NZ COLLEGE OF SEXUAL & REPRODUCTIVE HEALTH

Introduction to Abortion in Aotearoa New Zealand

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We thank the subject matter experts who reviewed these modules, for their time and dedication to improving all aspects of abortion in Aotearoa New Zealand.

The New Zealand College of Sexual and Reproductive Health thank Ministry of Health – Manatū Hauora for funding the project to produce this training and look forward to working together to enhance access, equity, services, and mātauranga in the provision of abortion care in Aotearoa New Zealand.

* We have used the term 'whakatahe abortion' here but note that the terms 'whakatahe' and 'tahe' have other meanings in other contexts. For example, whakatahe can mean 'fast flowing liquid', which may apply to things other than blood. Whakatahe can also mean miscarriage and menstruation. Understanding of the meaning comes from the context of the whole sentence. There are a number of words in te reo that may be used for abortion. Patients in your area may prefer a different term and this should be used instead.

1. ABOUT NZCSRH

Nau mai haere mai, talofa lava and welcome to the New Zealand College of Sexual and Reproductive Health (NZCSRH) Online Training Environment. The NZCSRH started as The New Zealand Sexual and Reproductive Health Educational Charitable Trust in 2002, providing an advanced training pathway for doctors with a special interest in sexual and reproductive health. Now as NZCSRH, a new advanced training programme has been developed and is currently being reviewed by the Medical Council of New Zealand (MCNZ).

NZCSRH is focused on providing advice and support for **all** health professionals with a special interest in sexual and reproductive health. We have an associate membership for health professionals working in sexual and reproductive health including abortion care. NZCSRH are developing courses aimed at health providers with an interest in sexual and reproductive health who want to develop their practice, without becoming a specialist.

We welcome you to our abortion training package. If you have any feedback, ideas or would like to discuss this training further, please contact us: administration@nzcsrh.org.nz.

Joining NZCSRH and the Abortion Providers Group Aotearoa New Zealand (APGANZ)

We recommend that abortion service providers consider joining NZCSRH and APGANZ.

Benefits of NZCSRH membership (https://nzcsrh.org.nz/Associate/10914/) include:

- Monthly contraception and abortion peer review meetings
- Online educational resources
- Reduced conference/training course fees
- Regular training webinars and panel presentations by multidisciplinary experts in sexual and reproductive health (SRH)
- Becoming a trainer in SRH

The cost for associate membership is a yearly fee of $150 (including GST) which is subject to annual review.

The Abortion Providers Group Aotearoa New Zealand (APGANZ) is a group of professionals who work or have worked in New Zealand providing safe legal abortions. Members of the group are doctors (referring doctors and abortion providers), nurses and midwives, counsellors, social workers, managers, administrators and researchers.

New members are welcome. Benefits of membership include:

- Reduced rates for APGANZ educational meetings
- Access to the APGANZ Google discussion forum
- Updates on abortion related research
- APGANZ represents abortion providers views on important national issues

The APGANZ membership fee (2022–2023) is $100 for doctors and $40 for non-doctors. Student membership is free.

Continuing Professional Development

NZCSRH recommends that qualified health practitioners ensure they participate in continuing education in line with their vocational educational advisory body and that for health professionals involved in abortion care this includes continuing education and development in abortion care.

2. INTRODUCTION TO ABORTION IN AOTEAROA NEW ZEALAND

Te Ao Māori in sexual and reproductive health

In the following presentation Dr Jo Lambert, Ngāti Maniapoto, Te Ati Awa, and a Fellow of the NZCSRH, presents an overview of Te Ao Māori in sexual and reproductive health.

Te Ao Māori in sexual and reproductive health

Abortion overview

Following the changes to our abortion laws in March, 2020, pregnant people in Aotearoa New Zealand have the right to self-refer to an abortion service provider for an abortion up to 20 weeks gestation. After 20 weeks gestation the health practitioner involved is required to consult a second health practitioner and decide whether an abortion is clinically appropriate.

Abortion care providers need to support and communicate effectively with the pregnant person throughout the decision-making and abortion process, enabling them to make their own informed decisions with clear understanding and expectations. Ideally if there are no contraindications, people should be given a choice of how, where and by whom they receive abortion care including options of medical or surgical abortion. In reality, care options are often limited by gestational age, location and practitioner skill sets.

Early medical abortion (EMA) is technically simple to provide; the important elements are in the assessment, communication with the patient, and evaluation of success. Mifepristone 200 mg is taken orally first, followed 24 to 48 hours later by misoprostol 800 micrograms (taken buccally, sublingually or vaginally). This combined regimen is more effective than misoprostol alone and is safe and successful >95% of the time, meaning no further intervention is required to complete the abortion.

