saaac
South Australian
Abortion Action Coalition
Better abortion access

Advanced gestation abortion

Abortion care is essential healthcare that should be available in a timely manner at all stages of pregnancy.[i] There is strong community support for the premise that decisions about abortion at any stage of pregnancy should be made through the same processes used for other healthcare decisions.[ii]

What is an advanced gestation abortion?

There is no agreed upon definition of 'late' or 'advanced' gestation abortion.[iii] In South Australia (SA), two gestational markers are noteworthy. At 20 weeks' gestation, data on all pregnancy outcomes are collected, and at 22 weeks and six days' gestation (22+6), the legal regulation of abortion changes. There is no universally accepted legal or clinical definition of 'late' or 'advanced' gestation abortion.[iv] Across the eight jurisdictions that regulate abortion in Australia, six different gestational thresholds are used. SA is the only jurisdiction to use 22 weeks and 6 days. Unless stated otherwise, this fact sheet refers to abortions at or beyond 20 weeks' gestation as 'advanced gestation', unless otherwise specified.

Advanced gestation abortion and the law

The *Termination of Pregnancy Act 2021* (SA) decriminalised abortion in SA. There are no criminal offences relating to abortion for the people who have abortions or their registered healthcare providers. Abortion is predominantly regulated in health law, which establishes different rules for abortion depending on whether it is performed before or after 22 weeks and six days' gestation (22+6). Until 22+6 only the informed consent of the pregnant person is required for an abortion to be performed. After 22+6, two doctors are required to approve of the abortion and must consider a range of factors, including the pregnant person's physical and mental health.[v]

SA data consistently shows that most abortions occur within the first 14 weeks, or first trimester, of pregnancy. About 2 per cent of abortions are performed at or over 20 weeks' gestation.[vi] In 2024, 91.1 % of abortions were performed in the first trimester of pregnancy and 1.00% (n.48) were performed after 22+6.[vii]

Circumstances for advanced gestation abortion

There are many reasons why people need abortions. Some specific circumstances may apply after 20 weeks' gestation.

International research emphasizes the need to move beyond simply identifying 'reasons' for abortion and instead focus on the clinical, legal, and social contexts in which decisions are made. People seeking abortions at an advanced gestation typically follow one of two pathways. In some cases, they receive new information or experience significant life changes later in pregnancy—such as discovering the pregnancy itself, learning of a fetal anomaly, or facing the death of a partner. In other cases, they encounter barriers that prevent access to abortion care at an earlier gestation, such as difficulty finding a local provider, needing to arrange travel, or delays caused by a mental health crisis or experiences of domestic violence.[viii]

The SA Government reports on the circumstances leading to abortions after 22+6, the gestational marker in the state's abortion law. In its report for 2024, 70.8 % of the 48 abortions performed after 22+6 were for the physical or mental health of the pregnant person; 31.3% were for a suspected fetal anomaly.[ix] These statistics provide the broad grounds for abortion as set out in the *Termination of Pregnancy Act 2021* (SA) and do not capture the deeply personal decision-making processes and individual pathways to care for the people represented.

Diagnosis of fetal anomaly

About half of the abortions performed after 20 weeks' gestation occur because of fetal anomaly, including neurological abnormalities, genetic syndromes, and cardiac malformations.[x] A person's decision to have an abortion is often influenced by the timing of medical tests and procedures used to detect serious fetal anomalies, which are typically conducted later in pregnancy.

Several antenatal screening tests are available in the first trimester, but many findings from these tests require follow-up diagnostic testing. For some conditions, amniocentesis is the only diagnostic option, and it can only be performed after 16 weeks' gestation. The results usually take about two weeks to be analysed.[xi]

The morphology scan is a routine obstetric ultrasound performed at 19 to 20 weeks of gestation to detect abnormalities that cannot be identified earlier in pregnancy. When abnormalities are found, further investigations are often needed. These may include additional imaging—such as a second ultrasound or fetal MRI—amniocentesis with genetic or other testing, and/or referral to specialists. In some cases, complex clinical conditions require even more time before a clear diagnosis can be made.

