Annual Report for the Year 2024

South Australian Abortion Reporting Committee

April 2025

Government of South Australia

Preventive Health SA

Contents

Executive Summary

In 2024, the number of terminations of pregnancy notified in South Australia was 4,725 which was 278 fewer terminations than in 2023. The termination of pregnancy rate was 13.0 per 1,000 women aged 15-44 years in 2024 which is the lowest rate in the past 25 years.

Pregnancy termination rates were slightly lower in 2024 for teenage women, decreasing from 9.4 terminations per 1,000 women in 2023 to 8.6 terminations per 1,000 women aged 15-19 years in 2024.

In 2024, of the women residing in country South Australia, 14.1% accessed termination of pregnancy services in country areas. This compares with 19.8% of country women accessing termination of pregnancy services in country areas in 2023. Telemedicine provision of early medical abortion prescription in 2024 was accessed by 0.2% of women residing in metropolitan regions and 0.5% of women residing in country South Australian.

In 2024, the majority of terminations of pregnancy were conducted before 14 weeks gestation (91.1%). There were 48 terminations performed after 22 weeks and 6 days gestation (1.0% of all terminations of pregnancies) which was consistent with 2023 (47 terminations of pregnancy,1.0% of all terminations of pregnancies).

In 2024, the majority (60.6%) of terminations of pregnancy were conducted using Mifepristone and Misoprostol. In 2024, complications were reported at the time of termination for 190 women (4.0%). Of these complications, the most common complication was retained products of conception (176 women), which represented 92.6% of all complications and occurred in 3.7% of all terminations.

Background

Legislation

The *Termination of Pregnancy Act 2021* and the associated Termination of Pregnancy Regulations 2022 commenced on 7 July 2022. This legislation provided a modernisation of termination of pregnancy law and practice in South Australia aimed at improving the efficiency of health service provision and access, particularly in regional, rural and remote areas. Prior to July 2022 termination of pregnancy data were collected under the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011.

Annual reporting requirements of the *Termination of Pregnancy Act 2021* and the associated Regulations state that the following must be reported in relation to terminations of pregnancy under the *Termination of Pregnancy Act 2021*:

- Number of terminations
- Age of the pregnant person
- Gestational age of the fetus at the time of the termination
- Number of terminations that result in complications or adverse outcomes
- Different methods of termination used and the number of terminations performed using each method
- For a termination performed on a person who is more than 22 weeks and 6 days pregnant—the circumstances under section 6(1) of the *Termination of Pregnancy Act 2021* relating to the performance of the termination
- Locations in the State where terminations were performed and where persons who had a termination ordinarily reside

Only termination of pregnancy service providers located within South Australia are required to comply with the *Termination of Pregnancy Act 2021* and the Termination of Pregnancy Regulations 2022. Therefore, terminations of pregnancy conducted via telemedicine from a service provider outside of South Australia are excluded from these statistics.

Abortion Reporting Committee

The South Australian Abortion Reporting Committee reports on all medical terminations of pregnancy notified in South Australia. The Committee has nominees from the South Australian Branches of:

- The National Council of Women South Australia
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Psychiatrists, and
- The Australian Association of Social Workers

The terms of reference of the Committee are to ensure completeness and compliance with legislation for notifications of medical terminations of pregnancy in South Australia; to examine and report on the pattern of terminations, and to consider any measures that may need to be taken to improve health services and morbidity relating to terminations of pregnancy, so that appropriate advice may be given to the Chief Executive of the Department for Health and Wellbeing.

Terminations of Pregnancies in South Australia

In South Australia, a termination of pregnancy is a lawful medical procedure that may be performed by registered health practitioners. The *Termination of Pregnancy Act 2021* reflects current best practice, promotes patient decision-making and respects the individual autonomy of the patient while ensuring that there are appropriate safeguarding measures in place where necessary.

Terminations of pregnancy before 22 weeks and 6 days gestation do not require a reason for termination to be reported. However under the Act, registered health practitioners must provide information to the pregnant person about access to counselling, unless performed in an emergency.

