

Annual Report for the Year 2023

South Australian Abortion
Reporting Committee

April 2024



**Government
of South Australia**

Preventive Health SA

OFFICIAL

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Background

Legislation

The *Termination of Pregnancy Act 2021* and the associated Termination of Pregnancy Regulations 2022 commenced on 7 July 2022. This legislation provided a modernisation of termination of pregnancy law and practice in South Australia aimed at improving the efficiency of health service provision and access, particularly in regional, rural and remote areas. Prior to July 2022 termination of pregnancy data were collected under the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011.

Annual reporting requirements of the *Termination of Pregnancy Act 2021* and the associated Regulations state that the following must be reported in relation to terminations of pregnancy under the *Termination of Pregnancy Act 2021*:

- Number of terminations
- Age of the pregnant person
- Gestational age of the fetus at the time of the termination
- Number of terminations that result in complications or adverse outcomes
- Different methods of termination used and the number of terminations performed using each method
- For a termination performed on a person who is more than 22 weeks and 6 days pregnant—the circumstances under section 6(1) of the *Termination of Pregnancy Act 2021* relating to the performance of the termination
- Locations in the State where terminations were performed and where persons who had a termination ordinarily reside

Only termination of pregnancy service providers located within South Australia are required to comply with the *Termination of Pregnancy Act 2021* and the Termination of Pregnancy Regulations 2022. Therefore, terminations of pregnancy conducted via telemedicine from a service provider outside of South Australia are excluded from these statistics.

Abortion Reporting Committee

The South Australian Abortion Reporting Committee examines and reports on all medical terminations of pregnancy notified in South Australia. The Committee has nominees from the South Australian Branches of:

- The National Council of Women
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Psychiatrists, and
- The Australian Association of Social Workers

The terms of reference of the Committee are to ensure completeness and compliance with legislation for notifications of medical terminations of pregnancy in South Australia; to examine and report on the pattern of terminations, and to consider any measures that may need to be taken to improve health services and morbidity relating to terminations of pregnancy, so that appropriate advice may be given to the Chief Executive of the Department for Health and Wellbeing.

Data collection and reporting

In 2023 notifications were received from doctors who conducted terminations of pregnancy, via the data collection form included in Appendix 1. The notification form is filled out soon after the termination is complete, and therefore only captures complications known at that point in time. To improve the ascertainment of complications that occur after the termination, a data linkage is later conducted with South Australian hospital morbidity data (Admitted Patient Care data). This linkage identifies any complications that occurred after the termination was complete, that resulted in a public hospital admission. The *Termination of Pregnancy Act 2021* requires an annual report to be provided to the Minister for Health and Wellbeing by 30 April for services provided in the previous calendar year. Therefore, the complications data in this report are considered preliminary. Finalised data for complications relating to terminations of pregnancy, and any late notification of terminations of pregnancy, will be presented in the following year's annual report, after data-linkage. Finalised data relating to termination of pregnancy for the 2022 calendar year are presented in Appendix 2.

