

Question on Notice

No. 1496

Asked on 16 November 2023

DR M ROBINSON ASKED MINISTER FOR HEALTH, MENTAL HEALTH AND AMBULANCE SERVICES AND MINISTER FOR WOMEN (HON S FENTIMAN)—

QUESTION

With reference to Table 23 of the Queensland TOP Guidelines which states, that if a live birth occurs following a termination, to ‘Provide care appropriate to the individual clinical circumstances and in accordance with best practice guidelines’—

Will the Minister advise (a) what are the best practice guidelines that are referred to and how is the decision made about what treatment to provide, (b) the total number of live births following termination between 2018 and 2022 (reported separately by year) and (c) how many of these cases were induced abortions (i) prior to 20 weeks, (ii) from 20 to 28 weeks and (iii) after 28 weeks?

ANSWER

The best practice guidelines referred to in Table 23 of the Queensland Clinical Guideline *Termination of Pregnancy* are guidelines which address palliative care requirements of the baby relative to their diagnosis or condition, and which are considered best practice for the circumstances.

I am advised that the Queensland Clinical Guideline *Termination of Pregnancy* provides best practice guidelines for termination of pregnancy care, including in the uncommon event that a baby is born with signs of life.

A live birth describes a baby where there are signs of life after the birth of the baby is completed, regardless of gestation or birthweight. The presence of ‘signs of life’ does not equate to survivability. Signs of life may include beating of the heart, pulsation of the umbilical cord, definite movement of the voluntary muscles, any other evidence of life (as defined in the *Public Health Act 2005*).

In relation to the very uncommon outcome of a live birth following a planned termination of pregnancy, I am advised that decisions about the care appropriate to the individual clinical circumstances are made by the registered health professionals providing clinical care to the woman/family and the baby at the time of the live birth.

The decision as to what care to provide, is informed by a comprehensive assessment of the individual circumstances, including review of the clinical history (e.g., diagnosis of a life-limiting condition in the baby) and the use of expert clinical judgement.

The below table shows the total number of live births following a termination of pregnancy in Queensland with these resulting in an outcome of neonatal death for the calendar years 2018 to 2022.

Termination of pregnancy resulting in live births by gestation weeks for admitted patients, Queensland:

Calendar Year	Gestation weeks			Total
	<20 weeks	20 to 28 weeks	>28 weeks	
2018	11	17	0	28
2019	5	42	0	47
2020	7	34	1	42
2021	10	30	1	41
2022	13	35	1	49