



Since 1973, all women in Denmark have had the legal right to an abortion. The law states that this has to take place within the first 12 weeks of gestation.

There are many reasons that you may be considering or wanting to have a pregnancy terminated. Whatever the reason, it is always a difficult decision that requires much thought. That is why it is important that you discuss it in depth with those closest to you as well as our specialised doctor of gynaecology, before you make your decision

The specialised doctor can counsel you on your decision and advise you on the options available to you, whether you choose to continue with the pregnancy or induce an abortion.

Surgical or medical abortion

An abortion can be carried out surgically or medically. A surgical abortion is carried out under full sedation, by means of curettage or suction aspiration.

A medical abortion involves taking medication to terminate a pregnancy.

If your pregnancy is not further along than 9 weeks, calculated from the first day of your last normal period, you can induce an abortion with medication.

The length of the pregnancy is calculated from the first day of your last normal period. This means that you will not be calculating from the day that you got pregnant, but from the first day of your last period (LP). However, this date can be corrected after an ultrasound examination, at which the age of the foetus is determined

We will exercise the utmost degree of discretion throughout the process.

Approximately 5% of all women who have a medical abortion will subsequently need to have a curettage, because the abortion was not completed.

The risk of this increases the further along you are in the pregnancy.

Pre-abortion exam

Initially, you will come in for an appointment with the specialised doctor, who will carry out a gynaecological exam and use an ultrasound to determine how far along you are in the pregnancy. If your own GP has not tested you for chlamydia, this will be done. You will also have a blood test in order to determine your blood type and measure the concentration of the pregnancy hormone HCG in your blood

If you are RhD negative, you will need to have an injection of Anti-D, if you are at more than 8 weeks of gestation.

When a medical abortion is to be carried out, the specialised doctor will talk through the process with you, including the associated risks. You will also have to fill in the "Request for abortion" form from the Danish Health Authority.

It is important that you bring identity documents with you, such as a passport or a health insurance card.

Day 1

The treatment will be initiated during a consultation, where you will be administered 1 tablet of Mifegyne.

Once the tablet has been administered, the abortion has begun, and it will no longer be possible to change your mind.

As some women experience nausea and vomiting after taking the tablet, you are more than welcome to wait at the clinic for around half an hour. Many women will start bleeding within the first 24 hours of taking Mifegyne. You will be given tablets for you to take yourself at home. It is important that you take the tablets that you have been given, even if you have started bleeding.

Day 2

We recommend that you have an adult to accompany you for support and assistance during the day.

In the morning, you will have to insert 4 tablets of Cytotec deep into your vagina, even if you have started bleeding.

You must then lie down for the next hour, so that the tablets do not slide out again. After this time, you can move around

Be aware that Cytotec can cause nausea, diarrhea and fever.

Later in the day, residues of the Cytotec tablets might slide out; these can be disposed of, there is no need to reinsert them.

At the same time as inserting the Cytotec tablets, you should start taking pain-relief medicine regularly. We recommend that you take 2 x 500mg Paracetamol (Pamol, Panodil, Pinex) 4 times a day and 2 x 200mg Ipren 4 times a day, at regular intervals e.g. 6am, 12pm, 6pm and 12am. You may need to take pain-relief medicine regularly for 1-2 days and then as necessary after that. You may experience pain when the uterus starts to contract. A heading pad may ease this pain.

Bleeding/abortion

The abortion itself will most commonly take place within the first 24 hours.

The bleeding will be heavier than a regular period, and there might be clotted blood. We recommend that you buy night-time sanitary towel. In some cases, the bleeding will not start for 24 hours.

You will have to take it easy for a few days afterwards, and some people also need to take sick leave from work, it depends on the individual.

Day 3

The nurse will call you to find out how your pain and bleeding was.

Day 8

To make sure that the abortion was completed, you will attend a check-up after about 1 week. During the check-up you will have a blood test and the concen-tration of the pregnancy hormone hCG in your blood will be measured again. If the blood test does not show a decrease, we will call you to arrange a new ultrasound scan.

After the abortion

Bleeding

You may bleed a little bit more than you do during a normal period for about 1 week. The bleeding will then decrease, but you can expect some bleeding for up to 3 weeks. To avoid pelvic infection, it is important to:

- Avoid intercourse while you are still bleeding, or be sure to use a condom.
- Not take baths, go to a swimming pool or swim in the ocean, while you are still bleeding.
- Avoid the use of tampons.
- Only use sanitary towel until your next period.

If you experience:

- Very heavy bleeding
- Stronger pain
- Smelly vaginal discharge
- fever over 38 degrees

You must contact us, own GP or a medical emergency service.

Future contraception

You will have your period 4-6 weeks after the abortion, but it is still possible for you to get pregnant during this time.

You can start taking birth control pills the same night you have the abortion.

If you would like an intrauterine device, you can talk with the gynaecologist about this.

Notes			

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