Termination of Pregnancy in South Australia 2025

April 2026

Government of South Australia

Preventive Health SA

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Executive Summary

In 2025, the number of terminations of pregnancy notified in South Australia was 4,647, 131 fewer than in 2024. The termination of pregnancy rate was 12.6 per 1,000 women aged 15-44 years in 2025, which is the lowest rate in the past 25 years.

Pregnancy termination rates were slightly lower in 2025 for teenage women, decreasing from 8.5 terminations per 1,000 women in 2024 to 7.9 terminations per 1,000 women aged 15-19 years in 2025.

In 2025, of the women residing in country South Australia, 14.9% accessed termination of pregnancy services in country areas. This compares with 15.1% of country women accessing termination of pregnancy services in country areas in 2024. Telemedicine provision of early medical abortion prescription in 2025 was accessed by 0.1% of women residing in metropolitan regions and 0.2% of women residing in country South Australian.

In 2025, most terminations of pregnancy were conducted before 14 weeks gestation (91.0%). There were 32 terminations performed after 22 weeks and 6 days gestation (0.7% of all terminations of pregnancies) which was lower compared to 2024 (49 terminations of pregnancy,1.1% of all terminations of pregnancies).

In 2025, the majority (59.9%) of terminations of pregnancy were conducted using Mifepristone and Misoprostol. In 2025, preliminary complications resulting from termination of pregnancy were reported for 290 women (6.2%). Of these complications, the most common complication was retained products of conception (276 women), which represented 95.2% of all complications and occurred in 5.9% 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 modernised 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.

Clinical Endorsement

Clinical endorsement of this report is provided by the Chief Medical Officer, SA Health noting that governance arrangements are currently in transition.

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 appropriate safeguarding measures are 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; or
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 the 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 2025, 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, which 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 2024 calendar year are presented in Appendix 2.

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 2025

Numbers and rates

There were 4,647 terminations of pregnancy notified in South Australia in 2025, compared with 4,778 in 2024. From 2001, the termination of pregnancy rate in South Australia has been declining with a previous 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 14.0 terminations of pregnancy per 1,000 women aged 15-44 years in 2022 and 2023 (Table 1, Figure 1). However, in 2025, the termination of pregnancy rate has again decreased to 12.6 per 1,000 women aged 15-44 years, which is the lowest rate since reporting commenced in 2000.

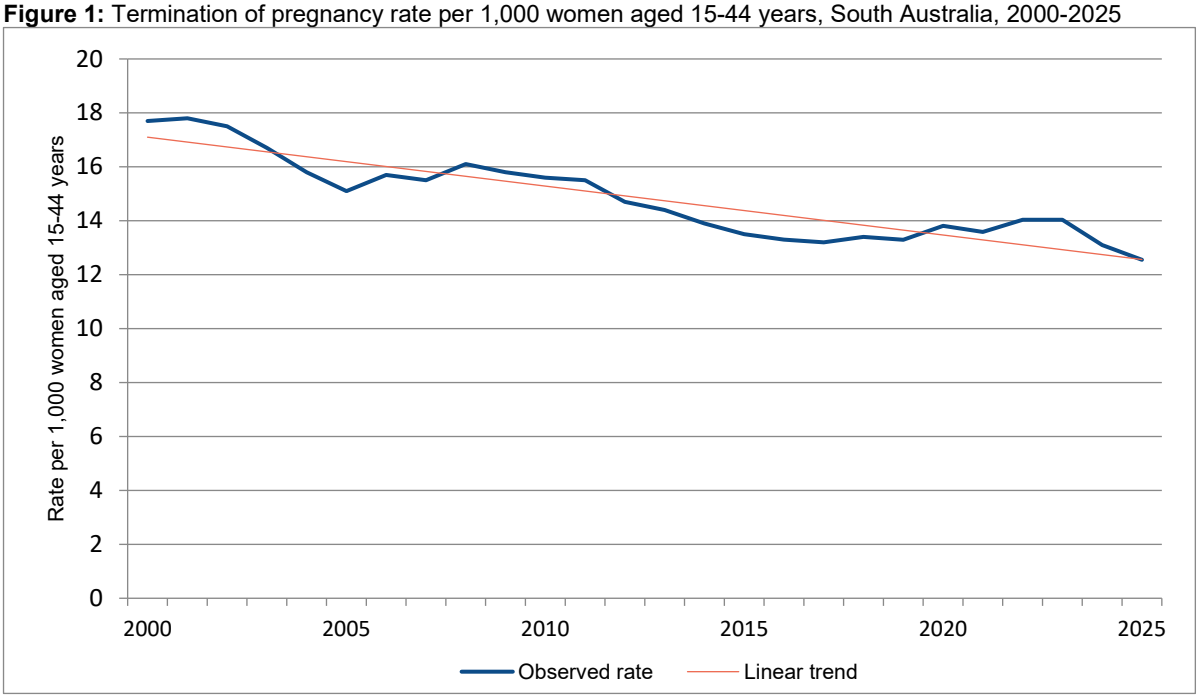
The updated 2025 mid-year population estimate from Australian Bureau of Statistics was used for the most accurate population estimate.

