

CONSIDERING AN ABORTION? *WHAT ARE YOUR OPTIONS?*

Published in September 1998
by the Ministry of Health
P O Box 5013
Wellington, New Zealand
ISBN 0-478-22867-8
HP 3228

Introduction

This booklet is designed for women or couples facing a pregnancy which presents serious difficulties. It is your right to be given factual information on all the available options. These options include continuing with your pregnancy, with parenting, adoption or guardianship as your choices, or a legal abortion. This information should be carefully considered before making a decision.

The basic facts about the foetal growth and development of your pregnancy are included.

For women or couples who decide to take up the responsibilities of parenthood and require assistance, suggestions about finding helping agencies is included.

Should circumstances prevent you from caring for your child yourself, then adoption or guardianship are other options to be considered.

New Zealand law clearly sets out the grounds under which abortions are permitted. These are listed for your information. The nature of the abortion procedure and its physical and emotional risks are outlined.

Do not feel pressured into making a rushed decision. It is too important.

Counselling

Women experience a whole lot of feelings when they find out they are pregnant. They may feel excited, confident, fulfilled, anxious, frightened, guilty, angry, trapped, out of control. All these feelings are natural and normal. These feelings, depending on your individual circumstances, may vary from hour to hour and often make it hard to make decisions for the future. It is important to think for a few days and not go with your first feelings.

Most people find it helpful to talk to others about how they are feeling and their future plans. Some relationships change dramatically with the knowledge of a pregnancy. Think carefully before sharing your concerns. It is really important that you choose someone that you trust and who will really listen to what you are saying. Your family, partner, whanau or special friends may be helpful. However, you do not have to tell your partner. Many people like to talk with a counsellor, doctor or health worker. Because they are not so close to you, they can help you consider all the alternatives. They can strengthen you in your decision making. In the end it is really important that you make up your own mind what you want to do.

Whatever your age, you can make a decision to continue your pregnancy or seek an abortion. You can listen to other people's advice but you should not let them make a decision for you.

Here are some questions you may want to think about:

- what is it like to have and care for a baby?
- what is it like to give a baby up for adoption?
- what is it like to have an abortion? Are there any physical or emotional side effects?

What stage has my pregnancy reached?

- what effect will the different options have on my relationships within and outside my family?
- how will the different options affect my education, career and financial situation?
- are there spiritual issues I need to consider?

Continuing your pregnancy

There are three alternatives if you continue your pregnancy:

- parenting your child
- adoption
- guardianship.

If you are going to continue your pregnancy you will need to arrange health care for yourself and your baby. You will have to choose a doctor or midwife to be your lead maternity carer. Financial, emotional and practical help is available. Ask your doctor, midwife or Income Support Service about this, or contact one of the helping agencies listed in this booklet.

Parenting your child

You may decide to parent your child with the help of your partner or family, or you may decide to bring up your child yourself. Social Welfare can give you details of available benefits.

Adoption

When a child is adopted, the rights and responsibilities of parenting are given legally by the birth parent(s) to the adoptive parents. 'Open adoption' is when the birth parents and the adopting family stay in contact with each other.

You can phone an adoptions social worker at the Adoption Information Services Unit of your local Children, Young Persons and their Families Service.

Guardianship

Guardianship is a legal arrangement between the birth parents (the natural guardians) and the caregivers. The birth parent(s) and the caregivers stay in contact with each other. Once an agreement is made about who is going to have custody and responsibility for raising your child, the arrangement can only be changed by returning to the court.

Guardianship is usually done within families. A similar type of care arrangement, called whangai, is sometimes made informally within Maori families.

You can find out more from your local Community Law Centre.

Legal abortion

New Zealand law permits abortion if two certifying doctors agree that:

- your life, or mental or physical health is in serious danger from carrying on the pregnancy, or
- there is a great risk that the baby would be severely physically or mentally handicapped, or
- your pregnancy is a result of incest, or
- you are under the legal care or protection of the man who fathers your child, or
- you are severely mentally handicapped.

Your age, or when pregnancy is the result of rape, can also be considered – if your life, or mental or physical health is in serious danger from continuing the pregnancy.

Some women, even though they may wish to be pregnant, may consider an abortion if the foetus has severe abnormalities and may not survive beyond childbirth or may be severely disabled. Those who end up being most happy with the decision they made, are the ones who thought really carefully about all the alternatives and who were not pressured into a decision by someone else.

