



Government of **Western Australia**
Department of **Health**

Induced Abortions in Western Australia

2016 – 2018

Sixth Report of the Western Australian
Abortion Notification System

In brief

November 2019



Acknowledgements

The authors acknowledge and thank the notifiers who completed and submitted the abortion notification forms upon which the data collection is based. The completeness and accuracy of the data are dependent on their collaboration.

This report would not be possible without the dedication and commitment to data quality and process of Mrs Maureen Cheong and Mr Alan Joyce in the Maternal and Child Health Unit.

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Citation

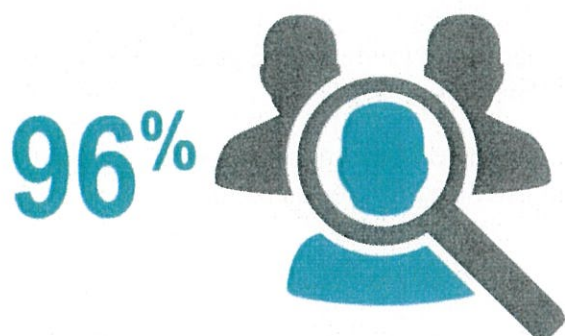
The citation below should be used to reference this publication:

Galrao M, Hutchinson M and Joyce A (2019). **Induced Abortions in Western Australia 2016–201: in brief**. Sixth Report of the Western Australian Abortion Notification System, Department of Health, Western Australia.

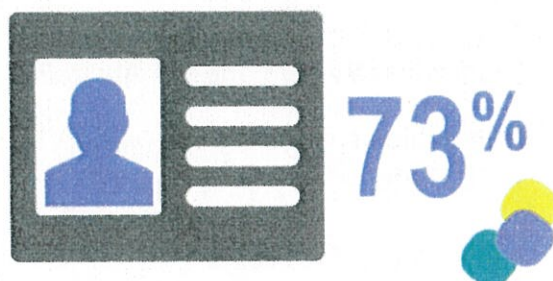
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Women who had an abortion in WA 2016-2018:



Were non-Aboriginal



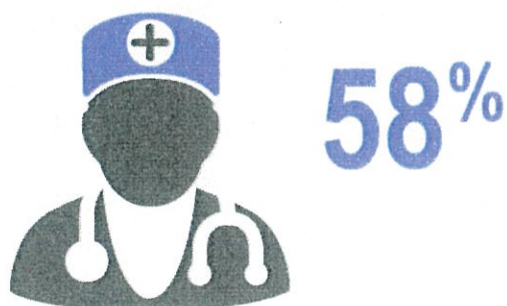
Were aged between
20 and 34 years



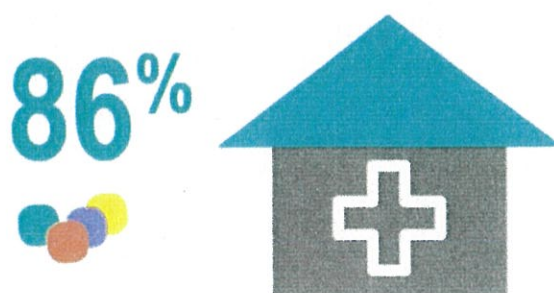
Lived in the metro area



Were less than
9 weeks pregnant



Had the abortion by
vacuum aspiration



Had the abortion in a private
clinic in the metro area

Introduction

Induced abortions Western Australia 2016 – 2018 In brief presents key statistics and trends on abortions.

Data used in this report were extracted from the Abortion Notification System, Midwives Notification System and the Australian Bureau of Statistics.

Data tables supporting this “in brief” report can be viewed in the [associated Ms Excel worksheets](#). There are less data tables here than provided in the full report.

Abortion rate

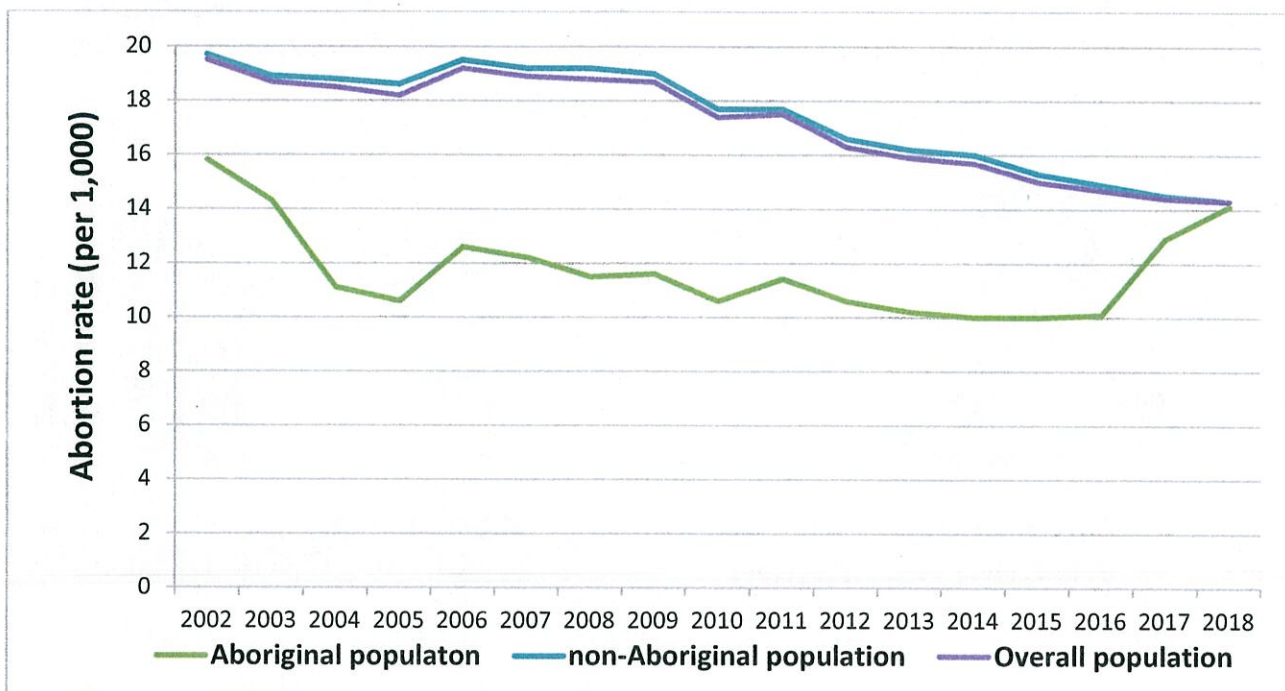
Abortion rate is the number of abortions per 1,000 women of reproductive age (15-44 years).

