NATIONAL ASSOCIATION OF SPECIALIST OBSTETRICIANS AND GYNAECOLOGISTS

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Christine McDonald
The Secretary
Senate Finance and Public Administration Standing Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Ms McDonald

I write to you as Chair of the peak specialist organisation representing Obstetricians and Gynaecologists in Australia.

Any debate surrounding abortion is inevitably controversial, and it is difficult to obtain unbiased information which may assist in forming an opinion.

The following is offered to provide medical facts to assist honorable Senators in their deliberations.

I would be pleased to provide further advice if requested.

What is late term abortion?

There is no universal agreement on a definition. In Australia, all births after 20 weeks are legally defined as stillbirths or neonatal deaths rather than miscarriages or abortions, so 20 weeks is a legal threshold.

One way of seeking to separate abortions into “early” and “late” would be to consider the gestation at which a foetus is likely to survive if born. This gestation has decreased considerably over recent decades, and this has led to considerable debate and analysis regarding the gestation at which the likelihood of a baby’s survival is considered high enough to warrant the considerable expense (both financial and emotional) of neonatal intensive care.

In summary, chance of survival before 23 weeks is negligible. Between 1998 and 2000, there were no survivors of the 215 babies born in NSW and ACT at 22 weeks. Survival at 23 weeks is 29% with 50% of survivors assessed at moderately to severely disabled at 2-3 years of age.

It would appear that if likelihood of survival is negligible before 23 weeks, and in that sense, 23 weeks can be considered a clinical threshold which may usefully define “late term abortion”

How often is late term abortion performed, and what are the reasons?

Statistical data on abortion in Australia are not systematically collected. International data suggest abortions after 20 weeks account for around 1% of all abortions.[1],[2],[3]

The most helpful statistics regarding late term abortion in Australia are to be found in the annual reports of the Victorian Consultative Committee on Paediatric Mortality and Morbidity[4], which collects data on abortions at later than 20 weeks.

Its latest report (2006) indicates that 298 terminations of pregnancy after 20 weeks gestation were performed in Victoria in 2006.
148 were for foetal congenital abnormality and 150 were for psychosocial reasons. This would initially suggest that approximately half of abortions after 20 weeks are performed for psychosocial reasons, but it should be noted that 90 of the 150 (60%) women undergoing abortion > 20 weeks for psychosocial (PS) reasons were resident interstate (70) and overseas (20), whereas 140 of 148 undergoing abortion for congenital abnormality (CA) were resident in Victoria. This leads to an over-representation of abortions for PS indications. If interstate and overseas visitors are excluded, it would appear 30% of the 208 “local” abortions performed after 20 weeks are for PS reasons, and 30% of these are performed prior to 23 weeks.

It appears that approximately 20% of abortions performed after 22 weeks are for PS indications.

All of the abortions performed for PS indications in 2006 resulted in stillbirth.

No abortion was recorded in Victorian public hospitals in 2006 after 20 weeks for PS indications, 113 of the 148 for CA were performed in public hospitals.

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[1] Statistics Canada 2003, http://www.arcc-cdac.ca/StatsCan-gestation-times-1995-2003.xls
[2] Government Statistical Service for the Department of Health UK, (July 4, 2006). http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_413682

[3] Statistics Norway 2006 http://www.ssb.no/abort_en/tab-2006-04-26-05-en.html
[4] The Consultative Council on Obstetric and Paediatric Mortality and Morbidity Annual report for 2006 Melbourne, July 2008

What is MBS item number 16525?

Item number 16525 provides a benefit of $226.95 as 85% of the schedule fee for "*Management of second trimester labour, with or without induction, for intrauterine foetal death, gross foetal abnormality or life threatening maternal disease".*
It is claimed when the service is provided to a private patient by a doctor in a public or private hospital or approved day surgery centre. It is not claimed when the service is provided to a public patient in a public hospital or a patient not covered by medicare.

This applies to all such procedures performed between 14 to 26 weeks pregnancy. It also would apply to women who are spontaneously miscarrying or are in spontaneous premature labour associated with the relevant clinical conditions.
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How frequently is 16525 claimed?

MBS data indicate 16525 is currently claimed on approximately 800 occasions per year nationally. This represents 1-2% of best estimates of all abortions in Australia, specific data for which are lacking. The rate has been stable for the last three years (2004-07) having increased form approximately 650 per year in the decade before. The increasing rate of use may reflect an increase in age of pregnant women with consequent increase in frequency of CA, as well as possibly increased utilization for PS indications. There are no reliable national data to determine the extent to which termination of pregnancy for PS indications contributes to the utilisation of 16525.

What effect would removal of 16525 have?

Removal of this item number would affect funding of 1-2% of all abortions in Australia.
It would save the commonwealth $181,560 per year based on 2007 utilisation. This cost would need to be met by all women undergoing abortion between 14 and 26 weeks as well as women with spontaneous 2nd trimester abortion or labour.
The large majority of women who would be affected by the change are not undergoing late term abortions for PS indications.
Private clinics currently charge in excess of $4000 for an abortion after 22 weeks[5]. This largest provider of abortion services after 20 weeks in Australia does not claim against 16525.

[5] Personal communication from anonymous abortion service provider

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