Access to prenatal screening can be difficult and this can delay diagnosis and decision-making about abortion. Pregnancy scans are often not fully covered under Medicare and involve significant upfront costs. Further, people living in rural and regional SA may need to travel to access ultrasound services.[xii]

Deciding whether to have an abortion after a fetal anomaly is diagnosed can be a complex and emotionally demanding process. Pregnant individuals often need time to understand detailed medical information and, as with any pregnancy-related decision, to reflect on their personal values, family and community beliefs, life goals, capacity to raise a child, and the support available to them.[xiii]

Symptoms of pregnancy are not clear

Abortions can occur later in pregnancy when individuals are unaware they are pregnant, and/or when healthcare providers do not identify the pregnancy in its early stage. Some people continue to menstruate in pregnancy, which can delay recognition. When effective contraception is being used, pregnancy symptoms may be overlooked—especially with long-acting methods like implants and IUDs that suppress menstruation. People who are younger, have low health literacy, are perimenopausal, experience irregular bleeding, or have medical conditions that make pregnancy unlikely may also be less likely to recognise they are pregnant.[xiv]

Difficult personal circumstances

Pregnant people may be delayed in seeking an abortion due to anxiety about confiding in their parents or partner, because they are concerned they will not be supported (by their family, partner, friends, or employer), or because their socio-economic circumstances change. People experiencing homelessness, domestic violence, sexual assault, mental or physical health problems, trauma, or addiction also experience significant barriers in organising care.[xv]

Reproductive coercion

Reproductive coercion is a form of intimate partner violence and includes a range of abusive and controlling behaviours, such as contraceptive sabotage, or forcing a person to continue with an unwanted pregnancy. As this usually occurs in the context of violent relationships, it can be difficult and dangerous for pregnant people to access abortion services, causing significant delays in presentation.[xvi]

Illness or injury during pregnancy

While relatively rare, sometimes people need an abortion at an advanced gestation due to illness or injury, such as serious trauma (e.g. from a car accident), the need for urgent cancer treatment, or deterioration in existing conditions.

Delays in accessing timely abortion care

Some people make a decision to have an abortion earlier in their pregnancies, but experience delays in access. Obstructive medical professionals, lack of timely access to support services including pathology tests and ultrasound, and lack of provision in rural and regional areas delay access to care. Pregnant people can be given misinformation—sometimes deliberately—about the lawfulness or availability of abortion. Their doctors may object to abortion but fail to provide them with an appropriate referral to an alternative provider (as they are legally and ethically required to do). [xvii]

People in rural, regional, or remote areas face delays due to provider shortages, long appointment wait times, and extended travel distances. There are no abortion services in SA outside of Adelaide after the first trimester of pregnancy. In 2024, only 14.1% of people residing in country SA who had an abortion could access the abortion in a country area.[xviii] Thus, abortion seekers who reside in country SA may experience significant delays in finding an abortion provider and/or raising the funds and making the necessary arrangements to travel to Adelaide for abortion care.

Social disadvantage

Research from Australia and other countries shows that people who seek abortion care later in pregnancy are more likely to experience social and economic disadvantages when compared to those who access care earlier. This is often due to the additional challenges they encounter in accessing timely abortion services. [xix] In Australia, people who require an advanced gestation abortion are more likely to be young, overseas born, living in rural or remote Australia, ineligible for Medicare, or experiencing poverty or homelessness. First Nations people are also more likely to be in this cohort of patients.[xx]

What is involved in an advanced gestation abortion?

Abortions after the first trimester of pregnancy in SA are performed using one of two methods.

Surgical abortions are available at the Pregnancy Advisory Centre until 23+6. To 17 weeks' gestation, this method involves one procedure. Procedures at or over 17 weeks' gestation occur over two days. On day one, the cervix is dilated using medication and/or cervical dilators. On day two, the patient is placed under anaesthesia, and a doctor removes the pregnancy using instruments and gentle suction.

