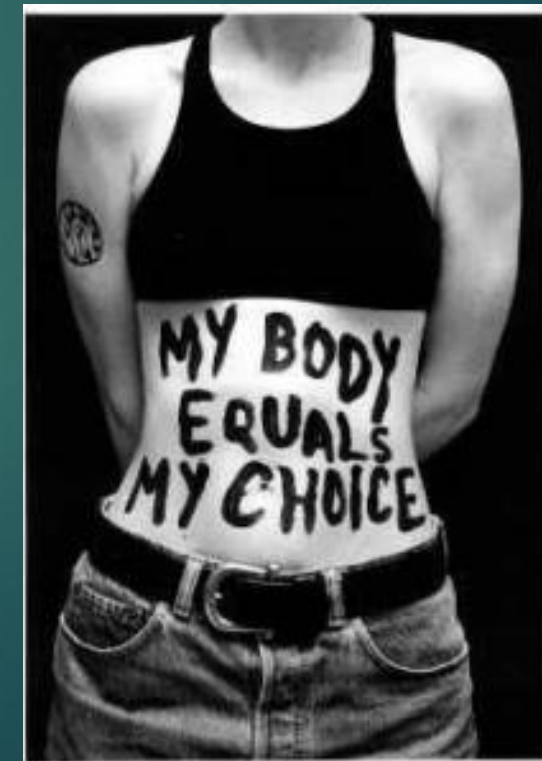


What are
the issues for
unplanned
teen
pregnancy?

Dr Gillian Gibson, Service
Clinical Director, Epsom Day
Unit



47,000
WOMEN DIED
FROM
UNSAFE
ABORTIONS
IN 2008
ACCORDING TO THE WORLD
HEALTH ORGANIZATION



Abortion Legislation in NZ overseen and administered by the Abortion Supervisory Committee



Abortion is illegal in New Zealand unless statutory requirements met



TWO certifying consultants

Both doctors agree that continuing the pregnancy would result in serious danger to a woman's mental or physical health.

- 98% of TOPs in NZ are for mental health indications



Governed by THREE laws:

Contraception, Sterilisation and Abortion Act 1977 (and amendments)

Crimes Act 1961

Care of Children Act 2004

New Zealand Parliament
rejects petition...but
recommendations for post
procedure care

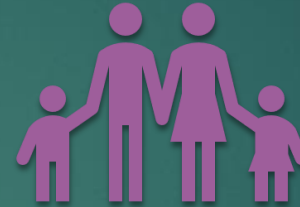
▶ In 2015 Hillary Kieft led a parental group
petition for the government to approve
mandatory parental notification for girls
under 16 years of age



Care of Children Act 2004



Section 38 of the Care of Children Act 2004 determines that a young woman under the age of 16 can consent to an abortion but she must still go through the process outlined under the CS&A 1977.



“Gillick Competence”

Child 16 years or younger is able to consent to her own medical treatment without the need for parental permission.

TOP laws - Crimes Act 1961

▶ Under 20 weeks

- ▶ serious danger to life
- ▶ serious danger to physical health
- ▶ *serious danger to mental health*
- ▶ any form of incest or sexual relations with a guardian
- ▶ mental sub normality
- ▶ foetal abnormality (added, July 1978 amendment)
- ▶ Other factors that aren't grounds but are taken into account
 - ▶ Extremes of age
 - ▶ Sexual violation (previously called rape)

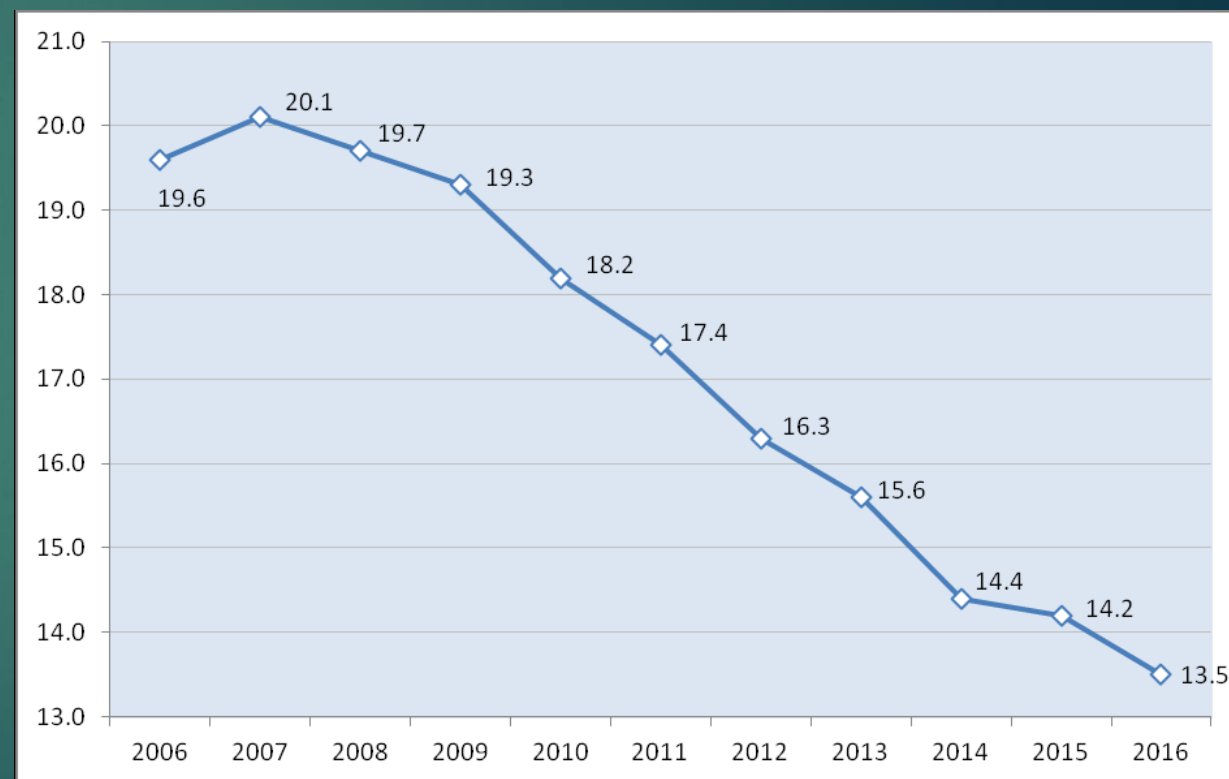
▶ Over 20 weeks

- ▶ To save the life of the mother
- ▶ To prevent serious permanent injury to the physical or mental health of the mother



