

Report of the ABORTION SUPERVISORY COMMITTEE

2019

*Presented to the House of Representatives
pursuant to Section 39 of the
Contraception, Sterilisation, and Abortion Act 1977*

TABLE OF CONTENTS

Current Membership of the Committee	3
Introduction	3
Abortion Law Reform	3
Certifying Consultants & Operating Doctors	4
Research	5
Statistical Analysis and Trends	5
<i>Induced abortions, rates and ratios</i>	<i>6</i>
<i>Hospital and residence</i>	<i>9</i>
<i>Age of woman</i>	<i>11</i>
<i>Previous live births</i>	<i>17</i>
<i>Previous induced abortions</i>	<i>18</i>
<i>Ethnic Group</i>	<i>19</i>
<i>Duration of pregnancy</i>	<i>21</i>
<i>Grounds for abortion</i>	<i>23</i>
<i>Procedure</i>	<i>24</i>
<i>Complication</i>	<i>24</i>
<i>Contraception</i>	<i>25</i>
Appendix One	30
Appendix Two	31

CURRENT MEMBERSHIP OF THE COMMITTEE

Prof Dame Linda Holloway (Chair)
Dr Tangimoana Habib
Carolyn McIlraith

INTRODUCTION

As required by section 39 of the Contraception, Sterilisation, and Abortion Act 1977 (the Act) this Report summarises our work during the past year. We also include a wide range of graphs and charts that analyse abortion data recently made available for the 2018 calendar year.

Appendix One lists the functions and powers of the Committee as per section 14 of the Act. Appendix Two contains further detail of our activity during the 1 July 2018 to 30 June 2019 reporting year.

ABORTION LEGISLATION BILL

In February 2018, the Minister of Justice, Hon Andrew Little, sought advice from the Law Commission on alternative approaches within our legal framework to align abortion with a health approach. The Law Commission was asked to provide a ministerial briefing paper, which was completed in October 2018.

The ASC's views are referenced within this paper after consultation between the Law Commission and ASC took place. A copy of the briefing can be accessed on the Law Commission website.

Once the Abortion Legislation Bill was drafted, the Hon Andrew Little brought the Bill before Parliament. The Bill had its first reading on 8 August 2019 and was treated as a conscience issue. This means MPs can cast their votes independently through the House. The Bill passed its first reading and proceeded through to Select Committee stage.

The Abortion Legislation Committee (ALC) was set up and the Chairperson, Hon Ruth Dyson, called for public submissions on the Bill. The ASC made a submission, which focussed on workplace planning, funding incentives and practical implications, counselling and definitions used in the Bill. A copy of this submission can be accessed on the Parliament website. Supplementary information was provided to the ALC, at its request, which detailed what abortion services were available throughout the country and the limitations of those services. This information highlighted the gaps

in access to services that the ASC hopes can be addressed either in legislation, or policy implementations by the Ministry of Health.

On 29 October 2019, the ASC appeared before the ALC to provide an oral submission. The ASC were able to respond to any questions regarding changes to abortion laws that may affect services, and other considerations the ASC felt important when making changes to abortion legislation. The ALC will report back to the House by 8 February 2020.

The ASC is working closely with Ministry of Justice and Ministry of Health officials to assist with healthcare delivery planning and new legislation.

CERTIFYING CONSULTANTS & OPERATING DOCTORS

The ASC has received a higher number of applications to be appointed as a certifying consultant from doctors all over New Zealand. The ASC is encouraged by the high uptake of new doctors interested in this field of work as there were concerns that many consultants were reaching retirement age.

In particular, the Northland region has seen a recent influx of doctors seeking appointment. This was achieved due to the cooperation and determination of existing consultants in the region who recognised the need for succession planning after the retirement of two well respected consultants. The ASC has been impressed by the level of engagement of medical professionals within Northland communities.

It is notable, however, that the majority of doctors applying are not acting as operating doctors. There are a low number of doctors available to provide specialised, high risk, second trimester abortion services. It is important that there are younger medical professionals interested in pursuing this area of work and undergoing the necessary training required.

Of the 182 certifying consultants appointed to consider cases under section 32 of the Contraception, Sterilisation and Abortion Act 1977 (CSA Act), there are 61 consultants who have confirmed that they also act as operating surgeons.

It should be noted that it is not a requirement under the CSA Act for a doctor to be appointed as a certifying consultant to perform abortion procedures. Provided that an abortion has been authorised by two certifying consultants, any doctor can perform an abortion in an institution

licensed by the ASC. It is not known how many doctors routinely provide abortion procedures who are not listed as certifying consultants.

RESEARCH

The ASC is pleased research is being carried out in the field of abortion care in New Zealand and hope this continues.

Some recent publications are listed below:

Huang Y, Osborne D, Sibley CG, 'Sociodemographic factors associated with attitudes towards abortion in New Zealand', *The New Zealand Medical Journal*, v.132, 1497, 21 June 2019, pp9-20.

Ballantyne A, Gavaghan C, and Snelling J, 'Doctors' rights to conscientiously object to refer patients to abortion service providers', *The New Zealand Medical Journal*, v. 132, 1499, 26 July 2019, pp64-71.

Cheng HC, Black K, Woods C, de Costa C, 'Views and practices of induced abortion among Australian Fellows and trainees of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists: A second study', *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, doi: 10.1111/ajo.13038, 21 July 2019.

RANZCOG Women's Health Committee, 'The use of mifepristone for medical abortion', *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, doi: 10.1111/ajo.12997, 25 July 2019.

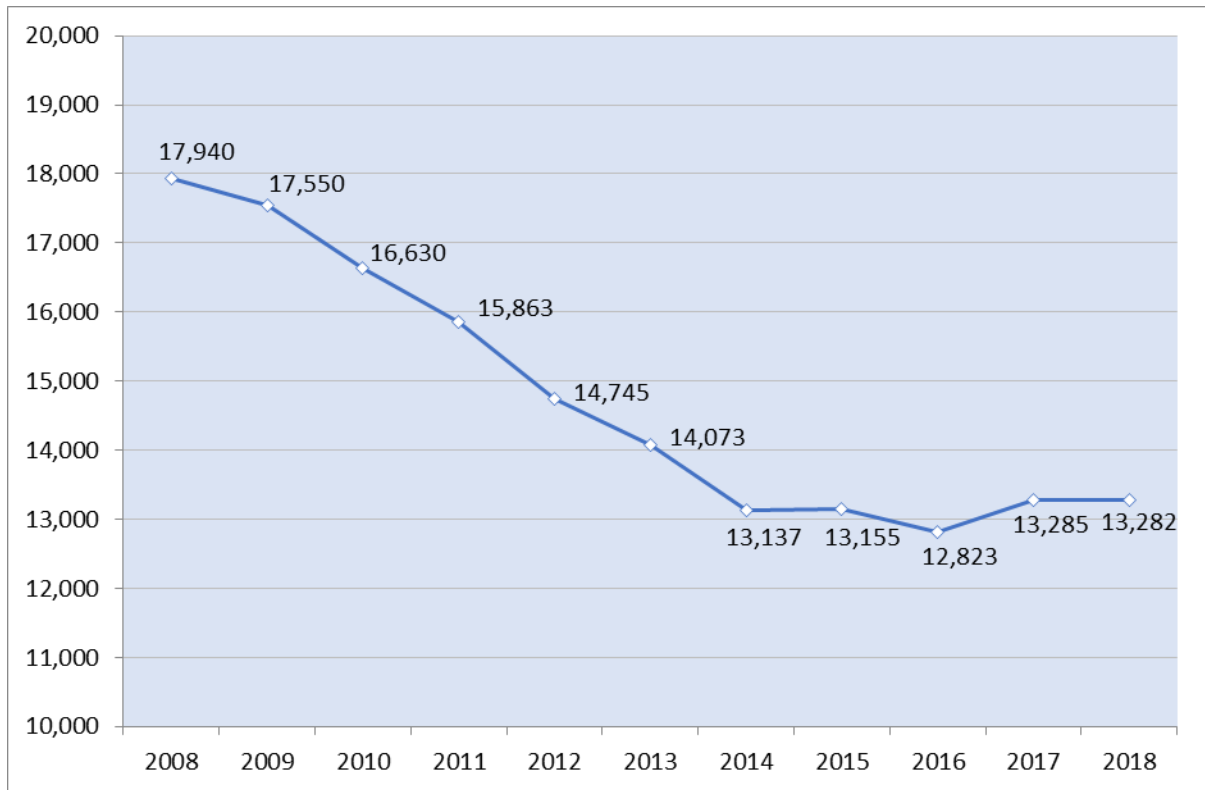
STATISTICAL ANALYSIS AND TRENDS

In this section the ASC presents its analysis of the New Zealand abortion statistics for the 2018 calendar year. Further statistics in tabular form are available to view online at the Statistics New Zealand website: <http://www.stats.govt.nz>