Table 1: Number of terminations of pregnancy, and rate per 1,000 women aged 15-44 years[1], South Australia, 2000-2025

Year	Number	Termination rate	Year	Number	Termination rate
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	4,848	14.0
2010	5,049	15.6	2023	5,007	14.0
2011	5,009	15.5	2024	4,778	13.1
2012	4,765	14.7	2025	4,647	12.6

[1] Australian Bureau of Statistics. (2025). National, state and territory population. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release.

Figure 1: Termination of pregnancy rate per 1,000 women aged 15-44 years, South Australia, 2000-2025



Age of women

The age distribution of women who had a termination of pregnancy in 2025 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 (19.5 terminations per 1,000 women). Pregnancy termination rates were slightly lower for teenage women, from 8.5 per 1,000 women in 2024 to 7.9 per 1,000 women aged 15-19 years in 2025.

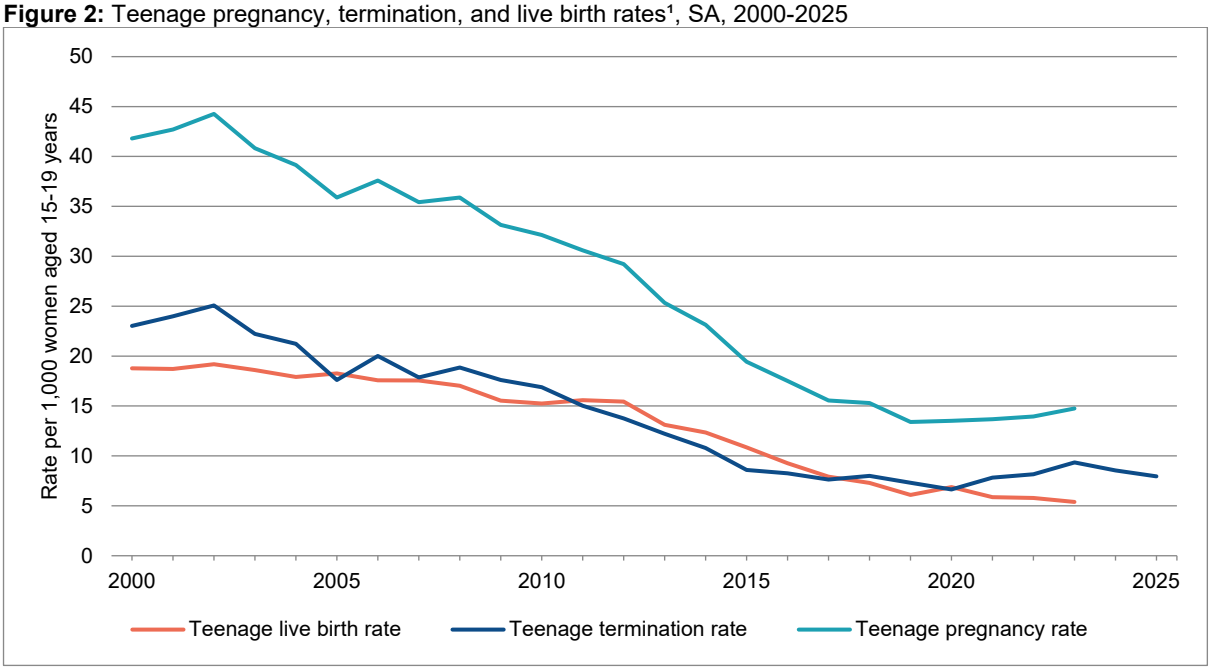
Table 2: Number and rate of termination of pregnancy by age group, South Australia, 2025

