Te Whatu Ora
Health New Zealand

Epsom Day Unit (EDU): Information for Referrers

Early medical abortion (EMA) introduction

An early medical abortion is a safe and effective alternative to a surgical abortion. The method uses the antiprogestin Mifepristone or Mifegyne® formerly known as RU486, in combination with misoprostol or Cytotec®.

At Epsom Day Unit we offer medical termination up to 63 days (9 weeks) on the day when Mifegyne is given. The combination of oral Mifegyne followed by buccal (or vaginal) Cytotec has a reported efficacy of 96-98%. If pregnancy gestation exceeds 63 days at referral a surgical abortion is offered by default.

New Zealand abortion legislation

Abortion in NZ was decriminalized March 2020. The Abortion Legislation Bill (2020) moved abortion care under the Ministry of Health so it can now be treated similar to all other health conditions and elective surgery.

Referral requirements for Epsom Day Unit (EDU)

Under New Zealand law women are now able to self-refer themselves directly to an abortion provider. However, often women are first seen by a community provider for pregnancy confirmation or to explore their options. Any health practitioner can refer a patient on their behalf (Doctor, midwife, nurse). This is completed through e-referral or alternatively can be directly emailed to the unit.

Epsom Day Unit contact

09 631 0740
EDU@adhb.govt.nz

The required attachments for a complete referral to Epsom Day Unit are;

- Completed first antenatal bloods screening (including a blood group and antibodies screening and a quantitative bHCG).

- STI and HVS swabs – if treatment is required and not completed by referrer then Epsom Day Unit will subsequently treat.
- Pregnancy dating scan - this must show a minimum of a yolk sac present to confirm IUP. If this requirement is not met i.e. only a gestational sac or signs of a missed miscarriage/ possible or confirmed ectopic pregnancy etc. then referral to Epsom day unit is not appropriate. You will need to follow up with the patient for ongoing management/repeat tests or referral to other appropriate clinics.

Please note – we need all the above results available at Epsom day Unit before an initial consultation can be made or the tests have been taken and the results are pending. In addition, if an ultrasound cannot be obtained, please contact us as we do have some ultrasound appointments available.

Referrer's consultation

If a woman is considering an abortion and wanting assistance for a referral it is important that the following have been discussed/explored with her prior to referral:

- All possible pregnancy options – including continuation, adoption and abortion care services. Check for ambivalence and inform women of abortion counseling availability if wanting further discussion/assistance with decision making.
- Explore any potential mental, social or family considerations. Identify and assist in any further support required.
- Contraceptive counseling – helps improve contraceptive uptake post abortion.
- Sexual health screening and treatment if required
- Briefly discuss possible methods of abortion; surgical vs medical.

Note: If a woman is pregnant with an intrauterine device insitu, this must be removed prior to medical abortion treatment. Prior removal not required for a surgical abortion.

To make an informed decision, women need to know the advantages and disadvantages of both methods. Medical abortion offers a number of advantages over surgical abortion;

- It can be performed as soon as pregnancy is confirmed – providing faster treatment.
- Women may feel they have more autonomy over the abortion process as completion is likely within their own home or a safe private environment. Many women say that it feels less intrusive or more natural and is likened to having a miscarriage
- A medical abortion helps to avoid more invasive surgical methods and the possible surgical complications such as perforation that may entail.
- A suitable method for women who fear surgery.
- There are no anaesthetic risks and there is reduced risk of infection.

However, surgical intervention may be required when the medical method is unsuccessful or incomplete, in up to 5% of cases. Women must be prepared to accept this outcome.

Some disadvantages of medical termination include more bleeding is expected than in a surgical abortion, and this bleeding may be more prolonged after completion of treatment. Some women may have contra-indications to having a medical abortion, and others may prefer a surgical abortion. However, it is important for women to have an informed choice of both options in the public health care system and it is a legal requirement.

Social and medical considerations for a medical abortion

Social considerations

- Telephone access
- Transportation problems (for return visits and in the event of an emergency)

- Inadequate support, unable to confide in an adult
- Inability to cope with the cramping and bleeding of the procedure
- Unable to speak English with no available English speaking adult to stay with her during the entire procedure.

Medical contraindications

- Significant cardiac disease e.g. myocardial infarction
- Renal failure, liver failure, chronic adrenal failure, porphyrias
- Allergy to either Mifepristone or Misoprostol

Medical considerations requiring specialist advice

- Cardiovascular disease (angina, Raynaud's disease, cardiac arrhythmias, cardiac failure, severe hypertension, high cholesterol)
- Any condition requiring long term steroid therapy. Due to the anti-glucocorticoid activity of Mifepristone, the efficacy of long term steroid therapy may be decreased during the 3 – 4 days following Mifegyne intake and therapy must be adjusted. In patients with asthma using inhaled corticosteroid therapy, it is recommended that the dose be doubled during the 48 hours preceding administration of Mifegyne and continued at that level for about one week.
- Multiple (>2) uterine scars or history of uterine rupture
- Hb < 90 g/L

Treatment at Epsom Day Unit

If a woman is clear in her decision for an abortion and all initial tests and diagnostics are available, then an appointment with be provided for the women to be assessed by a medical practitioner either in the clinic or virtually over the phone. If no contraindications are identified, then the practitioner will prescribe the medical abortion treatment.

