Termination of Pregnancy
After 24 Weeks
Background Paper

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(Background Paper)

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Termination of pregnancy in Victoria
In October 2008, the Abortion Law Reform Act was passed by the Victorian Parliament. This brought the law relating to termination of pregnancy into line with existing clinical practice and community attitudes. The Act:

1. Removes abortion from the Crimes Act 1958;
2. Outlines the grounds on which abortion may take place; and
3. States the obligations of registered health practitioners with a conscientious objection to abortion.

The grounds for termination of pregnancy are that any woman who is no more than 24 weeks’ pregnant can obtain an abortion from a registered medical practitioner. After 24 weeks, the abortion can be performed only if the medical practitioner reasonably believes it is appropriate in all the circumstances, that is, having regard to all relevant medical circumstances and the woman’s current and future physical, psychological and social circumstances. They must also have consulted at least one other medical practitioner who also believes it appropriate.

What are the reasons for terminations after 24 weeks?
The vast majority of terminations are undertaken prior to 24 weeks. The decision to terminate a pregnancy after 24 weeks can be a difficult one as the circumstances that surround the pregnancy are often highly complex. The reasons for termination at this stage are often characterised by the medical profession as either ‘psychosocial’, that is, there is serious risk to the mother’s physical or mental health, or termination as a result of a diagnosis of foetal abnormalities.

The British Medical Association has identified a number of factors affecting the timing of the decision to a terminate pregnancy after 24 weeks. These include:

- **Failure to recognise the pregnancy earlier:**
  Some women do not recognise that they are pregnant until late into the pregnancy. These are often younger women, whose bodies are still developing, and pre and peri menopausal women, who do not expect to be pregnant at this stage of their lives.

- **Delay in seeking abortion due to personal circumstances:**
  Delays in seeking abortion are often due to the woman’s apprehension (including difficulty in confiding in parents or partner), failure of anticipated emotional or economic support (from family, partner, or employer), or an unanticipated change in the woman’s socio-economic circumstances (in relation to her partner, or others dependent on her as a carer).

- **Diagnosis of foetal abnormality:**
  Many abnormalities are not diagnosed until the latter part of the second trimester and the woman needs time to consider the information provided, to come to terms with it and make a decision about how to proceed.
• **Difficulty in accessing abortion:**
  Some women make a decision to have an abortion earlier in pregnancy but experience delays in accessing the service.

These reasons are echoed in a review of the evidence regarding terminations in the second and third trimester. This review suggests that in at least 80% of cases, women seeking terminations later in their pregnancy did not realise they needed to request abortion until they were more than three months pregnant.

The Public Health Association of Australia have noted that advances in scanning and testing for foetal abnormalities together with the increased risk of foetal abnormalities for women choosing to have children later in life may be responsible for any increases in numbers of second and third trimester terminations.

**Number of terminations after 24 weeks in Victoria**

A lack of accurate data collection in Victoria makes it difficult to identify the exact number of terminations carried out and what percentage of all terminations are undertaken after 24 weeks' gestation. The Department of Human Services has noted that Victorian data on second and third trimester terminations may 'seriously overestimate' the number actually carried out as other procedures may have been recorded using the same data code.

In 2006, terminations after 20 weeks gestation for congenital malformations (foetal abnormalities) comprised of 17 percent of stillbirths in Victoria (terminations after 24 weeks are not distinguished). Many abnormalities are not able to be diagnosed until this stage. Terminations in such instances may be particularly distressing as the pregnancy may have been planned and welcome. Terminations of pregnancy after 20 weeks' gestation for maternal psychosocial indications comprised 25 percent of the stillbirth rate in Victoria in 2006. From 2000 to 2004, only 35 terminations were undertaken after 28 weeks in Victoria. The vast majority of these were for foetal abnormality.

Statistics from Western Australia show that the number of terminations performed after 24 weeks' gestation is a relatively small proportion of total terminations. Between 1998 and 2003, terminations performed after 24 weeks amounted to 0.06% of all performed. The Western Australian Department of Health has noted that since legislative changes, rates have remained stable for both pre and post 20 week terminations. Similar rates

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*Medicare items which may result in abortive outcomes (items 16525 and 35643) are also used for procedures that are not abortions per se, such as those carried out following a miscarriage. It is not possible to differentiate between different procedures reported under the same item number. The Medicare Benefits Schedule definition of these items is as follows. Item 16525: management of second trimester labour, with or without induction, for intrauterine foetal death, gross foetal abnormality or life threatening maternal disease, not being a service to which item 35643 applies. Medicare item 35643: evacuation of the contents of the gravid uterus by curettage or suction curettage.*
are reported in the UK where a 24 week limit on most abortions was introduced in 1991. Since this time, there has been no clear rising trend in the number of terminations after 24 weeks– the numbers varying between 60 and 101 per year. The majority of these terminations were for foetal abnormality.

**How do we reduce the number of terminations after 24 weeks?**

The decision to continue or terminate an unintended pregnancy can be difficult for many women. These decisions should be made without pressure from others and women should never be made to feel guilty or judged for their decision. As outlined by the Public Health Association of Australia, control of fertility is crucial to a woman’s ability to maintain her health.

There will always be demand for second and third trimester abortions and provision must be made for such services to be available. For many women, obtaining a termination after 24 weeks’ gestation is complex and difficult as few services in Victoria offer terminations at this stage. The provision of information and services about terminations in these circumstances must be made accessible, affordable and timely.

Collection of accurate data on termination is important to assist in the development and provision of methods to reduce the incidence of unwanted pregnancies.

Abortion services must be complemented by a broader strategy to prevent unintended pregnancy. The changes to the laws in Victoria must be accompanied by measures to improve access to termination services and raise awareness about the options available to women, as well as initiatives that address unintended pregnancy. The importance of shared responsibility by both men and women to prevent unintended pregnancy and of unbiased, relevant and accurate information and support for women is imperative.
References