In New Zealand, mifepristone is licensed for use up until 63 days (nine weeks). There are some studies of EMA provided from 64–70 days, suggesting 91–93% success rates, and use at this gestational age is approved by the US Food and Drug Administration. The World Health Organization Abortion Care Guideline (2022) supports medical abortion in primary care until 12 weeks. Outside of the 63 day approved gestation in New Zealand, mifepristone for EMA can be prescribed for patients under Section 25 of the Medicines Act 1981, and the **New Zealand Aotearoa Clinical Guideline recommends its use for EMA up to 10+0 weeks' gestation**.

EMA can be offered in an outpatient setting in the community, or with the support of a primary care provider, an EMA can take place at a person's home. It is important to have good communication between patients and primary care providers, between patients and the abortion service, amongst abortion providers, and between the abortion service and local gynaecology services in case of complications. EMA can be easily integrated into primary care and other clinical services and allows providers to play an important role in expanding access for patients.

Early surgical abortion using vacuum aspiration is usually a technically straightforward procedure that can be performed with manual or electric vacuum. Procedures can be done under local anaesthetic with or without analgesia and/or mild sedation, in an outpatient setting in the community.

After a bimanual examination to assess the size and shape of the uterus, the procedure is: insert the speculum, administer the paracervical block, dilate the cervix, and aspirate the pregnancy tissue. Ensuring the procedure is complete can be achieved by routine inspection of the aspirated tissue for products of conception or with an ultrasound scan. The use of gentle, neutral language and avoidance of words associated with pain may decrease pain perception during the procedure.

Early surgical abortion is safe with a 99% success rate. Fewer than 1% of patients have a complication requiring hospitalisation and fewer than 1% experience an ongoing pregnancy).

Second and third trimester abortion can be either surgical (dilatation and evacuation, preceded by cervical priming) or medical (taking medicines to induce a miscarriage). These procedures are usually performed in a hospital setting and are not included in this training.

Confusion between Early Medical Abortion (EMA) and the Emergency Contraception pill (ECP)

Early medical abortion (EMA) is sometimes confused with emergency contraception, including in news reports

and in television shows. EMA is the process of taking pills to cause a pregnancy to stop growing and to be expelled. The Emergency contraception pill (ECP) used in New Zealand is POSTINOR®-1). This contains a high dose of levonorgestrel that works by preventing or delaying ovulation. Therefore it does not work once a pregnancy is established.

The two main forms of emergency contraception used in New Zealand are the Emergency Contraceptive Pill and a Copper IUC.

Table 1 outlines the differences between medical abortion and emergency contraception.

Medical Abortion	Emergency Contraception
Ends an early pregnancy and causes it to expel	Delays or prevents ovulation. Prevents implantation.
Pills are taken in first – 10 week of pregnancy	Pills are taken or a copper IUC used within days of unprotected sex. Further information
Usually causes heavy bleeding and cramps	Mild side effects, if any
Stops pregnancy about 98% of the time	Pills prevent 92% of pregnancies. Copper IUD prevents 99.9% of pregnancies.

Table 1. Differences between medical abortion and emergency contraception

Other considerations in providing abortion

Although much of this training is based on the clinical aspects of providing an abortion, it is extremely important to consider the patient as a whole, including social and cultural impacts. Intersectionality recognises that individuals may face multiple and intersecting forms of structural discrimination, due to sexual orientation and identity, gender and gender identity, ethnicity, disability, or other aspects of their identity, and that this systemic discrimination can impact on their access to, and experiences of health care.

This should be a key consideration when setting up new health services and when addressing the needs of individual patients. It is also important to allow the time and space for people to make decisions; for instance, clinicians need to be prepared for a consultation to last up to an hour or more.

Abortion in precolonial Aotearoa New Zealand

By Dr Alison Green, Te Whāriki Takapou

Knowledge about precolonial Māori understandings of fertility, birth and what is referred to today as abortion was subjugated following the arrival of colonial settlers to Aotearoa. Although some of the early knowledge was recorded in writing by Pākehā male ethnographers, it was interpreted through a colonial lens that was strongly influenced by Christian and patriarchal ideologies. This resulted in misrepresentations of Māori customary practices, traditional values and principles that led, in particular, to the marginalisation of the role and authority of women as 'whare tangata' or the bearers of future generations.

A range of Māori terms for the loss or removal of a pregnancy are recorded in Māori dictionaries, mōteatea (song chants), pūrākau (origin stories) and tribal narratives. Understandings of these terms encapsulate broad concepts, connotations and referents: for example, whakatahe can refer to 'abortion', as well as 'the clearing of obstructions', and 'sacred food offered to atua'. The Māori language does not distinguish between miscarriage and abortion: materoto can refer to 'miscarriage', 'abortion' or 'stillbirth'; tahe can refer to 'miscarriage', 'abortion' or 'menstruation'; and whakatahe refers to both 'miscarriage' and 'abortion'. There is evidence in tribal narrative accounts of Māori in precolonial Aotearoa having effected the removal of a pregnancy, as well as records of certain plants or leaves used for medicinal purposes (rongoā) being known to have contraceptive or 'abortifacient' properties.

