



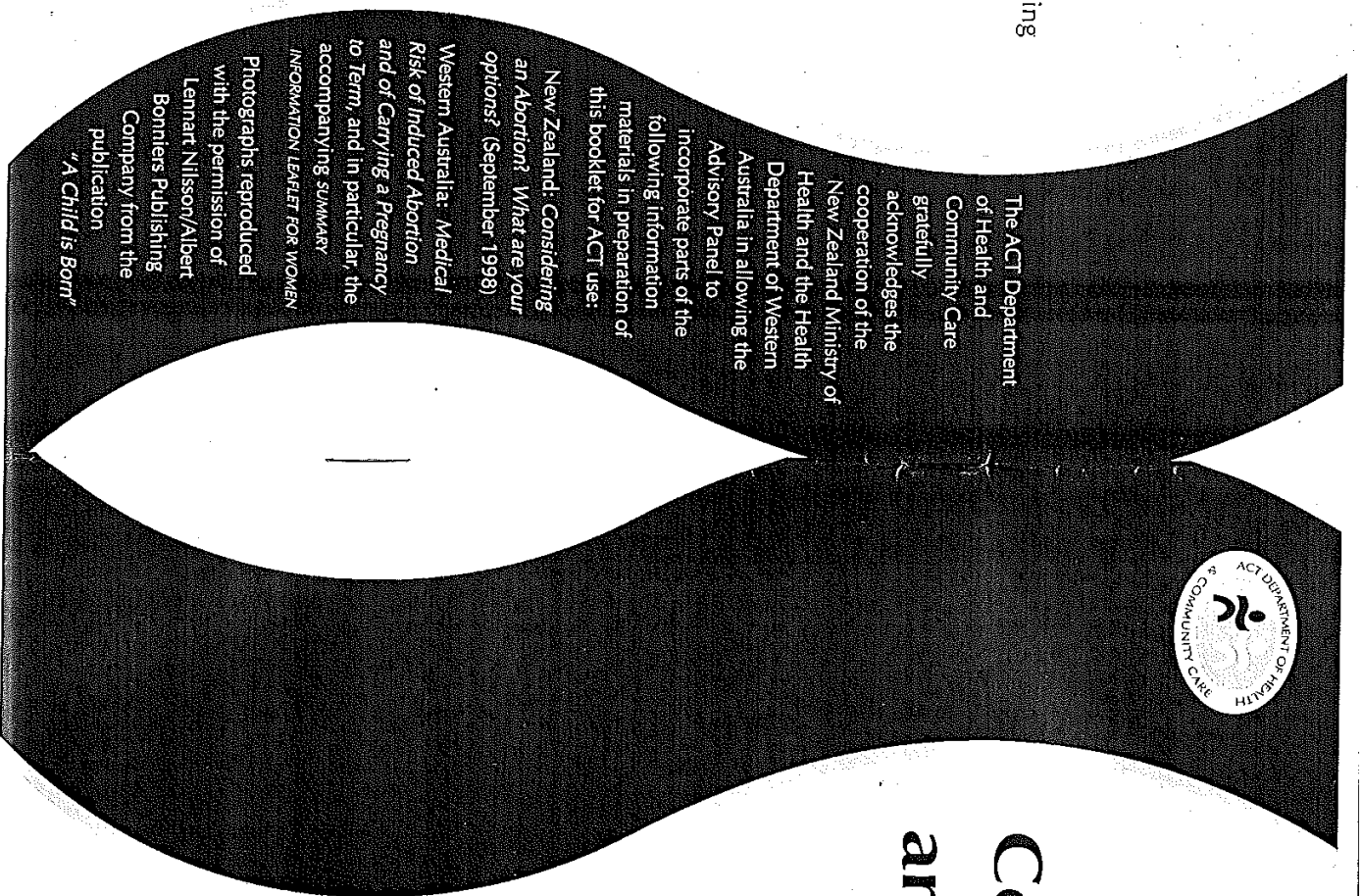
ACT Department of Health and
Community Care,
Health Outcomes Policy and Planning
Health Strategies Development,
GPO Box 825
CANBERRA CITY ACT 2601

Ph - (02) 6205 0909
Fax - (02) 6205 0866

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of Health and
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gratefully
acknowledges the
cooperation of the
New Zealand Ministry of
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Australia in allowing the
Advisory Panel to
incorporate parts of the
following information
materials in preparation of
this booklet for ACT use:

*New Zealand: Considering
an Abortion? What are your
options?* (September 1998)

*Western Australia: Medical
Risk of Induced Abortion
and of Carrying a Pregnancy
to Term, and in particular, the
accompanying SUMMARY
INFORMATION LEAFLET FOR WOMEN*

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Version 2

Considering an abortion?

