

Question on Notice

No. 1218

Asked on 11 December 2024

MR R KATTER ASKED MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON T NICHOLLS)—

QUESTION

Will the Minister report how many babies were born alive in Queensland over the last 10 years, following a termination of pregnancy, (reported separately by year)?

ANSWER

The table below shows the total number of live births following a termination of pregnancy event in Queensland **public facilities only**, over the last 10 calendar years, with these resulting in an outcome of neonatal death.

Calendar Year	Termination with livebirth outcome
2014	29
2015	30
2016	29
2017	32
2018	26
2019	40
2020	37
2021	40
2022	47
2023	75

I am advised live birth describes a baby where there are signs of life after the birth of the baby is completed, regardless of gestation or birthweight. Signs of life may include beating of the heart, pulsation of the umbilical cord, breath efforts, definite movement of the voluntary muscles, or any other evidence of life (as defined in the *Public Health Act 2005*).

I am advised the presence of ‘signs of life’ does not equate to survivability or viability. Babies who are born with signs of life in Queensland Health facilities are treated with the same dignity, respect and access to health care as any other person.

I am advised Queensland Health has best practice guidance and information regarding the management of termination of pregnancy, including considerations in the uncommon event where a baby is born with signs of life. The clinical guidelines, which includes the Queensland Clinical Guideline: Termination of Pregnancy and Queensland Clinical Guideline: Perinatal care of the extremely preterm baby, support clinicians in providing care appropriate to the individual clinical circumstances as well as outlining service and support considerations for families.

I am advised a decision to provide life sustaining treatment to a person, including a child born following a termination of pregnancy, is made on a case-by-case basis, having regard to good medical practice and the best interests of the child, including considerations under the *Human Rights Act 2019 (Qld)*. 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.

Every clinical situation is different and I am advised 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), the best interests of the baby, and the use of expert clinical judgement.