Terminations of pregnancy of more than 22 weeks and 6 days gestation are infrequent. These terminations can only occur in prescribed facilities named in the Termination of Pregnancy Regulations 2022 and, unless being performed in an emergency, two medical practitioners are required to determine if:

1. The termination is necessary to save the life of the pregnant person or to save another fetus.
2. There is significant risk of injury to the physical or mental health of the pregnant person.
3. There is or significant risk of, serious fetal anomalies associated with the pregnancy.

The *Termination of Pregnancy Act 2021* section 9 provides mandatory considerations for medical practitioners performing terminations of pregnancy after 22 weeks and 6 days gestation. These considerations include: medical practitioners are required to consider abnormalities or conditions that were not identifiable, diagnosed or fully evaluated at a prior gestation, if access to specialist care was delayed for reasons such as socioeconomic disadvantage, cultural or language barriers or remote living or if a person was subjected to abuse that either prevented the pregnancy being diagnosed or the person having agency to decide about their pregnancy at a prior gestation.

Terminations of pregnancy are patient-led decisions which respect individual autonomy with appropriate medical safeguarding and supervision. This is undertaken in the context of provision of counselling information and involves complexities and sensitivities broader than are reported in this report. Persons may experience a range of emotions related to their decision informed by their values, preferences and religious and cultural beliefs.

Data collection and reporting

In 2024, termination of pregnancy notifications were received from medical practitioners who conducted terminations of pregnancy, via the data collection form included in Appendix 1. The notification form is filled out soon after the termination is complete, and therefore only captures complications known at that point in time. To improve the ascertainment of complications that occur after the termination, a data linkage is later conducted with South Australian hospital morbidity data (Admitted Patient Care data). This linkage identifies any complications that occurred after the termination was complete, that resulted in a public hospital admission. The *Termination of Pregnancy Act 2021* requires an annual report to be provided to the Minister for Health and Wellbeing by 30 April for services provided in the previous calendar year. Therefore, the complications data in this report are considered preliminary. Finalised data for complications relating to terminations of pregnancy, and any late notification of terminations of pregnancy, are presented in the following year's annual report, after data-linkage. Finalised data relating to termination of pregnancy for the 2023 calendar year are presented in Appendix 2.

The term Aboriginal is used respectfully in this report as an all-encompassing term for Aboriginal and Torres Strait Islander mothers or babies.

The terms woman and women are used in this report as most people who have a termination of pregnancy identify with their birth sex. However, it is acknowledged these terms include people who do not identify as women, including those with a non-binary identity.

