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Abortion Decision Aid

An information tool to guide the discussion about whether to have a medical or a surgical abortion

THE ROYAL AUSTRALIAN
AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS
AND GYNAECOLOGISTS

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Introduction

Purpose of this decision aid

This decision aid is intended to be used to guide the discussion about deciding whether to have a medical or a surgical abortion.

How many weeks pregnant are you?

Before you make a decision, you will need to know how many weeks pregnant you are. Consider using an online calculator if you know when the first day of your last menstrual period was.

For an online calculator in Australia, see MSI Australia.
For an online calculator in Aotearoa New Zealand, see DECIDE National Abortion Telehealth Service.

If you don't know when your last menstrual period was, talk to a health professional to find out how many weeks pregnant you are. This will determine whether you are eligible for a medical abortion at home (up to 9 weeks [63 days] in Australia, and 10 weeks [70 days] in Aotearoa New Zealand), a later medical abortion (usually in a hospital or a specialist clinic), or a surgical abortion. Whether you are able to have a medical or surgical abortion will also depend on local service availability.

Sections of this decision aid

Definitions

A-Z of medical terms used in this decision aid.

Term	Interpretation/Definition
Abortion	Abortion is the removal of pregnancy tissue or the fetus and placenta from the uterus (womb)
Anaesthetic	The use of medicines to prevent pain during surgery and other procedures
Cervix	The lower, narrow part of the womb (uterus), that connects the womb and the top of the vagina
Dilatation and evacuation (D&E)	A surgical procedure in which the cervix is dilated, followed by the removal of tissue using surgical instruments (forceps) and a vacuum (suction)
Mifepristone	A tablet used for abortion
Misoprostol	A tablet used for abortion
Sedation	Medicine to make you drowsy
Telehealth	Healthcare conducted via telephone or video link

General Information on Abortions

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

When can I resume activities such as work and exercise?

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 baths for 7 days. As soon as you feel well enough, you can do your normal activities and exercise.

What symptoms could I have?

Nausea, vomiting and diarrhoea occurs in about 1 in 10 women following either a medical or surgical abortion.

How much does it cost?

In Aotearoa New Zealand: Abortion is free to Aotearoa New Zealand citizens and residents. Non-residents need to pay for abortion, and prices vary depending on how far into the pregnancy you are at the time of the abortion, the method of the abortion and where you have the abortion.

In Australia: The costs of an abortion vary depending on whether you are eligible for Medicare, how far into the pregnancy you are at the time of the abortion, the method of the abortion, whether you see a public or private provider, and where you have the abortion. Some public hospitals, community health services and GP clinics will have lower or no fees.

Will this affect my ability to have children in the future?

There is no change to your fertility as long as the procedures are uncomplicated (which most are).

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 trimester medical abortion. • Early medical abortion (EMA). • The abortion pill. • Medical Termination of Pregnancy (MTOP).	• First trimester surgical abortion. • Vacuum aspiration. • Suction termination. • Surgical Termination of Pregnancy (STOP).
2.	How far along in the pregnancy can I be?	• In Australia: Up to 9 weeks (63 days) pregnant. • In Aotearoa New Zealand: Up to 10 weeks (70 days) pregnant.	• Up to approximately 14 weeks pregnant.
3.	Where can I have the abortion?	• You may see a health professional in a clinic and receive two medicines (tablets) to take at home. • Telehealth: you may talk to a health professional on the phone/computer and then collect the medicines from a pharmacy, clinic or get them sent to you by courier. • The abortion happens at home. • You should be at a place within 2 hours of a hospital or medical facility. Some women who live in very remote locations may need to make arrangements to stay closer to a facility from the time they take the first tablet until after the pregnancy tissue has been passed, usually 48-72 hours later.	• With a doctor in a hospital or community clinic. • The abortion happens in the clinic.

