practitioners.
- Remove restrictions on where abortions take place.
Nurses and Midwives?

- We are more likely to have an increasing role in the provision of abortion services.
- Nurses work around the country providing 1st trimester medical abortion care. We are ‘on call’ providing support to women at home. We are providing contraception advice and inserting IUCDs and Implants.
- We provide care to women in labour with a 2nd trimester loss.
- It's only a matter of time when nurses are performing Manual Vacuum Extractions of early 1st gestations.
Nurses and Midwives

• There are courses being run by Massey University for Nurses/Midwives to enhance their counselling skills in abortion.

• We need to upskill in USS. APGANZ are looking at how this can be done.

• That the law needs to give regulatory support for this to happen. There are plenty of overseas examples.

• We need our professional bodies to recognise this work

• Abortion Care is Political we cannot be afraid to be involved.
What we don't ever want

This is a 1964 United States police photograph of Gerri Santoro, aged 27, mother of two, found in a Connecticut motel room in South Dakota where she had bled to death, abandoned by an illegal abortionist when something went wrong. This picture was widely used as a consciousness raising poster in the 70s to counteract the pictures of aborted fetuses. For many years her daughters understood that she had died in a road accident.

“Women are not dying because of diseases we cannot treat. They are dying because societies have not yet made the decision that their lives are worth saving’

Professor M.F Fathalla

Former professor International Federation of Gynaecology and Obstetrics
What we do want?

EVERY CHILD A Loved CHILD

Women are able to access safe abortions close to home and in a timely manner.
Health professional able to provide health care to women without being the gate keepers of an outdated judicial process.
Let the Wahine of NZ be in control not the politicians.
My Thanks to

Dame Margaret Sparrow and ALRANZ

Kate Weston: NZNO

Marilyn Head: NZNO (retired)

Gill Dawidowski: ex Te Mahoe Unit CNM

Dr. Carol Shand and
Dr Simon Snook APGANZ