Impact of the law change on abortion services

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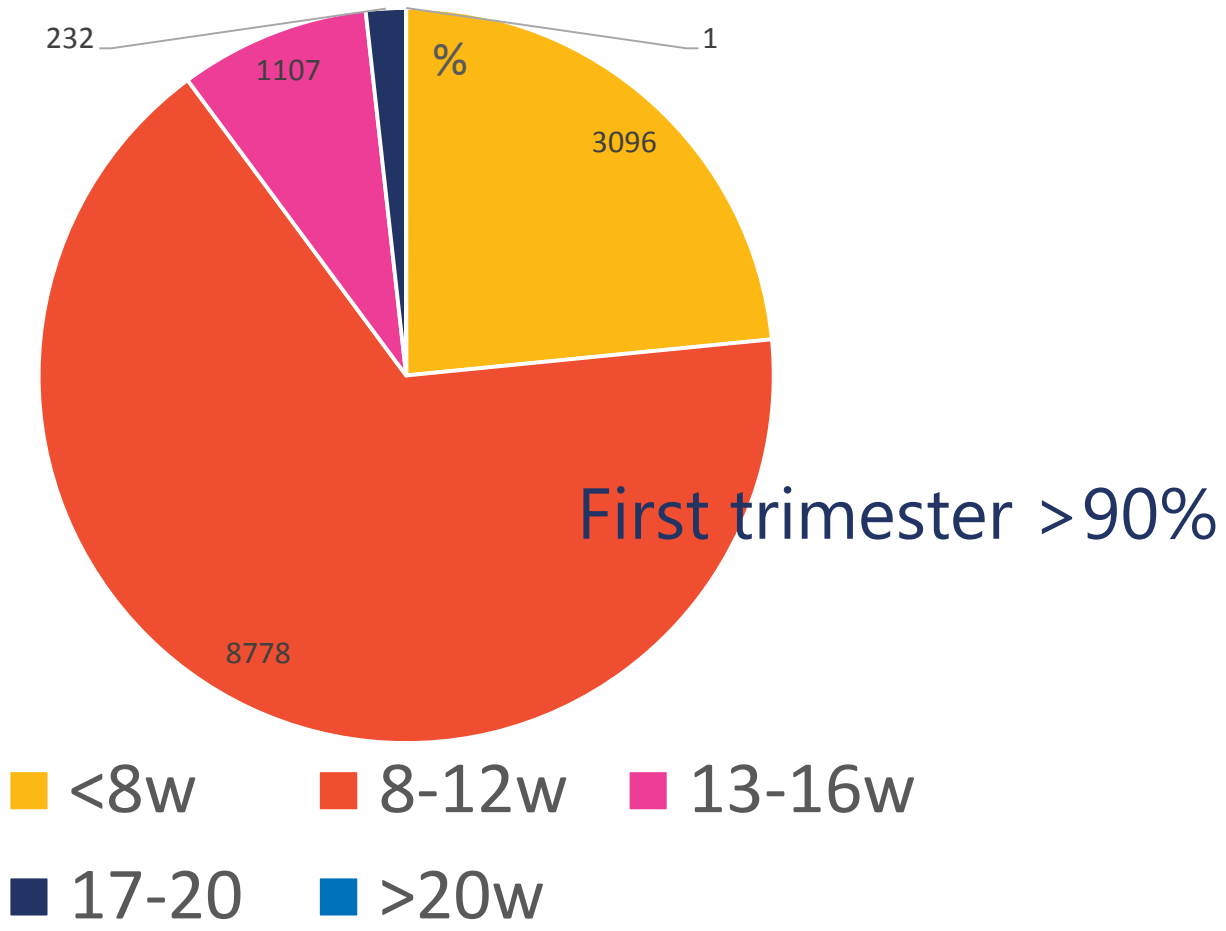
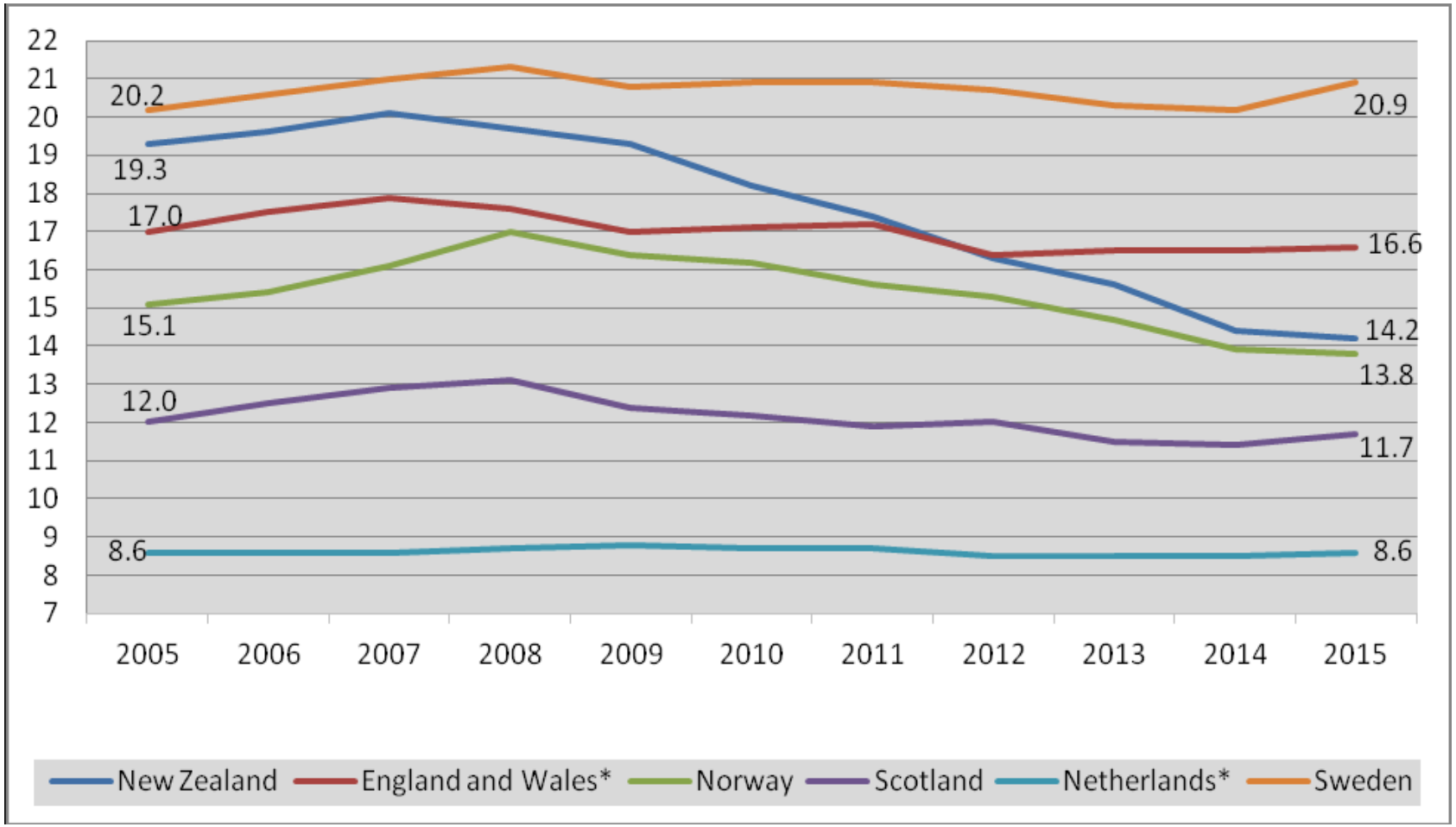
SCD