What are your options?

What are the risks?

Introduction

This booklet presents information for women or couples facing a pregnancy which presents serious difficulties. It is your right to be given factual information on all the available options. These options include continuing with the pregnancy, with parenting or adoption as your choices, or a legal abortion. This information should be carefully considered before making a decision.

Information about pregnancy counselling services and services which provide assistance through pregnancy is included.

For women who decide to take up the responsibilities of parenthood and require assistance, suggestions about finding helping agencies are included. Should circumstances prevent you from caring for a child yourself, then adoption is an option to be considered.

ACT law sets out the grounds under which abortions are permitted. These are outlined for your information.

This booklet also includes the information on medical risks of abortion and of carrying a pregnancy to term which was approved by the *Advisory Panel on Abortion Information* under section 8 of the *Health Regulation (Maternal Health Information) Act 1998*, as well as further information on foetal development approved under the *Maternal Health Information Regulations 1999*.

***Do not feel pressured into making a rushed decision.
It is too important.***

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Making Your Decisions

Women experience a whole range of feelings when they find out they are pregnant. They may feel excited, confident, fulfilled, anxious, frightened, guilty, angry, trapped, out of control. All these feelings are natural and normal. These feelings, depending on your individual circumstances, may vary from hour to hour and often make it hard to make decisions for the future. It is important to think for a few days and not to go with your first feelings.

Most people find it helpful to talk to others about how they are feeling and their future plans. Some relationships change dramatically with the knowledge of a pregnancy. Think carefully about sharing your concerns. It is important that you choose someone whom you trust and who will really listen to what you are saying. Your family, partner or special friends may be helpful. However, you do not have to tell your partner. Many people like to talk with a counsellor, doctor or health worker. Because they are not so close to you they can help you consider all the alternatives. They can strengthen you in your decision making. In the end it is really important that you make up your own mind what you want to do.

You can make a decision to continue your pregnancy or seek a termination under medical supervision. You can listen to other people's advice but you should not let them make a decision for you.

Here are some questions you may want to think about:

- what is it like to have and care for a baby?
- what is it like to give a baby up for adoption?
- what is it like to have a termination of pregnancy? What stage has the pregnancy reached?
- what are the medical risks of termination under medical supervision and of carrying a pregnancy to term?
- what effect will the different options have on my relationships within and outside my family?
- how will the different options affect my education, career and financial situation?
- are there spiritual issues I need to consider?

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Continuing your pregnancy

There are two alternatives if you continue your pregnancy:

- parenting your child
- adoption

If you are going to continue your pregnancy you will need to arrange health care for yourself and your baby. Financial, emotional and practical help is also available. Ask your doctor, midwife or Centrelink Service about this.

Parenting your child

You may decide to parent your child with the help of your partner or family, or you may decide to bring up your child yourself. Centrelink can give you details of available financial benefits or contact one of the helping agencies listed in this booklet.

Adoption

When a child is adopted, the rights and responsibilities of parenting are given legally by the birth parent(s) to the adoptive parents and the adoptive parents' names appear on the birth certificate.

You can ask a counsellor or a hospital social worker for a referral to the Adoptions Coordinator at ACT Family Services.

Abortion

ACT law permits termination of pregnancy under medical supervision in an approved facility if a doctor is satisfied that your life or physical or mental health is in serious danger from carrying on the pregnancy. A medical practitioner must have provided you with approved information at least 72 hours before the abortion is performed. This information is contained on pages 8, 9 and 10 of this booklet.

Some women, even though they wish to be pregnant, may consider a termination of pregnancy under medical supervision if the foetus has severe abnormalities and may not survive beyond childbirth or may be severely disabled.

Those who end up most happy with the decision they made are the ones who thought really carefully about all the alternatives and who were not pressured into a decision by someone else.

