



Report of the
**ABORTION
SUPERVISORY
COMMITTEE**

2008

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

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MEMBERSHIP OF THE COMMITTEE

Professor L J Holloway DCNZM (Chair)
 Reverend P A Allan
 Dr R J Fenwicke

INTRODUCTION

The present members of the Abortion Supervisory Committee (ASC) were appointed in June 2007. The advantage the present committee has had over previous committees is that it has been adequately resourced by the Ministry of Justice. The ASC would therefore like to acknowledge Mr Stuart White, General Manager of Special Jurisdictions at the Ministry of Justice, and his staff for providing this resourcing and assisting the ASC to perform its functions.

Adequate resourcing has enabled the ASC to put in place a work programme to address issues concerning abortion services in New Zealand and in particular work on examining the pathway for the abortion process. This work programme began in August 2007, shortly after the new members of the ASC were appointed.

FUNCTIONS AND POWERS OF SUPERVISORY COMMITTEE

The functions and powers of the ASC are set out in section 14 of the Contraception, Sterilisation, and Abortion Act 1977 (the Act). From the outset, the ASC has used section 14 of the Act as its work template.

Therefore, the ASC reports below on its activities over the last year for each of its functions as listed under section 14 of the Act.

s14(1)

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

After the first meeting of the present members of the ASC in August 2007, the ASC soon became aware that review of the operation and effect of the abortion law in practice was not organised in a systematic way, most likely as a consequence of a lack of resources in the past.

The ASC has put in place a work programme to review more systematically the provisions of the abortion law and how these are implemented around the country.

The work programme for 2007/08 includes:

- i) Introduction of a standardised service questionnaire to be completed by licence holders at the time of the yearly application for licence renewals;
- ii) Scheduled on-site service reviews by the Counselling Advisor to the ASC;

- iii) Scheduled annual to biennial visits to licensed institutions around the country, talking with staff and viewing facilities;
- iv) Attendance at the Abortion Providers' Conference in Auckland in March 2008;
- v) Communication with members of interested community groups and individuals;
- vi) Appointment of a Standards Committee to develop guidelines for the safe and effective provision of quality abortion services in New Zealand;
- vii) Communication with District Health Boards New Zealand (DHBNZ) and input into its review of termination of pregnancy services in New Zealand;
- viii) Development of a database to better capture abortion statistics in New Zealand;
- ix) Discussions with research groups and individual researchers;
- x) Revision of the application form for those doctors applying to become certifying consultants under the Act.
- xi) Reviewing the reappointments of certifying consultants in terms of work volumes and advising certifying consultants undertaking less than ten consultations a year they will need to take part in ongoing Continuing Medical Education relevant to their scope of practice; and
- xii) Setting guidelines for licence holders in New Zealand.

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

In the process of reviewing the implementation of the Act in New Zealand it has become apparent to the ASC that there has been a lack of clarity among licensed institutions as to who can be the "holder" of a licence under the Act.

The ASC has clarified the requirements by publishing guidelines for licence holders (These were sent to all licensed institutions in August 2008). The guidelines make it clear that a licence holder must be the person who is in charge of the hospital or institution, and cannot be a person with responsibility for only a department within the hospital, or for certain types of staff in the hospital.

The guidelines also detail the roles and responsibilities of licence holders under the Act.

The ASC has asked licensed institutions, where appropriate, to take steps to rectify any anomalies in their position following receipt of the guidelines and will be monitoring compliance with this request.

As noted in the overall summary above, the ASC has continued to consider applications for licences and the renewal of existing licences as part of its regular activity.

To ensure it is better informed in considering licence applications, the ASC has introduced an appendix to the application for licence renewal. The appendix consists of a number of questions for institutions on the provision of service, counselling available, contraception advice and provision, medical abortion and workforce issues.

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

The ASC has appointed a Standards Committee, in accordance with section 15 of the Act, to produce the ASC Standards Document for the Provision of Abortion Services in New Zealand 2008.

The Standards Committee consists of experts in the fields of obstetrics and gynaecology, women's health, primary care, nursing and counselling, and will be establishing a set of best practice standards and guidelines for services and facilities provided by institutions licensed to perform abortions.

The Standards Committee has also been asked to look at current and future training and workforce issues.

Once produced, this document will be available to DHBs, professions and the public and should serve as a useful guide to the equitable provision of quality abortion services in New Zealand.