Statistics for 2024

Numbers and rates

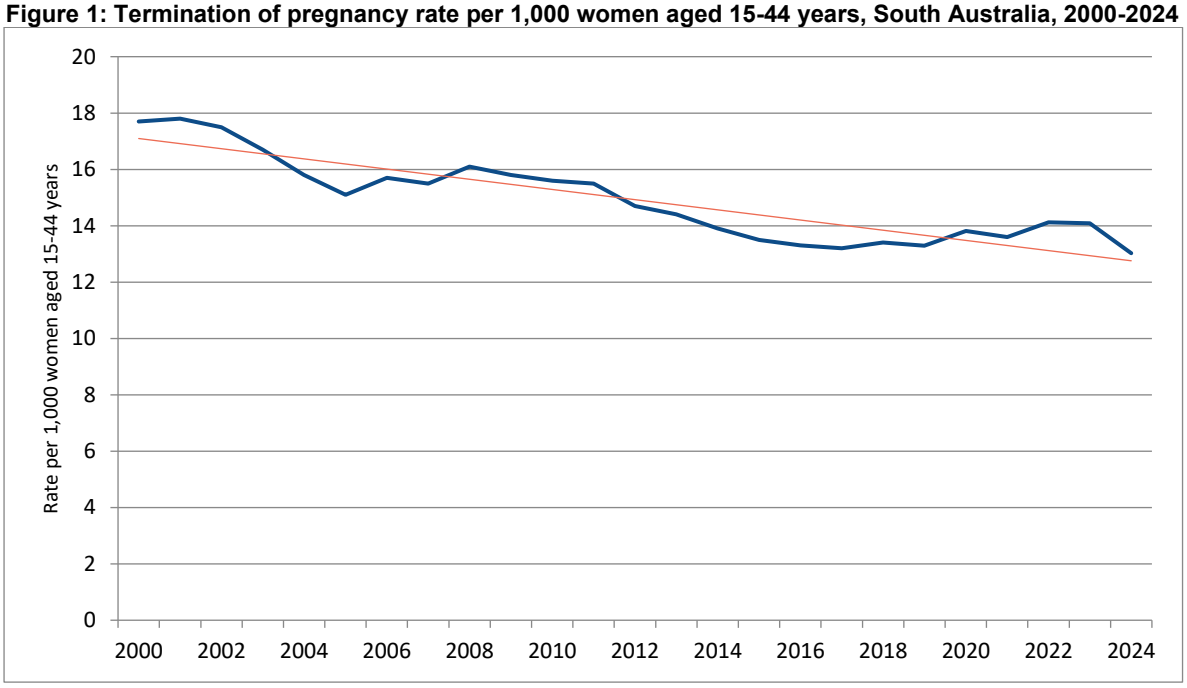
There were 4,725 terminations of pregnancy notified in South Australia in 2024, compared with 5,003 in 2023. From 2001, the termination of pregnancy rate in South Australia had been consistently declining with a low of 13.2 terminations of pregnancy per 1,000 women aged 15-44 years in 2017. In more recent years this rate increased to 14.1 terminations of pregnancy per 1,000 women aged 15-44 years in 2022 and 2023 (Table 1, Figure 1). However, in 2024, the termination of pregnancy rate has again decreased to 13.0 per 1,000 women aged 15-44 years which is the lowest rate in the past 25 years.

In 2024, the population estimate from the Australian Bureau of Statistics was updated to enable the use of the most accurate 2024 mid-year population estimate.

Table 1: Number of terminations of pregnancy, and rate per 1,000 women aged 15-44 years, South Australia, 2000-2024

Year	Number	Termination rate	Year	Number	Termination rate[1]
2000	5,571	17.7	2013	4,683	14.4
2001	5,575	17.8	2014	4,650	13.9
2002	5,455	17.5	2015	4,441	13.5
2003	5,205	16.7	2016	4,348	13.3
2004	4,926	15.8	2017	4,349	13.2
2005	4,710	15.1	2018	4,417	13.4
2006	4,887	15.7	2019	4,463	13.3
2007	4,883	15.5	2020	4,681	13.8
2008	5,099	16.1	2021	4,604	13.6
2009	5,049	15.8	2022	4,852	14.1
2010	5,049	15.6	2023	5,003	14.1
2011	5,009	15.5	2024	4,725	13.0
2012	4,765	14.7			

Figure 1: Termination of pregnancy rate per 1,000 women aged 15-44 years, South Australia, 2000-2024



Age of women

The age distribution of women who had a termination of pregnancy in 2024 is shown in Table 2. Consistent with previous years, among the five-year age groups the highest pregnancy termination rate was among women aged 20-24 years (21.1 terminations per 1,000 women). Pregnancy termination rates were slightly lower for teenage women, from 9.4 per 1,000 women in 2023 to 8.6 per 1,000 women aged 15-19 years in 2024.