		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?	• Usually at least one consultation with the health professional. • Most women take maximum of three days for the treatment. • Day 1: Take first tablet (mifepristone), and possible blood test. • Day 2-3: Second tablet (misoprostol) taken 24 to 48 hours after first tablet. • Day 2-4: Pregnancy tissue passes and recovery at home (several hours or days).	• The abortion is usually completed in a single visit to the clinic that takes up to 6 hours, but can involve more than one visit. • You may be required to take the tablet before the procedure (either by mouth or placed in the vagina) which helps the cervix to open, making the abortion procedure easier. • The abortion itself takes 5-10 minutes but you will spend 1-3 hours at the clinic afterwards recovering and being monitored.
5.	Do I need to have a follow-up appointment after the abortion?	Follow-up is recommended to ensure there are no complications and that the procedure has worked. This may entail a blood or urine test 2-3 weeks after the abortion with an assessment which can be by telephone.	Follow-up is not always required but may be arranged with the abortion provider or your primary care doctor.
6.	How painful is it?	Pain is usually more than a typical menstrual period, but should diminish once the pregnancy has passed and the strongest pain does not usually last longer than 24 hours. • You'll be given pain relief to take at home to help with the pain. Take this before you feel any pain, usually with the second tablet (misoprostol).	The tablet used to open the cervix can cause mild-moderate cramping. During the abortion, you have the following options for pain relief: • local anaesthetic injection into your cervix – you may experience mild to strong cramping. • local anaesthetic injection into your cervix PLUS sedation by intravenous injection – to make you sleepy, and you may not remember anything or be aware. • deep sedation or general anaesthetic (this may not always be available) – you will be fully asleep during the operation and will not remember anything or feel pain.
7.	How much bleeding will I notice?	Bleeding might start after taking the first tablet. • After taking the second tablet expect moderate to heavy bleeding within 2-6 hours and possibly clots to pass the pregnancy. • Bleeding is usually more than a typical menstrual period. • Usually women experience light to moderate bleeding after the abortion, which might last up to four weeks. • If no bleeding has occurred within 24 hours after taking the second tablet, you should contact your abortion provider as soon as possible. *If the bleeding is heavy (more than two maxi-pads an hour for two hours or passing clots larger than a tennis ball) you should ring your abortion provider, your doctor, or an ambulance.*	Usually women experience light to moderate bleeding, which usually settles within a few days. Bleeding might last up to four weeks.

		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
8.	Can I drive after the procedure?	You can drive as soon as you feel comfortable to, usually the next day.	If you have had sedation or an anaesthetic then you should not drive for 24 hours after the abortion.
9.	Will I see the pregnancy tissue?	You may see the pregnancy tissue as it passes.	You will not usually see the pregnancy tissue, unless you want to.
10.	How safe is it?	Both types of abortion are very safe. Serious complications are very rare. There's a higher risk of complications in women who have a scar on the uterus (womb) from previous surgery(e.g. from a caesarean birth). Talk to your healthcare professional to determine the risks for your personal circumstances, and whether other tests are necessary such as an ultrasound. Rate of complications: about 1 woman in every 1000 has a serious complication. • Infection – about 1 per 1000 women. • Severe bleeding – about 1 per 1000 women.	Rate of complications: about 1 woman in every 1000 has a serious complication. • Infection – about 1 per 1000 women. • Severe bleeding – less than 1 per 1000 women. • A hole or scar within the uterus (womb) from the surgery – about 1 per 1000 women.
11.	How likely will I need more treatment after the abortion?	For every 100 early medical abortions, 7 are incomplete and may require taking more tablets or surgery to remove the pregnancy tissue. This is slightly higher than a surgical abortion.	For every 100 women having a surgical abortion, about 3-4 are incomplete and may require taking more tablets or repeat surgery to remove the pregnancy tissue.
12.	Why do some women choose this method of abortion over another method?	• It can be carried out very early in pregnancy. • It may feel more natural, like a miscarriage. • You can self-manage your abortion, giving you a feeling of autonomy and control over your body. • It can happen in the comfort, privacy and familiarity of your home with support from your friends and family. • No anaesthesia is required, some women prefer to be awake/avoid general anaesthetic/sedation. • It reduces the time and costs of travel as is available from GPs and pharmacies or by telehealth. • There's no surgical procedure (unless it fails).	• It can be done later in pregnancy. • The actual procedure is quick, usually about ten minutes. • It is slightly more successful than a medical abortion (97%, compared to 93%) • For most women, there's less pain than a medical abortion. • Medical staff are present. • There's less bleeding compared to a medical abortion. The patient does not have to see pregnancy tissue, unless they want to. • Some women prefer to be asleep for the procedure.

