Informative leaflet about abortion under 12 pregnancy weeks

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Bachelor’s thesis
August 2016
Degree Programme in Nursing
Social Services, Health and Sports
Abstract
The aim of this thesis was to produce comprehensive package of information about abortion in Finland, especially in Jyväskylä and to condense it to a form of informative leaflet. The study was conducted together with Jyväskylän yhteistoiminta-alueen terveyskeskus [Health care district of Jyväskylä] (JYTE). The final leaflet will be in use in family planning clinics of JYTE and was created to be shared to those English speaking citizens in Jyväskylä who need more detailed facts about abortion.

The purpose of this project was to help family planning clinics to share important knowledge about the abortion to English speaking clients by using a leaflet in case of, for example, language barrier. The leaflet will be used as a tool for public health nurses to communicate and educate non-Finnish speaking clients. The product is emphasizing women's rights to have an abortion and explains the abortion care path in JYTE region. The project was limited to abortions carried out under 12 pregnancy weeks.

Deductive content analysis was used as a research method. The thesis was functional study which concurrently produced written report and informative leaflet. During the writing process of the written report, discussions about the content of the patient information leaflet were held with the health care professionals from JYTE. Their expertise on the matter was combined with latest evidence based material both to the written report and to the leaflet.
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1 Introduction

Abortion is done in all countries and cultures throughout the world whether it is legal or not. Restricting legislation is not effecting on the number of abortions, but it is highly influencing to women’s wellbeing, health and mortality. Tens of thousands of women in the world die due to illegal abortion annually (Suhonen & Heikinheimo 2011, 169).

Abortion laws vary from liberal to restrictive or to completely anti-abortive. The laws about the duration of pregnancy and its weekly limits as well as methods which the abortion is executed vary, also. In addition, the interpretation of the law can alter even inside the country. The majority of the European countries laws do not require specific reasons why abortion cannot be done. Nordic countries belong to this group. In comparison with other western countries, the incidence of abortion is small and from the Nordic countries, the smallest (Suhonen & Heikinheimo 2011, 169).

The aim of this thesis is to collect comprehensive package of information about abortion in Finland and especially in Jyväskylä and condense it to a form of informative leaflet. This leaflet is created to be shared to those English speaking citizens in Jyväskylä who need more detailed facts about abortion and its care path. The purpose of this project is to help the family planning clinics to share important information about abortion to English speaking clients by using a leaflet in case of, for example, language barrier. The project is limited to abortions carried out under 12 pregnancy weeks. Therefore, the project is precise enough but not excessively broad.

This thesis is conducted together with Jyväskylän yhteistoiminta-alueen terveyskeskus [Health care district of Jyväskylä] (JYTE) and the final leaflet will be in use in family planning clinics of JYTE. Abortion-leaflet has been done previously in Finnish by other nursing graduates, but not in English in Jyväskylä region. Since other informative patient instructions are mainly in Finnish, problems arise when immigrants use health care services.
2 Pregnancy and abortion

2.1 Normal pregnancy in first 12 weeks

A woman can conceive approximately two weeks after the beginning of menstruation. An ovum can be fertilized only during around 24 hours after detach. Fertilization happens when man’s sperm reaches the ovum of the woman. The sperm stays viable inside woman’s body for 2-4 days. The sperm determines the sex of the child. A placenta starts to develop once the ovum attaches to wall of the uterus a few days after impregnation. The base of the development and growth of the fetus is the normal function of the placenta. The placenta works as lungs, liver, intestines, kidneys and delivers nutrition for the fetus. The blood circulations of mother and child are close together in placenta but do not merge. The placenta passes also harmful substances such as nicotine, alcohol and drugs (THL, Terveyden ja hyvinvoinnin laitos [National institute for health and welfare] 2015). The duration of the normal pregnancy is on averagely 280 days (40 weeks or 9 months and 7 days). The duration of the pregnancy and due date of the delivery can be estimated according to the beginning of the menstruation. If the cycle is irregular, the due date cannot be estimated accurately. The due date is never exact but most of the labors usually start two weeks before or after the due date (Tiitinen 2015a).

In very early pregnancy (weeks 0-4), mothers are advised to quit smoking and alcohol usage. Any drugs should not be taken without consulting any health care professional. Two weeks old embryo is the size of a pinhead. In pregnancy weeks 5-8, the fetus is around 1, 5 cm long and has small hands and feet. