



COMPARISON OF EARLY ABORTION OPTIONS

HOW FAR PREGNANT CAN I BE TO HAVE AN ABORTION AT AMAC?

MEDICAL ABORTION (ABORTION PILL)

From +ve pregnancy test until 9.0 weeks (63 days) from the first day of last period. Dates confirmed by 2 x β hcg blood tests and an ultrasound scan where indicated. Pregnancies later than 7 weeks from last period require an ultrasound scan.

SURGICAL ABORTION (Suction abortion)

From 6 weeks to 12 weeks 6 days from the first day of your last period – confirmed by ultrasound scan.

WHAT ARE THE PROS & CONS OF EACH METHOD?

PROS

- Being at home instead of in the clinic may feel more private.
- Being similar to experiencing a natural miscarriage may feel more natural.
- The abortion can be done at a slightly earlier stage of pregnancy than suction abortion.
- Injections and surgical instruments are not involved in the process, therefore it is less invasive.
- Surgical injury to the uterus cannot occur.
- You have more control over the abortion process.

CONS

- You must have someone to support you at home during the abortion process.
- Bleeding and cramps can be heavier and last longer than with suction abortion.
- It cannot be done as late in pregnancy as suction abortion.
- You must have a follow up blood tests to confirm you are not still pregnant.
- Intrauterine contraceptive devices require a procedure at a later date.
- It cannot end an ectopic pregnancy (in the tube).

PROS

- Surgical abortion can be used later in pregnancy than medical abortion.
- Medical professionals are with you during the abortion.
- Sedation and local anaesthetic can be used to dull discomfort and anxiety during the process.
- Bleeding is usually less than medical abortion
- Follow up tests are not usually required to confirm the abortion has been successful.
- Intrauterine contraceptive devices can be inserted during the procedure

CONS

- A doctor performs the abortion using gentle suctioning to empty the uterus (no cutting is involved).
- A longer stay at the clinic is required than for medical abortion.
- You have less control over the abortion process.
- It cannot be done quite as early as medical abortion.
- Although uncommon, injury to the uterus can occur.
- Sedation medication eases discomfort but prevents you from driving for 24 hours.
- It cannot end an ectopic pregnancy (in the tube).

HOW IS THE ABORTION DONE BY AMAC?

After having your choice of procedure fully explained, your medical health checked, counselling if you wish and legal certifications signed, the abortion can proceed.

The medical abortion takes place at home, **but due to NZ law all medical abortion pills must be taken at the clinic.**

- The first medication taken is the abortion pill (mifepristone).
- The second medication taken is misoprostol. It can be taken at the same time as the abortion pill or 1 – 2 days later if you prefer.
- Once misoprostol has been taken, you go home.
- The abortion usually starts 1 – 6 hours after taking misoprostol. Heavy bleeding and cramps usually occur for a couple of hours.
- A nurse will contact you by telephone to check on your progress
- A follow up blood test several days later is required.

The surgical abortion takes place at AMAC Clinic.

- Misoprostol tablets are taken at least an hour before the procedure to soften the cervix.
- Pain control & relaxant medication is offered as you will be awake during the procedure.
- A speculum is placed into the vagina and local anaesthetic is used to numb the cervix.
- The doctor passes a small plastic cannula through the open cervix into the uterus.
- Gentle suctioning is applied for approx. 3 – 5 mins to remove the pregnancy.
- The whole process in the procedure room takes approx. 10 - 15 minutes.
- A recovery period of approx. 45 minutes follows the abortion procedure.



IS ABORTION SAFE?

All pills taken for medical abortion have been used safely in NZ for over 14 years. If done in a licenced clinic, serious problems are rare. Medical abortion is at least 10 times safer than continuing a pregnancy.

Surgical abortion procedures have been done safely in NZ for over 35 years. If done in a licenced clinic, abortion in the first 12 weeks of pregnancy leads to very few problems, and is at least 10 times safer than continuing a pregnancy.

WHAT IS THE SUCCESS RATE?

Medical abortion has \geq 95% success rate within 1- 3weeks. The earlier in the pregnancy this method is used the greater the success rate. Women who take the pills at the same time will need to return for a second dose of misoprostol more often than women who take the mifepristone & misoprostol 1- 2 days apart.

Ref: APRIL JOGC AVRIL 2016 Medical Abortion Clinical Practice Guidelines

At AMAC 99% of surgical abortion will successfully end the pregnancy.

WHAT CAN I DO IF THE ABORTION IS UNSUCCESSFUL?

It is recommended to repeat the abortion. Either medical or surgical abortion methods will be offered.

It is recommended to repeat the surgical procedure (or use the medical abortion method if less than nine weeks of pregnancy).

FREQUENTLY ASKED QUESTIONS

CAN I STILL HAVE CHILDREN AFTERWARDS?

YES – neither abortion type lowers your chances of getting or staying pregnant in the future.

WHICH METHOD IS SAFER?

BOTH METHODS are at least 10 times safer than continuing a pregnancy.

WHICH METHOD IS MORE PAINFUL?

VARIABLE - both methods involve an element of discomfort. Uterine cramps range from mild to very strong & this varies from woman to woman with both methods. Appropriate pain relief is provided to assist with any discomfort.

HOW MUCH BLEEDING WILL I EXPERIENCE WITH EACH METHOD?

MEDICAL ABORTION – usually causes heavy bleeding and clots which is heavier than a normal monthly period and may last for several hours. Later the bleeding will become lighter and may continue on & off for 1 -2 weeks or longer.

SUCTION ABORTION – most women have none or light bleeding for 1 – 7 days. Bleeding may stop & start for a few weeks.

IS THERE A CHANCE OF COMPLICATIONS?

Serious complications are rare, however like any other medical or surgical procedure; there is a small chance of a complication. A comprehensive list of possible complications is provided and discussed at AMAC before you proceed with either method.

YES – BOTH METHODS - The most common problem experienced is a small amount of tissue remaining in the uterus (retained products of conception) or clots of blood are unable to expel naturally. Either more medication or a repeat suction may be necessary. This occurs more frequently with the medical abortion method.