You have time to make your own decisions. However the safest time to end a pregnancy is within the first 13 weeks. In the first instance you must approach your doctor. The law requires that two certifying consultants approve an abortion. If your doctor will not arrange for you to see the certifying consultants you should be referred to another doctor who will make the arrangements. So it is very important to arrange all the necessary doctors' appointments in plenty of time. Your doctor or nurse can refer you for counselling to give you more time to talk and decide. Counsellors are usually available at hospitals, family planning clinics, medical centres, abortion clinics, schools, churches and private counselling organisations.

What will it cost?

The visit to a doctor to discuss an abortion and get a referral to a certifying consultant should be free.

You should be offered the choice to see the certifying consultants, and have the operation performed for free. Some women prefer to go to private consultants, and to go to private clinics. This means they pay for those services. You should ask the doctor to explain clearly what your options are for receiving a free service.

Sometimes you may have to travel a long way to see consultants or to get to a clinic. You should be able to get help with travel costs. Talk to your doctor, the certifying consultants, a local family planning clinic, or the social work department of your local hospital for more information about your choices.

What is an abortion?

Induced abortion is the removal of a foetus from the uterus by a medical procedure before it is mature enough to survive.

How is an abortion carried out?

The most common method used for women who are between seven and 13 weeks pregnant is called 'suction curettage'. The cervix is gently opened (dilated) to allow a small tube to be inserted into the uterus. The contents of the uterus (the foetus and placenta) are removed through the tube. The doctor then checks to be sure all the pregnancy tissue is removed.

Abortions are performed in licensed clinics or hospitals. Usually the operation can be safely, comfortably and quickly performed with a local anaesthetic. The operation takes about 10 minutes. Occasionally a general anaesthetic may be used. Most women can go back to work within 24 hours.

For later abortions (those over 14 weeks pregnant), a similar but slightly more complex procedure is used. A very small number are carried out by inducing (starting) labour.

Follow-up care

Following an abortion, the woman is observed for a few hours to check that bleeding and discomfort are within normal limits. She is given follow-up instructions, including what to expect and who to contact if complications occur. Contraceptive advice can be given at this time. A follow-up visit in 2–4 weeks is very important to check if there are any problems. The follow-up visit is also another chance to discuss the best type of contraception or if more counselling is needed.

Physical complications

No women have died from legal abortions in New Zealand in the last 15 years. But, as with all operations, and with pregnancy or miscarriage, physical complications may occur.

Only about 5 percent (1 in 20) of women having an abortion will need some follow-up medical care or need to be re-admitted to hospital for treatment. Out of that 5 percent the most usual reasons for follow-up care are:

- the abortion has not been properly completed (2–3 percent cases) which requires the procedure to be repeated.
- infection inside the uterus. This is usually easily treated with antibiotics (2 percent – 1 in 50). It is important to carefully observe follow-up instructions.
- Blood clots staying in the uterus. This requires another suctioning, similar to the original abortion operation (1 percent).

Very rarely, there could be:

- a hole or tear in the uterus which usually heals itself
- a hole or tear in the cervix which can be repaired with stitches at the time of the abortion
- excessive bleeding due to failure of the uterus to contract.

This may require a blood transfusion which is avoided unless the bleeding is life threatening

- failure to get pregnant again – this occurs following 1 in every 100 pregnancies, whether there is a miscarriage, abortion, or a live or stillbirth. Very rarely amenorrhoea (absence of periods), may follow abortion
- an increased risk of miscarriage and premature birth in future pregnancies following abortion. This is thought to be more likely following two or more abortions, or if the abortion is carried out after 13 weeks of pregnancy.

Please discuss any of your concerns with your doctor

Psychological side effects

Most women do not have emotional problems immediately after abortion – in fact most experience relief. Some women experience sadness, regret, anxiety or guilt.

Women more likely to suffer emotional problems after an abortion are those who:

- believe that abortion is wrong
- felt unsure about whether to have an abortion
- were pressured by others
- originally wanted the baby, but felt pressured, by extreme difficulties in their situation, into seeking an abortion
- made a decision late in the pregnancy
- had little support from their partner or family.

Some women experience later psychological effects. These may not emerge until some years after the abortion.

All these feelings are natural. Most people find it helpful to talk to others about how they are feeling. Think carefully before sharing your concerns. It is really important that you choose someone you trust and who will really listen to what you are saying. Your family, a partner, whanau or special friends may be helpful. Many people like to talk with a counsellor, doctor or health worker. Emotional and practical help is available.

