

UNPLANNED PREGNANCY COUNSELLING

Counselling is really an umbrella term, and can include advice, information, support, education and/or therapy. Counselling can offer a valuable and much-needed resource when making a decision about a pregnancy. Some may not feel a need for it, while others can find it very helpful.

Counselling can be whatever you need it to be. If you feel you need support with decision making, feel you have already made a decision and just need to talk it through, or simply need someone else to talk to, counselling can be helpful.

Some people may feel uncomfortable or unable to talk with friends and relatives about an unplanned or unwanted pregnancy. In this situation counselling can provide an opportunity to work through your individual situation and your thoughts and feelings in a supportive environment. Counsellors working in a pro-choice setting can also provide accurate unbiased information which may assist you in making the decision which is right for you at this time in your life.

A WORD OF CAUTION

It is important that the counselling you access is pro-choice, non-judgemental, and non-directive. Some organisations offering unplanned pregnancy support or counselling may misrepresent their service when advertising or on their websites and may actually be anti-choice organisations.

Always check that any support or counselling service is a genuine pro-choice, non-directive service before you go there. One way of checking is to ask if they will give you information about abortion services if needed. A non-directive service will always do this.

References

Children by choice: childrenbychoice.org.au
Marie Stopes International: mariestopes.org.au
Better Health Channel: betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Abortion_counselling_options
betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Abortion_emotional_issues
betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Abortion_some_misconceptions
Office for Children, Youth and Family Support: dhcs.act.gov.au/ocfyfs/services/adoptions
University of Iowa Maternity Centre: uihealthcare.com/depts/maternitycenter/pregnancy/emotions
The Royal Women's Hospital Victoria: thewomens.org.au/Abortionthemyths

UNPLANNED PREGNANCY COUNSELLING IN THE ACT REGION

Sexual Health and Family Planning ACT (SHFPACT) provides professional, unbiased, non-directive, respectful, and confidential counselling for those who are making a decision whether or not to continue a pregnancy, or who are experiencing an unplanned pregnancy.

This is a free service, and the only free non-directive, face to face unplanned pregnancy counselling service in the ACT. The counselling service is staffed by experienced nurse counsellors.

SHFPACT counsellors are also able to refer you to external counsellors should you need more complex counselling.

If you don't feel you need counselling but would like information about your options our nurse counsellors can also provide this for you.

TO MAKE AN APPOINTMENT OUR WEBSITE SHFPACT.ORG.AU OR CALL US ON 02 62473077

FOR FURTHER HELP WITH DECISION MAKING SEE

Children by Choice

childrenbychoice.org.au/forwomen/decisionmaking

IMPORTANT CONTACTS

Sexual Health & Family Planning ACT.

Clinic and Unplanned Pregnancy Counselling service.
02 62473077
shfpact.org.au

Parenting advice/support

13 34 27
parentlink.act.gov.au/

Having a baby in Canberra

havingababyincanberra.org.au

ADOPTION

ACT Adoptions and Permanent Care Unit

02 6207 1335
doptions@act.gov.au
communityservices.act.gov.au

ABORTION

Gynaecology Centres Australia

02 65859559
gcaus.com.au

Marie Stopes International

1300 863 54
mariestopes.org.au

UNPLANNED PREGNANCY



Sexual Health and Family Planning ACT
Level 1, 28 University Ave, Canberra City
Call 02 6247 3077 • SMS 0400 770 999
or email shfpact@shfpact.org.au

shfpact.org.au

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If you have symptoms of pregnancy, have had at least one positive home pregnancy test, and you know that you do not want to continue the pregnancy you do not need to see a GP, you can book into an abortion clinic without a referral.

If the pregnancy test is negative and your period still has not come, repeat the test again in a week. If it is still negative, then you might want to visit your GP or a family planning clinic.

WHAT ARE THE SYMPTOMS OF PREGNANCY?

The symptoms of pregnancy can vary. The most common symptom that occurs is no period, or your period being unusually short and light.

Other symptoms include:

- Swollen and tender breasts
- Nipple sensitivity
- Tiredness
- Urinating more often
- Nausea
- Vomiting
- Food aversions (finding the taste and smell of some foods very unpleasant)
- Food cravings
- Mild pelvic cramping which may feel like period cramps
- Feeling more emotional or moody

Some will get just a few symptoms, some will get many or all of these symptoms, and for others the only symptom they may have is missing a period.