The treatment is a two-day process. On the first day Mifegyne is administered orally. Mifegyne acts by blocking the action of progesterone at the site of the progesterone receptors thus lower the hormone levels necessary for the continuation of the pregnancy. After taking Mifegyne the expectation is that women will go home and complete the abortion process within 24-48 hours. The second medication, Misoprostol, is usually given buccally (inside the cheek). Misoprostol is a prostaglandin, which stimulates contractions of the uterus to expel the pregnancy. After the next 6 hours 95% of women will have completed their termination.

Most women cope very well with the process of the medical termination at home. Bleeding starts at a variable time from 30 minutes, the bleeding may be quite heavy and is likely to include some small or large clots (dependent on gestation). Cramping pain is likely and analgesia will be provided. Women may see the pregnancy tissue during the medical abortion. Apart from the bleeding and pain women may experience other side effects some women may experience nausea, vomiting, diarrhea, dizziness, less commonly headaches or warm/hot flushes and in rare instances, oral ulcers or a skin rash. In some cases, (about 1 in 300) the bleeding will be so heavy that a blood transfusion and/or curettage may be necessary to stop the bleeding

Contraceptive counseling and prescribing/administered is an important part of abortion care, this is offered to all women and provided by Epsom Day Unit but should be the joint responsibility of the referring provider as well. Sexual health screening is also completed and treatment provided when necessary.

For women starting on oral contraceptive pills, the advice is to start on the day after the abortion medication is administered. Women requesting either Depo-Provera or Jadelle will have this administered before discharge. For women requesting an IUD or IUS, this can be inserted at any time after the abortion has been confirmed as complete and symptoms of retained products excluded. An IUD or IUS can be inserted at any clinic that provides them following a medical abortion. ADHB offer free contraceptive clinic which include insertions, appointments can be booked via the scheduler on 0800 500 527

Guidelines for community follow-up post abortion

Serial BHCG follow-up is required to confirm the abortion. An initial HCG will be taken on the day of mifegynae administration and then a follow-up HCG is expected to be completed within 7 days. Epsom Day Unit requires at least an 80% decrease from baseline to confirm a complete medical abortion. Epsom Day Unit will attempt to contact and chase an HCG results multiple times to ensure an abortion has been completed. However, occasionally there will be women that are non-compliant with follow-up and then will be subsequently discharged (back to the community).

The woman will be advised to arrange a follow up appointment with their community practitioner within 14 days of the medical abortion. Follow up within the community should include checking the completion of abortion through follow up HCG's, assessing for any symptoms of retained products of conception or infection (ongoing heavy bleeding, clots, pain) and investigate/treat or refer if required.

Bleeding

Bleeding is an expected part of the abortion process; this may be heavy whilst taking the medical abortion medication generally exceeding usual menstrual blood loss. The bleeding should subsequently reduce after the pregnancy tissue has been expelled and can be observed as similar to menstrual bleeding or less. The mean duration of bleeding is 14 – 17 days; however, some women may have light bleeding/intermittent spotting until their next period. Expected return of a period is usually within 4-6weeks, however please note that some contraceptives used after an abortion may change this.

While bleeding is an expected side effect, excessive bleeding causing a clinically significant change in hemoglobin is uncommon, as is the need for transfusion or surgical intervention.

Acute hemorrhage, prolonged heavy bleeding with reported symptoms of orthostatic instability warrant prompt evaluation and may be indications for immediate surgical evacuation. Contact the Gynae registrar on call.

Abdominal pain and cramping

Pain resulting from uterine cramping during the abortion process is expected. Persistent pain warrants evaluation of the underlying cause such as infection or for ectopic pregnancy if the pregnancy is very early and this has not yet been able to be excluded.

Infection

Infection is uncommon in medical termination, but should be considered in all women presenting with prolonged fever and pain or systematic un-wellness. A fever of 38 degrees C or higher that persists for several hours despite the use of antipyretics, or develops days after Misoprostol use, may indicate infection and should be evaluated accordingly. To prevent infection, it advised to avoid inserting anything inside the vagina including sexual intercourse, fingers, internal sanitary items and water (i.e. baths, swimming) for 14days. She will be advised to abstain from sexual intercourse or putting anything in her vagina until the bleeding has stopped.

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Classification number: WH107 (Review date: September 2021)
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