Abortion After Twenty Weeks in Clinical Practice: Practical, Ethical and Legal Issues

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Ethical Issues in Prenatal Diagnosis and the Termination of Pregnancy

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1. Can abortion beyond 20 weeks be performed safely?
   
2. Should abortions be performed beyond 20 weeks?
   
3. Are abortions beyond 20 weeks being performed? If so ... where?
   
4. What are the legal implications?
   
5. What are the ethical implications?
   
6. Why is this service not more prevalent?
   
7. What can be done to improve or expand this service?
   
I. CAN ABORTION BEYOND 20 WEEKS BE PERFORMED SAFELY?

There are two methods for post 20 week abortion:

A. Medical induction and delivery
B. Surgical evacuation

A. Medical induction and delivery.

There are three principal methods for medical induction and delivery:

1. Amniocentesis and infusion of hypertonic solutions such as urea, saline or glucose. This causes fetal demise and stimulates uterine contraction.
2. Prostaglandin induction and delivery. I.e. intra vaginal cervix 'pus.
   
3. A combination of one and two.

I. Advantages of medical induction.

(a) Requires minimal skill.
(b) Requires minimal medical intervention.
(c) Acceptable safety level.
(d) Acceptable failure rate.
(e) Has been in use for a long time and is well known.

II. Disadvantages of medical induction.

(a) Always requires hospitalization and takes a long time. Woman must stay in hospital for two to three days.
(b) Always requires analgesia, usually a narcotic.
(c) Always need anti emetics.
(d) May require anti-diuretic hormone therapy.
(e) Patient may deliver unattended...

(f) The induction may fail and a hysterotomy may be required.
(g) The method may result in the delivery of a live baby.

II. Surgical methods.

1. Hysterotomy.

This is mentioned only to relegate it to history. It is never indicated as a primary method for late abortion. No doctor should ever consider putting a tear in the uterus, to deliver a dead fetus as a primary method of abortion.

2. Dilatation and extraction.

This is my method of choice. It is achieved by serial dilatation using a combination of nulliparal dilators and progressive dilators such as Dilpin, Lamabetry and Lambrin over a period of 15 to 48 hours. Once dilatation is achieved, the surgeon then proceeds to extract the utus and deliver the fetus with ease.
Advantages of dilation and extraction.

(a) Can be performed under local and/or twilight anaesthetic.
(b) Can be performed as an ambulatory outpatient procedure.
(c) No need for narcotic analgesics.
(d) No need for large amounts of anti emetics.
(e) Patients in never delivered unattended.
(f) The attending physician is technically involved in the procedure.
(g) No chance of delivering a live fetus. !
(h) Low complication rate. The world wide figures indicate that this technique is much safer than medical induction.
(i) There is never a need to resort to hysteroscopy.
(j) The method is easily taught.

Disadvantages of dilation and extraction.

(a) There is a need for greater technical skills.
(b) The aesthetics of the procedure are difficult for some people; and therefore it may be difficult to get staff.
(c) Although rare complications can be serious and may include: hemorrhage, disseminated intravascular coagulopathy, uterine perforation or cervical trauma. All require hospitalisation and surgery.

2. SHOULD ABORTION BEYOND 20 WEEKS BE PERFORMED?

It is my belief that abortion is an integral part of family planning. Theoretically this means abortion at any stage of gestation. Therefore I favor the availability of abortion beyond 20 weeks.

The question then arises, under what circumstances?

Here I have a list of what I believe are appropriate indications for late second trimester abortion.

A. Risk to maternal life. Psychosocial/behavior or life threatening obstetric related illness.
B. Fetal lethal abnormalities.
C. Gross fetal abnormalities.

These first three categories are self explanatory and straightforward. Abortion is available for these indications in many major hospitals in most capital cities and large provincial centers.

D. Minor or doubtful fetal abnormalities.

In the rest of Australia the only other statutory requirements are that abortions performed over 20 weeks gestation or 4000G in weight must be registered by completing a death certificate. This added paper work is certainly an inconvenience and can be intimidating to many potential providers. However it should be born in mind that in Alabama, Georgia, in the United States, it is a statutory requirement to register all abortions in a death certificate. The abortion providers in that state have taken this barrier in their stride and continue to provide an excellent service.

It is clear to me of course, that as gestation progresses, the indications for abortion need to be redefined. However I strongly oppose any formalization of restrictive criteria either by law or peer pressure as each case is different and should be assessed on its own merits with due consideration given to all of the associated circumstances.

As our clinics all patients undergoing late termination are extensively counseled about all aspects of the procedure, the extent of fetal development and size and the risks and complications of the procedure. If the indication for termination are for fetal abnormality the patient's pediatrician and genetic counselor and the obstetric attending will be involved in her management.

