

To:

Research Director
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
George Street
Brisbane Qld 4000

From:

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Dear Director,

Thank you for the opportunity to make a submission on abortion law reform in Queensland. This is a highly emotive area of medicine and is subject to very strong opinions from pro-life groups and pro-choice groups equally. It is also an area where religion often plays a strong part in people's motivations.

I hope that any discussion around this area does not become mired in politics and quasi-religious commentary.

My personal and professional belief is that termination of pregnancy is a necessary part of women's health care and the practice of Gynaecology.

There are three main reasons that a woman has a termination.

1. Social reasons or a woman's request
2. Fetal abnormality
3. Maternal health condition precluding continuation of pregnancy

For reasons 2 and 3 there should be no gestation cut off where termination is able to be performed lawfully with the support of two qualified specialists. This is in line with the RANZCOG statement of late term terminations as some conditions that affect the fetus and the mother may not be apparent until the second or third trimesters of pregnancy. All hospitals offering a Maternal Fetal Medicine Unit should offer termination of pregnancy as an option for management. Currently this does not happen to women seen and counselled at the Mater Mother's Hospital which is against best practice.

For reason 1 there are many reasons that a woman will request a termination and there should be no question about access to termination services. This should be available to all women regardless of geography or financial status. The current system in Queensland is not equitable with women who are unable to afford a private termination left with very few options. Women who do access these services should not be questioned on their motivations but offered support and counselling to make sure the decision is the correct one for their circumstance as regret can be a concern. There may also be financial assistance and parental assistance not known that would help these women to continue the pregnancy.

I do believe a gestation cut off should be mandated for social termination of 21 weeks gestation.

I also believe that termination can be safely performed in a woman's home for early gestations not requiring admission to a hospital. This is in line with queensland statewide guidelines.

Termination of pregnancy should however be a rare procedure as it is traumatic for the women involved, their partners and staff providing the service.

The best way to reduce the numbers is to make contraception freely available. All public hospitals and family planning clinics should offer free condoms, free morning after pill (emergency contraception) and basic oral contraceptive pill. The Implanon and Mirena and Copper IUD LARCs (long-acting reversible contraceptives) should also be available free of charge for women and easily accessible. These options should also be recommended to young women at high risk of pregnancy i.e. poor social circumstances, previous pregnancy and drug use.

Thank you

Christopher Weekes