22 July 2025

Health New Zealand
Te Whatu Ora

[redacted]

[redacted]

Your request for official information, reference: HNZ00092087

Thank you for your email received on 30 June 2025, asking Health New Zealand | Te Whatu Ora for the following under the Official Information Act 1982 (the OIA):

> *Under the Official Information Act 1982, I am requesting any information or documentation relating to a case or cases at Christchurch Hospital (or within Waitaha Canterbury) from January 2020 to June 2025 where a late-term abortion (defined as one performed at 20 weeks' gestation or later) resulted in a live birth.*
>
> *Specifically, I am seeking:*
> 1. *Confirmation of whether any such case(s) occurred during this time.*
> 2. *Any clinical or incident reports related to the care (or non-care) of the baby born alive.*
> 3. *Whether the baby was provided with life-sustaining care (e.g., taken to NICU or SCBU), or whether the baby was left to pass away without intervention.*
> 4. *A copy of any **previous OIA responses** that relate to such an event (particularly if one was released publicly between 2020 and 2024 and has since been unpublished or archived)*

Response

Please note, the data provided in our response is provisional and used for operational purposes. It has not been through the full quality assurance process that we use before publishing data and therefore is subject to change. Published data should be considered the most accurate source and used where possible.

1. *Confirmation of whether any such case(s) occurred during this time*

Please refer to **Table One** below for the total count of cases between January 2020 and up to June 2025 where a late-term abortion resulted in a live birth within Waitaha Canterbury.

Table One number of cases where a late term abortion / termination resulted in a live birth between January 2020 and up to June 2025.

Year	Gestation			
	20 weeks	21 weeks	22 weeks	23 weeks
2020	5	8	<5	<5
2021				
2022				
2023				
2024				
2025 (up to June)				

Note: Because of the very small numbers we have aggregated the information across the years and all values between 1 and 5 are suppressed under section 9(2)(a) of the OIA to protect the privacy of natural persons, including those deceased, and are represented as <5. The need to protect the privacy of these individuals is not outweighed by the public interest in the release of this information.

2. *Any clinical or incident reports related to the care (or non-care) of the baby born alive.*

No clinical or incident reports were found. We are therefore declining a response under Section 18(e) – the information requested does not exist.

3. *Whether the baby was provided with life-sustaining care (e.g., taken to NICU or SCBU), or whether the baby was left to pass away without intervention.*

None of these babies were at a viable gestation stage for resuscitation. They were therefore treated with the utmost compassion and held until they passed.

4. *A copy of any previous OIA responses that relate to such an event (particularly if one was released publicly between 2020 and 2024 and has since been unpublished or archived)*

Please find attached as **Appendix One** two previous responses released under the OIA and which were published on the former Canterbury DHB website. Ref: CDHB 10493 and CDHB 10643. Note, we have withheld the requestors' details in both responses under section 9(2)(a) to protect their privacy.

The need to protect the privacy of these individuals is not outweighed by the public interest in the release of this information.

How to get in touch

If you have any questions, you can contact us at hnzOIA@Tewhatuora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Sasha Wood

Sasha Wood
Head of Government Services
Health New Zealand | Te Whatu Ora

HNZ00092087 Appendix One

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
Ralph.lasalle@cdhb.health.nz

16 December 2020

9(2)(a)

RE Official information request CDHB 10493

I refer to your letter dated 23 November 2020, and received 26 November, requesting the following information under the Official Information Act from Canterbury DHB regarding follow-up questions to our Official Information Act response to CDHB 10327. Specifically:

- **What is the maximum gestation accepted for an abortion at your facility?**

The maximum gestation is 22 weeks, unless there is a fetal abnormality or a significant maternal mental health concern.

- **What was the gestational age of the oldest unborn child terminated at your facility since 2010?**

The gestational age of the oldest unborn child terminated (since 2010) was 34 weeks, due to a fetal abnormality incompatible with life.