Further reading on the history of abortion in Aotearoa NZ

Te Ara – the Encyclopedia of New Zealand has a story by Megan Cook (published 5 May, 2011, reviewed & revised 8 Nov, 2018) describing the history of abortion in New Zealand, which includes several images and film clips. Available at this link: https://teara.govt.nz/en/abortion .

Stuff Circuit has an interactive webpage 'Your Decision' with 21 reader submissions of abortion experiences contributed in 2019 (prior to the change in law), as part of their 'Big Decision' investigation into the abortion law reform debate. Stuff Circuit is Stuff's video-led, longform investigative unit and is funded by NZ On Air and is created in partnership with Māori Television. Available at this link: https://interactives.stuff.co.nz/2019/circuit/your-decision/

Le Grice, J. and Braun V. 'Indigenous (Māori) perspectives on abortion in New Zealand' Feminism & Psychology 2017: 0(0) 1–19.

Le Grice, J. 'Māori and abortion: an 'impossible' choice?' Women's Health Update 2014: 18:3.

This video shows the situation prior to the recent abortion law reforms from the perspective of a patient accessing services:
How to get an abortion in New Zealand | On the Rag: Abortion

Aotearoa New Zealand abortion statistics

Abortion statistics prior to 2020 are available on the NZ Stats website, and annual reports (2012-2020) by the Abortion Supervisory Committee can be downloaded from the Ministry of Justice website. Annual abortion services reports from 2020 are now published by the Ministry of Health, and can be accessed through their publications webpage. The annual reports collate and summarise information collected through the abortion reporting process.

Useful information in planning abortion services:

- The abortion rate is slowly decreasing
- About 19% of known pregnancies (excluding miscarried pregnancies) end in an abortion
- The mean age of those having an abortion is about 28 years old, with 40% aged 30 or over
- 59% of people having an abortion had had at least one previous live birth
- The percentage of abortions accessed before 8 weeks gestation is increasing (45% in 2020) and the rate of early medical abortion has increased significantly

The information above is from Ministry of Health. 2021. Abortion Services Aotearoa New Zealand: Annual report. Wellington: Ministry of Health. ISBN 978-1-99-100761-2 (online). Licensed under the Creative Commons Attribution 4.0 International licence. Available from: www.health.govt.nz/system/files/documents/publications/abortion_services_aotearoa_new_zealand_annual_report_2021_8_oct.pdf

3. BECOMING AN ABORTION SERVICE PROVIDER

Requirements to become an abortion service provider

Prior to the 2020 legislation, only a medical doctor was able to be an abortion service provider. The Abortion Legislation Act 2020 enabled a qualified health practitioner to provide abortion services Part 1, Amendments to Contraception, Sterilisation, and Abortion Act 1977, section 8).

So, what is a qualified health practitioner? The Health Practitioners Competence Assurance Act 2003 details the mechanisms to ensure that health practitioners are competent and fit to practise their professions.

A Cochrane review showed no statistically significant difference in the risk of failure for medical abortions performed by mid-level providers (such as nurses and midwives) compared with doctors.

Assessment and certification

The NZCSRH recommends that you have the following skills prior to commencing abortion training:

- Contraception counselling – online course available at: https://www.familyplanning.org.nz/courses/course?id=236
- Long-Acting Reversible Contraception (LARC) training. LARC options should be available for people at the time of their abortion. For training information see "Long-acting Reversible Contraception: Health practitioner training principles and standards" 2022, Ministry of Health. An alternative is to have a pathway for referral for a funded LARC.
- Rangatahi Youth friendly practice – we recommend the online training units developed by the Goodfellow Unit for the HEEADSS wellbeing framework – www.goodfellowunit.org/courses/working-youth-heeadsss-assessment (a comprehensive 6 hour training) or https://www.goodfellowunit.org/podcast/heeadsss-five-minutes (a 35 minute audio summary describing how to complete an assessment in a short period of time).

Qualified health practitioners who wish to provide abortion services must successfully complete Module 1 Consultation – communication and decision making, before proceeding to the other modules. After completing the first module, participants' knowledge is assessed through an online quiz, and once this is successfully completed, a certificate can be downloaded. The EMA training unit (Module 2) is also assessed by an online quiz. There are theory assessments and practical competency tests for the Early surgical abortion (Module 3) and Point of care ultrasound (Module 4).

Notification of new services to the Manatū Hauora

All abortion service providers are required to inform Manatū Hauora that they will be providing a new service. This notificatiocan be sent by email to abortionservices@health.govt.nz. Further information can be accessed at the Manatū Hauora abortion services website.

Referral process and onwards pathways

People seeking an abortion may self-refer or be referred by another health practitioner. It is essential that abortion providers have a process for managing referrals including self-referrals to them. New abortion providers should review the support services in their communities, including local hospitals, early pregnancy clinics, counselling services, sexual health services, and family violence services, to establish contacts and referral pathways.

