Abortion Law Reform

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Sexual and Reproductive Health
History of NZ Abortion Law – in a Nutshell.....
It Started With a Victorian English law……..

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
It Started With a Victorian English law

“ 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.”
It Started With a Victorian English law........

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
It Started With a Victorian English law........

1974 to 1980s – Controversy

• 1974: Auckland Medical Aid Centre (AMAC) opened
• 1977: Contraception, sterilization and abortion act
It Started With a Victorian English law....... 

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.
Conscientious Objection

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.
Conscientious Objection

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
Conscientious Objection

The Health Practitioners Competence Assurance Act 2003 (S174)

Contraception Abortion and Sterilisation Act (S46)

Bill of Rights Act 1990
Conscientious Objection

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
The Current Law is Problematic

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)
The Current Law is Problematic

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
The Current Law is Problematic

Breaches Human Rights

Restricts access to abortion

Requires liberal interpretation
• Law interpreted more liberally than intent of the law
The Current Law is Problematic

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

Management of abortion and post-abortion care in the first trimester

<table>
<thead>
<tr>
<th>Lay health workers</th>
<th>Pharmacy workers</th>
<th>Pharmacists</th>
<th>Doctors of complementary systems of medicine</th>
<th>Auxiliary nurses/ANMs</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Associate/advanced associate clinicians</th>
<th>Non-specialist doctors</th>
<th>Specialist doctors</th>
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<td>Vacuum aspiration for induced abortion</td>
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<td>Vacuum aspiration for management of uncomplicated incomplete abortion/miscarriage</td>
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<td>Medical abortion in the first trimester</td>
<td>Recommendation for subtasks (see below)</td>
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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