Statistics for 2023

Numbers and rates

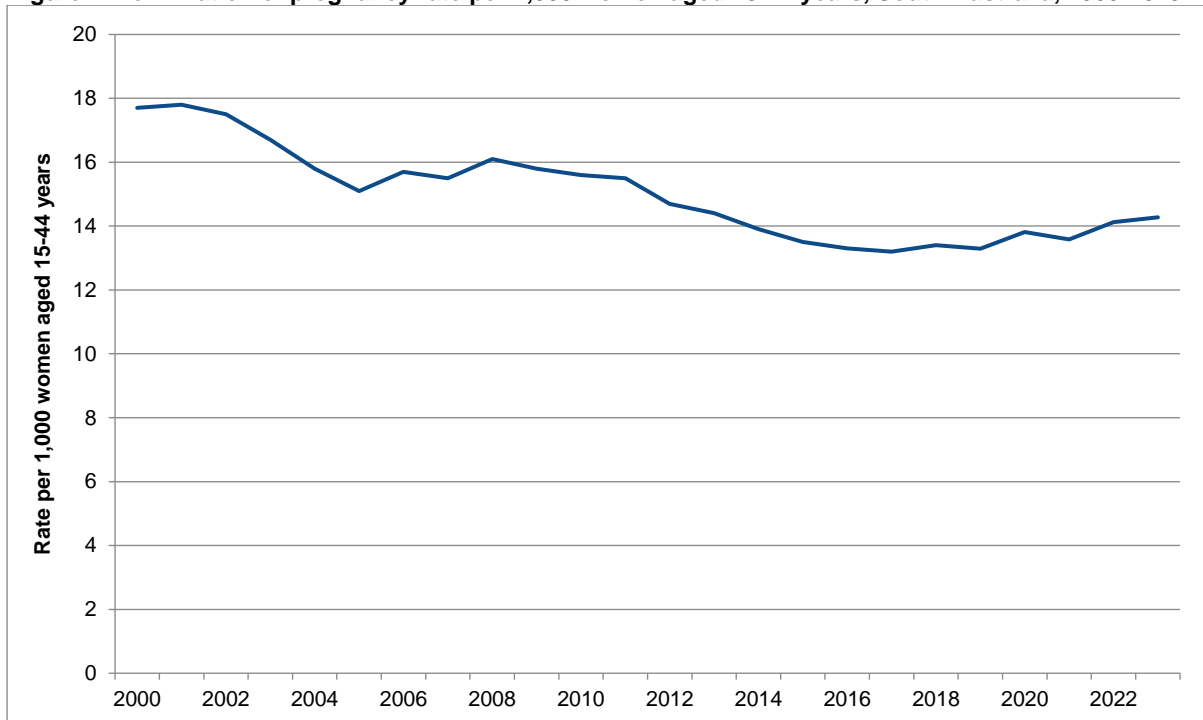
There were 4,905 terminations of pregnancy notified in South Australia in 2023, compared with 4,851 in 2022. The termination of pregnancy rate in South Australia had been declining to 13.2 terminations of pregnancy per 1,000 women aged 15-44 years in 2017. There has been a slight increase in more recent years to 14.3 terminations of pregnancy per 1,000 women aged 15-44 years in 2023 (Table 1, Figure 1).

Table 1: Number of pregnancy terminations, and rate per 1,000 women aged 15-44 years, South Australia, 2000-2023

Year	Number	Termination rate	Year	Number	Termination rate ¹
2000	5,571	17.7	2012	4,765	14.7
2001	5,575	17.8	2013	4,683	14.4
2002	5,455	17.5	2014	4,650	13.9
2003	5,205	16.7	2015	4,441	13.5
2004	4,926	15.8	2016	4,348	13.3
2005	4,710	15.1	2017	4,349	13.2
2006	4,887	15.7	2018	4,417	13.4
2007	4,883	15.5	2019	4,463	13.3
2008	5,099	16.1	2020	4,681	13.8
2009	5,049	15.8	2021	4,604	13.6
2010	5,049	15.6	2022	4,851	14.1
2011	5,009	15.5	2023	4,905	14.3

¹ Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2022. Canberra: ABS, 2023 (Catalogue No 3235.0)

Figure 1: Termination of pregnancy rate per 1,000 women aged 15-44 years, South Australia, 2000-2023



Total Abortion Rate

The total abortion rate (TAR) is the sum of pregnancy termination rates for each of the five-year age groups multiplied by five. This can be calculated using the rates in Table 2 and in 2023 was 427 per 1,000 women aged 15-44 years. This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups for 2023.

Age of women

The age distribution of women who had a termination of pregnancy in 2023 is shown in Table 2. Consistent with previous years, among the five-year age groups the highest pregnancy termination rate was among women aged 20-24 years (22.6 terminations per 1,000 women). Pregnancy termination rates were slightly higher for teenage women, from 8.3 per 1,000 women in 2022 to 9.6 per 1,000 women aged 15-19 years in 2023.

