

Rotorua Hospital

Rangiora Clinic

*Information for women having a
first trimester
termination of pregnancy*



Appointment:

Date:

Time:

Place: Rangiora Clinic, Bridgman South Building,
Rotorua Hospital

Clinic Phone Numbers:

0800 726 447

027 615 3547

07 349 7918



Manaakitanga

Integrity

Accountability

February 2018

Information for women having a First Trimester Termination of Pregnancy at Rotorua Hospital

Introduction

When pregnancy is ended by medical or surgical means, it is called a termination of pregnancy (abortion). The purpose of this booklet is to provide information on the procedure.

The decision to end a pregnancy is not an easy one, and many women find they have conflicting emotions. Rotorua Hospital offers you unbiased, non-judgmental counselling and medical advice to help you make the right decision.

It is very important that you feel you have made the right decision for you, before the abortion procedure is commenced.

When you request a Termination of Pregnancy you will be offered counselling, see a nurse and two certifying consultants (doctors). The nurse will care for you through the process. Once your referral is received the nurse will contact you to provide information about the arrangements and be able to answer any questions. The reason for the two doctors is to ensure legal requirements are met.

Rotorua Hospital offers medical abortion (taking pills over 1-2 days and miscarrying at home) during the first nine weeks and surgical abortion (suction under sedation and local anaesthesia) during the first 13.6 weeks of pregnancy.

What happens before my hospital appointment?

Before your appointment to have an abortion your referring doctor will arrange for you to have a blood test to check your blood group and haemoglobin. You will also be offered screening tests for chlamydia and gonorrhoea so these can be treated if necessary, to reduce the risk of infection and complications after the abortion. Most women also have an ultrasound scan to check how far on they are in their pregnancy.

Your doctor or nurse will refer you to the termination clinic. The termination clinic nurse will contact you and arrange your appointments and answer any queries you may have. You may ring the clinic at any time on the phone numbers on the front or back of this booklet. Please have your blood tests, vaginal swabs and scan done as soon as possible, so there are no delays.

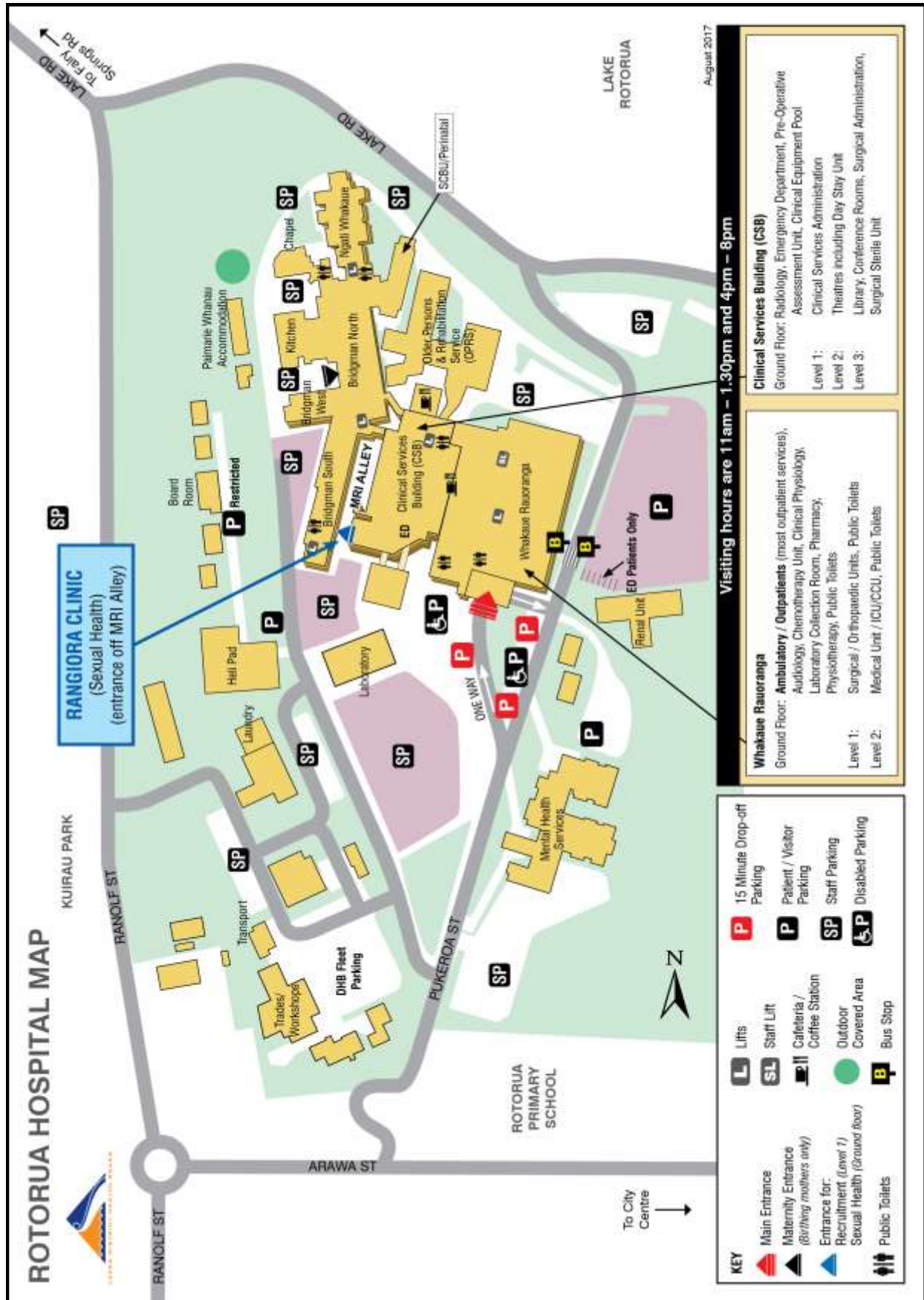
As a general rule, the earlier in a pregnancy an abortion is performed the safer and less painful it is. Early termination takes less time and gives you the choice between a medical or surgical procedure.