HOW WILL I KNOW HOW FAR PREGNANT I AM?

A pregnancy is calculated from the **first** day of your last **normal** menstrual period. If you see a doctor or nurse they can help you to work out how pregnant you are using this date.

They may also use the results of a pregnancy blood test to work it out, and possibly an ultrasound if you have an irregular menstrual cycle or don't know when your last period was.

If you are going to have an ultrasound and you are unsure if you are continuing the pregnancy make sure that you tell the doctor and the person doing the ultrasound so that they can approach the ultrasound sensitively and appropriately.

Pregnancy is counted in weeks and days rather than months, and the length is referred to as 'gestation'. For example: 8 weeks and 4 days gestation.

If complications do occur the most common is retained products (where a small bit of pregnancy tissue remains in the uterus after the abortion-usually requiring a second procedure) and infection, which is dealt with by using antibiotics.

MYTHS ABOUT ABORTION

There are many myths about abortion. These are often put forward by individuals or groups who are anti-choice and who run scare campaigns about abortion, or by people who are simply misinformed. As a result there is a lot of biased and inaccurate information out there, particularly online.

In reality we know that legal, safe abortion has a very low rate of complications and is a common procedure in Australia that forms part of good reproductive health care.

Research has shown that there is no link between safe, legal abortion and future problems such as infertility, breast cancer, or long-term mental health problems.

HOW MIGHT YOU FEEL FOLLOWING AN ABORTION

The majority of people cope very well after having an abortion, and the most common feeling that is expressed is relief.

How you feel afterwards will depend on many factors, including your individual circumstances, how you felt about the decision, your individual beliefs and values, if you had good support and someone to talk to, and importantly if the decision was yours. Studies show that the vast majority of people who have abortions (around 98 per cent) feel that they made the right decision.

The very small number of people who do experience emotional problems tend to be those who were very ambivalent at the time of the abortion, or were persuaded or coerced into having an abortion by someone else.

Some people are pressured by partners, family, or others to have an abortion. If someone wants to continue the pregnancy, a coerced abortion can result in emotional problems for them afterwards.

If someone has had problems with anxiety or depression in the past and has found the decision to have an abortion a very difficult one then they may have more difficulty and need more support during this time. This support may be from family or friends or through professional counselling.

AVAILABILITY OF ABORTION

All states & territories in Australia have some abortion services however the availability of these services and the limits of how far pregnant you can be when you can have an abortion vary.

In the Australian Capital Territory (ACT) abortion is a legal, regulated health service and is covered under the Health Act 1993. There are two clinics which provide termination services in the ACT region:

MARIE STOPES AUSTRALIA

has a clinic in Canberra city which provides medication abortion up to 9 weeks gestation and surgical abortion up to 16 weeks gestation at time of publication. Call **1300 867 104** or enquire and book online via their website: mariestopes.org.au

GYNAECOLOGY CENTRES AUSTRALIA

has a clinic in Queanbeyan which provides medication abortion up to 9 weeks gestation and surgical abortion up to 14 weeks gestation at the time of publication.

Call **02 6585 9559** or enquire and book online via their website: gcaus.com.au

In NSW and Queensland abortion is available up until 22 weeks gestation, and in Victoria there are clinics that provide abortion up to 24 weeks gestation. Abortion is available over these gestations in exceptional circumstances.

If you need further information and contact numbers for these services, please contact SHFPACT on **02 62473077**.

QUESTIONS YOU MAY WANT TO ASK YOURSELF WHEN CONSIDERING ABORTION.

- How do I feel about the issue of abortion generally?
- How do I feel about abortion for myself?
- What are the pros and cons of abortion for me (write these down).
- How do I think I may feel 6 months from now?
- How do I think I may feel 2 years from now?
- Do I know anyone who has had an abortion?
- What are my main fears and uncertainties about having an abortion?
- What strategies can I use to deal with those fears and uncertainties?

WHAT TO DO NEXT IF YOU DECIDE TO HAVE AN ABORTION?

You can call one of the abortion services directly to make an appointment, you do not need a doctor's referral for this.

