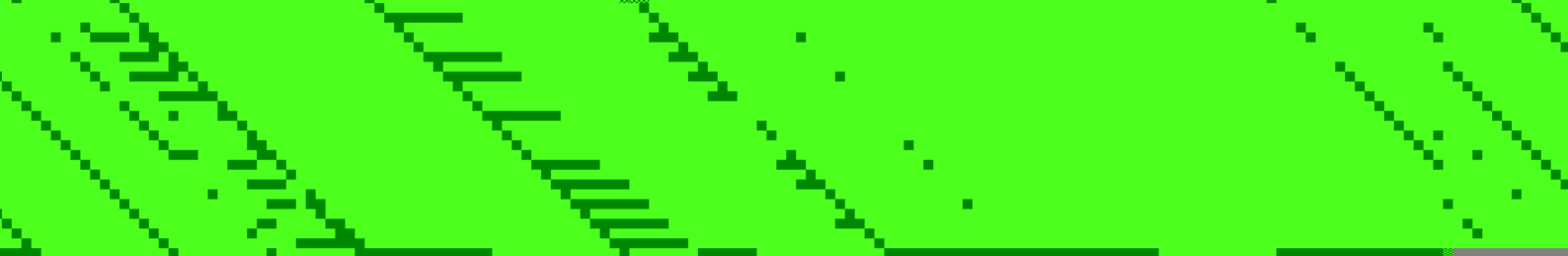


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General Information on Abortions

The following information applies to all abortions, and so has not been included in the tables

To reduce the chances of infection, do not insert anything into your vagina for 1 week. This includes tampons, menstrual cups, fingers, or having vaginal intercourse. No swimming or

Choosing an abortion method: early gestations

You may have a choice between an early medical or surgical abortion. Here's a summary of the main differences between them. The following information is a guide only. The procedure can vary between providers. Your abortion provider will discuss what to expect with you.

Early medical abortion: Australia: up to 9 weeks (63 days),
Aotearoa New Zealand: up to 10 weeks (70 days)

Early surgical abortion: up to 14 weeks pregnant

1. Also known as?

- Early first

Early medical abortion: Australia: up to 9 weeks (63 days),
Aotearoa New Zealand: up to 10 weeks (70 days)

Early surgical abortion: up to 14 weeks pregnant

4. How long does it take?

Early medical abortion: Australia: up to 9 weeks (63 days),
Aotearoa New Zealand: up to 10 weeks (70 days)

Early surgical abortion: up to 14 weeks pregnant

13. Why do some women dislike this method of abortion, compared to another method?

- It takes several days to complete the process, and the length of the procedure cannot be predicted.
- Cramping and bleeding can be more severe and last for longer than with a surgical abortion.
- The chance of failure is slightly higher and increases with how long you've been pregnant.

- This is a surgical procedure. A clinician must insert instruments inside the womb. The vacuum aspirator may seem noisy.
- Anaesthetics and drugs to manage pain during the procedure may cause **side effects**.
- You have less control over the process and who is with you during the procedure.
- You will have to fast before the procedure.

What is important to you, and how important is it?

- Think about what is important to you so far (advantages and disadvantages)
- Read the contents of each box (some advantages have been written as an example to get you started)
- Write any other advantages for you in the space provided for 'Your Ideas'
- Place a **J** in the box which shows how important each benefit is for you

Early medical abortion

Choosing an abortion method: later gestations

You may have a choice

Later medical abortion: Australia: from 9 weeks (63 days),
Aotearoa New Zealand: from 10 weeks (70 days)

Later surgical abortion: from 14 weeks pregnant

12.

Decision Aid: user guide and data sources

Recommendation 1 of the [RANZCOG Clinical Guideline on Abortion Care](#) states:

Recommendation 1

Evidence based recommendation

Conditional

Decision Aid: user guide and data sources

This decision aid was developed by the RANZCOG Research and Policy Team in consultation with the RANZCOG Abortion Guideline Development Group and RANZCOG Consumer Network Working Group respectively, and approved by the RANZCOG Women's Health Committee. This decision aid will be reviewed and if necessary, updated as part of the update process for the abortion guideline to which it relates. This decision aid was in part informed by patient information from the DECIDE National Abortion Telehealth Service group in Aotearoa New Zealand and has been reproduced here with permission. The decision support format in this decision aid was modelled on the decision-aid booklet by Allison Shorten (2000; 2006; 2011) and adapted with permission.

This decision aid on abortion is informed by the evidence review on medical versus surgical abortion for the [RANZCOG Clinical Guideline on Abortion Care](#).

There is some overlap in gestational age inclusion for the evidence sources which inform the first trimester and second trimester decision aids. Information regarding gestational limits for types of abortion is drawn from legislative and medication licensing requirements in Australia and Aotearoa New Zealand.

Other information in the decision aid was developed by consensus, based on the Abortion Guideline Development Group's expertise.

