Termination of Pregnancy (Live Births) Amendment Bill 2024

Submission No:	122
Submitted by:	Queensland Nurses and Midwives' Union
Publication:	Making the submission and your name public
Attachments:	See attachment
Submitter Comments:	

Queensland Nurses & Midwives' Union

Submission to

Health, Environment and Agriculture Committee

Termination of Pregnancy (Live Births) Amendment Bill 2024

May 2024

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the *Health, Environment and Agriculture Committee* for the opportunity to provide feedback on the *Termination of Pregnancy (Live Births) Amendment Bill 2024* (the Bill).

The QNMU is Queensland's largest registered union for nurses and midwives, representing over 73,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 322,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, mental health, general practice, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

Recommendations

The QNMU strongly opposes to the Termination of Pregnancy (Live Births) Amendment Bill 2024.

Abortion is fully decriminalised across Australia, with gestational limits ranging from 14 to 24 weeks depending on the jurisdiction. Beyond these limits, approval from two doctors is mandatory. Notably, only a small percentage of terminations occur after 20 weeks. These procedures are performed in situations where the foetus has late-diagnosed lethal or significant abnormalities, genetic conditions, severe growth restriction, or maternal health risks, where continuing the pregnancy and/or birth poses a significant threat to the mother and the foetus has zero chance of survival.

By seeking to enshrine in legislation that babies born as a result of a termination of pregnancy should receive same degree of medical care and attention as a baby born in any other way, the Bill projects an unnecessary narrative onto a rare scenario and places undue pressure and emotional manipulation on women, pregnant people, and their families.

The Bill presents a dangerous precedent by introducing unnecessary regulations based on emotional arguments and misinformation. It presents a misleading understanding of abortion care, foetal viability, and undermines the rights of women and pregnant people seeking termination of pregnancy. It further disregards the existing professional codes of conduct and

frameworks that underpin nursing and midwifery practice in providing compassionate and evidence-based care.

Disregard of informed decision-making

Informed decisions regarding abortions over 22 weeks gestation are made by women, pregnant people, and their families in extensive consultation with health practitioners. Such consultations involve medical and psychological assessments, counselling, education, and support. Women and pregnant people are offered options about the procedure, such as medication to induce foetal demise in the womb prior to delivery or, in some cases, delivery followed by palliative care. The latter may be chosen for a woman or the pregnant person to hold the baby before it passes away.

The Bill fails to acknowledge the right for women and pregnant people to make informed decisions about their reproductive health and reproductive autonomy. Instead of strengthening and supporting informed decision-making to ensure access to accurate information and comprehensive support for women, and pregnant people, and their families facing an extremely difficult scenario, this Bill instead seeks to restrict access to safe, legal termination services.

Disregard of professional expertise

Nurses and midwives practice under robust ethical frameworks and professional codes of conduct and are well-versed in their duty to provide compassionate care while adhering to evidence-based best practices across all cases, including late-stage terminations. Nurses and midwives are also uniquely positioned to uphold a person's reproductive autonomy and provide a safe space for open communication throughout pregnancy, and to provide the palliative and post-mortem care required in these sensitive situations.

The Bill unnecessarily imposes undue legislative pressure on health practitioners, potentially creating confusing and contradictory requirements that undermine established best practices and existing organisational policies and procedures.

Misrepresentation of medical facts

The Bill misrepresents medical facts of foetal viability by being selective with its definition of 'survivability'.

The quoted 83% survival rate of neonates born at 22 weeks of gestation in the study by Motojima, Nishimura, Kabe, et al. (2023) excludes neonates with major congenital anomalies. The study also found that all neonates born at 22 weeks received intensive, invasive medical intervention, a third of which died before the age of 18 months, and of those that did survive, 38.9% showed moderate or severe neurodevelopmental impairment.

We consider the medical rationale behind the Bill to be compromised by citing a study that selected only neonates already deemed to have a chance of survival and failed to disclose the number of neonates that were excluded from the study (which would provide a clearer picture of actual survivability at birth). The Bill's reliance on inaccurate statistics and a flawed

understanding of foetal viability creates unnecessary anxiety for women and pregnant people facing difficult decisions.

Misrepresentation of public sentiment

The Bill misrepresents public sentiment regarding an abortion over 22 weeks gestation, by framing the example of “Xanthe” as a difficult ordeal experienced by parents due to the neonate being born alive.

The news article in question “Hospital failures pushed my wife over the edge” (Sinnerton, 2023) clearly indicates that the parents made a shared, informed decision to have a termination of pregnancy, and that their distress was because they were not provided the opportunity to “have been with [the baby] when she passed” and not because the baby was born alive nor because of the absence of medical interventions.

Therefore, to cite this as an example of public concern regarding the need for legislated medical intervention in late-stage terminations of pregnancy is disingenuous and misleading.

References

Motojima, Y., Nishimura, E., Kabe, K. *et al.* Management and outcomes of periviable neonates born at 22 weeks of gestation: a single-center experience in Japan. *J Perinatol* 43, 1385–1391 (2023).

Sinnerton, J. (2023, August 6). Hospital failures pushed my wife over the edge. *The Sunday Mail*.