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 viabel
Duration of pregnancy at abortion

- Total number of abortions 2011 were 37,696 or 20.8 abortions 1,000 women of fertile age

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>-9</td>
<td>79.0%</td>
</tr>
<tr>
<td>9-12</td>
<td>14.4%</td>
</tr>
<tr>
<td>12-18</td>
<td>5.5%</td>
</tr>
<tr>
<td>&gt;18</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
## Abortion methods related to duration of pregnancy

<table>
<thead>
<tr>
<th>Duration</th>
<th>Vacuum aspiration</th>
<th>Medical abortion*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
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<tr>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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 midwifes 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

• Intership.
• 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 superwiser certify that the doctor has obtained the specified knowledge.

• One such area is contraception and induced abortion during which the doctor work 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 midwifes 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 midwifes takes over an increasing part of the work especially when it comes to early medical abortion.