



## **ALRANZ submission on s 88 Primary Maternity Services**

ALRANZ Abortion Rights Aotearoa is New Zealand's oldest and largest pro-choice organisation. Since its founding in 1971, ALRANZ has been fighting for the reproductive rights of all people who can become pregnant.

The passage of the Abortion Legislation Act 2020 promised to change how abortion care is provided. The Ministry of Health is in the process of working out how to implement the new law to achieve its goal of treating abortion like any other health service. We take the Ministry's aspirations to include implementing abortion care in the most efficient and cost-effective manner possible.

For this reason, we are making a submission on the proposed changes to Primary Maternity Services. We see an opportunity to improve care for all pregnant people, however they choose to respond to their pregnancy.

### **A hierarchy of choices?**

Looking at the totality of health care around pregnancy and reproduction, it is clear that all choices are not treated the same. People who plan to continue their pregnancy are provided with more options, closer to home, than people who want to end a pregnancy.

The primary maternity services funding model allows payment to come directly to lead maternity carers, bypassing the DHB system. This allows funding to follow the patient, increasing their scope to choose their LMC from people in their own community.

In contrast, abortion care under the old Act was provided, or in some cases not provided, by DHBs. Abortion services were tied to hospitals, making access much more difficult for people in remote areas. The Abortion Legislation Select Committee heard stories from people whose lack of options for abortion care in their communities forced them to travel long distances, sometimes suffering discomfort as their early medical abortions completed in transit. Disparities in the accessibility of abortion care amounts to a postcode lottery.

Unfortunately, this model of care for abortion services in New Zealand persists, in part due to a need for a new payment system for abortions that take place in primary care. This is why it is crucial that the updated Section 88 Maternity Services Notice is expanded to include other primary care health practitioners.

***We believe primary maternity services should be expanded to include pregnancies that end in abortion, especially those that terminate before 20 weeks gestation.***

### **Advantages**

Expanding primary maternity services to include terminations would

- allow GPs, nurse practitioners, and midwives to take up the practice of providing early medical and surgical abortions on similar terms to LMCs, without going to the trouble and expense of setting up a contractual relationship with a DHB.
- make it easier for the Ministry of Health to improve access to abortion care in both urban and rural settings, fulfilling one of the primary purposes of the Abortion Legislation Act 2020.
- take abortion funding out of the hands of DHBs, insulating pregnant people who choose to receive abortion care from reliance on DHB prioritisation and funding levels.
- allow the Ministry to fund abortion care without the additional expense of setting up a new funding system, because the system already exists.
- reduce stigma that still plagues abortion care by treating all options for responding to a pregnancy as equally valid. This would go some way toward counteracting the discrimination people seeking abortion often experience from some people in the health system.

### **Disadvantages**

- None that we can see.

### **We propose**

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- the name “Primary Maternity Services” be changed to “Primary Reproductive Services” to reflect the substantive changes discussed.
- ‘Termination of pregnancy’ be added to the definition of what this service covers. (Part B B1 (a))
- ‘Termination of pregnancy’ and ‘dilation and curettage’ be removed from the definition of what the service does not cover.
- the definitions in B3 and B4 be altered to include ‘qualified health practitioner’, giving it the same meaning as that given by the Contraception, Sterilisation, and Abortion Act 1977.
- funding be increased to cover both maternity and termination services.
- qualified health practitioners who are not midwives, and who provide abortion care, be able to access this funding.
- post-abortion contraception consultation and choice be fully funded through this funding stream.

### **Conclusion**

ALRANZ believes the Ministry of Health should take this opportunity to transform primary maternity services into Primary Reproductive Services, and use it to fund qualified health practitioners in primary community health care settings providing abortion care in accordance with the Contraception, Sterilisation, and Abortion Act 1977. This will move the Ministry closer to its goals of making access to abortion care more equitable and ending the current postcode lottery.