The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Late Abortion

This statement was developed by the Board and most recently reviewed by the Women's Health Committee.

A list of Women's Health Committee Members can be found in Appendix D.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: May 2016
Current: November 2019
Review due: November 2022

Background: This statement was first developed by RANZCOG Board in May 2016 and most recently reviewed in November 2019.

Funding: This statement was developed by RANZCOG and there are no relevant financial disclosures.

The College recognises special circumstances where late abortion (beyond 20 weeks of gestation) may be regarded by the managing clinicians and the patient as the most appropriate option in the particular circumstance. RANZCOG recognises that there exists considerable variation across the states and territories of Australia and between Australia and New Zealand with regard to abortion legislation. However, the College strongly supports the availability of legal abortion for those women facing circumstances where the decision regarding terminating the pregnancy is being considered at a late gestational age either because of clinical necessity or because of delayed fetal diagnosis or presentation. While such circumstances are not common, they merit an acknowledgement of their validity and the complexity of clinical and supportive care required.

1. Multiple pregnancy discordant for severe fetal abnormality

There are situations where it is essential to enable abortion of an affected fetus in a twin pregnancy at a gestation that does not risk severe prematurity and its attendant consequences for the surviving fetus.

2. Delay in diagnosis, or determining prognosis, in the setting of fetal abnormality

Some very serious fetal abnormalities may not be identifiable, diagnosed or fully evaluated by the time of an arbitrary gestational age "cut-off". This may be because the features are not apparent earlier or -while apparent- the severity of the effect is not known until the late second or indeed the third trimester. Examples may involve the brain, heart, renal and skeletal systems. Similarly, exposures to infective agents such as CMV or Toxoplasmosis can occur at any gestation with variable and possibly progressive effects. Moreover, some women have greater difficulty gaining timely access to the necessary specialist services and are particularly vulnerable to missing a gestational age "cut-off ". This includes women experiencing socio-economic disadvantage, cultural or language barriers and those who reside in remote locations.

Provision for 3rd trimester abortion means women in such difficult situations do not have this tragedy compounded by regret and uncertainty, when access to timely diagnosis would have enabled much greater precision in counselling around long term prognosis.

3. Psychosocial circumstances

The college acknowledges that situations occur in which a patient have been denied any agency over the decision to continue a pregnancy or not. These situations include the abuse of minors and vulnerable adults to sexual and physical violence including rape, incest and sexual slavery. There are circumstances in which such abuse is not apparent, or the pregnancy is not diagnosed until an advanced gestational age. Requiring a woman to continue a pregnancy in such circumstances because a gestational age cut-off has been passed is unreasonable.

4. Maternal medical conditions

Infrequent but significant medical and psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life. Deteriorating maternal medical condition, or late diagnosis of a disease requiring treatment incompatible with ongoing pregnancy (such as some malignancies) may be conditions requiring access to late TOP.

Links to other College Statements

Abortion (C-Gyn 17)
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Termination-of-pregnancy-(C-Gyn-17)-Review-July-2016.pdf?ext=.pdf

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics and Subspecialties Representative
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Steve Robson	Member
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Prof Steve Robson	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Consumer Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.