

Overview of termination options in Victoria

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Objectives for the day

- Definition of the commonly used terms
- Review relevant statistics
- Discuss the changes to the abortion law
- Provide an overview of the termination procedure for both surgical and medical terminations
- Discuss termination providers available to women living in and around Shepparton

Terminology

- Termination
- Abortion
- TOP – Termination of pregnancy
- STOP – Surgical termination of pregnancy
- MTOP – Medical termination of pregnancy

Statistics

- There is limited information about the number of termination in Victoria or across Australia
- South Australia and Western Australia are the only states to collect this data

These statistics have been taken from

- SA Health (2009) *Pregnancy Outcome in South Australia 2008* viewed on 8 June 2010 at <http://www.health.sa.gov.au/pehs/publications/pregnancyoutcome-operations-sahaelth-2008.pdf>.

Pregnancy Outcome in South Australia 2008

- There were 5,101 terminations of pregnancy notified in South Australia in 2008
- This was 217 more than in 2007
- The abortion rate was 16.0 abortions per 1,000 women aged 15-44 years
- 2.9% of terminations were performed for fetal reasons
- 92.7% of terminations were performed within the first 14 weeks of pregnancy



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Pregnancy Outcome in South Australia 2008

- 36.5% had had a previous termination
- This data suggests that 30.8% of women would have an abortion in their lifetime if they experienced the abortion rates of the different age groups for 2008.

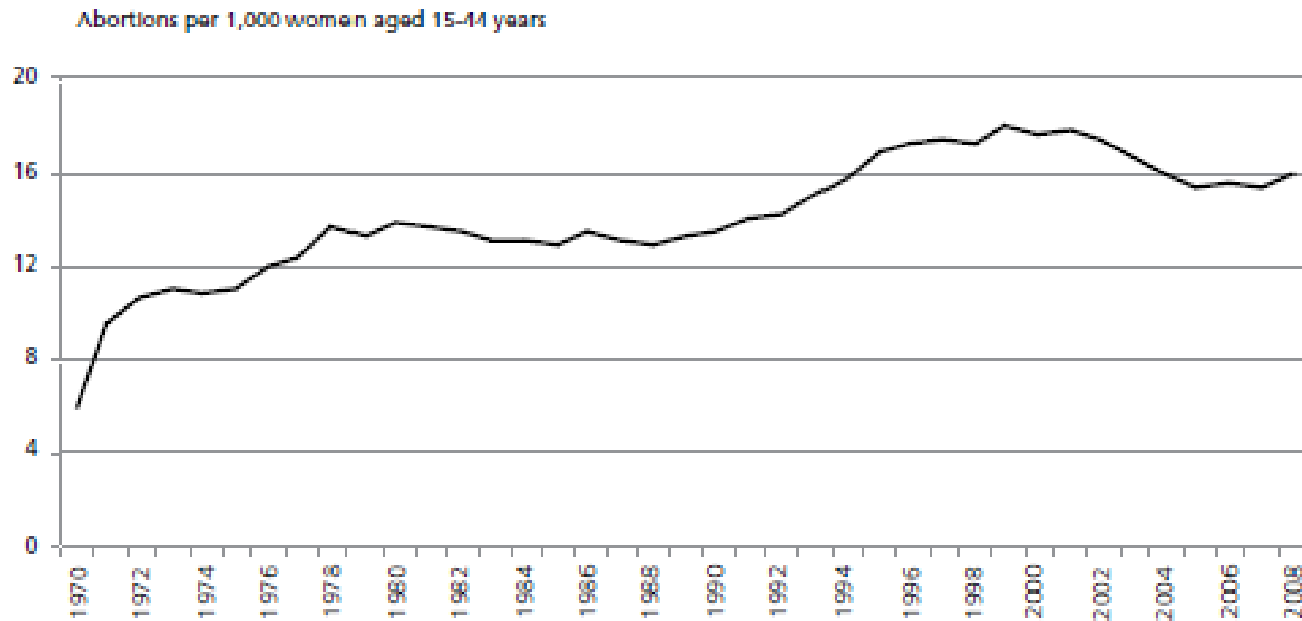


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Abortion rate in South Australia, 1970–2008

Figure 7: Abortion rate in South Australia, 1970–2008



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Terminations of pregnancy by age

Table 38: Terminations of pregnancy by age, South Australia, 2008

Age (years)	Number	%
13	2	0.0
14	21	0.4
15	49	1.0
16	129	2.5
17	202	4.0
18	271	5.3
19	290	5.7
20-24	1,524	29.9
25-29	1,047	20.5
30-34	771	15.1
35-39	545	10.7
40-44	223	4.4
45+	27	0.5
Total	5,101	100.0

18.9%

50%

Marital status

3. Marital status

Terminations were performed in the majority of cases (62.7%) for single women (Table 40). In 2.5% of cases the marital status was not known.

