

Abortion Procedure Patient Information



Gynaecology Services



**Welcome
Nau mai, haere mai**

ki te hohipera o Mawhera, Te Nikau

This leaflet is to provide you with useful and important information about having an abortion (termination of pregnancy). If you have questions at any stage, please ask any of our staff.

The decision to have an abortion is a personal choice. It can be a difficult or stressful time in a person's life. It is important to have accurate information and support during this time, so you can decide what is best for you.

Abortions are available on the West Coast for pregnancies up to 12 weeks. If your pregnancy is greater than 12 weeks you will be referred to the Gynaecology Procedure Unit (GPU) at Christchurch Women's Hospital. You will receive professional support during this time, which is unbiased and non-judgmental, consisting of medical, nursing care and counselling advice.

Counselling sessions are offered to everyone having an abortion.

Counselling can provide you with emotional support, information and referral to other services. Further counselling sessions can be provided either before or after an abortion.

YOUR APPOINTMENT

- You will be offered confidential counselling – if you don't wish to talk to a counsellor at this time, you may still access counselling at any stage in the future.
- You will talk to the clinic doctor to discuss the procedure and have an opportunity to ask any questions.
- Medical (abortion pill) and surgical abortions are available. We will discuss the options available and help you decide which procedure is best for you. This can depend on how many weeks pregnant you are, any health conditions you have, how far away you live and your preferences.
- If you are eligible for a telehealth medical abortion service, the medications are sent to you or alternatively we can arrange for you to pick them up.
- If you do need to come in to Te Nīkau for an appointment the length of time you will need to spend depends on which type of abortion you are having. For a medical abortion allow 1-2 hours and for a surgical abortion allow 4-5 hours.
- If you are having a medical abortion (the abortion pill) you be given the medication and a prescription for pain relief at this

appointment or if you are having a telehealth appointment the medication will be sent to you.

- If you are having a surgical abortion, you will be offered a phone consultation for the first appointment. You will then need to come to Te Nīkau Hospital for the procedure.
- If you do not have time to have the procedure today or need more time to think over your decision you are welcome to make a time to come back another day.
- If you want to take your pregnancy tissue home with you, we can organise this. Please talk to the counsellor or nurse.

Useful information

Medical certificate

If you require time off work, we can provide a medical certificate. This is signed by the doctor or nurse caring for you and does not contain any confidential information.

Child care

Children are not permitted in the ward area and there are no childcare facilities at Te Nīkau Hospital. Please arrange childcare on all your appointment days.

Support people

You are welcome to bring a member of your family/whānau or a friend with you for support. Please do not bring more than two support people, due to lack of space. For some parts of your appointment the doctor may ask to speak with you on your own.

Getting home

After a surgical abortion you cannot drive yourself home, due to the medications you have had. Please make arrangements for your transport home, it is best to have a support person with you.

Cost

The procedure is free for NZ citizens, residents and eligible work visa holders. There is a cost to non-residents, payment is required prior to

the procedure. Please ask staff for information or phone (03) 364 0092 to speak to the Christchurch Hospital Patient Eligibility team for further information.

Cancellation of appointments

If you are unable to keep your appointment or no longer require it, please call and let us know. Please leave a message on the answer phone if the clinic is closed or phone is busy.

TYPES OF ABORTIONS

Early Medical abortion (the abortion pill)

For people who are less than 9 weeks pregnant. Early medical abortions are available via telehealth or an appointment at Te Nīkau Hospital.

We work closely with the Gynaecology Procedure Unit (GPU) at Christchurch Women's Hospital. GPU runs a telehealth early medical abortion service for the people of Canterbury and West Coast. If telehealth is unsuitable, an appointment will be made to see a doctor at Te Nīkau. Follow up phone calls are provided by GPU nursing staff.

- A medical abortion in early pregnancy is safe and effective, it involves taking two different medications, 24-48 hours apart, which cause the pregnancy tissue to be passed as vaginal bleeding.
- To have a medical abortion you need to have someone who can stay with you and be within 1 hour from Te Nīkau Hospital or Buller Health Centre.
- The first medication is called Mifepristone (also known as the 'abortion pill' or RU486) by mouth. Mifepristone prevents the hormone progesterone from maintaining the pregnancy and softens and dilates the cervix (entrance to the womb).
- Mifepristone is most effective for medical abortion when used in combination with misoprostol.
- The second medication is Misoprostol and helps the pregnancy tissue to come away from the womb and results in uterine contractions.

- You will also be given a prescription for pain relief.
- The next day (or the following day) you will take the four Misoprostol tablets at home – these are either inserted into your vagina or taken orally. You will have bleeding and cramping, which can be strong, you will have pain relief to take.
- The pregnancy tissue will pass as vaginal bleeding, sometimes with clots.
- For most people this takes 4-8 hours, it can be quicker or longer, it is different for everyone.
- After 4 hours place the remaining 2 misoprostol tablets on one side of your mouth. Wait for the pills to dissolve. After 30 minutes, swallow what is left of the pills. You should do this even if you think you have passed the pregnancy.
- We will give you information about what to expect and how to contact us if you have any concerns.
- You will need to have a blood test on the day you have the first medication and either a follow-up blood test after five days or complete a low sensitivity urine pregnancy test on day 21 – you will be given either the form to take to the blood test centre or the low sensitivity pregnancy test. This is to check the medications have ended the pregnancy.
- Make an appointment for a check-up with your doctor the day after you have had the second blood test.
- It is normal to have some vaginal bleeding for up to 5-6 weeks after the abortion pill.

Possible complications a medical abortion (abortion pill)

A medical abortion is considered a safe procedure and most people will not have any problems. However, there are complications that can occur and require further treatment, including admission to hospital and surgery.