Prior to providing abortion care, qualified health practitioners must ensure they have developed referral pathways in their region for the management of complications associated with abortion provision including surgical abortion and emergency care.

Availability of service

Abortion services are recommended to provide access to 24-hour support of the patient. The Ministry of Health has contracted Family Planning and Magma Healthcare to establish and provide a National Abortion Telehealth Service (DECIDE). It is intended that this service will help to support primary care practitioners to provide abortion services through access to virtual counselling and 24/7 clinical support for primary care providers.

Professional support

We recommend that new abortion providers identify a mentor for guidance and advice who is experienced in providing abortion care. Ideally this would be someone in your community, however, if you are not able to find someone, you can contact NZCSRH (https://www.nzcsrh.org.nz/) for help in linking you with a mentor. Another good place to gain continuing education and contacts/mentors is through the Abortion Providers Group Aotearoa New Zealand (APGANZ).

Telehealth option

Telehealth is the use of information and video conferencing technologies to deliver health services to patients. The Medical Council of New Zealand (MCNZ) published an updated statement on the use of telehealth in October, 2020. We recommend applying these principles if you intend to provide abortion care via telehealth. Note if a patient requests a complete telehealth abortion service (i.e., no in person visit) and is assessed as suitable for telehealth EMA, we recommend they use the DECIDE nation telehealth service. More information.

The required standards of care for telehealth are the same as those for in-person consultations. This should include 24-hour support of the patient and confirmed availability of local support and emergency services. Providing abortion care by telehealth is discussed in further detail in Module 2: Early Medical Abortion.

Abortion Reporting

To comply with the Contraception, Sterilisation, and Abortion Act, abortion service providers must submit a notification of abortion to the Ministry of Health (the Ministry) for every abortion provided within one month of the procedure. The reporting form can be accessed via this link: https://www.alrnotifications.health.govt.nz/

There is also a requirement for abortion service providers to submit an annual report to the Ministry by 31 March each year. Annual reporting forms are submitted to abortionservices@health.govt.nz. Forms will be send to all abortion providers, but if you haven't received a form, please contact the Ministry via the abortion services email.

The Abortion reporting webpage at the Ministry of Health website link provides further guidance on abortion notification and annual service reporting.

The Ministry collates the national data on abortions and reports upon this annually. The data is also used for the five yearly periodic review of timely and equitable access to abortion services, abortion related counselling services, pregnancy options information, contraception and sterilisation services

Staffing and equipment

EMA can be provided within a community setting or by telemedicine with minimal physical requirements. The process, including consultation and decision-making, and explanation of how and when to take the medicine with the patient, is estimated to take about an hour. It is critical to provide a welcoming space – all staff need to be part of the abortion care service creating a safe environment for people seeking an abortion. Confirming a pregnancy using a high sensitivity urine test is an important first step, and we suggest that abortion care providers ensure that tests are freely available on request.

Early surgical abortion requires specifically trained staff for provision and management of analgesia/sedation and spaces that are safe to provide early surgical abortion. These requirements are described in detail in Module 3.

Providing a high quality service and auditing your practice

Ngā Paerewa Health and Disability Service Standard (nz-81342021) along with the Aotearoa NZ Abortion Clinical Guidelines replaced the Interim Standards for Abortion Services in New Zealand.

Ngā Paerewa sets out the standard for health and disability service providers. Ngā Paerewa clearly sets out which sections of the standard apply to abortion service providers. Te Tiriti obligations and International Human Rights legislation underpin the standard and are evident throughout providing clear guidance on the expected standard of care service users should be receiving.

Note that while only hospital-based abortion service providers will be formally audited against Ngā Paerewa, but it is recommended that all health practitioners and providers apply Ngā Paerewa within their service and undertake self-audits to ensure their service provides a high standard of patient focused care.

All health practitioners providing abortion services should be following the Abortion Clinical Guidelines as the accepted standard for best clinical practice.

The Ministry of Health as the system steward and regulators of abortion services use service reporting and other mechanisms, including audits and complaints to monitor abortion service providers.

Values clarification and talking about abortion

Discussion groups that were used in developing this training have clearly identified that when it comes to abortion, the manner in which the service is delivered, for example with cultural and spiritual (Taha wairua) safety, manaakitanga (respect), kindness and without judgement, is just as important to people receiving care as clinical competence (Figure 2).

In order to ensure that you are aware of your bias to ensure it is not impacting safe patient care, it is useful to undertake a values clarification exercise, to better understand your personal beliefs and values and where the gaps may exist, so you know in which areas you need to increase your cultural competence.

