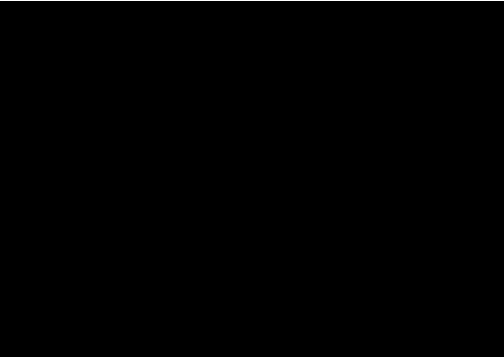


25 October 2019

Email: [ailsac@adhb.govt.nz](mailto:ailsac@adhb.govt.nz)



**Re: Official Information Act request – Late term abortions**

I refer to your Official Information Act request dated 14 October 2019 requesting the following information.

I wish to request under the Official Information Act the following information:

**A copy of the material that is provided to women who are considering an abortion?**

Please see attached:

- Surgical Abortion – Your information booklet
- Second Trimester Medical Termination of Pregnancy

**We are aware from reports from Victoria which decriminalised abortion in 2008 and which allows abortion up to birth, that there are many late term abortions where the baby is born alive and is left to die. I believe that many of the late term abortions performed in New Zealand may result in a live birth.**

**I would be grateful if you would advise if babies born alive in your Hospitals following a late term abortion are to be provided with anti- natal care and may not be left to die.**

No babies are born alive following late term abortions

**What was the number of aborted babies born alive in your Hospitals in 2017 and 2018?**

Nil

Partial birth abortions are lawful in Australia. This procedure is the most extreme form of late term abortion. This process involves delivering the lower portion of a baby's body, then killing the child before the head is delivered by plunging a puncturing instrument through its skull and sucking the brains out. The Abortion Supervisory Committee have advised my Society that they are unaware of this procedure being used in New Zealand.

I would be grateful if you would advise if there is any prohibition on using this method in your Hospitals to kill children before they are born?

This procedure is not performed at Auckland DHB.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
Chief Executive

# Surgical Abortion

## Your information booklet

### What is a surgical abortion?

A surgical abortion is a procedure that typically takes 10-15 minutes. During the procedure the doctor (surgeon) will insert a speculum into the vagina; your cervix (the opening to the womb) is then made numb using an injection of local anaesthetic. The surgeon will then open your cervix to allow a plastic tube to pass into the uterus (womb). The pregnancy tissue is removed through this tube by suction.

### What is the process if I have a surgical abortion?

For legal reasons you will need to see two doctors (Certifying Consultants) for an abortion to be approved, the appointments are usually on two separate days unless you have negotiated a one-day system prior to your first appointment. The first appointment will involve an assessment with a nurse or social worker and you will be seen by the first Certifying Consultant (Doctor). If you are clear in your decision, it is agreed there are legal grounds for your abortion and it is medically safe to continue with surgery, you will be given your surgical appointment date before leaving or continue on to the afternoon surgical list.

You may find it helpful to have professional counselling to come to a decision; if you need this, please tell a staff member and we will organise a social work pre-decision appointment for you.

### What happens on your second (surgical) appointment?

On your second appointment you will be seen by the surgeon that will be performing your procedure to answer any questions you may still have, confirm your intended choice of birth control (contraception), and obtain your written consent for procedure.

If the surgeon consents you for the abortion surgery you will continue through to a room which doubles as a pre-op and recovery room (same room).

### Possible Surgical Complications:

With all operations, complications can occur. About 5% (1 in 20) of women will need further medical attention and some may require re-admission to Hospital for treatment.

#### Most common complications are:

- Ongoing bleeding after the procedure
- Blood clots collecting in the uterus. These may need to be removed by another suction procedure at the time.
- Infection of the womb.
- Some pregnancy tissue may be left behind which can cause ongoing bleeding. At times the tissue may just pass with your bleeding and the bleeding slows down and stops or you may need tablets or an operation to remove the tissue.

### Less Common complications are;

- Perforation of the wall of the womb (and/or other organs), which usually heals itself or may require surgical repair. In extremely rare situations a hysterectomy (removal of the womb) may be required and this will be done at Auckland Hospital.
- Cervical tear, which is usually repaired with stitches at the time of the procedure
- Excessive bleeding during the procedure which may require a blood transfusion
- The pregnancy continues (less than one in 1000 chance) and may require the surgical procedure to be repeated

### **Before the procedure**

Please note the preoperative and recovery area is the same room and is a shared clinical area for patients and their support person/s. You will have your own private curtained off bed space but share the bathroom areas. Only adults including your support person can be in this area. No children.