If you would like further information before making a booking with an abortion clinic make an appointment with SHFPACT's free unplanned pregnancy counselling service via our website: shfpact.org.au or call us on **02 6247 3077**

UNPLANNED PREGNANCY

Unplanned pregnancy is common and it is estimated that approximately 200,000 unplanned pregnancies occur in Australia every year.

There are three choices available when you have an unplanned pregnancy:

- Continue the pregnancy and parent.
- Continue the pregnancy and place the child for adoption.
- Have an abortion.

WHAT TO DO FIRST IF YOU THINK YOU MIGHT BE PREGNANT

If you think you are pregnant the first step is to find out if you definitely are. To do this you need to have a pregnancy test. Finding out if you are pregnant is important so that you can get the right care early if you are continuing the pregnancy, access timely abortion if you are not continuing, and give yourself time to make a decision if you are unsure.

You can do a home urine pregnancy test, or you can go to your doctor or a family planning clinic to have a test. Home pregnancy tests are readily available in supermarkets and pharmacies. If you make sure that the test is in date and follow the manufacturer's instructions correctly, the accuracy of these tests is 97%. Using the first urine sample in the morning makes the test more accurate. Remember you need to do a urine pregnancy test *after* you have missed your period, or 16 days after the sex you are worried about. If you do a test too early, such as before a missed period, it may not be accurate.

If the pregnancy test is positive, you can confirm the pregnancy with your GP, or a nurse or doctor at a family planning clinic. Seeing a nurse or doctor will also allow you to obtain further information, advice, assistance, or referral as needed. They can also do a pregnancy blood test if needed, which is more accurate than a urine test and can give an estimation of how far pregnant you are.

WHAT TO DO NEXT IF YOU THINK YOU WANT TO PLACE A CHILD FOR ADOPTION.

Gather as much support as you are able to from people that you trust, and access counselling services as needed. Talk to the conception partner, if that is possible and safe. Gather more information about adoption and talk to the people who work in the area of placing children for local adoptions.

There are options for temporary care (such as foster care or kinship care) which may be an alternative to adoption. You can discuss this with the staff who work with adoptions.

Further information: ACT Community Services
Website: communityservices.act.gov.au and search for Adoptions. You can also contact Child and Youth Protection Services via phone on **02 6207 1466** or email adoptions@act.gov.au

ABORTION

Abortion is the ending of a pregnancy by medication or a surgical procedure. It is estimated that up to 1 in 3 women in Australia have at least one abortion in their lifetime. Most of these abortions occur in early pregnancy and over 92% occur in the first 14 weeks of pregnancy.

TYPES OF ABORTION

MEDICATION ABORTION

Medication abortion (also called medical abortion) is available in Australia for pregnancies under 9 weeks. This is a non-surgical method of terminating a pregnancy using medication to induce an abortion. Medication abortion is available through abortion clinics and through some GPs who have received training in providing medication abortion. There is no available list of GPs who provide this service in Australia so you will need to ask your GP if they do this.

For people who are unable to access abortion services in their area there are telehealth options for medication abortion. For more information call SHFPACT on 02 62473077.

HOW DOES MEDICATION ABORTION WORK?

Medication abortion uses two different medications to end a pregnancy. The first medication, which is taken at the time of your visit to the clinic or GP, blocks the hormone progesterone which is maintaining the pregnancy. The second medication is taken 24-48 hours later and causes the uterus to expel the pregnancy tissue.

The process of expelling the tissue usually takes about 4 hours but can take up to a few days. Period like pain and bleeding will occur as part of the process. The bleeding should ease within the first week, but lighter bleeding can continue for up to a month afterwards.

Success rates for medical termination are up to 98%. While still very low, the complication rate is slightly higher than for surgical abortion.



For more detailed information regarding the process of medication abortion visit Children by Choice at: childrenbychoice.org.au/forwomen/abortion/medicationabortion

SURGICAL ABORTION

Surgical abortion is a simple surgical procedure which is carried out as a day procedure. While surgical abortion can be done under local anaesthetic (which is injected into the cervix) or general anaesthetic, it is most often performed under twilight sedation, where you are effectively asleep during the procedure. Twilight sedation has few health risks and is considered safer than a general anaesthetic.