Table 2: Number and rate of termination of pregnancy by age group, South Australia, 2023

Age group	Number	%	Estimated resident female population 2022 ¹	Termination rate per 1,000 women
Under 15	12	0.2	-	n/a
15-19	473	9.6	50,393	9.6 ²
20-24	1,216	24.8	53,834	22.6
25-29	1,261	25.7	59,564	21.2
30-34	932	19.0	61,405	15.2
35-39	708	14.4	62,104	11.4
40-44	287	5.9	56,262	5.4 ³
45 and over	16	0.3	-	n/a

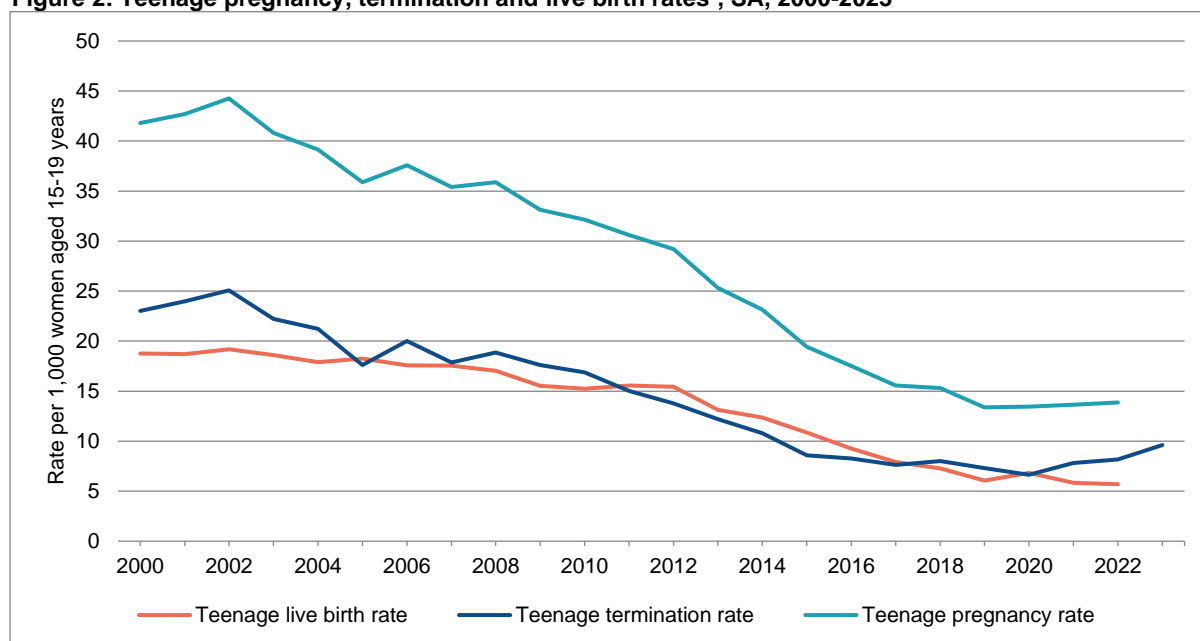
¹ Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2022. Canberra: ABS, 2023 (Catalogue No 3235.0)

² includes terminations for women aged under 15

³ includes terminations for women aged 45 and over

Teenage termination rates have been steadily decreasing over the past two decades, however the rate has increased slightly from a low of 6.6 terminations per 1,000 women aged 15-19 years in 2020 to 9.6 per 1,000 women aged 15-19 years in 2023 (Figure 2). Data for teenage pregnancies and live births are still being collated for 2023, however the teenage pregnancy rate (including live births and induced terminations) has been declining steadily since 2008 and has plateaued since 2019.

Figure 2: Teenage pregnancy, termination and live birth rates¹, SA, 2000-2023



¹Terminations and births to women aged less than 15 years are included in the numerators

Residential region and health service location

In 2023, of the women residing in country South Australia, 18.8% accessed termination of pregnancy services in country areas (Table 3). This compares with 10.9% of women accessing termination of pregnancy services in country areas in 2022. Telemedicine provision of early medical abortion prescription was accessed for 1.0% of terminations. Only telemedicine providers located within South Australia are required to report termination data.