Age group	Number	%	Estimated resident female population 2025[1]	Termination rate per 1,000 women
Under 15	9	0.2	-	n/a
15-19	431	9.3	55,377	7.9[2]
20-24	1,086	23.4	55,822	19.5
25-29	1,090	23.5	63,772	17.1
30-34	996	21.4	66,906	14.9
35-39	757	16.3	65,509	11.6
40-44	249	5.4	62,834	4.4[3]
45 and over	29	0.6	-	n/a

[1] Australian Bureau of Statistics. (2025, June). National, state and territory population.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 lowest of 6.6 terminations per 1,000 women aged 15-19 years in 2020 and was 7.9 per 1,000 women aged 15-19 years in 2025 (Figure 2). Data for teenage pregnancies and live births are still being collated for 2024 and 2025, 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, 2000-2025



[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 is calculated using the rates in Table 2 and in 2025 was 377 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 2025.

Residential region and health service location

In 2025, of the women residing in country South Australia, 14.9% accessed termination of pregnancy services in country areas (Table 3). This compares with 15.1% of women accessing termination of pregnancy services in country areas in 2024. Telemedicine provision of early medical abortion prescription was accessed for 0.1% 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, 2025

Residential Region	Health Service Category								
	Metropolitan		Country		Telemedicine		Unknown		Total
	Number	% of residential region	Number	% of residential region	Number	% of residential region	Number	% of residential region	Number
Metropolitan	3,720	99.7	7	0.2	3	0.1	0	0.0	3,730
Country	736	84.6	130	14.9	2	0.2	2	0.2	870
Unknown	46	97.9	1	2.1	0	0.0	0	0.0	47
Total	**4,502**	**96.9**	**138**	**3.0**	**5**	**0.1**	**2**	**<0.1**	**4,647**

Of the terminations of pregnancy conducted in South Australia in 2025, the majority were conducted by the Pregnancy Advisory Centre (66.8%). A full list of terminations by health service are presented below (Table 4).

Table 4: Terminations of pregnancy by health service, South Australia, 2025

Health service	Number	% of all terminations
Pregnancy Advisory Centre	3,105	66.8
Flinders Medical Centre	488	10.5
Noarlunga Health Services	269	5.8
Lyell McEwin Hospital	292	6.3
Women's and Children's Hospital	128	2.8
General Practitioners/Rooms	276	5.9
Other Public Hospitals	64	1.4
Private Hospitals	18	0.4
Telemedicine	5	0.1
Unknown	2	<0.1
Total	**4,647**	**100.0**

Clinicians conducting terminations

Medical practitioners in family advisory clinics conducted 87.6% of the terminations in South Australia in 2025, followed by general practitioners (4.7%) (Table 5). The overall proportion of terminations conducted in general practice including by general practitioners, endorsed midwives, and nurse practitioners in 2025 (94.1%) is slightly higher than in 2024 (93.7%) with 7.6% of

terminations in 2025 being conducted by obstetricians and gynaecologists, including those in training.

Table 5: Terminations of pregnancy by category of clinician, South Australia, 2025

Category of clinician conducting termination	Number	% of all terminations
Medical practitioner in family advisory clinic	4,072	87.6
General practitioner	219	4.7
Obstetrician/gynaecologist	200	4.3
Endorsed midwife	80	1.7
Trainee obstetrician/gynaecologist	74	1.6
Nurse practitioner	2	0.0
Total	**4,647**	**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 2025, almost all 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, 2025

Counselling information provided	Number	% of all terminations
Yes	4,645	100.0
No	2	**<0.1**
Not applicable/emergency	0	0.0
Total	**4,647**	**100.0**

Terminations by gestational age

In 2025, the majority of terminations of pregnancy were conducted before 14 weeks gestation (91.0%). The proportion conducted from 14 weeks onwards was 9.0%, (Table 7), which was consistent with the average over the past five years (9.2%).