Since 2002, the overall WA population of women of reproductive age (15 to 44 years) increased by 26%; the number of WA Aboriginal women of reproductive age rose by 33%.

The overall number of induced abortions notified in WA since 2002 reached a peak of 8,908 in 2009. It has been steadily decreasing since then, reaching the lowest recorded number of 7,816 in 2018. Until 2016, the number of abortions among Aboriginal women had remained in the low 200s. After this, the number rose to 295 in 2017 and 325 in 2018.

The overall abortion rate has experienced a downward trend (from 19.7 in 2002 to 14.3 in 2018) (Figure 1). The same trend was observed among non-Aboriginal women. However, the abortion rate for Aboriginal women increased in 2017, and again in 2018, to 12.9 and 14.1, after being fairly stable for 6 years (Figure 1).

Figure 1. Abortion rate, WA, 2002 – 2018



Abortion proportion

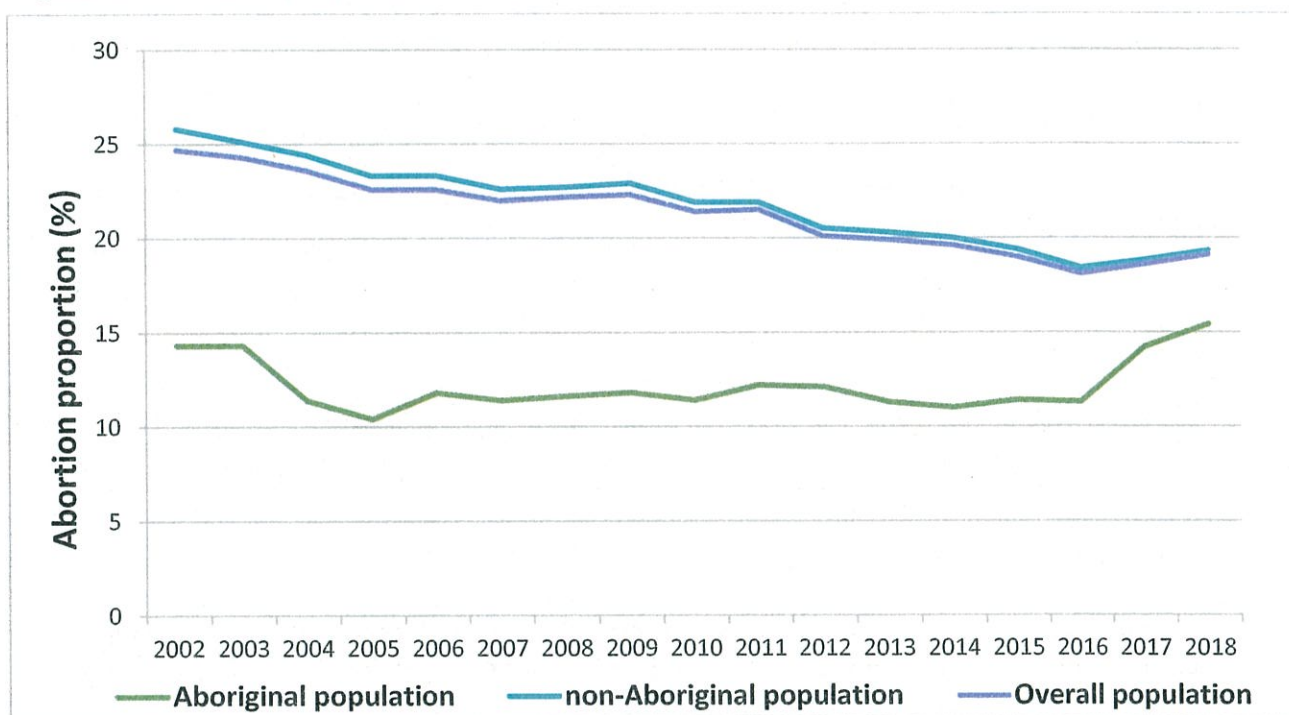
Abortion proportion is the number of pregnancies that ended up in abortion, expressed as a percentage.

The overall abortion proportion was 18.1 in 2016, 18.6 in 2017, and 19.1% in 2018. This represents an overall decline from 24.7% in 2002 (Figure 2. Abortion proportion, WA, 2002 – 2018).

For Aboriginal women, this figure was stable at around 11% from 2004 until 2016. Since then, it increased to 14 in 2017, and then again to 15.4% in 2018.

For non-Aboriginal women, abortion proportion has followed the overall trend of decline from 25.8 in 2002 to 19.3% in 2018 (Figure 2).