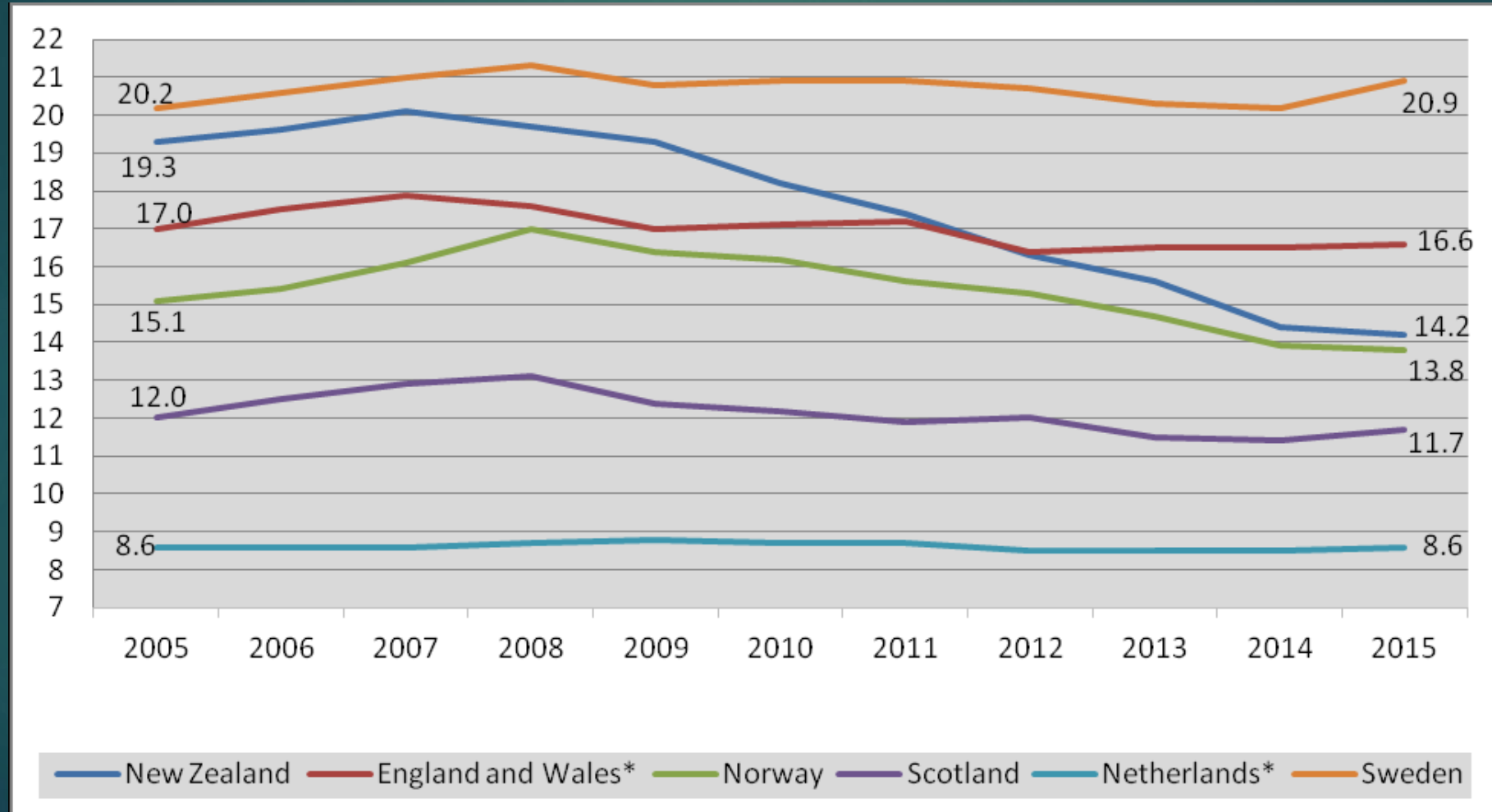
Total number of abortions in NZ fall over decade

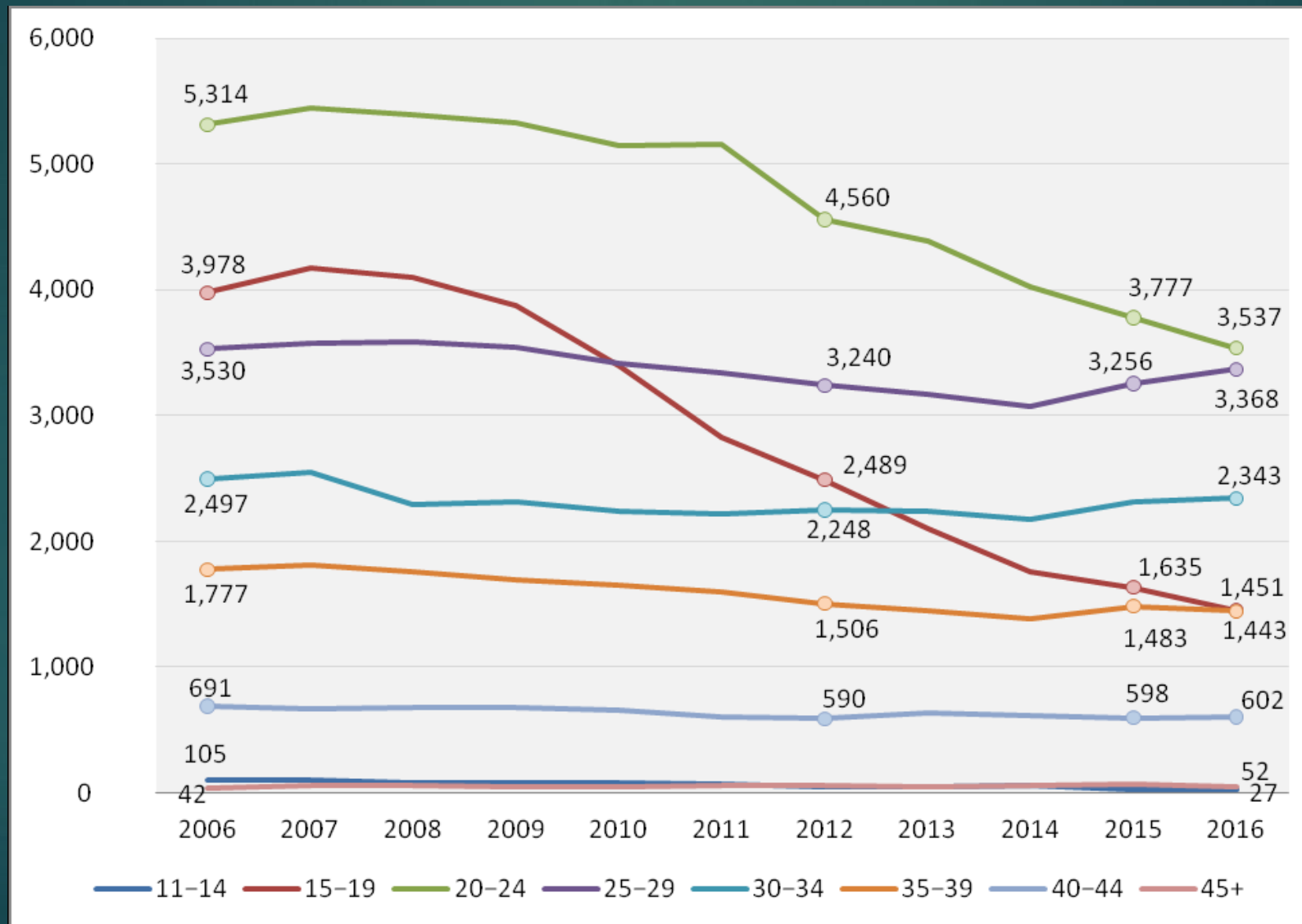
2006-2016 (ASC 2017)

