



1840s to 1950s - women died

- Very limited access unless threat of maternal death
- Late 1930's widened to include mental health grounds
- 1936 Committee established to investigate high illegal abortion rate

"For dealing with the problem of the unmarried mother, the committee considers that the attack must be along the lines of more careful education of the young in matters of sex, prohibition of the advertisement and sale of contraceptives to the young, and a more tolerant attitude on the part of society towards these girls and their children....

...Legalisation of abortion for social and economic reasons was also put forward. The Committee discussed the matter, and strongly condemns any countenancing of this measure. Though it may be conceded that legalised performance of the operation by doctors in hospitals might reduce the incidence of surreptitious abortion and deaths from septic abortion, we do not accept this any justification of a procedure which is associated with grave moral and physical dangers."

1960's - SPUC, Feminists for life, ALRANZ, WONAAC

- Changing beliefs about sex and contraception
- 1969 & 1970 Women travelled to Australia
- SPUC: well funded with high profile membership
- Feminists for life: abortion = anti-motherhood
- ALRANZ: Abortion is a decision between the woman and her doctor
- WONAAC: Abortion is a woman's decision alone

1974 to 1980s - Controversy

- 1974: Auckland Medical Aid Centre (AMAC) opened
- 1977: Contraception, sterilization and abortion act

1990s to now.....

- 1990s: A calming of the waters
- 2000s" Anti-choice activism increased
- 2008: Right to Life NZ challenged the Abortion Supervisory Council in the courts
- 2010s: Pro-choice activists lobbied the government to decriminalize abortion.

Current Legislation Governing Abortion

NZ Abortion Law: The Crimes Act 1961

Less than 20 weeks

- Serious danger to maternal life or, physical or mental health
- Risk of "seriously handicapped" child
- Risk of incest

More than 20 weeks

- To save the life of the mother
- To prevent serious permanent injury to physical or mental health

NZ Abortion Law: Contraception, Sterilization and Abortion Act 1977

- Two certifying consultants
- Abortions to be carried out by a specialist O&G or trained medical practitioner
- Abortions to be carried out in a licensed institution
- Ultrasound scans and counselling are not compulsory by law.

The Health Practitioners Competence Assurance Act 2003 (S174)

- Health providers can opt out of providing any service relating to abortion, sterilization or other reproductive health service
- Must inform the person they can see another practitioner or Family Planning.

The Health Practitioners Competence Assurance Act 2003 (S174)

Contraception Abortion and Sterilisation Act (S46)

 No practitioner is obliged to perform a service or provide advice relating to contraception, sterilization or abortion

The Health Practitioners Competence Assurance Act 2003 (S174)

Contraception Abortion and Sterilisation Act (S46)

Bill of Rights Act 1990

The Health Practitioners Competence Assurance Act 2003 (S174)

Contraception Abortion and Sterilisation Act (S46)

Bill of Rights Act 1990

Human Rights Act 1993

Abortion Law Worldwide



Breaches Human Rights

 A woman's right to a safe and legal abortion is supported by binding international treaties, and grounded in rights to life.

"Women have the inherent right to make decisions about their own health, and their own bodies, but current law does not recognise this right".

(Terry Belamak, president of ALRANZ)

Breaches Human Rights

Restricts access to abortion

- 27 licensed institutions all located in urban areas
- Financial implications for some women
- Legislated requirements for TOP may preclude EMA

Breaches Human Rights

Restricts access to abortion

Requires liberal interpretation

Law interpreted more liberally than intent of the law

Breaches Human Rights

Restricts access to abortion

Requires liberal interpretation

Increases cost of abortion

- Certifying consultants fees in 2017 = \$3,940,855
- Theatre time

Abortion Law Reform Proposal for Change

Alternative Approaches to Abortion law – 3 Models

A: any reason, any gestation

B: Statutory test, any gestation

C: Combination of A+B

The New Zealand Law Commission. Alternative approaches to abortion law: ministerial briefing paper [Internet]. New Zealand: The NZ Law Commission; 2018

A Future Role for Nurse Practitioners

Mid-level Practitioners as Abortion Providers

	Lay health workers	Pharmacy workers	Pharma- cists	Doctors of comple- mentary systems of medicine	Auxiliary nurses/ ANMs	Nurses	Midwives	Associate/ advanced associate clinicians	Non- specialist doctors	Specialist doctors
Vacuum aspiration for induced abortion	& **	8 **	⊗ **	⊘	⊘	②	Ø	⊘	⊘ .	⊘ .
Vacuum aspiration for management of uncomplicated incomplete abortion/ miscarriage	& **	* **	⊗ **	⊘	⊘	⊘	•	②	⊘ .	⊘ ,
Medical abortion in the first trimester	Recom- mendation for subtasks (see below)	8	Recom- mendation for subtasks (see below)	⊘	⊘	②		②	⊘ .	⊘ .
Management of uncomplicated incomplete abortion/ miscarriage with misoprostol	R	8	8	⊘	②	②	⊘	②	⊘ .	⊘ .

WHO 2015: Health worker roles in providing safe abortion care and post-abortion contraception

Mid-level Practitioners as Abortion Providers

Cochrane review 2015: Doctors or mid-level providers for abortion (review)

No difference in safety or efficacy

Mid-level Practitioners as Abortion Providers

Cochrane review 2015: Doctors or mid-level providers for abortion (review)

No difference in safety or efficacy

WHO 2012: Safe abortion: technical and policy guidance for health systems

Abortion should be situated in primary care

A Possible Model for Abortion Provision if the Law is Reformed

RNs, midwives and NPs as EMA providers in the community setting

A Possible Model for Abortion Provision

RNs, midwives and NPs as EMA providers in the community setting

Dedicated primary care clinics led by NPs

- EMA
- First trimester STOP
- Contraception
- STI screening/treatment
- Cervical screening

A Possible Model for Abortion Provision

RNs, midwives and NPs as EMA providers in the community setting

Dedicated primary care clinics led by NPs

- EMA
- First trimester STOP
- Contraception
- STI screening/treatment
- Cervical screening

Later abortions in secondary care undertaken by skilled medical staff