

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Submission on the Abortion Legislation Bill

**To:** Committee Secretariat  
Abortion Legislation Committee  
Parliament Buildings  
Wellington

**Submitter:** Canterbury District Health Board  
  
Attn: Chantal Lauzon  
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**Proposal:** This bill amends the law to decriminalise abortion, better align the regulation of abortion services with other health services, and modernise the legal framework for abortion currently set out in the Crimes Act 1961 and the Contraception, Sterilisation, and Abortion Act 1977

## **SUBMISSION ON ABORTION LEGISLATION BILL**

### **Details of submitter**

1. Canterbury District Health Board (CDHB).
2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

### **Details of submission**

3. We welcome the opportunity to comment on the Abortion Legislation Bill. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

### **General Comments**

4. Health care services are an important determinant of health, however health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector. Sexual and reproductive health is strongly influenced by social determinants including education, discrimination and social constructs. In countries where abortion is unlawful, its consequences for the health of women are harmful, especially for women who are young, poor, and with a low schooling level.<sup>1</sup> In New Zealand, Māori and Pacific peoples, low-income communities, women, and people with diverse genders, sexes and sexualities all experience inequity in their sexual and reproductive health.
5. The CDHB recognises the impact of these factors on health outcomes, and welcomes the intention and direction of this Bill to decriminalise abortion and manage abortion as an integrated part of a comprehensive sexual and reproductive health service.
1. The CDHB recommends keeping in place current processes to facilitate abortion services within District Health Boards and make the service safe for women and health practitioners. This includes oversight of abortion services with clear processes and the ability to audit to ensure maintenance of safe practice standards could be provided with the primary care or hospital setting.

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<sup>1</sup> Sedgh, G., Singh, S., Shah, I.H., Ahman, E., Henshaw, S.K., Bankole, A. 2012. Induced abortion: incidence and trends worldwide from 1995 to 2008. *Lancet*. 379: 625-632.

6. The CDHB recommends that along with ensuring the availability of counselling services for abortion that the Ministry of Health should ensure that there is adequate funding for abortion services and workforce development in the area of abortion services available throughout New Zealand for the ongoing provision of this valuable service and recognise the skillset of the health practitioners involved.

### Specific comments

Section/ heading	Comments
Part 1 Clause 7 Section 11 Provision of abortion services to women more than 20 weeks pregnant	<p>7. The CDHB supports that abortion services to a woman who is more than 20 weeks pregnant require medical grounds that the abortion is appropriate in the circumstances as listed. Later terminations are often based on maternal or foetal health and generally require additional medical intervention. As such, the CDHB recommends that instead of a health practitioner only a medical practitioner should provide abortion services to a woman who is more than 20 weeks pregnant. Furthermore, the CDHB recommends that the decision process for abortions to women more than 20 weeks pregnant include the review by a second medical practitioner to safeguard both the woman and the health practitioner. Single practitioners could be under undue pressure to agree and the decision open to scrutiny.</p>
Part 1 Clause 7. Sections 12 and 13 Minister of Health to ensure availability of counselling services for abortion; Counselling	<p>8. The CDHB supports the Bill explicitly including that health practitioners must advise women of the availability of counselling services if they are considering an abortion or have had an abortion, but that counselling is not mandatory. The CDHB also supports ensuring that counselling services related to abortion are available throughout New Zealand.</p>

<p>Part 1  Clause 7. Section 14  Self-referral to abortion services</p>	<p>9. The CDHB supports the provision that a women can self-refer to an abortion service provider to remove delay and cost barriers to women accessing abortion services. Removing delays in the process increases access, equity, safety and increases a women’s choice of procedures by enabling more access to early medical abortion.</p>
<p>Part 1  Clause 7. Section 18  Duties of Director-General of Health</p>	<p>10. With disestablishment of the Abortion Supervisory Committee, it is vital that accurate statistics continue to be collected and reported. The CDHB strongly supports Section 18 requiring the Director-General of Health to collect, collate, analyse and publish information about the provision of abortion services and related counselling services.</p>

**Summary**

11. The CDHB support the proposed legislative changes to better align abortion services with that of other health services.

**Conclusion**

12. The CDHB does not wish to be heard in support of this submission.

13. Thank you for the opportunity to submit on the Abortion Legislation Bill

**Person making the submission**



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Date: 19/09/2019

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