

**Te Tatau o te Whare Kahu | Midwifery Council
Statement on Midwifery Led Abortion**

Early Medical Abortion - For Midwives

In March 2020, changes were made to the primary legislation for abortion, including the Contraception, Sterilisation, and Abortion (CSA) Act 1977 and the Crimes Act 1961. Changes were also made to the Health Practitioners Competence Assurance (HPCA) Act 2003 and the Health and Disability Commissioner Act 1994. These changes largely decriminalised abortion, better aligned the regulation of abortion services with other health services and modernised the legal framework for abortion services in Aotearoa New Zealand.

The key changes:

- Allow a woman to self-refer to an abortion service provider.
- Allow a wider range of registered health practitioners, not just doctors, to provide abortions (subject to scopes of practice and education).
- Remove the requirement that abortions may only be performed in licenced premises.

Early Medical Abortion (EMA) sits within the Midwifery Scope of Practice. An EMA can be carried out from 28 days to 70 days after the last menstrual period (LMP). An EMA is the evacuation of the uterus using the medicines mifepristone (an anti-progesterone) and misoprostol (a prostaglandin) in early pregnancy. EMA usually occurs in the community, most often in the pregnant person's home.

Conscientious Objection

A midwife may have an objection on the ground of conscience to the provision of contraception, sterilisation, abortion services, or associated information/advisory services (a conscientious objection). That midwife must tell the person requesting those services how to access the contact details of the closest provider of those services.

Any employer providing these services, including information or advisory services about whether to continue or terminate a pregnancy, must accommodate the conscientious objection of an employee unless that would cause unreasonable disruption to the health services being provided by that employer.

Education

At its recent meeting, the Te Tatau o te Whare Kahu | Midwifery Council (the Council) endorsed the New Zealand College of Sexual and Reproductive Health Education package '[Abortion' \(Sections 1 and 2\)](#) as adequate education for registered midwives to provide safe care for wāhine, women, pregnant people for early medical abortion only (as defined above). This with the proviso that additional, midwifery focused, holistic learning be provided within the next 12 months to accompany the education package. The Council is currently working with the education provider for



Te Tatau o te Whare Kahu Midwifery Council

this to occur as soon as possible. It is expected that the midwife would already have completed the online course '[Introduction to the Abortion Legislation and Midwifery Roles and Responsibilities](#).

We will continue to gather feedback on the education package to inform the strengthening of the education from a midwifery perspective; and work with Manatū Hauora | Ministry of Health and the providers of the education package to implement these changes.

The Council does **not** consider the education package as adequate for midwives to undertake **early surgical abortion or any second trimester abortion**. The education assumes skills that are not part of a midwife's undergraduate education or usual practice. There is no work in progress by the Council to create the additional education.

Ultrasound

The evidence does not support routine ultrasound prior to an early trimester abortion. Instead, a decision making tool is provided to identify when an ultrasound is required. An ultrasound is also not best practice in identifying whether a successful termination has occurred. Please access the decision tool via the education package. The Council will provide further communication on the education for midwives to undertake ultrasound, when indicated.

Contraception

Providing immediate advice and administration of contraception is extremely important for health professionals offering abortion care. It is expected that all midwives providing this care are up to date and skilled in contraception, particularly long-acting reversible contraception (LARC). Courses are available from [New Zealand Family Planning](#).

Reporting

Midwives need to report to the Ministry of Health for each abortion that they provide, as well as provide an annual report. Additional information relating to reporting can be found on the [Ministry of Health website](#).

List of Providers

The Director General of Health must compile and maintain a list of the names and contact details of abortion service providers in Aotearoa. An abortion service provider means an entity that provides abortion services – that is, a provider's name and address, rather than individual health practitioners within that provider service. Additional information about abortion services can be found on the [Ministry of Health website](#).