1. Induced Abortions, Rates and Ratios

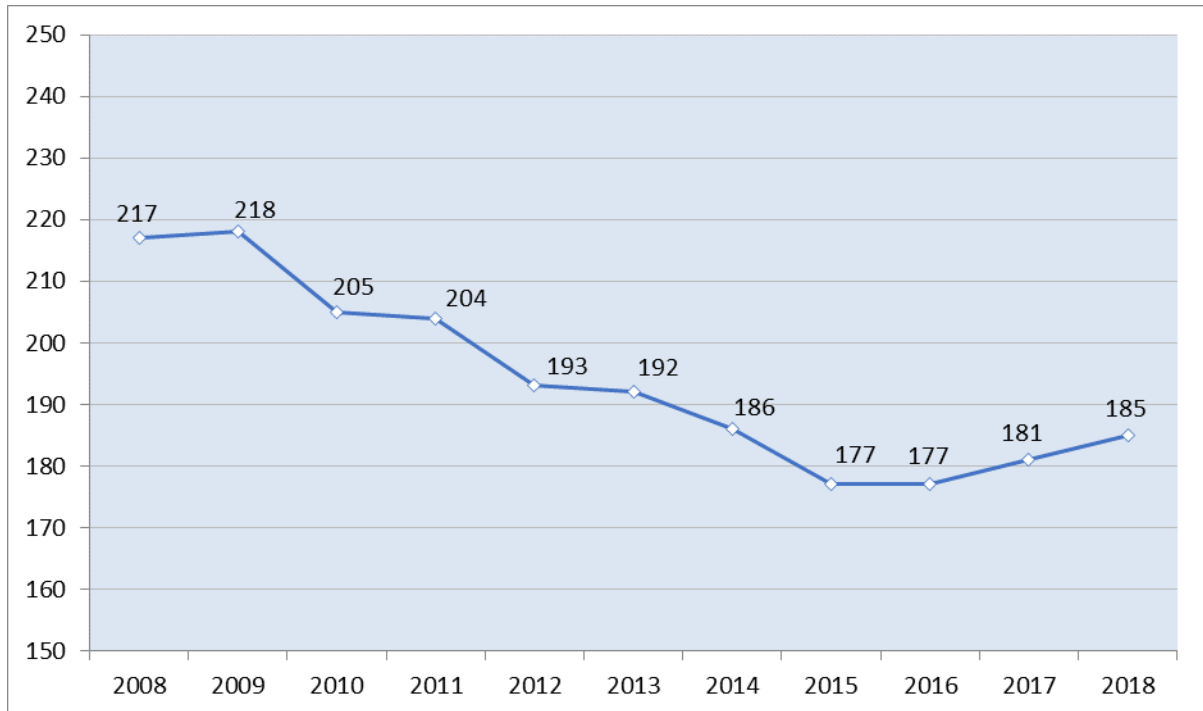
Graph 1.1

Number of Induced Abortions
2008-2018



Graph 1.2

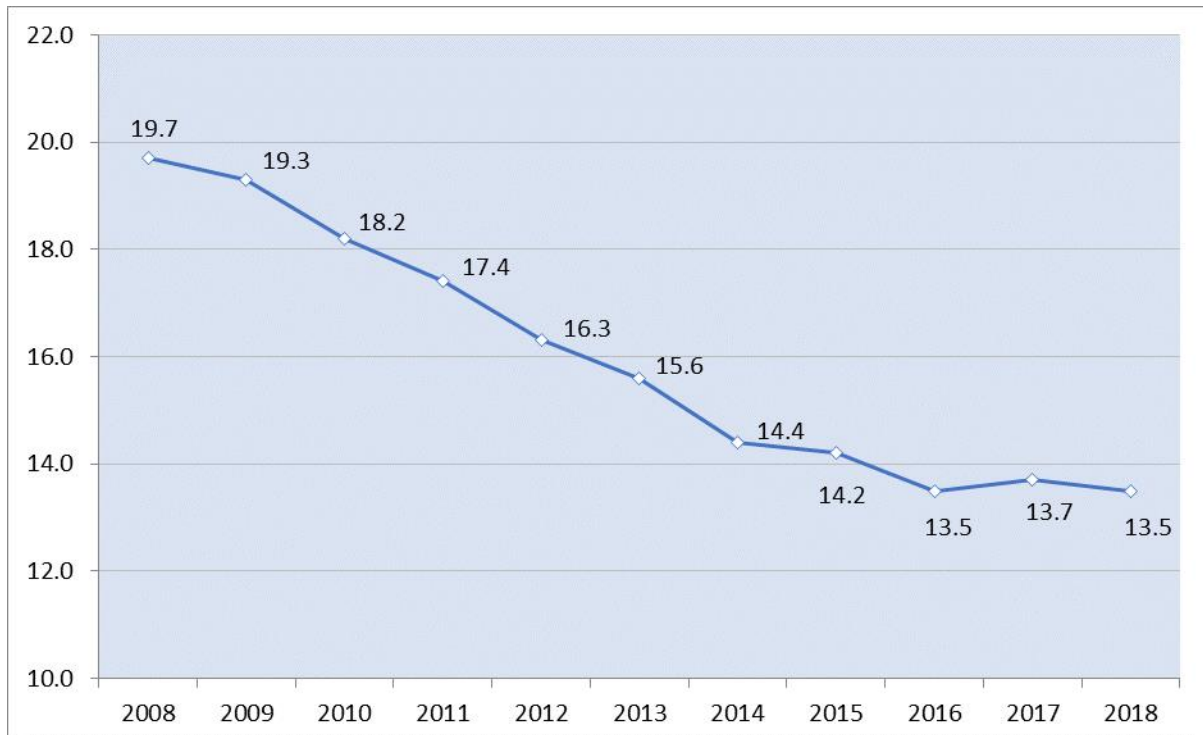
Abortion Ratio
2008-2018



The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but does not include miscarriages.

Graph 1.3

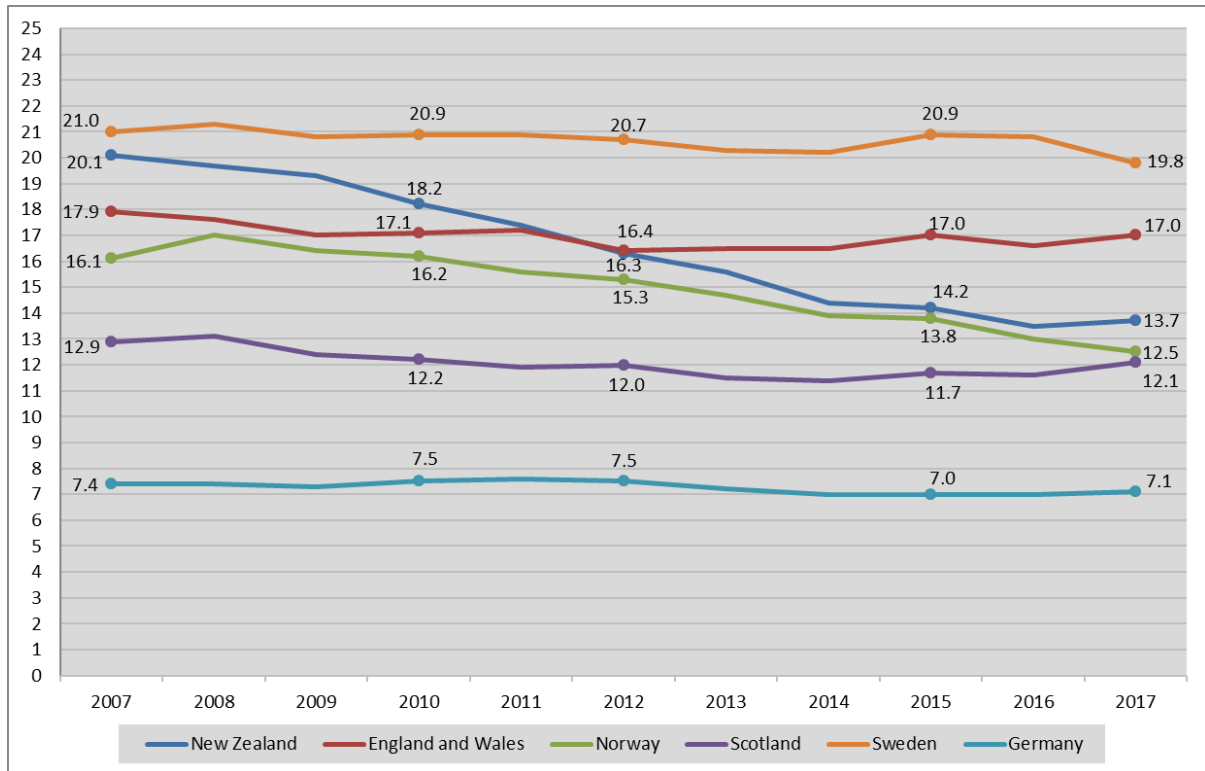
General Abortion Rate
2008-2018



The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

Graph 1.4

General Abortion Rates in Selected Countries 2007-2017



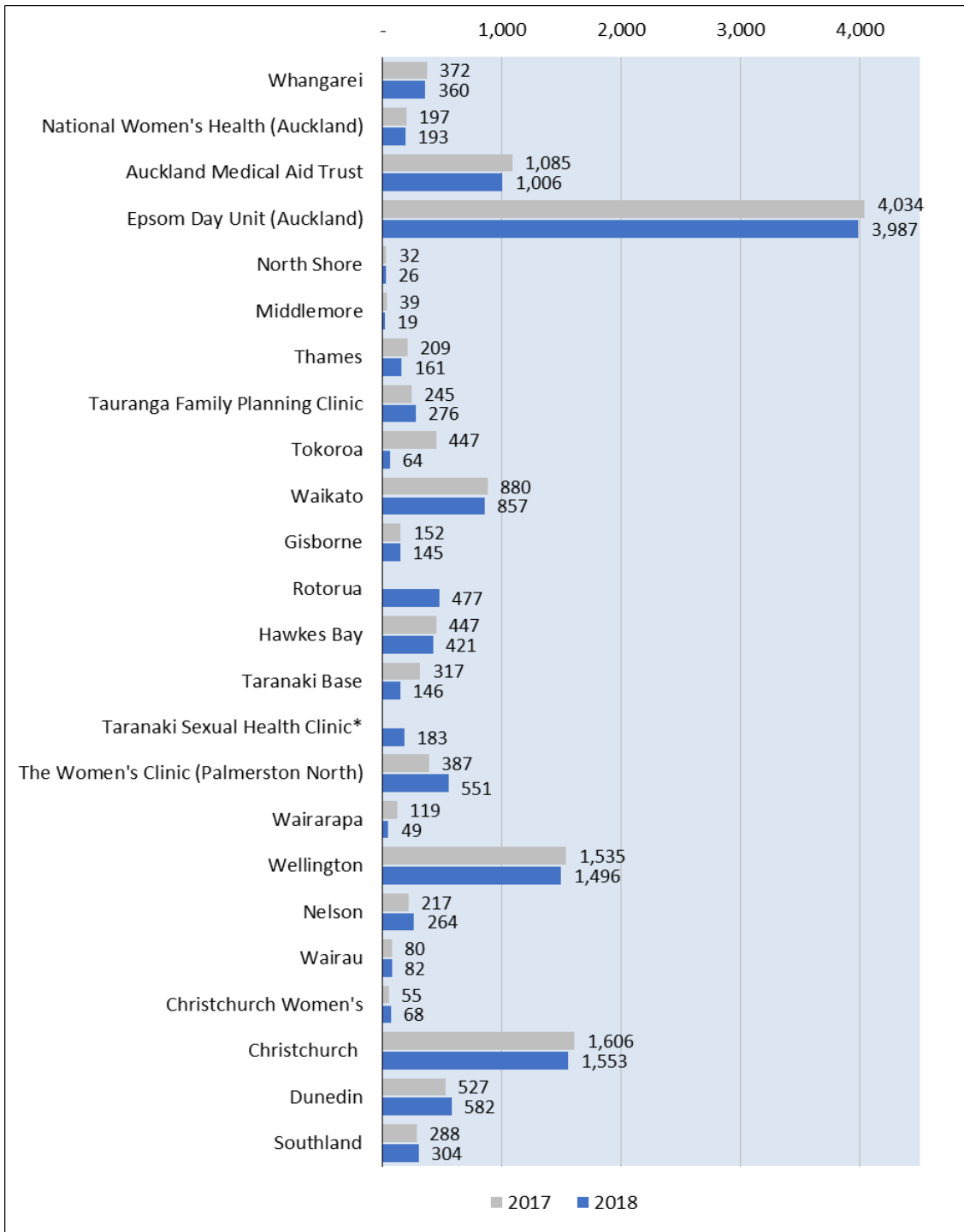
The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years. Statistical coverage and laws relating to induced abortion affect international comparisons of abortion statistics. Induced abortions are not a notifiable procedure in many countries and statistics on abortion rates are not available for many countries. Consequently, differences between abortion rates for New Zealand and other countries should be interpreted with care.

International data for 2018 is not available for many countries, so comparisons are made using 2017 data.

2. Hospital and Residence

Graph 2.1

**Number of Abortions by Hospital
Calendar Years 2017 & 2018**



*Data on abortions performed at Taranaki Sexual Health Clinic area is not available for 2017. An error in data collection meant that abortions performed at this clinic were counted under the Taranaki Base Hospital.

Three other hospitals performed a total of 12 abortions:

- Surgery on Shakespeare
- Palmerston North
- Hutt Hospital

Graph 2.2

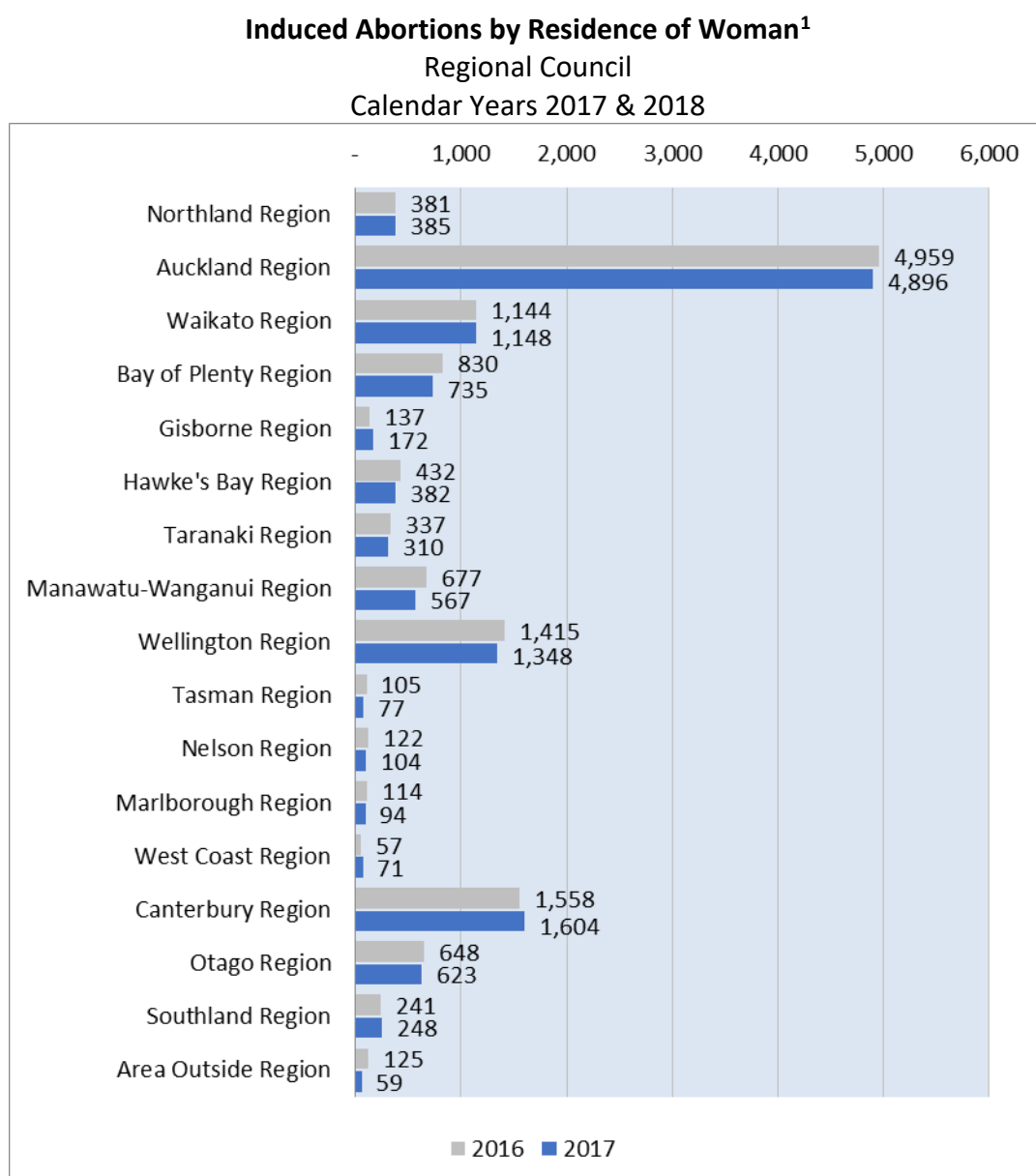


Table 2.3

Induced Abortions by Residential Status of Woman
Calendar Year 2017

Residential Status ²	Number
New Zealand Resident	11,739
Non-Resident	1,351
Not Stated	192
Total	13,282

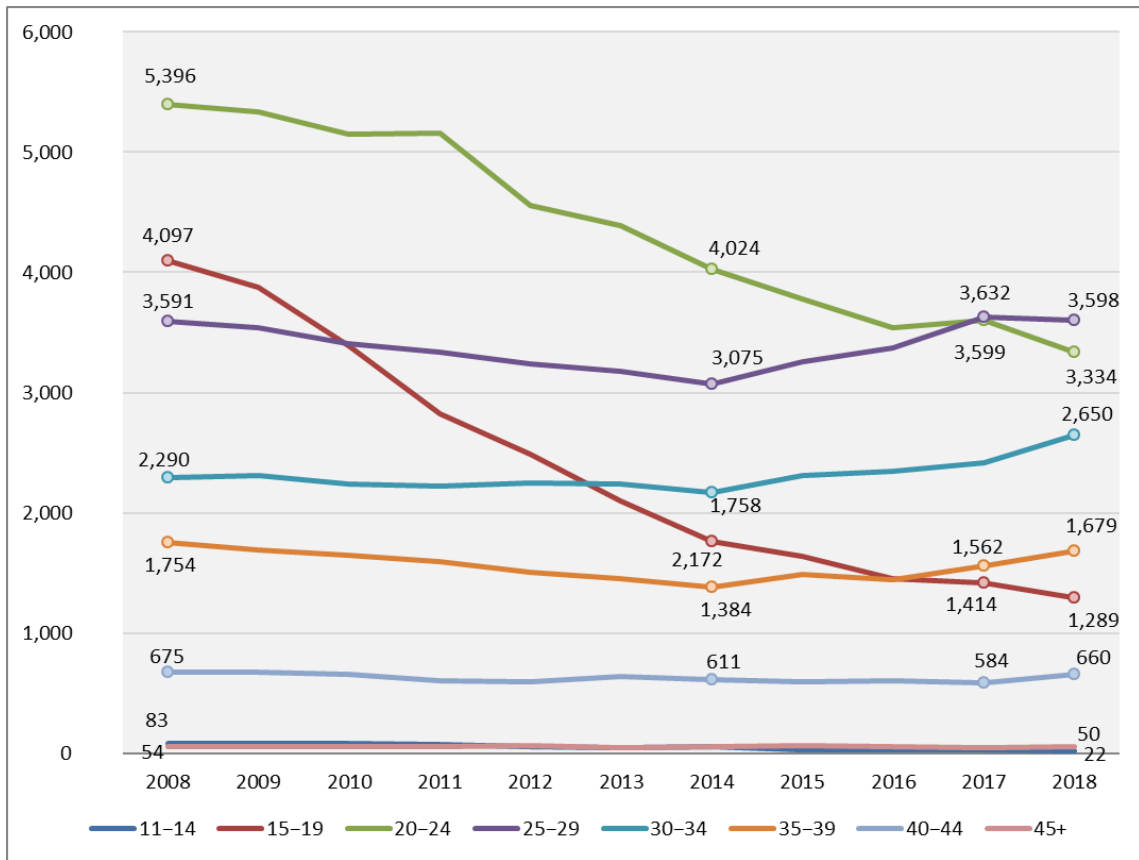
¹ Due to different rates of 'not specified' region across hospitals, regional data should be interpreted with care.

² Residential status is not the same as place of residence.