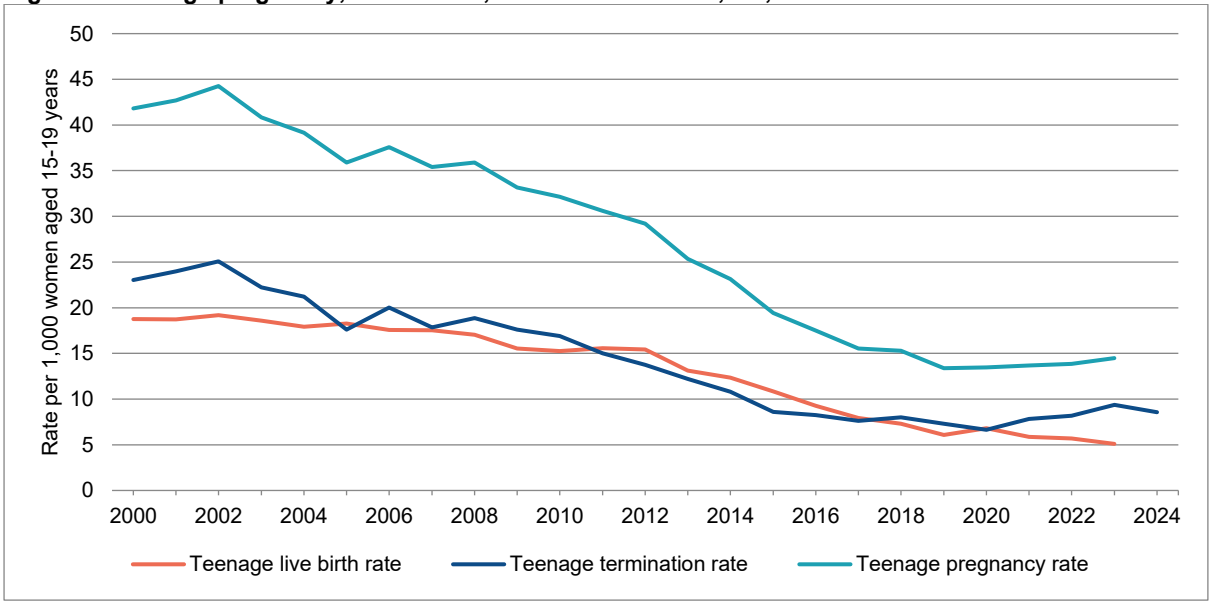
Table 2: Number and rate of termination of pregnancy by age group, South Australia, 2024

Age group	Number	%	Estimated resident female population 2022[1]	Termination rate per 1,000 women
Under 15	7	0.1	-	n/a
15-19	457	9.7	54,269	8.6[2]
20-24	1,171	24.8	55,392	21.1
25-29	1,194	25.3	62,772	19.0
30-34	953	20.2	65,040	14.7
35-39	701	14.8	64,505	10.9
40-44	219	4.6	60,788	4.0[3]
45 and over	23	0.5	-	n/a

[1] Australian Bureau of Statistics. (2024, June). National, state and territory population. ABS. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release.
[2] includes terminations for women aged under 15
[3] includes terminations for women aged 45 and over

Teenage termination rates have been steadily decreasing over the past two decades, however the rate has increased slightly from a low of 6.6 terminations per 1,000 women aged 15-19 years in 2020 and was 8.6 per 1,000 women aged 15-19 years in 2024 (Figure 2). Data for teenage pregnancies and live births are still being collated for 2024, however the teenage pregnancy rate (including live births and induced terminations) has been declining steadily since 2008 and has plateaued since 2019.

Figure 2: Teenage pregnancy, termination, and live birth rates[1], SA, 2000-2024



[1]Terminations and births to women aged less than 15 years are included in the numerators.

Total Abortion Rate

The total abortion rate (TAR) is the sum of pregnancy termination rates for each of the five-year age groups multiplied by five. This can be calculated using the rates in Table 2 and in 2024 was 391 per 1,000 women aged 15-44 years. This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups for 2024.

Residential region and health service location

In 2024, of the women residing in country South Australia, 14.1% accessed termination of pregnancy services in country areas (Table 3). This compares with 19.8% of women accessing termination of pregnancy services in country areas in 2023. Telemedicine provision of early medical abortion prescription was accessed for 0.2% of terminations. Only telemedicine providers located within South Australia are required to report termination data.