Where do I go?

Rangiora Clinic, Rotorua Hospital, Arawa St, Rotorua 3010

Where should I park?

There are plenty of free patient car parks at Rotorua Hospital.



Can I eat or drink?

Yes, have a light breakfast.

Is there a charge for the procedure?

No, the following people are eligible for free health care in New Zealand:

- New Zealand permanent residents
- New Zealand citizens (including those from the Cook Islands, Niue or Tokelau)
- Australian citizen or permanent resident who has lived, or intends to live, in New Zealand for two years or more
- Work visa holder eligible to be in New Zealand for two years or more
- People aged 17 years or younger, in the care and control of an eligible parent, legal guardian, adopting parent or person applying to be their legal guardian
- Interim visa holders
- New Zealand Aid Programme student receiving Official Development Assistance (ODA) funding
- Commonwealth scholarship students
- Foreign language teaching assistant
- Refugees and protected persons, applicants and appellants for refugee and protection status, and victims of people trafficking offences

If you are not eligible for free health care, then you can still have an abortion but there will be a fee.

What if I change my mind?

If you decide not to proceed, please call our clinic to cancel your appointment and see your health care provider to arrange antenatal care.

0800 726 447

027 615 3547

07 349 7918

If you wish to discuss your options or have questions about the procedure, please call one of the above telephone numbers and ask to speak to the clinic nurse.

HOW DO I DECIDE WHETHER TO HAVE A MEDICAL OR SURGICAL ABORTION?

Reasons to choose a medical abortion (offered at Rotorua Hospital for women who are up to nine weeks pregnant)

- It requires no surgery
- It requires no sedation or local anaesthesia
- It has the potential for more privacy
- Some women feel it gives them greater control over their bodies
- It may feel more natural for some women
- You can drive home after your appointment

Reasons to choose a surgical abortion (offered at Rotorua Hospital up to 13.6 weeks)

- It requires fewer clinic visits (one instead of two)
- It takes less time
- You are less likely to require further medical treatment (readmission rate 1-2% compared to 5% for medical abortion)
- You usually have less bleeding at home
- You can have an IUD or IUS put in at the same time
- You are more than nine weeks pregnant

Important points to consider prior to the procedure

Please make arrangements for someone to provide transport home for you after a surgical procedure. Due to the sedation you are given, you will not be able to drive until the next day.