3. Age of Woman

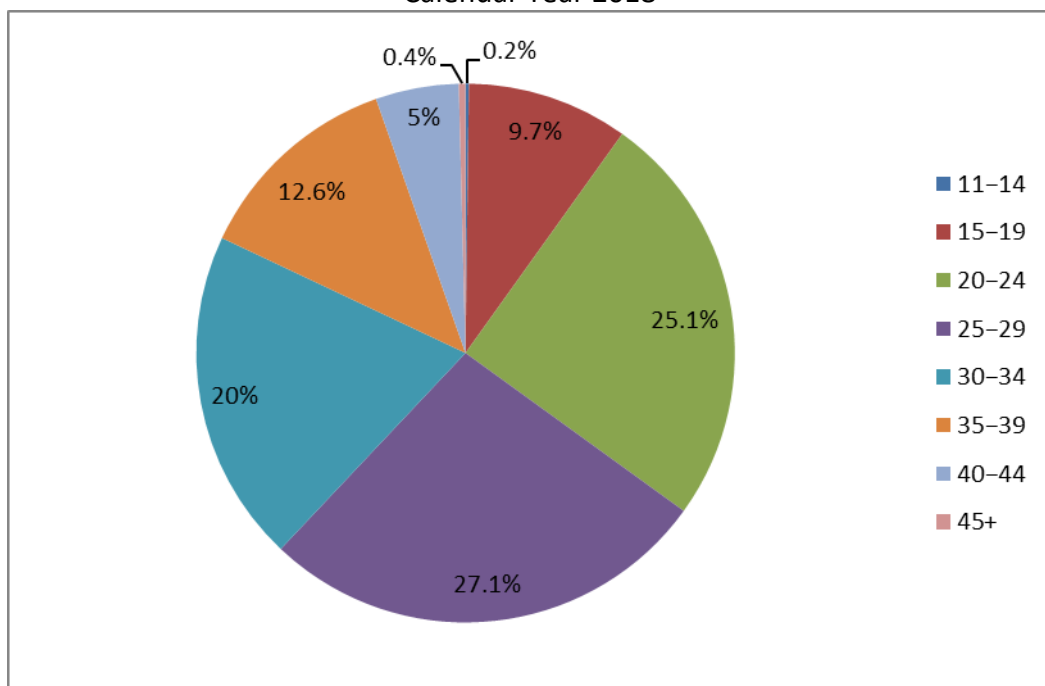
Graph 3.1

Number of Abortions by Age
2008-2018



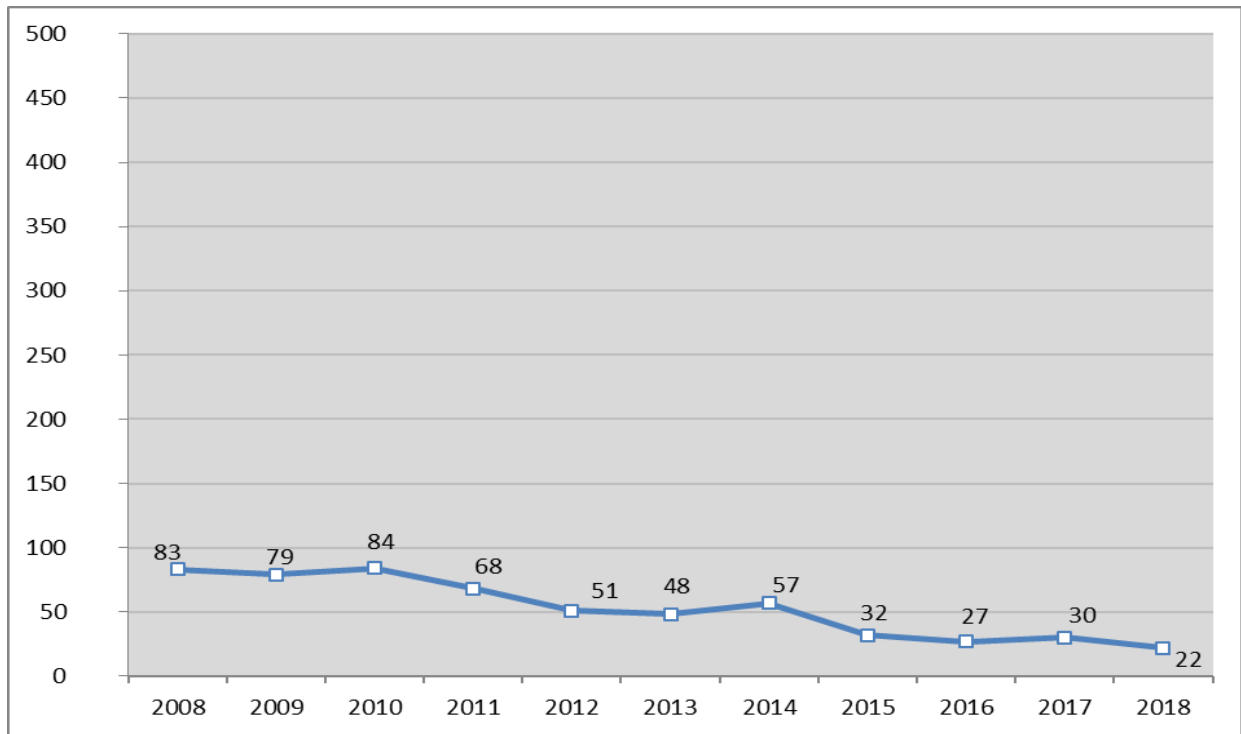
Graph 3.2

Number of Abortions by Age in Percentages
Calendar Year 2018



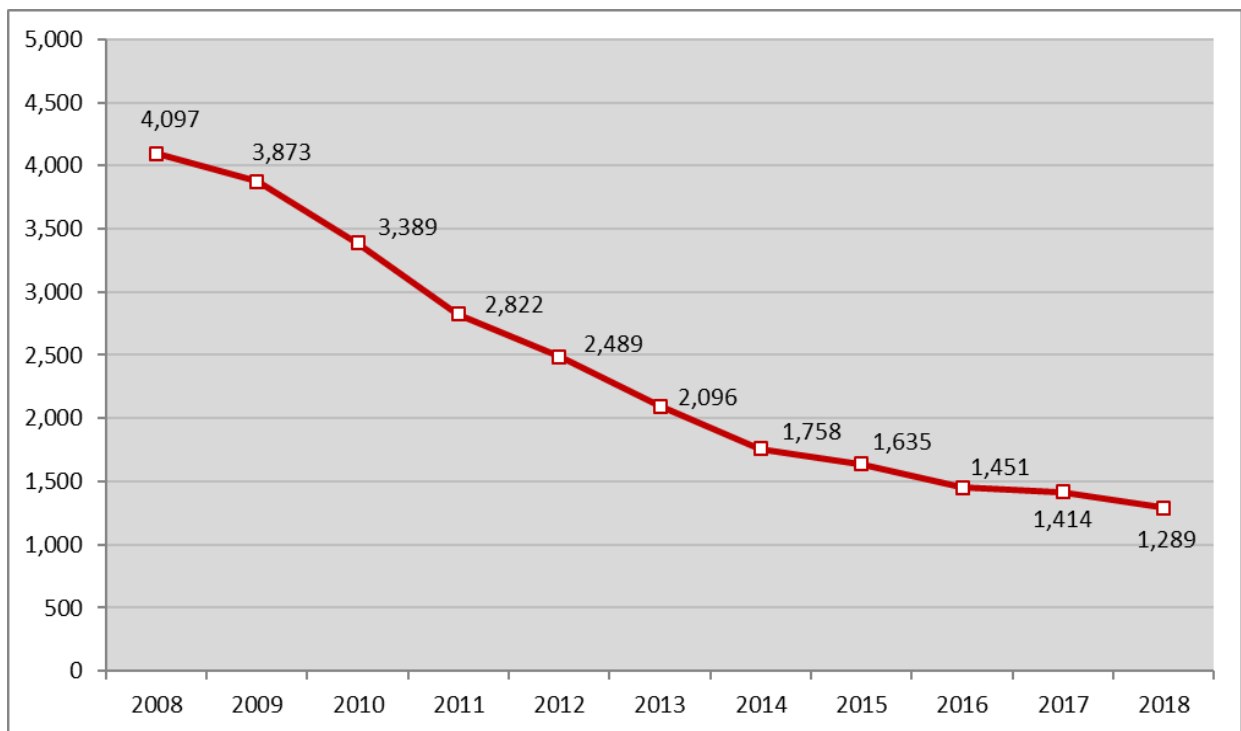
Graph 3.3

Number of Abortions for Ages 11-14
2008-2018



Graph 3.4

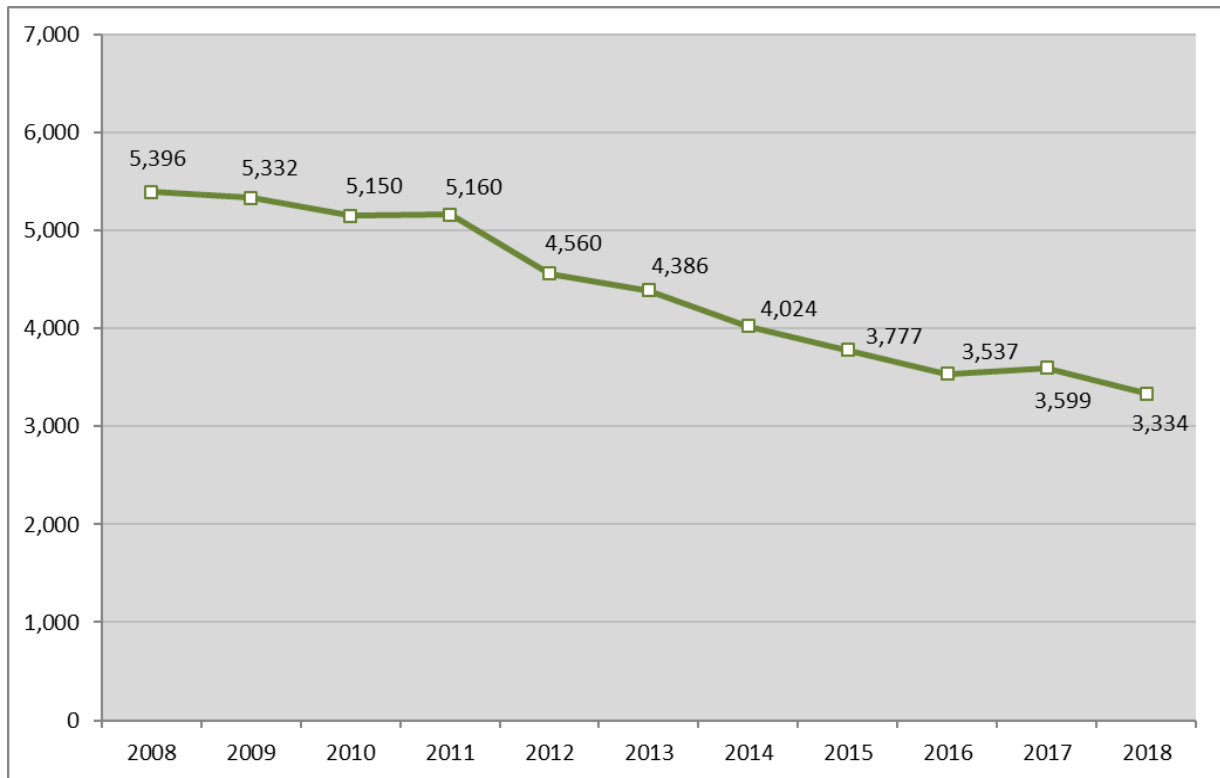
Number of Abortions for Ages 15-19
2008-2018



The ASC notes there continues to be a dramatic drop in abortion numbers for 15-19 year olds over the previous decade.