		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?

Step 1:

- 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 ✓ in the box which shows how important each benefit is for you

Early medical abortion

Australia: up to 9 weeks (63 days)
Aotearoa New Zealand: up to 10 weeks (70 days)

	Not Important	Moderately Important	Very Important
Can be at a private place, such as your home			
Appointment can be via telehealth			
Can be self-managed			
No anaesthesia is required, but oral pain relief can be given			
There's no surgical procedure			
Your Ideas:			

Early surgical abortion

Up to 14 weeks (98 days)

	Not Important	Moderately Important	Very Important
Can be done later in the pregnancy			
The procedure itself only takes 5-10 minutes and time in hospital or clinic to recuperate is up to 6 hours			
It can be less painful than a medical abortion			
Don't see pregnancy tissue unless you choose too			
Less likely to need repeat treatment			
Your Ideas:			

Step 2:

Next place a ✓ on the below scale to show which way you are leaning:

- Preferring a medical abortion (tick near the left end)
- Preferring a surgical abortion (tick near the right end)
- Somewhere in the middle of these two choices (tick in the middle)

Prefer medical abortion ◀ ◀ ◀			Unsure			▶ ▶ ▶ Prefer surgical abortion

Tick ✓ somewhere along the scale depending how strongly you feel your preference is

Choosing an abortion method: later gestations

You may have a choice between a 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.

At later gestations, availability of options vary locally and you should speak to your abortion provider about what is available.

The upper limit of pregnancy for when you can access an abortion varies by where you live. For a summary of these, see the “Regulatory and legal requirements” chapter of the RANZCOG Clinical Guideline on Abortion Care.

		Later medical abortion: Australia: from 9 weeks (63 days), Aotearoa New Zealand: from 10 weeks (70 days)	Later surgical abortion: from 14 weeks pregnant
1.	Also known as?	• Second trimester medical abortion. • Multiple doses of the abortion pill. • Medical Termination of Pregnancy (MTOP). • Labour induced abortion.	• Second trimester surgical abortion. • Dilatation and evacuation (D&E). • Surgical Termination of Pregnancy (STOP).
2.	How far along in the pregnancy can I be?	• In Aotearoa New Zealand: no limit but beyond 20 weeks requires two doctors to agree. • In Australia: This varies between states and territories.	• In Aotearoa New Zealand: If you are up to 19 weeks and six days of pregnancy you can have a surgical abortion although it may vary according to the provider. You may need to travel to a medical centre that provides this service. • In Australia: This varies between states and territories.

		Later medical abortion: Australia: from 9 weeks (63 days), Aotearoa New Zealand: from 10 weeks (70 days)	Later surgical abortion: from 14 weeks pregnant
3.	Where can I have the abortion?	• With a doctor in a hospital or specialist clinic. • The abortion happens in the hospital/clinic. You can go home after taking the first tablet. You will need to stay in the clinic or hospital after taking the second medicine until you pass the pregnancy tissue.	• With a doctor in a hospital or specialist clinic. • The abortion happens in the hospital/clinic.

4.	How long does it take?	• It uses the same tablets as those for an early medical abortion, however, increased doses are used, and it may take longer to work and require repeat doses.
		• Usually at least one consultation with the abortion provider, as well as the time in hospital when you are under the care of health professionals.
		• Most women at least three-four days for the abortion to be completed.
		• Day 1 - Take first tablet (mifepristone), and possible blood test. You can go home after this tablet.
		• Day 2-3: Second tablet(misoprostol) taken 24 to 48 hours after first tablet. Repeat doses of the second tablet are given, sometimes over several days. You will usually stay in the hospital after the second tablet until the pregnancy tissue passes.
			• Usually 1-2 visits with the abortion provider.
			• Before the procedure, the cervix is helped to open to make the procedure easier. This can be done in different ways, including 1 or more of the following:
			  • having matchstick-sized rods (called absorbent dilators) put into the cervix, either several hours before the operation or the day before. The rods swell over time, gently opening the cervix.
			  • taking a medicine either a few hours before the operation (either by mouth or placed in the vagina) or 1 to 2 days before, depending on the medicine used to open the cervix.
			• The abortion itself usually takes 10-20 minutes but you will spend 1-3 hours at the clinic after the abortion to recover and be monitored.