As part of the ASC's responsibility to monitor the provision of abortion services under the Act, the document will be updated regularly to take into account developments in the field.

(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***

As part of a regular schedule of visits to licensed institutions around the country, the ASC has talked with staff to understand how women access abortions in their own localities, and also which of the range of possible abortion services women are able to access locally.

In the process of these discussions it has become apparent there are many women in New Zealand who are not able to access locally some or all abortion and post-abortion contraceptive services.

The ASC has been assisted in its visits by having information about the staff qualifications, facilities, range of services, current problems and local issues provided by the visiting Counselling Advisor in written form prior to the meeting taking place.

The ASC has also viewed premises and equipment and reviewed the provision of services available in the licensed institutions. The ASC has noted on more than one occasion a lack of resources and space within licensed institutions have been cited as reasons for some services not being provided in some areas.

The ASC has been pleased to document the competence, dedication and expertise of all staff working in the area of the provision of abortion services in New Zealand. However, the ASC also notes, as with other health disciplines, this is an aging workforce and there are few planned educational programmes for training new and

younger staff in the field. The ASC plans to work with the various professional education groups to attempt to improve work force training.

(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

The ASC appoints a Counselling Advisor who visits institutions independent of and prior to the formal ASC visit to licensed institutions.

The Counselling Advisor meets the staff and looks at counselling processes, including the provision and content of the abortion counselling services, staff competencies, qualifications and training needs and how these are being met in the institutions. The Counselling Advisor then provides an in-depth report to the ASC that informs the subsequent visit to the licensed institutions.

In visiting an institution, the ASC meets with the available counsellors or social workers at that institution. The ASC has been impressed with the commitment and dedication of the counselling staff it has met around the country who work in this at times fraught area of health care. Counsellors are often those closest to the women and the issues that have brought them forward for consideration of a termination of their pregnancy. The ASC takes this opportunity to recognise the value and the professionalism of the work abortion counsellors do around New Zealand.

(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

The ASC is aware there are many non-resident women and their partners in New Zealand who come forward for consideration of termination of pregnancy. These women and their families are required to pay for health services.

The ASC will undertake a review of the payments for abortion services in the various licensed institutions in the coming year to ensure the payments are at consistent levels across the country.

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

Under section 17(1) of the Act, the Crown, acting through any department of State, may provide services for the ASC. Accordingly, Statistics New Zealand has, since 1983, collected and produced an analysis of yearly abortion statistics on behalf of the ASC. Statistics New Zealand released the abortions statistics for 2007 on 17 June 2008. These are available online at <http://www.stats.govt.nz/products-and-services/hot-off-the-press/abortion-statistics>.

The ASC would like to express its appreciation to Statistics New Zealand for its service both now and in past years and looks forward to working with Statistics New Zealand in the future.

Later in this report, the ASC presents statistics on some important aspects of abortion in New Zealand, based on the 2007 information collected by Statistics New Zealand.

The ASC also notes that a number of individuals and research groups are active in the study of contraception, sterilisation and abortion in New Zealand. The ASC is pleased there is increasing research interest in the area as it believes it is only with accurate information that various anecdotal opinions are able to be dispelled about the provision of services in New Zealand. Accurate and up-to-date information and research is required to inform providers and the public about the quality and equity of services and to correct misinformation.

(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

The ASC is working with the Best Practice Advocacy Centre (BPAC) on a project that will look at the pathway for abortion decision-making. The ASC is aware that, while many women start on the pathway, not all proceed to termination. The project with BPAC will involve the establishment of a database that will enable the ASC to access more information on the abortion decision-making process. The standardised referral process to be introduced as part of the work with BPAC will also ensure the procedure prescribed by sections 32 and 33 of the Act, where a woman seeks an abortion, is followed appropriately.

The ASC is also looking forward to the publication of ethical guidelines for all primary care and abortion providers in New Zealand, which will be published by the Medical Council of New Zealand in 2009.

(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 there under

The ASC is working with DHBNZ in its development of a paper on Services for Termination of Pregnancy. When finalised, the paper will recommend the requirements for the equitable provision of abortion services to women and families throughout New Zealand, given that abortion has been identified as a core service.

The ASC is encouraged that DHBNZ is taking responsibility to bring to the attention of all DHBs, their responsibility for providing this core service to women and their families. The paper will address issues such as travel assistance and access to services that women face in some areas. The draft paper highlights shared concerns about abortion services in New Zealand.