Figure 2. Abortion proportion, WA, 2002 – 2018

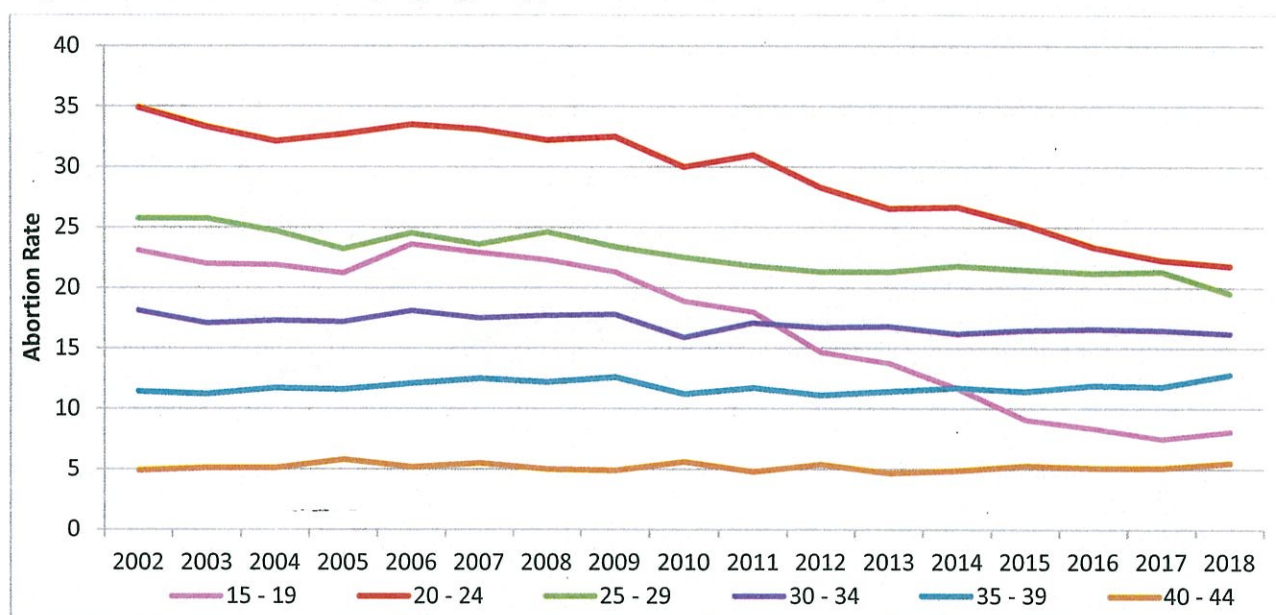


Abortion rate by age group

Abortion rates by age group were determined using the number of induced abortions per 1,000 women of each 5-year age group living in WA.

The abortion rate for teenage women has dropped significantly since 2002, from 23.1 to 8.1 in 2018. For women aged 20 to 24 years, the abortion rate decreased from 34.9 in 2002 to 21.8 in 2018. This 5-year age group has consistently had the highest abortion rate. In all other age groups, there was little change in abortion rate over the same period (Figure 3).

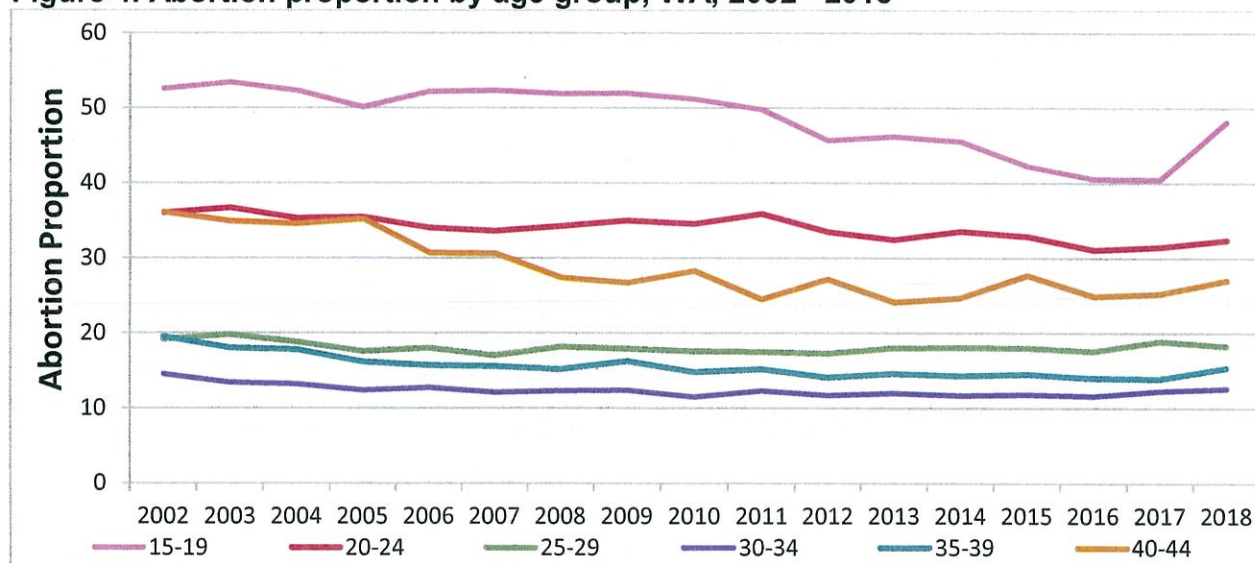
Figure 3. Abortion rate by age group, 2002 - 2018



Abortion proportion by age group

Between 2016 and 2018, the proportion of pregnancies that ended in abortion was highest among teenage women and lowest among women aged 30 to 34 years. This has not changed since 2002 (Figure 4).

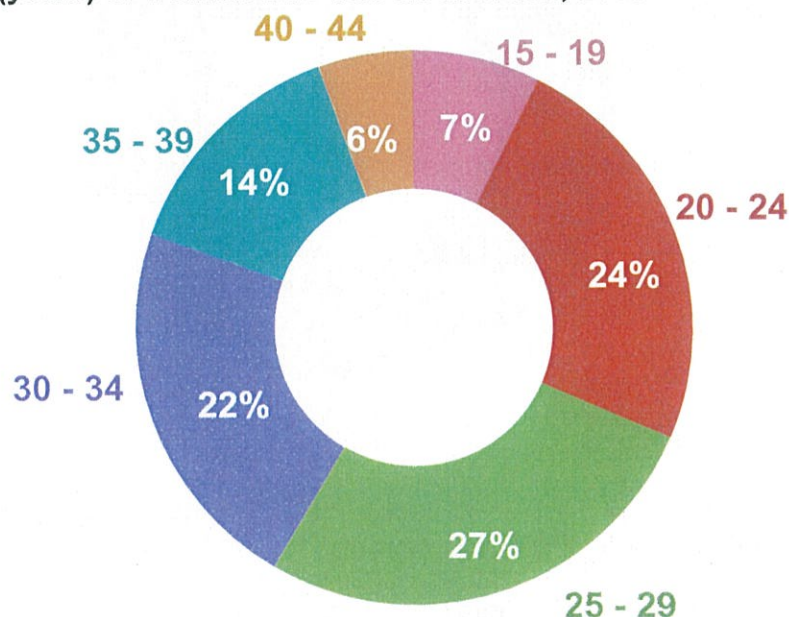
Figure 4. Abortion proportion by age group, WA, 2002 - 2018



Age

Between 2016 and 2018, abortion was more prevalent among women aged between 25 and 29 years (27%), followed by those aged between 20 to 24 years (24%) and 30 and 34 years (22%) (Figure 5). The mean age of women who had an abortion has been steadily increasing since 2002, from 26.2 to 28.6 years in 2018.