ACR 2021

- Overview NZ abortion data
- Choice/access/quality
- Abortion law reform
- First trimester medical & surgical
- Later trimester challenges


232
1107
%
1
3096
8778
First trimester >90%
<8w
8-12w
13-16w
17-20
>20w


22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
20.2
20.9
19.3
17.0
16.6
15.1
14.2
13.8
12.0
11.7
8.6
8.6
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
New Zealand
England and Wales*
Norway
Scotland
Netherlands*
Sweden

Abortion law reform New Zealand

- Jacinda Ardern campaigned 2017 election
- “remove abortion from the Crimes Act”
- Minister Justice Andrew Little
- NZ Law Commission 2018
- **Abortion Legislation Act 2020**

Reason for change

To align the law with a health approach to abortion

- Decriminalise abortion
- Better align the regulation of abortion services with other health services
- Modernise the legal framework for abortion currently set out in the Crimes Act 1961 and the Contraception, Sterilisation, and Abortion Act 1977.

MINISTRY OF HEALTH
MANATŪ HAUORA

New statutory tests – before 20 weeks

A qualified health practitioner may provide abortion services to a woman who is not more than 20 weeks pregnant (no statutory test requirements)

NZ Abortion law reform 2020

Abortion Legislation Act 2020

Public Act 2020 No 6

Date of assent 23 March 2020

Commencement see section 2

Contents

COVID 19 pandemic
National Lockdown
24 March 2020

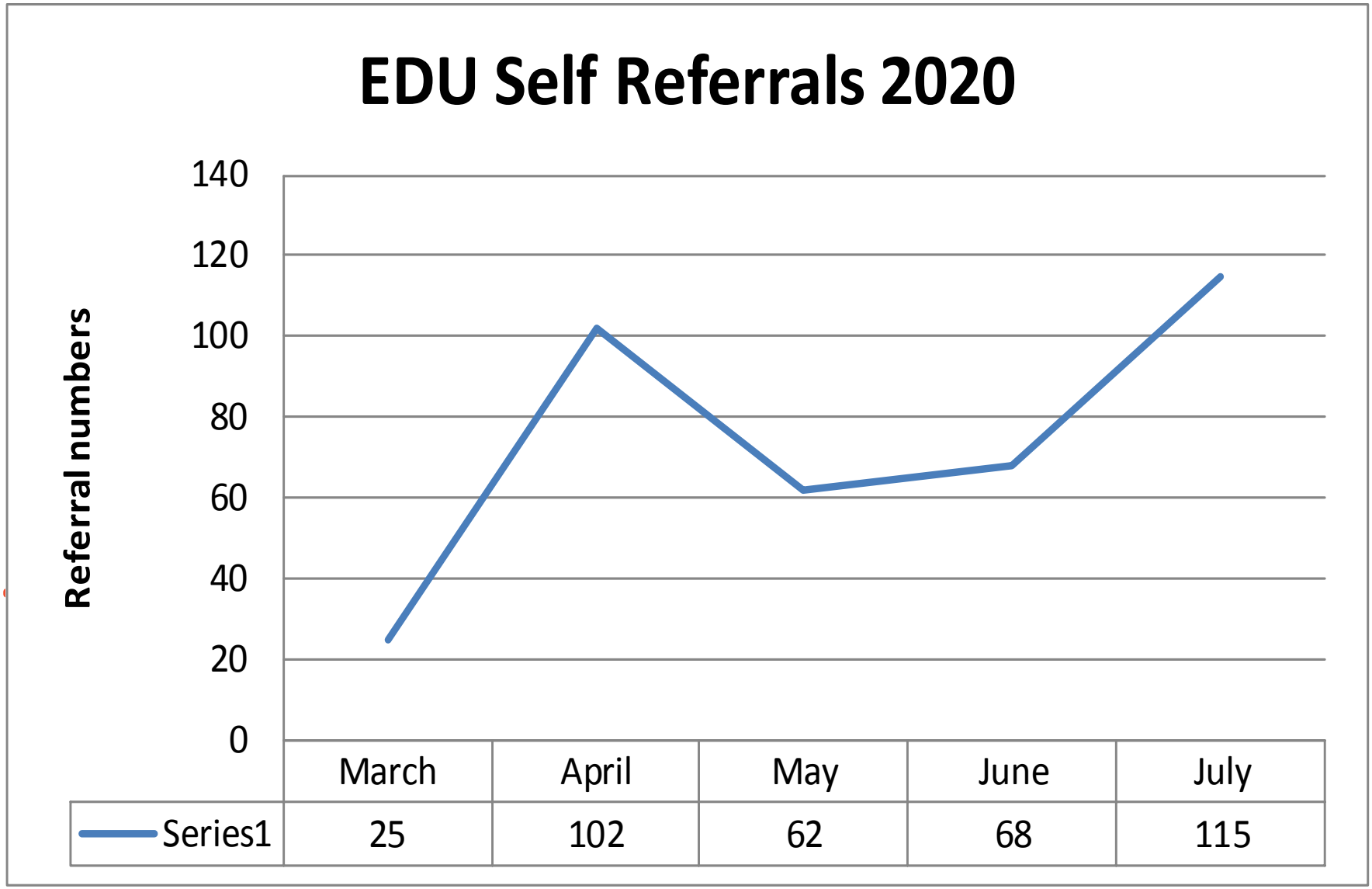
Law reform & COVID-19

Early medical abortion

Change to model of care

- Self referral
- EDU organises investigations
- Telehealth nurse/medical/social work
- Misoprostol taken at home
- EMA No Anti D required (*NICE Guideline 2019*)

EDU Self Referrals 2020

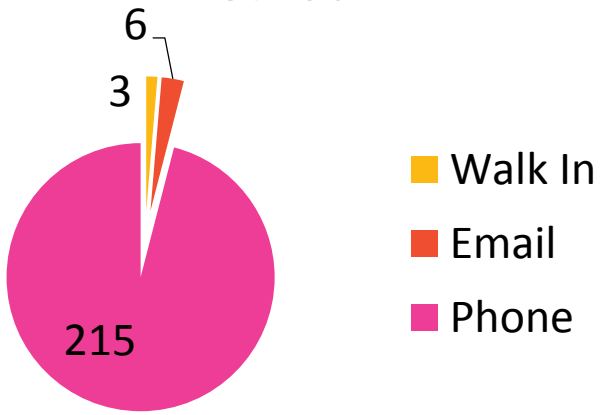


	March	April	May	June	July
Series1	25	102	62	68	115

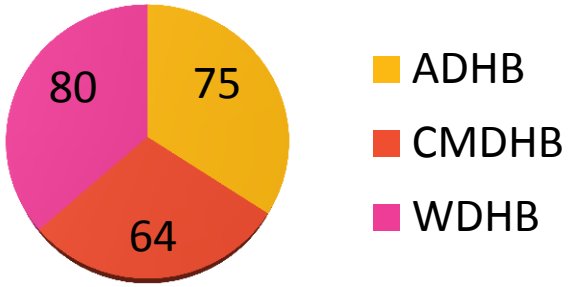
Self Referral Audit EDU

Aug 1st – Sept 31 2020 (n=224)

