

# Review of termination of pregnancy for the purpose of sex selection in NSW

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December 2020



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## Executive Summary

The introduction of the NSW Abortion Law Reform Act 2019 (the Act) on 2 October 2019 states that Parliament opposes the performance of termination of pregnancy for the purpose of sex selection. The Act requires the Secretary, NSW Health to conduct a review and report on whether terminations are being performed for the purpose of sex selection.

A review of the notification data indicates that in NSW, terminations of pregnancy are rarely performed for the sole purpose of sex selection. A total of 15,973 terminations of pregnancy that occurred between 1 October 2019 and 30 September 2020 were notified to the NSW Ministry of Health (Annexure 1)<sup>1</sup>. Of these, 13 notifications of termination of pregnancy indicated that they were for the sole purpose of sex selection, representing 0.08 per cent of all notifications.

However, of these 13 notifications, 10 are likely to be reporting errors as they were for pregnancies less than nine weeks gestation and there is no readily available and reliable way of determining gender prior to 10 weeks gestation. If these notifications are excluded, less than 0.02 per cent of notifications indicated that they were performed for the sole purpose of sex selection.

Termination of pregnancy providers have suggested a range of measures to prevent or manage requests for termination of pregnancy for the sole purpose of sex selection.

### Recommendations:

That NSW Health strengthen NSW termination of pregnancy providers' preparedness to respond to requests for termination of pregnancy for the sole purpose of sex selection by ensuring they have:

- a clear understanding of their responsibilities under the NSW Abortion Law Reform Act 2019
- access to evidence-based information on all pregnancy options available
- access to communication tools to support discussions with women
- clear pathways to refer women who request a termination of pregnancy for the sole purpose of sex selection to counsellors, social workers, other health professionals.

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<sup>1</sup> Annexure 1 provides detail on the termination of pregnancy notifications data as context for this report.

## 1. Context

The NSW Abortion Law Reform Act 2019 was passed on 2 October 2019. The Act states that Parliament opposes the performance of termination of pregnancy for the purpose of sex selection.

Section 16 (2 & 3) of the Act states “The Secretary of the Ministry of Health must, within 12 months after the commencement of this section —

(a) conduct a review of the issue of whether terminations are being performed for the purpose of sex selection, and

(b) prepare, and give to the Minister, a report about the review.

The report must include recommendations about how to prevent terminations being performed for the purpose of sex selection.”

The Secretary approved a twofold approach for the review: analysis of notification data and targeted consultation with key stakeholders (including GPs, professional and peak bodies and public and private termination providers) to understand the extent of the practice.

## 2. Analysis of notifications of termination of pregnancy for the sole purpose of sex selection

A total of 15,973 terminations of pregnancy that occurred between 1 October 2019 and 30 September 2020 were notified to the NSW Ministry of Health. Of these, 13 notifications of termination of pregnancy (0.08 per cent or 8 per 10,000 of all notifications) indicated that they were for the sole purpose of sex selection.

Of the 13 notifications for the sole purpose of sex selection, 10 indicated that these were for pregnancies less than nine weeks gestation. As there is no reliable way of determining gender prior to 10 weeks gestation, it is suggested that these notifications were recorded and reported incorrectly. Note that the other three notifications indicated they were between 9 - 13 weeks gestation. The adjusted notification rate is therefore 0.02 per cent or 1.9 per 10,000 notifications.

Of the 13 notifications, nine were performed in non-hospital facilities (such as private healthcare provider clinics) and four in private hospitals.

The introduction on 4 August 2020 in NSW of a streamlined online data collection system includes an additional prompt which will improve the reliability of the data in response to the question about a termination being performed for the sole purpose of sex selection. In the new system, if the provider selects <9 weeks gestation and indicates that the termination was for the sole purpose of sex selection, the system prompts the provider to confirm that the gestation selected is correct. This will ensure that the notifications will be more accurately submitted.

## 3. Experiences of termination of pregnancy providers and relevant stakeholders

Providers and key stakeholders were surveyed in November 2020 to understand their experiences and offer recommendations with respect to the practice of termination of pregnancy for the sole purpose of sex selection.