WHAT HAPPENS WITH A SURGICAL ABORTION?

First you need to make an appointment with the abortion service. They will advise you about how long you will need to fast beforehand and what to bring to the clinic with you. You may spend from around two hours to half a day at the clinic. While procedures vary with individual clinics this will usually include admission, consultations with a nurse, an anaesthetist, and the doctor performing the abortion, and usually includes blood tests and an ultrasound.

The actual abortion itself takes only 10 to 15 minutes to perform and is done by putting a small tube through the cervix and gently removing the pregnancy tissue from the uterus using suction. Following the procedure you will spend some time in recovery before you are able to go home. Most clinics require you to have someone to drive you home because you have had sedation.

Second trimester abortions (over 12 to 14 weeks gestation) usually require a different procedure, sometimes involving two separate visits to the clinic, one for the preparation of the cervix and one for the procedure itself. Second trimester abortions require a more complex procedure and are therefore also more expensive, with cost increasing with the length of the pregnancy.



For more detailed information regarding the process of surgical abortion see Children by Choice: childrenbychoice.org.au/forwomen/abortion/surgicalabortion

HOW SAFE IS ABORTION?

In Australia abortion is performed by highly trained medical professionals, in the case of surgical abortion is performed in accredited health facilities, and is one of the safest procedures available. The complication rate for early surgical abortions is very low at around 1%. This rate rises to around 5% after 15 weeks gestation. The complication rate for medication abortion is between 2% and 5%.

Pregnancy is divided into 3 trimesters:

- The **first trimester** is from the beginning to 12 weeks.
- The **second trimester** is from 13 weeks to 28 weeks.
- The **third trimester** is from 29 weeks to 40 weeks.

DEALING WITH AN UNPLANNED PREGNANCY

Experiencing an unplanned pregnancy can be a very stressful and confusing time. Shock is a common experience when you first realise that you are pregnant, even if it was already suspected. You might find that you feel unable to think clearly and may experience a lot of mixed emotions. This feeling of shock may continue for some days after you first find out.

Feelings of uncertainty and ambivalence are also very common, and this can occur even when a pregnancy has been planned. An unplanned pregnancy can be particularly difficult if you are feeling uncertain about what decision you will make about the pregnancy, or if your thoughts and feelings about what you want to do differ from that of your partner, or the conception partner.

Emotions generally can be quite intense during pregnancy. This is thought to be due to the effect of pregnancy hormones. You may experience mood swings and may become upset more easily.

This can make dealing with an unplanned pregnancy, and making a very important decision like this more challenging.

MANAGING STRESS

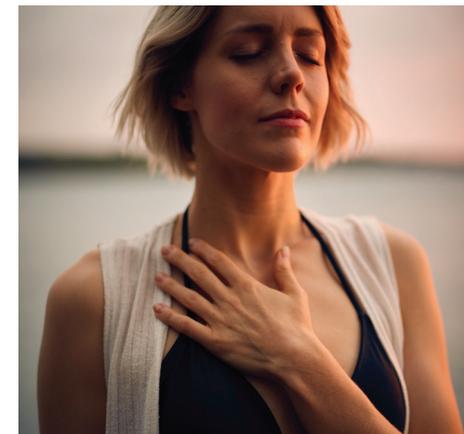
The following are some ways that can help you to manage stress. These are good techniques to use in normal daily life and are particularly useful during a difficult time when you are feeling very stressed and/or upset:

DROPPING ANCHOR

Sitting quietly, first notice the thoughts and feelings that you are having and acknowledge that they are there. Then bring your awareness back into your body, straighten your back, push your feet into the floor, push your fingertips together, move your shoulders, elbows and arms. Then look around you, notice what you can see, then notice what you can hear, what you can smell, what you can feel and what you can taste. Now notice your breathing, then slow and soften your breathing. This exercise can help to ground you and bring you back into the present when you are feeling stressed and caught up in difficult thoughts or feelings.

SLOW BREATHING

Using your abdominal muscles inhale to the count of 4, pause and then exhale to the count of 8, repeat. Try to do this for a few minutes and do it regularly throughout the day or when you are feeling stressed.



BOX BREATHING

Inhale to the count of 4, pause to the count of 4, exhale to the count of 4, pause to the count of 4, repeat. Do this exercise for at least a few minutes.