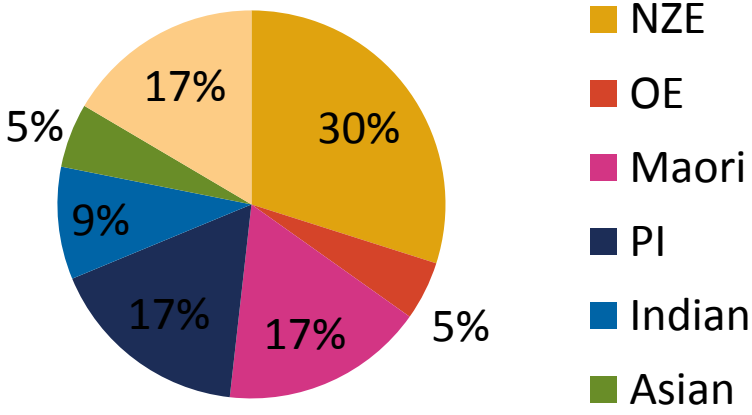
Method



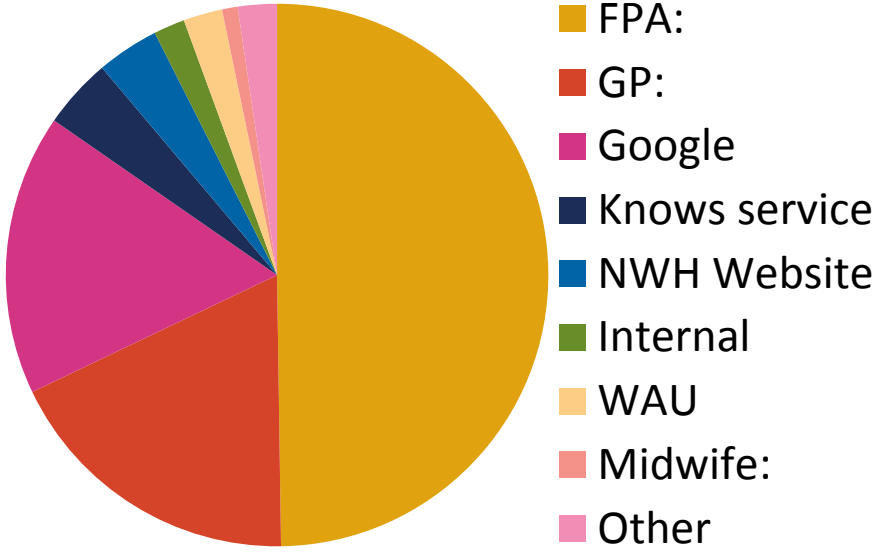
Domicile

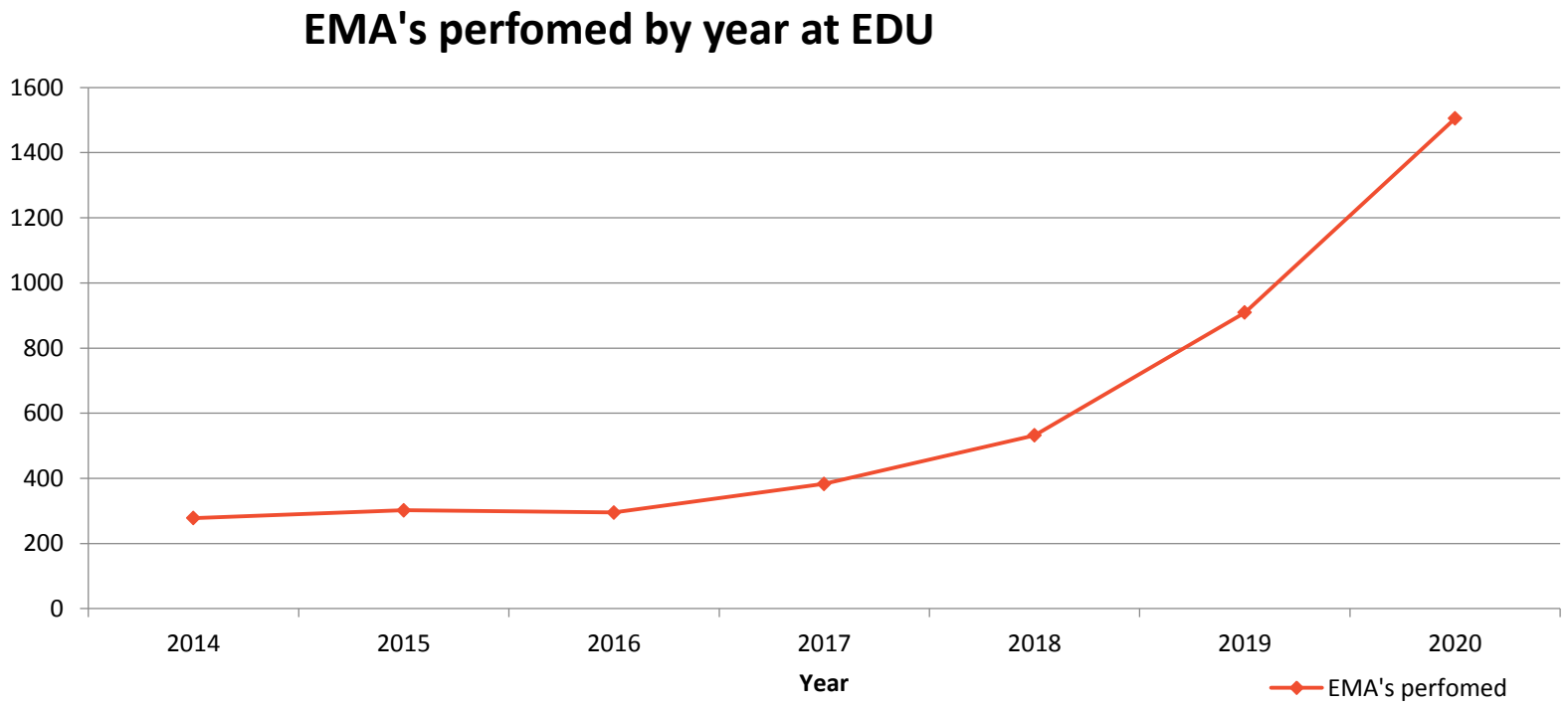


Ethnicity of Referral

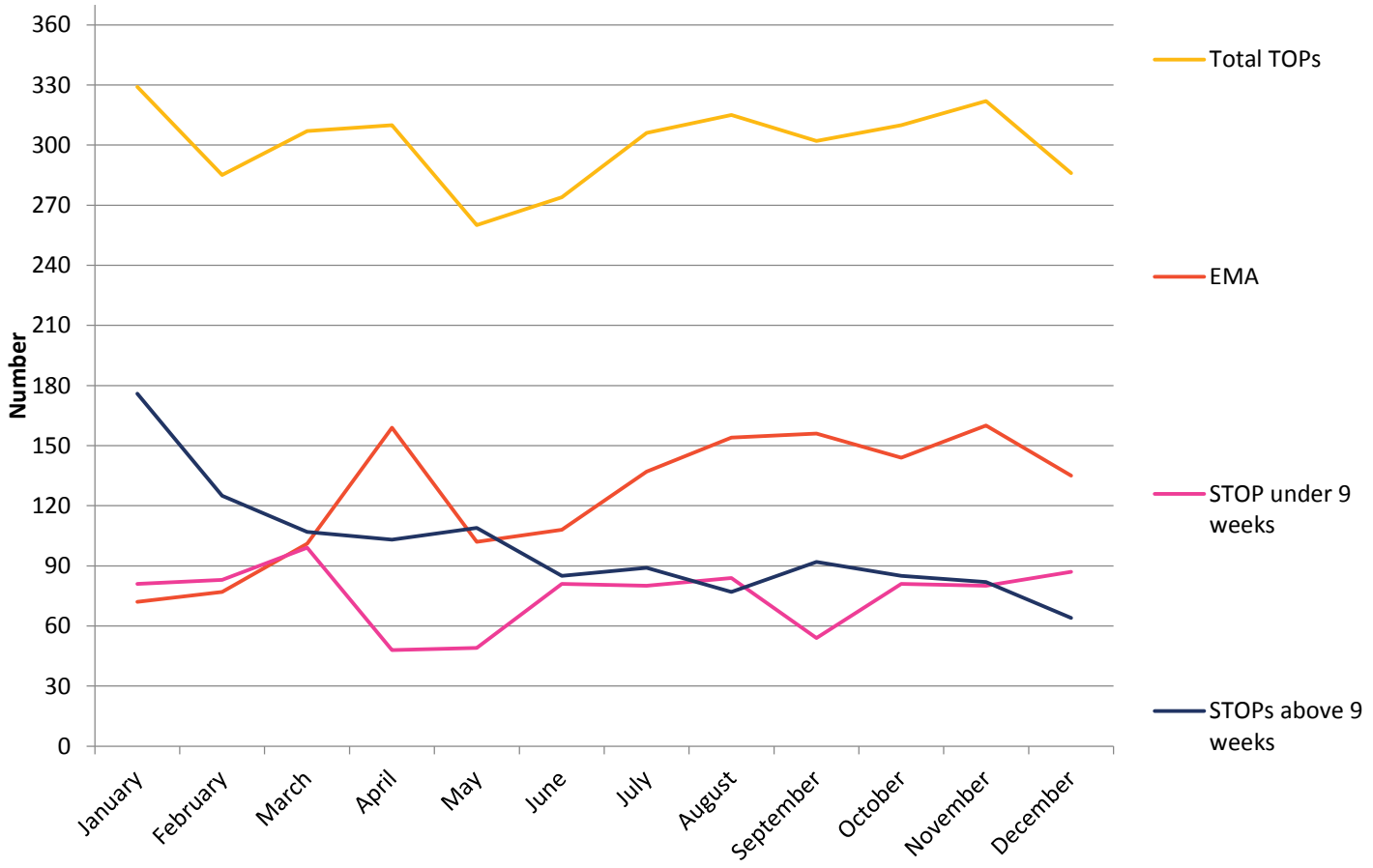


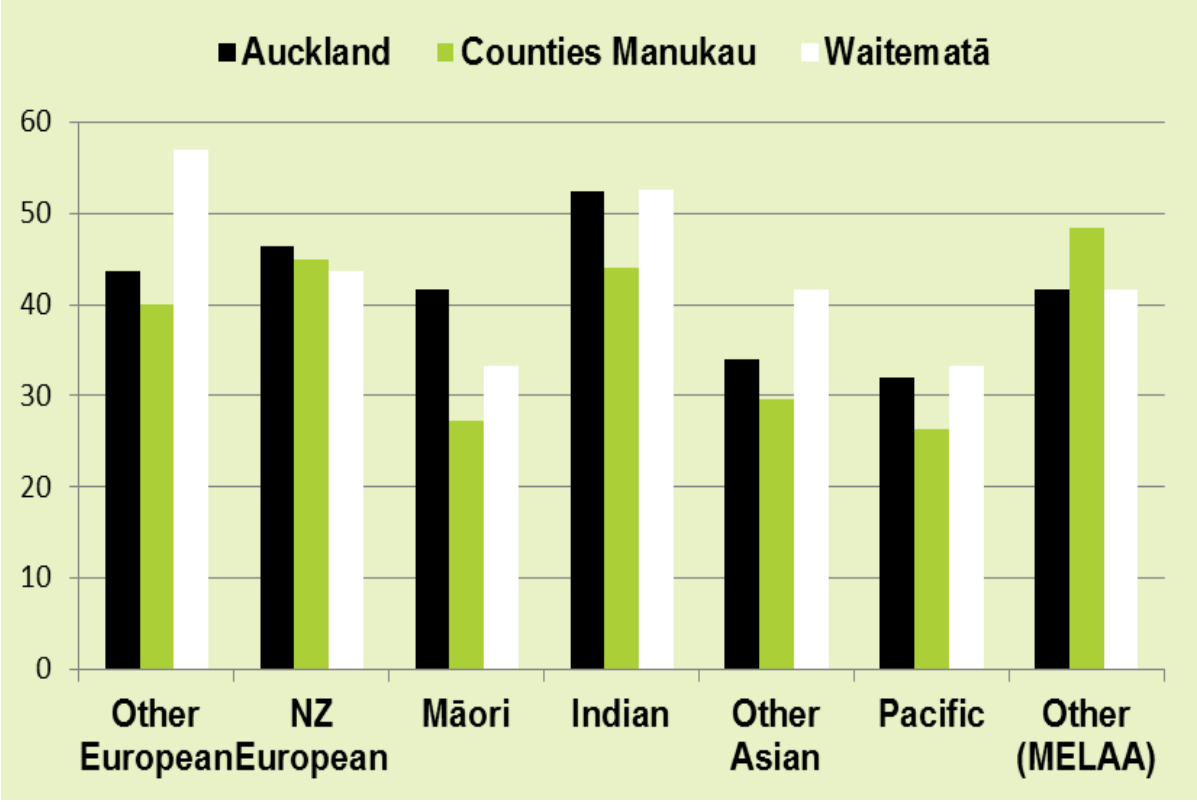