In particular, the ASC notes the difficulty many women and their partners experience accessing abortions over 13 weeks gestation. Access to these second trimester

services is currently limited to women who live in, or are able to travel to, Auckland or Wellington. Because there are considerable pressures on accessibility to these services, the ASC is aware women from some areas in the past year have had to be assisted to travel to Australia.

Considerable medical expertise is required to undertake second trimester terminations. All staff need to be well trained in the area and be prepared to be part of a specialised team providing these services to women.

The ASC endorses the need for prompt rationalisation and adequate funding of second trimester abortion services initially in two areas of excellence, Auckland and Wellington, and later at a licensed institution in the South Island depending on skill levels.

(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

The ASC has become aware that there is inequitable access to contraception and sterilisation throughout New Zealand. The ASC is gathering information on the availability of post-abortion contraception and encouraging providers to look at providing contraceptive services. As part of the ASC's work programme next year, it will be taking more interest in the equitable provision of post-abortion contraception across New Zealand and whether this has an impact on repeat abortions. It may be that there needs to be greater access to contraception in clinics and in primary care follow-up to reduce repeat abortions. The ASC will be undertaking research in this area in the coming year.

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

This report for the period ending 30 June 2008 is the 31st Annual Report of the Abortion Supervisory Committee to Parliament and fulfils its statutory requirement under section 39 of the Contraception, Sterilisation, and Abortion Act 1977 to report on its activities for the year.

HIGH COURT PROCEEDINGS

Right to Life sought judicial review of the exercise by the ASC of its powers and functions under the Contraception, Sterilisation, and Abortion Act 1977. The High Court held that the abortion law neither confers nor recognises a legal right to life for the unborn child. It also dismissed Right to Life's challenges to the way the ASC has interpreted its obligations in relation to counselling services provided to women under the Act.

The Court held, however, that there is reason to doubt the lawfulness of many abortions authorised by certifying consultants and that the ASC has misinterpreted its functions and powers under the abortion law, reasoning incorrectly that the Court of Appeal decision in *Wall v Livingston* means it may not review or scrutinise the decisions of certifying consultants.

The Court refused mandatory relief and reserved for further argument the question whether declarations ought to be made.

The ASC has appealed the High Court's decision to the Court of Appeal and Right to Life has cross-appealed. The appeal is likely to be heard in early 2009.

STATISTICS

The ASC would like to have presented the figures from 2006 - 2007 in a more user friendly format and provide statistical commentary but time constraints meant this was not possible this year. We have chosen not to include some tables which have been included in previous years because they have limited relevance without deeper analysis.

The ASC anticipates being able to provide statistical information in a different format in the report for the year ended 30 June 2008.

Table 1

Induced Abortions, Rates and Ratios 1980–2007

December year	Induced abortions ⁽¹⁾	Crude abortion rate ⁽²⁾	General abortion rate ⁽³⁾	Abortion ratio ⁽⁴⁾⁽⁵⁾
Five-yearly				
1980	5,945	1.9	8.5	105
1985	7,130	2.2	9.3	120
1990	11,173	3.3	14.0	156
Yearly				
1997	15,208	4.0	17.6	208
1998	15,029	3.9	17.4	207
1999	15,501	4.0	18.0	213
2000	16,103	4.2	18.7	220
2001	16,410	4.2 R	19.1 R	226
2002	17,380	4.4 R	19.9 R	242
2003	18,511	4.6 R	20.8 R	247
2004	18,211	4.5 R	20.2 R	237
2005	17,531	4.2 R	19.3 R	232
2006	17,934	4.3 R	19.6 R	231
2007	18,382	4.3	20.1	222

(1) Induced abortions registered in New Zealand. (Obtained from the Abortion Supervisory Committee.)

(2) Per 1,000 mean estimated population.

(3) Per 1,000 mean estimated number of women aged 15–44 years.

(4) Per 1,000 live births, stillbirths and abortions.

(5) The crude abortion ratio for 1998 is based on the total number of birth notifications received by the Department of Internal Affairs. The abortion ratio for all other years is based on the number of births registered.

Note: Abortion rates from 1991 onwards are based on the mean estimated resident population. Before 1991, abortion rates are based on the mean estimated de facto population.