5.	Do I need to have a follow-up appointment after the abortion?	Follow-up is not always required but may be arranged with the abortion provider or your primary care doctor.	Follow-up is not always required but may be arranged with the abortion provider or your primary care doctor.
6.	How painful is it?	• A second trimester medical abortion is like having a labour. • The amount of pain will differ from person to person, but generally women report more pain the further along their pregnancy is. • Expect strong cramping off and on throughout the abortion (commonly 8 hours but might be longer). • You'll be given pain relief to take to help with the pain. This is started before you feel any pain.	• Some women find the placement of the dilators painful. A local anaesthetic is usually administered by injection to the cervix to help with the pain or this may be performed under sedation. • The tablet used to open the cervix can cause mild-moderate cramping. • The operation is done under deep sedation or general anaesthetic. • Most women having deep sedation will not remember anything and will not be aware during the abortion. • Women who have a general anaesthetic, will be fully asleep during the operation and will not remember anything.

		Later medical abortion: Australia: from 9 weeks (63 days), Aotearoa New Zealand: from 10 weeks (70 days)	Later surgical abortion: from 14 weeks pregnant
7.	How much bleeding will I notice?	• Heavy bleeding and clots to pass the pregnancy. • In a very small number of cases (about 1 in 300) it may be necessary to give a blood transfusion and other tablets to contract the womb. • Usually light to moderate bleeding after the abortion, which might last up to four weeks. *If the bleeding is heavy (more than two maxi-pads an hour for two hours or passing clots larger than a tennis ball) you should ring your abortion provider, your doctor, or an ambulance.*	• Usually there is light to moderate bleeding, which settles within a few days, although occasionally continue for up to four weeks.
8.	Can I drive after the procedure?	You can drive as soon as you feel comfortable to.	If you have had sedation or an anaesthetic then you should not drive for 24 hours after the abortion.
9.	Will I see the pregnancy tissue?	You may see the pregnancy tissue as it passes.	You will not usually see the pregnancy tissue, unless you choose to do so.
10.	How safe is it?	Both types of abortion are very safe. Serious complications are rare. There's a higher risk of complications in women who have a scar on the uterus (womb) from previous surgery (e.g. from a caesarean birth). Talk to your healthcare professional to determine the risks for your personal circumstances, and whether other tests are necessary such as an ultrasound. On average, for every 100 women having a medical abortion: • Between 1 and 10 women will have a severe bleed (so 90 to 99 will not). • A small number of women will have an infection within a month of the abortion.	On average, for every 100 women having a surgical abortion: • Between 1 and 10 women will have a severe bleed (so 90 to 99 will not). • A small number of women will have an infection within a month of the abortion. • A small number of women will have an injury to their cervix or uterus (womb). There is a small risk of a hole or scar within the uterus (womb) from the surgery – about 1 per 1000 women.
11.	How likely will I need more treatment after the abortion?	• Between 85% to 90% of later medical abortions are successful. • A number of women do not pass the placenta after the fetus and require a surgical procedure to remove this. • If it fails, taking more tablets or having a surgical abortion will be necessary.	• Usually successful (95-99%) but if it fails it will need to be repeated, or you will need to take more tablets.

		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.	Why do some women choose this method of abortion over another method?	• There's no surgery required (unless the abortion is incomplete or the placenta is retained). • No anaesthesia is required, some women prefer to be awake/avoid general anaesthetic.	• The actual procedure takes 15-20 minutes, longer at later stages of pregnancy. • It is more successful than a medical abortion (95-99%, compared to 85-90%). • For most women, there's less cramping and bleeding than with a later medical abortion (both during and after surgical abortion). • There's less bleeding than with a later medical abortion. The patient does not have to see pregnancy tissue, unless they want to. • Some women prefer to be asleep for the procedure.
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 severe and last for longer than with a surgical abortion. • The success rates are slightly lower than surgical abortion.	• 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?