Table 40: Terminations by marital status, South Australia, 2008

Marital status	Number	%
Never married	2,749	53.9
Married	1,230	24.1
De facto	546	10.7
Widowed	6	0.1
Divorced/Separated	441	8.6
Not known	129	2.5
Total	5,101	100.0

34.8%



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Abortion & the law in Victoria

- 1958 - Crimes Act
- 1969 - 2008: Menhenitt ruling
- 2008 - current: Abortion Law Reform Bill
 - Passed Legislative Assembly 12/9/2008
 - Passed Legislative Council 10/10/2008



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Abortion law reform

- Abortion Law Reform Bill 2008
- Main provisions:
 - Abortion removed from Crimes Act (except where performed by unqualified person)
 - A registered medical practitioner may perform an abortion on a woman who is not more than 24 weeks pregnant.
 - After 24 weeks abortion may be performed only if:
 - Reasonable belief appropriate in all circumstances including current and future medical, physical, psychological, social
 - Another practitioner is consulted
 - Conscientious objectors must refer

Surgical terminations

Surgical terminations

- Clients are usually able to refer themselves for a termination
- They do not need a referral for most providers
- Cost will vary at different clinics and gestation
- There are a number of public and private providers of terminations in Victoria
- These include:
 - The Women's
 - Bendigo Hospital
 - Fertility Control (Melbourne & Albury)
 - Marie Stopes
 - There are many more



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Preparing a client for a STOP

- It is good to be able to describe to the client where they have to go and to warn them of any protesters
- You should also instruct them to take the following on the day:
 - Their Medicare card (& healthcare/pension card)
 - Private healthcare details
 - Personal identification
 - A referral letter from you or the GP (if required)
 - Any medication they are currently taking
 - Any reports or ultrasound scans of this pregnancy
 - Cash, credit or eftpos card for payment on the day



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Preparing a client for a STOP

- Pre procedure swabs where appropriate
- You can either give the client the information to make an appointment or ring and make the appointment for them

Preparing a client for a STOP

- It will make their stay more comfortable if they take
 - two sanitary pads (not tampons)
 - comfortable two piece clothing (i.e. not a dress), preferably with a short sleeved top
 - a spare pair of underwear
 - book or magazine to read while they are waiting
- Like any day surgery clinic it is best to leave any valuables including jewellery at home
- Women should organise for someone to drive them home and for childcare if they have any other children

What to expect on the day

- They can expect to be there for approx 3-4 hours
- Appointments are usually first thing in the morning
- They will have to complete administration paperwork
- Then they will be seen by a nurse or doctor
- If the client is unsure of their decision they will be referred for further counselling
- If the client is sure of their decision, the nurse or doctor will discuss:
 - the clients medical history
 - information regarding procedure, including the anaesthetic options
 - various contraceptive methods available for future use

Discuss contraception options

- Contraception needs to be considered immediately after a termination.
- A woman may ovulate again at any time after the procedure and therefore can fall pregnant only days after a termination

Ultrasounds

- The purpose of an ultrasound is to confirm the pregnancy and the gestation period
- It is also to help identify an ectopic pregnancy
- Women do not have to view the ultrasound but they can if they wish



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The procedure

- Termination under 12 week gestation are done by gently suctioning the contents of the uterus
- This requires a speculum to be inserted into the vagina so the cervix can be viewed
- A suction catheter is passed into the uterus
- This procedure takes less than 5 minutes
- It can be done under local anaesthetic, general anaesthetic or conscious sedation

Safety of procedure

- Anaesthetic risk
- Surgical risk
 - Infection
 - Perforation of the uterus

Recovery

- Following the procedure the women will spend a short time in recovery
- Unless there is unusual pain or discomfort there will not be another examination
- Women will be given some tea and biscuits
- If the women is feeling ok she may be discharged
- Prior to discharge, women should be given written information and a contact number to call if she has any concerns