Patient source of Self Referral

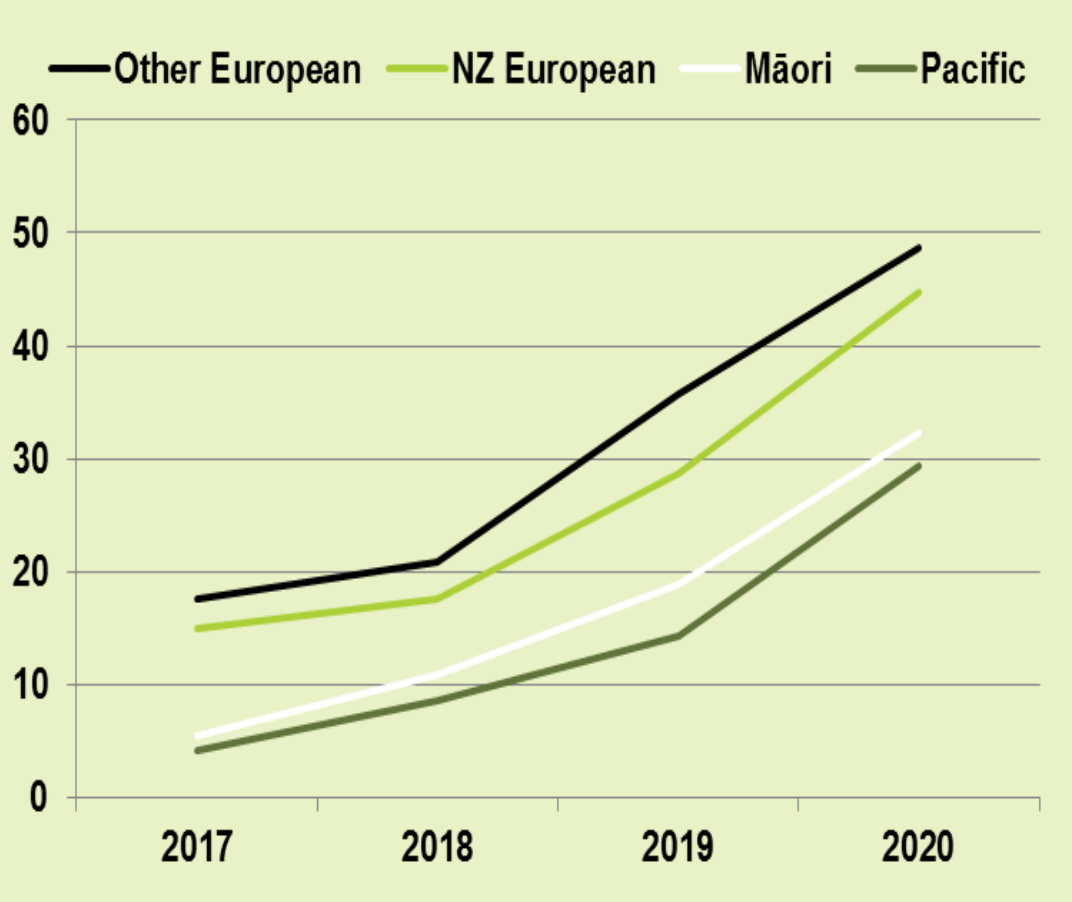


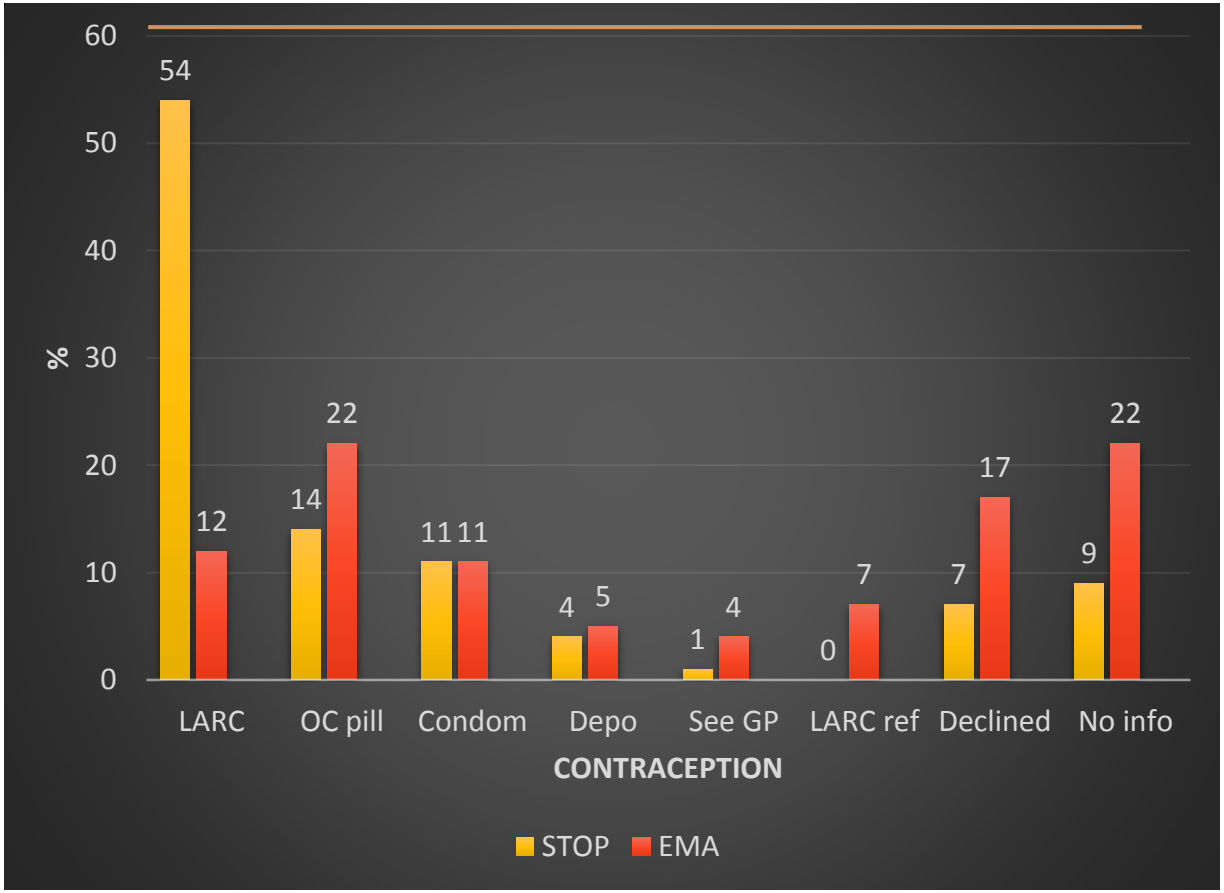

EMA's perfomed by year at EDU
1600
1400
1200
1000
800
600
400
200
0
2014
2015
2016
2017
2018
2019
2020
Year
EMA's perfomed

EDU Monthly abortion volumes 2020




Auckland
Counties Manukau
Waitematā
60
50
40
30
20
10
0
Other European
NZ European
Māori
Indian
Other Asian
Pacific
Other (MELAA)


Other European
NZ European
Māori
Pacific
60
50
40
30
20
10
0
2017
2018
2019
2020


60
50
40
30
20
10
0
%
54
12
14
22
11
11
4
5
1
4
0
7
7
17
9
22
LARC
OC pill
Condom
Depo
See GP
LARC ref
Declined
No info
CONTRACEPTION
STOP
EMA

- Reduce cost & travel barriers
- Walk in vs. appointment
- DHB versus vs primary care

EMA Audit Epsom Day Unit 2020 data

Total EMA n=1505

Noncompliance with 2nd BHCG 12%.

