

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH AND AGEING PORTFOLIO**

**Budget Estimates 2013-14, 5/6 & 7 June 2013**

**Question: E13-195**

**OUTCOME:** 0 – Whole of Portfolio

**Topic:** Data on Induced Abortions

**Type of Question:** Hansard Page 20, 5 June 2013

**Senator:** Rhiannon

**Question:**

- a) Why has the methodology developed for the 2005 publication *Use of routinely collected national datasets for reporting on induced abortion in Australia* not been used by the AIHW to regularly report on the estimated number of induced abortions, as was the intention expressed in the 'Executive summary' at the time? Has something changed subsequently? On what basis was the decision made not to proceed?
- b) From data in the 2003 and 2004 datasets that is available in your records, can you supply a breakdown of estimates of medically induced abortion by state and/or region?
- c) If that data is not available in your records, can you provide details of how that data could be accessed?
- d) May I also have any datasets that correlate the socioeconomic status of regions with abortion data?

**Answer:**

- a) There is no single national data collection about induced abortions.

The Australian Institute of Health and Welfare (AIHW) has previously developed a method to estimate the number of induced abortions using jurisdiction-specific strategies to combine selected data from two national data sources: Health Insurance Commission data on Medicare-funded procedures, which was supplied from the Department of Health and Ageing; and the AIHW National Hospital Morbidity Database (NHMD). Selected Medicare data (assuming that specified services provided out-of-hospital are only for induced abortion) were combined with data for specific procedures and diagnoses from the NHMD) and final estimates produced by applying a correction to account for private patients who receive induced abortion services but who do not claim a Medicare benefit. Details of this method are reported in: Grayson N, Hargreaves J, Sullivan EA 2005. *Use of routinely collected national data sets for reporting on induced abortion in Australia*. Perinatal Statistics Series No. 17. AIHW Cat. No. PER 30. Sydney: AIHW National Perinatal Statistics Unit.

The development of the estimation method was in response to a Parliamentary Library report that examined existing statistics and the limitations of the source data for accurately quantifying the number of medically induced abortions. Details of this report are: Angela Pratt; Amanda Biggs; Luke Buckmaster. 2005. *How many abortions are there in Australia? A discussion of abortion statistics, their limitations, and options for improved statistical collection*. Parliamentary Library.

Note that the term 'medically induced abortion' was used in this Parliamentary Library report to distinguish abortions carried out by medical practitioners to terminate an ongoing pregnancy from spontaneous abortions. In subsequent reports produced by the AIHW 'medically induced abortions' are referred to as 'induced abortions'.

Estimates of induced abortion using the same methods, subsequently were included in the AIHW report: Laws PJ, Grayson N, Sullivan EA 2006. *Australia's mothers and babies 2004*. Perinatal Statistics Series No. 18. AIHW Cat. No. PER 34. Sydney: AIHW National Perinatal Statistics Unit.

There has been no further reporting of estimates of induced abortion by the AIHW. The AIHW does not have access routinely to all the data required to produce the estimates on an ongoing basis. Accessing the data and its statistical processing were found to be time and resource intensive. No funds were available to undertake estimations using more recent data.

The method could be used again to estimate induced abortion subject to data availability of NHMD, Medicare data and data from South Australian and Western Australian abortion collections. A feasibility study would need to be undertaken to determine the accuracy and completeness with which medically induced abortion is being captured in these data collections, in particular the ascertainment of first trimester medically induced abortion.

Information about induced abortions that take place in hospitals is available from the NHMD, but may be difficult to accurately distinguish from spontaneous abortions. Furthermore, many induced abortions are carried out in non-hospital facilities, so these data substantially underestimate the number of induced abortions being carried out.

Induced abortions occurring at 20 weeks gestation or more are considered within the AIHW National Perinatal Data Collection. However, induced abortions cannot be identified separately from stillbirths and live births.

Abortion data are published in South Australia (see Scheil W, Scott J, Catcheside B, Sage L. *Pregnancy Outcome in South Australia 2010*. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2012) and in Western Australia (see Joyce Alan, Tran B (2011). *Induced Abortions in Western Australia 2006–2009*. Report of the Western Australian Abortion Notification System. Department of Health. Perth, Western Australia, Statistical series number 90). Victoria collects, but does not publish abortion data routinely.

- b) Estimates of induced abortion in 2003 and 2004 are given below by state or territory of service provider (Table 1) and in by remoteness area of mother's usual residence (Table 2). These are produced from the two AIHW reports mentioned in the answer to part a). Overall the estimated number of abortions in 2003 and 2004 was 84,218 and 83,210 respectively. Early medical terminations were not captured in the data at this time as this procedure was not undertaken routinely in Australia.

Note that data for induced abortions by state or territory of service provider were not reported in 2003 for Victoria and in 2003 and 2004 for Tasmania and the Australian Capital Territory (ACT). This is because of confidentiality restrictions for the Medicare data. In addition, ACT Health did not give permission for the release of data relating to ACT hospitalisations from the AIHW's National Hospital Morbidity Database.