Table 3: Termination of pregnancy by residential region and health service location, South Australia, 2024

	Health Service Location						
	Metropolitan		Country		Telemedicine		Total
Residential Region	**Number**	**% of residential region**	**Number**	**% of residential region**	**Number**	**% of residential region**	**Number**
Metropolitan	3,796	99.7	4	0.1	6	0.2	3,806
Country	741	85.5	122	14.1	4	0.5	867
Unknown	52	100.0	0	0.0	0	0.0	52
Total	**4,589**	**97.1**	**126**	**2.7**	**10**	**0.2**	**4,725**

Of the terminations of pregnancy conducted in South Australia in 2024, the majority were conducted by the Pregnancy Advisory Centre (67.7%). A full list of terminations by health service are presented below (Table 4).

Table 4: Terminations of pregnancy by health service, South Australia, 2023

Health service	Number	% of terminations
Pregnancy Advisory Centre	3,201	67.7
Flinders Medical Centre	481	10.2
Noarlunga Health Services	295	6.2
Lyell McEwin Hospital	285	6.0
Women's and Children's Hospital	130	2.8
General Practitioners/Rooms	241	5.1
Other Public Hospitals	65	1.4
Private Hospitals	17	0.4
Telemedicine	10	0.2
Total	**4,725**	**100.0**

Clinicians conducting terminations

Medical practitioners in family advisory clinics conducted 88.0% of the terminations in South Australia in 2024, followed by general practitioners (6.3%) (Table 5). The overall proportion of terminations conducted by general/medical practitioners (94.3%) is higher than in 2023 (91.4%) with

5.6% of terminations in 2024 being conducted by obstetricians and gynaecologists, including those in training.

Table 5: Terminations of pregnancy by category of clinician, South Australia, 2024

Category of clinician conducting termination	Number	% of terminations
Medical practitioner in family advisory clinic	4,159	88.0
General practitioner	298	6.3
Obstetrician/gynaecologist	205	4.3
Trainee obstetrician/gynaecologist	63	1.3
Total	**4,725**	**100.0**

Reported provision of counselling

Before provision of termination of pregnancy services, a registered health practitioner must provide all necessary information to the person about access to counselling, unless the termination is performed in an emergency. In 2024, 99.9% of termination of pregnancy notifications reported counselling information was provided to the person (Table 6).

Table 6: Number of pregnancy termination notifications reporting provision of counselling information, South Australia, 2024

Counselling information provided	Number	%
Yes	4,722	99.9
No	3	0.1
Not applicable/emergency	0	0.0
Total	**4,725**	**100.0**

Terminations by gestational age

In 2024, the majority of terminations of pregnancy were conducted before 14 weeks gestation (91.1%). The proportion conducted from 14 weeks onwards was 8.9%, (Table 7 7), which was consistent with the average over the past five years (8.6%).

Table 7: Gestational age at termination, South Australia, 2024

Gestation	Number	% of terminations
<14 weeks	4,303	91.1
14-22+6 weeks	374	7.9
>22+6 weeks	48	1.0
Total	**4,725**	**100.0**

Reported reason for termination

A reason for termination is only required if the woman is more than 22 weeks and 6 days pregnant. During 2024, 48 terminations of pregnancy were performed after 22 weeks and 6 days gestation (1.0% of all terminations of pregnancies) consistent with 47 terminations of pregnancy in 2023 (1.0% of all terminations of pregnancies). Multiple reasons may be reported per termination of pregnancy after 22 weeks and 6 days gestation and in 2024, 50 reasons were reported. Of these, 68.0% was for physical or mental health of the pregnant person and 30.0% for suspected fetal anomalies (Table 8).

Table 8: Reported reason for termination of pregnancy after 22 weeks and 6 days gestation, South Australia, 2024

Reason	Number	%	% of all terminations
Physical or mental health of the pregnant person	34	68.0	0.7
Fetal anomaly	15	30.0	0.3
To save life of pregnant person or another fetus	1	2.0	0.0
Total reported reasons[1]	**50**	**100.0**	**1.0**

[1] **multiple reasons may be reported per termination of pregnancy**

Method of pregnancy termination

In 2024, the majority (60.6%) of terminations of pregnancy were conducted using Mifepristone and Misoprostol (Table 9). Mifepristone and Misoprostol may be used alone or in combination prior to vacuum aspiration or dilatation and evacuation. Vacuum aspiration/dilatation and curettage was used in 30.8% of all terminations. The use of Mifepristone and Misoprostol is higher compared to its use in 2023 (60.2%).