> **Further examples of values clarification resources include:**
>
> Abortion attitude transformation: A values clarification toolkit for global audiences (Ipas, Turner, K and Chapman Page, K. 2008). Available from: https://www.ipas.org/resource/abortion-attitude-transformation-a-values-clarification-toolkit-for-global-audiences/
>
> National Abortion Federation (2005). The abortion option. A values clarification guide for health care professionals. Available from: https://prochoice.org/store/the-abortion-option-a-values-clarification-guide-for-health-professionals/
>
> Abortion stigma ends here: A toolkit for understanding and action. Ipas (2018). Available from: https://www.ipas.org/resource/abortion-stigma-ends-here-a-toolkit-for-understanding-and-action/
>
> Disability inclusion in reproductive health programs: An orientation and values clarification toolkit. Ipas (2021). Available from: https://www.ipas.org/resource/disability-inclusion-in-reproductive-health-programs-an-orientation-and-values-clarification-toolkit/

Current issues relating to providing abortion services in Aotearoa New Zealand

Abortion services and related counselling services are free in New Zealand to any pregnant person eligible for publicly funded health care, however, there is often a fee for an ultrasound scan. Additional barriers to access might also be present due to factors such as contextual circumstances, transport, distance, perceived cost, relational matters and childcare.

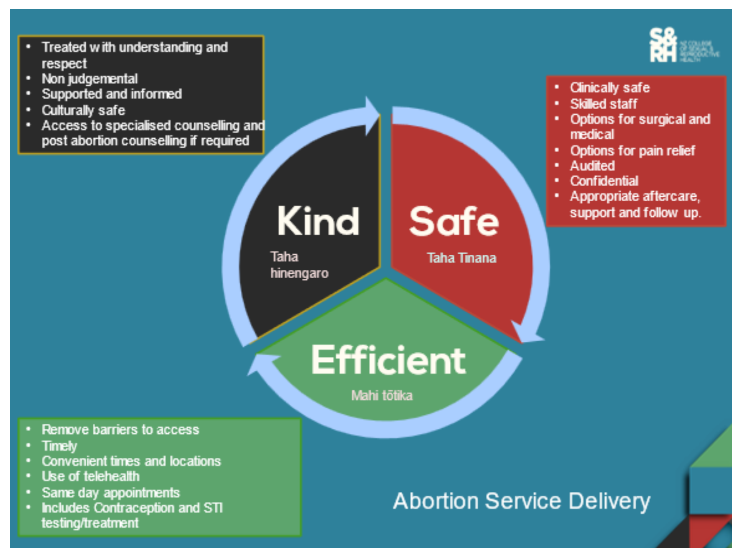


Figure 2. Aspects of abortion service delivery

It is essential for abortion providers to know what abortion services are available for people in their area, so that if they are not able to provide the care people need or choose, for example an early surgical abortion rather than an EMA, they can refer them to an abortion service which can provide this care.

At present the DECIDE website is the website recognised by the Ministry as the recommended source of consumer information on where people requiring abortion services can go to get an abortion and what types of services are available based on gestational age.

Improved access is important to achieving earlier treatment. For instance, access may be improved through:

- Access to pregnancy tests to identify pregnancy at earliest opportunity
- Self-referral
- Ease of booking an appointment
- Services available locally
- Requiring only one in person service visit where this is appropriate
- Full range of sexual and reproductive services available during the in person visit, including provision of more effective forms of contraception such as long-acting reversable contraceptives (LARC)
- Good service information including service accessibility, information on what to expect, choices, effectiveness and complication rates and information on whanau attending with the patient.

Improved abortion services in New Zealand will lead to:

- Better health outcomes – improved access to a culturally and clinically safe services leading to better health outcomes
- Earlier gestation at time of treatment. Abortion is safer and better for patients the earlier it is performed.
- Better contraception – improved access to LARC contraception.
- Greater treatment choice - local services offering medical and surgical options.

4. OVERVIEW OF THE TRAINING MODULES

There are four online theory modules available:

1. Consultation – Communication and decision making
2. Early medical abortion (EMA)
3. Early surgical abortion theory (ESA)
4. Point of care ultrasound in first trimester abortion (POCUS)

The online training incorporates video, animations, presentations with voiceover and downloadable documents. All trainees must complete the Consultation module before proceeding to the EMA, ESA or POCUS modules (a detailed list of contents for each module is listed below). Each module finishes with a quiz to assess understanding and knowledge of the key points of the module. Participants must answer all of these quiz questions correctly to complete the module and are able to repeat the quiz as many times as needed to achieve this.

Summary of training requirements

Abortion service you wish to provide	Compulsory modules	Optional modules
Early Medical Abortion	1 and 2	4*
Early Surgical Abortion (ESA)	1 and 3*	4*
EMA and ESA	1, 2 and 3*	4*

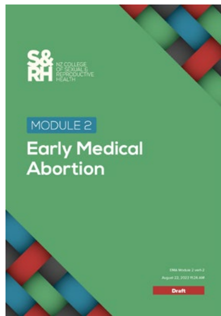
* NB modules 3 and 4 have additional practical requirements (supervised practice) that must be completed and practitioner competency signed off by an appropriately qualified supervisor BEFORE a health practitioner is able to start providing surgical abortion or point of care ultrasound without supervision The practical competency requirements are outlined within the theoretical ESA and POCUS modules.

