

Availability of Abortion in Canada and Elsewhere

TRENDS IN MODERN CHILDBIRTH IN CANADA

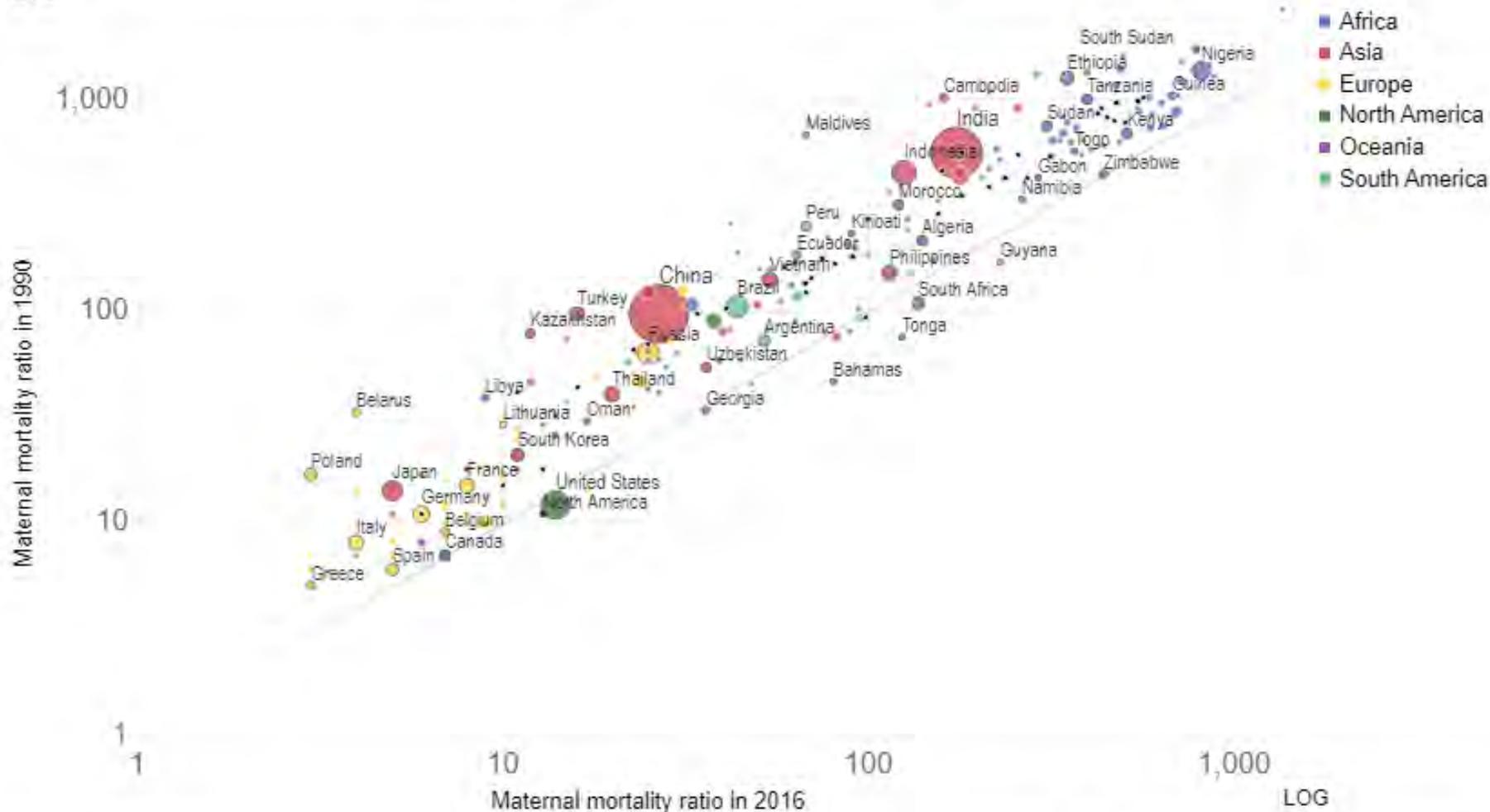
Experiences of childbirth and motherhood in Canada have evolved greatly across generations, fuelled by a variety of social, economic, cultural and environmental trends.