Symptoms may include

- problems with relationships
- depression
- loss of self-esteem
- anxiety and guilt
- sadness and regret
- flashbacks.

Women may experience some, all or none of these symptoms.

If these symptoms occur or persist, it is important to get help from a doctor or counsellor or contact one of the helping agencies at the end of this booklet.

Information on foetal development

Development begins on the day of fertilisation which is usually two weeks after the start of the last menstrual period (L.M.P.)

4 weeks

At the first missed period the human embryo is too small to be seen with the naked eye (0.25cm).

8 weeks

At the second missed period, six weeks after conception, the embryo is 1.2 cm long, the heart has been beating for two weeks and limbs are beginning to develop.

10 weeks

The embryo is now 3 cm long and weighs 15 grams. Arms, legs, fingers and toes are developing.

12 weeks

The foetus is about 6 cm from head to rump and weighs 30 grams. The heart beat can be detected electronically. All major body organs are formed. The foetus begins small movements that cannot yet be felt by the mother.

14 weeks

The foetus is about 8–9 cm from head to rump and weighs 45 grams. The foetus is able to swallow and the kidneys are able to make urine.

16 weeks

The foetus is 12 cm, the legs are developed and the weight is 100 grams.

18 weeks

The length is 14 cm and the foetus is able to respond to sound.

20 weeks

From this point on the foetus continues to grow until delivery of the baby around the 40th week.

Helping agencies

Counselling

Your doctor may be able to give you some counselling, and should be able to refer you to other people or agencies.

Counselling is available from many agencies. You may want to think about whether you want a special type of counselling, for example with a Christian philosophy or a Maori cultural base. You can discuss this with the agency. Two nation-wide agencies specialising in counselling pregnant women are:

Family Planning Association

Offers confidential, caring, face-to-face counselling in a supportive environment for women making decisions about pregnancy. Whanau and support people are always welcome.

More than 30 centres throughout New Zealand, provide an abortion referral service and a wide range of contraceptive choices, information and advice. FPA information brochures are available in several languages.

AUCKLAND: Ph: 09 377 5049

WELLINGTON: Ph: 04 499 2036

CHRISTCHURCH: Ph: 03 379 0514

DUNEDIN: Ph: 03 477 5850

In other areas, look in the phone book.

Pregnancy Counselling Services Inc.

Telephone/face-to-face counselling and practical assistance. Free and confidential for anyone worried by pregnancy or distressed after abortion. See phone directories and personal or social services columns of newspapers for 20 local branches' phone numbers. Call collect 24 hours, seven days.

AUCKLAND: Ph: 09 307 6745

WELLINGTON: Ph: 04 383 5524

CHRISTCHURCH: Ph: 03 338 3057

DUNEDIN: Ph: 03 479 0407

The following agencies provide a referral service, putting women in touch with appropriate counsellors.

Te Whanau O Waipareira Trust

Cnr Great North and Edmonton Roads
Henderson
Auckland
Ph: 09 837 2555 (Health Clinic)
Ph: 09 836 6683 (Social Services)

Family Life Education Pasefika

1st Floor 15/23 Station Road
Otahuhu
Auckland
Ph: 09 276 2737
or 09 276 2732

Te Puawai Tapu

Suite 6/30
Courtenay Place
Wellington
Ph: 04 801 8859

Other agencies

You can find more counselling agencies by contacting a local Citizens Advice Bureau. Look for the number in your telephone book. Your local hospital social work department should also be able to make some suggestions.

Adoption

New Zealand Children and Young Persons Services (service part of Department of Social Welfare)

Information on adoption (Adoption Information Services Unit). Information on benefits and financial support. Look for contact details in your phone book.

Information for care during pregnancy

Your Pregnancy book produced by the Ministry of Health. Provides information about what happens during pregnancy and childbirth, and what to expect after the baby is born including information on contraception you can use. Your doctor or midwife should be able to get a copy for you.

Pregnancy Help

Pregnancy Help offers counselling, practical assistance and support to pregnant women, new mothers and their families. Services include pregnancy tests, information, referrals, baby clothes and equipment. Pregnancy Help operates a free and confidential service.

AUCKLAND: Ph: 09 373 2599

WELLINGTON: Ph: 04 499 7279

CHRISTCHURCH: Ph: 03 366 3355

DUNEDIN: Ph: 03 477 3337