A total of 183 health professionals who provide termination of pregnancy care to women in NSW responded to the targeted survey. Respondents included specialist obstetricians, GPs, GP Obstetricians, nurses, midwives, private and public termination of pregnancy providers, professional bodies, women’s health centres and social workers.

Eighteen respondents (9.8 per cent) to the survey indicated that they have received requests for termination of pregnancy for the sole purpose of sex selection in their practice. When asked what strategies they use to manage these requests, 17 respondents indicated that they inform the woman that the practice is not supported, and one specified that they refer the woman elsewhere.

A range of measures were suggested by respondents to prevent or manage requests for termination of pregnancy for the sole purpose of sex selection:

- counselling to seek to understand why sex selection is important to the woman seeking the termination, and provide evidence-based information on all pregnancy options available

- refuse to support the request, and inform the woman that it is not an option
- refer the woman to another health professional, or seek a review of the request by an ethics committee
- explain to the woman that the practice is not supported by citing the legislation
- the provision of education to the public and in schools about gender equality and the effect of gender imbalance, including targeted culturally appropriate information for and engagement with communities where there may be a gender bias
- ensure gender information revealed during prenatal testing is withheld unless clinically relevant.

*"I would explain to the woman that this practice is considered illegal and that I also ethically oppose it. I would refer her to a mental health practitioner"*

– Specialist Obstetrician

*"As part of counselling around decision making I would be discussing the reasons for the choice they are making. I would refuse a request solely for sex selection but would be offering support to the mother and those she wishes to be involved."*

– GP/GP Obstetrician

*"It is a rare request but such cases would be a matter for discussion between the woman and her doctor as to the reasoning for considering termination"*

– Private termination of pregnancy service provider

*"I would refuse it on the grounds that it discriminates against a child on the basis of its gender"*

– Specialist Obstetrician

*"Provision of education in schools about feminism/gender equality to challenge the idea of the value of one gender over another"*

GP/GP Obstetrician

*"It is not possible to prevent this from occurring, continue to strive for gender equity in society, educate, educate, educate. The answer is not legislation and rules"*

– Specialist Obstetrician

Some respondents stated that those terminating a pregnancy for sex selection are certainly not doing so for a single reason, but a myriad of cultural, social, and family reasons. To single out sex selection as a sole reason for termination of pregnancy is too simplistic and potentially problematic.

Other respondents stated that requests for termination of pregnancy for the sole purpose of sex selection is not an issue in their practice:

*"I have never, in 30 years of practice, had this request."* – Specialist Obstetrician

*"It never happens"* – GP/GP Obstetrician

*"In the last 20 years, we have never received a genuine request."*

– Women's Health Centre

Some respondents expressed the view that parents will not admit that they are seeking to terminate their pregnancy for the sole purpose of sex selection, and therefore the health professional will not necessarily know.



*“How would you ever know? The parents will never admit it, just ask for an abortion. Women do not need to justify an abortion under current law so will either lie or just say nothing. There is no real practical way of preventing this practice as no reason for abortion needs to be given currently, so parents can just stay quiet”.*

- Professional body or peak organisation representative

Several respondents mentioned that with early gender identification through non-invasive prenatal testing<sup>2</sup> (NIPT), parents can simply go elsewhere and terminate the pregnancy on social grounds and not declare the reason for their decision. Several respondents expressed the view that gender information on testing (e.g. through NIPT) should be withheld unless clinically relevant.

#### 4. Discussion

In NSW, termination of pregnancy for the sole purpose of sex selection is not supported except for medical conditions in the fetus. This approach is in line with the decision by the Australian Health Ethics Committee (AHEC) in their considerations of sex selection for non-medical purposes (through assisted reproductive technology or through termination of pregnancy). The AHEC noted that ‘sex selection techniques may not be used unless it is to reduce the risk of transmission of a genetic condition, disease or abnormality that would severely limit the quality of life of the person who would be born’.<sup>1</sup>

NSW Health supports the International Federation of Gynaecology and Obstetrics (FIGO) Committee for the Study of Ethical Aspects of Human Reproduction and Women’s Health’s statement that all forms of discrimination against women and the use of any medical techniques in any way that would exacerbate discrimination against either sex are condemned.<sup>2</sup> The World Health Organisation has identified the problem of gender preference particularly in emerging economies. Such gender preference is often in favour of male children and the reasons for this stem from cultural, social and economic bias.<sup>3</sup>