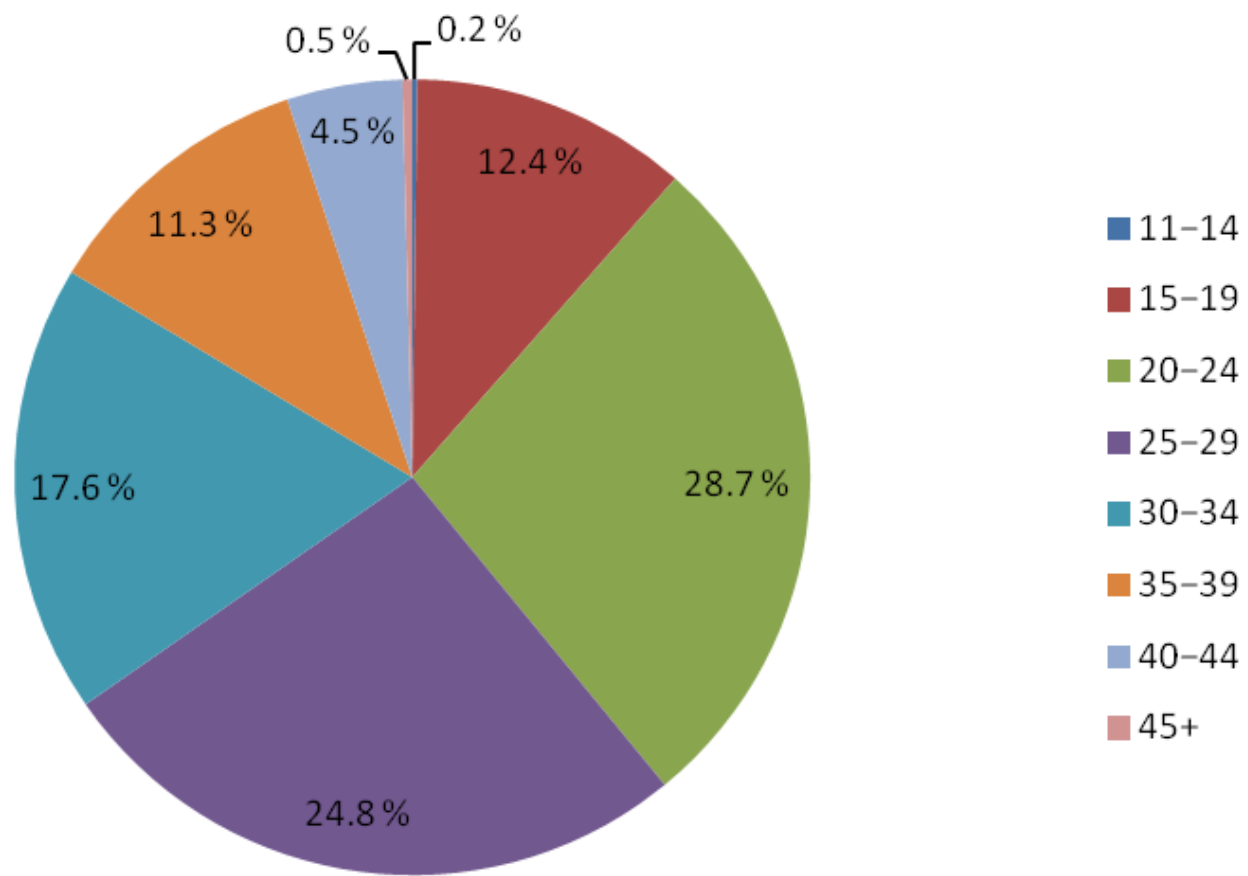


General Abortion Rates in Selected Countries

2005-2015 (ASC 2017)





