

Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
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PARLIAMENT HOUSE
Canberra ACT 2600
Email: fpa.sen@aph.gov.au



2 October 2008

Dear Committee Secretary,

Please accept this submission to the *Inquiry into item 16525 in Part 3 of the Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007*.

Introduction

Women's Hospitals Australasia (WHA) is a not for profit peak body whose vision is to enhance the health and well being of women and neonates. It achieves this by supporting member hospitals to aspire to excellence in clinical care by sharing knowledge and evidence underpinning best practice. Three key strategies are utilised:

- Benchmarking and best practice,
- Advocacy, and
- Networking.

WHA represents the majority of tertiary women's hospitals in Australia and New Zealand as well as one very large women's hospital in the United Arab Emirates. Almost 100,000 babies are born in WHA hospitals each year. WHA aims to provide a voice for women through its member hospitals addressing the key issues which face women's and neonatal healthcare services today

WHA is concerned that removal of Medicare Item 16525 which provides for medical services for "management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease", will discriminate against women because it undermines access to affordable, accessible and health care. Abortion after the first trimester is an essential component of women's health care.

Delays in seeking a termination

It is estimated that a third of Australian women will have an abortion at some stage in their lives¹. A small number of these occur in the second trimester. Abortion in the first trimester is always a better option for women as it has the best clinical outcomes. However, delay in seeking a termination can occur for many reasons. A recent study

¹ The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), *Termination Of Pregnancy A Resource for Health Professionals November 2005*, <http://www.ranzcog.edu.au/womenshealth/termination-of-pregnancy.shtml>, p.5, 25/09/08

by the University of Southampton reports research with women about the reasons for requests for second trimester abortion². This research found that women may experience delays in suspecting they are pregnant, delays in taking a pregnancy test, delays in deciding to have an abortion, asking for an abortion and/ or obtaining an abortion. This research provides important insight into this issue, and makes recommendations about education for women and changes to health care that would encourage earlier presentation to health services. These recommendations are aimed at

- improving women's awareness of their bodies and fertility,
- improving the efficiency of contraceptive use and earlier pregnancy testing
- challenging the social and psychological barriers to abortion
- raising awareness of what abortion involves
- improving decision making support
- improving access to abortion.

Some women may not recognise that they are pregnant. This may occur in young women, women who are peri-menopausal or women with irregular menstrual cycles.

To decrease the number of women requiring abortion in the second trimester WHA would strongly recommend that that the government incorporate these recommendations into the Sexual and Reproductive Health Policy. In addition we would strongly urge that these recommendations be brought to the attention of the Maternity Services Review.

Delays also occur due to variable and inequitable access to diagnostic technology. Currently, pregnant women's ability to secure timely access to screening and diagnostic services such as genetic and ultrasound varies. Some women, particularly in remote and rural areas or who are socially disadvantaged may not be able to get timely appointments for these services. For example appointments for ultrasound screening may be delayed to twenty weeks gestation or even later.

WHA recommends that State and Commonwealth Governments address the inequitable access situation that currently exists for pregnant women who require timely access to screening and diagnostic technology.

² Ingham R, Lee E, Clements S, Stone N (2007) *Second-trimester abortions in England and Wales*, Centre for Sexual Health Research, University of Southampton: see http://www.soton.ac.uk/lateabortionstudy/late_abortion.pdf, pp1-4 for a summary, or for a complete version of the report http://www.psycdev.soton.ac.uk/modx/modx-0.9.5/assets/files/cshr/Late_Abortion_FINAL.pdf, 25/09/08

Indications for second trimester terminations

The issues around termination of pregnancy become more complex as gestation advances. Circumstances surrounding requests for second trimester abortion show considerable variation, and are increasingly specific and individual, with increasing gestation.

Some of the reasons women may need a later termination of pregnancy include.-.

- Fetal death
- Maternal health

Where the woman develops or is diagnosed with a medical disorder (such as a mental illness, cancer, renal disease or pre-eclampsia) either related to or coincident with her pregnancy, but which is further compromised by her continuing the pregnancy.

- Fetal health

If a fetus has been diagnosed late in the pregnancy with a condition which is known to be lethal, such as anencephaly (absent brain), continuing the pregnancy will make no difference to the fetal outcome but will cause the women and her family great emotional distress. There are many fetal conditions (such as microcephaly {small brain} or intracranial haemorrhage causing brain destruction) that can only be recognised and diagnosed later in pregnancy as fetal brain development is ongoing during the second and third trimesters. Some fetal abnormalities are less threatening to fetal survival and quality of life but none the less causing serious harm to the mother's mental health. Such harm may be causally related to, or exacerbated by, a woman's individual life experiences including her experience of the diagnosed abnormality. It should be noted that many women who receive a diagnosis of a significant fetal abnormality continue with their pregnancies.

- Maternal illness causing severe disability in the fetus

For example, if a woman is infected with cytomegalovirus during pregnancy (an infection which may occur at any gestation and is typically an asymptomatic maternal illness) it is known that if fetal infection occurs, particularly when it results in fetal abnormality as seen on ultrasound, there is a more than 90% chance of an ongoing severe neuro-developmental disorder for the fetus.

- Pregnancies that break social, cultural or religious taboos

Women may conceal their pregnancy out of fear of the consequences of having broken a social, religious or cultural taboo, including the fear of violence if the pregnancy is disclosed.

Cost and demand shifting

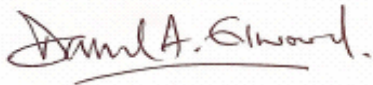
Recent work in Victoria by The Victorian Law Reform Commission, who conducted an exhaustive inquiry into the law of abortion, included the provision of public and private abortion services. It found that about two thirds of abortions in Victoria are provided in private clinics. We suggest that a similar situation would exist in the other states and territories. If this item number is removed there would be a shift of demand from the private sector to the state funded services. Increased resources for the state and territory systems would be required to meet this demand shift.

Conclusion

WHA does not support disallowing benefits in respect of item 16525. It would discriminate against women who are experiencing complex, difficult and distressing health problems. It would reduce these women's choice to access private health care options and would require increased resourcing of public hospitals to accommodate the inevitable shift of demand.

If you would like to further discuss this submission please contact Liz Chatham WHA CEO on 0417388032.

Yours faithfully,

A handwritten signature in dark ink, appearing to read "David A. Ellwood", with a horizontal line underneath the name.

David Ellwood
President, Women's Hospital Australasia