The practice of sex-selective termination of pregnancy could reasonably affect the human sex ratio, however the rare occurrence of termination of pregnancy for the sole purpose of sex selection in NSW is unlikely to change the sex ratio. The natural human sex ratio at birth worldwide is naturally slightly biased towards the male sex, but the higher mortality rates at younger ages in males results in the ratio reaching approximately equal numbers by age 30. The sex ratio at birth in Australia is 105.9 males per 100 females (Australian Bureau of Statistics at 2018). In NSW, there has been no significant change in the pattern of sex of the baby since 1990, with slightly more male babies born than females annually (NSW Mothers and Babies reports).

The exact prevalence of sex-selective termination of pregnancy internationally and nationally is uncertain without formal data on its frequency. In NSW, the first year of notification data indicates that termination of pregnancies are rarely performed for the sole purpose of sex selection.

During the review process in NSW, several termination of pregnancy providers expressed the view that gender information should be withheld unless clinically relevant. The identification of fetal gender by ultrasound is unreliable and is not technically possible in the first trimester of pregnancy. Fetal gender may be determined by non-invasive prenatal testing (NIPT) from 10 weeks gestation and/or by chorionic villus sampling (CVS) from 11–13 weeks gestation. Whilst NIPT can be performed prior to 10 weeks gestation, the reliability of gender identification is low in this group.

In NSW, NIPT is not currently available through the public health system and must be accessed in the private sector. As NSW Health does not have jurisdictional responsibility for NIPT, NSW Health has not

<sup>2</sup> Non-invasive prenatal testing (NIPT) is a test performed on the mother’s blood which detects the presence of fetal DNA.

provided a recommendation regarding withholding gender information revealed during prenatal testing in this review.

Based on the feedback received, termination of pregnancy providers in NSW are managing the rare requests for termination of pregnancy for the sole purpose of sex selection. Providers indicated a range of options they use to manage these requests; refuse the request outright, explain that the practice is not supported by the Abortion Law Reform Act 2019, provide counselling themselves or refer a woman to counselling or other support services. The NSW Ministry of Health has made several recommendations as a result of this review. The recommendations aim to strengthen NSW termination of pregnancy providers' preparedness to requests for termination of pregnancy for the sole purpose of sex selection.

Increasing public awareness and understanding of gender equality and the detrimental effect of gender imbalance is foundational to the future management of this social and ethical issue. This was noted by several providers and is supported with the caveat that any education must not jeopardize knowledge of or access to safe abortion services.<sup>4</sup>

## **5. Conclusion**

A review of the first year of notification data indicates that in NSW, termination of pregnancy is rarely performed for the sole purpose of sex selection. Only 0.08 per cent (13) of all notifications indicated that they were performed for the sole purpose of sex selection, and of these, 10 notifications are likely to be reporting errors as there is no reliable way of determining gender prior to 10 weeks gestation. If these notifications are excluded, less than 0.02 per cent notifications indicated that they were performed for the sole purpose of sex selection.

Less than 10 per cent of termination of pregnancy providers indicated that they have had requests for termination of pregnancy for the sole purpose of sex selection, and these providers stated that they refuse the termination or refer the woman elsewhere. Termination of pregnancy providers in NSW are well equipped to manage the rare requests for termination of pregnancy for the sole purpose of sex selection.

An increase in public awareness of the importance of gender equality and the detrimental effect of gender imbalance and gender discrimination is considered beneficial to help prevent the requests for termination of pregnancy for the sole purpose of sex selection.

## **6. Recommendations to prevent the practice of termination of pregnancy for the sole purpose of sex selection in NSW**

That NSW Health strengthen NSW termination of pregnancy providers' preparedness to respond to requests by ensuring they have:

- a clear understanding of their responsibilities under the NSW Abortion Law Reform Act 2019
- access to evidence-based information on all pregnancy options available
- access to communication tools to support discussions with women
- clear pathways to refer women who request a termination of pregnancy for the sole purpose of sex selection to counsellors, social workers, other health professionals.