Failed EMA 7 per 1000

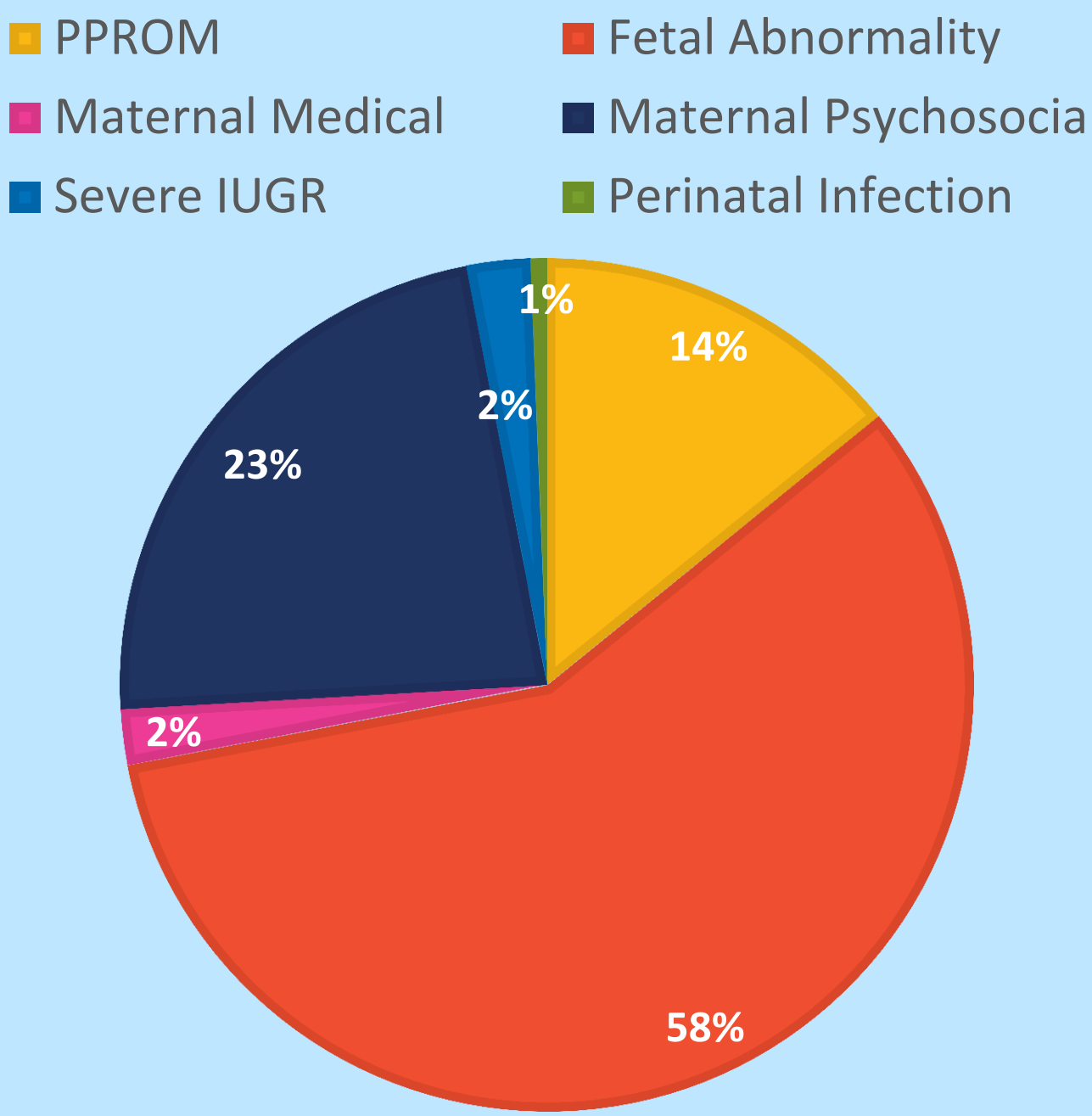
Readmission/complication rate 10% -higher than 5% quoted in literature

Low sensitivity urinary pregnancy test

Simplified Followup after EMA. Contraception 2014 May;89(5):440-5
LMichie S Cameron

- (1) A qualified health practitioner may only provide abortion services to a woman who is more than 20 weeks pregnancy if the health practitioner reasonably believes that the abortion is clinically appropriate in the circumstances
- (2) in considering whether the abortion is clinically appropriate in the circumstances, the qualified health professional must –
    - (a) consult at least 1 other qualified health practitioner; and
    - (b) have regard to –
        - (i) all relevant legal, professional, and ethical standards to which the qualified health practitioner is subject; and
        - (ii) the woman's –
            - (A) physical health; and
            - (B) mental health; and
            - (C) overall well-being; and
        - (iii) the gestational age of the fetus
- (3) Subsection (2) does not apply in a medical emergency

FACTORS INVOLVED IN SECOND TRIMESTER MTOP (ADHB 2009-2013)



- Increased referrals since law change
- Feticide > 22 weeks
- Workforce
- Self referrals
- Law change MOH/DHBs unprepared

ACR 2021

Future access to abortion care in the greater Auckland area

"Provision of first trimester abortion closer to home for Waitematā and Counties Manukau domiciled wāhine"

Thank You- any discussion?

- **Acknowlegments**
- Karen Schimanski
- Brittany Gibbon
- Michelle Wise

New Zealand Abortion Legislation Before March 2020

Abortion is illegal in New Zealand unless statutory requirements met

TWO certifying consultants

Both doctors agree that continuing the pregnancy would result in serious danger to a woman's mental or physical health.

