

ABORTION – WHAT YOU NEED TO KNOW

We know people become pregnant when they don't want to be, when their situation isn't suitable or when carrying a pregnancy to term is impossible.

Pregnancies end in a range of ways. About 6 in every 10 known pregnancies is carried to term, about 1 to 2 in 10 is miscarried and about 2 in 10 end in abortion. Abortion is part of the suite of reproductive health care services in Aotearoa New Zealand and, as the figures above show, is more common than many people realise. That said, it's a topic that's not often spoken about.

If you are pregnant, you can decide to:

- Continue the pregnancy and parent
- Continue the pregnancy and place your baby for adoption, fostering, whāngai or find an option appropriate to you and your whānau
- End the pregnancy by having an abortion.

This resource is written to give you more information about pregnancy and abortion. It also includes details for agencies who can help you with adoption, fostering or whāngai if that is what you decide to do.

HOW DO I KNOW IF I AM PREGNANT?

You may have signs of pregnancy as early as one week after conception.

- Your period is late or lighter or shorter than usual
- You are more tired than usual
- Your breasts are tender or swollen
- You need to urinate (pee) more than usual
- You have nausea or vomiting
- You have mood changes
- You crave some food and other food makes you feel sick.
- You feel bloated or have period-like cramps.

If you have been having sex (penis in vagina sex) and you have any of these signs, **your first step should be to confirm if you are pregnant.**

You can take a pregnancy test at a Sexual Wellbeing Aotearoa clinic, or with another health practitioner, or you can buy a pregnancy test kit at supermarkets or pharmacies.



If you are under 22 years old and a New Zealand citizen/resident, your visit to Sexual Wellbeing Aotearoa is free. If you are over 22 and a New Zealand citizen/resident, and your test is positive, your visit will be free.

Pregnancy test kits range in price from \$8.00 to \$30.00 in supermarkets and chemists. They are reliable as long as you follow the instructions carefully.

If you see a nurse, doctor or midwife for your test, they will ask when the first day of your last period was. They may ask other questions about contraception used and when you had sex. This all helps to assess how many weeks pregnant you could be (your gestation).

If the test result is negative and you do not want to get pregnant, check out your contraceptive options at a Sexual Wellbeing Aotearoa clinic or with your health practitioner. Many of them will be available to you at no cost.

A positive test means that you are pregnant.

BUT WHAT ABOUT THE EMERGENCY CONTRACEPTION PILL?

The Emergency Contraception Pill (ECP) prevents a pregnancy from occurring. If you are already pregnant, it does not cause an abortion.

ECP is best taken as soon as possible after unprotected sex (penis in vagina sex where you have not used contraception or it has failed). If you weigh more than 70kg, ECP does not seem to be as effective and the nurse or doctor can talk with you about that. They might suggest a copper IUD, which can be put in within 5 days of the unprotected sex. It can stay in place for up to 5 years – so, if you want, it can be your long-term contraception too.

You can get the ECP on prescription from a Sexual Wellbeing Aotearoa clinic or your health practitioner, or you can buy it from a pharmacy. Some people still talk about the morning after pill – it is now called the Emergency Contraceptive Pill because you have a little more time (up to 72 hours) to be able to take it.

PREGNANT? THINGS TO THINK ABOUT...

It is normal to have many different feelings if you have an unintended pregnancy. You might feel frightened, angry, shocked, upset, lonely or confused. Or you might feel happy, positive and excited about a pregnancy. It might be difficult to decide what to do or you might know right away what you want to do.

Thinking about the answer to some of these questions might help you make a decision about what to do.