We recommend you have two days off work when you have either a medical or surgical abortion. We can provide you with a medical certificate.

If you have children it is important to arrange childcare for the day of your abortion appointment. The clinic is quite small and your time at the clinic may be quite long, so kids will get tired and bored and may distract from the quality of care you and others receive.

We encourage you to have a support person with you when you attend – they can keep you company, provide emotional support and drive you home. Wear comfortable clothes and suitable underwear for holding a sanitary pad after the procedure. Bring a spare pair of underpants and some sanitary pads with you.

The day of the procedure

Expect to be at the clinic for up to six hours for a surgical abortion and three hours for a medical abortion.

When you arrive at the Rangiora Clinic please report to the receptionist. You will be directed to the waiting room.

For a medical abortion, you need to return for a second appointment and take more medication 1-2 days later. You should stay within two hours' drive of a hospital and have a telephone.

A nurse will meet you first – she or he will explain the format of the day, answer any questions you may have and offer counselling and support.

The nurse will take a brief medical history and check your weight, pulse and blood pressure.

Then the first certifying doctor will talk with you about your decision and check your blood results, swab results, and scan. She or he will check that you are sure that you want to proceed, and help you decide whether to have a medical or surgical abortion. Once legal requirements are met, she or he will sign the first certificate and help you decide on contraception.

Next, you meet the second certifying doctor who will be the doctor who performs your abortion and/or prescribes your medication. This doctor will again check that legal requirements are fulfilled, and you will then sign a consent form.

If you are having a medical abortion you will then take your first abortion pill (mifepristone) and go home. The next day or the day after, you will return for the second medication (misoprostol). You will have a blood test (hCG) at the clinic and go home to miscarry/expel the pregnancy. This usually takes several hours and you will experience pain and bleeding. One week later you will have a second blood test (hCG) to make sure the abortion has been successful. You will be notified of the result by the clinic a few days after the second test.

If you are having a surgical abortion you will be given your 'pre-op' medications and changed into a hospital gown. These medications help you relax, soften your cervix and provide pain relief. An IV cannula will be placed in your arm. You can then relax in a recliner chair until you go to theatre. This wait can be one to three hours.

The surgical procedure usually takes about 10 minutes and you go home 20-60 minutes after.

What is Misoprostol?

These tablets soften your cervix and help the uterus to contract. They are used in both surgical and medical abortion. Misoprostol is a registered medicine and is widely used in New Zealand, but it has not been specifically approved for termination of pregnancy/abortion. However, it is very safe and used around the world for this purpose.

Misoprostol has been found to be effective and reduce the chance of abortion complications. Misoprostol side effects can include nausea, vomiting, diarrhoea, headache, dizziness, abdominal discomfort and bleeding.

Once the tablets have been taken the abortion procedure has begun and you may experience cramping and/or bleeding while you wait to go to theatre. If you feel a lot of discomfort, inform the nurse and ask for pain relief.

The procedure

You are able to have your support person with you during the procedure. A nurse will take you to the procedure clinic. You will lie on a procedure bed/chair, and your legs will be supported by leg rests. There will usually be two nurses and the doctor with you. A nurse will administer the sedation through the IV cannula in your arm.

The doctor will then perform the procedure.

If you have chosen an IUD or IUS (Mirena) for contraception, this will be inserted at the same time. Depo provera injection can be given or a contraceptive implant (Jadelle) can be inserted.

When the procedure is complete you will be taken back to your recliner chair and offered an ice block or drink. It is common to feel uncomfortable with period pain-like cramps for a while after the operation.

The nurse will support you at this time and provide care. The nurse will also discuss with you how to look after yourself when you get home.

When you feel well enough, you get dressed. The nurse will remove the cannula from your arm and you can go home.

Remember, you need a ride home after the surgical procedure.

It is important you do not drive until the next day.

Disposal of the pregnancy tissue

Following a surgical procedure, many women choose to take their tissue home and arrange for its final resting place. We can provide you with a special container for this purpose and more information on maintaining safe storage pending your arrangements.

We acknowledge the importance and cultural significance of such care, and the guidance you may wish to seek from others, such as, members of your family, whānau and/or kaumatua. Alternatively, you may choose to have the service take care of your pregnancy tissue, including all products of conception. The service will store the tissue and products pending cremation.