MAKE ROOM FOR THE FEELINGS

Make time to sit down somewhere quiet and focus on the feelings. Focus on one feeling at a time. Be curious about that feeling, where is it in your body? Is it big or small? Does it have firm edges or soft edges? What shape is it? Does it have a colour? Breathe into the feeling, soften around it, and make room for it to be there. This can help you to be more comfortable with these feelings and allow you to think more clearly, and to then take the action that you need to.

DEALING WITH THOUGHTS

Our minds are very busy, and at times of stress this is particularly so. This is very normal. Learning to notice your thoughts can help you to not become fused or locked in to them. When having a thought, ask yourself it is helpful or unhelpful. If it is helpful you may want to pay attention to it, if it is unhelpful or it is not a good time to have it, then you can use some techniques to lessen the effect of that thought. You can notice a thought and say to yourself 'I notice I'm having the thought that...' then bring yourself back into the present moment. Then this just becomes another thought. You can also just notice thoughts like leaves floating past on a stream, or clouds drifting past in the sky, and again bring yourself back into the present.

SELF-CARE

It's very important to remember to look after yourself during a difficult and stressful time. Take time out from focussing on the decision. Nurture yourself by taking time to relax, to rest and to do some of the things that you enjoy and that nourish you, such as taking a bath, going for a long walk, having a massage or a facial, going to a movie, or catching up with close friends. Practising self-compassion, meaning kindness towards yourself, is also very important.

TALKING TO SOMEONE

Talking to someone close who you trust and who you know will support you in whatever decision you might make can also be very helpful.

If you are feeling particularly distressed and don't have anyone that you can talk to it's important that you seek help: see your GP; make an appointment with a known psychologist if you have one; make an appointment to see an unplanned pregnancy counsellor (see details below); or call **Lifeline on 13 11 14**.

If you are concerned about domestic violence and staying safe, call the Domestic Violence Crisis Service on **6280 0900** if you are in the ACT or call the Domestic Violence Line on **1800 656 463** if you are in NSW.

MAKING A DECISION ABOUT AN UNPLANNED PREGNANCY

For some people having to make a decision about whether to continue a pregnancy or not can be relatively straightforward. For others it may be a very difficult decision depending on their individual circumstances.

Most people who are considering their options in relation to an unplanned pregnancy consider many factors, including:

- The state and stability of the relationship with the conception partner.
- The level of support they may have from family or friends.
- Whether or not they feel ready to take on a parenting role.
- The needs of children they may already have.
- Career, study, housing, and financial considerations.
- Their life plans and goals.
- Their state of physical and emotional health.
- Their beliefs and values.

Unless you feel quite clear about what you are going to do it is usually advisable to take time to make a decision. Remember however that this is a time sensitive decision and you may need to make a decision relatively quickly if your pregnancy is more advanced.

Consider the different options and factors impacting on your decision, and if you are in a relationship talk it through with your partner.

If you find that it is just too difficult and you are unable to make a decision, or you would like to talk it through with somebody to clarify your thoughts and feelings, counselling may be helpful for you.

MAKING A DECISION AS A COUPLE

While the decision to continue a pregnancy is essentially your decision as the pregnant person, if you are in a relationship it is a decision that will inevitably affect you as a couple.

Talking about an unplanned pregnancy as a couple can be difficult. Before you do this you might want to think about your own feelings about the pregnancy first so you have some clarity before you involve your partner. It may also be helpful to think about what you want from them before talking to them. You might want to involve them in the decision, just tell them about the decision that you have made, or just make time to listen to each other's views even if you feel they will not support your decision.

When you do talk about it as a couple, make sure that you allow focussed time to do this, and agree to taking turns to fully and respectfully listen to each other so that you both feel heard.



For more information about making a decision as a couple see Children by Choice. Visit childrenbychoice.org.au/forwomen/decisionmakingasacouple or scan the QR Code.

UNPLANNED PREGNANCY

CONTINUING THE PREGNANCY AND PARENTING

Choosing to become a parent, or to raise another child, is a life changing decision. About half of those who experience an unplanned pregnancy choose to continue the pregnancy and parent. There are many issues that you may consider when thinking about this option, these may include:

Your existing relationship and individual family circumstances.