- There have been **more than 327,000 births in Canada every year** since 1971, ranging from a low of 327,107 in 2000–2001 to a high of 403,280 in 1989–1990.
- Mothers in Canada are having fewer children on average than in the past – a continuation of a long-term trend. According to Statistics Canada, the **fertility rate** in 2013 was 1.59 children per woman, down from 1.72 in 1991 and far lower than the rate of 3.94 recorded in 1959 during the baby boom years (see Chart A).
- The average fertility rate across Canada masks **regional variation**. In 2013, rates varied from a low of 1.41 children per woman in British Columbia to a high of 3.04 in Nunavut.
- Mothers are also older than in the past, many of whom are pursuing post-secondary education and establishing careers before having children. The **average age of first-time mothers** was 28.5 in 2011, up from 26.2 in 1994 and well above the 1959 average of 23.7 years (see Chart B).
- Coinciding with this trend, the fertility rate of **women aged 35 to 39** increased every year between 2000 and 2013 (from 33.9 to 53.6 live births for every 1,000 women, respectively).
- The **number of mothers aged 40 and older** experiencing their **first live birth** has increased significantly over the past several decades, from 1,283 in 1994 to 3,648 in 2013.
- There has also been a steady increase in the prevalence of **multiple births** in Canada over the past several decades, climbing from 2.1% of all births in 1991 to 3.3% in 2013.

The maternal mortality ratio in 1990 and 2016

Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. Shown here is the modeled estimate as explained in the Sources. Countries above the grey line had a higher maternal mortality ratio in 1990 than in 2016.

LOG



History of Criminalization

- At common law, abortions could be induced before “quickening”.
- The 1892 CCC included the offense of “procuring an abortion”
- 1969-1988 Partial decriminalization. TAC regime. “Life or health in danger”
- TAC regime struck down in 1988: *Morgenthaler*
- PMB to introduce some form of criminalization

- Medically Unnecessary Abortion Referendum Act
- An Act to amend the Criminal Code (injuring or causing the death of an unborn child while committing an offence)

Case Law on Fetal Status

- Tremblay v. Daigle (1989) SCC
- Borowski v. Canada (1989) SCC
- R v Sullivan (1991) SCC
- Dobson v. Dobson (1999) SCC
- CFS v. G (1997) SCC

5 (1) No person shall knowingly

...

(e) for the purpose of creating a human being, perform any procedure or provide, prescribe or administer any thing that would ensure or increase the probability that an embryo will be of a particular sex, or that would identify the sex of an in vitro embryo, except to prevent, diagnose or treat a sex-linked disorder or disease;

Assisted Human Reproduction Act

Urquia et al, 2011 assessed variations in the male-female infant ratios among births to Canadian-born and Indian-born mothers according to year of birth, province and country of birth of each parent.

METHODS:

In this population-based register study, we analyzed birth certificates of 5 853 970 singleton live births to Canadian-born and 177 990 singleton live births to Indian-born mothers giving birth in Canada from 1990 to 2011.

RESULTS:

Among Canadian-born mothers, male-female ratios were about 1.05, with negligible fluctuations by birth order, year and province. Among Indian-born mothers, the overall male-female ratio at the third birth was 1.38 (95% confidence interval [CI] 1.34-1.41) and was 1.66 (95% CI 1.56-1.76) at the fourth or higher-order births. There was little variability in the ratios between provinces. Couples involving at least 1 Indian-born parent had higher than expected male-female ratios at the second and higher-order births, particularly when the father was Indian-born. The deficit in the expected number of girls among Indian immigrants to Canada in the study period was estimated to be 4472 (95% CI 3211-5921).