Table 9: Method of pregnancy termination, South Australia, 2024

Method for termination	Number	% of terminations
Mifepristone +/- Misoprostol	2,865	60.6
Vacuum aspiration / Dilatation and curettage	1,455	30.8
Dilatation and evacuation	305	6.5
Intra Uterine Injection	100	2.1
Total	**4,725**	**100.0**

For terminations of pregnancy conducted before 14 weeks gestation (n=4,303), Mifepristone and Misoprostol was utilised for the majority of cases (66.7%) followed by vacuum aspiration/dilatation and curettage (30.4%) (Table 10). For terminations of pregnancy conducted from 14 weeks onwards (n=514), dilatation and evacuation was utilised for the majority of cases (69.1%).

Table 10: Method of pregnancy termination by gestational age, South Australia, 2024

	< 14-weeks		≥14-weeks		
Method of termination	**Number**	**% <14-weeks**	**Number**	**% ≥14-weeks**	**Total Number**
Mifepristone +/- Misoprostol	2,778	64.6	87	20.6	2,865
Vacuum aspiration / Dilatation and curettage	1,442	33.5	13	3.1	1,455
Dilatation and evacuation	83	1.9	222	52.6	305
Intra uterine injection	0	0.0	100	23.7	100
Total	**4,303**	**100.0**	**422**	**100.0**	**4,725**

Complications

Complications from terminations of pregnancy are required to be notified on the data collection form, if known. To improve the ascertainment of complications resulting after the termination, a data linkage is later conducted annually with the South Australian hospital morbidity data (Admitted Patient Care data), which records hospital admissions. This linkage identifies any complications that occurred after the termination was complete, that resulted in a public hospital admission. Due to reporting obligations under *Termination of Pregnancy Act 2021*, the complications data in this report are the complications reported at the time of termination only, and as such are considered preliminary. Final data for complications relating to terminations of pregnancy will be presented in the 2025 South Australian Abortion Reporting Committee Report.

In 2024, complications at the time of termination were reported for 190 women (4.0%). The most common complication was retained products of conception (176 women), which represented 92.6% of all complications and occurred in 3.7% of all terminations (Table 11).

Table 11: Preliminary complications resulting from termination of pregnancy, South Australia, 2024

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	176	92.6	3.7
Bleeding	5	2.6	0.1
Uterine infection	4	2.1	0.1
Damaged Cervix	3	1.6	0.1
Other	2	1.1	0.0
Total	**190**	**100.0**	**4.0**

The two most common termination methods in 2024 were Mifepristone and Misoprostol and vacuum aspiration/dilatation and curettage. Terminations using these methods resulted in preliminary complication rates of 6.4% and 0.3% respectively (Table 12). From 2023 onwards, an improvement was made to the reporting of the method of termination involving an intra-uterine injection followed by a dilatation and evacuation. Previously reported as dilatation and evacuation, these terminations are now reported with a method of intra-uterine injection.

Table 12: Method of termination resulting in a preliminary complication, South Australia, 2024

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	2,865	183	6.4
Vacuum aspiration / Dilatation and curettage	1,455	4	0.3
Dilatation and evacuation	305	2	0.7
Intra uterine injection	100	1	1.0
Vaginal prostaglandin	0	0	0.0
Total women	**4,725**	**190**	**4.0**

Of the 183 women with complications reported following a termination of pregnancy with mifepristone and misoprostol, 174 (95.1%) were due to retained products of conception (Table 13).

Table 13: Preliminary complication type and method of termination procedure, South Australia, 2024

Method of termination	Number of complications	Retained products conception	Bleeding	Damage to Cervix	Other
Mifepristone + Misoprostol	183	174	3	4	0
Vacuum aspiration / Dilatation and curettage	4	2	1	0	1
Intra uterine injection	2	0	0	0	2
Dilatation and Evacuation	1	0	1	0	0
Vaginal Prostaglandins	0	0	0	0	0
Total	**190**	**176**	**5**	**4**	**3**

Of 2,865 terminations where Mifepristone and Misoprostol was utilised, 17 persons required a readmission for a surgical procedure. Previously, these were reported as a complication resulting from a termination.