- 98% of TOPs in NZ are for mental health indications

Governed by THREE laws:

Contraception, Sterilisation and Abortion Act 1977 (and amendments)

Crimes Act 1961

Care of Children Act 2004

Women's increased use of the two publically funded LARC methods (LNG-implants and CuIUD) 2008-2014 was significantly associated with the declining abortion rates

Association Between Women's Use of Long-Acting Reversible Contraception and Declining Abortion Rates in New Zealand.

Whitley CE; Rose SB; Sim D; Cook H. Journal of Women's Health. 29(1):21-28, 2020 01.

FIGO
INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS
www.figo.org

MISOPROSTOL-ONLY RECOMMENDED REGIMENS 2017

<13 weeks' gestation	13–26 weeks' gestation	>26 weeks' gestation[8]	
Pregnancy termination[a,b,1] 800µg sl every 3 hours *or* pv*/bucc every 3–12 hours (2–3 doses)	**Pregnancy termination**[1,5,6] 13–24 weeks: 400µg pv*/sl/bucc every 3 hours[3,4] 25–26 weeks: 200µg pv*/sl/bucc every 4 hours[f]	**Pregnancy termination**[1,5,9] 27–28 weeks: 200µg pv*/sl/bucc every 4 hours[f,9] >28 weeks: 100µg pv*/sl/bucc every 6 hours	**Pos** *or* P (approx.
Missed abortion[c,2] 800µg pv* every 3 hours (x2) *or* 600µg sl every 3 hours (x2)	**Fetal death**[f,g,1,5,6] 200µg pv*/sl/bucc every 4–6 hours	**Fetal death**[2,9] 27–28 weeks: 100µg pv*/sl/bucc every 4 hours[f] >28 weeks: 25µg pv* every 6 hours *or* 25µg po every 2 hours[h]	
Incomplete abortion[a,2,3,4] 600µg po (x1) *or* 400µg sl (x1) *or* 400–800µg pv* (x1)	**Inevitable abortion**[g,2,3,5,6,7] 200µg pv*/sl/bucc every 6 hours	**Induction of labor**[h,2,9] 25µg pv* every 6 hours *or* 25µg po every 2 hours	
Cervical preparation for surgical abortion[d] 400µg sl 1 hour before procedure *or* pv* 3 hours before procedure	**Cervical preparation for surgical abortion**[a] 13–19 weeks: 400µg pv 3–4 hours before procedure >19 weeks: needs to be combined with other modalities		

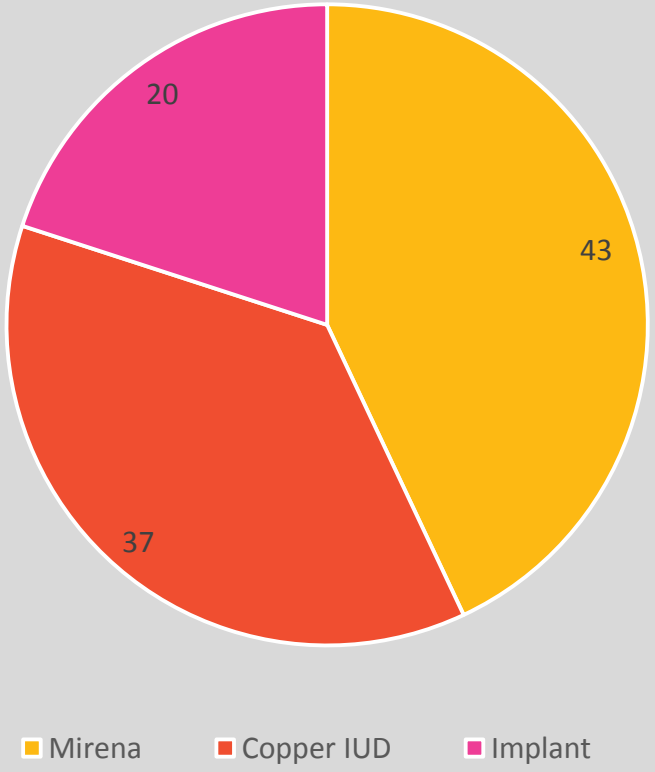
References

a WHO Clinical practice handbook for safe abortion, 2014
b von Hertzen et al. Lancet, 2007; Sheldon et al. 2016 FIAPAC abstract
c Gemzell-Danielsson et al. IJGO, 2007
d Sääv et al. Human Reproduction, 2015; Kapp et al. Cochrane Database of Systematic Reviews, 2010
e Debash et al. IJGO, 2015
f Perritt et al. Contraception, 2013
g Mark et al. IJGO, 2015
h WHO recommendations for induction of labour, 2011
I FIGO Guidelines: Prevention of PPH with misoprostol, 2012
J Raghavan et al. BJOG, 2015
k FIGO Guidelines: Treatment of PPH with misoprostol, 2012

Notes

1 If mifepristone is available (preferable), follow the regimen prescribed for mifepristone + misoprostol[a]
2 Included in the WHO Model List of Essential Medicines
3 For incomplete/inevitable abortion women should be treated based on their uterine size rather than last menstrual period (LMP) dating
4 Leave to take effect over 1–2 weeks unless excessive bleeding or infection
5 An additional dose can be offered if the placenta has not been expelled 30 minutes after fetal expulsion
6 Several studies limited dosing to 5 times; most women have complete expulsion before use of 5 doses, but other studies continued beyond 5 and achieved a higher total success rate with no safety issues
7 Including ruptured membranes where delivery indicated
8 Follow local protocol if previous cesarean or transmural uterine scar
9 If only 200µg tablets are available, smaller doses can be made by dissolving in water (see www.misoprostol.org)
10 Where oxytocin is not available or storage conditions are inadequate
11 Option for community based programs


Mirena
Levonorgestrel
20 micrograms/24
intrauterine delivery


20
43
37
Mirena
Copper IUD
Implant

- Internationally, EMA rates 80-90%
- Nationally, EMA rate in 2018 = 40%
  - EDU achieving 10%
  - At referral 70% woman were 8 weeks gestation or less
- EDU QI Project: 50% EMA Target set March 2019