



POSITION STATEMENT: TERMINATION OF PREGNANCY (ABORTION), INCLUDING MEDICAL ABORTION

Background

It is estimated that almost half of all pregnancies in Australia are unplanned or unintended. Unplanned pregnancies occur for a wide variety of individual, social and political reasons. When making a decision about an unplanned pregnancy, women usually try to identify which option is best for them and often their families at the time. In order to identify which option is best it is important that women have accurate information on all their options.

There is no national data collection on abortion in Australia, but it is estimated that almost half of all unplanned pregnancies in Australia end in a termination of pregnancy (abortion), and that more than one in four Australian women will choose abortion in their lifetime. ⁱ

Unplanned pregnancy is a reality for Australian women and abortion is one part of a spectrum of sexual and reproductive health care.

In Australia, where abortions are performed by highly qualified health care professionals in very hygienic conditions, a pregnancy termination is one of the safest medical procedures, and complications are rare. ⁱⁱ

Queensland context

In Queensland, abortion is generally regarded as lawful if performed to prevent serious danger to the woman's physical or mental health, despite abortion being contained in the Criminal Code.

Abortion is the only medical procedure that is contained in the Queensland Criminal Code 1899 (sections 224-226), which sets out criminal penalties for doctors providing abortion or for women accessing it. However, section 282 of the Code defines a lawful abortion as the performance in good faith and with reasonable care and skill, a surgical operation on or medical treatment of a person or an unborn child for the patient's benefit; or a person or an unborn child to preserve the mother's life; if performing the operation or providing the medical treatment is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

A combination of this and case law from 1986 provide for a lawful abortion when it is performed to prevent a serious threat to the life or the physical or mental health of a pregnant woman. Rape, incest and foetal anomaly diagnoses are not grounds for a lawful abortion except insofar as their impact on a woman's physical or mental health.

The legal status of abortion has a significant impact on abortion access in Queensland. Publicly provided services are extremely limited, leaving the majority of women to seek services through private clinics and day surgeries in Queensland. Although these services are of a high quality, the out-of-pocket cost impacts disadvantaged women. In addition to the high cost barriers, women in rural and remote areas often face extreme costs and travel distances to get to a provider.

Women experiencing domestic violence, young women, Aboriginal and Torres Strait Islander women, women with disabilities or from non-English-speaking backgrounds and women who are financially disadvantaged are also among those who find abortion services hardest to access.

Lack of clear accurate pro-choice information also impacts on Queensland women's ability to access an abortion.



Medical Abortion

Medication or medical abortion is the use of drugs to end an early pregnancy. In Australia, the medications used (mifepristone and misoprostol) are licensed by the Therapeutic Goods Administration (TGA) and marketed as MS 2-Step.

Mifepristone is a medication that blocks the effects of progesterone, which is needed to sustain a pregnancy. When used in combination with a prostaglandin in early pregnancy (up to 63 days from the first day of the last menstrual period (LMP)), mifepristone is a safe and effective pregnancy termination methodⁱⁱⁱ. Mifepristone has been available in France and China from 1988 and a number of countries have made it available in the years since, including Australia^{iv}. Millions of women worldwide have safely used mifepristone regimens for termination of pregnancy^v and it is named in the World Health Organisation's List of Essential Medicines^{vi}.

Mifepristone is used in combination with a prostaglandin analogue called misoprostol. Misoprostol causes the uterus to contract and helps the pregnancy tissue to pass

Medical abortion is highly effective: Its 92–95% success rate is comparable to that of surgical abortion. It is also safe, as severe complications are extremely rare^{vii}.

Studies show a high level of patient satisfaction and acceptability of early medical abortion using mifepristone and misoprostol. A large Australian observational study of over 11000 women who experienced early medical abortion found that almost 80% would use it again, and over 90% would recommend it to a friend^{viii}. Internationally, studies have also shown high rates of satisfaction with medical abortion. Studies in Scotland, the US, Sweden, Norway and Finland also found a large majority of women who chose medical abortion found it acceptable^{ix}.

Mifepristone has been licensed for use in Australia by the TGA since 2012. The medication is also listed on the Pharmaceutical Benefits Scheme (PBS) for use up to 63 days LMP. The licence holder is MS Health, a subsidiary of Marie Stopes International Australia, an international provider of sexual and reproductive health services.