Pain & bleeding

- Most women who choose not to have a general anaesthetic report that the discomfort is bearable and lasts only for a short time
- Some clients report more severe discomfort, but again this is only brief
- Even with a general anaesthetic there will be some cramping pain following the procedure
- Painkillers will be available
- Women may have bleeding similar to having a period. If it is worse than a normal period they should contact the 24 phone number they have been given



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Driving & time off work

- Women should be advised not to drive until the next day
- It is preferred that someone picks her up and takes her home
- They can also get a taxi as long as they have someone to accompany them
- Women will need to take the whole day off work for the procedure
- They may return to work the next day depending on the type of work that they do and how they are feeling

Emotional affects

- There is often a complex number of emotions for women after a termination
- The majority of women feel relieved after the procedure
- Women may still have feelings of sadness or loss without regretting the decision
- 1 in 10 woman may have troubling feelings after the termination. These women may just need an extra session with a nurse or may need to be referred on to a psychologist

Surgical terminations over 12 weeks

- Once the woman has reached 12 weeks gestation the risks to the woman increase. Therefore the process changes
- The termination takes multiple procedures which take place over 1 -3 days
- If it is over 24 weeks a second doctor is must be consulted

Medical terminations

Medical terminations

- The termination of pregnancy using abortion-inducing medications
- MTOPs are available in Victoria
- MTOPs are available for women with a gestation of 9 weeks or less
- At this stage are provided predominately by Marie Stopes International
- Some other TOP providers will also use MTOP in some circumstances

Medical abortion

- There are three combinations of medications that can be used for a medical abortion:
 - mifepristone (RU-486) and misoprostol
 - methotrexate and misoprostol
 - misoprostol
- The method with proven best efficacy is the combination of mifepristone and misoprostol

Mifepristone

- Mifepristone blocks the action of progesterone and thereby:
 - stops the pregnancy growing
 - softens and dilates the cervix
 - makes the uterus more likely to contract and cause bleeding
- Rapidly absorbed orally– if vomiting occurs 15 minutes or more after taking it, enough has been absorbed for it to be effective
- Supplied in 200 mg tablets



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Misoprostol

- Approved use to prevent gastric ulceration caused by prostaglandin inhibitors such as ibuprofen, naprosyn, and others
- Is a prostaglandin and therefore also makes the uterus contract, causing cramps and bleeding
- Rapidly absorbed – oral, vaginal, sublingual, buccal
- May cause nausea, vomiting, diarrhoea, transient fever / chills, or abdominal pain – all usually of short duration
- Supplied in 200 microgram tablets (in Australia as Cytotec[®]), can be stored at room temperature, inexpensive



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Contraindications

- gestation greater than nine weeks on ultrasound assessment
- known or suspected ectopic pregnancy
- adrenal failure, inherited porphyria or a haemorrhagic disorder
- anticoagulant or long-term corticosteroid therapy
- allergy to either mifepristone and/or misoprostol
- IUD in situ – this must be removed before proceeding
- clinical evidence of pelvic infection (in mild cases MSMP can proceed, but only once antibiotic treatment has commenced)



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Clients

The following groups can still access a MTOP. Women who:

- have had a caesarean section
- have had multiple gestations
- have uterine abnormalities – including fibroids
- are obese (no change in dose is required)

Special consideration

- breast feeding women should be told of the theoretical risk of diarrhoea in the breastfeeding infant
 - limited data on mifepristone and breastfeeding
- severe anaemia
- concurrent illness with significant diarrhoea
- serious systemic illness should be evaluated individually to determine the safest method of abortion



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Marie Stopes process

- Initial visit day 1:
 - in the MSI centre the client takes 200mg of mifepristone orally.
 - the client is given 800mcg of misoprostol tablets (4 x 200mcg) to take home with clear instructions on their administration
- 24 to 48 hours later:
 - the client takes 800mcgm of misoprostol by placing it in their cheek (buccally) at home



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Marie Stopes process

- Most women require no further medication, however, if no bleeding has occurred after the first dose of misoprostol, the client may return to the centre for a second dose of 800mcg misoprostol within 24 hours of the first dose
- If no bleeding has occurred within a further 48 hours, the client will be required to return to the centre for a third dose of 800mcg misoprostol tablets. If bleeding still does not occur a surgical abortion will usually be necessary

Marie Stopes process

- Rh immune globulin (Anti-D) is recommended to be administered to Rh negative women (within 72 hours of the administration of mifepristone)
- Antibiotics are not given routinely
- It is not necessary to inspect for products of conception
- Pelvic rest is required for one week – no sex, tampons, baths etc
- The women is encourage to return to the centre approximately 2 weeks after her initial visit for an evaluation post procedure

Effects and side effects

- Bleeding and cramping are expected effects
- This should decrease once pregnancy is expelled
- Analgesia, including NSAIDs, is encouraged early
- Average duration of bleeding is 9 - 12 days

Excessive bleeding

Saturating two (or more) sanitary pads per hour for two consecutive hours

HOW MUCH AM I BLEEDING?

