



CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

October 2008

To the Committee Secretary
Senate Finance and Public Administration Committee
Department of the Senate
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Canberra ACT 2600
Australia
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**Submission by Children by Choice to the Inquiry into item 16525 in Part 3 of
Schedule 1 to the Health Insurance (General Medical Services Table) Regulations
2007.**

Thank you for the opportunity to make a submission into the Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance (General Medical Services Table) Regulations 2007.

About Children by Choice:

Children by Choice provide counselling information and education services on options with an unplanned pregnancy, including abortion, adoption and parenting. In particular, we provide a Queensland-wide counselling and information to women experiencing unplanned pregnancy. A small percentage of our clients present with a fetal abnormality.

The terms and use of 16525:

Medicare item no. 16525 is for the management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease. The second trimester of pregnancy is generally regarded as being the 13th to 26th week of pregnancy.

Medicare item no. 16525 applies only to procedures undertaken on private patients in a clinical or hospital. It does not apply to public patients in public hospitals who receive treatment free of charge.

Management of second trimester labour with induction is an accepted international and Australian medical practice for termination with serious medical conditions. Royal College of Obstetricians and Gynaecologists and Royal College of Australian and New Zealand of Obstetricians and Gynaecologists provide treatment guidelines for this procedure.

It is our understanding that 16525 is not generally used by medical practitioners for the provision of surgical termination of pregnancy in the second trimester.

The medical procedures for which item no. 16525 applies are generally considered to be lawful under Australian law. In most states of Australia termination of pregnancy is regarded as lawful where a medical practitioner believes the procedure is necessary to protect the woman from serious harm to her physical and mental health. In some states, such as Victoria and ACT, pregnancy termination in the first and second trimester is generally legal in all circumstances (NB Victoria to 24th week pregnancy). In states such as Western Australia and South Australia termination on the basis of severe medical condition of fetus and/or likelihood serious disability in resulting child is specifically permitted.

The focus of the discussion around the proposed disallowance motion was on the item's use for second trimester termination for reasons of fetal abnormality and health of the pregnant women, however the item is also utilised in cases of fetal death in utero. The reasons for the use of this item are not recorded in the Medicare statistical collection. However, the use of this Medicare item can only be authorised by a medical practitioner where he/she believes the treatment is necessary to the health of the patient and the treatment meets the criteria specified for the use of the item.

Notes on reasons for the use of the Item no. 16525:

FETAL ABNORMALITY

Best practice medical care of pregnant women in Australia and internationally now incorporates the offer of routine antenatal screening for fetal health and abnormality. RANZCOG offers guidelines to practitioners on counselling and information giving around antenatal screening, including the option of termination of pregnancy following the diagnosis of a severe abnormality and/or life threatening medical condition of the fetus. Item no. 16525 recognises this important component of providing medical care to pregnant women in their second trimester.

Antenatal screening commences in late first trimester. If women are diagnosed at being higher risk for these certain fetal abnormality conditions, further testing such as Amniocentesis and Chorionic Villus Sampling can be undertaken in early second trimester. All pregnant women undergo a routine ultrasound scan at 19-20 weeks pregnancy for structural fetal abnormalities, in particular neural tube defects, and pregnancy wellbeing. Many lethal and severe fetal abnormalities cannot be detected until this time.

Following a positive diagnosis of serious abnormality many women will have further tests to confirm diagnosis and outlook, consider options of medical treatment with their doctors, find out what support is available if pregnancy continues and take some time to absorb the information and make a decision. Some hospital and other services offer counselling and support at this time for women.

The diagnosis of severe abnormality can be very difficult and distressing experience for women and their partners. According to a British Medical Association report: 'Once a

diagnosis has been made, parents experience deep shock at the loss of what they had believed previously was a normal pregnancy, whatever the abnormality and whatever the decision they subsequently make. In shock, and experiencing symptoms of acute grief including anger, despair, guilt, inadequacy, sleeping and eating difficulties they have no choice but to make decisions about the management and outcome of the pregnancy.'

Decisions about the fate of pregnancies in which the fetus has been diagnosed with a lethal abnormality or serious disability are difficult and very personal ones. They are decisions that can only be made by the woman and her family based on their own situation and values.

INTRAUTERINE FETAL DEATH

In 2005 there were 1411 fetal deaths in Australia. Fetal deaths are recorded at 20 weeks or greater gestation or if over 400 grams weight. Fetal demise earlier in the second trimester is not recorded. Fetal death can be caused by a severe maternal health condition, lethal fetal congenital abnormality, or for medically unexplained reasons.

MATERNAL DISEASE

Some women experience life threatening disease during pregnancy, such as heart disease, severe pre-eclampsia, severe haemorrhaging or an aggressive cancer diagnosis. In some cases, women and their doctors may consider that it is in the best interests of their continuing life and health to terminate the pregnancy. This is an extremely difficult decision for women, their families and their doctors.

ABORTION AND MENTAL HEALTH

The American Psychological Association has reviewed 20 years of evidence in relation to abortion and mental health and concluded that the risk of mental health problems is no different for women terminating a pregnancy or continuing to term. It found that women who experience miscarriage, still birth, death of a new born or termination of a wanted pregnancy due to fetal abnormality have equivalent negative psychological reactions but these are less than women who deliver a child with life-threatening abnormalities.

Effects of disallowance of Medicare item no 16525:

Children by Choice does not support the removal of this item number. Impacts of the removal of 16525:

- Cause further psychological distress to women and their families who are already experiencing difficult emotional circumstances.
- Women with a life threatening illness or are carrying a dead fetus may be forced to continue the pregnancy even if it places their lives in further danger.

- Cause delays in accessing a necessary health procedure and further negatively impact on the pregnant woman's physical and mental health. Removal of the item number would inequitably impact on women in rural and regional areas with already limited access to medical and health services and financially disadvantaged women.
- Likely shift some of the provision of the procedures covered by the item to the public hospital system and place additional pressures on these services.

Thank you for considering our submission. Please contact me if you require further information or require attendance at any committee hearings into this issue.

Yours sincerely,

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