- How do I feel about having a baby?
- Does it fit with my plans for my life from here?
- Would a pregnancy and baby change my plans?
- Will having a baby impact my education and career?
- How do I feel about being responsible for a child?
- Is this a good time to have a baby?
- Do I have the support to parent a baby and child?
- What is my relationship with the person I got pregnant with? Do I want to remain connected to them through a child? Will they support me with my decision?
- Am I ready to be a parent?
- Is my family already complete?
- Will I tell my parents? My whānau? Will they support me whatever I decide?
- If I have the baby who will help me? Where will I live? Where will the money come from?
- Is there someone in my whānau who could support me and my child, or would want to raise my baby?
- How do I feel about adoption, guardianship or whāngai? Is there another option that might work for me?
- How do I feel about having an abortion?
- Do I really understand my options?
- Have I given myself a chance to think things through?

sexualwellbeing.org.nz

TALKING TO SOMEONE CAN BE HELPFUL

Research tells us that most people who decide to have an abortion are very certain about their decision. If you are not sure, you may want to talk with someone else. Choose someone you trust and who will listen to you. This could be your partner, a trusted friend, or whānau member. Or it could be a health practitioner, counsellor or school nurse. Many counsellors, doctors and nurses can be very helpful, as most can give you unbiased advice.

Remember: whatever you decide to do, whatever others' opinions, it's your decision to make. No one has the right to pressure you into continuing the pregnancy, parenting, placing the baby for adoption, or having an abortion.

Whatever you decide, it is important to act quickly so you can seek an abortion as early as possible or begin maternity care. If you think it would be helpful, ask to talk to a counsellor. Counselling should be provided free of charge to anyone considering abortion who is undecided or has things they want to talk through.

DECIDE – the National Abortion Teleheath Service

If you're thinking about having an abortion, **DECIDE.org.nz** has all the information you need about abortion services, abortion care, and how to find a provider near you.

WHAT IS ABORTION?

An abortion is when a surgical procedure or medicine is used to end a pregnancy. It is also called termination of pregnancy.

There are different types of abortion procedures. The choice you have will depend on how many weeks pregnant you are, your medical history, personal preference and circumstances, and the abortion services in your area.

EARLY ABORTION PROCEDURES

Early abortions can be offered at hospitals, community clinics, some Sexual Wellbeing Aotearoa clinics and in some cases via telemedicine with an abortion provider.

EARLY MEDICAL ABORTION (EMA)

This type of abortion is like an early miscarriage. It is **an option in the first nine to 10 weeks of pregnancy.**

To have an EMA, you have to take two medicines. The first medicine, mifepristone, blocks the hormone that is necessary for the pregnancy to continue. The second medicine, called misoprostol, causes the uterus to pass the pregnancy. The nurse or doctor will tell you how and when to take the medicine. These medications can be taken at home at a time that suits you.

EARLY SURGICAL ABORTION

A surgical abortion (also called vacuum aspiration or suction termination) is **an option in the first 13 to 15 weeks of pregnancy.**

You are given either a local or a general anaesthetic, or you may have conscious sedation so you are aware but not alert. The decision about pain relief depends on how long you have been pregnant. A small tube is inserted into the uterus via the vagina to remove the pregnancy by suction. The procedure usually takes about 5 to 10 minutes and then you will rest up for an hour or so. You go home on the same day.

LATER ABORTION PROCEDURES

Later abortions must happen in a hospital or specialist clinic.

LATER MEDICAL ABORTION

An option after about 10 weeks of pregnancy. This uses medications that are stronger than those for Early Medical Abortion and it can take longer to work. It is similar to having a later miscarriage. You may need to stay in hospital overnight.

LATER SURGICAL ABORTION (DILATION AND EVACUATION)

An option after about 14 weeks of pregnancy. Your cervix is gently stretched so that forceps and a suction tube can go into the uterus. It takes 10 to 20 minutes and needs a general anaesthetic. You may need to stay in hospital overnight.

AGE

However old you are, you have the legal right to decide what you want to do about your pregnancy.

There is no legal age limit on seeking or having an abortion. This means you can consent (agree) to an abortion - or refuse to have one - as long as you are “competent” which means you are able to really understand the decision.