1

Consultation – Communication and decision making

1. **Learning objectives and module overview**
   Learning objectives
   Module overview
2. **Abortion in Aotearoa New Zealand: NZ law, patient rights and professional standards and guidelines**
   NZ law
   Patient rights
   Professional standards and guidelines
3. **Communication**
   Tikanga in abortion care
   Family violence
   Cultural safety
   Abortion services and disabled people
   LGBTQI+
   Whānau/Partner support
4. **Medical history and establishing gestation and location of pregnancy**
   Focused medical history and contraindications
   Establishing gestation and location of pregnancy
5. **Decision making**
   Informed Consent
   Pregnancy options - referral pathways
   Abortion options and pathways
   Opportunistic sexually transmitted infections (STI) screening
   Introduction to contraception options
6. **Review of key learning points**
7. **Further reading and resources**
8. **Quiz on Consultation – communication and decision making**
9. **Feedback**

2



Early medical abortion (EMA)

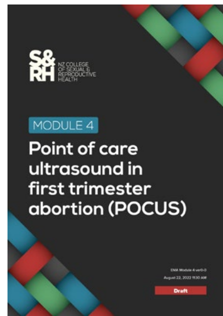
1. **Learning objectives and module overview**
   Introduction to Early Medical Abortion
   Module overview and learning objectives
2. **Tikanga in abortion care**
3. **Pharmacology of medicines used for EMA**
   Mifepristone
   Misoprostol
   Registered nurse prescribing
   Teratogenicity
   Off-label use of medicines (Section 25)
   Anti-D prophylaxis
4. **The EMA procedure**
   Pre-abortion assessment: focused medical history
   Pre-abortion assessment: estimation of gestational age
   EMA procedure, up to 10 weeks (70 days)
   Pain management and patient comfort
   Prophylactic antibiotics
   When to initiate contraception
5. **Aftercare and management of complications**
   Verification of completion of abortion
   Selective follow-up
   Reporting
   Management of complications
6. **Patient support**
   General patient safety and support
   Patient-centred information provision
   Counselling availability
7. **Review of key learning points**
   Support patients through the EMA process
   Address the range of what to expect during EMA with the patient
   Assess for completion of EMA
   Assess and manage common complications of EMA
8. **Further reading and resources**
   Pharmacology of medicines used for EMA
   The EMA procedure
   Management of complications
   Patient support
9. **Quiz on EMA**
10. **Feedback**

3

Early surgical abortion theory

1. **Learning objectives and module overview**
   Learning objectives
   Module overview
2. **Tikanga in early surgical abortion care**
3. **Support staff, equipment and medicines used in early surgical abortion abortion**
   Support staff requirements
   Equipment requirements
   Medicines used in early surgical abortion
4. **Review of medical history and examination**
5. **The early surgical abortion by aspiration procedure**
   1. Before the procedure
   2. Bimanual examination
   3. Cervical cleansing and paracervical block procedure
   4. Cannula placement and cervical dilatation
   5. Aspiration of uterine contents
   6. Ensure that the abortion is complete
   7. Report the abortion
6. **Management of complications and aftercare**
   Management of complications
   After care/Poroaki
7. **Patient communication and support**
   General patient safety and support
   Patient centred information provision
   Counselling
8. **Review of key learning points**
9. **Quiz on early surgical abortion**
10. **Further reading and resources**
    International online resources
11. **Feedback**

4



Point of care ultrasound in first trimester abortion (POCUS)

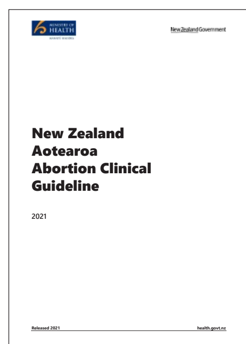
11. **Introduction**
2. **Overview**
3. **Tikanga of abortion care**
4. **Theory of ultrasound**
5. **Equipment – what is required?**
   What is ultrasound?
   Ultrasound can produce different types of image on a screen
6. **Procedures**
   Abdominal scan versus transvaginal scan
   The ultrasound examination
   Points to consider during USS procedure
   Acoustic windows
7. **Interpretation of ultrasound images**
   Grey scale
   Artifacts
   Interpreting 2D images from a 3D uterus
   Is something inside the uterus or outside?
   Scanning early pregnancy
   Distinguishing the gestation sac on ultrasound
   Distinguishing the yolk sac on ultrasound
   Determining crown rump length (CRL) on ultrasound
   Distinguishing the foetal heart on ultrasound
   Pregnancy of unknown location
   Distinguishing retained products of conception on ultrasound and differential diagnosis
   Distinguishing twin pregnancy on ultrasound
   When things don't look right
8. **Key Learning Points**
9. **Quiz on Ultrasound theory**
10. **Practical competency**
11. **Further reading and resources**
12. **Feedback**

5. REGISTRATION

Before commencing training

Prior to commencing this NZCSRH module in abortion care participants should download personal copies of:

- Ngā Paerewa Health and disability services standard https://www.standards.govt.nz/shop/nzs-81342021/
- The New Zealand Aotearoa Abortion Clinical Guideline; https://www.health.govt.nz/publication/new-zealand-aotearoa-abortion-clinical-guideline
- The MOH Te Tiriti o Waitangi framework: https://www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-framework-a3-aug20.pdf



These standards and guidelines will be referred to throughout the training with regards to how they apply to the provision of abortion care.

