

# Abortion Law Reform:

## What you need to know

### What does the Government's proposed Bill do?

The Abortion Legislation Bill<sup>1</sup> would make the following key changes to the legal framework for abortion:

- remove any statutory test on the health practitioner for a woman who is not more than 20 weeks pregnant;
- for a woman who is more than 20 weeks pregnant, require the health practitioner to reasonably believe the abortion is appropriate with regard to the pregnant woman's physical and mental health, and well-being;
- remove the requirement that only doctors can provide abortions and allow qualified health practitioners to provide abortions;
- require that health practitioners must advise women that counselling is available if they are considering having an abortion or have had an abortion, but counselling is not mandatory;
- allow women to self-refer to an abortion provider so there is no requirement for a referral from another health practitioner, like a GP;
- enable the establishment of a safe zone around abortion provider premises where they are experiencing disruptive protestors and the protestors are engaging in prohibited behaviour (including intimidating, interfering with a person accessing abortion services);
- retain the right of health practitioners to conscientiously object to abortion but require them to tell a patient as early as possible that they object and inform the person considering or requesting an abortion how to access the list of abortion providers that will be maintained by the Ministry of Health.

### If this Bill passes, does it mean abortion on demand?

No health service is "on demand". Abortion, just like all other health services, would be provided based on professional advice and standards.

### Won't this mean that we will have abortions until birth?

No. Here is what the Abortion Providers Group Aotearoa New Zealand (APGANZ) says about this issue: "There has been discussion in the media about post 20 week abortions. Late second and third trimester abortions are very rare. In New Zealand, these cases are managed medically by inducing labour. These abortions are carried out due to congenital abnormality, perinatal infection, antepartum haemorrhage, maternal conditions, specific perinatal conditions, fetal growth restriction and spontaneous preterm rupture of membranes. The majority of these abortions occur before 22 weeks of pregnancy. Late second and third trimester abortions are events where continuing a pregnancy may lead to significant risk to maternal life or a mother having to birth her baby knowing she will have to watch him or her die. APGANZ believes that supporting women needing this level of care is an essential part of medical practice to optimise the wellbeing of women."

### Is New Zealand taking a radical approach with this legislation?

No. New Zealand has actually been completely out of step on this issue and is one of the very few developed countries where abortion is still in criminal law. Most countries which have modified abortion law over the past two decades have liberalised laws. For example, the approach taken in this legislation is very

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<sup>1</sup> Abortion Legislation Bill: <http://legislation.govt.nz/bill/government/2019/0164/latest/LMS237550.html>

similar to new legislation which has been introduced in New South Wales, and what has become law in Queensland. International research is clear that restricting access to abortion does not reduce the number of abortions. It causes delays and stops health providers from following best practice guidelines.

### **Why isn't counselling being made mandatory? Isn't abortion traumatic for women?**

Leading mental health organisations<sup>2</sup> agree that abortion is not the cause of mental health problems. A woman's mental health before an abortion is the strongest predictor of her mental health following an abortion. Even where women experience emotional distress at the time of an abortion, almost all still agree that their abortion was the right decision<sup>3</sup>. Each woman experiences abortion differently, with some women struggling with the decision and feeling shame and stigma, and others feeling great relief. It is essential that counselling is offered to women who need and want it, but it shouldn't be mandatory.

### **Isn't abortion something only doctors should provide?**

International evidence shows that with proper training, a range of skilled health practitioners can provide surgical and medical abortions. Abortion is generally a very safe procedure.

### **Why do we need law change? Women get abortions now.**

The last time abortion law was updated was 1977. A lot has changed since then, both in terms of medical practice and systems, and the evolution of human and privacy rights. While women can get abortions now, there are many unnecessary barriers to accessing abortion, meaning women get abortions in New Zealand later than women in other countries. Far fewer women have the option of early medical abortion and many women feel stigma and fear because of the current legal processes involved.

### **What is the process from now?**

Having passed its first reading in Parliament on 8 August, the Bill goes to a special Select Committee. There is a period of public consultation with submissions to the Committee due 19 September. A Committee report is due 2 February 2020, and this will be presented back to the House, including any recommended changes to the Bill, and then MPs will have an opportunity to debate the Bill, put forward any amendments, and finally vote during a second and third reading of the Bill. NZ First is expected to call for a referendum on abortion through an amendment, however, NZ First would need majority support from Parliament for the issue to be put to a referendum.

### **What can I do to support this Bill?**

1. Share information about abortion with your colleagues, family and friends. Unfortunately, there is a lot of misinformation and myths about abortion, in part because we don't talk about it.
2. Make a submission to the Committee. If you need assistance, many health professional groups both in New Zealand and overseas have good information about abortion on their websites. The Law Commission report is also a great resource.
3. Write to your local MP. It's important that MPs hear from their constituents about this issue. While it is a conscience vote, MPs do represent us and should act in the best interests of their constituents.
4. Be respectful. One out of four women in New Zealand have had an abortion during their lifetime. Chances are you know someone who has had an abortion, but they haven't told you. Regardless of your personal beliefs, be respectful that this is the choice many women have made, and we all need to be compassionate and respectful in our conversations.

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<sup>2</sup> Such as the Academy of Medical Royal Colleges, American Psychological Association, the Psychological Society of Ireland.

<sup>3</sup> Fergusson, D.M, Horwood, LJ and Boden, J.M. (2009) Reactions to abortion and subsequent mental health. *The British Journal of Psychiatry*. 195, 420–426.