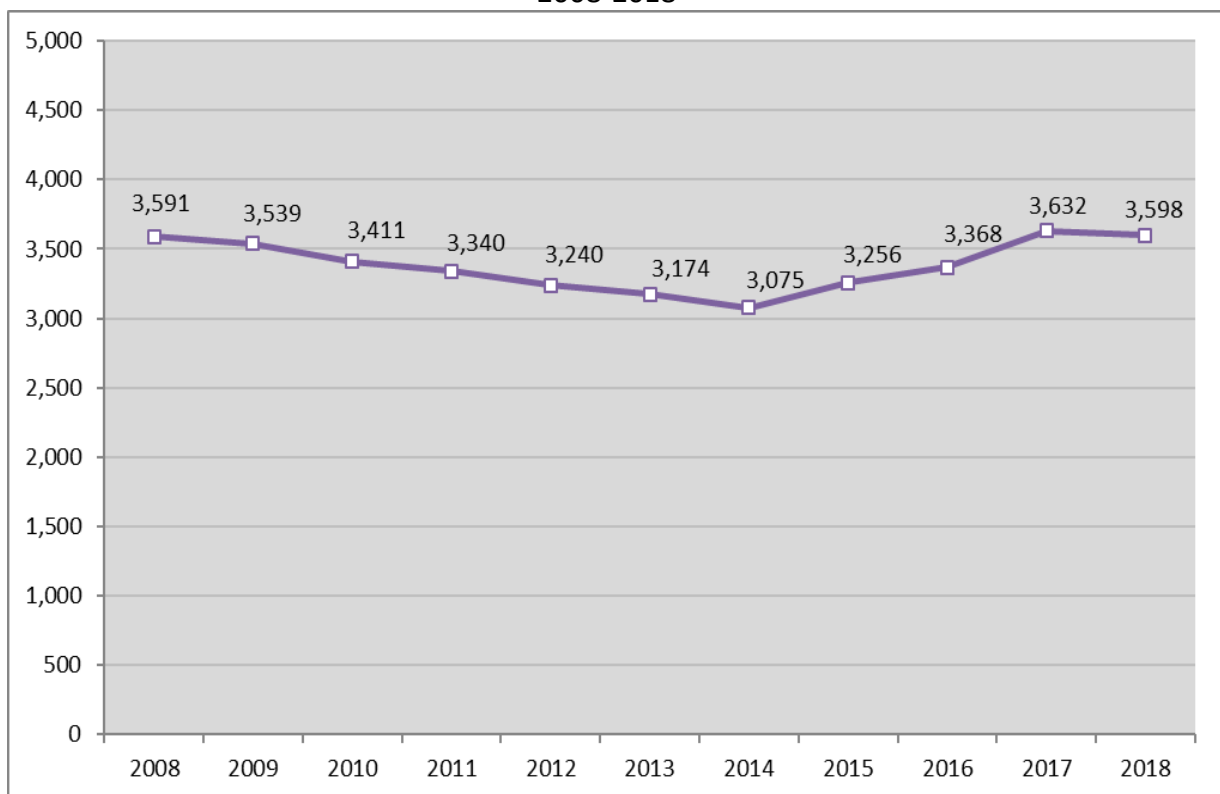
Graph 3.5

Number of Abortions for Ages 20-24
2008-2018



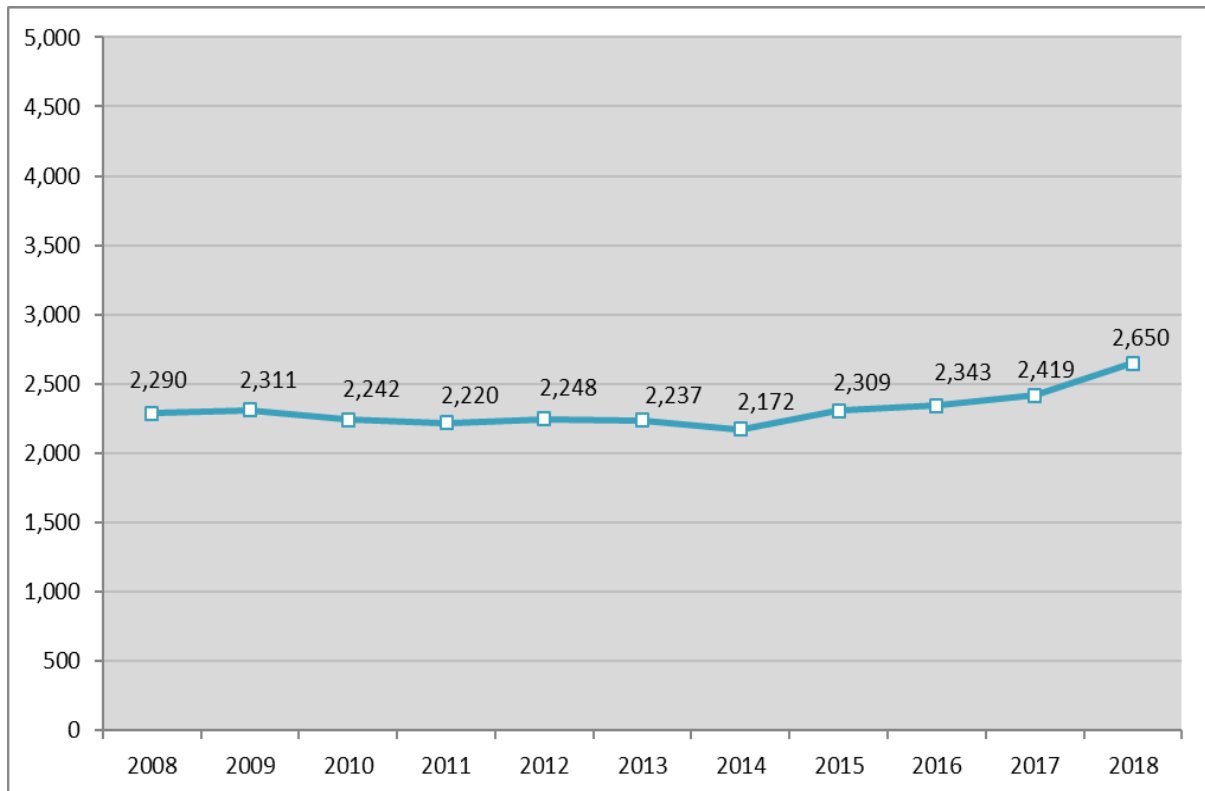
Graph 3.6

Number of Abortions for Ages 25-29
2008-2018



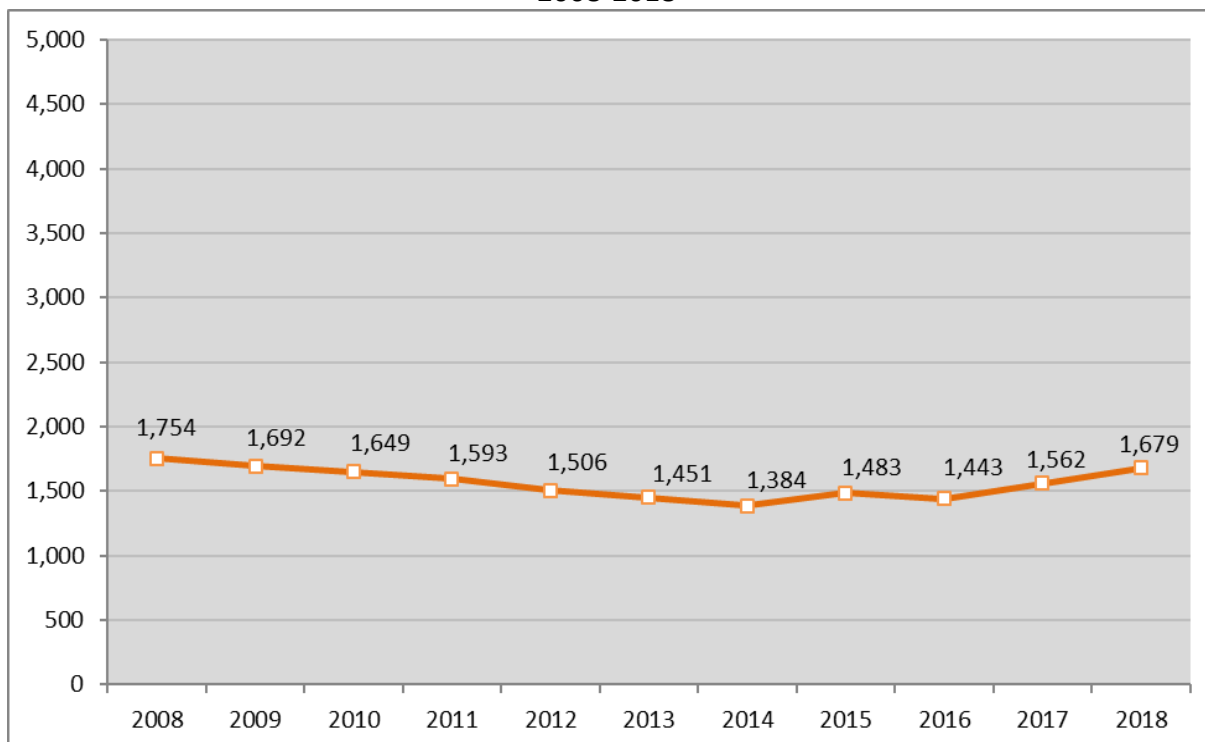
Graph 3.7

Number of Abortions for Ages 30-34
2008-2018



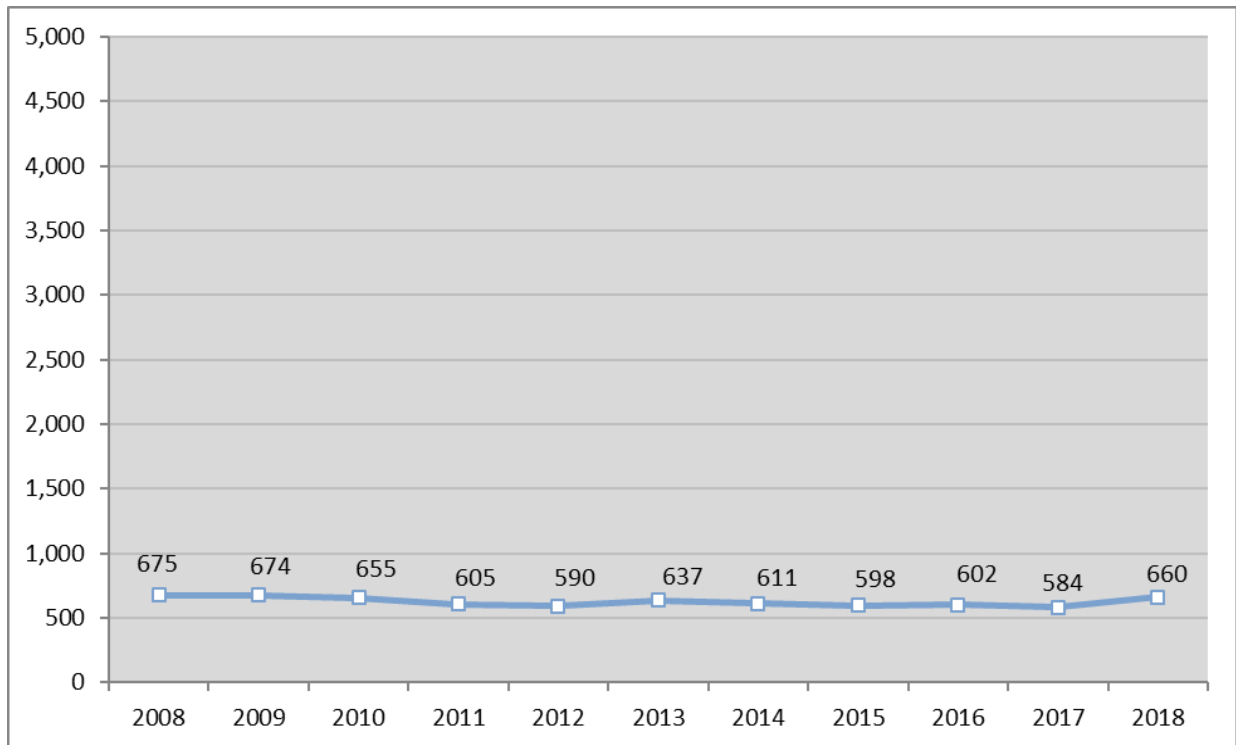
Graph 3.8

Number of Abortions for Ages 35-39
2008-2018



Graph 3.9

Number of Abortions for Ages 40-45
2008-2018



Graph 3.10

Number of Abortions for Ages 45+
2008-2018

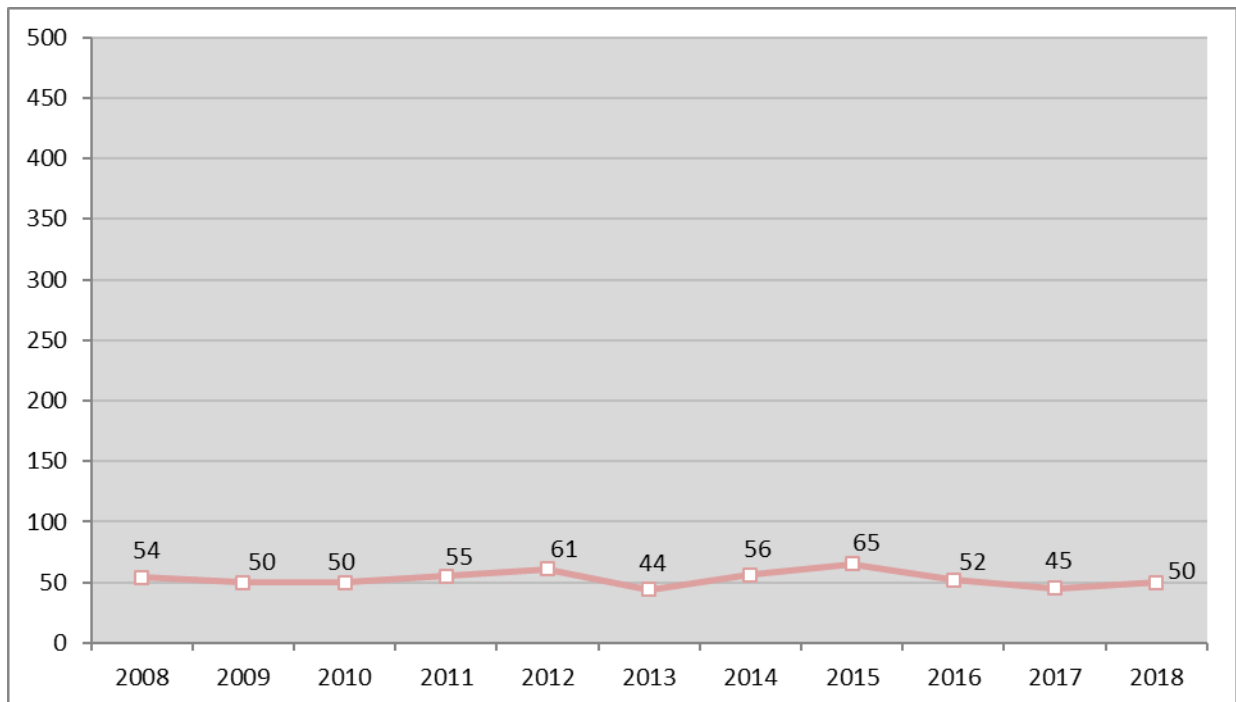


Table 3.7

Induced Abortions by Age – Under 16 Years
Calendar Year 2018

Age (Years)	Number
11	-
12	1
13	2
14	19
15	62
Total	84

Table 3.8

Induced Abortions by Parent or Legal Guardian Notification ³
Calendar Year 2018

Parent or Legal Guardian	Number
Yes	62
No	22
Total	84

This information should be interpreted with care. The information does not capture those women who have support of a trusted adult who is not specifically a parent or legal guardian.

³ Under 16 years of age

4. Previous Live Births

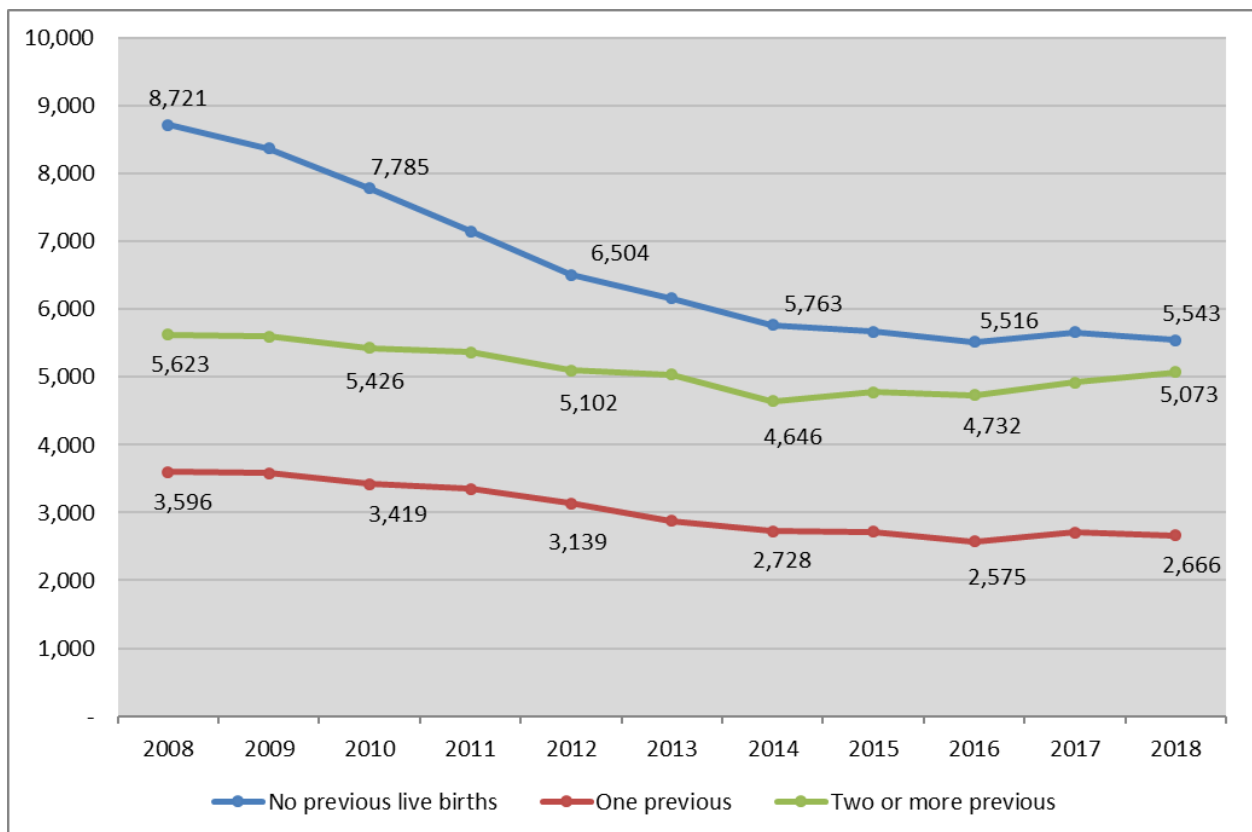
Table 4.1

**Induced Abortions by Age and Previous Live Births
Calendar Year 2018**

Age (years)	Previous Live Births								
	Total	0	1	2	3	4	5	6	7 or More
All Ages	13,282	5,543	2,666	2,976	1,330	482	184	67	34
Under 15	22	22	-	-	-	-	-	-	-
15-19	1,289	1,143	129	15	2	-	-	-	-
20-24	3,334	2,101	692	408	113	20	-	-	-
25-29	3,598	1,415	818	777	395	129	47	14	3
30-34	2,650	577	549	842	425	168	58	24	7
35-39	1,679	209	350	651	261	116	55	22	15
40-44	660	69	116	266	126	46	22	7	8
45 and Over	50	7	12	17	8	3	2	-	1