Alternatively, abortions in the second and third trimesters can be performed by using medications to induce labour and vaginal delivery. This service is available at several hospitals in Adelaide.

What is feticide?

Feticide is an injection that stops the heart of the fetus. It is used to reduce the chance of a live delivery.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommends that foeticide be considered for all abortions at or beyond 22 weeks' gestation, and that patient preference and service availability must be included in the decision.[xxi] In SA, foeticide is commonly used for procedures at or over 17 weeks' gestation.

In some cases, a fetus may be born with signs of life following an abortion.[xxii] Signs of life may include pulsation of the umbilical cord or breath efforts.[xxiii]

As part of their bereavement process, some individuals choose not to have a foeticide prior to induction, and babies born in these circumstances receive comfort care. While opponents of abortion often highlight the very small number of babies born alive following abortion, this rhetoric is deeply disrespectful to those who do not wish to continue the pregnancy but wish to give birth.

Where to go if I need an advanced gestation abortion?

People requiring abortion care in South Australia should contact the Pregnancy Advisory Centre Telephone: (08) 7117 8999, phone open 9.00 am 4.00 pm Monday to Friday.

Website: www.sahealth.sa.gov.au/PregnancyAdvisoryCentre

Address: 707 Port Road, Woodville Park South Australia

Email: HealthPAC@sa.gov.au

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[i] See, for example, RANZCOG, 2025. "RANZCOG Urges Support for Abortion Law Reform Amendment (Health Care Access) Bill 2025." Accessed June 6, 2025. https://ranzcog.edu.au/news/ranzcog-urges-support-abortion-bill-2025/.

[ii] Cations, Monica, Margie Ripper, and Judith Dwyer. 2020. "Majority Support for Access to Abortion Care Including Later Abortion in South Australia." *Australian and New Zealand Journal of Public Health* 44 (5): 349–52. https://doi.org/10.1111/1753-6405.12997.

[iii] Baird, Barbara. 2023. *Abortion Care Is Health Care*. Melbourne: Melbourne University Publishing, p. 202.

[iv] Ibid., 202.

[v] *Termination of Pregnancy Act 2021* (SA) s 9.

[vi] Baird, Barbara. 2023. *Abortion Care Is Health Care*, p. 202.

[vii] https://www.preventivehealth.sa.gov.au/assets/downloads/abortion-reporting/South-Australian-Abortion-Reporting-Committee-Report-2024_FINAL.pdf

[viii] Kimport, Katrina. 2022. "Is Third-trimester Abortion Exceptional? Two Pathways to Abortion after 24 Weeks of Pregnancy in the United States." *Perspectives on Sexual and Reproductive Health* 54 (2): 38–45. https://doi.org/10.1363/psrh.12190.

[ix] Government of South Australia, "SA Abortion Reporting Committee Annual Report 2024"

[x] Before 2023, the SA Abortion Reporting Committee Annual Reports reported on the circumstances for abortions post 20 weeks. These reports are available from the following website: https://www.preventivehealth.sa.gov.au/evidence-data/explore-and-request-data/reports-and-publications. For an analysis of the most common circumstances for abortions for fetal anomalies, see Rosser, Shannyn, Renuka Sekar, Johanna Laporte, Gregory J. Duncombe, Alexa Bendall, Christoph Lehner, Carol Portmann, Pauline McGrath, Karin Lust, and Peter Ganter. 2022. "Late Termination of Pregnancy at a Major Queensland Tertiary Hospital, 2010–2020." *Medical Journal of Australia* 217 (8): 410–14.

[xi] The Royal Women's Hospital, n.d. "Amniocentesis." Accessed 6 June 2025. https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Amniocentesis.pdf

[xii] Bidner, Amber, Eva Bezak, and Nayana Parange. 2023. "Antenatal Ultrasound Needs-Analysis Survey of Australian Rural/Remote Healthcare Clinicians: Recommendations for Improved Service Quality and Access." *BMC Public Health* 23 (1): 2268. https://doi.org/10.1186/s12889-023-17106-4.

