

## Termination of pregnancy, medical treatment

The advantage of medical termination of pregnancy is that there is no need for anesthesia or invasive procedures on the uterus. Medical termination of pregnancy is successful in about 95 % of cases. The termination of pregnancy is carried out by using two different medications, which cause your uterus to contract and the pregnancy to pass in the form of bleeding. The termination of pregnancy **is irreversible** after the medication has been taken, because they can cause fetal malformations. Medical termination of pregnancy might not be a suitable option for individuals with severe chronic diseases, severe hypertension, severe asthma or allergy to the medication used to carry out the treatment.

### Acquiring a referral for termination of pregnancy

**You will need a referral (form AB1)**, which you can get from your local health center or from a private doctor. After you have received the referral, make an appointment at the gynaecological outpatient clinic.

### Appointment at the gynaecological outpatient clinic

**Bring the AB1 form with you to the appointment.** At the appointment, the gestational age will be confirmed with an ultrasound and a pelvic exam. In addition, a blood test to determine your blood type will be taken, and, if necessary, you will be tested for chlamydia and gonorrhoea.

The doctor will write you a medical certificate for **2 days of sick leave**, starting from the first day of bleeding, and a prescription for pain medication. Make sure you have pain medication at home beforehand! In addition, the doctor will discuss the **pregnancy prevention options** available for you after the termination.

The medical treatment can be carried out at home or in hospital. If the treatment is carried out at home, **you must have an adult support person at home to help you on the day you take the Cytotec® medication.** After your appointment, a nurse will provide you with the medications and instruct you on how to carry out the treatment.

### Starting the medical treatment

You will receive the **first medication to terminate the pregnancy**, Mifegyne®, under a nurse's supervision. The medication prepares your body for the emptying of the uterus, which takes place two days later. The medication can cause bloody discharge and discomfort in your lower abdomen. If you **vomit within 2 hours** of taking the medication, some of the medication can fail to absorb. If this happens, call the hospital responsible for your care to receive another dose.

If **your blood type is Rh negative**, you will receive an anti-D immunoglobulin injection, which is used to prevent the formation of antibodies in your blood in future pregnancies.

## **Carrying out the medical management at home or in hospital**

If the treatment is carried out at the gynaecological inpatient ward, you will receive the medications at the hospital.

To be filled: **The treatment is carried out on** \_\_\_\_\_

Take the first pain medication, for example ibuprofen 600–800 milligrams and/or paracetamol 1 gram, in the morning with your breakfast to make sure it will be in effect before the contractions start.

**About an hour** after taking the pain medication, place **4 Cytotec® tablets** in your vagina. **After 3 hours, place 2 more Cytotec® tablets**. If you are already experiencing heavy bleeding, take the tablets by mouth by sucking on / chewing them. If there is already bleeding, the tablets can exit the vagina with the bleeding without having been absorbed.

The medication **causes the uterus to contract**, and the pregnancy tissue will leave the body in the form of **heavy bleeding**. The heaviness of the bleeding will depend on how far along the pregnancy has progressed. In most cases, the termination happens 2 to 6 hours after the first tablets were taken.

## **Pain management**

In most cases, uterine contractions cause pain in the lower abdomen, lower back, and sometimes in the thighs. The pain can vary from mild painful sensation similar to menstrual pain to intense pain. Other symptoms can also include nausea, and sometimes vomiting, diarrhea, dizziness and headache. The symptoms will ease after the pregnancy tissue has passed.

**Take additional pain medication according to your needs, for example:**

- ibuprofen 600–800 milligrams 1 to 3 times a day
- paracetamol 1 gram 1 to 3 times a day

You can take the pain medication both **at the same time or take them in turns**. **Do not exceed the maximum daily dosage!** You can also manage pain by moving around, relaxing, using a heating pad, or taking a warm shower.

## **After termination**

It is possible to continue having **pain** similar to menstrual pain for a few days: take pain medication if you need to. The bleeding varies from person to person and lasts for 2 to 4 weeks. At first, the bleeding can be heavier than menstrual bleeding for a few days, but it will start to

decrease gradually. **During the bleeding, avoid** swimming, bathing in a bathtub, using tampons / menstrual cups and having intercourse **due to a risk of infection**.

Usually, your menstrual cycle will restart in 4 to 7 weeks after the termination. Because a new pregnancy can start even before the first period, remember to **ensure you have adequate pregnancy prevention immediately after the termination**. You can start using **contraceptive pills, a vaginal ring or a contraceptive patch** the day after the termination has taken place. A **contraceptive implant** can be fitted immediately after the termination, and an **IUD** (intrauterine device) can be fitted in the beginning of your first period.

**The termination of the pregnancy is confirmed with a blood test**. It is important that you get this blood test. Other routine follow-up appointments are not necessary.

To be filled: **A blood test has been arranged for you on the following date: \_\_\_\_\_**. **For the test, make an appointment** to Tykslab or the medical center at your home municipality. You will receive a laboratory referral if you need one. To make an appointment, go to [www.tykslab.ajanvaraus](http://www.tykslab.ajanvaraus) (only available in Finnish and Swedish) or by phone 02 313 6321 Monday to Friday from 7.00 AM to 2.30 PM.

To be filled: **Call the hospital on \_\_\_\_\_ to ask about your results: see phone number and available hours under Contact information**.

## **Possible complications and support**

Contact the hospital responsible for your care **the next working day** if you do not have any bleeding or the bleeding is very light. **Contact the hospital later** if the bleeding starts to become heavier again or develops a foul smell, or you develop lower abdominal pain or fever.

It is possible to receive **support from our crisis workers**. You can talk with the hospital chaplain or the department's psychiatric nurse. Receiving counseling from the hospital chaplain does not require you to be a member of any religion. The support our crisis team provides is always focused on your needs. An appointment can be made during your appointment at the outpatient clinic or at the inpatient ward; you can also contact the team later yourself.

The Department of Obstetrics and Gynaecology provides **sexual counseling** in the Turku and Salo hospitals, and you can make an appointment which you can attend alone or with your partner.

## **Contact information:**

Inquiries regarding general advice and treatment and contact for sexual counseling and the social worker.

**Tyks Turku, main hospital**, Gynaecological outpatient clinic **phone 02 313 1000**

- Appointments, Monday–Friday from 8 AM to 3 PM

- Nurse, Monday–Friday from 8 AM to 3 PM

**Tyks Salo hospital**, Gynaecological outpatient clinic **phone 02 314 4535**

- Monday–Thursday from 8 AM to 4 PM, and Friday from 8 AM to 2 PM

**Tyks Loimaa hospital**, Gynaecological outpatient clinic **phone 02 314 3905**

- Monday– Thursday from 8 AM to 3 PM and Friday from 8 AM to 2 PM

**Tyks Vakka-Suomi hospital**, Gynaecological outpatient clinic **phone 02 314 1306**

- Monday–Wednesday and Friday from 9 AM to 3 PM

**In urgent matters in the evenings and weekends, Tyks Turku, phone 02 313 1000**

**Crisis workers Tyks Turku**

**Hospital chaplain, phone +358 40 341 7355**

- Monday–Friday from 8.00 AM to 5 PM
- Email: [hilkka.kakko-helle@tyks.fi](mailto:hilkka.kakko-helle@tyks.fi) or [hilkka.kakko-helle@evl.fi](mailto:hilkka.kakko-helle@evl.fi)

**The psychiatric nurse of the Department of Obstetrics and Gynaecology, phone 02 313 7679**

- Monday–Friday from 8 AM to 3.30 PM. If you do not reach the nurse, they will call you back later.