Step 1:

- 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 ✓ in the box which shows how important each benefit is for you

Later medical abortion

From 9 or 10 weeks[1], cut-off varies by jurisdiction

	Not Important	Moderately Important	Very Important
No anaesthesia is required but a range of pain relief will be provided			
There's no surgical procedure (but you may require one if the placenta is retained)			
As a non-surgical procedure, there are no surgical risks associated with medical abortion			
You will have the choice to see the fetus following the completion of the procedure			
Your Ideas:			

Later surgical abortion

From 14 weeks, cut-off varies by jurisdiction

	Not Important	Moderately Important	Very Important
The procedure itself only takes 15-20 minutes and time in hospital or clinic to recuperate is 3-4 hours			
Less bleeding and cramping than a medical abortion			
Less likely to need repeat treatment			
Your Ideas:			

Step 2:

Next place a ✓ on the below scale to show which way you are leaning:

- Preferring a medical abortion (tick near the left end)
- Preferring a surgical abortion (tick near the right end)
- Somewhere in the middle of these two choices (tick in the middle)

Prefer medical abortion ◀ ◀ ◀	Unsure	▶ ▶ ▶ Prefer surgical abortion				

Tick ✓ somewhere along the scale depending how strongly you feel your preference is

[1] Australia: from 9 weeks (63 days), Aotearoa New Zealand: from 10 weeks (70 days).

Decision Aid: user guide and data sources

Background

Recommendation 1 of the RANZCOG Clinical Guideline on Abortion Care states:

Recommendation 1	Evidence based recommendation	Conditional

It is recommended that women who are seeking an abortion are provided with information on the following topics:

- Which tests may be required prior to abortion
- The different types of abortion procedure available depending on the gestation of the pregnancy, medical history and local service availability and choice
- The benefits and disadvantages of each option
- The steps involved in the procedure and what to expect
- What to expect if they choose to view pregnancy tissue following a medical or surgical abortion
- The options for pregnancy tissue management after the abortion procedure (acknowledging the cultural significance of this for many groups)
- What to expect in terms of pain and bleeding, and options to manage this
- The lack of association of abortion with increased risk of infertility, cancer, or mental health issues
- The options for psychological support, social services, and local cultural support services and resources available after the abortion procedure, as required
- Follow-up after abortion if indicated and signs of ongoing pregnancy
- Possible short- and long-term complications associated with abortion procedures, including an explanation of expected increase in these risks based on the specific patient's medical history (for example previous uterine surgery):
    - Anaesthetic complications
    - Severe bleeding. Refer to "Principles of post early medical abortion care" from the Royal Women's Hospital for information on abnormal or pathological bleeding patterns following an abortion.
    - Side effects of the medication
    - Damage to the uterus
    - Incomplete abortion
    - Ongoing pregnancy
    - Pelvic infection
- Contraceptive options available and timing of initiation following abortion.

GRADE of evidence: Low

Good Practice Point 1

The guideline development group recommends the use of a decision aid about abortion options.

Decision Aid: user guide and data sources

Developing the decision aid

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 *Birth Choices* decision-aid booklet by Allison Shorten (2000; 2006; 2011) and adapted with permission.

Sources of data

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.

Medical abortion versus surgical abortion before 14 weeks

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.

Medical abortion versus surgical abortion from 14 weeks and before 24 weeks

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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- *White K, Carroll E, Grossman D. Complications from first-trimester aspiration abortion: a systematic review of the literature. Contraception. 2015 Nov;92(5):422-38. doi: 10.1016/j.contraception.2015.07.013. Epub 2015 Aug 1. PMID: 26238336.*

- *National Guideline Alliance 140: [K]: Medical versus surgical abortion between 13+0 and 24+0 weeks' gestation. NICE Evidence Reviews 2019; Website accessed 16/02/2023*

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