## **7. References**

1. Ethical guidelines on the use of assisted reproductive technology in clinical practice and research NHMRC 2017, Australian Health Ethics Committee (AHEC)  
<https://www.nhmrc.gov.au/about-us/publications/ethical-guidelines-use-assisted-reproductive-technology#block-views-block-file-attachments-content-block-1>
2. Ethical Issues in obstetrics and gynaecology, International Federation of Gynaecology and Obstetrics (FIGO) Committee for the Study of Ethical Aspects of Human reproduction and women's health, October

2015: <https://www.figo.org/sites/default/files/2020-08/FIGO%20ETHICAL%20ISSUES%20-%20OCTOBER%202015%20%28003%29.pdf>

3. World Health Organisation (WHO) – Gender and Genetics: <https://www.who.int/genomics/gender/en/>
4. Preventing gender-biased sex selection – An Interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO (2011):  
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## Annexure 1

# Termination of pregnancy notifications in NSW

1 October 2019 to 30 September 2020

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## Executive Summary

A total of 15,973 terminations of pregnancy were performed between 1 October 2019 and 30 September 2020 and notified to the NSW Ministry of Health. For the purpose of this reporting, a termination of pregnancy performed refers to both medical and surgical methods of termination.

Of the notifications of termination of pregnancy in NSW, 76.9 per cent of women resided in a metropolitan local health district, and a further 18.7 per cent resided in a rural or regional local health district (Table 1).

Most terminations occurred at less than nine weeks gestation (81.9 per cent), and 12.3 per cent of terminations occurred between 9 – 13 weeks gestation. Only 0.3 per cent of terminations of pregnancy occurred over 20 weeks gestation (Table 2).

A total of 75.5 per cent of the terminations of pregnancy notified were performed in non-hospital facilities (such as a private healthcare provider or non-for-profit clinic) (Table 3). Of the terminations in non-hospital facilities, 86.5 per cent were under nine weeks gestation. There were no terminations of pregnancy over 22 weeks gestation performed in non-hospital facilities (Table 4a).

Private hospitals performed 21.7 per cent of terminations, and 73.5 per cent of these were under nine weeks gestation (Tables 3 and 4b). There were two terminations of pregnancy between 20 – 22 weeks gestation (0.1 per cent), and one termination of pregnancy over 22 weeks gestation (0.1 per cent) performed in private hospitals (Table 4b).

Terminations performed in public hospitals made up 0.7 per cent of the total number of terminations notifications, and of these 34.3 per cent (36) were for terminations over 22 weeks gestation (Tables 3 and 4c).

Thirteen notifications of termination of pregnancy indicated that they were for the sole purpose of sex selection, representing less than 0.1 per cent of all notifications (Section 3.3). Of the notifications indicating that they were for the sole purpose of sex selection, ten indicated that these were for pregnancies less than nine weeks gestation. As there is no reliable way of determining gender prior to 10 weeks gestation, it is likely that these notifications were completed incorrectly. Taking these probable errors into account, the adjusted notification rate is 0.02 per cent.

Based on the notifications in the first year since the Act was passed, the calculated current termination rate for pregnancies in NSW should be viewed as indicative only. The current indicative termination rate for pregnancies in NSW was 10.1 per 1,000 women aged 15-44 years (Section 4).

Currently in Australia, only South Australia and Western Australia report termination of pregnancy notification data. The indicative NSW termination of pregnancy rate can be compared to the most recent data reported in these states: South Australia (13.2 per 1,000 women aged 15-44 years in 2017) and Western Australia (14.3 per 1,000 women aged 15-44 years in 2018).

## 1. Introduction

This is the first reporting of termination of pregnancy data in NSW after the enactment of the Abortion Law Reform Act 2019 (the 'Act'). Data were extracted from notifications of termination of pregnancy submitted to the NSW Ministry of Health.

A termination of pregnancy in this document is defined as an intentional termination of pregnancy in any way, such as by administering a drug or using an instrument. Terminations of pregnancy notifications are described as medical, where medication is prescribed (under 9 weeks gestation), or surgical (where a surgical procedure is performed). For the purpose of this reporting, a termination of pregnancy refers to both medical and surgical methods of termination.

