

19th September 2019

Abortion Legislation Bill

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing



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Committee Secretariat Abortion Legislation Committee Parliament Buildings Wellington

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Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Abortion Legislation Bill. Midwifery care takes place in partnership with women, and underpinning this practice philosophy is a concern for women's health, sexuality, reproduction, autonomy, and empowerment. Midwives respect and uphold women's rights to make fully informed decisions about their pregnancies, birth and parenthood, and this includes decisions about continuation or discontinuation of a pregnancy, or pregnancies.

The College recognises the Abortion Legislation Bill as a signifier of significant progress towards reproductive justice and the elimination of discrimination against women in Aotearoa New Zealand.

Introduction

The College always welcomes feedback and we consulted with members as part of the preparation process for this submission's development. Although the views of College members were diverse, the large majority of those members who provided feedback were strongly supportive of the change to decriminalisation and a change to a health service focus. The College acknowledges that a small minority of members were against any changes to the Abortion Act.

The College supports the primary clauses in the Abortion Legislation Bill and welcomes these much needed changes.

Because women have suffered discrimination, been severely compromised by the unnecessary stigmatisation of difficult but necessary reproductive decisions, experienced inequity of access and stressful delays in treatment, and the negative health impacts these situations have created, we congratulate the Government for introducing this Bill. The abortion system in New Zealand has been needlessly complex and created conditions of inequity that have affected many women and increased the potential for an unacceptable increase in health risks. Criminalisation of abortion is not only a human rights issue but this archaic legislation has restricted access to a necessary health procedure carried out in the safest of environments.

Feedback

- 1. The College supports the removal of abortion from the Crimes Act.
- 2. The College supports abortion being treated as a health issue and abortion services becoming aligned with health services.
- 3. As a health issue, abortion should be overseen and regulated by the Ministry of Health.
- 4. The College recommends a review of training and professional development education programmes for health professionals to ensure that, if necessary, their skills are updated to meet the needs of women requiring abortion services.
- 5. The College supported the legislation that required health practitioners who object to providing abortion services and providing information to pregnant women on the grounds of their moral beliefs, to inform these women about their objection. We welcome the new amendment that requires the practitioner to also inform women about access to abortion service providers.
- 6. Consultation with Māori, and recognition of Māori women's perspectives about abortion, including acknowledgment and respect for tikanga and a Māori health framework for all reproductive health services, continues to be essential. We anticipate that the duties of the Director General of Health include ensuring Te Tiriti o Waitangi and equity is upheld within all aspects of abortion health services.
- 7. The College supports the proposed system of self-referral by women to an abortion service provider.
- 8. The College supports the proposed change to unconditional abortion services which can be provided to women with a pregnancy of not more than twenty weeks gestation.
- 9. In terms of pregnancies over twenty weeks gestation the College recognises that late gestation abortion can be complex. In reality, statistics show late abortions after twenty weeks are uncommon, and around 0.6% of total abortions. Many of these abortions will be occurring because the fetus is incompatible with life, or there is serious risk to the health of

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¹ Report of the Abortion Supervisory Committee. (2017).

the mother if the pregnancy continues, and we would assume that any revised legislation would ensure that abortion is still available in these circumstances. College members noted that abortions at later gestations are more likely to be distressing for the woman, and that having a system which ensures supportive, non-judgmental care, which is respectful of the woman's circumstances, is paramount.

10. The College is concerned about women, abortion services and care providers in a climate that can embolden hate activity. Therefore we welcome safe areas being set up around clinics but also feel that if women in early pregnancy were able to have medication treatment in their homes, and if abortion services were integrated better into general health services situated in generic health service locations, then this would resolve a significant number of potential conflicts.

11. The College supports free counselling before and after abortion which is accessible to all women but also considers there should be no time limit to post-abortion counselling. We also agree there should be no mandatory counselling requirement linked to treatment, as this will, in effect, create unnecessary barriers to services for some women.

Conclusion

Women in New Zealand require uncomplicated access to free, high quality, safe, equitable and legal abortion services, including free, easily accessible and appropriate post-abortion care and contraception. Simplifying the process of accessing legal abortions will also reduce, and hopefully entirely eliminate, the need for women to resort to unsafe abortions.

The need for abortion services should always be determined by the individual woman. The majority of early abortion services do not need to be provided within a hospital setting. Community health facilities can provide services and some women can also be supported to take the prescribed medication in their own homes if provided with information and support.

Thank you once again for the opportunity to provide a submission on this significant legislation.

Ngā mihi

New Zealand College of Midwives