Table 3: Termination of pregnancy by residential region and health service location, South Australia, 2023

Residential Region	Health Service Location						Total Number
	Metropolitan		Country		Telemedicine		
	Number	% of residential region	Number	% of residential region	Number	% of residential region	
Metropolitan	3,866	98.9	6	0.2	37	0.9	3,909
Country	744	80.0	175	18.8	11	1.2	930
Unknown	66	100.0	0	0.0	0	0.0	66
Total	4,676	95.3	181	3.7	48	1.0	4,905

Of the terminations of pregnancy conducted in South Australia in 2023, the majority were conducted by the Pregnancy Advisory Centre (65.2%). A full list of terminations by health service are presented below (Table 4).

Table 4: Terminations of pregnancy by health service, South Australia, 2023

Health service	Number	% of terminations
Pregnancy Advisory Centre	3,197	65.2
Flinders Medical Centre	504	10.3
General Practitioners/Rooms	471	9.6
Noarlunga Health Services	281	5.7
Lyell McEwin Hospital	233	4.8
Women's and Children's Hospital	99	2.0
Other Public Hospitals	56	1.1
Telemedicine	48	1.0
Private Hospitals	16	0.3
Total	4,905	100.0

Clinicians conducting terminations

Medical practitioners in family advisory clinics conducted 79.3% of the terminations in South Australia in 2023, followed by General practitioners (12.3%) (Table 5). The overall proportion of terminations conducted by general/medical practitioners (91.6%) is higher than in 2022 (81.6%) with 8.4% of terminations in 2023 being conducted by obstetricians and gynaecologists, including those in training.

Table 5: Pregnancy terminations by category of doctor, South Australia, 2023

Category of doctor conducting termination	Number	% of terminations
Medical practitioner in family advisory clinic	3,888	79.3
General practitioner	604	12.3
Obstetrician/gynaecologist	367	7.5
Trainee obstetrician/gynaecologist	46	0.9
Total	4,905	100.0

Reported reason for termination

A reason for termination is only required if the woman is more than 22 weeks and 6 days pregnant. During 2023, forty-seven terminations of pregnancy were performed after 22 weeks and 6 days gestation (0.96% of all terminations of pregnancies). Of these 47 terminations, 78.7% of were conducted for the physical or mental health of the pregnant person, and 21.3% for suspected fetal anomalies (Table 6).

Table 6: Reported reason for termination of pregnancy after 22 weeks and 6 days gestation, South Australia, 2023

Reason	Number	%	% of all terminations
Physical or mental health of the pregnant person	37	78.7	0.8
Fetal anomaly	10	21.3	0.2
To save life of pregnant person or another fetus	0	0.0	0.0
Total	47	100.0	1.0

Terminations by gestational age

In 2023, the majority of pregnancy terminations were conducted before 14-weeks gestation (89.5%). The proportion conducted from 14-weeks onwards was 10.5%, (Table 7), which was slightly higher than the average over the past five years (8.7%).

Table 7: Gestational age at termination by age of women, South Australia, 2023

Age of women (years)	< 14-weeks		≥14-weeks		Total Number
	Number	% of age group	Number	% of age group	
Under 15	12	100.0	0	0.0	12
15-19	423	89.4	50	10.6	473
20-24	1,098	90.3	118	9.7	1,216
25-29	1,152	91.4	109	8.6	1,261
30-34	827	88.7	105	11.3	932
35-39	610	86.2	98	13.8	708
40 and over	269	88.8	34	11.2	303
Total	4,391	89.5	514	10.5	4,905

Method of pregnancy termination

In 2023, the majority (61.0%) of pregnancy terminations were conducted using Mifepristone and Misoprostol (Table 8). While Mifepristone and Misoprostol may be used alone or in combination prior to vacuum aspiration or dilatation and evacuation, their use prior to a surgical procedure has not been differentiated. Vacuum aspiration/dilatation and curettage was used in 27.4% of all terminations. The use of Mifepristone and Misoprostol is higher compared to its use in 2022 (59.8%).