- A nurse will provide you with a hospital gown to wear during your stay and will insert a plastic tube (IV cannula) into a vein in your arm (this is used to provide IV medication during your procedure). You will be given some oral pain relief and misoprostol (see next section)
- If you have a Rhesus Negative blood group and have consented to blood products, you will be given an Anti-D injection– you will be given an info pamphlet about this.
- If you have requested the Depo Provera injection or the implant (Jadelle) for contraception this will also be given or inserted.

### **What is Misoprostol?**

We use this drug because research has shown it makes surgical abortion safer with fewer complications. The drug starts the termination by contracting the muscles in the Uterus (womb) and relaxing (softening) the muscles in the Cervix (entrance to the uterus). When Misoprostol is taken by women in the dose that we use it can cause a miscarriage. These tablets are given to you about one hour before your surgery and taken buccally (between the cheek and gum; the tissues in your mouth will dissolve the medication and it will directly enter your bloodstream). Common side effects are nausea, vomiting, diarrhoea, abdominal (stomach) cramps and vaginal bleeding. Very occasionally bleeding can start similar to a heavy period.

*Please Note: Misoprostol is only registered in NZ for the treatment of stomach ulcers. It is not registered in NZ for use in abortions procedures. However, it has an established safety record here and overseas - with research showing misoprostol to be an effective and appropriate start to the surgical termination of pregnancy. Misoprostol has been used in NZ since 1996. If you would like further information please ask for our misoprostol data sheet*

### **During the procedure:**

- Your support person will wait at your bed space whilst you have your procedure.
- You walk into the procedure room and the nurse will assist you onto the bed and into leg supports.
- You will have a support nurse with you throughout the procedure to help you. This nurse will also administer pain relief (Fentanyl) and sometimes some light sedation (midazolam) through your IV line prior to the procedure. This midazolam is to help relax/calm you. It is not a heavy sedation. Other good methods of helping get through the procedure is meditation, deep breathing exercise, using a squishy and talking with your nurse. If this does not help please let your nurse know so they can provide additional options.
- At the end of the procedure the doctor usually administers an antibiotic (metronidazole) into your rectum (bottom); this is to help reduce the risk of an infection and ensure a safer recovery.
- If you have requested to have an IUCD/Mirena as contraception this will be inserted into your uterus by the surgeon at the end of the procedure.

### **After the procedure:**

- Nursing staff will monitor you for approximately 30minutes. You can now start to drink and eat light snacks as tolerated.
- If you are feeling nauseated/ vomiting, please let the nurses know so they can assist
- If you meet all discharge requirements the nurse will remove your IV line and discuss your aftercare advice.
- Very occasionally patients will be admitted to Auckland City hospital for further monitoring.

### **After you leave the hospital**

- You should have your support person or an adult at home with you for the rest of the day.
- Some abdominal discomfort or cramps is normal you may regular oral pain relief such as paracetamol or ibuprofen at home as directed by medication instructions..
- Feeling tired for a few days is normal
- Passing of small blood clots or light period bleeding is normal in the following days. The amount of bleeding women experience following procedure varies. The bleeding should gradually become lighter and may turn a darker brownish colour. This lighter bleeding may range between 1-14 days. Some women may bleed on and off until their next menstrual period.
- Breast tenderness, morning sickness and other symptoms of pregnancy should stop within a few days. Some women may find their breasts create milk like substance as their hormone levels reduce; avoid massaging your breasts and wear a firm bra. See your doctor if this continues for more than one month or your pregnancy symptoms do not subside

### **After cares**

- Do not put anything inside your vagina for two weeks after your procedure to reduce risk of infection; this includes no sexual intercourse/activities or use of tampons.
- Do not go into a swimming pool, bath or spa until the bleeding stops.
- Your next period should arrive 4-6 weeks after your procedure, this may be heavier than normal and you may pass clots.
- We advise that you do not take any long haul flights within 14 days week of your procedure.

### **When to ring your GP/Family planning or seek medical review**

- Heavy bleeding that soaks 2 pads per hour for 2 hours in a row and/ or clots larger than a golf ball size and you also may feel light headed and dizzy
- Severe, persistent abdominal pain or cramps that are not relieved by simple pain medication
- A temperature of over 38 degrees
- Feeling generally unwell, feeling hot and cold, sweats, and chills
- If you have an unpleasant (smelly) vaginal discharge
- If you continue to feel pregnant one week after procedure.
- If you do not get your period within 4-6 weeks after the procedure.
- We recommend that you see your GP or Family Planning within 2 weeks of your procedure for a check-up.