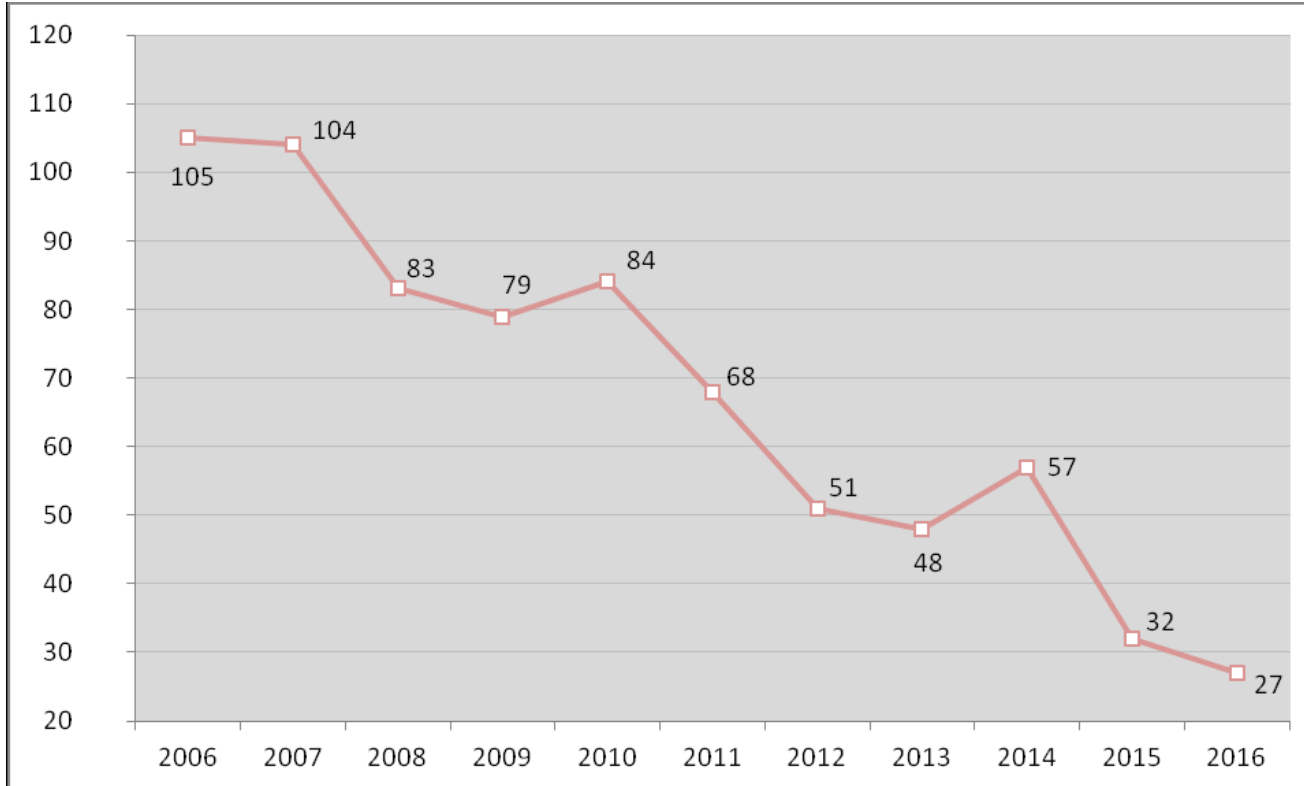


Number of
Abortions by
Age in
Percentages

December Year
2016 (ASC 2017)

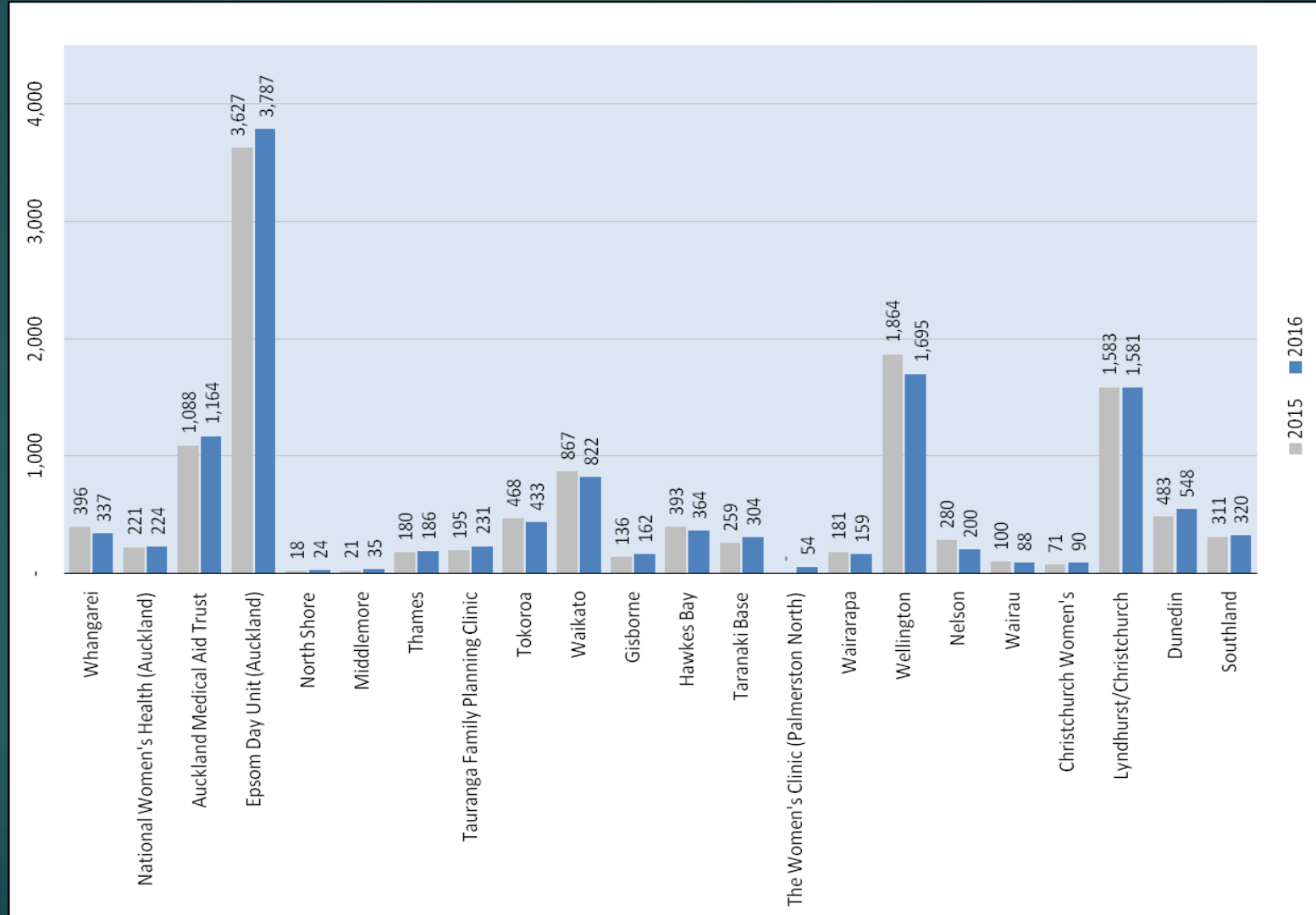
Number of Abortions for Ages 11-14

2006-2016
(ASC 2017)



Number of Abortions by Hospital

December Years 2015 & 2016 (ASC 2017)