INTERPRETATION:

Fewer than expected girls at the third and higher-order births have been born to Indian immigrants across Canada since 1990. This trend was also seen among couples of mixed nativity, including those involving a Canadian-born mother and an Indian-born father. Fathers should be considered when investigating sex ratios at birth.

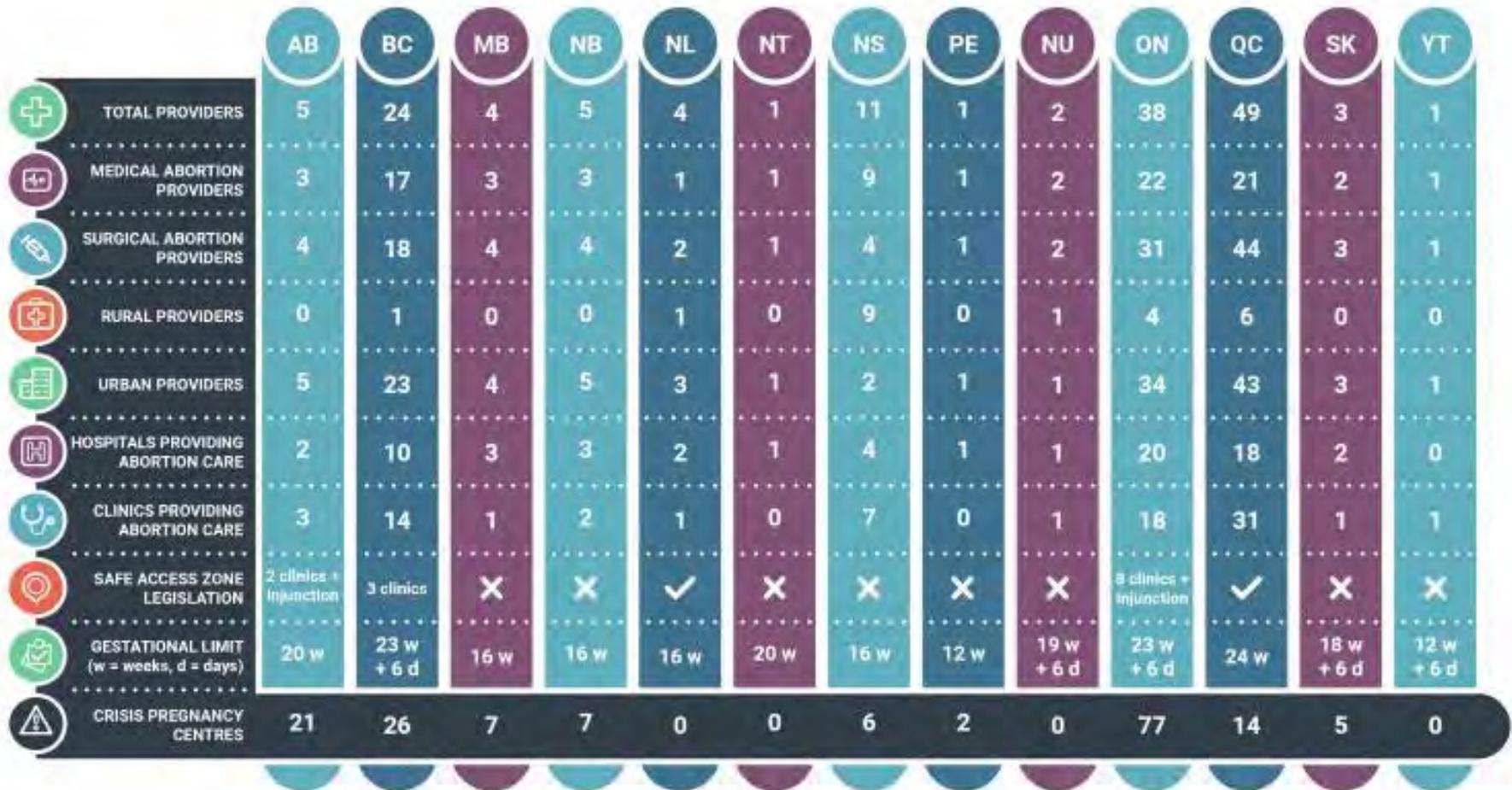
In summary, SOGC recommends that fetal genitalia be examined as a part of the routine second trimester obstetric ultrasound and that this examination not be prolonged or repeated if no abnormalities are seen but sex determination is inconclusive. If fetal sex has been determined, a patient's request for disclosure should be respected, either directly or in a report to the referring health professional.