## Your Procedure appointment will be at Epsom Day Unit.

*Please allow for travel time. If you are late you may be need to be re-booked for a different surgery time as the surgeon starts consenting on time.*

**Your surgery day:**

**Date:**

**Time of Arrival** for your appointment is:

0745am

1145 am

*If you arrive before 0730hrs please wait on the ground floor until our doors open.*

**Stop Eating and drinking**, including no chewing gum at:  3am

7am

You can have **SIPS OF WATER** only until:

7am

11am

*Please keep sipping water until given time to help prevent dehydration.*

*If you eat or drink out of those times your surgery will be deferred.*

### **Please bring with you on the day of your procedure;**

- 3x Sanitary pads
- Spare pair of underwear
- A snack or something to eat after your procedure

*Please note* that children are not permitted in the Recovery area, so please arrange childcare. You cannot drive yourself home after the procedure. You will need to arrange transport home

### **Feelings and emotions after your abortion**

Some women often feel a sense of relief after the abortion. Others have a feeling of sadness which can be immediate or days to weeks later. Women may experience a sense of loss and grief. Some women who choose abortion feel guilty about expressing the grief that may follow.

Dealing with your feelings can take time and there is no right or wrong way to move through this process. Set aside time to think about your experience and what it means. If you feel you are going over and over it, talk to a counsellor or friend to help move forward in your life.

Whatever your emotions the most important aspect is to be able to talk about your experience. We encourage you to find a safe place to talk and share your stories with people who are supportive and understanding.

During and following any significant experience in your life you are likely to reflect on yourself, your relationships, your life and goals. This is a normal and healthy response to a life event. To get further support around your feelings and emotions book in with our social work counsellors available at Epsom Day Unit

During our opening hours, if you want to speak with a social work counsellor,  
Ring 09 630 9943, Ext 27722 for an appointment.

Another good resource is: [www.aborticonversation.com](http://www.aborticonversation.com)

**Contact phone numbers:**

**In an Emergency: 111**

**Womens Assessment Unit (After hours): Ph: (09) 307 4949 ext 25900#**

**Ward 97: Phone 307 4949 extension 24971#**

**Greenlane Clinical Centre Departments: Open 0800—1500hrs**

**Epsom Day Unit (EDU): Ph (09) 307 4949 ext 27728#**

**Counselling EDU: Ph (09) 307 4949 Ext27722#,**

**The National Women's Health website has good, accurate  
and up to date information which you may find helpful.**

[nationalwomenshealth.adhb.govt.nz](http://nationalwomenshealth.adhb.govt.nz)

Epsom Day Unit

Reviewed September 2019

# Second Trimester Medical Termination of Pregnancy

This booklet provides information for women undergoing medical  
termination in second trimester (>13 and up to 19.6 weeks) of pregnancy

Tena koutou katoa | Kia orana | Talofa lava | Malo e lelei Fakaalofa lahi  
atu | Taloha Ni | Ni Sa Bula Vinaka

欢迎 | こんにちは | بچرم

Greetings and Welcome

This leaflet is to provide information regarding the process for a second trimester medical termination (abortion); The medications used to induce labour in the second trimester are Mifegyne and Misoprostol.

### **How do Mifegyne and Misoprostol work?**

Mifegyne can be used for induction of labour for medical and fetal complications in the second trimester of pregnancy, by blocking the action of progesterone. This hormone is responsible for making the lining of the uterus (womb) maintain the pregnancy.

Taking Mifegyne will prepare the uterus for delivery by causing the lining to break down. 36-48 hours after taking Mifegyne you will be given another drug called Misoprostol®, which is inserted into the vagina or given buccally, (between the cheek and gum). The tissues in your mouth will dissolve the medication and it will directly enter your bloodstream. Misoprostol causes the cervix to soften and the uterus to contract; this will lead to labour and the delivery of the fetus.

### **Are there any risks?**

Although uncommon, the main risks are excessive vaginal bleeding, or incomplete expulsion of the placenta. In this case you may need to go to the operating theatre to have a curettage to remove any remaining placental tissue. Approximately 15% of women will need to undergo a curettage.

### **Is this method suitable for everyone?**

Medical induction using Mifegyne® is not suitable for all women. A specialist will assess your suitability first.

medical certificate for time off work.

### **Feelings and emotions after your abortion**

Some women often feel a sense of relief after the abortion. Others have a feeling of sadness which can be immediate or days to weeks later. Women may experience a sense of loss and grief. Some women who choose abortion feel guilty about expressing the grief that may follow.

Dealing with your feelings can take time and there is no right or wrong way to move through this process. Set aside time to think about your experience and what it means. If you feel you are going over and over it, talk to a counsellor or friend to help move forward in your life.

Whatever your emotions the most important aspect is to be able to talk about your experience. We encourage you to find a safe place to talk and share your stories with people who are supportive and understanding.

During and following any significant experience in your life you are likely to reflect on yourself, your relationships, your life and goals. This is a normal and healthy response to a life event. If you need extra support around your feelings and emotions, contact the social work counsellors available at Epsom Day Unit.

