

# The Swedish abortion law

<18+0

The woman decides

18+1 to 22+0

Permission from the National Board of Health and Welfare. Special reasons

Upper limit.

Foetal viability defined as >22+0. Abortion thereafter is only allowed if due to foetal abnormalities the foetus is not viable

# Duration of pregnancy at abortion

- Total number of abortions 2011 were 37.696 or 20.8 abortions 1.000 women of fertile age

-9	9-12	12-18	>18
	weeks		
79.0%	14.4%	5.5%	1.1%

# Abortion methods related to duration of pregnancy

	-9		9-12		>12	
	No	%	No	%	No	%
Vacuum aspiration	3.156	10.7%	3.865	71.6%		
Medical abortion*	26.472	89.3%	1.533	28.4%	2.460	
					Almost all medical abortion	

\* Mifepriston + singel or repeated misoprostol

# Abortion care

- All abortions are performed at general hospitals or private clinics with a special permission from the National Board of Health and Welfare
- The providers should preferably have the capacity to perform the abortion within 2 weeks

# Abortion care

- Only registered doctors are allowed to perform an abortion
- The doctor could, however, distribute the work to others e.g. midwives if it not influence patient security
- Doctors and midwives work together at the abortion clinic. The work is divided between them depending on skill and experience

# Education to be a midwife

A postgraduate diploma in midwifery includes 3 years university education to be a certified nurse followed by 1.5 years at the university to obtain a wide knowledge in reproductive, perinatal and sexual health.

The education will end with an examination and an authorization by the National Board of Health and Welfare

# Midwife. Practical knowledge

- Independently deal with a normal pregnancy and delivery, manual operations in relation to delivery, perform vacuum extraction.
- Prescribe and administer contraceptive methods including IUD.
- Perform cervix cancer screening
- Have some knowledge in management and research

# Midwife. Practical knowledge

- Ultrasonography is not a part of midwife education but special courses are available.
- Trained midwives are with back-up from experienced doctors performing the routine ultrasonographic screening around the 18th pregnancy week.
- They are also measuring the nuchal translucency thickness in pregnancy week 11-12.



# Education of doctors

- 5.5 years of basic education
- 18 months internship
- 5 years of specialist training

# Education of doctors

- Basic education
- Includes 15 weeks of Obstetrics and Gynecology and Pediatrics with lectures and clinical education at the University Departments of Obstetrics and Gynecology and Pediatrics

# Education of doctors

- Internship.
- The aim is through personal guidance and practical work as a doctor to complement the basic education with practical experience needed for all doctors irrespective of future speciality.
- Practical work at a medical and surgical unit, in psychiatry and in general medicine.
- Ends with an examination and by authorization as a doctor by the National Board of Health and Welfare

# Education of doctors

- Specialist training.
- Work as a doctor at a Department of obstetrics and gynecology, general surgery, anaesthesia and intensive care.
- The medical competence is divided in a number of areas each including clinical work, courses and theoretical studies. The supervisor certifies that the doctor has obtained the specified knowledge.
- One such area is contraception and induced abortion during which the doctor works at a family planning unit providing contraception and abortion

# Education of doctors

- The specialist training also includes education in communication with patients, colleagues and students and knowledge in management.
- The specialist should also have the ability to a scientific attitude, knowledge of research methods and in interpreting scientific information

# Comparison of midwives and doctors in abortion care

- In a recent study by H. Kopp Kallner, Kristina Gemzell Danielsson et al. Including almost 1200 women who choose an early medical abortion were randomly allocated to meet a doctor for gynecological examination and contraception and a midwife for information and treatment or a midwife taking care of all activities.
- Both alternatives were highly appreciated by the women, but women in both groups would prefer, if they needed a new abortion, to be treated by a midwife.
- Women in the only midwife group were also less likely to contact the emergency clinic for problems related to the abortion.

# Conclusion

- In Sweden doctors and midwives work together at the abortion unit. The distribution of the work between them varies from one center to another and is depending on individual knowledge.
- The general tendency is that trained midwives takes over an increasing part of the work especially when it comes to early medical abortion