Table 8: Method of pregnancy termination, South Australia, 2023

Method for termination	Number	% of terminations
Mifepristone +/- Misoprostol	2992	61.0
Vacuum aspiration / Dilatation and curettage	1344	27.4
Dilatation and evacuation	480	9.8
Intra Uterine Injection	89	1.8
Total	4,905	100.0

For terminations of pregnancy conducted before 14 weeks gestation (n=4,391), Mifepristone and Misoprostol was utilised for the majority of cases (66.7%) followed by vacuum aspiration/dilatation and curettage (30.4%) (Table 9). For terminations of pregnancy conducted from 14-weeks onwards (n=514), dilatation and evacuation was utilised for the majority of cases (69.1%).

Table 9: Method of pregnancy termination by gestational age, South Australia, 2023

Method of termination	< 14-weeks		≥14-weeks		Total Number
	Number	% <14-weeks	Number	% ≥14-weeks	
Mifepristone +/- Misoprostol	2,928	66.7	64	12.5	2,992
Vacuum aspiration / Dilatation and curettage	1,337	30.4	7	1.4	1,344
Dilatation and evacuation	125	2.8	355	69.1	480
Intra uterine injection	1	0.0	88	17.1	89
Other	0	0.0	0	0.0	0
Total	4,391	100.0	514	100.0	4,905

Complications

Complications from terminations of pregnancy are required to be notified on the data collection form, if known. To improve the ascertainment of complications resulting after the termination, a data linkage is later conducted annually with the South Australian hospital morbidity data (Admitted Patient Care data), which records hospital admissions. This linkage identifies any complications that occurred after the termination was complete, that resulted in a public hospital admission. Due to reporting obligations under *Termination of Pregnancy Act 2021*, the complications data in this report are the complications reported at the time of termination only, and as such are considered preliminary. Final data for complications relating to terminations of pregnancy will be presented in the 2024 South Australian Abortion Reporting Committee Report.

In 2023, complications at the time of termination were reported for 207 women (4.2%). The most common complication was retained products of conception (177 women), which represented 85.5% of all complications and occurred in 3.6% of all terminations (Table 10). The most common 'other complication' is an unsuccessful medical abortion which then required readmission for surgical termination.

Table 10: Preliminary complications resulting from termination of pregnancy, South Australia, 2023

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	177	85.5	3.6
Bleeding	4	1.9	0.1
Damage to cervix	1	0.5	0.0
Haemorrhage post-operative	0	0.0	0.0
Haemorrhage intra-operative	0	0.0	0.0
Anaesthetic complications	0	0.0	0.0
Other complications	25	12.1	0.5
Total	207	100.0	4.2

The two most common termination methods in 2023 were Mifepristone and Misoprostol and vacuum aspiration/dilatation and curettage. Terminations using these methods resulted in preliminary complication rates of 6.6% and 0.4% respectively (Table 11). From 2023, an improvement was made to the reporting of the method of termination involving an intra-uterine injection followed by a dilatation

and evacuation. Previously reported as dilatation and evacuation, these terminations are now reported with a method of intra-uterine injection.

Table 11: Method of termination resulting in a preliminary complication, South Australia, 2023

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	2,992	198	6.6
Vacuum aspiration / Dilatation and curettage	1,344	5	0.4
Dilatation and evacuation	480	1	0.2
Intra uterine injection	89	3	3.4
Vaginal prostaglandin	0	0	0.0
Other	0	0	0.0
Total women	4,905	207	4.2

Of the 198 women with complications reported following a termination of pregnancy with mifepristone and misoprostol, 172 (86.9%) were due to retained products of conception.

Table 12: Preliminary complication type and method of termination procedure, South Australia, 2023

Method of termination	Number of complications	Retained products of conception	Bleeding	Damage to Cervix	Other
Mifepristone + Misoprostol	198	172	2	0	24
Vacuum aspiration / Dilatation and curettage	5	3	1	0	1
Intra uterine injection	3	1	1	1	0
Dilatation and Evacuation	1	1	0	0	0
Vaginal Prostaglandins	0	0	0	0	0
Other	0	0	0	0	0
Total	207	177	4	1	25

Methods and Terminology

Terminations of pregnancy

The intentional expulsion of a product of conception from the uterus either by medication or instrumentation, with the intention being the death of the embryo or fetus. This includes induction of labour without expectation of fetal survival, for example in the case of severe pre-eclampsia at pre-viable gestations or prolonged rupture of membranes with severe infection.