Methods and Terminology

Terminations of pregnancy

The intentional expulsion of a product of conception from the uterus either by medication or instrumentation, with the intention being the death of the embryo or fetus. This includes induction of labour without expectation of fetal survival, for example in the case of severe pre-eclampsia at pre-viable gestations or prolonged rupture of membranes with severe infection.

Pregnancy termination rate

All rates of populations were calculated using the reproductive age range 15 to 44 years. Terminations occurred in women that were younger or older than this age group although in small numbers. These events were added to the numerator for the 15 to 19 years group or the 40 to 44 years group respectively.

Total abortion rate (TAR)

The sum of the five-year age-specific termination of pregnancy rates, multiplied by five. This represents the number of terminations of pregnancy that 1,000 women would have during their reproductive lifetime if they experienced the rates of the year shown.

Appendix 1 2024 Data Collection Form

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Termination of Pregnancy Notification Form

This form must be forwarded to the **SOUTH AUSTRALIAN PREGNANCY OUTCOME UNIT**
via secure file transfer or posted to:
PO BOX 388, Rundle Mall, ADELAIDE SA, 5001
Tel: (08) 7117 9200

PLEASE DO NOT EMAIL THIS FORM

Termination of pregnancy service providers located within South Australia are required to comply with information provision under the *Termination of Pregnancy Act 2021* regardless of the usual place of residence of the person having the termination of pregnancy.

DEMOGRAPHICS

Surname
Given Names
Date of Birth ___/___/___
Patient Suburb
Patient Postcode

Hospital/Clinic Name
Hospital/Clinic Suburb
Hospital/Clinic Postcode
Medical Record Number (MRN)
(MRN - Hospitals Only)

TERMINATION INFORMATION

Termination of Pregnancy Date ___/___/___
(Or Date EMA Administered)

Gestation at Time of Termination
_____ weeks +
_____ days

Counselling Information Provided to Patient?
- ☐ Yes
- ☐ No
- ☐ N/A Emergency Termination

Was the Termination Administered via Telemedicine?
- ☐ Yes
- ☐ No

Registered Medical Practitioner Category (select one)
- ☐ General Practitioner
- ☐ Medical Practitioner Family Advisory Clinic
- ☐ Trainee Obstetrician/Gynaecologist
- ☐ Obstetrician/Gynaecologist
- ☐ Other (specify)

Date of Admission to Place of Termination ___/___/___
Date of Discharge from Place of Termination ___/___/___

Method of Termination (select all that apply)
- ☐ Dilation & Curettage
- ☐ Hysterotomy – Abdominal
- ☐ Hysterotomy – Vaginal
- ☐ Hysterectomy
- ☐ Vacuum Aspiration
- ☐ Intra-Uterine Injection
- ☐ Intravenous Infusion
- ☐ Dilation & Evacuation
- ☐ Mifepristone
- ☐ Misoprostol
- ☐ Vaginal or Cervical Prostaglandins

Complication(s), if known, at Time of Termination
- ☐ None
- ☐ Retained Products of Conception
- ☐ Uterine Perforation
- ☐ Anaesthesia Complications
- ☐ Haemorrhage
- ☐ Damage to Cervix
- ☐ Uterine Infection
- ☐ Death
- ☐ Other (specify)

Genetic Testing Performed?
- ☐ Yes
- ☐ No

Genetic Testing Positive for Congenital Anomaly?
- ☐ Yes
- ☐ No

Structural Anomaly Identified via U/S?
- ☐ Yes
- ☐ No
- ☐ Unknown

Congenital Anomaly (please specify)

Early Medical Abortion Successful
- ☐ Yes
- ☐ No
- ☐ N/A

TERMINATION OF PREGNANCY AFTER 22 WEEKS + 6 DAYS GESTATION

This Section is mandatory only for termination of pregnancy after 22 weeks + 6 days gestation