Figure 5. Age (years) of women who had an abortion, 2016 - 2018

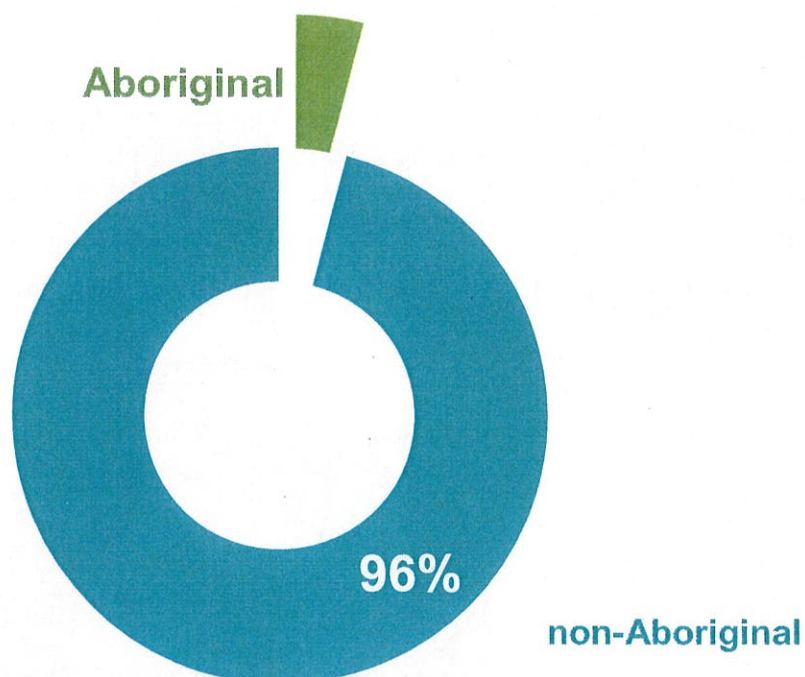


Aboriginal status

The majority of women who had an abortion in WA between 2016 and 2018 identified as being neither Aboriginal nor Torres Strait Islander (96%) (This is similar to the proportion living in WA between 2016 and 2018 (96%).

Figure 6). This is similar to the proportion living in WA between 2016 and 2018 (96%).

Figure 6. Aboriginality of patients who had an abortion in WA, 2016 - 2018



Place of residence

Consistent with previous years, the overall abortion rate in the metro regions was higher than the overall abortion rate in the country regions for the years 2016 to 2018 (Figure 7).

However, the abortion rate for both metropolitan and country regions has decreased between 2002 and 2018. In the metropolitan region, it decreased from 20.2 to 14.9 and in the country regions, from 14.1 to 11.2.

Figure 7. Abortion rate by health region of residence, WA, 2016-2018 combined

Gestational age

Gestational age refers to the number of completed weeks since the first day of the last menstrual period.

In the period of 2016 to 2018, the vast majority of abortions were performed at 9 weeks gestation or less (81%)(Figure 8). This has been consistent since 2002 (Figure 9).