- **Why, in the rare event that a child is born alive in an abortion at your facility is it not provided with the care that is mandated by the Ministry of Health?**

A baby born alive, following a termination, is treated with the utmost compassion and provided with care as per the Ministry of Health standards.
Please refer to the Ministry of Health's website for further information on the Interim Standards for Abortion Services: https://www.health.govt.nz/publication/interim-standards-abortion-services-new-zealand

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

R LaSalle

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Canterbury
District Health Board
Te Poari Hauora o Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smitheram@cdhb.health.nz;

16 August 2021

9(2)(a) [redacted]

RE Official Information Act request CDHB 10643

I refer to your email dated 25 June 2021 requesting the following information under the Official Information Act from Canterbury DHB. We note that you added in another question on 23 July 2021. Specifically:

1. **I am wanting to clarify the current practice of abortion services when children are born alive following an induced labour abortion.**
2. **I have been told that the Canterbury DHB has been quoted as saying: "In the extremely rare occurrence that a baby were to be born alive following a late term abortion, the baby would be wrapped and then held until it passed."**
3. **I want to clarify whether this is an accurate representation of current practice or whether it is not accurate (or any further details that are not considered in the quoted statement). I would like clarity on the exact requirements of medical staff in the event that a child was born alive following a late term abortion.**
4. **Details of the number of cases of alive births post abortion/termination, and if possible whether the abortion/termination was because of birth defects or because of another reason.**

At Canterbury DHB a Maternal Fetal Medicine Specialist will use feticide to stop the fetal heart, from 22 weeks of pregnancy, if there is a fetal abnormality incompatible with life. A live birth after an intended abortion is therefore extremely unlikely.

In the rare event that a baby is born alive following an abortion it will be treated with the upmost compassion and provided with appropriate care, which is determined by the health practitioner in consultation with the parent/s.

There has been one case of an alive birth after 22 weeks at Canterbury DHB in the last five years. This abortion was due to a fetal abnormality.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Tracey Maisey
Executive Director
Planning, Funding & Decision Support

8 October 2025

Health New Zealand
Te Whatu Ora

[redacted]

Tēnā koe [redacted]

Your request for official information, reference: HNZ00096389

Thank you for your email on 20 August 2025, asking Health New Zealand | Te Whatu Ora for the following under the Official Information Act 1982 (the OIA):

> *I request information relating to any case(s) at any New Zealand hospital between January 2020 and July 2025 where a late-term abortion (defined here as one performed at 20 weeks' gestation or later) resulted in a live birth.*
> *This request is nationwide in scope and I am not seeking any patient-identifiable data. Specifically:*
> *1. Confirmation of whether any such case(s) occurred during this period, by gestational age where possible. If exact gestational ages are withheld for privacy reasons, please provide counts in the following bands: 20–22 weeks, 23–24 weeks, and 25-26 and so on.*
> *2. Any clinical or incident reports relating to the care (or non-care) of the baby born alive, including whether the baby was provided with life-sustaining care (e.g., taken to NICU or SCBU) or whether the baby was left to pass away without intervention.*
> *3. Information on the gestational thresholds or criteria at which life-sustaining care is normally provided for wanted babies born prematurely in New Zealand hospitals (e.g., at 20, 21, 22, 23 weeks). Where thresholds differ between hospitals, please provide the relevant policies, guidelines, or criteria. Please reference, where relevant, the Ministry of Health's Interim Standards for Abortion Services (2020), the Starship / New Zealand Consensus Statement on the Care of Mother and Baby(ies) at the Threshold of Viability, and the ANZCOR neonatal resuscitation guidelines.*
> *4. Copies of any policies, guidelines, or protocols held by Te Whatu Ora or individual hospitals relating to the management of babies born alive following an abortion, including staff responsibilities and standards of care.*
> *5. Confirmation of whether cases of babies born alive following an abortion are reported to the Perinatal and Maternal Mortality Review Committee (PMMRC) or any other review body, and if so, copies of any related reports or summaries.*
> *6. The total number of abortions performed at ≥24 weeks' gestation during this period, and whether feticide was used prior to delivery in each case.*

Response

For the sake of clarity I will address each request in turn.