Symbol:

R revised

Table 2

Induced Abortions by Hospital
December Year 2007

Hospital	Number	Percent
Total	18,382	100.0
Whangarei Area	533	2.9
National Women's Health	128	0.7
Auckland Medical-aid Trust	1,592	8.7
Epsom Day	5,594	30.4
North Shore	23	0.1
Middlemore	20	0.1
Clinical Centre Short Stay Unit	474	2.6
Rotorua	13	0.1
Thames	526	2.9
Tokoroa	549	3.0
Waikato	1,097	6.0
Hawkes Bay	613	3.3
Taranaki Base	368	2.0
Masterton	164	0.9
Wellington	3,075	16.7
Nelson	348	1.9
Wairau	160	0.9
Ashburton public	11	0.1
Christchurch Women's	105	0.6
Lyndhurst	2,330	12.7
Dunedin	646	3.5
Four other hospitals	13	0.1
Other hospitals		
Brightside	8	0.0
Surgery on Shakespeare	3	0.0
Royston Hastings	1	0.0
Palmerston North	1	0.0

Table 3**Induced Abortions by Residence of Woman***Regional Council
December Year 2007*

Regional Council	Number
New Zealand	18,382
Northland Region	574
Auckland Region	7,299
Waikato Region	1,468
Bay of Plenty Region	951
Gisborne Region	158
Hawke's Bay Region	616
Taranaki Region	390
Manawatu-Wanganui Region	828
Wellington Region	2,318
West Coast Region	100
Canterbury Region	1,992
Otago Region	751
Southland Region	277
Tasman Region	133
Nelson Region	216
Marlborough Region	164
Not Stated or Area Outside Region	147

Table 4**Abortion Rates by Age of Woman⁽¹⁾***1997–2007*

December year	Age group (years)									Total abortion rate ⁽³⁾	Median age of women having an abortion (years) ⁽⁴⁾
	11–14	15–19	20–24	25–29	30–34	35–39	40–44	45+ ⁽²⁾			
1997	0.5	21.9	32.8	22.9	15.4	9.7	3.6	0.2	534.2	25.2	
1998	0.6	21.3	32.8	23.1	15.5	9.8	3.1	0.2	531.6	25.3	
1999	0.5	21.4	34.6	24.1	16.0	10.2	3.9	0.3	554.1	25.5	
2000	0.7	23.1	35.7	24.5	16.4	11.4	4.1	0.3	580.4	25.4	
2001	0.6 R	23.8 R	36.9 R	25.9 R	16.8 R	10.9 R	3.9 R	0.4 R	594.9 R	25.2	
2002	0.6 R	25.6 R	38.8 R	26.4 R	17.4 R	10.8 R	4.4 R	0.4 R	621.3 R	24.9	
2003	0.7 R	25.9 R	41.1 R	27.9 R	18.0 R	11.6 R	4.3 R	0.3 R	648.2 R	24.7	
2004	0.7 R	25.4 R	39.1 R	26.8 R	17.0 R	12.0 R	4.3 R	0.4 R	628.7 R	24.7	
2005	0.7 R	24.6 R	36.2 R	26.5 R	16.4 R	11.0 R	4.1 R	0.3 R	600.8 R	24.7	
2006	0.9 R	25.8 R	36.5 R	26.4 R	16.7 R	10.9 R	4.1 R	0.3 R	608.2 R	24.5	
2007	0.9	26.6	37.2	26.2	17.5	11.0	4.0	0.4	619.0	24.5	

(1) Per 1,000 mean female estimated resident population in each age group.

(2) Per 1,000 mean female estimated resident population aged 45–49 years.

(3) The average number of abortions that 1,000 women would have during their life if they experienced the age-specific abortion rates of a given period (usually a year). It excludes the effect of mortality.

(4) Half of those women having an abortion are younger and half are older than this age.

Note: Abortion rates refer to induced abortions registered in New Zealand.

Symbol:

R revised

Table 5

General Abortion Rate⁽¹⁾
New Zealand and selected low fertility countries
 1998–2006