### 1.1 Termination of pregnancy in NSW

In NSW, the law on termination of pregnancy is governed by the Abortion Law Reform Act 2019. The Act amended the Crimes Act 1900 to repeal the provisions of that Act relating to termination of pregnancy and to abolish the common law offences relating to termination of pregnancy.

The Act established a health regime that allows:

- medical practitioners to perform a termination of pregnancy
- certain registered health practitioners (nurses, midwives, pharmacists and Aboriginal and Torres Strait Islander health practitioners) to assist in performing a termination. Assisting a termination includes a pharmacist dispensing medication on prescription of a medical practitioner subject to the requirements of the Act.

The NSW Parliament has opposed the performance of termination of pregnancy for the sole purpose of sex selection.

### 1.2 Requirement to notify terminations of pregnancy

In accordance with section 15 of the Act, all terminations must be notified to the NSW Ministry of Health within 28 days.

Section 15(1) of the Act states that the information must be given in a way decided by the Secretary of NSW Health, and section 15(2) states that medical practitioners must provide the information in a manner approved by the Secretary, including for example, by using a form approved by the Secretary. Information provided to the Ministry must not include any details that would allow a woman to be identified.

Immediately following the passing of the Act, a paper-based system for managing the termination of pregnancy notifications was rapidly established by the NSW Ministry of Health. Providers across NSW were informed of the new requirement to submit notification forms to the NSW Ministry of Health using the data items agreed to by the Secretary of NSW Health.

## 2 Data collection methods

Notification of a termination of pregnancy is provided by medical practitioners to the Secretary of NSW Health using the notification form at [Appendix A](#). From 1 October 2019, medical practitioners performing terminations of pregnancy complete and submit by fax or email one form for every termination. The data is then manually entered into a database, collated and analysed.

From 4 August 2020, medical practitioners entered their pregnancy termination forms into an online notification system. This system streamlined data collection and includes data validation checks to prevent notification errors. The introduction of the online notification system provided an opportunity to revise the questions asked of providers. On 10 July 2020 the Secretary approved the questions in the form at [Appendix B](#). Additional information was added to the form and online notification system:

- a question on the woman's age range was considered appropriate to enable analysis of access to termination of pregnancy services for different age groups
- a question about whether the termination under 9 weeks was a medical or surgical termination
- a prompt to improve the reliability of the data in response to the question about a termination being performed for the sole purpose of sex selection.

This document provides the collated responses to the notification questions that have been asked for the full 12 months. The additional data items listed above can be included in future annual reporting (which is under consideration).

The notification process is described at:

<http://www.health.nsw.gov.au/women/pregnancyoptions/Pages/for-health-professionals.aspx>.

## **2.1 Data validation**

As it is legislated that “information provided to the Ministry must not include any particulars that would allow a woman to be identified” it is not possible to cross-validate the information received for each notification with data collected in other health data systems.

For the small percentage of notification forms that were illegible, efforts were made to contact the termination of pregnancy provider to resubmit the form. The Ministry is working to improve the completeness and accuracy of the data submitted.

Illegible forms and notifications of termination of pregnancy where the woman resided outside of NSW, were included in the total number of terminations of pregnancy.

### 3 Termination of pregnancy in NSW

There were 15,973 terminations of pregnancy notified in NSW that occurred between 1 October 2019 and 30 September 2020.

#### 3.1 Woman's local health district of residence

Of the notifications of termination of pregnancy in NSW, 76.9 per cent of women undergoing a termination resided in a metropolitan local health district, and a further 18.7 per cent resided in a rural or regional local health district (Table 1). A small percentage of notifications did not specify the woman's local health district of residence or were illegible. Less than one per cent of notifications of termination of pregnancy were for women who reside outside of NSW but had her pregnancy terminated in NSW.