> *1. Confirmation of whether any such case(s) occurred during this period, by gestational age where possible. If exact gestational ages are withheld for privacy reasons, please provide counts in the following bands: 20–22 weeks, 23–24 weeks, and 25-26 and so on.*

Table One: Late Term Abortions Jan 2020 - Jul 2025		
District	**20-22**	**23-30**
Te Tai Tokerau	<5	5

Waitematā	Refused under section 18(f) as would require manual search of each record	
Counties Manukau	Refused under section 18(f) as would require manual search of each record	
Te Toka Tumai	19	<5
Bay of Plenty	Refused under section 18(f) as would require manual search of each record	
Tairāwhiti	6	<5
Lakes	0	
Waikato	Refused under section 18(f) as would require manual search of each record	
Taranaki	<5	
Hawke's Bay	9	5
Whanganui	Do not perform late term abortions	
Capital Coast and Hutt Valley	Refused under section 18(f) as would require manual search of each record	
MidCentral	7	<5
Wairarapa	<5	
Nelson Marlborough	0	
West Coast	Do not perform late term abortions	
Canterbury	approx. 15 refer HNZ00092087	<5
South Canterbury	0	
Southern	Refused under section 18(f) as would require manual search of each record	

Note that the data for Te Toka Tumai is for 2020-2024.

2. Any clinical or incident reports relating to the care (or non-care) of the baby born alive, including whether the baby was provided with life-sustaining care (e.g., taken to NICU or SCBU) or whether the baby was left to pass away without intervention.

No clinical or incident reports were found. We are therefore refusing this part of your request under section 18(e) of the OIA as the information does not exist. In all instances, the baby was left to pass away without intervention.

3. Information on the gestational thresholds or criteria at which life-sustaining care is normally provided for wanted babies born prematurely in New Zealand hospitals (e.g., at 20, 21, 22, 23 weeks). Where thresholds differ between hospitals, please provide the relevant policies, guidelines, or criteria. Please reference, where relevant, the Ministry of Health's Interim Standards for Abortion Services (2020), the Starship / New Zealand Consensus Statement on the Care of Mother and Baby(ies) at the Threshold of Viability, and the ANZCOR neonatal resuscitation guidelines.

Te Tai Tokerau	Life-sustaining care is considered for wanted babies at 22 weeks + 5 days. A full clinical discussion takes place between the obstetric and paediatric teams which encompasses relevant clinical information pertaining to the progress of the pregnancy to date. A discussion then takes place with the woman and whanau and covers off likely survival rates and potential complications. If the parents decide on active management of preterm labour, then steroids, tocolysis and