Abortion not completed with intended method

It is unclear whether medical abortion increases or decreases the rate of abortion not completed with intended method compared to surgical abortion (vacuum aspiration).

Complications

- Infection: Infection is a very rare event in EMA in Australia occurring in 1 in 900 women.
- Haemorrhage requiring transfusion: Haemorrhage requiring transfusion is a very rare event in EMA in Australia occurring in 1 in 780 women.

Incomplete abortion with the need for surgical intervention

The number of abortions completed by intended method is lower with medical abortion than surgical abortion.

Complications

- Infection within 1 month of procedure: It is uncertain whether infections are increased or decreased with medical abortion or surgical abortion.
- Haemorrhage >500ml or requiring transfusion: It is uncertain if infection is increased or decreased with medical abortion compared to surgical abortion.

References

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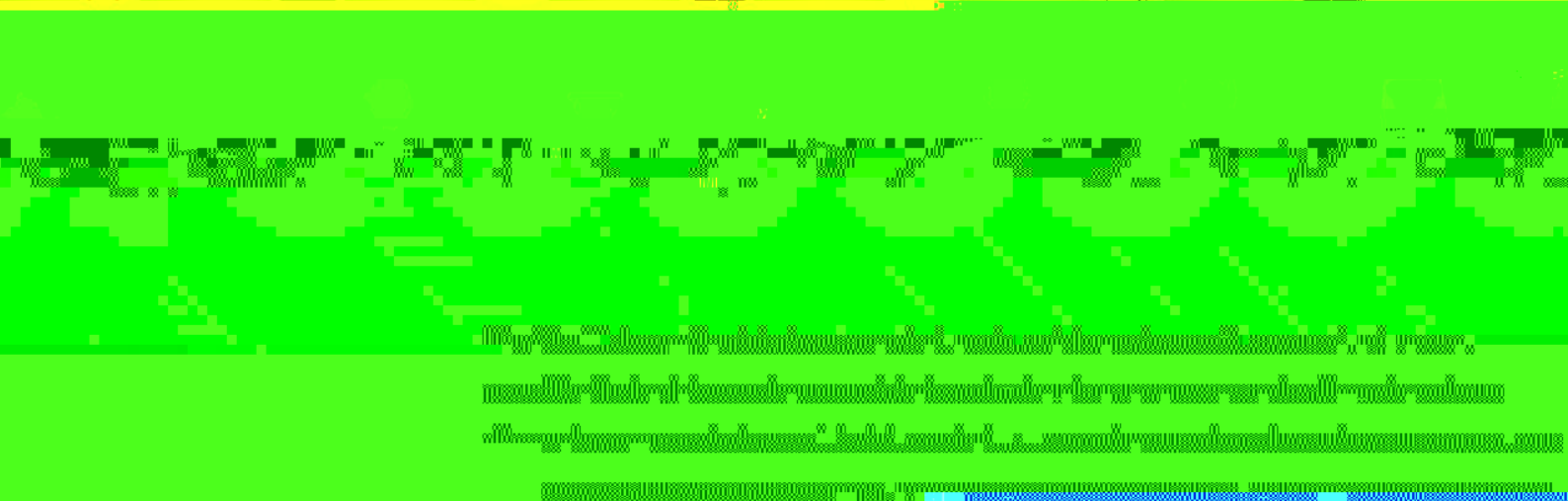
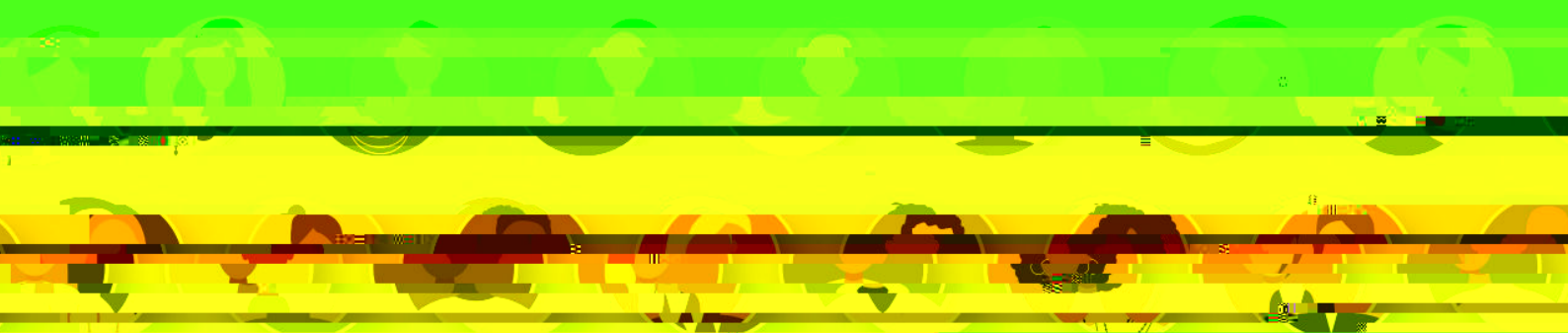
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