Pregnancy termination rate

All rates of populations were calculated using the reproductive age range 15 to 44 years. Terminations occurred in women that were younger or older than this age group although in small numbers. These events were added to the numerator for the 15 to 19 years group or the 40 to 44 years group respectively.

Total abortion rate (TAR)

The sum of the five-year age-specific termination of pregnancy rates, multiplied by five. This represents the number of terminations of pregnancy that 1,000 women would have during their reproductive lifetime if they experienced the rates of the year shown.

Appendix 1 2023 Data Collection Form

 <p>Wellbeing SA</p>	<p>Termination of Pregnancy Notification Form</p> <p>This form must be forwarded to the SOUTH AUSTRALIAN PREGNANCY OUTCOME UNIT via secure file transfer or posted to: PO BOX 388, Rundle Mall, ADELAIDE SA, 5001 Tel: (08) 7117 9200</p>
	<p>PLEASE DO NOT EMAIL THIS FORM</p> <p>Termination of pregnancy service providers located within South Australia are required to comply with information provision under the <i>Termination of Pregnancy Act 2021</i> regardless of the usual place of residence of the person having the termination of pregnancy.</p>

DEMOGRAPHICS

Surname	<input type="text"/>	Hospital/Clinic Name	<input type="text"/>
Given Names	<input type="text"/>	Hospital/Clinic Suburb	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Hospital/Clinic Postcode	<input type="text"/>
Patient Suburb	<input type="text"/>	Medical Record Number (MRN)	<input type="text"/>
Patient Postcode	<input type="text"/>		(MRN - Hospitals Only)

TERMINATION INFORMATION

Termination of Pregnancy Date <input type="text"/> / <input type="text"/> / <input type="text"/> (Or Date EMA Administered)	Date of Admission to Place of Termination <input type="text"/> / <input type="text"/> / <input type="text"/> Date of Discharge from Place of Termination <input type="text"/> / <input type="text"/> / <input type="text"/>	Genetic Testing Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gestation at Time of Termination <input type="text"/> weeks + <input type="text"/> days	Method of Termination (select all that apply) <input type="checkbox"/> Dilation & Curettage <input type="checkbox"/> Hysterotomy – Abdominal <input type="checkbox"/> Hysterotomy – Vaginal <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Vacuum Aspiration <input type="checkbox"/> Intra-Uterine Injection <input type="checkbox"/> Intravenous Infusion <input type="checkbox"/> Dilation & Evacuation <input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Vaginal or Cervical Prostaglandins	Genetic Testing Positive for Congenital Anomaly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling Information Provided to Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Emergency Termination	Was the Termination Administered via Telemedicine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Structural Anomaly Identified via U/S? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Registered Medical Practitioner Category (select one) <input type="checkbox"/> General Practitioner <input type="checkbox"/> Medical Practitioner Family Advisory Clinic <input type="checkbox"/> Trainee Obstetrician/Gynaecologist <input type="checkbox"/> Obstetrician/Gynaecologist <input type="checkbox"/> Other (specify) <input type="text"/>	Complication(s), if known, at Time of Termination <input type="checkbox"/> None <input type="checkbox"/> Retained Products of Conception <input type="checkbox"/> Uterine Perforation <input type="checkbox"/> Anaesthesia Complications <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Damage to Cervix <input type="checkbox"/> Uterine infection <input type="checkbox"/> Death <input type="checkbox"/> Other (specify) <input type="text"/>	Congenital Anomaly (please specify) <input type="text"/> <input type="text"/> <input type="text"/>
		Early Medical Abortion Successful <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TERMINATION OF PREGNANCY AFTER 22 WEEKS + 6 DAYS GESTATION
 This Section is mandatory only for termination of pregnancy after 22 weeks + 6 days gestation.

