

Fact Sheet

EARLY MEDICATION ABORTION: WHAT IS IT?

ABORTION
LAW
REFORM
ASSOCIATION
NEW ZEALAND

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About medical abortion

Medical abortion means a woman takes tablets to bring on a miscarriage.

Most abortions in New Zealand are surgical abortions – performed by doctors using instruments to open the cervix and empty the womb/uterus.

Pros and cons of medical and surgical abortion

Where medical abortions are available, they can be done at a very early stage of pregnancy. Early medical abortions are very safe and effective. Having a medical abortion involves at least two visits to a clinic (to take pills on two separate days). Having a medical abortion/miscarriage can be uncomfortable (moderate to heavy bleeding and period cramps), and can take several hours or longer.

With surgical abortions the abortion procedure itself is quicker. However it can take several hours to see all the relevant people at a clinic and there can be delays in getting a clinic appointment. Early surgical abortions are very safe and effective. Ideally it should be a woman's choice as to which method she prefers, as both have their advantages and disadvantages. One difference that is important to some women is that with medical abortion you are doing something yourself and with surgical abortion you are having something done to you.

How medical abortion works

The most effective medical abortion method is a combination of two medications. Mifepristone or Mifegyne (formerly known as RU486) blocks progesterone (the hormone essential to maintain the pregnancy). This is followed by a readily available medication Misoprostol (a prostaglandin also known as Cytotec), which stimulates the uterine contractions (period cramps) that remove the early pregnancy.

When was medical abortion introduced in NZ and how?

Mifegyne is imported from the French manufacturers by a not-for-profit company called Istar Ltd, and was approved for medical abortions by the New Zealand Ministry of Health in August 2001.

Is medical abortion safe?

The risks associated with early medical abortion are very low. For example it is about 10 times safer than giving birth. Medical abortion is like having a miscarriage, and the risks are similar. Fewer than 1% of women develop infection after medical abortion in the first 9 weeks of pregnancy.

- No more the 0.1% of women experience heavy bleeding requiring a blood transfusion following medical abortion.
- In a small number of cases the method is not successful and a surgical abortion is required.

Does making medical abortion more available increase the number of abortions?

No. In Sweden, France and Great Britain, availability of medical abortion when abortion was already legal did not increase the number of abortions. Since the introduction of medical abortion in New Zealand, the numbers of abortions have actually decreased:

2003	18,511
2009	17,550
2010	16,630

Total number of abortions in New Zealand.

Overseas it has been noticed that making medical abortion available can help reduce the gestational stage (length of pregnancy) at which abortions are carried out.

Is medical abortion widely used in other countries?

It is widely used in the U.S. and Scandinavia. In Scotland where much of the pioneering research has taken place, the use of medical abortion has gradually increased from 16.4% of abortions when the method was first introduced in 1992, to 59.1% in 2006. Access to early medical abortion means more pregnancies are ended before 9 weeks' gestation. In some cases the woman may have only just missed her period.

How many women choose medical abortion in New Zealand?

The Abortion Supervisory Committee reported that in 2009, only 6.1% of all abortions carried out were medication-only.

Why has the uptake been relatively low in New Zealand?

1. A reluctance to change when staff already provide a well-established surgical service with a high success rate and a low complication rate.

2. Legal and administrative barriers including the requirement to give both medications on licensed premises which means an extra visit.
3. Lack of information on availability, both for women seeking abortion and health professionals.
4. The advantages of ending the pregnancy at the earliest possible time using medical abortion can be lost because legally required processes delay the abortion and many services do not provide options.

Can you ask for a medical abortion?

Yes. Be aware of your sexual and reproductive health rights. Ask about medical abortion when you are faced with an unwanted pregnancy. Women should be able to benefit from scientific and medical advances and have a choice between surgical and medical abortion.

Sexual and reproductive health rights

International treaties, covenants, conventions, declarations and programmes of action uphold sexual and reproductive rights including:

International Covenant on Civil and Political Rights 1966

International Covenant on Economic, Social and Cultural rights 1966

CEDAW (Convention on the Elimination of all forms of Discrimination Against Women) 1979

Cairo Programme of Action 1994

Beijing Declaration and Platform for Action (1995).

Article 7 of Sexual rights: an IPPF declaration is the right to health and to the benefits of scientific progress.

For More Information

Abortion Services in New Zealand: www.abortion.gen.nz

The British Pregnancy Advisory Service (BPAS): www.bpas.org/bpaswoman