The ashes will then be spread over a specially designated garden of remembrance. The garden of remembrance will provide a permanent, safe and secure resting place.

After care information

A letter will be sent to the person who referred you, informing him/her of the date and outcome of your procedure.

You are encouraged to return to your doctor or nurse for a check-up 10-14 days after your abortion, or you can visit the Rangiora Clinic nurse for your check-up.

This visit is especially important if you are feeling upset or sad, or if you are having ongoing pain or bleeding.

Complications are uncommon but do happen after an abortion.

After an abortion some women are readmitted to hospital and may require antibiotics, pain relief or surgery.

To reduce the chances of infection - for the first two weeks after an abortion:

- Do not use tampons, use sanitary pads only
- Do not have baths or use spa pools
- Do not have sex
- Take it easy – be kind to yourself – ease back into exercise

If you are going to take oral contraceptives (the pill), start the day after your abortion.

It is really important that contraception is started straight after your abortion, as you can ovulate and get pregnant before your next period.

What to expect after a SURGICAL abortion:

- Do not be concerned if you have little or no bleeding. This can be quite normal.
- Typically you will bleed for up to 10 days but you may have light bleeding for up to four weeks. As long as it is getting better over time, this is normal
- You may also pass clots.
- You may have some abdominal discomfort or cramps (similar to period pains).
- Your next period should arrive in four to six weeks and may be heavier than normal.

What to expect after a MEDICAL abortion:

- Most women have pain and bleeding that is worse than a period around the time they pass their pregnancy.
- Be prepared and have support. You will be given pain relief to take home.
- You may bleed for up to six weeks
- You may also pass clots
- Your next period should arrive in four to six weeks and may be heavier than normal

Lying down with warm heat packs and pain relief such as paracetamol or anti-inflammatories or codeine may help.

Morning sickness tends to settle within a day or two.

Your breasts may be tender for the first few days following an abortion. Breast fullness can take up to three weeks to disappear.



Contact your GP or phone the Rangiora Clinic if:

- you have bleeding noticeably heavier than a normal period, have flooding or you are soaking more than two pads an hour for two consecutive hours (except for the time you are passing your sac in a medical abortion).
- you have severe and continuous abdominal pain or cramps (except for the time you are passing your sac in a medical abortion).
- you have a raised temperature/feel feverish.
- your vaginal discharge smells offensive or is a different colour.
- you do not get your period within eight weeks of the abortion.

If you are upset, sad or depressed and want further counselling, please contact Rangiora Clinic, your GP or your local hospital social workers.

See phone numbers on next page.

Short term counselling after an abortion is free.

COMPLICATIONS

Abortion is safer than continuing a pregnancy to term and complications are uncommon. Complications which can occur after an abortion and may require readmission to hospital include:

1. Pregnancy tissue left behind.

This is when a small amount of the pregnancy tissue remains in the uterus (1% for surgical abortion and 5 % for medical abortion). This is treated with Misoprostol or a suction procedure.

2. Excessive bleeding

Sometimes the uterus fails to contract. This causes bleeding. On rare occasions this can be very serious. It is treated with medication and/or a suction procedure. Excessive blood loss may require a blood transfusion. This is rare.

3. Perforation or tearing of the uterus (surgical abortion only)

This can occur when a small hole is accidentally made in the wall of the uterus.

It is rare. It usually heals itself, but may require surgical repair. In rare cases, a laparoscopy, laparotomy or hysterectomy (removal of the uterus) may have to be performed.

4. Infection

This requires antibiotics and occasionally readmission to hospital. Readmission for infection is uncommon.

5. Continuing pregnancy

This is very rare in surgical abortion but can occur in 1% of medical abortions. Repeat medical abortion or suction procedure is required.

IMPORTANT PHONE NUMBERS:

In an emergency call 111

Lakes DHB Rotorua Hospital Termination of
Pregnancy/ Booking coordinator and nurses

0800 726 447

027 615 3547

07 349 7918

Email: TOPS@lakesdhb.govt.nz

Oncall Rangiora Clinic abortion doctor (after hours) Ph _____

Your own GP Dr _____

Ph _____