Country	1998	1999	2000	2001	2002	2003	2004	2005	2006
Australia ⁽²⁾	20.8	20.4	20.6	20.8	20.3	19.7	19.3
Denmark	15.1	15.1	14.6	14.3	14.1	14.7	14.4	14.4	R 14.3
England and Wales ⁽³⁾	16.6	16.2	R 16.3	R 16.3	R 16.2	16.6	16.9	17.0	R 17.5
Finland	10.4	10.5	10.7	10.6	10.9	10.8	R 11.2	R 11.1	10.8
France	15.8	15.9	15.6	16.4	R 16.8	R 16.5	R 17.1	16.8	..
Germany	8.0	7.7	8.0	8.0	7.8	7.6	7.7	7.5	7.3 P
Netherlands ⁽³⁾	7.1	7.4	8.0	8.4	8.7	8.6	8.7	8.6	..
NEW ZEALAND	17.4	18.0	18.7	19.1	R 19.9	R 20.8	R 20.2	R 19.3	R 19.6 R
Norway	15.3	15.5	16.0	15.2	14.8	15.1	15.3	15.2	15.5
Scotland ⁽³⁾	11.5	11.2	11.1	11.3	11.1	R 11.6	11.8	12.0	R 12.5
Sweden	18.3	18.1	18.3	18.7	19.6	20.2	20.0	20.2	20.6
United States	21.5	21.4	21.3	21.1	20.5	R 20.2	R 19.7	19.4	..

(1) Per 1,000 mean estimated number of women aged 15–44 years.

(2) Abortions are estimated based on Medicare and hospital morbidity statistics.

(3) Residents only.

Symbols:

P provisional

R revised

.. figures not available

Sources for international statistics:

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(e) Government Statistical Service, United Kingdom (2007). *Statistical Bulletin: Abortion Statistics, England and Wales, 2006*. www.statistics.gov.uk [28 May 2008].

(f) Information Services Division, NHS National Services Scotland (2008) *Abortions data*. www.isdscotland.org/isd/1918.html [28 May 2008].

(g) Jones, R, Zolna, M, Henshaw, S and Finer, L (2008) Abortion in the United States: Incidence and access to services, 2005. *Perspectives on sexual and reproductive health*, 40 (1): 6–16.

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(l) Official Statistics of Sweden (2008). *Statistics - Health and Diseases: Induced Abortions*. www.socialstyrelsen.se [18 April 2008].

(m) Statistics Denmark (2008). "StatBank Denmark". www.statbank.dk [28 May 2008].

(n) Statistics Finland (2008). "Statbank Finland". www.tilastokeskus.fi [4 June 2008].

Table 6

Induced Abortions by Previous Live Births⁽¹⁾
1997–2007

December year	Previous live births					
	None		One		Two or more	
	Number	Percent	Number	Percent	Number	Percent
1997	7,189	47.3	2,948	19.4	5,071	33.3
1998	6,977	46.4	3,082	20.5	4,970	33.1
1999	7,141	46.1	3,090	19.9	5,270	34.0
2000	7,547	46.9	3,133	19.5	5,423	33.7
2001	7,682	46.8	3,148	19.2	5,580	34.0
2002	8,547	49.2	3,223	18.5	5,610	32.3
2003	9,451	51.1	3,312	17.9	5,748	31.1
2004	9,216	50.6	3,366	18.5	5,629	30.9
2005	8,894	50.7	3,245	18.5	5,392	30.8
2006	9,078	50.6	3,401	19.0	5,455	30.4
2007	9,197	50.0	3,582	19.5	5,603	30.5

(1) Induced abortions registered in New Zealand. (Obtained from the Abortion Supervisory Committee.)

Table 7

Induced Abortions by Age and Previous Live Births
December Year 2007

Age (years)	Previous Live Births							
	Total	0	1	2	3	4	5	6 or More
Number								
All Ages	18,382	9,197	3,582	3,170	1,414	612	241	166
Under 15	104	103	1	-	-	-	-	-
15-19	4,173	3,606	503	59	5	-	-	-
20-24	5,445	3,252	1,272	702	169	45	3	2-
25-29	3,574	1,361	788	780	386	183	48	28
30-34	2,547	557	547	721	391	182	90	59
35-39	1,814	242	329	682	302	136	72	51
40-44	667	69	125	207	152	64	25	25
45 and Over	58	7	17	19	9	2	3	1

Table 8

Induced Abortions by Previous Abortions⁽¹⁾
1997–2007

December year	Previous abortions					
	None		One		Two or more	
	Number	Percent	Number	Percent	Number	Percent
1997	10,667	70.1	3,356	22.1	1,185	7.8
1998	10,302	68.5	3,504	23.3	1,223	8.1
1999	10,442	67.4	3,710	23.9	1,349	8.7
2000	10,710	66.5	3,851	23.9	1,542	9.6
2001	10,830	66.0	3,961	24.1	1,619	9.9
2002	11,458	65.9	4,164	24.0	1,758	10.1
2003	12,169	65.7	4,473	24.2	1,869	10.1
2004	11,696	64.2	4,490	24.7	2,025	11.1
2005	11,210	63.9	4,345	24.8	1,976	11.3
2006	11,548	64.4	4,360	24.3	2,026	11.3
2007	11,884	64.7	4,380	23.8	2,118	11.5

(1) Induced abortions registered in New Zealand. (Obtained from the Abortion Supervisory Committee.)