Complications that can occur are:

- Side effects from the medications: nausea, vomiting, diarrhoea, headache, dizziness, fever/chills (common).
- The pregnancy has not ended (1 in 100) and you may require further treatment.

- The pregnancy has been successfully ended but some of the pregnancy tissue is left behind (2 in 100) requiring another procedure.
- Infection of the uterus (1 in100) – treatment with antibiotics may be required.
- In some cases, the bleeding can be very heavy (haemorrhage) (1 in 1000).

Surgical Abortion

Surgical abortions are available at Te Nīkau Hospital between 6 and 12 weeks of pregnancy, if you over 12 weeks you will be referred to GPU at Christchurch Women’s Hospital.

- A surgical abortion is where a small plastic tube is inserted into your cervix and gentle suction is used to remove the pregnancy tissue. This usually takes about 5-10 minutes.
- You will be awake during the operation and will have medication for pain relief and to help you relax.
- A small tube (‘IV line’) will be inserted in your hand, this is used to give pain relief.
- Before the operation you will be given the medication misoprostol to help open the cervix (entrance to the womb), a mild sedative will be given to help you relax and other pain-relieving medication as required.
- Two misoprostol tablets are placed under your tongue to dissolve, before the procedure
- During the operation a support nurse will sit beside you all the time, to give medication and help you relax.
- A local anaesthetic is used to numb your cervix (the opening of the womb). Some people notice a pinching feeling which does not last for long. The local anaesthetic starts to work straight away.
- Your cervix is gently stretched (dilated) over about a minute. You may feel cramping similar to period pains. Your support nurse can help you with slow, even breathing to lessen the discomfort.
- The doctor will insert a small plastic tube through the cervical opening into the uterus. Gentle suction is used to carefully remove the pregnancy tissue from the uterus. The suction part of

the procedure usually lasts a few minutes, this can feel like period cramps while the uterus contracts. The doctor or nurse assisting will check the pregnancy tissue.

- If you have asked to have an Intrauterine Contraception Device (IUCD)/Mirena as contraception this can be inserted into your uterus at the end of the procedure.
- Once the operation is finished you will need to stay and rest for about an hour. It is normal to have some bleeding and mild cramping.
- After resting you can have something to eat and drink. Your nurse will discuss after-care instructions and your chosen contraceptive method.
- If your blood type is Rhesus negative will need to be given an injection of Anti D. This is to stop you developing a reaction to future pregnancies.
- You will need to organise transport home as you will not be able to drive or operate machinery for 12 hours due to the medication you have had. It is best to have a support person with you.

Once at home we recommend you rest for the remainder of the day and have someone with you.

Possible complications of a surgical abortion

A surgical abortion is considered a safe procedure and most people will not have any problems. However, there are complications that can occur and require further treatment, including admission to hospital and further surgery.

- Complications that can occur are:
 - Side effects from the medications: nausea, vomiting, diarrhoea, headache, dizziness, fever/chills (common). Vaginal bleeding may occur when given prior to the surgical abortion. Retained pregnancy tissue / blood clots (1 in 100) that may require another procedure Infection (1 in 100) treatment with antibiotics may be required.
 - The pregnancy continues (1 in 1500) and another surgical procedure may be required.
 - Very heavy bleeding (haemorrhage): a blood transfusion may be required (1 in 1000).

- Perforation of the uterus/womb (and/or other organs) (1 in 1000) this may heal by itself or you may require an operation to repair this. In extremely rare situations a hysterectomy be required.
- Future fertility – probably no effect but may be associated with future pre-term birth

WHAT TO EXPECT AFTER AN ABORTION

Preventing infection is very important. There are simple things you can do to help prevent infection over the next two weeks:

- Do not put anything into your vagina – this includes not having sex
- Use sanitary pads until your next period – not tampons
- Avoid baths or swimming (you can shower as normal).
- **Contraception: you can get pregnant immediately if you have unprotected sex.** We will provide you with information about options for contraception and help you decide what is best for you. We can provide you with some options on the day of your procedure or arrange for follow up.
- Emotions: it is quite normal to feel a range of emotions following an abortion (e.g. relief, sadness, emptiness). If these feelings continue and you would like support, you can contact your GP or the counselling service at the GPU which is confidential and free of charge.
- Bleeding: the amount of bleeding varies. It is normal to have some bleeding. This can last for 5-6 weeks after a medical abortion and a few days after a surgical abortion.
- **Periods:** your next period should come in 3-5 weeks it may be heavier than usual, you may also pass clots. Your period may not occur with some types of contraception.
- **Pain:** you may experience crampy pain. You can take pain relief medication such as paracetamol. A hot water bottle can be comforting.

IT IS IMPORTANT TO GET MEDICAL HELP IF:

- You are soaking one or more sanitary pads in an hour or passing heavy clots. It is normal to have bleeding after an abortion (like a normal period) and pass small blood clots.
- You have severe, continuous pain that is not relieved by mild pain relief such as paracetamol.
- You feel faint and dizzy and need to lie down.
- You have a temperature over 38 degrees or feel achy (these can be signs of an infection).
- You have a smelly vaginal discharge (this can be a sign of an infection).
- You do not get your period within six weeks of your abortion.
- You continue to 'feel' pregnant

GPU at Christchurch Women's Hospital provides post abortion follow up care by phone.

Until 4.00pm day of procedure

Phone GPU
03 378 6386

After 4.00pm day of procedure

Phone Gynaecology Assessment Unit
03 364 4805 (7.30am-10.00pm)
027 285 5863 (10.00pm-7.30am)

After 48 hours phone your GP or after-hours clinic
If it is an **emergency**, call an ambulance **(111)**