Figure 8. Gestational age of induced abortions, WA, 2016 – 2018

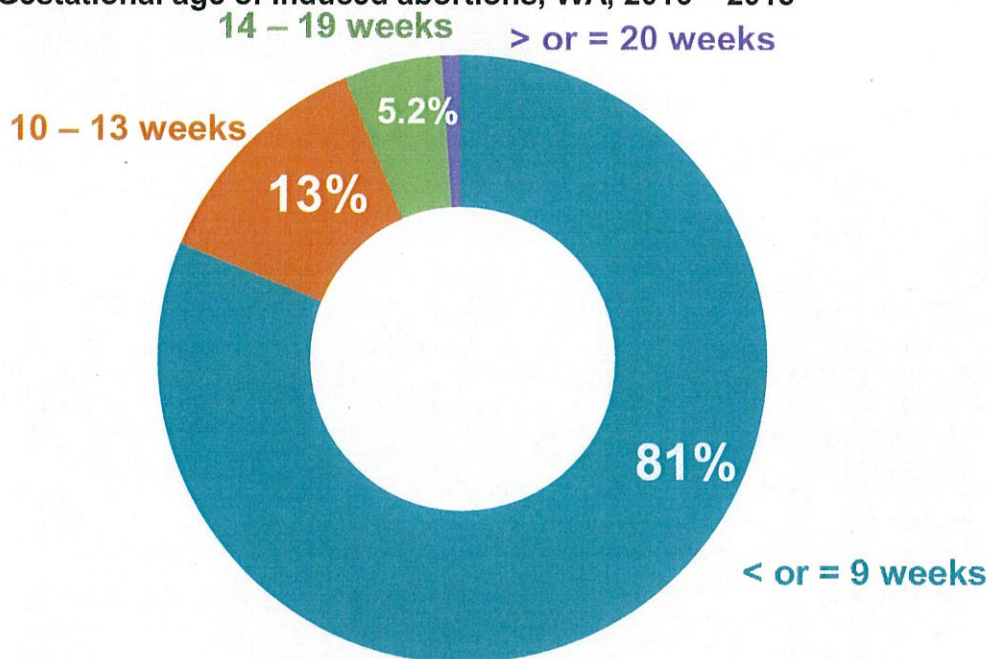
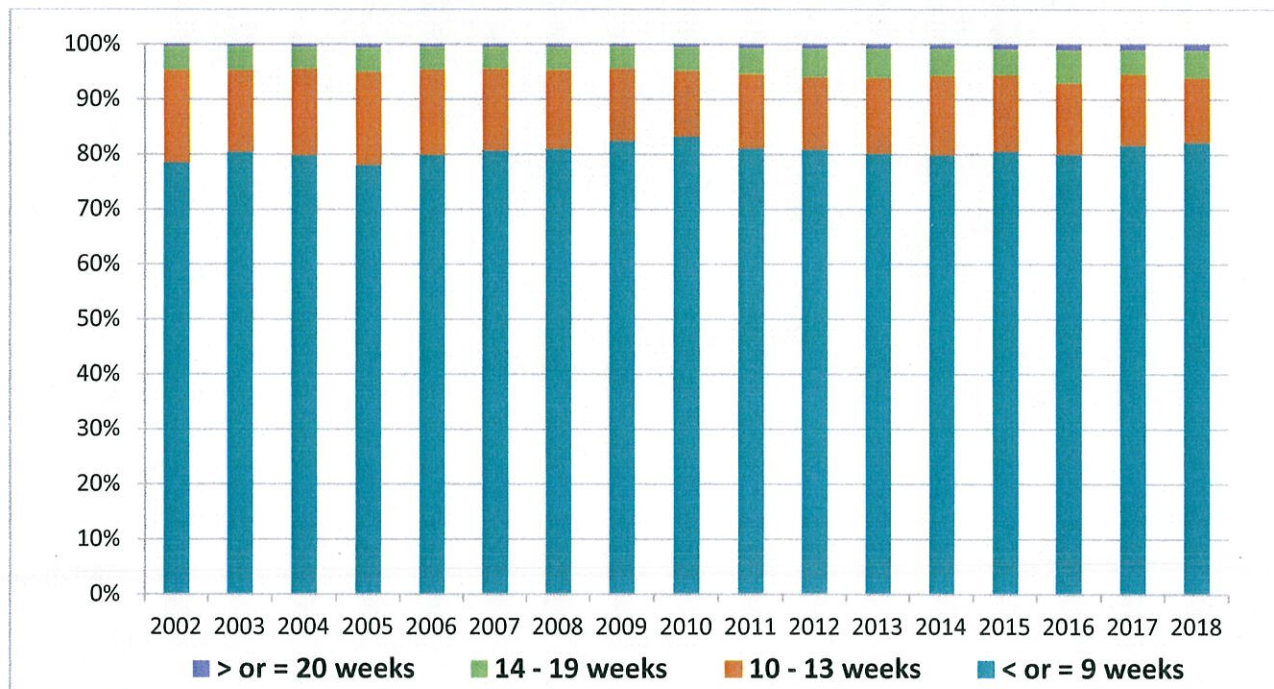


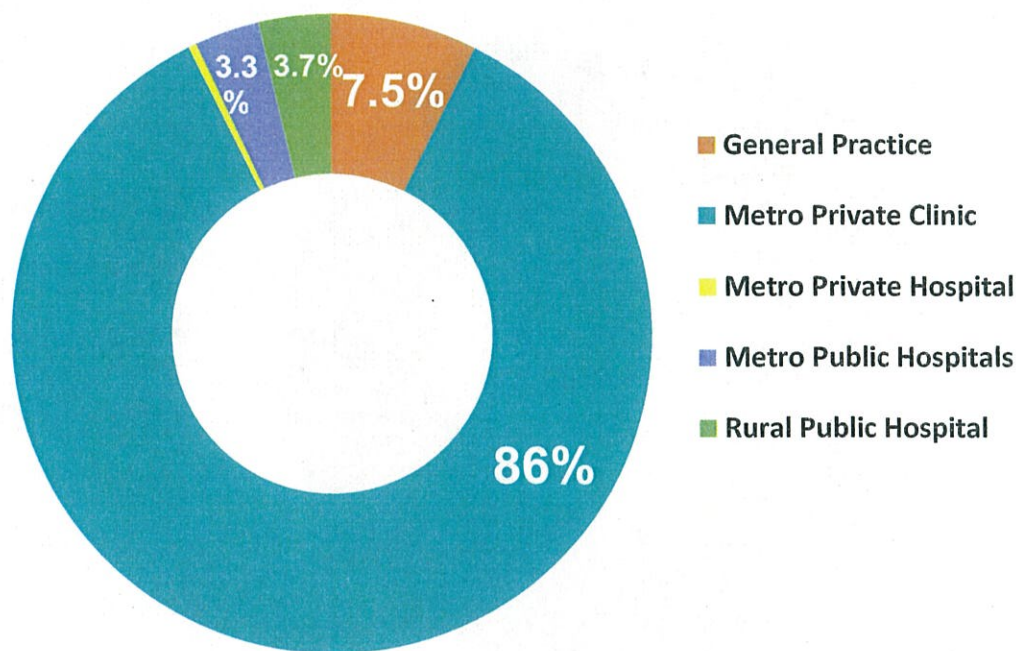
Figure 9. Percentage of induced abortions by gestational age, WA, 2002-2018