[xiii] Pecoriello, Jillian, Anna-Grace Lilly, Dona Jalili, Clarisa Mendoza, Gwendolyn P. Quinn, and Christina A. Penfield. 2024. "Decision-Making for Congenital Anomalies Diagnosed during Pregnancy: A Narrative Review." *Journal of Assisted Reproduction and Genetics* 41 (5): 1143–51.

[xiv] Strong, Joe, Ernestina Coast, Emily Freeman, Ann M. Moore, Alison H. Norris, Onikepe Owolabi, and Corinne H. Rocca. 2023. "Pregnancy Recognition Trajectories: A Needed Framework." *Sexual and Reproductive Health Matters* 31 (1): 2167552. https://doi.org/10.1080/26410397.2023.2167552.

[xv] Foster, Diana Greene, and Katrina Kimport. 2013. "Who Seeks Abortions at or After 20 Weeks?" *Perspectives on Sexual and Reproductive Health* 45 (4): 210–18. https://doi.org/10.1363/4521013; Lee, Ellie, and Roger Ingham. 2010. "Why Do Women Present Late for Induced Abortion?" *Best Practice & Research Clinical Obstetrics & Gynaecology* 24 (4): 479–89; Upadhyay, U. D., T. A. Weitz, R. K. Jones, R. E. Barar, and D. G. Foster. 2022. "Denial of Abortion Because of Provider Gestational Age Limits in the United States." *American Journal of Public Health* 112 (9): 1305–12. https://doi.org/10.2105/AJPH.2013.301378r.

[xvi] Sheeran, Nicola, Kari Vallury, Leah S. Sharman, Bonney Corbin, Heather Douglas, Brenna Bernardino, Maria Hach, et al. 2022. "Reproductive Coercion and Abuse among Pregnancy Counselling Clients in Australia: Trends and Directions." *Reproductive Health* 19 (1): 170. https://doi.org/10.1186/s12978-022-01479-7.

[xvii] See, for example, Senate Community Affairs References Committee. 2023. "Ending the Postcode Lottery: Addressing Barriers to Sexual, Maternity and Reproductive Healthcare in Australia." https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22committees%2Freportsen%2FRB000075%2F0010%22;src1=sm1; Sarder, Monika, Mogharbel, Carolyn, and Kalman, Tali. 2024. "Realising Access: Abortion and Contraception Inequities and Enablers in Victoria." https://womenshealthvic.com.au/resources/WHV_Publications/Knowledge-Paper_2024.10.21_Realising-access-abortion-and-contraception-inequities-and-enablers-in-Victoria_Full-report_Nov_(Fulltext-PDF).pdf; Vallury, Kari Dee, Daile Kelleher, Ahmad Syahir Mohd Soffi, Carolyn Mogharbel, and Shelly Makleff. 2023. "Systemic Delays to Abortion Access Undermine the Health and Rights of Abortion Seekers across Australia." Australian and New Zealand Journal of Obstetrics and Gynaecology 63 (4): 612–15. For the legal obligation of objecting doctors, see Termination of Pregnancy Act 2021 (SA) s 11.

[xviii] Government of South Australia, "SA Abortion Reporting Committee Annual Report 2024"

[xix] Baird, Abortion care is healthcare

[xx] Sarder, Monika, Mogharbel, Carolyn, and Kalman, Tali. 2024. "Realising Access; Greene and Kimport, "Who seeks"; Lee & Ingham, "Why do women present"

[xxi] Royal Australian and New Zealand College of Obstetricians and Gynaecologists. 2023. "Clinical Guideline for Abortion Care." Accessed 6 June 2025. https://ranzcog.edu.au/news/clinical-guideline-for-abortion-care/.

[xxii] Nathalie Auger et al., "Second-Trimester Abortion and Risk of Live Birth," *American Journal of Obstetrics and Gynaecology* 230, no. 6 (2024): 679-e1.

[xxiii] Queensland Health. 2024. Maternity and Neonatal Clinical Guideline: Termination of Pregnancy. Available from https://www.health.qld.gov.au/__data/assets/pdf_file/0029/735293/g-top.pdf.