During our opening hours, if you want to speak with a social work counsellor,

Another good resource is: [www.abortionconversation.com](http://www.abortionconversation.com)





Follow up arrangements will be discussed with you before you are discharged. **If you are worried about anything, are bleeding heavily or feel unwell please contact the ward/unit and a nurse will give you advice.**

### Discharge Advice

- You may experience some discomfort for the next few days. Take regular pain relief such as paracetamol or ibuprofen as directed to help you.
- Complete taking any antibiotics that have been prescribed for you
- Do not put anything inside your vagina for two weeks after your procedure; this includes no sexual intercourse/activities or use of tampons.
- Do not go into a swimming pool, bath or spa until the bleeding stops.
- Contact your GP if you develop flu like symptoms; get a temperature over 38°C; have pain or difficulty passing urine; the bleeding becomes heavy and you pass clots or if you have a smelly vaginal discharge.
- You may experience fullness in your breasts; this will depend on how many weeks you were pregnant. Wear a firm, supportive bra and do not express milk. A nurse will give you advice on how to use cabbage leaves to suppress the milk supply. The doctor will prescribe a medicine called Cabergoline that will stop the milk supply if taken within 12 hours of delivery.

Driving and returning to work

We advise you not to drive for 24 hours if you have a general anaesthetic. We recommend you don't return to work until you feel able, or as discussed at discharge. Please let us know if you need a

### Can I bring someone with me?

A support person may accompany you to all your appointments and visits. Your support person may stay with you on the ward if you wish.

### How will the treatment be carried out?

You will be asked to make two visits to the hospital. The first visit will be at Epsom Day Unit, Greenlane Clinical Centre; the second visit takes place at a Women's Health Ward at Auckland City Hospital. Due to New Zealand law you will be required to see a social worker and two doctors (certifying consultants) prior to your abortion.

### First Visit

Your first visit will be at Epsom Day Unit, Greenlane clinical Centre. You will meet with a counsellor who will provide support and pre-decision counselling, they will discuss the abortion process to you.

If you are clear in your decision and requesting a second trimester medical abortion you will need to be assessed and seen by two Doctors (certifying consultants) to ensure legal requirements are met. The doctor will check your general health and ask you to sign a consent form once they are satisfied you understand what is involved.

If you are requiring or considering contraceptive options please discuss this with the certifying consultants, they can prescribe contraception for you.

As part of consultation the Doctor will establish your blood group and rhesus status. If you are Rh negative you will need an injection to stop any antibodies forming to prevent issues if you



become pregnant again. This is given at your admission on the ward.

A Nurse will organize an appointment for your next visit which will be an admission at Auckland City Hospital . On confirmation of your admission date at Auckland a nurse at Epsom Day Unit will administer the Mifegynae medication 36-48hours prior to this appointment (this is given in tablet form, taken with water).

We try our best to accommodate this within the same day as your first visit but if it cannot a third visit may be necessary for medication administration.

During the next 36-48 hours you may start to bleed vaginally and have some period type pain. There is a very slight chance you could deliver the fetus at home (less than one in one hundred chance). Please ring the ward/unit straight away if this occurs. We will arrange for you to come into hospital for a check up and assistance.

### **Can I change my mind after the first visit?**

Yes you can change your mind. However, you must be sure of your decision once you are about to take the Mifegynae medication as this starts the abortion process which will need to be completed. If you do not attend the second appointment we will need to inform the practitioner who referred you.

### **Side Effects**

Although these are very rare, it is possible that you may have abdominal cramping caused by uterine contractions after taking Mifegynae. Other side effects, although uncommon, can include nausea, vomiting, diarrhea, hot flushes, dizziness and chills.

Please take some pain relief to help you or if these symptoms become severe ring Ward 97, Women's assessment unit or Epsom Day unit for more advice.



## **Second Visit**

You will need to present to Ward 97, Level 9 Auckland City Hospital by 0730am when returning for your second visit.

On your arrival the nurse will check how you feel and record your blood pressure, temperature and pulse. The staff will discuss a plan of care with you and any support person's you may bring. The nurse will insert an IV line to be able to administer medication including pain relief.

Misoprostol® tablets will be inserted into your vagina or buccally. Sometime afterwards it is likely you will begin to experience period type pain and vaginal bleeding. Misoprostol® will be repeated every 4-6 hours until a maximum four times or until you pass the fetus.

After having the first dose of Misoprostol® it is expected that the fetus will be delivered in 6-8 hours although the time can vary.

You will be provided with painkillers if needed. Let the nurse know when you have pain that you feel requires pain relief. This is available as either tablets or as medication through an IV line.

There are other options for coping with pain, such as relaxation massage or homeopathy which can be used as you wish.

You may feel sick, dizzy; have chills and hot flushes or diarrhoea. These are the effects of the Misoprostol® and will soon wear off.

After the fetus has been delivered the doctor, or nurse will assess you to see if you are able to be discharged home. After discharge you may continue to bleed for up to two weeks following the delivery.