	magnesium sulphate are commenced locally. The woman is then transferred to Auckland for tertiary level care. This approach is in line with the Starship clinical guidelines which are based on recommendations of the NZ Child Health and Youth Clinical Network.
Waitematā	The clinical situation and the wishes of the whānau are taken into consideration but as a general rule survival based care is offered from 22+5 weeks' gestation, as per local and National Guidelines
Counties Manukau	The threshold for providing life sustaining care at Counties is 23 weeks and 0 Days.
Te Toka Tumai	Aim to follow the National Consensus statement (which is currently under review).
Bay of Plenty	Please refer attached BOP Protocol CPM.03.16 Extreme Prematurity – Resuscitation of marginally viable infants.
Tairāwhiti	Use Wellington hospital guidelines
Lakes	Use Waikato guidelines
Waikato	Normally life sustaining care is offered from 23 weeks' gestation onwards after extensive peri-viability counselling with whanau, conducted by joint obstetrician and neonatal consultant team. Risks and benefits are discussed and there is parental discretion to opt in or out of resuscitation until 24+6 weeks gestation unless there are other extenuating circumstances that may severely impact on ability to provide post-natal care (e.g. severe congenital anomalies). This is in line with the national consensus statement on the care of mothers and baby(ies) at peri viable gestations (https://www.starship.org.nz/guidelines/new-zealand-consensus-statement-on-the-care-of-mother-and-baby-ies-at/). Our local guidelines state the same (Resus of marginally viable babies, document attached).
Taranaki	Life sustaining care is provided to babies born prematurely in keeping with current guidelines and in consultation with the Neonatologist at the regional tertiary hospital.
Hawke's Bay	The gestational threshold at which life sustaining care is normally provided for babies born prematurely in New Zealand hospitals (as per the NZ Consensus statement on the care of Mothers and Babies at the threshold of viability) is currently twenty-three weeks. As we have a level 2 SCBU that provides care for babies from 28 weeks and 1kg. We would prepare for preterm birth where active resuscitation was intended at twenty-three weeks by giving antenatal corticosteroids at 22+5 and 22+6 with transfer to a tertiary unit for twenty-three weeks gestation.
Whanganui	Not applicable
MidCentral	NZCYCN guidelines are followed for gestational thresholds at which life-sustaining care is normally provided.
Wairarapa	Wairarapa Clinicians consult our closest tertiary NICU at Cap Coast and offer life sustaining care for premature labour/births based on their clinical guidance.
Capital Coast and Hutt Valley	Guided by national guidelines
Nelson Marlborough	Guided by national guidelines, such as Wellington and Auckland, where the policy is to offer resuscitation from 23 weeks.
West Coast	all abortions over 12 weeks are referred to the Gynaecology Procedure Unit at Christchurch Women's Hospital.
Canterbury	Refer HNZ00092087 response
South Canterbury	Refer HNZ00092087 response

Southern	Dunedin Hospital in the Southern district complies with the consensus guidelines outlined by the requestor. Their paediatric services include Neo-natal Intensive Care Unity services; care is provided under policy 202389, refer to appendix.

4. Copies of any policies, guidelines, or protocols held by Te Whatu Ora or individual hospitals relating to the management of babies born alive following an abortion, including staff responsibilities and standards of care.

Appendix Three attached – Waitematā – Medical termination of Pregnancy at 20 weeks or more

Refer New Zealand Consensus Statement on the care of mother and baby(ies) at periviable gestations

Refer Clinical Guideline for Abortion Care - RANZCOG

5. Confirmation of whether cases of babies born alive following an abortion are reported to the Perinatal and Maternal Mortality Review Committee (PMMRC) or any other review body, and if so, copies of any related reports or summaries.

All abortions are report to Perinatal and Maternal Mortality Review Committee PMMRC. The reports and summaries are withheld under section 9(2)(a) of the OIA in order to protect the privacy of natural persons. The need to protect the privacy of these individuals is not outweighed by the public interest in the release of this information.

6. The total number of abortions performed at ≥24 weeks' gestation during this period, and whether feticide was used prior to delivery in each case.

All districts that did abortions ≥24 weeks' gestation used feticide.

District	**Abortions performed at ≥24 weeks**
Te Tai Tokerau	<5
Waitematā	58
Counties Manukau	Refused under section 18(f) as would require manual search of each record
Te Toka Tumai	<5
Bay of Plenty	Not recorded
Tairāwhiti	<5
Lakes	0
Waikato	Not recorded
Taranaki	Not applicable
Hawke's Bay	Not available
Whanganui	Not applicable
MidCentral	9

Wairarapa	Not applicable
Capital Coast and Hutt Valley	Refused under section 18(f) as would require manual search of each record
Nelson Marlborough	<5
West Coast	Not applicable
Canterbury	Not available
South Canterbury	Not available
Southern	<5

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

pp

Danielle Coe
Manager (OIAs) Government Services
Health New Zealand | Te Whatu Ora