The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Abortion

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 2005
Current: March 2019
Review due: March 2022

Objectives: To provide health professionals and women with information regarding medical and surgical abortion.

Target audience: Health professionals providing advice and care relating to women requesting abortion.

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women's Health Committee in March 2005 and most recently reviewed in March 2019.

Funding: The development and review of this statement was funded by RANZCOG.

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1. Plain language summary

Abortion is a medical procedure to end a pregnancy that involves use of medicines or surgery to remove the embryo or fetus and placenta from the uterus. Deciding to end a pregnancy is a very personal choice and discussions with a health care provider can explain the risks and benefits of the various procedures.

A range of RANZCOG Patient Information Pamphlets can be ordered via:
https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Guides/Patient-Information-Pamphlets

2. Summary of recommendations

Recommendation 1	Grade
Access to abortion should be on the basis of health care need and should not be limited by age, socioeconomic disadvantage, or geographic isolation.	Consensus based recommendation
Recommendation 2	**Grade**
Women should have access to professional counselling if required by law or by patient choice.	Consensus based recommendation
Recommendation 3	**Grade**
Health practitioners should be aware of the legislation regarding abortion that applies in the jurisdiction in which they practice.	Consensus based recommendation

3. Introduction

Abortion is an important health issue [1-3] and RANZCOG is committed to improving the health and well-being of all women, and to the advancement of knowledge of the health effects of pregnancy and pregnancy termination. The College acknowledges that people may have strong personal beliefs about abortion.

The College supports moves to develop a national sexual and reproductive health strategy, which would have the potential to support the following dimensions of sexual and reproductive health including abortion care:

- Education and the development of health literacy including access to and uptake of contraception.
- Equitable access to optimal sexual and reproductive health services, including abortion services.
- Monitoring and research.
- Workforce development and succession planning.

4. Discussion and recommendations

4.1 Prevention of unintended pregnancy and development of health literacy

The prevention of unintended pregnancy should be a priority. RANZCOG supports broad community education (including in schools), with regard to sexual and reproductive health including relationships, safe sex, and contraception. RANZCOG specifically supports ready access to the full range of safe and reliable contraceptive measures available. Along with other national bodies, RANZCOG supports greater professional and community education about the advantages of increasing access to long acting reversible contraceptive methods.[5]

4.2 Access

Non-availability of abortion services has been shown to increase maternal morbidity and mortality.[3] Access to abortion services should be on the basis of health care need and should not be limited by age, socioeconomic disadvantage, or geographic isolation. Equitable access to services should be overseen and supported by health departments in each jurisdiction in the same way it is for other health services. Women have the right to access any medical services without their privacy being infringed or being subjected to harassment.

4.3 Services

A woman's physical, social, emotional and psychological needs should be taken into account in the course of counselling and decision-making. Abortion services should be provided subject to all appropriate standards for clinical assessment, procedural safety and aftercare. In general this will be in an approved facility, but some components of early medical abortion may take place as an outpatient and/or at home, provided there is access to 24 hour emergency medical care.

The availability of a range of medical and surgical methods of abortion is seen as ideal. Pre- and post-termination counselling by appropriately qualified personnel should be routinely available. Confidentiality of all possible identifying information of women undergoing abortion is essential.

Women should be provided with accurate information including that abortion is a safe procedure for which major complications and mortality are rare.

4.4 Special considerations

Decisions around timing of abortion become more complex in the presence of some specific fetal conditions, late recognition of pregnancy, advancing gestational age, multiple pregnancy and pre-existing maternal disease. The College supports a multidisciplinary approach in assisting women in such circumstances and the availability of late abortion for the rare situations where both managing clinicians and patient believe it to be the most suitable option in the circumstances.

4.5 Monitoring and research

In order to better understand the individual and public health impacts of abortion, the College supports the monitoring and collection of statistics relating to abortion, including the occurrence of complications of these procedures.

4.6 Workforce

A cornerstone of the provision of good health care is the availability of well-trained health professionals. Issues relating to abortion should be included in the education of all health professionals, particularly those who are primarily involved in women's health care. No member of the health team should be expected to perform abortion against his or her personal convictions, but all have a professional responsibility to inform patients where and how such services can be obtained and to be respectful of the women's decision. A systematic approach is required to ensure recruitment and training of sufficient health professionals to provide safe clinical care.

4.7 Legislation

Legislation regarding abortion varies across jurisdictions. It is essential that health practitioners are aware of the legislation that applies in the jurisdiction in which they practice. Uniformity and clarity of legislation would benefit both health practitioners and the women for whom they care.

5. References

1. Chan A, Keane RJ. Prevalence of induced abortion in a reproductive lifetime, Am J Epidemiol. 2004;159(5):475-80.

2. World Health Organization. Safe abortion: technical and policy guidance for health systems (Second edition) 2012. Available from: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

3. World Health Organization. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000. 2012. Available from: http://whqlibdoc.who.int/publications/2004/9241591803.pdf.

6. Other suggested reading

RANZCOG Online Learning Module 'Abortion'
https://www.climate.edu.au/course/view.php?id=201

Abortion Supervisory Committee. Report of the Abortion Supervisory Committee 2010. Wellington: Ministry of Justice.

AIHW NPSU: Grayson N, Hargreaves J & Sullivan EA 2005. Use of routinely collected national data sets for reporting on induced abortion in Australia. AIHW Cat. No. PER 30.

Enhancing Sexual Wellbeing in Scotland - A Sexual Health and Relationships Strategy. A Proposal to the Scottish Executive 2003. Available at: http://www.scotland.gov.uk/Resource/Doc/47063/0013758.pdf

International Federation of Gynaecology and Obstetrics (FIGO). Recommendations on Ethical Issues in Obstetrics and Gynaecology by The FIGO Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health: Ethical aspects of induced abortion for non-medical reasons, pp. 102. London: FIGO; 2009.

Marston C, Cleland J. Relationships between contraception and abortion: a review of the evidence. International Family Planning Perspectives 2003; 29 (1): 6-13.

National Institute for Health and Clinical Excellence. Long-acting reversible contraception: The effective and appropriate use of long-acting reversible contraception. London; 2005.
Available at: http://www.ncbi.nlm.nih.gov/books/NBK51051/pdf/Bookshelf_NBK51051.pdf

Royal College of Obstetricians and Gynaecologists. The Care of Women Requesting Induced Abortion. Evidence-based Clinical Guideline Number 7. RCOG Press November 2011. Available at:
https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf

Victorian Law Reform Commission. Law of Abortion: Final Report 2008. Available at: http://www.lawreform.vic.gov.au/sites/default/files/VLRC_Abortion_Report.pdf

7. Links to other College statements

Late Abortion (C-Gyn 17a)

The use of mifepristone for medical abortion (C-Gyn 21)

Consent and the Provision of Information to Patients in Australia regarding Proposed Treatment (C-Gen 02a)

Consent and Provision of Information to Patients in New Zealand regarding Proposed Treatment (C-Gen 02b)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics and Subspecialties Representative
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in March 2005 and was most recently reviewed in March 2019. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the November 2018 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members

were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.