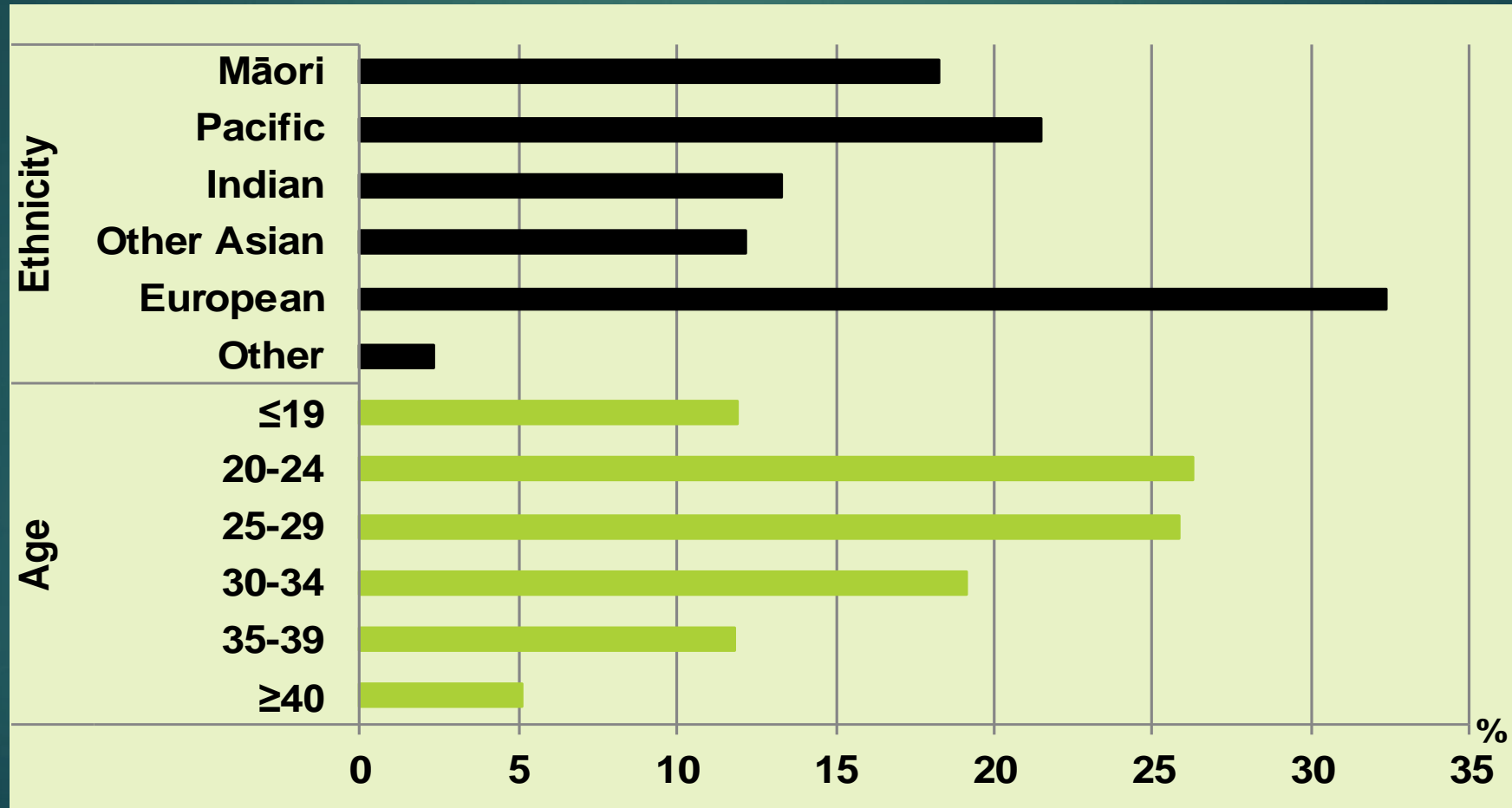
Auckland Regional first trimester abortion service

- ▶ Epsom Day Unit
- ▶ Greenlane Clinical Centre
- ▶ Regional- Auckland central, Counties, Waitemata
- ▶ Total number > 3500 per annum
- ▶ Medical and surgical abortion
- ▶ Small increase in numbers 2017
- ▶ Two visits the norm
- ▶ Single operating theatre
- ▶ Adolescent: 19 years and under
- ▶ n=437
- ▶ 12% of total abortions at EDU



Demography of women having a first trimester termination of pregnancy NWH 2017

Annual Clinical Report

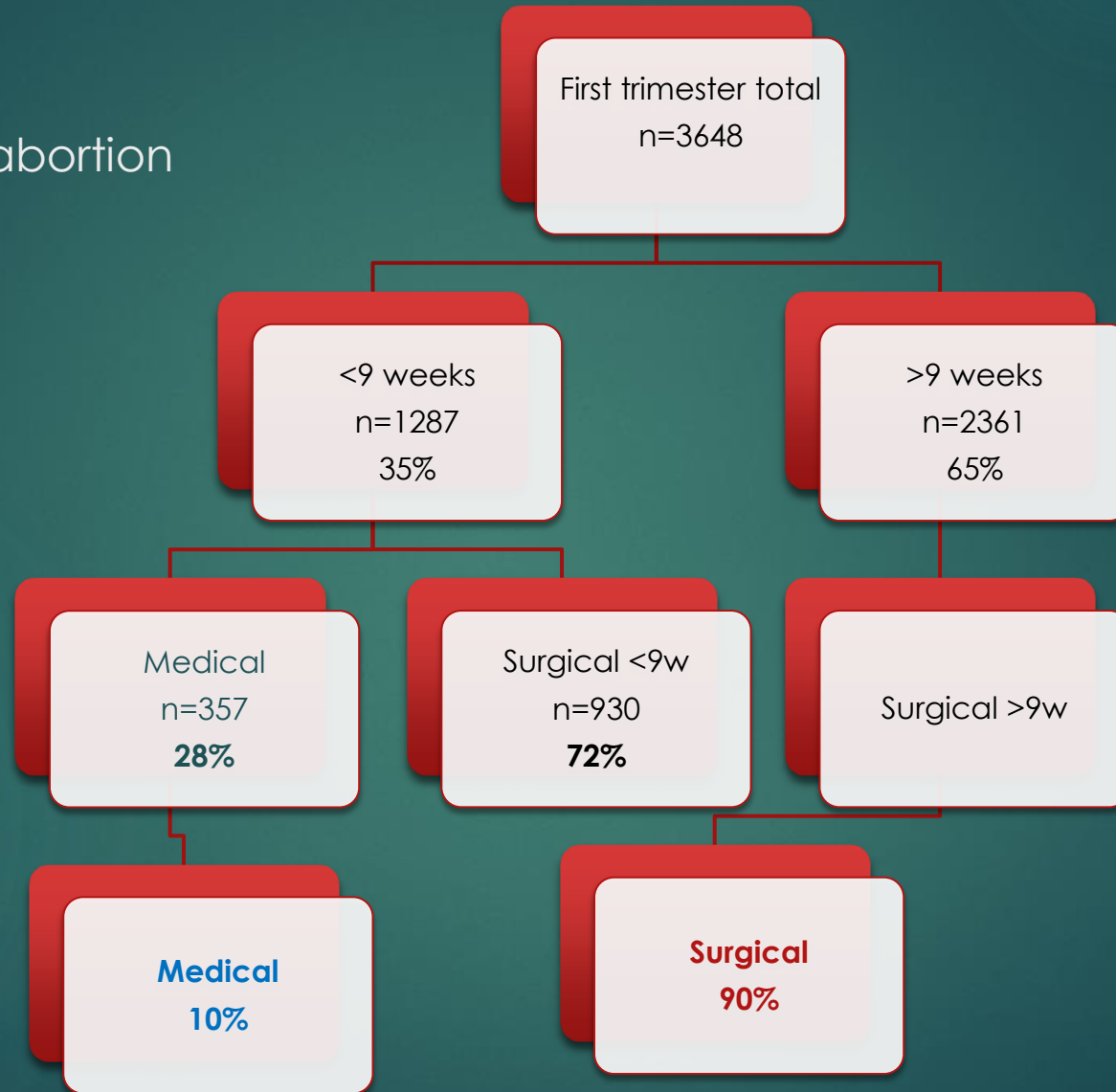


Epsom Day Unit
2017

Medical and surgical abortion

MTOP rate
< 9 weeks
only 28%
of eligible
population

First trimester
MTOP rate
is low





Model of care

Medication abortion

RCOG:

“Method of
choice up to 9
weeks”

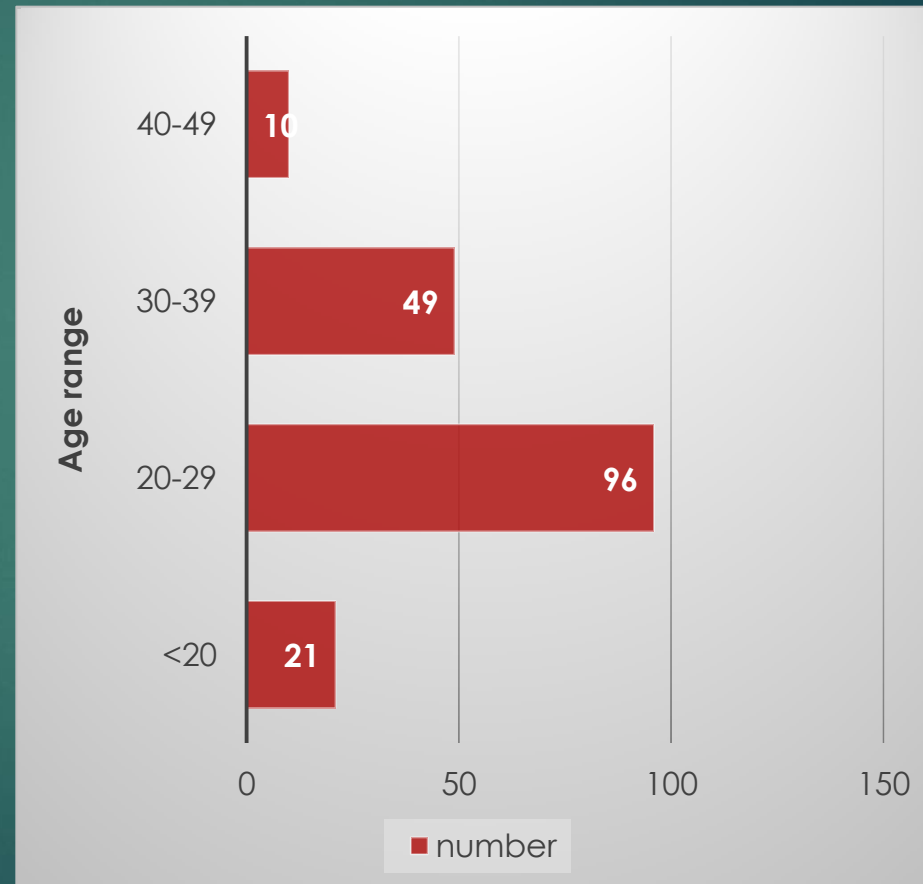
62%

Abortion Statistics,
England and Wales:
2016

Early medical abortion at Dunedin Hospital

KAung and Cdevenish RANZCOG ASM poster

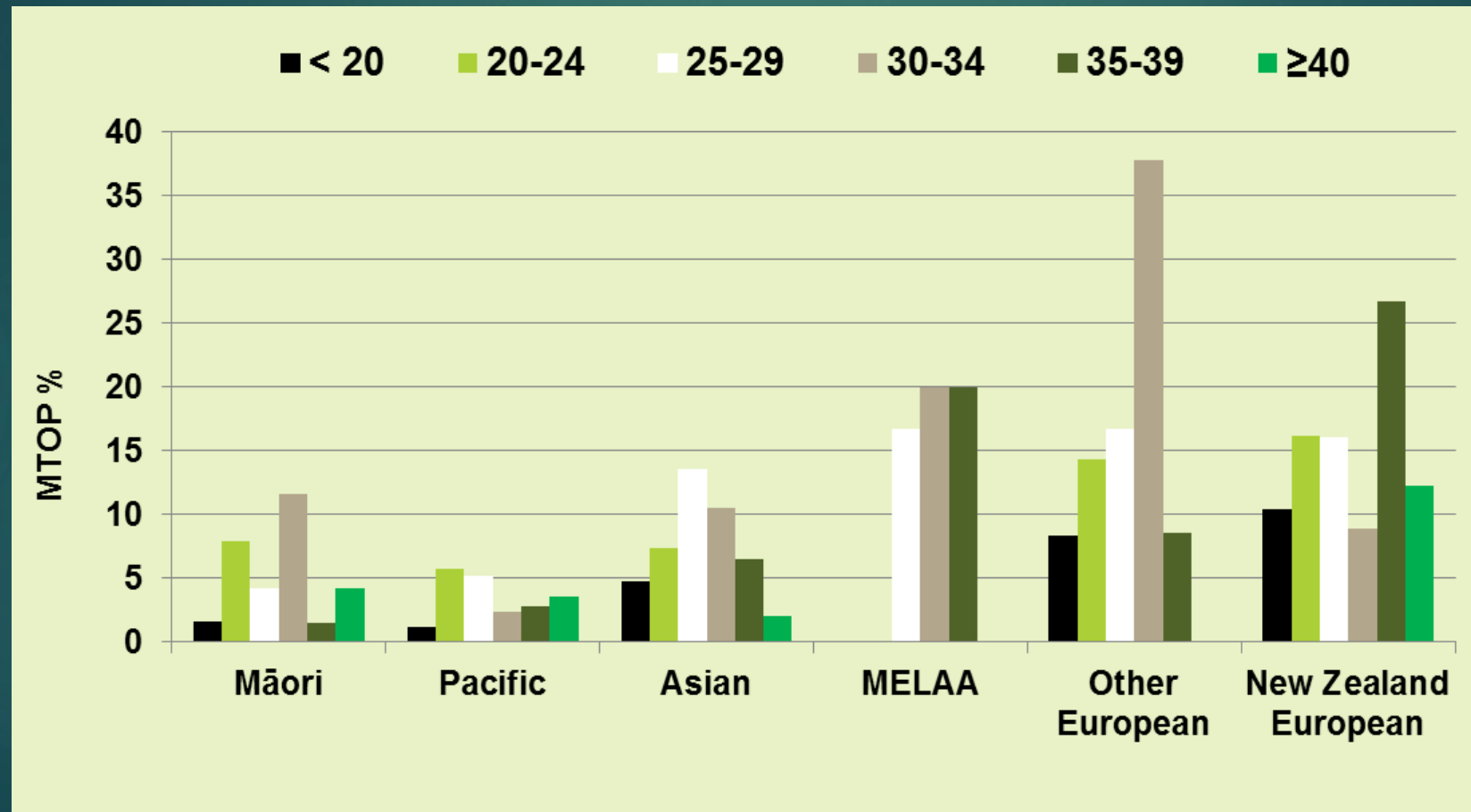
- ▶ Retrospective 12 months 2017
- ▶ 500 TOPs per annum
- ▶ 280 referrals under 9 weeks gestation
- ▶ 243 of primary care and 37 self-referral
- ▶ 83 had STOP
- ▶ 176 underwent MTOP =
70% MTOP rate