Health service category

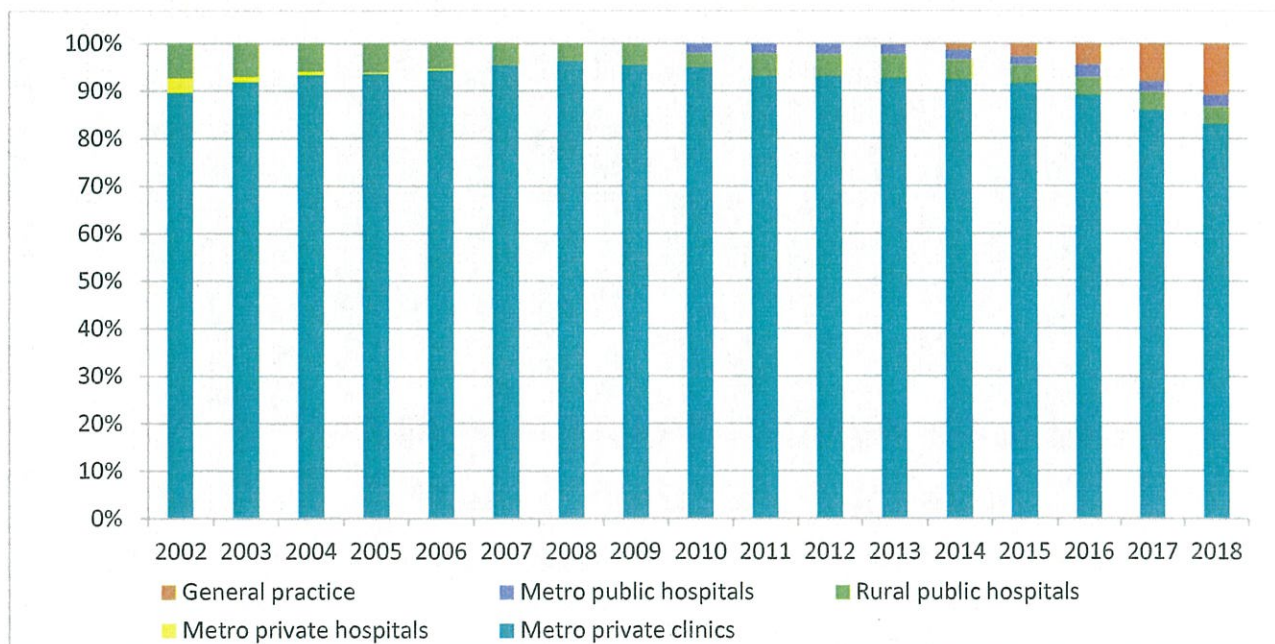
Between 2016 and 2018, the largest number of WA abortions occurred in private clinics in the metropolitan region (86%) (Figure 10). This has not changed since 2002 (Figure 11).

Figure 10. Percentage of abortions by health service category, WA, 2016-2018



The availability of Mifepristone since 2012 for abortions at gestations less than 49 days (from 2014, for gestations less than 63 days) enabled induced abortion to be managed in a general practice setting. In 2013, general practice accounted for 0.1% of induced abortions. By 2018, this figure was 10.6% (Figure 11).

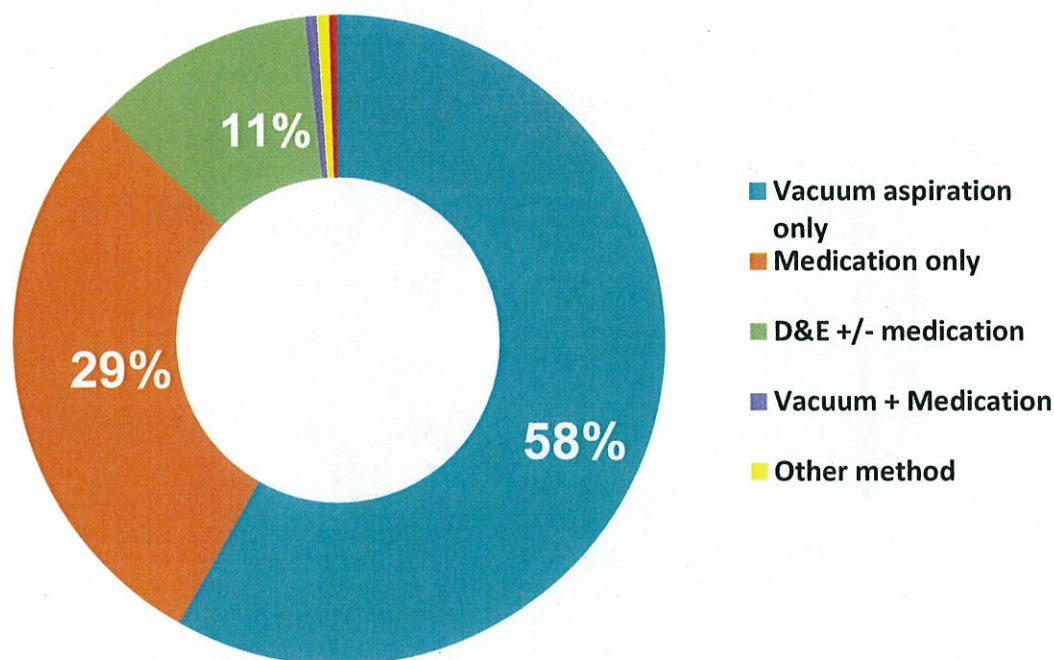
Figure 11. Percentage of abortions by health service category, WA, 2002 – 2018



Method of abortion

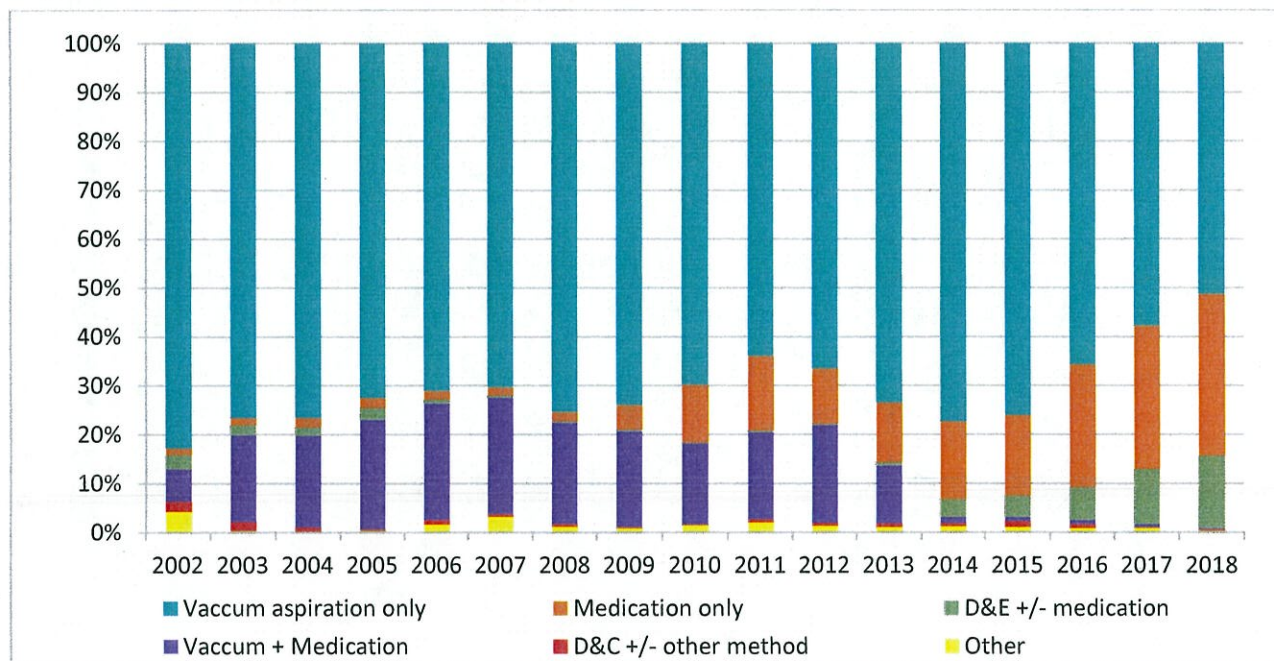
Between 2016 and 2018, the majority of abortions were induced through vacuum aspiration (58%) (Figure 12).