You have time to make your own decisions. However, the safest time to end a pregnancy is within the first twelve to thirteen weeks. In the first instance, you should approach a doctor, who can refer you to counselling to give you more time to talk and decide. Counsellors are usually available at family planning clinics, abortion clinics, schools, universities and TAFEs, churches and private counselling rooms. Some specific agencies are listed at the back of this booklet. If your doctor will not arrange for you to see a counsellor or refer you to an abortion facility, you should be referred to another doctor who will make the necessary arrangements.

The Law and Abortion

The law relating to abortion in the Australian Capital Territory is covered by the *Crimes Act 1900* and the *Health Regulation (Maternal Health Information) Act 1998*.

An abortion is legal if a doctor is satisfied that your life or physical or mental health is in serious danger from carrying on the pregnancy.

If you meet these criteria and you seek an abortion, a medical practitioner must provide you with approved information about abortion. You and your doctor must sign a certificate confirming that you have been provided with information and referrals for counselling if you want it. Before the abortion can be performed you must wait 72 hours and then sign a consent form for medical treatment.

An abortion can only be performed in an approved facility by a registered medical practitioner.

Your medical advice and treatment

The obligations placed on doctors who assist you with pregnancy or abortion are extensive and are aimed at protecting your rights and health.

The giving of medical advice is governed by ACT legislation and by rulings of the courts. Recent court rulings make it very clear that doctors have a wide-ranging responsibility to provide you with all possible information about this or any other medical procedure.

There is considerable public debate about the medical and psychological risks of abortions. The advice in this booklet provides a good overview of this debate and by law this advice must be provided to you before an abortion can be performed.

However, giving you a copy of this booklet is only a part of your doctor's obligations. A medical practitioner who assists you must provide you with advice on all medical risks confronting you in your personal circumstances. Be sure to insist that your doctor provides you with the highest possible standard of care and advice based upon your own individual circumstances.

You also have rights under ACT law to access to your medical records and to protect your right to privacy.

The ACT has a Community and Health Services Complaints Commissioner to assist you if you encounter any difficulties with your medical support.

Conscientious objection

Under the *Health Regulation (Maternal Health Information) Act 1998* doctors and counsellors who have a conscientious objection to the practice of abortion are not obliged to provide you with information or complete any documentation. If your doctor does not wish to assist you with an abortion you can see another doctor.

MEDICAL RISKS OF ABORTION AND OF CARRYING A PREGNANCY TO TERM

This information has been approved under section 14 of the Health Regulation (Maternal Health Information) Act 1998 (the Act) by the Advisory Panel appointed under section 14(1) of the Act.

What does the procedure involve?

Termination of pregnancy under 12 weeks of pregnancy is carried out by dilatation of the cervix and vacuum suction. The procedure itself usually takes about 15 minutes. It can be done under general anaesthetic or local anaesthetic, with or without sedation.

From around 14 weeks the method will vary, depending on the number of weeks of pregnancy and on medical circumstances. It usually involves softening of the cervix by use of drugs, followed by a process similar to that used in the first trimester. In later pregnancies, induction of labour may be required.

What are the chances of complications?

Available evidence indicates that a termination of pregnancy under medical supervision is a low risk procedure, particularly if undertaken by vacuum suction prior to 12 weeks of pregnancy.

The risk of complications increases with each week of pregnancy after 7 weeks of pregnancy; however, the risks continue to be small.

The risks associated with the use of general anaesthetic are also small. Factors that may increase these risks are obesity, smoking, diabetes and other chronic illnesses. Local anaesthetic reduces the risks even further.

The overall risk of experiencing a complication during or soon after a termination of pregnancy under medical supervision has been estimated at nine women in 1,000.

What are the possible immediate complications?

After a termination under medical supervision, only a small percentage of women will experience complications requiring medical care. The most usual reasons for this are:

- excessive blood loss often associated with cramping pain
- pelvic infection, usually treated by antibiotics
- incomplete abortion, sometimes requiring another procedure

The majority of these complications are easily treatable.

There are other extremely rare, more serious complications such as perforation of the uterus, the possible development of blood group incompatibility (Rh disease) and pulmonary embolism (clots to the lung).

In general, all these risks are increased if the termination is performed at or after 14 weeks of pregnancy. Sometimes the drugs associated with later terminations can give rise to pain and/or nausea.

In Australia, maternal deaths after termination of pregnancy under medical supervision are extremely rare (no deaths reported between 1989 and 1993).

What are the possible longer term complications?

