Termination of Pregnancy (Live Births) Amendment Bill 2024

Submission No: 10

Submitted by: [redacted]

Publication: Making the submission public but withholding your name

Attachments: No attachment

Submitter Comments:

I am making this submission from the perspective of a medical practitioner who works as a maternal-fetal medicine subspecialist in a tertiary hospital in Queensland, and who is involved with counselling patients and performing termination of pregnancy procedures primarily, but not exclusively, for the purpose of managing major fetal anomalies identified during prenatal testing. In my view this amendment is completely unnecessary, and unlikely to change practice in any way which is of benefit to the women and babies of Queensland. The reasons behind this view are as follows. Firstly, I believe that the Termination of Pregnancy Act 2018 is working very well and has removed a large degree of ambiguity and uncertainty about the practice of termination of pregnancy, especially those carried out beyond 20 weeks of gestation when births are registrable. Practitioners are now able to work without fear of prosecution and provide essential health services to the women of Queensland who are faced with the difficult decision about discontinuation of a pregnancy. The Act does not require any amendments. Secondly, this amendment is very unlikely to change practice. In almost all cases, terminations of pregnancy at 22 weeks are carried out by administering a lethal injection to the fetus, followed by induction of labour. After birth, the baby is provided with respectful care in exactly the same way as for any other stillborn baby. In cases where there is a lethal anomaly that is expected to lead to death of the baby in the neonatal period, and the parents have chosen not to have the lethal injection, the baby after birth is the subject of a perinatal palliative care plan. In the case of terminations performed at less than 22 weeks, and in the case of a baby being born alive (which may happen as early as 17-18 weeks), the provision of neonatal care (other than comfort care) in terms of active resuscitation is completely inappropriate, as the perinatal outcomes prior to 22 weeks are very poor and with a very high mortality and morbidity rate (close to 100%). Babies born prior to 22 weeks after spontaneous births in Queensland (i.e. not as a result of a termination of pregnancy procedure) are not usually provided with active resuscitation. If the purpose of this amendment is to require active resuscitation to be offered to babies born alive prior to 22 weeks this is not consistent with good medical practice.Another important point about this amendment is that the inclusion of students as a 'relevant person' fails to recognise that in most cases students are simply observers of practice and have no role in the active provision of health services. To place on them the burden of making choices about resuscitation of an extremely preterm neonate is unfair and would inevitably mean that they would have to be excluded from being involved in such cases. Requiring health professional students to assume the same level of responsibility as a registered health professional is inappropriate and does not happen in relation to any other medical procedures.