YOU DECIDE WHO KNOWS

If you are under 16, you do not need to tell your parents or get their permission to have an abortion. But most young people do tell their parents or another adult. If you cannot talk with your parents, it is a good idea to talk with another trusted adult. If you decide to have an abortion, it is good to have adult support.

You do not need to tell your partner or the person you had sex with about your decision. You do not need permission from your partner before having an abortion. Your partner has no legal right to be told about your decision and cannot force you to have or not have an abortion, even if you are married or on a partnership visa. While many people choose to involve partners in the decision, it is yours to make.

Abortion services are confidential. Doctors, nurses and other health practitioners are not allowed to give out information about you without your consent (agreement) unless they think that you are in danger.

WHERE CAN I HAVE AN ABORTION?

The National Abortion Telehealth Service’s website, www.DECIDE.org.nz, has a list of abortion providers across New Zealand.

You can contact the provider yourself.

No matter how many weeks pregnant you are, you can contact your nurse, doctor, midwife, Sexual Wellbeing Aotearoa clinic or an abortion provider in your area to find out about abortion services that meet your specific needs.

WHEN CAN I HAVE AN ABORTION?

New Zealand law does not set an upper time limit to have an abortion, however, the earlier in your pregnancy, the less complicated it is.

Abortions for pregnancies over 20 weeks are very rare, and New Zealand does not have many doctors who provide them. Abortions after 20 weeks are mostly wanted pregnancies but some people may seek abortion after 20 weeks for personal, medical or mental health reasons. A team of health practitioners will be involved with these abortions.

CAN I CHANGE MY MIND?

You can change your mind about having an abortion at any time **before** it takes place. Once you begin the process (take medication), you are unable to stop or reverse the abortion.

Before you have the abortion, you can ask to talk to a professional counsellor. For some people it can be helpful to talk about their feelings with a counsellor before making a decision.

WHAT DOES IT COST?

Abortion is free for New Zealand citizens and residents. You may need to pay for an ultrasound scan and prescription fees. Your abortion provider should let you know if there are any costs.

People who are **not** New Zealand citizens or residents have to pay for an abortion in New Zealand. The costs will vary, depending on where they get the service.

If there isn't a local abortion service, there may be help to pay for your travel to a nearby area to access the service. Your nearest abortion provider can help answer your questions about travel support.

WHAT HAPPENS BEFORE AN ABORTION?

Before an abortion you will have a pre-abortion consultation and screening appointment. This is a normal and important part of the abortion process. It is designed to help you make an informed choice that is best for your health and wellbeing. It's the opportunity to make sure that having an abortion is the right decision for you, that you understand what to expect, and that you are able to access required tests, counselling and other support you may need.

DOES IT HURT?

For most people, abortion procedures have at least some discomfort, usually similar to strong period pain. You will get more information about how to manage any discomfort or pain from your abortion provider.

WHAT HAPPENS AFTER AN ABORTION?

When you leave the clinic, you will have information about what to expect, and a phone number to call for help if you need it. You may be asked to come to a free check-up within two weeks.

After your abortion, you could have bleeding for up to two weeks. After a surgical abortion, the bleeding should be similar to a period. It may be much heavier after a medical abortion and you could have discomfort or pain similar to period cramps. Painkillers like paracetamol can help to relieve this pain.

Everyone has different feelings after an abortion. Often people feel relief. Even if you are relieved, you could experience strong emotions afterwards. You might feel anger, freedom, regret, guilt, sadness. These feelings may come and go. Or you may hardly think about it again.

If you feel you need support, there are counsellors who specialise in this work – you might find it useful to talk with one of them.

WHAT ARE SOME OF THE RISKS WITH HAVING AN ABORTION?

Abortion is a very safe procedure with fewer risks than pregnancy or childbirth and serious complications are very rare. It is safer or lower risk to have an abortion before you are 12 weeks pregnant.