Table 7: Gestational age at termination, South Australia, 2025

Gestation	Number	% of all terminations
<14 weeks	4,228	91.0
14 weeks – 22 weeks + 6 days	387	8.3
>22 weeks + 6 days	32	0.7
Total	**4,647**	**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 2025, 32 terminations of pregnancy were performed after 22 weeks and 6 days gestation (0.7 % of all terminations of pregnancies) which was lower compared to 49 terminations of pregnancy in 2024 (1.1% of all terminations of pregnancies). Multiple reasons may be reported per termination of pregnancy after 22 weeks and 6 days gestation and in 2025, 34 reasons were reported. Of these, 47.1% was for suspected fetal anomalies and 47.1% for the physical or mental health of the pregnant person (Table 8).

Table 8: Reported reason for termination of pregnancy after 22 weeks and 6 days gestation, South Australia, 2025

Reason	Number	%	% of all terminations
Physical or mental health of the pregnant person	16	47.1	0.3
Fetal anomaly	16	47.1	0.3
To save life of pregnant person or another fetus	2	5.9	<0.1
Total reported reasons[1]	**34**	**100.0**	**0.7**

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

Method of pregnancy termination

In 2025, the majority (59.9%) 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 31.4% of all terminations. The use of Mifepristone and Misoprostol is consistent with its use in 2024 (60.3%). 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 9: Method of pregnancy termination, South Australia, 2025

Method for termination	Number	% of all terminations
Mifepristone +/- Misoprostol	2784	59.9
Vacuum aspiration / Dilatation and curettage	1460	31.4
Dilatation and evacuation	313	6.7
Intra Uterine Injection	90	1.9
Vaginal/Cervical Prostaglandin	0	0.0
Total	**4,647**	**100.0**

For terminations of pregnancy conducted before 14 weeks gestation (n=4,228), Mifepristone and Misoprostol was utilised for the majority of cases (64.0%) followed by vacuum aspiration/dilatation and curettage (34.1%) (Table 10). For terminations of pregnancy conducted from 14 weeks onwards (n=419), dilatation and evacuation was utilised for the majority of cases (55.4%).

Table 10: Method of pregnancy termination by gestational age, South Australia, 2025

Method of termination	< 14-weeks		≥14-weeks		Total Number
	Number	% <14-weeks	Number	% ≥14-weeks	
Mifepristone +/- Misoprostol	2,705	64.0	79	18.9	2,784
Vacuum aspiration / Dilatation and curettage	1,440	34.1	20	4.8	1,460
Dilatation and evacuation	81	1.9	232	55.4	313
Intra uterine injection	2	<0.1	88	21.0	90
Total	**4,228**	**100.0**	**419**	**100.0**	**4,647**

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. From 2025 onwards, public hospital admissions to 31 March of the following year were additionally reviewed to improve the capture of complications of pregnancy terminations from October to December of the reporting year. Due to reporting obligations under *Termination of Pregnancy Act 2021*, the complications data in this report are the known complications resulting from terminations of pregnancy, and as such are considered preliminary. Final data for complications relating to terminations of pregnancy will be presented in the Termination of Pregnancy in South Australia 2026 report.

In 2025, preliminary complications resulting from termination of pregnancy were reported for 290 women (6.2%). The most common complication was retained products of conception (276 women), which represented 95.2% of all complications and occurred in 5.9% of all terminations (Table 11).

Table 11: Preliminary complications resulting from termination of pregnancy, South Australia, 2025

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	276	95.2	5.9
Uterine infection	10	3.4	0.2
Bleeding	2	0.7	<0.1
Other	2	0.7	<0.1
Total	**290**	**100.0**	**6.2**

The two most common termination methods in 2025 were Mifepristone and Misoprostol and vacuum aspiration/dilatation and curettage. Terminations using these methods resulted in preliminary complication rates of 10.0% and 0.4% respectively (Table 12).