Scant amount
Blood only on tissue when wiped or less than one-inch stain on maxi pad within one hour.



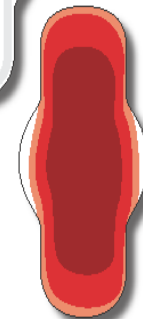
Light amount
Less than four-inch stain on maxi pad within one hour.



Moderate amount
Less than six-inch stain on maxi pad within one hour.



Heavy amount
Saturated maxi pad within one hour.



Medical abortion

- 24 hour telephone support through 1800 number
- Warning signs:
 - prolonged, heavy vaginal bleeding
 - severe cramping unrelieved by analgesia
 - fever, chills or malaise lasting more than 6 hours
 - persistent abdominal pain
 - abnormal vaginal discharge

Medical abortion

- Follow up appointment is advised:
 - history of events
 - ultrasound
 - urine pregnancy test (may still be +ve)
- Outcome
 - determine if termination of pregnancy is complete
 - exclude complications
- Contraception
 - review if a method has been commenced
 - Implanon or IUD/IUS may be inserted if abstinence



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Complications

- Continuing pregnancy
 - 1 – 2% of MTOPs will fail. These require a surgical termination
- Incomplete abortion
 - 1 – 2% - surgical intervention decreases with experience
- Excessive bleeding
 - < 1%
- Infection
 - uncommon in medical abortion (~0.3%)

Medical Abortion	Surgical Abortion
High success rate (up to 98% - World Health Organisation, 2003)	High success rate (over 99%)
Surgical instruments not required (except in about 2% of cases where a surgical abortion becomes necessary)	Instruments inserted into uterus
No anaesthetic required (except in about 2% of cases where a surgical abortion becomes necessary)	Anaesthetic required
No needles or injections required	A needle or injection is required for the anaesthetic
Medications cause a process similar to a miscarriage	A clinician performs the procedure
Abortion usually occurs within 24 hours of second medication	The procedure is completed in 5-10 minutes although recovery time following anaesthetic also required
Less time in the clinic over two visits (very occasionally additional visits are needed if further tablets are required)	Can be completed in one visit but time in the clinic is longer
May be used in early pregnancy under 9 weeks from last menstrual period	May be used in early pregnancy up to 12 weeks and at later gestations according to the legislation in each State
Oral pain medication can be used such as Paracetamol or Ibuprofen	Local, intravenous sedation or general anaesthetic may be used
The process will occur in the privacy of your own home	Procedure is performed at a Marie Stopes International centre

Referral

- Timely referral to another worker or specialist counselling services may be necessary for women who remain ambiguous about their decision
- Referral to other specialised service providers may be required (eg Centre Against Sexual Assault, disability services, youth health services, interpreter services etc)

TOP providers without brochures

Marie Stopes International in association with Croydon Day Surgery

At Marie Stopes International centres around Australia, our dedicated and specialised doctors, nurses and support team ensure every client receives immediate help and support in a personalised and confidential manner. Our services include:

- Abortions
- Contraception advice and insertion
- STI / STD check-ups, treatment and advice
- Vasectomies

411 Dorset Rd, Croydon, VIC 3136

Phone: FREECALL 1800 003 707

Email: info@mariestopes.com.au

TOP providers without brochures

The Women's - Pregnancy Advisory Service (PAS)

The Pregnancy Advisory Service (PAS) supports women who have an unplanned or unwanted pregnancy, and provides information, counselling, advocacy and referrals to assist them in decision making about their pregnancy options, including abortion at the Women's.

**For support, counselling, information or new bookings
(03) 8345 3063**

**For existing bookings, GP/health professional referrals
(03) 8345 3061**

References

- SA Health (2009) *Pregnancy Outcome in South Australia 2008* viewed on 8 June 2010 at <http://www.health.sa.gov.au/pehs/publications/pregnancyoutcome-operations-sahaelth-2008.pdf>.
- Marie Stopes International
<http://www.mariestopes.com.au/>