The weight of evidence tells us that a single termination under medical supervision, carried out under proper conditions, does not increase the risk of infertility, ectopic (tubal) pregnancy, spontaneous miscarriage, preterm labour, low birth weight or breast cancer. The risk to future fertility after repeated terminations remains less clear.

The majority of women will not experience serious emotional consequences following a termination under medical supervision. Short-term feelings of guilt, regret, anxiety, depression and sadness may occur. These are generally mild and self-limiting and may last a few weeks or months.

A small number of women may experience more serious emotional problems. These are most likely to be women whose wanted pregnancy is terminated due to foetal abnormalities and those who were pressured into the termination by others.

There are also complications associated with making a decision to continue with a pregnancy. In fact, the risk of complications in pregnancy is higher than the risk for a termination under medical supervision.

What are the chances of complications in pregnancy?

Close to one in five women in western countries are hospitalised for minor and major complications of pregnancy prior to delivery. The major reasons for hospitalisation include: preterm labour, spontaneous miscarriage, pelvic and urinary tract infections, bleeding, vomiting, high blood pressure and diabetes.

Infection following birth occurs in up to 3 per cent of deliveries and in 10-50 percent of caesarean sections. Many women experience some form of postnatal depression. Other postnatal problems are urinary tract infections, haemorrhoids, clots and tenderness of veins.

A very small number of women die as a result of childbirth in Australia. The main causes of death in full-term pregnancies are pulmonary embolism (clots to the lung), high blood pressure and haemorrhage.

In addition, there is a small risk that some babies may be born with significant health problems.

How soon can I get pregnant after an abortion?

A woman can become pregnant the first time she has intercourse after a termination of pregnancy. You may wish to discuss contraceptive options with a practitioner before having unprotected sex for the first time after a termination.

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Follow-up care

Following a termination under medical supervision, the woman is observed for a few hours to check that bleeding and discomfort are within normal limits. She is given follow-up instructions, including what to expect and who to contact if complications occur. Contraceptive options can be discussed at this time. A follow-up visit in 2-4 weeks is very important to check if there are any problems. The follow-up visit is also another chance to discuss the best type of contraception, or if more counselling is needed.

Foetal development

This information has been approved under the Maternal Health Information Regulations 1999.

Development begins on the day of fertilisation, which is usually two weeks after the start of the last menstrual period (LMP). The conventional method of measuring the age of a foetus is the number of weeks since the start of the last menstrual period. The sizes and weights of the embryo/foetus are approximate only and can vary.

4 weeks

At the first missed period the embryo is about the size of an apple seed (0.25 cm).

8 weeks

At the second missed period the embryo is about 1.2 cm long. The heart has been beating for more than two weeks and limbs are beginning to develop.

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10 weeks

The foetus is now about 3 cm long and weighs about 1.5 grams. Arms, legs, fingers and toes are developing.

12 weeks

The foetus is about 6 cm from head to rump and weighs about 30 grams. The heartbeat can be detected electronically. All major body organs have begun to develop. The foetus begins small movements that cannot yet be felt by the mother.

14 weeks

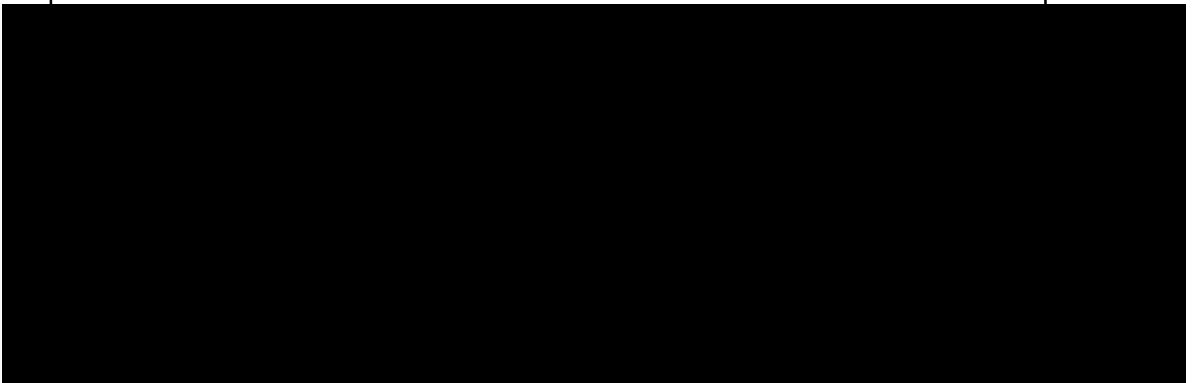
The foetus is about 8-9 cm from head to rump and weighs about 45 grams. The foetus is able to swallow and the kidneys are able to make urine.