Table 9

Induced Abortions by Duration of Pregnancy⁽¹⁾
1997–2007

December year	Duration of pregnancy (weeks)								
	Under 8	8	9	10	11	12	13	14+	Total
Percent									
1997	3.0	11.6	18.1	25.0	19.6	13.6	4.7	4.5	100.0
1998	3.8	12.8	21.2	22.9	15.5	12.7	6.4	4.8	100.0
1999	5.0	12.6	19.7	22.6	16.1	12.5	6.6	5.0	100.0
2000	5.3	12.7	19.5	22.1	16.3	12.8	6.1	5.1	100.0
2001	5.6	10.9	18.1	22.1	16.6	13.8	7.5	5.4	100.0
2002	6.5	10.1	16.0	22.0	17.4	15.1	7.5	5.5	100.0
2003	6.9	9.9	14.6	21.0	18.7	15.7	8.1	5.2	100.0
2004	6.9	10.1	19.2	21.6	16.5	14.3	6.4	4.9	100.0
2005	7.3	10.2	16.7	20.6	17.2	15.1	7.7	5.3	100.0
2006	8.5	10.3	16.8	20.8	16.7	14.7	7.0	5.2	100.0
2007	8.0	13.1	19.4	20.0	17.0	14.3	2.6	5.6	100.0

(1) Induced abortions registered in New Zealand. (Obtained from the Abortion Supervisory Committee.)

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

Table 10**Induced Abortions by Contraception Used at Conception**

Contraception Used	<i>December Year 1997</i>		<i>December Year 2007</i>	
			Number	Percent
Total	15,208	100.0	18,382	100.0
None	6,681	43.9	9,693	52.7
Condoms	4,276	28.1	5,236	28.5
Combined oral contraceptives	2,721	17.9	2,083	11.3
Progestrone only contraceptives	-	-	398	2.2
Natural family planning	528	3.5	328	1.8
Intra-Uterine contraceptive device	131	0.9	231	1.3
Emergency contraception	156	1.0	212	1.2
Depo provera injections	89	0.6	144	0.8
Other	511	3.3	50	0.3
Diaphragm	115	0.8	7	0.0

APPENDIX

In the year from 1 July 2007 to 30 June 2008 the Supervisory Committee held 10 meetings and visited 11 licensed institutions.

VISITS

Palmerston North Hospital
 Hutt Hospital
 Epsom Day Unit
 Dunedin Hospital
 Timaru Hospital
 Ashburton Hospital
 Lyndhurst Hospital
 Level J Unit, Wellington Hospital
 Middlemore Hospital
 North Shore Hospital
 Auckland Medical Aid Centre

MEETINGS

The Supervisory Committee met with:

- Hon Annette King, Minister of Justice
- Hon Steve Chadwick, Associate Minister of Health
- Officials from the Crown Law Office
- Officials from the Ministry of Justice
- Professor Charlotte Paul, Dr Nigel Dickson and associates at the University of Otago
- Representatives of the Best Practice Advocacy Centre (BPAC)
- Professor Cynthia Farquhar, Chair of the Perinatal and Maternal Mortality Review Committee
- Professor John Campbell, Chair of the Medical Council of New Zealand
- Professor Peter Stone, Head of Department of Obstetrics and Gynaecology, University of Auckland
- Members of the Standards Committee
- Officials from District Health Boards New Zealand (DHBNZ)
- Counselling Advisor, Janet Campbell, and Nurse/Midwife Advisor, Ann Simmons
- Representatives of the Health Practitioners Disciplinary Tribunal

ABORTION PROVIDERS' CONFERENCE 2008

The Supervisory Committee attended the Abortion Providers' Conference held in Auckland on 28 and 29 March 2008. The theme of the conference was *"professionals working together to promote best practice"*. Professor Holloway addressed the conference and discussed the role of the ASC, the main issues it has identified, and its aims for the future.

CERTIFYING CONSULTANTS

As at 30 June 2008 there were 195 certifying consultants (of whom 128 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 \$5,048,096 (GST exclusive) in the year ended 30 June 2008.