The TGA listing means that General Practitioners (GPs) and Obstetricians and Gynaecologists (O&Gs) are able to prescribe the drug in combination with misoprostol for women wishing to terminate an early pregnancy. This extends a doctor's ability to provide holistic care in the management of a woman's unplanned pregnancy. In October 2015, access to medical abortion was further expanded by tele-medicine models which can be accessed by women in most states of Australia.

GPs must register with MS Health and completed an online training package to become a prescriber. Further information is available here: www.ms2step.com.au

More detailed information about medical abortion is available at: www.mshealth.com.au.

Sexual Health Society of Queensland position

The Sexual Health Society of Queensland endorses the Declaration of Sexual Rights of the World Association for Sexual Health which includes the rights to autonomy and bodily integrity, to the highest attainable standard of health, including sexual health and to decide whether to have children, the number and spacing of children, and to have the information and the means to do so.¹

The Society recognises that unplanned pregnancy is a reality of women's lives and believes that every woman has the right to make her own decision about an unplanned pregnancy and should be

¹ The WAS Declaration of Sexual Rights was originally proclaimed at the 13th World Congress of Sexology in Valencia, Spain in 1997 and then, in 1999, a revision was approved in Hong Kong by the WAS General Assembly and then reaffirmed in the WAS Declaration: Sexual Health for the Millennium (2008). This revised declaration was approved by the WAS Advisory Council in March, 2014. www.worldsexology.org/resources/declaration-of-sexual-rights/. Accessed 18 March 2015.

able to access an abortion if that is her choice. The values of autonomy, informed consent and choice must be respected.

It is important that women experiencing an unplanned pregnancy have access to accurate information and non-directive support about their options - parenting, abortion, adoption or alternative care arrangements.

The Society supports the removal of abortion laws from the Queensland Criminal Code and believes that all women should have access to safe and legal abortion regardless of race, geographical location, gestational stage of pregnancy, or financial situation, and it should not be restricted to those whose life is in danger.

The Society welcomes improved access to and availability of safe and legal medical abortion for women in Australia, where it is provided under supervision by a trained medical practitioner.

The Society supports efforts to reduce the unplanned pregnancy rate in Australia, including expanding access to contraceptive methods (particularly Long-Acting Reversible Contraceptive methods).

ⁱ W Scheil, K Jolly, J Scott, B Catchside, L Sage, R Kennare. *Pregnancy Outcome in South Australia 2013*. Pregnancy Outcome Unit, SA Health, Government of South Australia. Adelaide, 2015 p57.

ⁱⁱ *Safe Abortion: Technical and Policy Guidance for Health Systems* World Health Organization, Geneva 2003 p12

ⁱⁱⁱ D Grossman 'Medical methods for first trimester abortion' *RHL The WHO Reproductive Health Library*, World Health Organisation. Available online at <http://apps.who.int/rhl/fertility/abortion/dgcom/en/>.

^{iv} *The use of mifepristone for medical termination of pregnancy* College Statement C-Gyn 21, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, July 2013. Available online at <http://www.ranzcog.edu.au/college-statements-guidelines.html>.

^v . B Winikoff & W Sheldon 'Use of medicines changing the face of abortion' *International Perspectives of Sexual and Reproductive Health* Volume 38, Number 2, September 2012. Published by Guttmacher Institute, available online at <https://www.guttmacher.org/pubs/journals/3816412.html>.

^{vi} World Health Organisation Drug Information Vol 19, No 3, 2005. Available online at <http://apps.who.int/medicinedocs/en/d/Js7918e/5.1.2.html>.

^{vii} Medication Abortion Restrictions Burden Women and Providers—and Threaten U.S. Trend Toward Very Early Abortion, Heather D. Boonstra (Guttmacher Policy Review, Winter 2013, Volume 16, Number 1)

^{viii} Goldstone P, Michelson, J & Williamson, E (2012) 'Early medical abortion using low-dose mifepristone followed by buccal misoprostol: a large Australian observational study' *Medical Journal of Australia* Vol.197 No. 5: 282-286.

^{ix} Berer, M (2005) 'Medical Abortion: Issues of Choice and Acceptability', *Reproductive Health Matters* 13 (26); 25-34.