

REFERRAL FOR FIRST TRIMESTER TERMINATION OF PREGNANCY



WOMAN, CHILD AND FAMILY

REFERRAL 1ST TRIMESTER TERMINATION

CREATIVE COMMONS COPYWRIGHT - cc-by6-nc-sa-4.0

DO NOT WRITE IN THIS BINDING MARGIN

EDMS # Version Date

Patient Name: DOB:
 Address:
 NHI: Telephone #

Referral for: Surgical Medical Unsure/other
 New Zealand Resident: Yes No
 Interpreter Required: Yes No Country of Birth:
 Pregnancy confirmed by: Urine HCG Serum HCG Scan
 LMP: Date of Scan: Scan Gestation:
 Previous LSCS Yes No Number:
 Previous Abortions Yes No Number:

Medical / Obstetric / Gynaecological / Psychiatric History:

Reason for Requesting TOP and Social History:

MEDICAL DETAILS:
 Medications:
 Allergies:
 Contraception @ conception:
 Proposed contraception after procedure:
INVESTIGATIONS required – please tick
 First AN Screen Chlamydia Swab **OR** FBC and Blood Group
 Gonorrhoea Swab Scan - where:

Referrer: **HealthLink:**
 Address:
 Telephone: Signed:

Fax or send to: TOPS Nurse, TOPS@lakesdhb.govt.nz
 Phone 07 349 7918 or 0800 725 4642
 Mobile: 027 615 3547 FAX: 07 349 7945



REFERRAL FOR FIRST TRIMESTER TERMINATION OF PREGNANCY

REASONS TO CHOOSE **SURGICAL** ABORTION

- It requires fewer clinic visits
- It is over more quickly
- It can be more effective than medical abortion
- Women usually do not have heavy bleeding
- An IUD or IUS can be fitted at the same

REASONS FOR CHOOSE **MEDICAL** ABORTION

- It requires no surgery
- It requires no anaesthesia
- It has the potential for more privacy
- Some women feel it gives them greater control
- It may feel more natural

ELIGIBILITY CRITERIA for a **MEDICAL** ABORTION at Lakes DHB

CLINICAL CRITERIA

1. Needs to be nine (9) weeks or less (63 days since LMP).
2. HB equal to or greater than 100 g/l
3. No bleeding disorder and not an anticoagulants
4. No IUD or IUS in situ (must be removed before mifepristone)
5. No adrenal, liver failure, renal failure or porphyrias
6. No allergies to mifepristone or misoprostol
7. No recent or current corticosteroids or severe asthma
8. No previous uterine scar other than LSCS e.g. No classical C.S. or Myomectomy

SOCIAL CRITERIA

1. Must have a support person who can be with them throughout the process
2. Must have a cell phone which they will keep with them – charged and have credit.
3. Must have access to transport (e.g. support person plus car).
4. Must intend to stay within two hours of Rotorua, Taupo, Tauranga or Whakatane Hospitals.
5. Must agree to attend a second day at the clinic for administration of day two medications, or if having “same day meds” must accept reduced efficacy.
6. Must accept “failure/incomplete” abortion rate of 5%.
7. Must accept surgical intervention may be necessary.
8. Must be able to communicate in English (or have a support person who can speak English).
9. Must accept that they could experience heavy bleeding, abdominal discomfort or cramps.

ELIGIBILITY CRITERIA for a **SURGICAL** ABORTION at Lakes DHB

CLINICAL CRITERIA

1. Must be less than 13 weeks 6 days (97 days LMP)
2. HB greater than 80 G/e
3. Those with cardiovascular, respiratory or airway compromise, severe heart, lung, liver, renal disease or severe obesity should have their procedure carried out in the main theatre suite with an anaesthetist.

SOCIAL CRITERIA

1. Must have someone to take/ drive them home.

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