Reason for Termination of Pregnancy after 22 Weeks Plus 6 days Gestation
- ☐ Termination is necessary to save the life of the pregnant person or save another foetus
- ☐ Continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person
- ☐ There is a case, or significant risk, of serious foetal anomalies associated with the pregnancy

Was the Termination Performed in a Prescribed Facility?
- ☐ Yes
- ☐ No, Emergency Termination of Pregnancy

If no, name the emergency facility

READMISSION TO THE TERMINATION HOSPITAL/CLINIC

This Section is for reporting readmissions and complications that occurred post-termination at the Hospital/Clinic performing the termination of pregnancy only

Readmission Required?
- ☐ Yes
- ☐ No

Readmission Date ___/___/___

Readmission Discharge Date ___/___/___

Complication(s) Requiring Readmission
- ☐ Retained Products of Conception
- ☐ Haemorrhage
- ☐ Perforation or Trauma to Uterus
- ☐ Uterine Infection
- ☐ Septicaemia
- ☐ Anaesthesia Complications
- ☐ Failed Procedure
- ☐ Death
- ☐ Other (specify)

Save and Submit | Print Form | Clear Form

Appendix 2 Finalised Termination of Pregnancy Data - 2023

Total number of terminations of pregnancies

The finalised number of terminations of pregnancies for 2023 was 5,003, with a further 98 terminations of pregnancy notified after publication of the 2023 annual report. The finalised termination rate in 2023 was 14.1 per 1,000 women aged 15-44 years, which is lower than previously reported due to the use of an updated population estimate from the Australian Bureau of Statistics. The finalised total abortion rate in 2023 was 422 per 1,000 women aged 15-44 years (previous 427 per 1,000 women aged 15-44 years. This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups in 2023.

Complications

Following ascertainment processes for complications from a termination of pregnancy with Admitted Patient Care data, finalised complications were reported for 214 (4.3%) of women in 2023 (Table 14). A further 7 complications resulting from terminations of pregnancy resulted from the ascertainment process.

Table 14: Complications resulting from termination of pregnancy including readmissions, South Australia, 2023

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	200	93.5	4.0
Bleeding	4	1.9	0.1
Uterine infection	3	1.4	0.1
Damaged Cervix	1	0.5	0.0
Perforation/trauma to uterus	1	0.5	0.0
Other	5	2.3	0.1
Total	**214**	**100.0**	**4.3**

The two most common termination methods in 2023 were Mifepristone and Misoprostol and vacuum aspiration and dilatation and curettage. Terminations using these methods resulted in complication rates of 6.7% and 0.6% respectively (Table 15).

Table 15: Method of termination resulting in a complication, South Australia, 2023

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	3,010	201	6.7
Vacuum aspiration / Dilatation and curettage	1,420	8	0.6
Dilatation and evacuation	484	2	0.4
Intra uterine injection	89	3	3.4
Vaginal prostaglandin	0	0	0.0
Total women	**5,003**	**214**	**4.3**

In 2023, of the 201 women with complications reported following a termination of pregnancy with Mifepristone and Misoprostol, 193 (96.0%) were due to retained products of conception (Table 16).

Table 16: Complication type and method of termination procedure, South Australia, 2023

Method of termination	Number of complications	Retained products conception	Bleeding	Uterine infection	Damage to Cervix	Perforation/trauma to uterus	Other
Mifepristone + Misoprostol	201	193	2	3	0	0	3
Vacuum aspiration / Dilatation and curettage	8	5	1	0	0	0	2
Dilatation and Evacuation	2	1	0	0	0	1	0
Intra uterine injection	3	1	1	0	1	0	0
Vaginal Prostaglandins	0	0	0	0	0	0	0
Total	**214**	**200**	**4**	**3**	**1**	**1**	**5**

For more information
Pregnancy Outcome Unit
Preventive Health SA
Call (08) 7117 9200 or Email preventivehealthsa.pregnancystats@sa.gov.au
Website:preventivehealth.sa.gov.au

Government of South Australia

Preventive Health SA