

INFORMING THE Abortion Debate

A bortion rates in Australia have recently been characterised as a soaring epidemic and a national tragedy. In fact, we lack accurate national data to monitor this health issue and to inform health promotion strategies aimed at reducing abortion rates through prevention of unintended pregnancy.

So Where do the Figures Come From?

Recent estimates reported in the media appear to be based on Medicare data. Calls for politicians to release abortion statistics overlook the problem that no accurate national data exist.

Some detailed estimates have been based on Medicare statistics added to public hospital data. This methodology wrongly includes an unknown number of miscarriage procedures, to which the same Medicare item number applies, and excludes an unknown number of women who have private care but do not claim a Medicare rebate.

This approach was used in a National Health and Medical Research Council (NHMRC) information paper published in 1996 which estimated the number of abortions for Australia in 1990 as just under 80,000 (19.6 per 1000 women aged 15 to 44).¹ The number of procedures reported for the same year through South Australia's mandatory notification system was seven per cent lower than the NHMRC paper's estimate for that State, suggesting that the methodology of the information paper may result in overestimation.

Similar methodology was used in a 1999 article comparing international abortion incidences², which put Australian numbers at 91,900 (22.2 per 1000 women aged 15 to 44) in 1995 and 1996. These data were presented as being complete in that they were believed to be within 20 per cent of the true number, a qualification which has been little noted when these figures have been quoted.

How Much Do We Really Know?

In South Australia pregnancy terminations must be notified and numbers are reported annually with other pregnancy outcomes, producing reliable data which allow for examining change with time, rates in different age groups and so on. The rates per thousand women aged 15 to 44 were stable in the seven years to 2002, at around 17.2.³

Recent legislative change in Western Australia is expected to be followed by publication of abortion statistics. Victoria's Department of Human Services has collected data from hospital and day surgery facilities, which provide a substantial step forward in accurate monitoring of abortion and again suggest lower rates than those in lay press reports.

New Zealand reports annual abortion statistics and has noted a steady increase in abortion rates over the last ten years.⁴

The known data and estimates are consistent with around one in four pregnancies being terminated and around one-third of all Australian women are having at least one abortion during their reproductive years, making this an important health issue in Australia as it is worldwide.

What Else Might We Learn Through Monitoring?

South Australia collects data on age, gestation, fetal abnormality, type of procedure and complication rates, all useful information in understanding and addressing a health problem.

The New Zealand reports include analyses by age group, gestation, grounds for abortion and procedure used as well as some limited information about contraception. The notification system has enabled monitoring of the introduction and uptake of medical abortion.

What About Late Abortion?

In some jurisdictions, abortions after 20 weeks gestation are included in consideration and reporting of perinatal mortality, but this is not consistent throughout Australia. Abortions after 20 weeks are included in the New Zealand abortion monitoring reports.

Does Legislative Restriction Reduce Abortion Rates?

Some of the lowest abortion rates in the world occur in Belgium and the Netherlands, where abortion is legal under broad conditions. In some countries where abortion is illegal, estimated rates are comparable to or above world averages, but procedures are less safe and there is less information available.²

Restricting access to abortion makes it unsafe; the number of maternal deaths, rather than the number of abortions, becomes the most visible consequence of the legal situation.⁵

In Romania, abortion-related maternal mortality rose sharply in the late 1960s after its abortion laws were



CHRISTINE BAYLY
FRANZCOG FRCOG

ROYAL WOMEN'S HOSPITAL

MELBOURNE, VIC

tightened, eventually reaching 150 per 100,000 live births, seven times previous rates. Maternal mortality rates plummeted after abortion was legalised in 1989.⁵

Legal access to abortion also resulted in substantial falls in abortion-related maternal mortality in Australia and the United Kingdom in the late 1960s and early 1970s.

A recent World Health Organisation (WHO) report estimates that worldwide, 68,000 women still die annually as a result of unsafe abortion, mostly in developing countries, where abortion-related maternal mortality rates are several hundred times higher than those associated with legal abortion in developed countries.⁵

How Else Might Abortion Rates Be Reduced?

There is evidence that when fertility rates are stable, increasing use of effective contraception results in reducing abortion rates.⁶ If we had accurate data about the number of abortions, with information about age, gestation, reasons and contraceptive use, we would be able to develop prevention strategies targeted to the women with greatest need.

The Need For Uniform National Monitoring of Abortion

We are hampered in appropriately addressing abortion as a health issue without the kind of public health information collected in respect of other pregnancy outcomes and health matters.

Uniform national monitoring of abortion would allow debate to shift from speculation about abortion rates to analysis of the real situation, with development of strategies and interventions to reduce demand for abortion through appropriately targeted education and health promotion activities. Ongoing monitoring would provide for evaluation of the effectiveness of such interventions and subsequent modification and development of new strategies in the interests of improving women's health.

References

1. National Health and Medical Research Council. An information paper on termination of pregnancy in Australia: National Health and Medical Research Council; 1996.
2. Henshaw S, Singh S, Haas T. The incidence of abortion worldwide. *International Journal of Family Planning Perspectives* 1999;25 (supplement):S30-S38.
3. Chan A, Scott J, Nguyen A, Green P. Pregnancy outcome in South Australia 2002. Adelaide: Pregnancy Outcome Unit, Department of Human Services, 2003.
4. Abortion Supervisory Committee. Report of the Abortion Supervisory Committee 2004. Wellington: Ministry of Justice.
5. World Health Organisation. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000. Geneva; 2004. http://www.who.int/reproductive-health/pages_resources/listing_unsafe_abortion.html
6. Marston C, Cleland J. Relationships between contraception and abortion: a review of the evidence. *International Family Planning Perspectives* 2003;29(1):6-13.

Postscript

The following useful reference was published after this article was submitted:

- Pratt A, Biggs A, Buckmaster L. How many abortions are there in Australia? A discussion of abortion statistics, their limitations and options for improved statistical collection. Parliament of Australia: Research Brief No. 9, 2004-2005. Released on 14 February 2005. <http://www.aph.gov.au/library/pubs/rb/2004-05/05rb09.pdf>

GP Obstetrics Advisory Committee

A new committee will be set up to facilitate the involvement and representation of Diplomates in the functions of the College, including the process of discussion and decision-making relating to continuing professional development as well as broader issues relating to obstetrics and gynaecology.

GP Obstetricians were invited to join a forum to discuss the establishment of the Committee. Dr Roy Watson, chairman of the Joint Consultative Committee on Obstetrics (JCCO), lead a videoconference on 27 January 2005 involving 25 GPs at 16 locations across Australia. The group representing GPs working in women's health and intrapartum care discussed the terms of reference, role and representation of the committee.

Call For Nominations

The College will be seeking three GPs to represent proceduralists and two GPs to represent shared care. Look out for the call for nominations to the Committee in April.

Elections will be held in **May 2005** so that a group representing GPs can meet before College Council on 23 July 2005.

For more information on the Committee, please contact Val Spark, continuing education co-ordinator, RANZCOG, tel +61 3 9412 2921, email vspark@ranzco.edu.au