16 weeks

The foetus is about 12 cm, the legs are developed and the weight is about 100 grams.

18 weeks

The foetus is about 14 cm long and is able to respond to sound.



HELPING AGENCIES

This information has been approved by the Minister for Health and Community Care under section 14(5) of the Health Regulation (Maternal Health Information) Act 1998.

Counselling

Counselling is available from many agencies. You may want to think about whether you want a special type of counselling, for example with a Christian philosophy or a particular cultural base. You can discuss this with the agency. Your doctor may be able to give you some counselling and should be able to refer you to other people or agencies.

The agencies described below are each able to provide you with counselling and advice.

Assistance with pregnancy

The ACT Department of Health and Community Care publishes a pamphlet *Having a baby in Canberra*. This pamphlet provides information about options for care during pregnancy and childbirth, where to have your baby, care after birth and parent education. Your doctor or midwife should be able to get a copy for you.

Agencies which provide specialist help with pregnancy include—

ACT Pregnancy Support Service Inc

This service offers confidential telephone/face-to-face counselling, support and practical help for women during and after pregnancy. They provide information on government benefits, accommodation and community services. For information and appointments phone (02) 6247 5050.



Karina House for Mothers and Babies

Karina House offers information, counselling and referral for pregnant women, including those in need of supported accommodation, general health and welfare services. It also provides outreach support services. Their telephone number is (02) 6259 8998. It is answered seven days a week from 9am-10pm.

Arranging for adoption

Information on adoption can be obtained from the Adoption Unit (part of ACT Family Services). A staff member may be contacted by telephone on (02) 6207 1080. Alternatively, your pregnancy counsellor or hospital social workers should be able to put you in touch with adoption agencies.

Family Planning

Most general practitioners can provide initial advice and referrals regarding family planning and abortion services.

Family Planning Association ACT Inc

The Association's *Pregnancy Information and Counselling Service* provides confidential pregnancy information and counselling in addition to an abortion referral service and a wide range of contraceptive choices, information and advice. For information and appointments phone (02) 6248 6222.

Commissioner for Health Complaints

If you have a complaint about the information or treatment which you received from a doctor, you are can contact the ACT Health and Community Services Commissioner on (02) 6205 2222.

Other Useful Agencies

You could find more counselling agencies by contacting the *Community Information and Referral Service*. Look for the number in your telephone book. Your local hospital social work department should also be able to make some suggestions.

The following agencies provide a referral service, putting women in touch with appropriate counsellors—

- Schools
- Universities
- Abortion clinics
- Private counsellors
- Colleges
- CITS
- Churches

The following may also be useful contacts for you

- Anglicare (02) 62480811
- Centacare (02) 62397700
- Centrelink 1 32880

ENGLISH	If you need interpreting help, telephone: 131 450
ARABIC	إذا كنت بحاجة إلى مساعدة في الترجمة، اتصل برقم الهاتف: 131 450
CHINESE	如果您需要传译员的帮助，请拨打电挂：131 450
CROATIAN	Ako vam treba pomoć u prevodilačju: 131 450
GREEK	Αν χρειάζεστε διαφώνηση τηλεφώνηστε στο 131 450
ITALIAN	Se avete bisogno di un interprete, telefonate al numero: 131 450
PERSIAN	اگر به ترجمه نیاز دارید به این شماره تلفن کنید: 131 450
PORTUGUESE	Se voce precisar da ajuda de um interprete, telefone: 131 450
SERBIAN	Ako vam je potrebna pomoć prevodilačju. Telefonirajte: 131 450
SPANISH	Si necesita la asistencia de un intérprete, llame al: 131 450
TURKISH	Tercümlama ihtiyacınız varsa lütfen telefon ediniz: 131 450
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại: 131 450
TRANSLATING AND INTERPRETER SERVICE 131 450	
Cameroon and Denmark - 24 hours a day, 7 days a week	
HEALTH CARE INTERPRETERS 6205 3333	