No. 192-Fetal Sex Determination and Disclosure
Policy Statement
2017

Should sex selective procedures or disability selective procedures be prohibited?

Should pregnant women have the right to know the sex of the fetus they are carrying?

ACCESS AT A GLANCE: ABORTION SERVICES IN CANADA



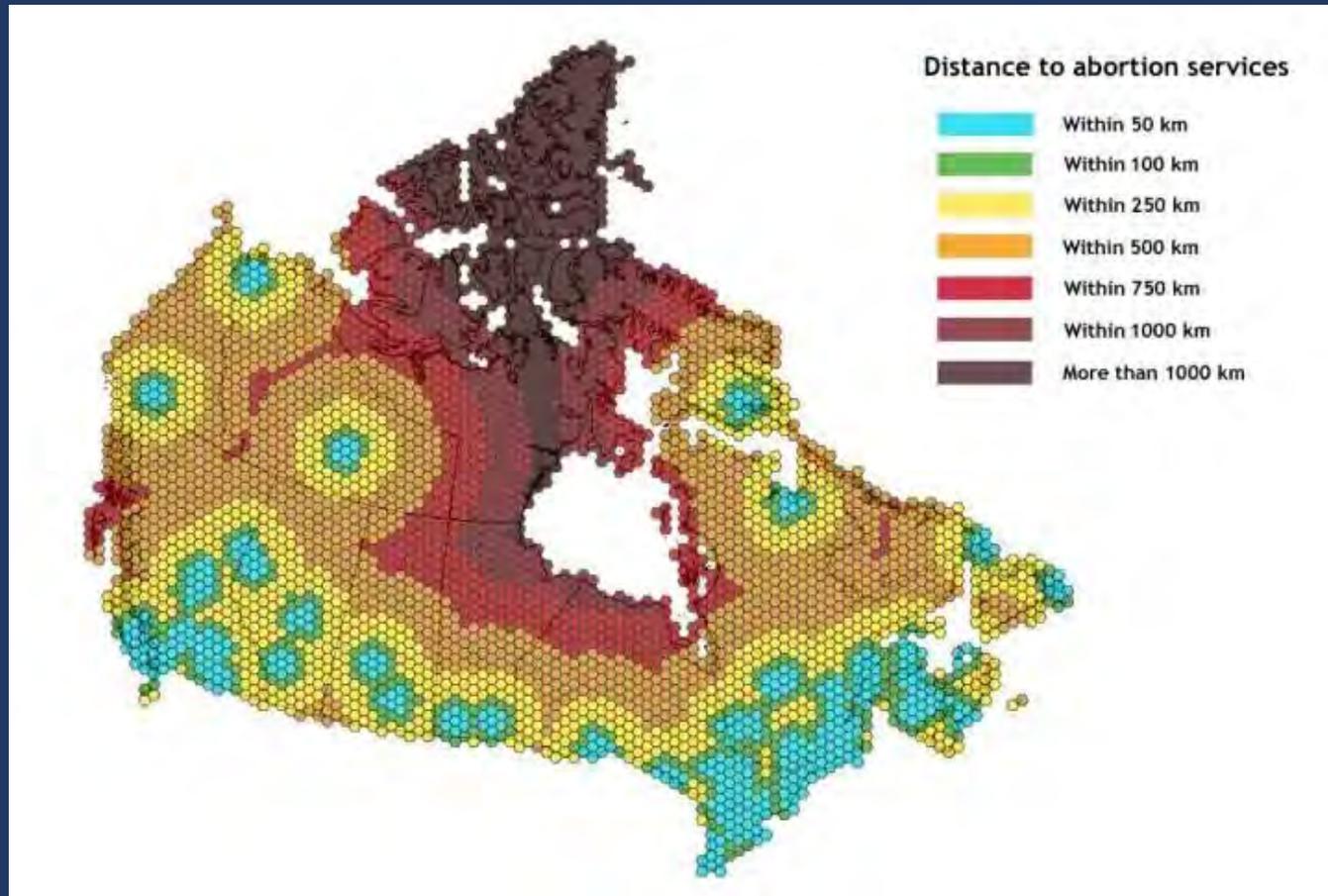
* While the 2014 Abortion Provider Survey uses census metropolitan areas (CMAs) to categorize providers as urban or rural, in this table, each point of service was individually assessed as 'urban' or 'rural' based on its categorization as a city or town/village/unincorporated settlement.