It is recommended that you have the following skills prior to commencing abortion training:

- Contraception counselling – online course available at: https://www.familyplanning.org.nz/courses/course?id=236
- Long-Acting Reversible Contraception (LARC) training. LARC options should be available for people at the time of their abortion. For training information see "Long-acting Reversible Contraception: Health practitioner training principles and standards" 2022, Ministry of Health. An alternative is to have a pathway for referral for a funded LARC
- Rangatahi Youth friendly practice – we recommend the online training units developed by the Goodfellow Unit for the HEEADSS wellbeing framework – www.goodfellowunit.org/courses/working-youth-heeadsss-assessment (a comprehensive 6 hour training) or https://www.goodfellowunit.org/podcast/heeadsss-five-minutes (a 35 minute audio summary describing how to complete an assessment in a short period of time).

It is also vital that you know how to access and refer people to social support services including violence intervention, addiction, youth support mental health and other health and social services following a positive risk screen. Your organisation should have screening tools to assist in identifying these issues.

Having access to interpreting services and cultural support services is also useful to support your service being accessible and safe for a range of cultures.

All people requesting abortion MUST be offered the option of having pre-abortion counselling so you need to know how to access abortion counselling services. The DECIDE national telehealth service offers virtual abortion counselling for patients accessing abortion via a primary care based abortion service provider. Hospital based abortion providers typically link to appropriately trained social workers within the hospital workforce to provide both abortion counselling and referrals for health and social support services when required.

Providing feedback on training

Your feedback is invaluable to us to assist in improving the course. We would appreciate your assistance by completing the following short form. This form is also available on the feedback page of the abortion training module.

Name:	
Contact details (email address):	
Modules that this relates to:	

1. **How effective do you think the course was in achieving your learning objectives?**

   ○ Not Effective ○ Quite Effective ○ Very Effective

2. **What was the best aspect of the course?**

3. **What was the worst aspect?**

4. **How can it be improved?**

5. **Was the subject matter easy to follow and understand?**

   ○ Not Easy ○ Quite Easy ○ Very Easy

6. **Was the wording clear?**

   ○ Yes ○ No

7. **Were the multimedia materials clearly visible and audible?**

   ○ Yes ○ No

Comments

8. How would you rate the multimedia components of the course?

	Poor	Adequate	Good	Excellent
Video:	○	○	○	○
Audio:	○	○	○	○
Images:	○	○	○	○
Written material and handouts:	○	○	○	○

9. How can we make the course more appealing in terms of visual and auditory aspects?

10. How would you rate the course based on how engaging it is?

○ Poor ○ Adequate ○ Good ○ Excellent

11. Were you satisfied with the level of interactivity provided by the course, such as the quizzes?

○ Poor ○ Adequate ○ Good ○ Excellent

12. What changes would you like to apply to the training?

13. What additional areas would you like to see covered in the training?

14. Overall, how would you rate the training?

(One to five stars)

Please send completed feedback forms to advisor@nzcsrh.org.nz

6. ABBREVIATIONS

ANZCA	The Australian and New Zealand College of Anaesthetists
ASC	Abortion Supervisory Committee
APGANZ	Abortion Providers Group Aotearoa New Zealand
BhCG	beta human chorionic gonadotropin
CMT	cervical motion tenderness
COCP	combined oral contraceptive pill
CRL	crown-rump length
ECP	emergency contraception pill
ED	emergency department
EDD	estimated date of delivery
EMA	early medical abortion
EVA	electric vacuum aspirator
IM	intramuscular
IPV	intimate partner violence
IUC	intrauterine contraception
IUP	intrauterine pregnancy
IUS	intrauterine system
IV	intravenous
LARC	long-acting reversible contraception
LGBTQI+	lesbian, gay, bisexual, transgender, queer, intersex, +
LMC	lead maternity carer
LMP	last menstrual period
MCNZ	Medical Council of New Zealand
MOH	Ministry of Health
MSD	mean sac diameter
MVA	manual vacuum aspirator
NAAT	nuclear acid amplification test
NSAID	nonsteroidal anti-inflammatory drug
NZCSRH	New Zealand College of Sexual & Reproductive Health
OCP	oral contraceptive pill
PID	pelvic inflammatory disease
PO	per oral
POCUS	point of care ultrasound
POP	progesterone only contraceptive pill
PPE	personal protective equipment
PR	per rectum
PSO	practitioner supply order
PUL	pregnancy of unknown location
PV	per vagina
RPOC	retained products of conception
SL	sublingual
SOGIESC	sexual orientation, gender identity, gender expression and sex characteristics
SRH	Sexual and reproductive health
STI	sexually transmitted infection
TV	transvaginal
TVUS	transvaginal ultrasound
US	ultrasound
WHO	World Health Organization