NSW local health district classification has been taken from the NSW Health webpage:

<https://www.health.nsw.gov.au/lhd/Pages/default.aspx>. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

**Table 1 - Termination of pregnancy notifications in NSW by Local Health District of residence of the woman, 1 October 2019 to 30 September 2020**

Local Health District	Number of termination of pregnancy notifications	Per cent
<b>Metropolitan Districts</b>		
Central Coast	651	4.1
Illawarra Shoalhaven	913	5.7
Nepean Blue Mountains	915	5.7
Northern Sydney	1,363	8.5
South Eastern Sydney	2,024	12.7
South Western Sydney	2,191	13.7
Sydney	1,427	8.3
Western Sydney	2,797	17.5
<b>Sub-total Metropolitan Districts</b>	<b>12,281</b>	<b>76.9</b>
<b>Rural/Regional districts</b>		
Far West	43	0.3
Hunter New England	1,618	10.1
Mid North Coast	382	2.4
Murrumbidgee	65	0.4
Northern NSW	157	1.1
Southern NSW	520	3.3
Western NSW	207	1.3
<b>Sub-total Rural/Regional districts</b>	<b>2,992</b>	<b>18.7</b>
Other/not-stated	700	4.4
<b>Total NSW</b>	<b>15,973</b>	<b>100.0</b>

Note: Other/not stated includes women who were not residents of NSW (368), notifications missing postcode (119) and where the forms were otherwise illegible (216).



### 3.2 Gestation (completed weeks)

The majority of terminations of pregnancy notified to the NSW Ministry of Health occurred at less than nine weeks gestation (81.9 per cent), and 12.3 per cent of terminations occurred between 9–13 weeks gestation. Terminations of pregnancy between 14–19 weeks gestation were 2.7 per cent, between 20–22 weeks gestation were 0.1 per cent and over 22 weeks gestation 0.2 per cent of all notifications.

Note that data on whether the termination notified as being under 9 weeks was a medical or surgical termination can be incorporated into future reporting.

**Table 2 – Termination of pregnancy notifications in NSW by gestation, 1 October 2019 to 30 September 2020**

Gestation (completed weeks)	Number of termination of pregnancy notifications	Per cent
<9	13089	81.9
9–13	1967	12.3
14–19	440	2.7
20–22	27	0.1
>22	38	0.2
Other/not stated	412	2.4
<b>Total</b>	<b>15973</b>	<b>100.0</b>

Note: Other/not stated includes where notifications omitted the gestation (164) and where the forms were otherwise illegible (248).

### 3.3 Termination of pregnancy for the sole purpose of sex selection

Thirteen notifications of termination of pregnancy (0.08 per cent) indicated that they were for the sole purpose of sex selection. Nine of these notifications were completed on the PDF notification form and emailed or faxed into the Ministry.

Of the notifications indicating that they were for the sole purpose of sex selection, ten indicated that these were for pregnancies less than nine weeks gestation.

The identification of fetal gender by ultrasound is unreliable and is not technically possible in the first trimester of pregnancy. Fetal gender may be determined by non-invasive prenatal testing (NIPT) from 10 weeks gestation and/or by chorionic villus sampling (CVS) from 11–13 weeks gestation. Whilst NIPT can be performed prior to 10 weeks gestation, the reliability of gender identification is low in this group.

As there is no reliable way of determining gender prior to 10 weeks gestation, it is likely that these notifications were recorded and reported incorrectly. Three notifications for the sole purpose of sex selection indicated they were between 9–13 weeks gestation. Taking these likely errors into account, the adjusted notification rate is 0.02 per cent.

Of the 13 notifications, nine were performed in non-hospital facilities (such as private healthcare provider clinics) and four in private hospitals.

The introduction on 4 August 2020 in NSW of a streamlined online data collection system included an additional prompt which will improve the reliability of the data in response to the question about a termination being performed for the sole purpose of sex selection. In the new system, when the provider selects less than 9 weeks gestation and indicates that the termination was for the sole purpose of sex selection, the system prompts a confirmation that the gestation selected is correct.

### 3.4 Facility type where termination of pregnancy was performed

Most of the terminations of pregnancy notified were performed in non-hospital facilities (75.5 per cent). Non-hospital facilities include private healthcare provider clinics and non-for-profit clinics.

Private hospitals performed 21.7 per cent of terminations, and public hospitals made up 0.7 per cent of the total number of terminations of pregnancy notifications. A further 0.7 per cent of terminations of pregnancy did not state the facility type.