Denial of Service

An effective referral is defined as “a referral made in good faith, to a non-objecting, available, and accessible physician, other health-care professional, or agency.” The Policies do not require physicians to personally provide the services to which they object, except in an emergency where it is necessary to prevent imminent harm to a patient.

Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario, 2019 ONCA 393 (CanLII)

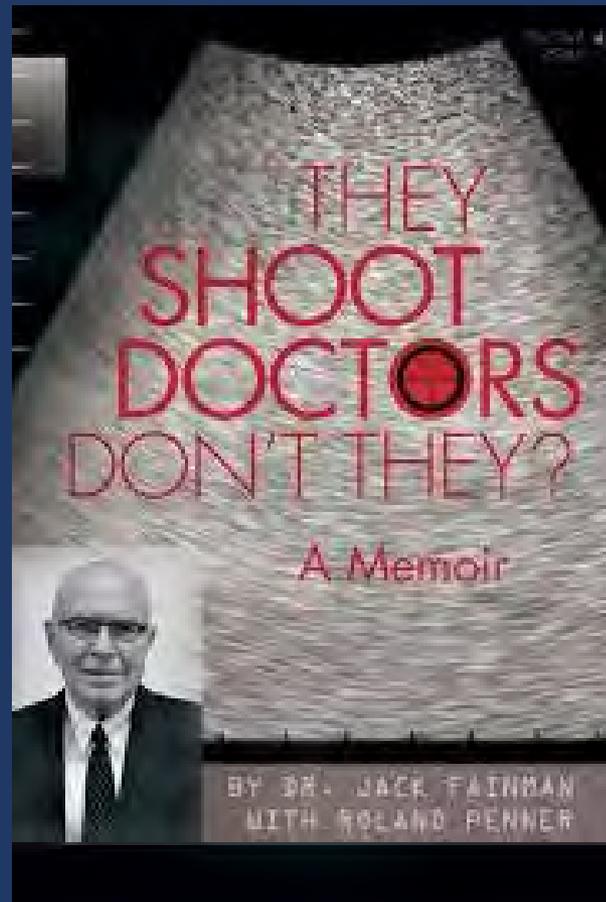
Access to Therapeutic Abortions



Access to Medical Abortions (Mifegymiso)