**Table 1: Estimated number of induced abortions by state or territory of service provider, 2003 and 2004**

	NSW	Vic	Qld	WA <sup>(a)</sup>	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Estimated number of induced abortions<sup>(b)</sup></b>									
2003	31,809	n.p.	12,697	7,965	5,199	n.p.	n.p.	939	80,467
2004	30,606	20,474	12,456	7,901	4,905	n.p.	n.p.	973	79,448
<b>Rate of induced abortions per 1,000 women (age standardised)<sup>(c)</sup></b>									
2003	22.3	n.p.	15.4	18.8	16.9	n.p.	n.p.	19.7	18.8
2004	21.4	18.8	14.8	18.4	15.9	n.p.	n.p.	20.5	18.4
<b>Estimated number of induced abortions adjusted for patients who do not claim Medicare<sup>(d)</sup></b>									
2003	34,747	n.p.	12,697	8,336	5,199	n.p.	n.p.	939	84,218
2004	33,518	20,688	12,456	8,275	4,905	n.p.	n.p.	973	83,210
<b>Rate of induced abortions adjusted for patients who do not claim Medicare per 1,000 women (age standardised)<sup>(c)</sup></b>									
2003	24.0	n.p.	15.0	20.0	17.0	n.p.	n.p.	19.7	20.0
2004	23.4	19	14.8	19.3	15.9	n.p.	n.p.	20.5	19.0

n.p. means not published.

**Notes:**

- (a) Induced abortions performed in WA and SA are required to be notified. In WA induced abortions are notified to the WAANS and in SA they are notified to the SAASC. The estimates presented here for WA and SA closely approximate but are not equal to the number of induced abortions notified to the WAANS and SAASC
- (b) For induced abortions carried out in Qld, SA and the NT the data include separations with a diagnosis of *O04.5–O04.9 Medical abortion, complete or unspecified* and an abortion-related procedure reported to the AIHW National Hospital Morbidity Database. For induced abortions carried out in NSW, Vic, Tas and the ACT, the data include separations with a diagnosis of *O04.5–O04.9 Medical abortion, complete or unspecified* and an abortion-related procedure reported to the NHMD (30 separations with a diagnosis of *O06.5–O06.9 Unspecified abortion, complete or unspecified* from a private free-standing day hospital facility(ies) in Victoria were also included) plus non-hospital Medicare services for *MBS-item 35643 Evacuation of the contents of the gravid uterus by curettage or suction curettage* reported in the Medicare data.
- (c) Directly age-standardised. The Australian female population aged 15–44 years for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics population estimates for 30 June 2004 for females were used for the observed rates.
- (d) For induced abortions carried out in NSW, Vic, Tas and the ACT the number of non-hospital Medicare services for *MBS-item 35643 Evacuation of the contents of the gravid uterus by curettage or suction curettage* reported in the Medicare data was increased by 13.1% to adjust for patients who do not claim Medicare.

**Sources:**

Table 3.1: *Use of routinely collected national data sets for reporting on induced abortion in Australia*. AIHW National Perinatal Statistics Unit 2005.

Table 3.30: *Australia's mothers and babies 2004*. AIHW National Perinatal Statistics Unit 2006.

The national abortion estimates produced by AIHW provide information about the area of usual residence for women who used abortion services. In 2003, usual residents of very remote areas had the lowest age-standardised induced abortion rate (6.7 per 1,000 women) while the highest rates (19.3 per 1,000 women) were for residents of metropolitan areas. This difference was consistent in 2004 (6.2 per 1,000 women compared to 18.9 per 1,000 women).

**Table 2: Estimated number of induced abortions by remoteness area of usual residence<sup>(a)</sup>, 2003 and 2004**

	Major cities	Inner Regional	Outer regional	Remote	Very remote	Total <sup>(b)</sup>
<b>Estimated number of induced abortions<sup>(c)</sup></b>						
2003	57,727	11,986	5,035	611	272	75,801
2004	56,877	11,977	5,030	544	251	74,873
<b>Rate of induced abortions per 1,000 women (age-standardised)<sup>(d)</sup></b>						
2003	19.3	15.2	13.2	9.6	6.7	17.7
2004	18.9	15.1	13.3	8.7	6.2	17.3

**Notes:**

- (a) For the Medicare data, Remoteness Area is based on postcode of enrolment in Medicare. This may differ from the postcode of usual residence.
- (b) Includes induced abortion where Remoteness Area of usual residence was unknown or not reported. Excludes overseas residents and unknown state of residence.
- (c) For induced abortions carried out in Qld, SA and the NT the data include separations with a diagnosis of *O04.5–O04.9 Medical abortion, complete or unspecified* and an abortion-related procedure reported to the NHMD. For induced abortions carried out in NSW, Vic, Tas and the ACT, the data include separations with a diagnosis of *O04.5–O04.9 Medical abortion, complete or unspecified* and an abortion-related procedure reported to the NHMD (30 separations with a diagnosis of *O06.5–O06.9 Unspecified abortion, complete or unspecified* from a private free-standing day hospital facility(ies) in Victoria were also included) plus non-hospital Medicare services for *MBS-item 35643 Evacuation of the contents of the gravid uterus by curettage or suction curettage* reported in the Medicare data. The number of non-hospital services was increased by 13.1% for these jurisdictions to adjust for patients who do not claim Medicare. Induced abortions carried out in WA were not included due to data quality concerns.
- (d) Directly age-standardised. The Australian female population aged 15–44 years for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics population estimates for 30 June 2004 for females were used for the observed rates. The numerator for the observed rates excluded induced abortions carried out in WA. The denominator for the observed and expected rates included the WA population.

**Sources:**

Table 3.3: *Use of routinely collected national data sets for reporting on induced abortion in Australia*. AIHW National Perinatal Statistics Unit 2005.

Table 3.32: *Australia's mothers and babies 2004*. AIHW National Perinatal Statistics Unit 2006.

- c) Not applicable, as the data is provided in the answer to part b).
- d) At the time that the AIHW reports given in the answer to part a) were in development, no analysis by socioeconomic status was undertaken.

A measure of relative social disadvantage using the Australian Bureau of Statistics' scores for Socio-Economic Index for Areas could be derived from data on induced abortion, using geographical data for the area of usual residence.