Graph 4.2

**Number of Abortions by Previous Live Births
2008-2018**



5. Previous Induced Abortions

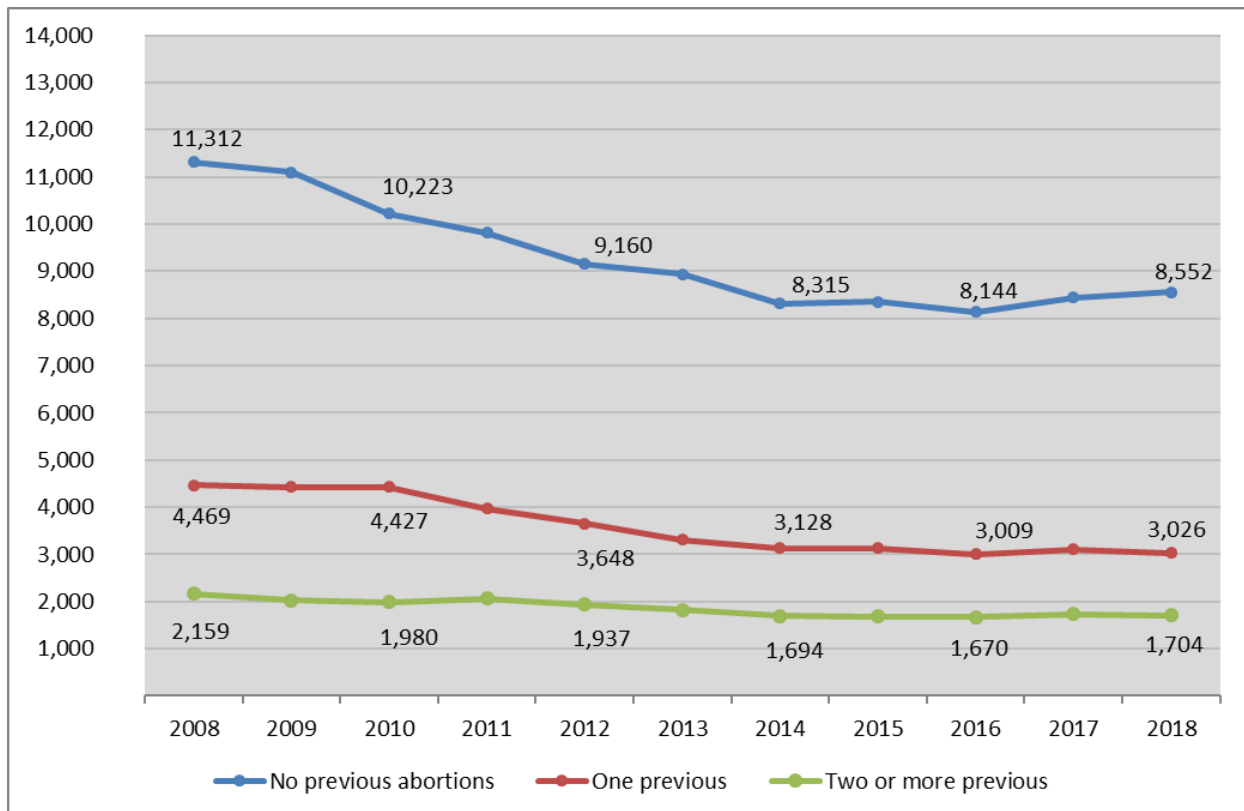
Table 5.1

**Induced Abortions by Age and Previous Induced Abortions
Calendar Year 2018**

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or more
All Ages	13,282	8,552	3,026	1,071	393	146	60	34
Under 15	22	22	-	-	-	-	-	-
15-19	1,289	1,191	91	6	1	-	-	-
20-24	3,334	2,526	628	135	34	8	2	1
25-29	3,598	2,142	948	316	125	45	11	11
30-34	2,650	1,390	714	336	122	50	26	12
35-39	1,679	882	456	204	81	32	17	7
40-44	660	369	177	67	30	10	4	3
45 and Over	50	30	12	7	-	1	-	-

Graph 5.2

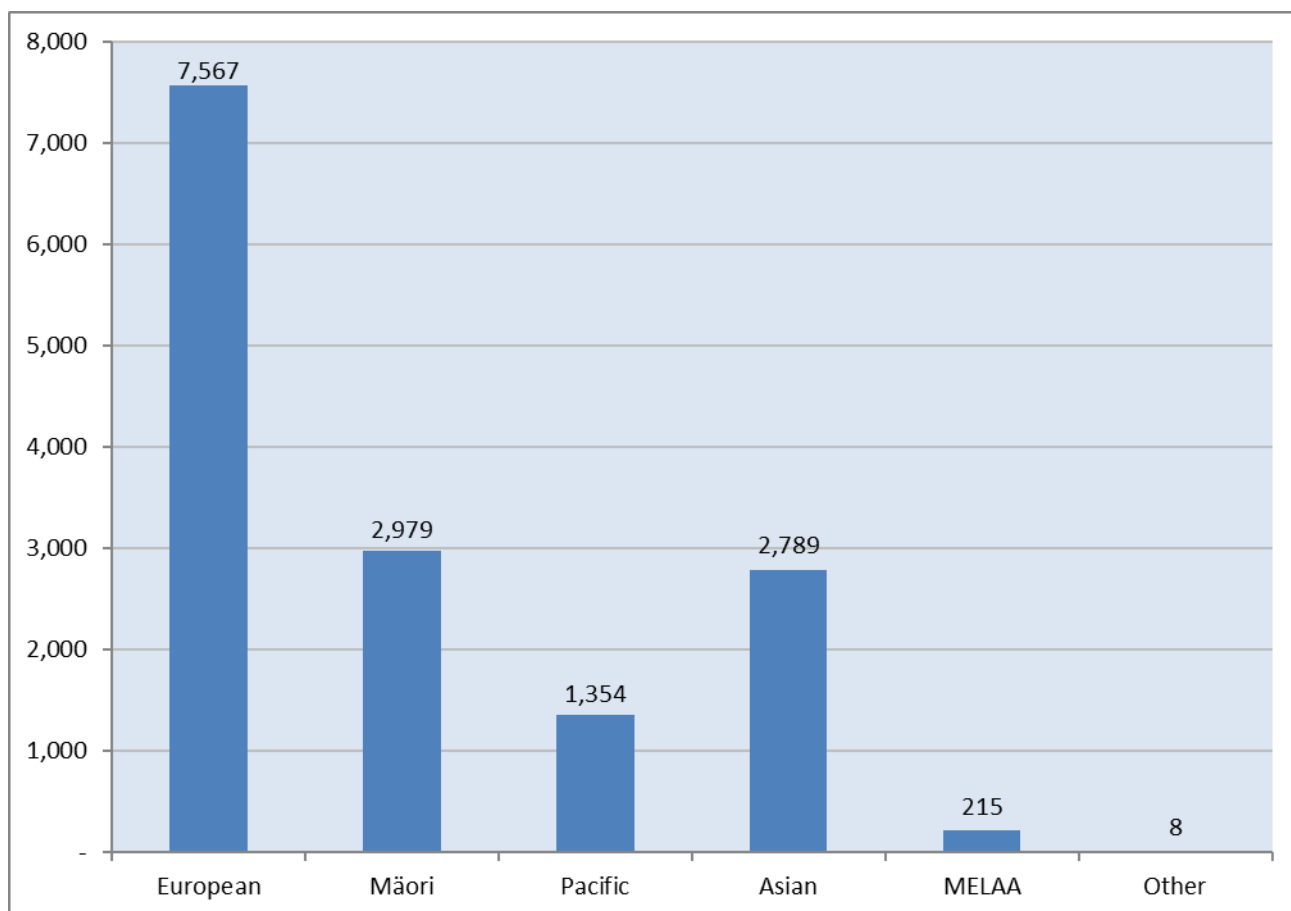
**Number of Abortions by Previous Induced Abortions
2008-2018**



6. Ethnic Group

Graph 6.1

Number of Abortions by Ethnic Group
Calendar Year 2018



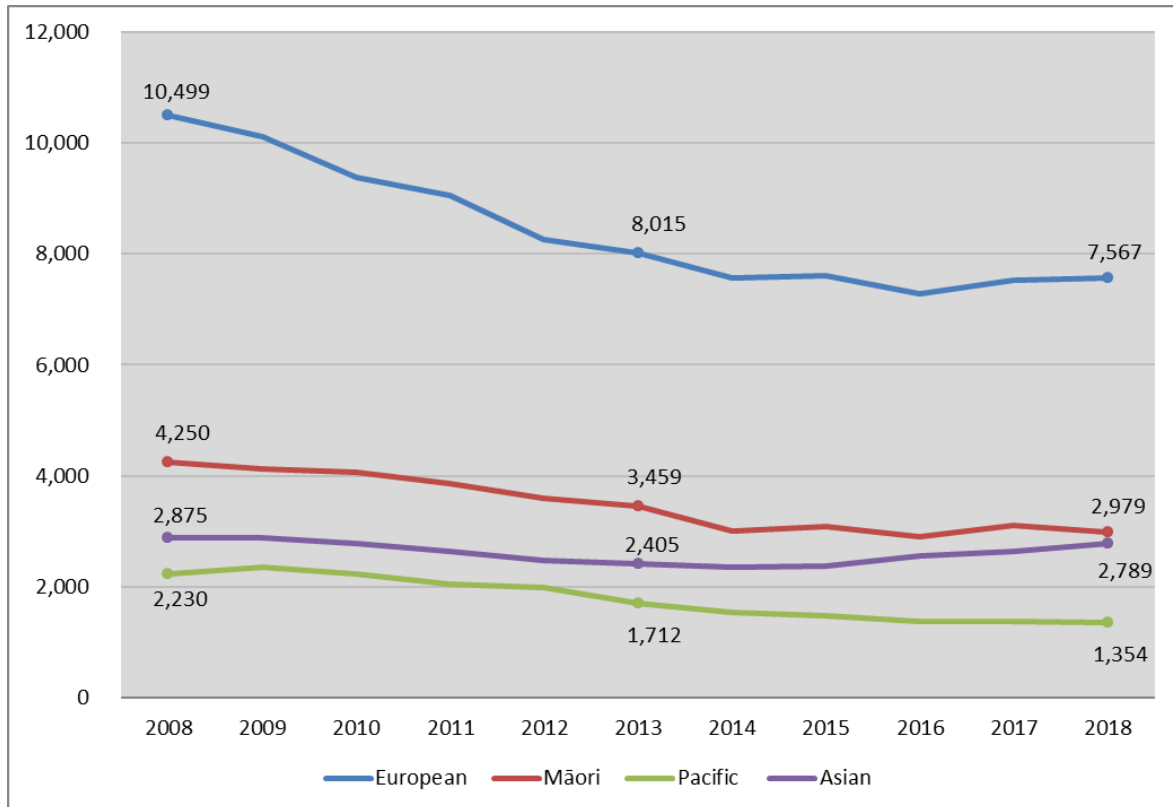
Each abortion has been included in every ethnic group specified. For this reason, some abortions are counted more than once.

Note:

- (a) MELAA = Middle Eastern, Latin American and African
- (b) Other includes New Zealanders.

