



## C-Gyn 17

# Termination of Pregnancy

RANZCOG recognises termination of pregnancy as an important health issue, which affects around one third of women during their lifetime (1, 2, 3). The College is committed to improving the health and well being of all women and to the advancement of knowledge of the health effects of unplanned pregnancy and pregnancy termination on a woman's health. The College acknowledges that people may have strong personal beliefs about termination of pregnancy.

### Prevention and Education

The prevention of unplanned 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 as wide a range of safe and reliable contraceptive measures as possible.

### Access

Non-availability of termination of pregnancy services has been shown to increase maternal morbidity and mortality in population studies (4). Access to termination 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 as for other health services.

### Services

A woman's physical, social, emotional and psychological needs should be taken into account in the course of counselling and decision-making. Pregnancy termination services should be provided in an approved facility, incorporating all appropriate standards for clinical assessment, procedural safety and after-care. The availability of a range of medical and surgical methods of termination 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 termination of pregnancy is essential.

### Special Considerations

Termination of pregnancy becomes more complex in the presence of late recognition of pregnancy, advancing gestational age, fetal abnormality and pre-existing maternal disease. The College supports a multidisciplinary approach in assisting women in such circumstances.

### Monitoring

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

### Workforce

A cornerstone of the provision of good health care is the availability of well trained health professionals. Issues relating to termination of pregnancy 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 termination of pregnancy

against his or her personal convictions, but all have a professional responsibility to inform patients where and how such services can be obtained. A systematic approach is required to ensure recruitment and training of sufficient health professionals to provide safe clinical care, including procedures when indicated, for women dealing with unplanned or unwanted pregnancy.

### **Legislation**

Legislation regarding termination of pregnancy 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.

### **References and further reading**

1. Chan A, Keane R. Prevalence of Induced Abortion in a Reproductive Lifetime. *American Journal of Epidemiology* 2003;159(5):475-80.
2. National Health & Medical Research Council. An information paper on termination of pregnancy in Australia: National Health & Medical Research Council; 1996.
3. World Health Organisation. Safe abortion: technical and policy guidance for health systems Geneva: WHO; 2003.  
[http://www.who.int/reproductive-health/publications/safe\\_abortion/safe\\_abortion.pdf](http://www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.pdf)
4. World Health Organization. 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](http://www.who.int/reproductive-health/pages_resources/listing_unsafe_abortion.html)
5. International Federation of Gynaecology and Obstetrics (FIGO). Recommendations on Ethical Issues in Obstetrics and Gynaecology by The FIGO Committee for The Ethical Aspects Of Human Reproduction And Women's Health: Ethical aspects of induced abortion for non-medical reasons, pp 56. London: FIGO; 2000.
6. 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; 2005 14 February 2005. Report No.: Research brief no.9 2004-5.  
<http://www.aph.gov.au/library/pubs/rb/2004-05/05rb09.pdf>
7. Royal College of Obstetricians and Gynaecologists. The care of women requesting induced abortion. London; 2004. Report No.: 7.  
[http://www.rcog.org.uk/resources/Public/induced\\_abortionfull.pdf](http://www.rcog.org.uk/resources/Public/induced_abortionfull.pdf)
8. Marston C, Cleland J. Relationships between contraception and abortion: a review of the evidence. *International Family Planning Perspectives* 2003;29(1):6-13.
9. Abortion Supervisory Committee. Report of the Abortion Supervisory Committee 2004. Wellington: Ministry of Justice.
10. Shand C, Irvine H, Iyengar V. Guidelines for the use of mifepristone medical abortion in New Zealand: Abortion Supervisory Committee; 2004.
11. Royal College of Obstetricians and Gynaecologists. National Audit of Induced Abortion 2000 Report of England and Wales. Sept. 2001.

### **Other suggested references/reading:**

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.  
[http://www.npsu.unsw.edu.au/NPSUweb.nsf/resources/AMB\\_2004\\_2008/\\$file/ps17.pdf](http://www.npsu.unsw.edu.au/NPSUweb.nsf/resources/AMB_2004_2008/$file/ps17.pdf)

[Victorian Law Reform Commission. Law of Abortion: Final Report 2008](http://www.lawreform.vic.gov.au/wps/wcm/connect/Law+Reform/Home/Completed+Projects/Abortion/)  
<http://www.lawreform.vic.gov.au/wps/wcm/connect/Law+Reform/Home/Completed+Projects/Abortion/>

## **Links to other related College Statements**

[C-Gyn 14: Mifepristone \(RU486\)](#)

## **Useful weblinks**

<http://www.figo.org>

<http://www.rcog.org.uk/home.asp?PageID=3>

## **Disclaimer**

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement 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, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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

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