Figure 12. Method of abortion, WA, 2016 - 2018



From 2002 to 2018, abortions performed, using medication only, increased from 1.4 to 33% of total abortions. Abortions performed using vacuum aspiration, with or without medication, decreased from 89.4 to 51.5% in the same period (Figure 13).

Figure 13. Percentage of abortions by method, WA, 2002 - 2018



Reason for abortion

Reason for abortion is notified as either fetal anomaly (suspected or confirmed), or 'other' (including selective reduction of multiple pregnancies). For the period between 2016 and 2018, 97% of all abortions were performed for reasons other than fetal anomaly (Figure 14). This has been consistent since 2002 (Figure 15).

Figure 14. Reason for abortion, WA, 2016 - 2018

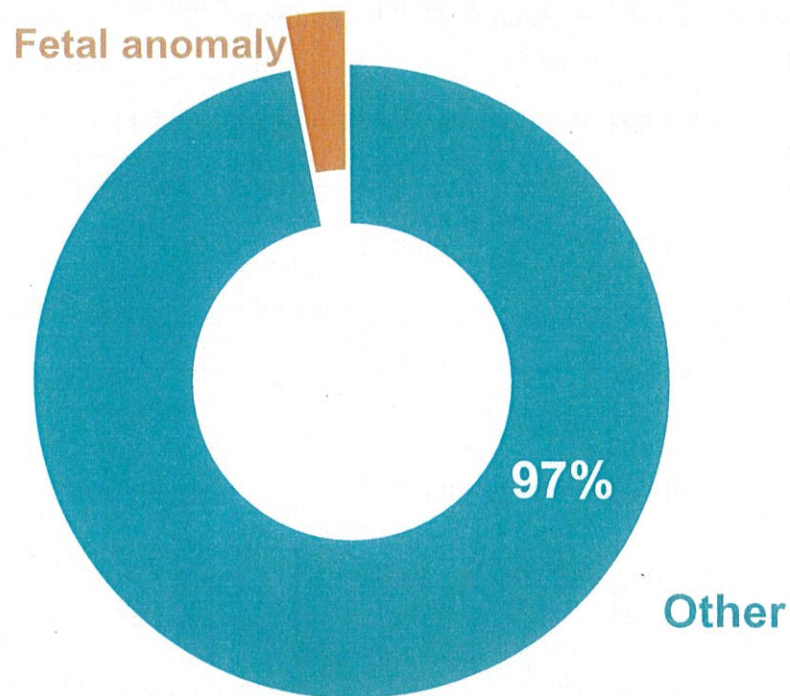
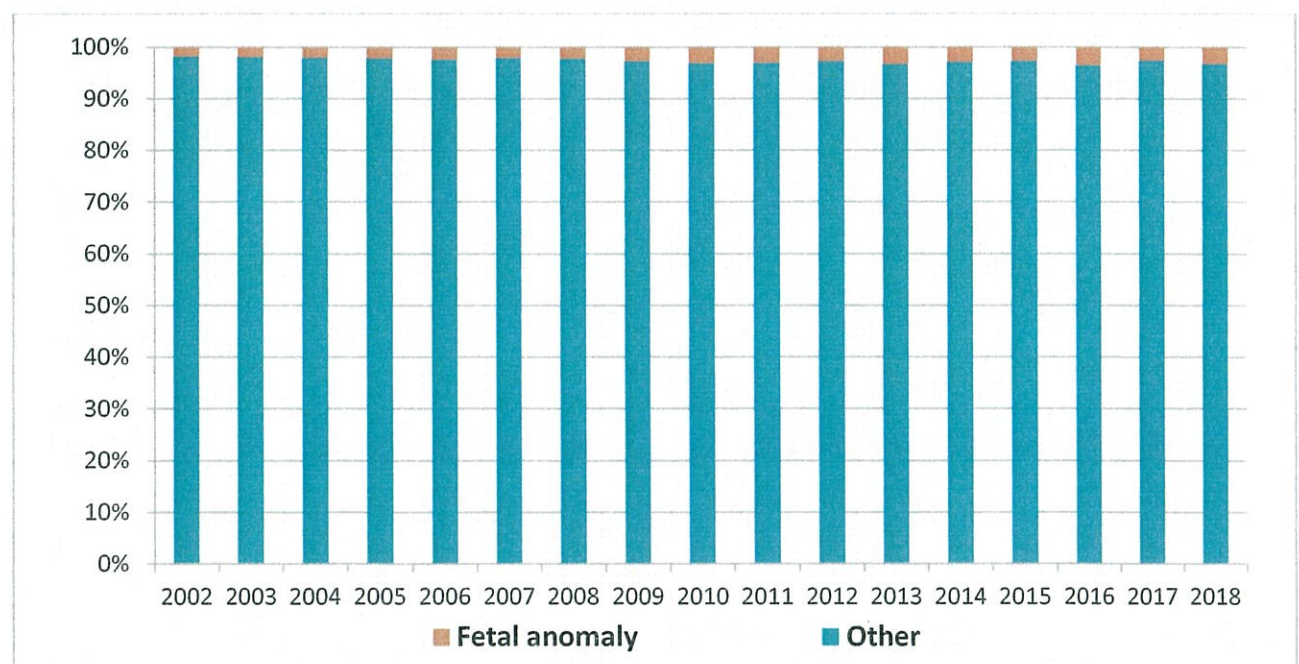