Most people have no complications during or after their abortion. However, as with any medical or surgical procedure, there are some risks.

Rare problems can include bleeding too much (haemorrhaging), getting an infection or damage to the cervix and uterus. Your abortion provider will explain this to you and how to follow up. It's unlikely these will ever cause ongoing problems.

The most likely risk is an infection in the two weeks after your abortion. You can lower the risk by following the instructions given to you by your abortion provider at the time of your abortion.

You should contact your abortion provider or get medical help if you have any of these symptoms: high temperature, bleeding that soaks through two pads an hour for two or more hours, smelly discharge, uncontrollable pain.

DOES HAVING AN ABORTION MAKE IT HARDER TO GET PREGNANT IN THE FUTURE?

There is no evidence that your fertility (ability to get pregnant) or future pregnancies will be affected by having an abortion.

DOES ABORTION CAUSE BREAST CANCER?

There is no evidence that shows that having an abortion increases your risk of developing breast cancer.

DOES HAVING AN ABORTION AFFECT YOU EMOTIONALLY FOR A VERY LONG TIME?

Usually not, but everyone is different. The research tells us that having poor mental health before an abortion is the strongest predictor of poor mental health following an abortion.

DOES IT ALWAYS WORK?

Very rarely the abortion may not end the pregnancy. This is more common with medical abortion. If this happens, you will need more treatment.

WHEN CAN I HAVE SEX AGAIN?

It is best not to have sex for at least two weeks after the abortion. If you do, use a condom, with lube, to protect yourself from infection.

CONTRACEPTION

You can get pregnant within two weeks of having an abortion.

If you want to prevent pregnancy, talk with your nurse, doctor or midwife about what the best contraception might be for you and when you should start using it. You might be able to get some types of contraception at the same time you have your abortion.

WHAT ABOUT THE PARTNERS?

Unintended pregnancy may be difficult for your partner or the person you had sex with.

While they may feel they have a right to be informed or involved, the law says they do not have to be told and they don't have any rights to make decisions about continuing or terminating the pregnancy.

Your partner should not pressure you to do something you do not want to do, whether that is to continue the pregnancy or to have an abortion.

If you continue a pregnancy, a partner who is named on a birth certificate is legally and financially responsible for that child, until the child reaches their 19th birthday. If the partner is under 18 years of age, the financial responsibility falls on their parents.

Your partner may feel excluded, which can sometimes result in strong and uncomfortable feelings. They may be frustrated, angry, or hurt if they do not agree with your decision. If this is the case, they should look for help and support to come to terms with this and they could get counselling.

If you feel scared or unsafe in your relationship or your pregnancy was the result of rape or coercion, you can seek help from Women's Refuge.

For more information about adoption and continuing a pregnancy:

- For more information about adoption and fostering contact a social worker at Oranga Tamariki on 0508 326 459
www.orangatamariki.govt.nz/adoption/placing-your-child-for-adoption/
- For more information about maternity care in New Zealand
<https://info.health.nz/pregnancy-children/maternity-care/>
- For more information about finding a midwife
www.findyourmidwife.co.nz/

For more information about abortion or ending a pregnancy:

- For more information about abortion and abortion providers in New Zealand call 0800 DECIDE (332 433) or visit www.DECIDE.org.nz
- To call Sexual Wellbeing Aotearoa phone 07 810 6610 or visit our website www.sexualwellbeing.org.nz
- For more information about Women's Refuge services 0800 733 843 www.womensrefuge.org.nz

Abortion law in New Zealand says:

- **If you are not more than 20 weeks pregnant**, you can see a qualified health practitioner to have an abortion. There are no specific legal requirements up to this point.
- **If you are more than 20 weeks pregnant**, a qualified health practitioner may provide abortion services if they believe that the abortion is clinically appropriate considering your physical and mental health, overall wellbeing and the gestational age of the foetus. The practitioner must consult with at least one other qualified health practitioner before providing abortion services.