7. GLOSSARY OF TE REO TERMS

Aotearoa	Indigenous name for New Zealand
Awa	river, rivers
Atua	god/godess, deity, supernatural being, menstrual blood
Hākari	feast, gift, entertainment
Hapū	to be pregnant, subtribe
Harakeke	flax
Hine	girl, daughter
Hine-ahu-one	the first woman
Hine-nui-te-pō	goddess of stardust and sunlight, also known as the goddess who receives the dead
Hina-te-iwa-iwa	goddess of the moon and reproductive cycle of women, goddess who resides over the women's esoteric knowledge and ceremonial arts
Hine-tītama	daughter of Hine-ahu-one, goddess of the dawn, binding night and day
Hinengaro	psychological, the hidden maiden
Ia	he/she, him/her
Ipu	container, bowl, vessel
Ipu Whenua	container to hold placenta or pregnancy tissue (preferably bio friendly to break down once buried)
Iwi	tribe, tribal nation, collection of families related through a common ancestor, human bone
Kai	food, to eat
Kaimoana	seafood
Kāinga	house
Kaitiaki	guardian, caretaker
Karakia	chant, incantation
Kāwanatanga	governance, government
Kaumātua	elder
Kaupapa	topic, subject, theme
Kaupapa Māori	living through tikanga
Kete	basket, kit
Koha	donation or gift
Kohukohu	sphagnum moss
Kōrero	talk, to speak, narrative
Kuia	elderly woman
Kuka	dry flax leaves, abortion
Mahi	work
Mana	prestige, authority, control
Mana Wahine	power and authority of Māori women

Manaakitanga	to support, give hospitality, show respect and generosity to others
Manuhiri	visitor, guests
Materoto	miscarriage, abortion, spontaneous abortion, stillbirth, to be stillborn
Marae	open area in front if meeting house, also refers to general complex of buildings and land
Mātauranga Māori	education, wisdom and knowledge skill pertaining to Māori
Maui	Polynesian cultural hero and demigod
Maunga	mountain
Mihi	acknowledge, greeting
Moana	sea
Moko	print, tattoo
Mokopuna	grandchild, grandchildren
Ngahere	forest
Noa	to be free from the restrictions on tapu, unrestricted
Oranga	wellbeing, health, living
Pākehā	non Māori, European settlers
Papatūānuku	earth mother
Pōwhiri	ceremonial welcome
Puna	a well, spring
Pūrākau	origin stories
Rangatahi	young person, adolescent
Rangatira	chief (male and female)
Raranga	to weave
Ranginui	Sky Father, God of the Sky
Tāne	male, man
Tāne-Mahuta	atua of forests, trees and birds
Te Taiao	the environment
Te taha hinengaro	the psychological side
Te taha tinana	the physical side
Te taha wairua	the spiritual side
Te taha whānau	family wellbeing
Tara	vagina
Tahe	Menstrual blood, abortion, menstruation, exude, drop, flow
Tangata	people
Tangata whenua	people of the land
Taonga	treasure, possession
Tapu	to be sacred, set apart, under atua protection, restricted
Te Ao Māori	the Māori world, Māori worldview
Te Ao Mārama	the world of life, light, the physical world

Te Kore	the void, the primordial womb-space at the beginning of the world
Te Reo Māori	the Māori language
Te Tiriti o Waitangi	Māori version of the Treaty of Waitangi
Tikanga	correct procedure, custom, practice, habit
Tinana	body, physical
Tino rangatiratanga	political, social, cultural and economic autonomy
Tipuna/Tupuna	ancestor
Tīpuna/Tūpuna	ancestors
Toto	blood
Uha	vulva, female genitals, femaleness
Ure	penis
Wā	time, season
Wahine	woman
Wāhine	women
Waiata	song
Wairua	spirit, soul
Wairuatanga	spirituality
Waka	canoe
Wānanga	learning, series of discussions
Whaea	mother, aunt, female relative
Wahakura	woven harakeke (flax) bassinet for infants
Whaiora	seeker of wellbeing, client, patient
Whakaaro	thoughts
Whakairo	carving
Whakamana	to authority or prestige to, to enhance the mana of another/others
Whakapapa	geneology, descent lines, to layer , past influences
Whakataukī	proverb, saying
Whakawhanaungatanga	to make relationships
Whare	house
Whānau	family, to be born, to give birth
Whare Tangata	house of humanity, womb
Whenua	land, placenta, pregnancy tissue
Whenua ki te whenua	returning the placenta to the land