Figure 15. Percentage of abortions by reason, WA, 2002 - 2018

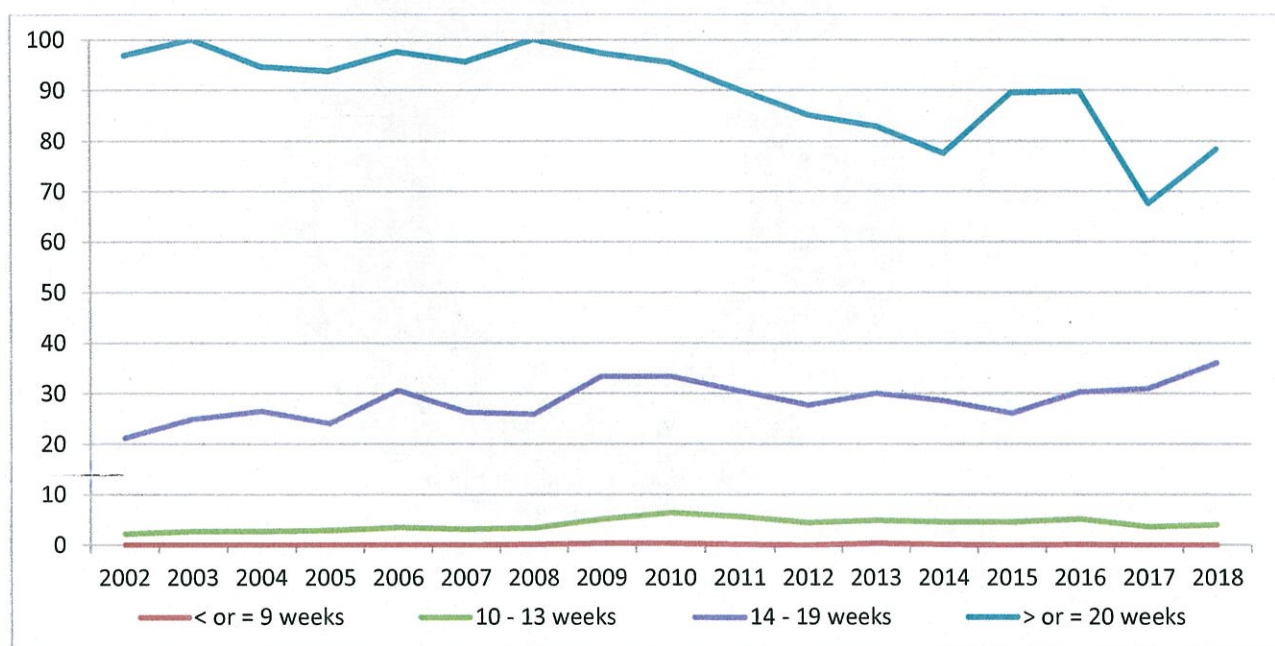


Abortion for fetal anomaly by gestational age

Despite the overall low percentage of abortions for fetal anomaly, this condition continued to be the most common reason for abortions performed at gestations of at least 20 weeks (67%) between 2016 and 2018.

In the same period, fetal anomaly accounted for: 32% of abortions performed between 14 and 19 weeks; 4% of abortions performed between 10 and 13 weeks and 0.1% of abortions performed at less than 9 weeks gestation. This has not changed since 2002 (Figure 16).

Figure 16: Percentage of abortions for fetal anomaly by gestational age group, WA, 2002-2018



National and international comparison

The ability to compare the rates of abortions in WA with those in other jurisdictions is affected by differences in legislation and reporting.

Only the jurisdictions publishing official abortion reports using the same population definition as WA (i.e. women aged between 15 and 44), were used for comparison. These are presented on Table 1.

In 2016, 2017 and 2018, WA had an abortion rate lower than England and Wales and higher than the Northern Territory, South Australia, Scotland and the Netherlands.

Table 1. Abortion rate in WA and other jurisdictions, 2016 – 2018

Jurisdiction	2016	2017	2018
England and Wales	16.6	17.3	18.0
Western Australia	14.7	14.7	14.6
South Australia	13.2	N/A	N/A
Northern Territory	N/A	N/A	13.1
Scotland	11.7	12.1	12.9
Netherlands	8.5	8.6	N/A

N/A – data not available at time of publication

Bibliography

Department of Health and Social Care. (2018). *Abortion Statistics, England and Wales: 2018*. Retrieved 3 June, 2019 from <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2018>

Department of Health WA. (n.d.). *Department of Health WA. (2019). Epidemiology Branch, Public Health Division, Department of Health WA.*

Health and Youth Care Inspectorate (Netherlands), Ministry of Health, Welfare and Sport. (n.d.). *Terminations of Pregnancy*. Retrieved July 1, 2019, from <https://www.igj.nl/documenten/rapporten/2019/02/07/jaarrapportage-wet-afbreking-zwangerschap-wafz-2017>

Information Services Division. (2017). *Termination of Pregnancy Statistics, Year ending December 2016*. Information Services Division. Edinburgh: NHS, National Services Scotland.

National Institute for Health and Welfare (Finland). (2018). *Induced Abortions 2018*. Retrieved July 22, 2019 from <https://thl.fi/en/web/thlfi-en/statistics/information-on-statistics/quality-descriptions/induced-abortions>

Pregnancy Outcome Unit, Prevention and Population Health Branch, SA Health, Government of South Australia. (n.d.). (2018) *Pregnancy Outcome in South Australia 2016*. Retrieved 1 July, 2019 from <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internal/about+us/health+statistics/pregnancy+outcome+statistics>

Women's Health – Chronic Conditions and Prevention. (2019). *Termination of Pregnancy Law Reform*. Department of Health, Northern Territory.

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