**Table 3 – Termination of pregnancy notifications in NSW by facility type where termination was performed, 1 October 2019 to 30 September 2020**

Facility type	Number of termination of pregnancy notifications	Per cent
Non-hospital facility	12062	75.5
Private hospital	3474	21.7
Public hospital	105	0.7
Other/not stated	334	2.1
<b>Total:</b>	<b>15973</b>	<b>100.0</b>

Note: Other/not stated includes where notifications omitted the gestation (108) and where the forms were otherwise illegible (226).

For the terminations performed in non-hospital facilities, 86.5 per cent were under nine weeks gestation, 10.8 per cent were between 9–13 weeks gestation, 1.8 per cent between 14–19 weeks gestation and 0.1 per cent were between 20–22 weeks gestation. There were no terminations of pregnancy over 22 weeks gestation performed in non-hospital facilities (Table 4a).

For termination of pregnancy performed in private hospitals, 73.5 per cent were under nine weeks gestation, 17.8 per cent were between 9–13 weeks gestation and 5.0 per cent between 14–19 weeks gestation. There were two terminations of pregnancy between 20–22 weeks gestation (0.1 per cent), and two terminations of pregnancy over 22 weeks gestation (0.1 per cent) performed in private hospitals (Table 4b).

For the terminations performed in public hospitals, 13.3 per cent were under nine weeks gestation, 17.1 per cent were between 9–13 weeks gestation, 24.8 per cent between 14–19 weeks gestation and 9.5 per cent were between 20–22 weeks gestation. 34.3 per cent of all terminations of pregnancy in public hospitals were performed for pregnancies over 22 weeks gestation (Table 4c).

**Table 4a – Termination of pregnancy notifications in NSW by non-hospital facilities and gestation 1 October 2019 to 30 September 2020.**

Facility-type by gestation (completed weeks)	Number of termination of pregnancy notifications	Per cent
<b>Non-hospital facilities</b>		
<9	10445	86.5
9–13	1314	10.8
14–19	229	1.8
20–22	15	0.1
>22	0	0.0

Other/not stated	57	0.5
<b>Sub-total – non-hospital facilities</b>	<b>12062</b>	<b>100.0</b>

Note: Other/not stated includes where notifications omitted the facility type and where the forms were otherwise illegible.

**Table 4b – Termination of pregnancy notifications in NSW by private hospitals and gestation 1 October 2019 to 30 September 2020.**

Facility-type by gestation (completed weeks)	Number of termination of pregnancy notifications	Per cent
<b>Private hospitals</b>		
<9	2556	73.5
9–13	618	17.8
14–19	174	5.0
20–22	2	0.1
>22	1	0.1
Other/not stated	123	3.5
<b>Sub-total – private hospitals</b>	<b>3474</b>	<b>100.0</b>

Note: Other/not stated includes where notifications omitted the facility type and where the forms were otherwise illegible.

**Table 4c – Termination of pregnancy notifications in NSW by public hospitals and gestation 1 October 2019 to 30 September 2020.**

Facility-type by gestation (completed weeks)	Number of termination of pregnancy notifications	Per cent
<b>Public hospitals</b>		
<9	14	13.3
9–13	18	17.1
14–19	26	24.8
20–22	10	9.5
>22	36	34.3
Other/not stated	1	1.0
<b>Sub-total – public hospitals</b>	<b>105</b>	<b>100.0</b>

Note: Other/not stated includes where notifications omitted the facility type, and where the forms were otherwise illegible.

### 3.5 Location of provider

The termination of pregnancy notification form collects information on the postcode of the provider or clinic where the termination of pregnancy was performed.

Table 5 describes the number of terminations that were performed by providers located within each local health district (as identified by the provider's postcode). This information is representative of where providers are physically located within local health districts. For example, providers located in Northern Sydney Local Health District performed or prescribed medication for 31 per cent of terminations notified,

indicating that several larger providers are located within this District. Similarly, a smaller District such as Sydney Local Health District would have several termination of pregnancy providers located just over the border in the Northern Sydney Local Health District and Western Sydney Local Health District.

