Early Medical Abortions

Has your pregnancy test come back positive and you are unsure whether you want to continue with the pregnancy? Please come and see us at the WITT Health Clinic for a completely confidential chat with our Campus Nurse. Our nurse is qualified in assessing your condition, including your whanau and social circumstances. We have counselling support available if you would like to use the service.

At the WITT Health Clinic, we offer Free and 100% confidential Early Medical Abortions. Please see the table below which explains the difference between Medical and Surgical Abortions. If you prefer a surgical abortion, we can also assist in referring you to the correct provider with our full support.

It is very important to note that Early Medical Abortions are for up to 10 weeks pregnancy only. Even if you do not know what your decision is, please come in for a confidential chat. We can help answer questions so that you have all the information you need to make an informed choice about what happens to your own body.

	Early medical abortion	Early surgical abortion
Also known as?	 First trimester medical abortion. Early medical abortion (EMA). The abortion pill. Medical Termination of Pregnancy (MTOP). 	 First trimester surgical abortion. Vacuum aspiration. Suction termination. Surgical Termination of Pregnancy (STOP).
How far along in the pregnancy can I be?	• Up to nine to 10 weeks of pregnancy (depends on the provider).	• Up to 13 to 15 weeks of pregnancy (depends on the provider).
Where does the procedure take place?	 You may see a nurse, doctor or midwife in a clinic and receive two medicines (tablets) to take at home. With EMA by phone (telemedicine) you may talk to a nurse, doctor or midwife on the phone and then collect the medicines from a pharmacy, clinic or get them sent to you by courier. The abortion happens at home. 	 With a doctor in a hospital or community clinic. The abortion happens in the clinic.

Time commitment?	 Process can vary between clinics. Usually 2-3 consultations with the abortion provider. Most people take maximum of three days for the treatment. Stage 1 - Blood test followed by first medicine (day one). Stage 2 - Second medicine (24 to 48 hours after first medicine). Stage 3 - Pregnancy tissue passes and 	 Process can vary between clinics. Usually two 3-4 hour visits to the abortion provider. The abortion itself takes 5-10 minutes but you will spend 7 3 hours at the clinic. Follow-up appointment two weeks later, if needed.
	 Stage 5 – Pregnancy tissue passes and recovery at home (several hours or days). 	
	 Stage 4 - Blood test one week after second medicine taken, to confirm pregnancy has ended. 	

Time off work/study?	 Usually return to work or other usual activities the next day after the abortion. 	
How painful is it?	 Mild to strong cramping off and on throughout the abortion (commonly 1-4 hours but might be longer). You'll be given medicine to help with the pain. 	 Mild to strong cramping during the abortion (commonly a 5 to 10-minute period). You'll be given medicine to help with the pain during and afterwards.
How much will I bleed?	 Heavy bleeding and clots to pass the pregnancy. Usually light to moderate bleeding after the abortion, which might last up to two weeks. 	 Usually light to moderate bleeding, which usually settles within a few days. Might last up to two weeks.
Can I drive after the procedure?	• You can drive as soon as you feel comfortable to.	• You can't drive for 24 hours after the abortion.
How safe is it?	• Very safe. Serious complications are very rare. It's extremely rare you won't be able to get pregnant again.	

How successful is it?	 Between 90 to 99% of medical abortions are successful. If it fails, further abortion medication or a surgical abortion will be necessary. 	 Usually successful (99%) but if it fails it will need to be repeated. 	
How much does it cost?	• Free to most <u>New Zealand citizens and residents</u> . Non-NZ residents have to pay for abortion and prices vary depending on the abortion provider.		
Why do some people prefer this method?	 It can be carried out very early in pregnancy. It may feel more natural, like a miscarriage. People can self-manage their abortion, giving a feeling of autonomy and mana motuhake. It can happen in the comfort, privacy and familiarity of home with support people. No anaesthesia is required. It reduces the time and costs of travel. There's no surgical procedure (unless it fails). 	 It can be done after 10 weeks' pregnancy. The actual procedure is quick, over in a few minutes. It's highly successful. For most people, there's less cramping and bleeding than with an EMA (both during and after surgical abortion). Medical staff are present. There's less bleeding than with an EMA. The person does not have to see pregnancy remains, unless they want to. 	
Why do some people dislike this method?	 It takes several days to complete the process. How long it takes can't be predicted. Cramping and bleeding can be severe and last for longer than with a surgical abortion. It fails slightly more often than surgical abortion (depending on how many weeks pregnant you are). 	 There's a medical procedure. A clinician must insert instruments inside the uterus. The vacuum aspirator may seem noisy. Anaesthetics and drugs to manage pain during the procedure may cause side effects. They have less control over the process and who is with them during the procedure. 	