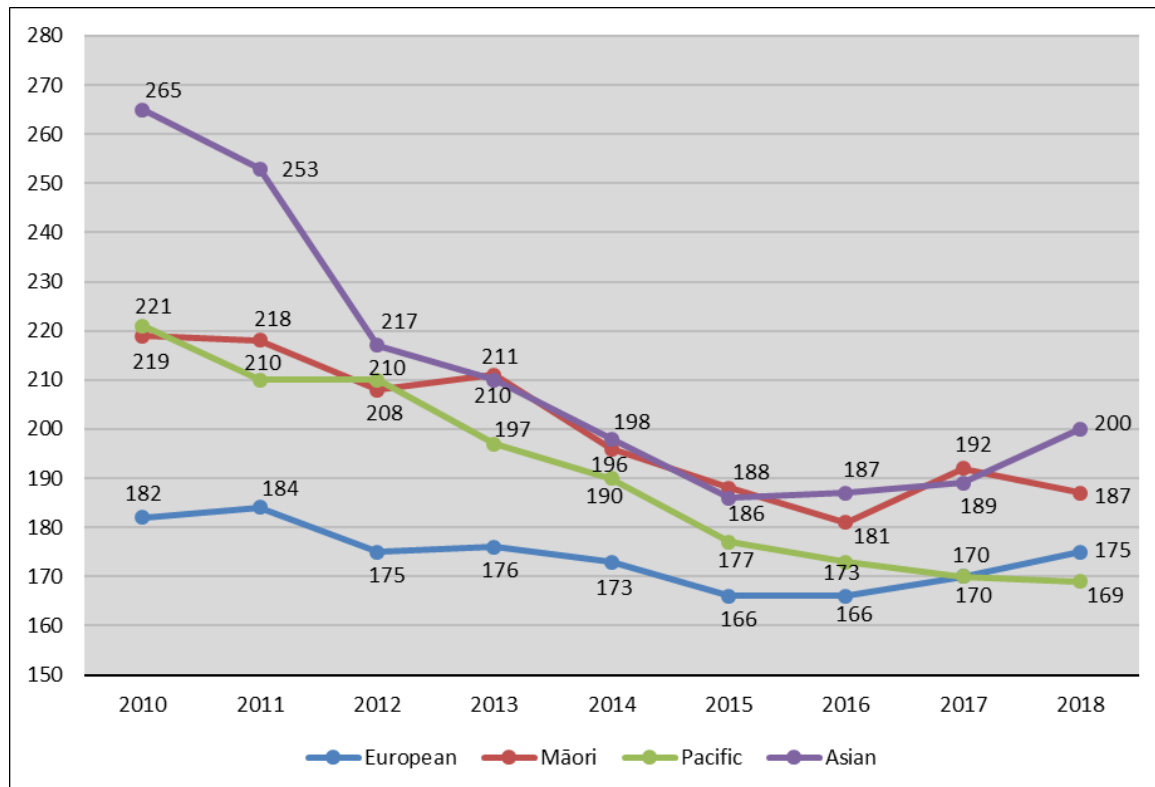
Graph 6.2

**Number of Abortions by Ethnic Group
2008-2018**



Graph 6.3

**Induced Abortions by Ethnicity Ratio
2010-2018**



Ratio: Induced abortions per 1,000 known pregnancies including live births, stillbirths and abortions combined, but does not include miscarriages.

7. Duration of Pregnancy

Table 7.1

Induced Abortion by Age and Duration of Pregnancy Calendar Year 2018

Age (years)	Duration of Pregnancy (weeks)					
	Total	Under 8	8-12	13-16	17-20	Over 20
All Ages	13,282	3,180	8,685	1,125	236	56
Under 20	1,311	253	889	138	26	5
20-24	3,334	736	2,257	286	53	2
25-29	3,598	909	2,343	285	48	13
30-34	2,650	644	1,737	201	53	15
35-39	1,679	426	1,049	150	36	18
40-44	660	199	381	59	18	3
45 +	50	13	29	6	2	-

Table 7.2

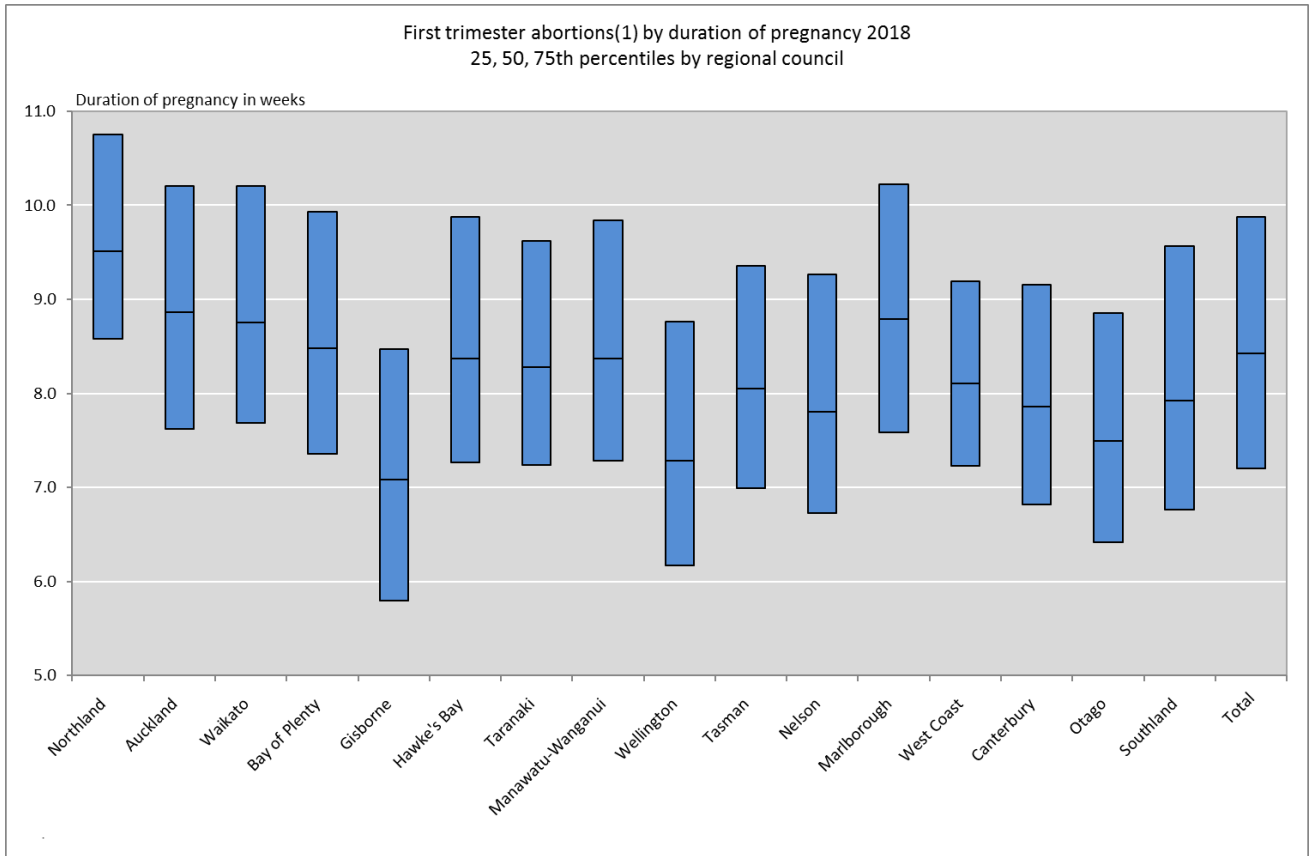
Induced Abortion by Duration of Pregnancy 2008-2018

December year	Duration of pregnancy (weeks)								Total abortions
	Under 8	8	9	10	11	12	13	14+	
Number									
2008	1,687	2,875	3,743	3,535	2,655	2,026	438	981	17,940
2009	1,941	3,294	3,580	3,149	2,412	1,768	408	998	17,550
2010	2,168	3,836	3,316	2,601	1,993	1,364	470	882	16,630
2011	1,893	3,518	3,289	2,561	1,930	1,364	400	908	15,863
2012	2,031	3,066	3,053	2,349	1,730	1,264	409	843	14,745
2013	2,516	2,735	2,683	2,251	1,571	1,169	358	790	14,073
2014	2,558	2,557	2,323	1,858	1,420	1,136	504	781	13,137
2015	2,465	2,452	2,357	1,833	1,507	1,203	553	785	13,155
2016	2,433	2,452	2,444	1,808	1,315	1,058	512	801	12,823
2017	3,096	2,365	2,325	1,765	1,334	989	597	814	13,285
2018	3,180	2,532	2,289	1,618	1,266	980	626	791	13,282
Percent									
2008	9.4	16.0	20.9	19.7	14.8	11.3	2.4	5.5	100.0
2009	11.1	18.8	20.4	17.9	13.7	10.1	2.3	5.7	100.0
2010	13.0	23.1	19.9	15.6	12.0	8.2	2.8	5.3	100.0
2011	11.9	22.2	20.7	16.1	12.2	8.6	2.5	5.7	100.0
2012	13.8	20.8	20.7	15.9	11.7	8.6	2.8	5.7	100.0
2013	17.9	19.4	19.1	16.0	11.2	8.3	2.5	5.6	100.0
2014	19.5	19.5	17.7	14.1	10.8	8.6	3.8	5.9	100.0
2015	18.7	18.6	17.9	13.9	11.5	9.1	4.2	6.0	100.0
2016	19.0	19.1	19.1	14.1	10.3	8.3	4.0	6.2	100.0
2017	23.3	17.8	17.5	13.3	10.0	7.4	4.5	6.1	100.0
2018	23.9	19.1	17.2	12.2	9.5	7.4	4.7	6.0	100.0

Note: Percentages may not sum to stated totals due to rounding.

Table 7.3

First Trimester Abortions ⁽¹⁾ by Duration of Pregnancy 2018
 25th, 50th, and 75th percentiles by regional council



(1) Induced abortions performed before the thirteenth week of pregnancy

Note: Gestation refers to the Xth week not complete weeks. For example 7 weeks and 5 days is recorded as the 8th week

The 'box-plot' graph above shows the median duration of pregnancy (indicated by the line in the middle of each box) for first trimester abortions in each region (by regional council areas).

The top of the box is the 75th percentile (that is three-quarters of first trimester pregnancies were terminated within this number of weeks) and the bottom of the box is the 25th percentile (that is, one-quarter of first trimester pregnancies were terminated within this number of weeks).

8. Grounds for Abortion

Table 8.1

Induced Abortion by Grounds for Abortion Calendar Year 2018

Grounds for Abortion	Number	Percent
Total	13,282	100.0
Danger to Life	27	0.2
Danger to Physical Health	20	0.2
Danger to Mental Health	12,901	97.1
Danger to Life and Physical Health	2	0.0
Mental and Physical Health Danger	85	0.6
Other Physical/Mental/Health Combination	3	0.0
Handicapped Child and Physical Danger	1	0.0
Handicapped Child and Mental Danger	142	1.1
Handicapped Child, Physical and Mental Danger	5	0.0
Seriously Handicapped Child	91	0.7
Criminal Offence and Danger to Mental Health and Other	5	0.0

Stats NZ recommends that counts less than three are not released. Some categories have been combined where necessary to protect confidentiality.

*Other covers any combination of the grounds above it that have not already been grouped.