EDU MTOP rate among first trimester TOP by age and ethnicity 2017

Annual Clinical Report

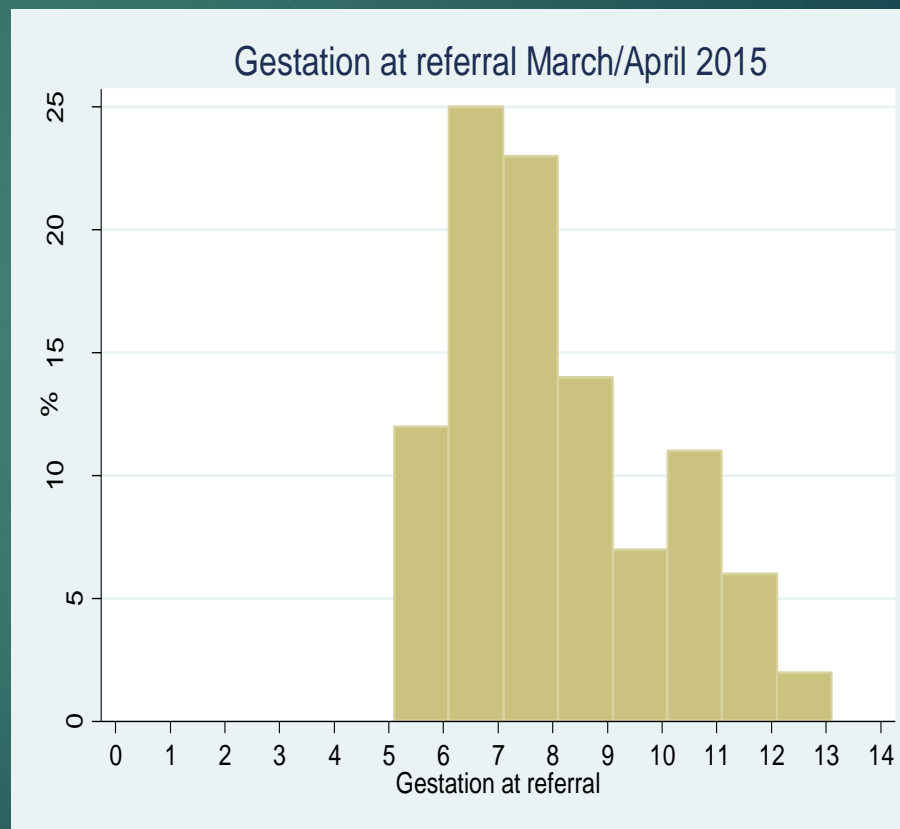
Adolescents least likely to choose MTOP
(Maori and Pacific lowest uptake 4-6%)



Epsom Day Unit

TI QI project 2015

< 9 weeks
at referral
~70%



Medication abortion

up to 9 weeks gestation

Mifepristone 200mcg

48hours later
misoprostol 800mcg

It is safe and
acceptable to
complete the abortion
at home

adequate support
strategy and robust
follow-up arrangements

90% pass POC within 4-6
hours of misoprostol

bHCG follow up to
check completion

Repeat medication or
suction curettage in 5%
of cases

Haemorrhage <1%

Failed abortion 0.4-0.8%

Must be given clear
written advice about
how and when to seek
medical advice during
the process of their
termination

Medical vs Surgical abortion

Advantages MTO

Sooner

Safer

Privacy

More natural

Less cost to
service

Depo or Implant



Disadvantages MTO

- Longer procedure (bleed + pain)
- Unpredictable
- Not available at weekend
- STOP can be same day
- May not have support at home
- Follow up BHCG
- 5% further treatment
- Failure rate similar to STOP
- Delay for IUCD insertion

EDU

Investigations for first trimester abortion



- ▶ Dating ultrasound:
 - ▶ To confirm IUP
 - ▶ To ensure viable ongoing pregnancy
- ▶ Swabs: STI screen +/- BV
- ▶ Blood test
 - ▶ First antenatal screening bloods
 - ▶ Including rhesus status



Information/ resources

.

Models of care

Telemedicine

- ▶ Victoria Australia
Central referral service
“1800 My Options”
- ▶ United Kingdom
“WoW” Women on Web



www.abortion.org.nz
nationalwomenshealth.adhb.govt.nz
[abortion.org.nz>providers>auckland](http://abortion.org.nz/providers/auckland)

- ▶ [Abortion Services in New Zealand](#)
- ▶ abortion.org.nz
- ▶ We're here to provide impartial information on the abortion services available throughout New Zealand, and how to access them.
- ▶ [Abortion Procedures](#)
- ▶ There are two main methods of abortion: medical abortion involves taking pills to end ...
- ▶ [Medical Abortion](#)
- ▶ Medical abortion uses pills rather than surgery. Early medical abortion is more like a natural ...
- ▶ [What to Do](#)
- ▶ A step-by-step guide to getting an abortion. Have a pregnancy test Discuss with a ...
- ▶ [Surgical Abortion](#)
- ▶ Surgical abortion by vacuum aspiration is a minor procedure taking a few minutes, ...
- ▶ [Provider Locations](#)
- ▶ Wherever you live in the country there will be an abortion provider allocated to care for ...
- ▶ [Hide My Visit](#)
- ▶ Hide my visit. If you want to keep your visit to this website private, choose your browser ...
- ▶ [Hormonal Methods](#)
- ▶ Hormonal methods. Combined contraceptive pill. The pill is very effective. It contains two ...