Attacks on Health Care Providers



Bubble Zone Legislation

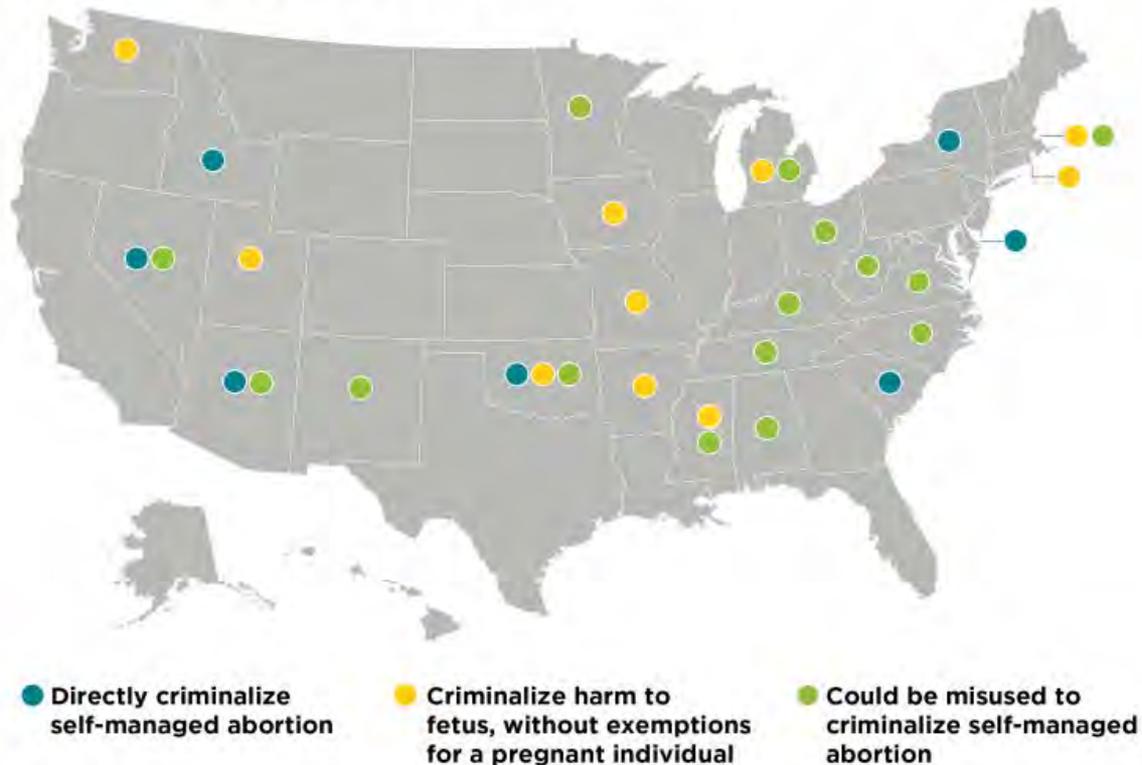


- Between 2010–2014, on average, 56 million induced (safe and unsafe) abortions occurred worldwide each year.
- 25% of all pregnancies ended in an induced abortion.
- The rate of abortions was higher in developing regions than in developed regions.
- Around 25 million unsafe abortions were estimated to have taken place worldwide each year, almost all in developing countries (1).
- Among these, 8 million were carried out in the least- safe or dangerous conditions.
- Over half of all estimated unsafe abortions globally were in Asia.
- 3 out of 4 abortions that occurred in Africa and Latin America were unsafe.
- The risk of dying from an unsafe abortion was the highest in Africa.
- Around 7 million women are admitted to hospitals every year in developing countries, as a result of unsafe abortion.
- The annual cost of treating major complications from unsafe abortion is estimated at US\$ 553 million (4).
- Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications.

USA State Laws Restricting Therapeutic and Medical Abortion Access

GUTTMACHER INSTITUTE

② Laws in several states could be used to punish those who self-manage an abortion



Source: SIA Legal Team.

USA State Laws Restricting Therapeutic Abortion Access

- Abortion providers must have admitting privileges at a hospital within 30 miles of the clinic.
- Abortions must occur in hospitals.
- Abortion clinics must meet hospital standards—such as wide hallways.
- Mandatory delays/ two trip policies.
- Mandatory ultra-sound and “information sharing.”

Between 2009-2016 # of facilities providing abortions in USA declined by more than 50%.

Should Canadians be concerned about whether American abortion politics could gain purchase here?

How can Canadian laws and policies be changed to improve access?