9. Procedure

Table 9.1

Induced Abortions by Procedure and Duration of Pregnancy Calendar Year 2018

Procedure	Under 9 weeks	9th week and over	Total
Total	5,712	7,570	13,282
Surgical	3,125	6,925	10,050
Medical only (no surgery)	2,563	620	3,183
Failed medical only followed by surgical	18	18	36
Failed surgical followed by medical	4	4	8
Other	2	3	5

10. Complication

Table 10.1

Induced Abortions by Complication Calendar Year 2018

Complication	Number	Percent
Total	13,282	100.0
None	13,198	99.4
Retained placenta/products	32	0.2
Haemorrhage (500ml or more)	29	0.2
Other	11	0.1
Haemorrhage and retained placenta/products	5	0.0
Perforation of Uterus	4	0.0
Haemorrhage and Other	2	0.0
Two or More Other Complications	1	0.0

Note: Percentages may not sum to stated totals due to rounding

11. Contraception

Table 11.1

Induced Abortions by Contraception Used
Calendar Year 2018

Contraception Used	Number	Percent
Total	13,282	100.0
None	8,368	63.0
Condoms	2,688	20.2
Combined oral contraceptives	1,115	8.4
Progesterone only contraceptives	477	3.6
Natural family planning	174	1.3
Emergency contraception	167	1.3
Intra-Uterine contraceptive device without hormones	125	0.9
Depo provera injections	100	0.8
Intra-Uterine contraceptive device with hormones	30	0.2
Other	24	0.2
Long-acting implant	14	0.1

Graph 11.2

Percentage of Abortions by Contraception Used
Calendar Year 2018

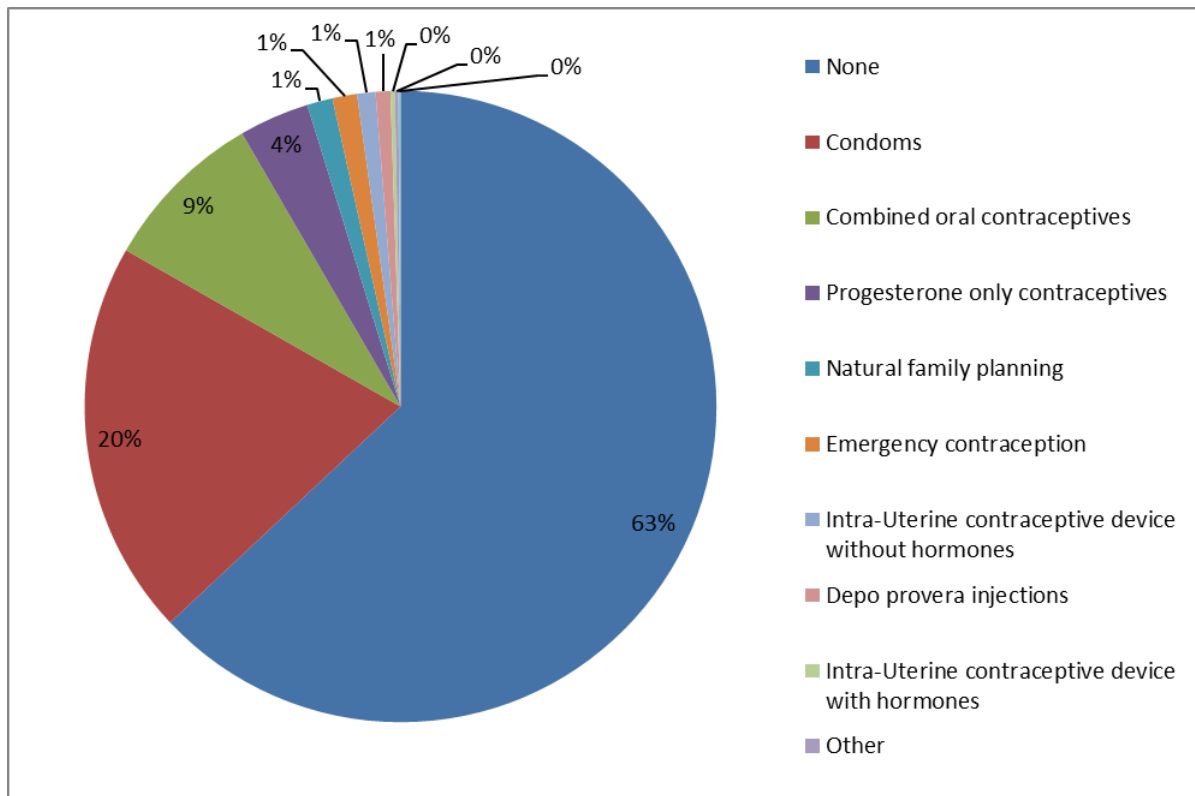


Table 11.3

Induced Abortions by Age and Contraception Use
Calendar Year 2018

Age Group (years)	Total	No Contraception Used	Contraception Used
All Ages	13,282	8,368	4,914
Under 20	1,311	864	447
20-24	3,334	2,094	1,240
25-29	3,598	2,251	1,347
30-34	2,650	1,623	1,027
35-39	1,679	1,045	634
40 +	710	491	219

Graph 11.4

No Contraception Used by Age Group
Calendar Year 2018

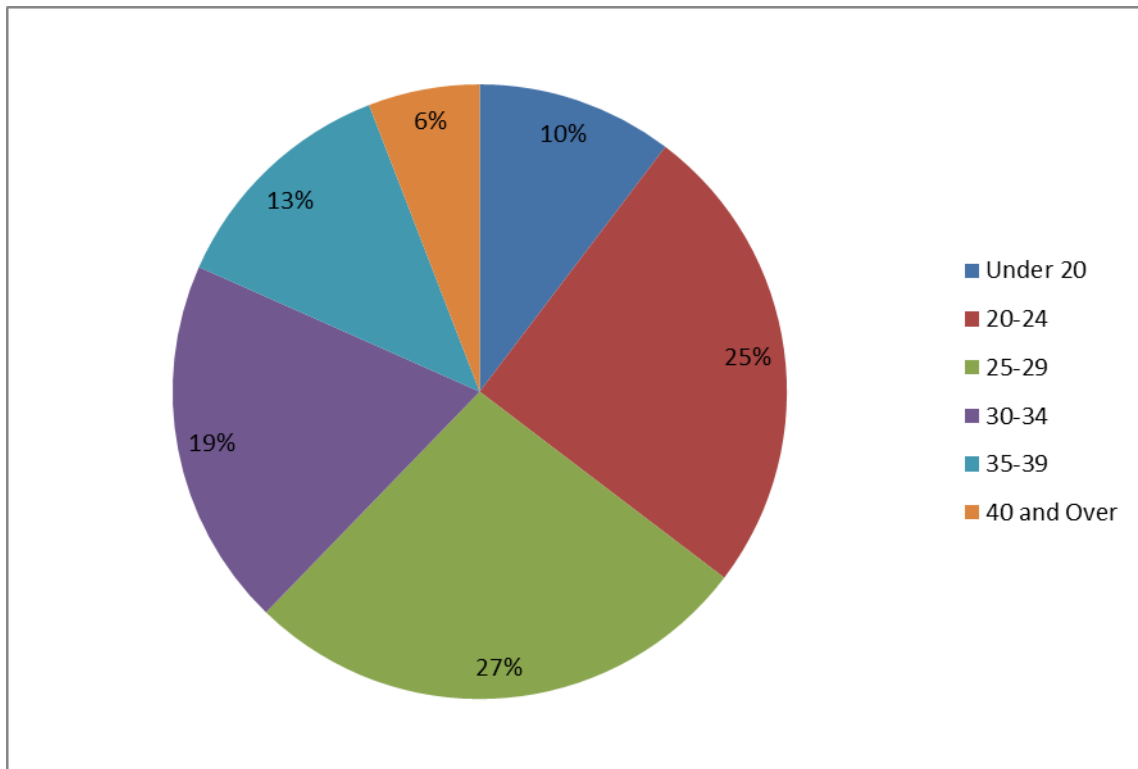


Table 11.5

Contraception
Women who have had Previous Live Births and Previous Abortions
 Calendar Year 2018

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
Total	13,282	8,368	4,914	13,282	8,368	4,914
0	5,543	3,412	2,131	8,552	5,462	3,090
1	2,666	1,685	981	3,026	1,819	1,207
2	2,976	1,850	1,126	1,071	667	404
3	1,330	882	448	393	262	131
4 or more	767	539	228	240	158	82

Table 11.6

Contraception Provided at the Time of the Procedure
for Women who have had Previous Abortions
 Calendar Year 2018

Previous abortions	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
Total	13,282	1,494	4,673	1,516	2,903	1,200	1,542	184
0	8,552	1,026	2,794	984	1,936	705	1,139	141
1	3,026	316	1,185	328	625	304	281	34
2 or more	1,704	152	694	204	342	191	122	9

Note:

- (a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.
- (b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
- (c) 'Oral Contraceptives' includes combined oral contraceptives and progesterone only contraceptives.
- (d) 'Other' contraceptives are largely the emergency contraceptive pill.

Table 11.7

Induced Abortions by Contraception Provided at the Time of the Procedure
Calendar Year 2018

Contraception Used	Number	Percent
Total	13,282	100.0
IUCD insertion	4,644	35.0
Combined oral contraceptives	2,217	16.7
Implant insertion	1,508	11.4
None	1,494	11.2
Condoms	1,309	9.9
Depo provera injections	1,195	9.0
Progesterone only contraceptives	618	4.7
Condoms and emergency contraceptive pill	175	1.3
Other	29	0.2
Progesterone only contraceptives and condoms	22	0.2
Combined oral contraceptives and condoms	21	0.2
IUCD insertion and condoms	14	0.1
IUCD insertion and combined oral contraceptives	12	0.1
Emergency contraceptive pill	8	0.1
Implant insertion and combined oral contraceptives	8	0.1
Depo provera injections and combined oral contraceptives	2	0.0
IUCD insertion and depo provera injections	2	0.0
Combined oral contraceptives and emergency contraceptive pill	1	0.0
Combined oral contraceptives and progesterone only contraceptives	1	0.0
Depo provera injections and condoms	1	0.0
IUCD insertion and progesterone only contraceptives	1	0.0

Notes:

(a) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(b) 'Other' contraceptives are largely sterilisation.

Table 11.8

Contraception Provided at the Time of the Procedure by Residence of Woman
Regional Council
 Calendar Year 2018

Regional Council	Total	Type of contraceptive						
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Condoms	Other
New Zealand	13,282	1,494	4,673	1,516	2,903	1,200	1,542	184
Northland Region	381	33	190	7	53	70	27	2
Auckland Region	4,959	539	1,754	534	953	326	870	86
Waikato Region	1,144	55	458	158	247	106	151	33
Bay of Plenty Region	830	76	245	116	231	86	91	27
Gisborne Region	137	8	62	20	20	23	5	-
Hawke's Bay Region	432	65	124	69	109	40	25	1
Taranaki Region	337	62	93	74	68	37	4	1
Manawatu-Wanganui	677	97	230	68	160	97	19	-
Wellington Region	1,415	210	511	177	294	126	95	-
Tasman Region	105	29	26	9	23	6	8	-
Nelson Region	122	42	30	8	24	9	5	-
Marlborough Region	114	23	31	12	35	11	2	-
West Coast Region	57	3	21	5	21	5	1	-
Canterbury Region	1,558	136	582	124	422	153	140	2
Otago Region	648	53	173	76	189	78	80	30
Southland Region	241	26	104	46	39	19	6	2
Area Outside Region	125	37	39	13	15	8	13	-

Note:

- (a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.
- (b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
- (c) Oral Contraceptives includes combined oral contraceptives and progesterone only contraceptives.
- (d) 'Other' contraceptives are largely the emergency contraceptive pill.

APPENDIX ONE

Functions and powers of the Supervisory Committee

The functions and powers of the ASC are set out in section 14 (1) of the Contraception, Sterilisation, and Abortion Act 1977.

(a) Keep under review all the provisions of the abortion law, and the operation and effect of those provisions in practice.

(b) Receive, consider, grant, and refuse applications for licences or for the renewal of licences under this Act, and to revoke any such licence

(c) Prescribe standards in respect of facilities to be provided in licensed institutions for the performance of abortions

(d) Take all reasonable and practicable steps to ensure that:

- i. licensed institutions maintain adequate facilities for the performance of abortions; and*
- ii. all staff employed in licensed institutions in connection with the performance of abortions are competent*

(e) Take all reasonable and practicable steps to ensure that sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion

(f) Recommend maximum fees that may be charged by any person in respect of the performance of an abortion in any licensed institution or class of licensed institutions, and maximum fees that may be charged by any licensed institution or class of licensed institutions for the performance of any services or the provision of any facilities in relation to any abortion

(g) Obtain, monitor, analyse, collate, and disseminate information relating to the performance of abortions in New Zealand

(h) Keep under review the procedure, prescribed by sections 32 and 33 of this Act, whereby it is determined in any case whether the performance of an abortion would be justified

(i) Take all reasonable and practicable steps to ensure that the administration of the abortion law is consistent throughout New Zealand, and to ensure the effective operation of this Act and the procedures thereunder

(j) From time to time report to and advise the Minister of Health and any district health board on the establishment of clinics and centres, and the provision of related facilities and services, in respect of contraception and sterilisation

(k) Report annually to Parliament on the operation of the abortion law.

APPENDIX TWO

In the year from 1 July 2018 to 30 June 2019 the Supervisory Committee held 9 meetings.

Visits

NIL

Meetings

The Supervisory Committee met with:

Ministry of Justice Officials
Minister of Justice, Hon Andrew Little
Ministry of Health Officials

Certifying Consultants

As at 30 June 2019 there were 80 certifying consultants (of whom 117 met the Act's specialist category requirements) on the Supervisory Committee's list.

Fees payable to certifying consultants for consultations with women considering termination of pregnancy totalled \$3,965,112.24 in the year ended 30 June 2019.