Reason for Termination of Pregnancy after 22 Weeks Plus 6 days Gestation
 Termination is necessary to save the life of the pregnant person or save another foetus
 Continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person
 There is a case, or significant risk, of serious foetal anomalies associated with the pregnancy

Was the Termination Performed in a Prescribed Facility?
 Yes
 No, Emergency Termination of Pregnancy

If no, name the emergency facility

READMISSION TO THE TERMINATION HOSPITAL/CLINIC
 This Section is for reporting readmissions and complications that occurred post-termination at the Hospital/Clinic performing the termination of pregnancy only

Readmission Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Readmission Date <input type="text"/> / <input type="text"/> / <input type="text"/> Readmission Discharge Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Complication(s) Requiring Readmission <input type="checkbox"/> Retained Products of Conception <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Perforation or Trauma to Uterus <input type="checkbox"/> Uterine infection <input type="checkbox"/> Septicaemia	<input type="checkbox"/> Anaesthesia Complications <input type="checkbox"/> Failed Procedure <input type="checkbox"/> Death <input type="checkbox"/> Other (specify) <input type="text"/>
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<input type="button" value="Save and Submit"/>	<input type="button" value="Print Form"/>	<input type="button" value="Clear Form"/>
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Appendix 2 Finalised Termination of Pregnancy Data - 2022

Total Number of Abortions

The finalised number of abortions for 2022 was 4,851, with a further 74 terminations of pregnancy notified after publication of the 2022 annual report. The finalised termination rate in 2022 was 14.1 per 1,000 women aged 15-44 years, which remains unchanged. The finalised total abortion rate in 2022 was 420 per 1,000 women aged 15-44 years (previous 417 per 1,000 women aged 15-44 years). This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups in 2022.

Complications

Following ascertainment process for complications from a termination of pregnancy with Admitted Patient Care data, finalised complications were reported for 219 (4.5%) of women in 2022 (Table 13). A further 56 complications resulting from terminations of pregnancy resulted from the ascertainment process.

Table 13: Complications resulting from termination of pregnancy including readmissions, South Australia, 2022

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	173	79.0	3.6
Uterine infection	18	8.2	0.4
Bleeding	8	3.7	0.2
Anaesthetic complications	2	0.9	0.0
Perforation/trauma to uterus	1	0.5	0.0
Haemorrhage intra-operative	1	0.5	0.0
Haemorrhage post-operative	1	0.5	0.0
Sepsis	0	0.0	0.0
Damage to cervix	1	0.5	0.0
Other complications	14	6.4	0.3
Total	219	100.0	4.5

The two most common termination methods in 2022 were Mifepristone and Misoprostol and vacuum aspiration and dilatation and curettage. Terminations using these methods resulted in complication rates of 6.9% and 0.8% respectively (Table 14).

Table 14: Method of termination resulting in a complication, South Australia, 2022

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	2,888	198	6.9
Vacuum aspiration / Dilatation and curettage	1,446	11	0.8
Dilatation and evacuation	502	9	1.8
Vaginal prostaglandin	14	0	0.0
Other	1	1	100.0
Total women	4,851	219	4.5

In 2022, of the 198 women with complications reported following a termination of pregnancy with Mifepristone and Misoprostol, 165 (83.3%) were due to retained products of conception.

Table 15: Complication type and method of termination procedure, South Australia, 2022

Method of termination	Number of complications	Retained products of conception	Uterine infection	Bleeding	Anaesthetic complications	Perforation/trauma to uterus	Haemorrhage intra-operative	Haemorrhage post-operative	Damage to Cervix	Other
Mifepristone + Misoprostol	198	165	15	6	0	0	1	1	0	10
Vacuum aspiration / Dilatation and curettage	11	4	1	2	2	1	0	0	0	1
Dilatation and Evacuation	9	4	1	0	0	0	0	0	1	3
Vaginal Prostaglandins	0	0	0	0	0	0	0	0	0	0
Other	1	0	1	0	0	0	0	0	0	0
Total	219	173	18	8	2	1	1	1	1	14

For more information

Pregnancy Outcome Unit

Preventive Health SA

Call (08) 7117 9200 or Email preventivehealthsa.pregnancystats@sa.gov.au

Website:preventivehealth.sa.gov.au



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