Table 12: Method of termination resulting in a preliminary complication, South Australia, 2025

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	2,784	279	10.0
Vacuum aspiration / Dilatation and curettage	1,460	6	0.4
Dilatation and evacuation	313	2	0.6
Intra uterine injection	90	3	3.3
Total women	**4,647**	**290**	**6.2**

Of the 279 women with complications reported following a termination of pregnancy with mifepristone and misoprostol, 268 (96.1%) were due to retained products of conception (Table 13).

Table 13: Preliminary complication type and method of termination procedure, South Australia, 2025

Method of termination	Number of complications	Retained products of conception	Bleeding	Uterine infection	Other
Mifepristone +/- Misoprostol	279	268	1	8	2
Vacuum aspiration / Dilatation and curettage	6	5	0	1	0
Dilatation and Evacuation	2	1	1	0	0
Intra uterine injection	3	2	0	1	0
Vaginal Prostaglandins	0	0	0	0	0
Total	**290**	**276**	**2**	**10**	**2**

Of 2,784 terminations where Mifepristone and Misoprostol was utilised, 12 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 2025 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 - 2024

Total number of terminations of pregnancies

The finalised number of terminations of pregnancies for 2024 was 4,778, with a further 53 terminations of pregnancy notified after publication of the 2024 annual report. The finalised termination rate in 2024 was 13.1 per 1,000 women aged 15-44 years, which is consistent with previously reported (13.0 per 1,000 women aged 15-44 years). The finalised total abortion rate in 2024 was 393 per 1,000 women aged 15-44 years (previous 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 in 2024.

Complications

Following ascertainment processes for complications from a termination of pregnancy with Admitted Patient Care data, finalised complications were reported for 302 (6.3%) of women in 2024 (Table 14). A further 112 complications resulting from terminations of pregnancy resulted from the ascertainment process. To improve the capture of complications for terminations of pregnancies in 2024, the ascertainment period was extended to 31 March 2025; this extension resulted in higher number of complications from the ascertainment compared with previously reported.

Table 14: Complications resulting from termination of pregnancy including readmissions, 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	285	94.4	6.0
Bleeding	7	2.3	0.1
Uterine infection	5	1.7	0.1
Damaged Cervix	3	1.0	0.1
Other	2	0.7	<0.1
Total	**302**	**100.0**	**6.3**

The two most common termination methods in 2024 were Mifepristone and Misoprostol and vacuum aspiration and dilatation and curettage. Terminations using these methods resulted in complication rates of 10.0% and 0.4% respectively (Table 15).

Table 15: Method of termination resulting in a complication, South Australia, 2024

Method of termination	Number of terminations	Number of complications	% of termination method with complication
Mifepristone +/- Misoprostol	2,881	288	10.0
Vacuum aspiration / Dilatation and curettage	1,476	6	0.4
Dilatation and evacuation	316	5	1.6
Intra uterine injection	104	2	1.9
Vaginal prostaglandin	0	0	0.0
Other	1	1	100.0
Total women	**4,778**	**302**	**6.3**

In 2024, of the 288 women with complications reported following a termination of pregnancy with Mifepristone and Misoprostol, 280 (97.2%) were due to retained products of conception (Table 16).

Table 16: Complication type and method of termination procedure, South Australia, 2024

Method of termination	Number of complications	Retained products conception	Bleeding	Uterine infection	Damage to Cervix	Other
Mifepristone + Misoprostol	288	280	2	4	0	2
Vacuum aspiration / Dilatation and curettage	6	3	2	0	1	0
Dilatation and Evacuation	5	2	0	1	2	0
Intra uterine injection	2	0	2	0	0	0
Vaginal Prostaglandins	0	0	0	0	0	0
Other	1	0	1	0	0	0
Total	**302**	**285**	**7**	**5**	**3**	**2**

For more information
Pregnancy Outcome Unit
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Government of South Australia

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