- The level of support from your partner.
- The level of parenting support you may get from the conception partner if they are not your partner.
- A continuing connection with the conception partner if they are not your partner.
- Support that you may have from your own or your partner's parents, extended family, or friends.
- Your financial situation.
- Whether you have secure housing.
- Study, employment and career issues.
- The use of drugs and alcohol during pregnancy.
- How you would look after a baby & child - feeding, health, and wellbeing.
- Any domestic violence and issues relating to your own and any child's safety and wellbeing.

QUESTIONS YOU MAY WANT TO ASK YOURSELF WHEN CONSIDERING CONTINUING THE PREGNANCY AND PARENTING

- How do I feel about the prospect of becoming a parent/or having another child?
- If I continue the pregnancy and keep the child what will change in my life?
- Will I have support from my partner?
- If not, can I parent this child on my own?
- How do I feel about an ongoing connection with the conception partner, and possibly sharing custody of a child if they are not my partner?
- Will I have practical support from family or friends?
- What effect will continuing the pregnancy and parenting have on my current children?
- Do I have secure housing? If not could my family help with this?
- Am I in a financial position to support myself and a child? Do I have significant debts, or could I manage ok?
- How will continuing the pregnancy affect my education?
- How will continuing the pregnancy affect my career and what I want in my career?
- What are my hopes and goals for my life?
- What would I like my life to be like in one year... 5 years...10 years.
- How will the decision I make about this pregnancy affect what I want for myself in the future?
- What are my main fears about continuing the pregnancy?
- What are my fears about ending the pregnancy?
- What strategies can I use to deal with those fears?

It's a good idea to take some time to sit down and focus on the questions that are relevant to you, and to write down your responses.

WHAT TO DO NEXT IF YOU ARE CONTINUING THE PREGNANCY

Make an appointment to see your GP. They will be able to organise the routine blood tests done in pregnancy, talk to you about pregnancy health, antenatal care, and your birthing options. You will also need a referral for pregnancy care. For more information about pregnancy care and birth options for women living in the ACT region see: 'Having a Baby in Canberra' havingababyincanberra.org.au

ADOPTION

Adoption is where the legal rights and responsibility for a child are permanently transferred from the birth parents to the child's adoptive parents. This means that once the child is adopted, the birth parents will no longer be the child's legal parents and the child's adoptive parents will become the child's legal parents. This is a permanent arrangement.

Adoption arrangements take place after the child is born, however adoption services provide information and support for birth parents throughout the pregnancy. In the ACT Child and Youth Protection Services, within the Community Services Directorate, is responsible for providing adoption services in accordance with the Adoption Act 1993.

Both parents of a child have legal rights and ideally in most situations, both parents should be involved in the adoption plan for their child. Sometimes however it may not be possible for a mother to involve the child's father in the adoption decision.

An adoption decision for a child only becomes official when the parent signs a consent form. This happens after the child is born. The parent cannot sign a consent form until the baby is at least 8 days old and they must have had this consent form for at least 14 days. There is then a cooling off period of 30 days during which the birth parent can change their mind.

When birth parents make an adoption plan for their child, they may choose to be actively involved in the process of selecting adoptive parents. Birth parents may choose to meet the adoptive parents and to have occasional contact with the child and adoptive parents. Photographs and updates about the child can also be provided to the birth parents by the adoptive parents. Any contact arrangements, if agreeable to both parties, can be included in the conditions of adoption order made in the Supreme Court. Adoption can be a difficult process and it is important that you get good support and counselling if you are considering this option.

QUESTIONS YOU MAY WANT TO ASK YOURSELF WHEN CONSIDERING ADOPTION

- How do I feel about adoption?
- What are the pros and cons of adoption? (Write this down)
- How do I feel about each of these pros and cons. (write these down too)
- How would I feel putting a child up for adoption?
- How do I think I may feel in a year from now if I put a child up for adoption?
- How do I think I may feel in 5 or 10 years from now if I put a child up for adoption?
- Do I know anyone who has put a child up for adoption?
- Are there options for temporary care of a child that I want to consider?
- What are my main fears and uncertainties about adoption?
- What strategies can I use to deal with those fears and uncertainties if I decide to place my child for adoption.