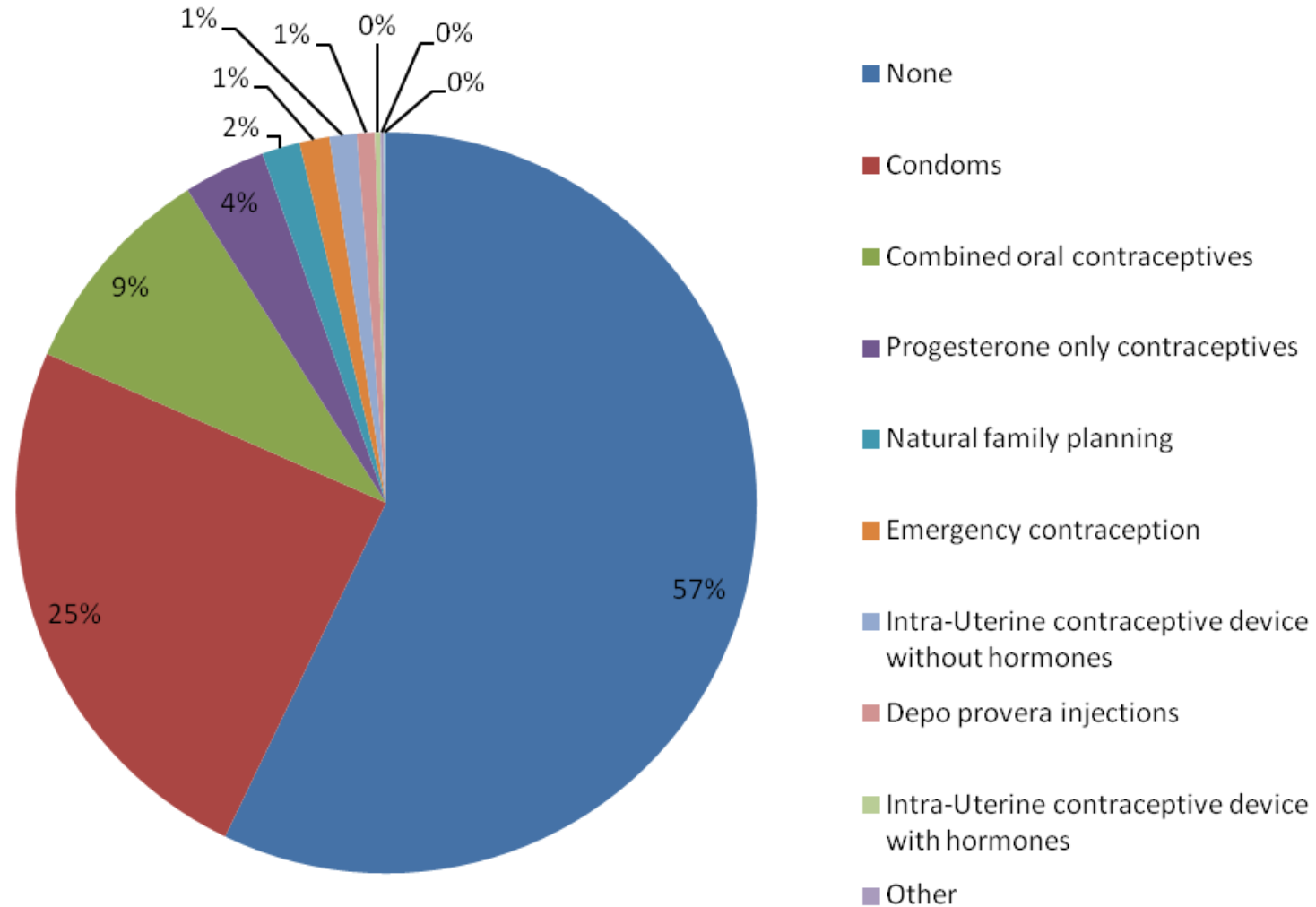


Contraception

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Percentage of Abortions by Contraception Used

December Year 2016 (ASC 2017)

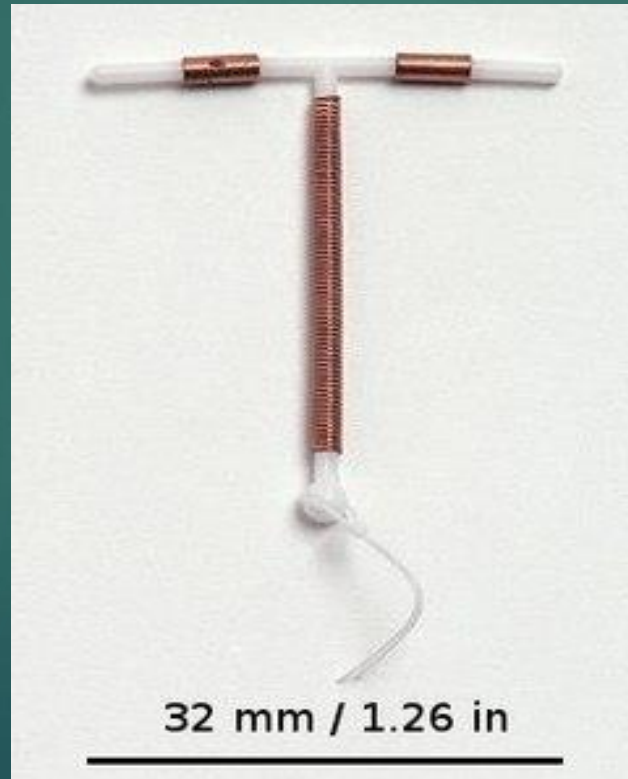


Method of contraception on discharge

ASC 2017-Auckland-all age groups

POST ABORTION CONTRACEPTION(%)

LARCs	56
PILL	18
CONDOM	14
nil/other	15
TOTAL	100



LARCs used (%) Epsom Day Unit 2017

IUCD Copper	55
JADELLE	22
MIRENA IUS	12
DEPO INJ	11
TOTAL	100



Conclusion

-

How to better care for teens with unplanned pregnancies?

Choice

Information resource

Range of entry points

Self or direct referral

Web based information

Confidential

Without parent's knowledge

Telemedicine

Early referral

<63 days gestation for MTOP

Counselling pre- and post abortion

Non-judgemental

Depression & suicide teens at risk

Access

Community based

Model of care

Abortion Supervisory Committee
recommendation for local DHB service

Legal requirements

Promote medical abortion

7 days a week

One day system for STOP

Improved outpatient facility

Transport options

ADHB taxi chits

Community health workers

Low cost

On site investigations

Quality

Culturally appropriate

Express manaaakitanga

Expert workforce

High school based health service

Family Planning Association

Nurses, social workers, General Practitioners

Specialist O & G training

Adult support

Parents may not be involved

What if there are complications

Contraception/sexual health

Funded Mirena IUS

Condom packs

Implants in stock

Thank You-
any
discussion?

Acknowledgments

- ▶ Lynn Sadler
- ▶ Marjet Pot
- ▶ Celia Devenish
- ▶ Staff at Epsom Day Unit
- ▶ Feroza Wiseman