**Table 5 – Termination of pregnancy notifications by location of provider - 1 October 2019 to 30 September 2020**

Local health district where provider is located	Number of termination of pregnancy notifications	Per cent
Central Coast	571	3.6
Far West	27	0.2
Hunter New England	1401	8.8
Illawarra Shoalhaven	850	5.3
Mid North Coast	291	1.8
Murrumbidgee	5	0.0
Nepean Blue Mountains	1498	9.4
Northern NSW	427	2.7
Northern Sydney	4947	31.0
Southern NSW	460	2.9
South Eastern Sydney	1020	6.4
South Western Sydney	1022	6.4
Sydney	17	0.1
Western NSW	15	0.1
Western Sydney	2987	18.7
Other/not stated	435	2.7
<b>Total</b>	<b>15973</b>	<b>100.0</b>

Note: Other/not stated

includes where notifications omitted the postcode of the provider (78) and where the forms were otherwise illegible (357).

## 4 Indicative rate of termination of pregnancy in NSW

Based on the notifications in the first year since the Act was passed, between 1 October 2019 and 30 September 2020, the termination rate of pregnancy in NSW was 10.1 per 1,000 women aged 15-44 years. This termination rate in NSW should be viewed as indicative only. As the termination of pregnancy notification system matures in NSW, the indicative rate is likely to increase.

Currently in Australia, only South Australia and Western Australia report termination of pregnancy notification data. The indicative NSW termination of pregnancy rate can be compared to the most recent data reported in these states: South Australia (13.2 per 1,000 women aged 15-44 years in 2017) and Western Australia (14.3 per 1,000 women aged 15-44 years in 2018).



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# NSW Health

## Notification of termination of pregnancy

To comply with the Abortion Law Reform Act 2019, this form must be submitted to the NSW Ministry of Health within 28 days of a termination of pregnancy.

Date of termination of pregnancy

Local health district in which woman resides

To identify the woman's local health district, search for her town, suburb or postcode using the search icon at the top left hand side of [this map](#). Then click on the highlighted section of the map. The name of the district will then be in the top left hand side of the screen in red.

### Gestation (completed weeks)

- ☐ < 9
- ☐ 9 - 13
- ☐ 14 - 19
- ☐ 20 - 22
- ☐ > 22

### Was the termination carried out for the sole purpose of sex selection?\*

- ☐ Yes
- ☐ No

### Place of termination

- ☐ Public hospital
- ☐ Private hospital
- ☐ Non-hospital facility

Postcode of provider

\* Excludes sex selection for medical conditions in the fetus.

Submit completed form to [MOH-TOP-notifications@health.nsw.gov.au](mailto:MOH-TOP-notifications@health.nsw.gov.au) or via Fax on 02 9424 5977 within 28 days of a termination of pregnancy.

### Office Use Only:

Form number   
Date received





# NSW Health

## Notification of termination of pregnancy

Note: all questions are mandatory

To comply with the Abortion Law Reform Act 2019, this form must be submitted to the NSW Ministry of Health within 28 days of a termination of pregnancy.

1. Date of termination of pregnancy (or when medication prescribed):

2. Local health district (LHD) in which the woman resides

To identify the woman's local health district, search for her town, suburb or postcode using the search icon at the top left hand side of [this map](#). Then click on the highlighted section of the map. The name of the district will then be in the top left hand side of the screen in red.

3. Age of the woman

- ☐ 19 and under
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45 and over
- ☐ Unknown/not stated

5. Was the termination carried out for the sole purpose of sex selection (excluding for medical conditions in the fetus)?

- ☐ Yes (please confirm gestation is correct)
- ☐ I confirm that the gestation selected is correct
- ☐ No

6. Was the termination performed (or medication prescribed) in a:

- ☐ Public hospital
- ☐ Private hospital
- ☐ Non-hospital facility

4. Gestation (completed weeks)

- ☐ < 9 (if <9 weeks, please indicate if this is a:
  - ☐ medical termination or
  - ☐ surgical termination

- ☐ 9 - 13
- ☐ 14 - 19
- ☐ 20 - 22
- ☐ > 22

7. Postcode in NSW of where termination was performed (or where medication prescribed):

Submit completed form to [MOH-TOP-notifications@health.nsw.gov.au](mailto:MOH-TOP-notifications@health.nsw.gov.au) or via Fax on 02 9424 5977 within 28 days of a termination of pregnancy.

### Office Use Only:

Form number

Date received