5. WHAT ARE THE ETHICAL IMPLICATIONS?

This is obviously the area of greatest contention. For me the balance weighs heavily in favor of allowing women to choose whether they wish to continue a pregnancy or not. As we approach the 21st century in a world beset with overpopulation, famine and ecological disasters, it makes no sense to take the right to make decisions about fertility, contraception or abortion, away from those most directly affected, that is the women, and to place this right in the hands of merely male dominated, legislative, judicial or religious bodies.

Advances in prenatal diagnosis such as ultra sound, amniocentesis and genetic screening are giving us the ability to detect serious fetal abnormalities. Why invest so much time and money in pre natal diagnosis if we are not prepared to act on the results? Why perform expensive, invasive and potentially dangerous tests, if when the results render an abnormal fetus we are not prepared to terminate this pregnancy if it is what the patient wants. How can a just and ethical society condemn a women to a further 20 weeks of pregnancy against her wishes, knowing that the baby she is carrying, is deformed?

6. WHY IS THIS SERVICE NOT MORE PREVALENT?

Due to the controversy and unpopularity of late abortion, doctors with the appropriate skills are rare.

E. Rape, incest, sexual abuse, extreme maternal immaturity, i.e. girls in the 11 to 14 year age group.
F. Women who do not know they are pregnant. This includes women who are intentionally or unintentionally misled by the doctor of first contact. This is particularly prevalent in remote country areas. Continuing or irregular periods while on oral contraception. Alternately amenorrhea in women who are very active such as athletes or those under extreme forms of stress i.e. exam stress, relationship breakup, anorexia.
G. Intellectually impaired women, who are unaware of basic biology, may be taken advantage of, become pregnant and not know of the pregnancy until late in the mid trimester. The guardian or carer of such women may similarly be unaware of the pregnancy until after 20 weeks when physical signs in the mother become obvious.
H. Major life crises or major changes in socio-economic circumstances. The most common example of this is a planned or wanted pregnancy followed by the sudden death or desertion of the partner who is in all probability the bread winner.

Abortion beyond 20 weeks is unavailable anywhere in Australia, except at our clinics for the last 3 categories.

3. ARE ABORTIONS BEYOND 20 WEEKS BEING PERFORMED?

IF SO...WHERE?

I have answered much of this in the previous section but to summarise, abortions to preserve maternal life, for fetal fetal abnormalities and for gross fetal abnormalities inconsistent with normal cognitive, independent existence are available at most major obstetric hospitals in all capital cities and many larger provincial hospitals. Some Queensland hospitals that I know of, are performing abortions between 18 and 22 weeks for other fetal indications such as Downs syndrome. To the best of my knowledge post 20 week services are almost non existent in Victoria. For indications other than the ones I have just mentioned, abortion beyond 20 weeks is unavailable anywhere in Australia other than at my clinic in Brisbane.

4. WHAT ARE THE LEGAL IMPLICATIONS?

Only in the Northern Territory is gestational age actually mentioned as a limiting factor, when performing legal abortions. In that jurisdiction the law restricts legal abortion:

A. To registered hospitals
B. To be performed only by specialist Obstetricians / Gynaecologists.
C. May be performed only up to 14 weeks.

The aesthetics of late abortion make it difficult to recruit competent and committed staff to provide an appropriately supportive environment for patients making this difficult decision. Doubts about legal issues can dissuade many potential doctors and ancillary staff from entering the field.

Special reporting and certifying requirements are intimidating and dissuasive.

Late abortion requires a large and committed staff and is therefore very costly to provide.

Harmattan is not a choice groups such as the Right to Life Association may be a disincentive to enter this field of medicine.

7. WHAT CAN BE DONE TO IMPROVE OR EXPAND THIS SERVICE?

1. Demystify abortion particularly late abortion by appropriate education of the population. Adequate training of medical students and resident doctors needs to be addressed urgently in all areas of abortion service delivery.
2. Decriminalize abortion.
3. Remove the moral and social stigma associated with abortion.
4. The medical profession must stop being judgemental about abortion.
5. We must accept that women can make important decisions.

We allow women to make vital decisions in industry, commerce and government, Female doctors make life and death decisions daily. Strange affliction overcomes a pregnant woman, that renders her incapable of deciding whether to continue with the pregnancy or not? And does this rare malady become worse as the pregnancy progresses? Of course it doesn't. We must allow women to make these difficult and important choices themselves and we must be prepared to use all of our skills and abilities, to help them with these choices with humanity, compassion and dignity.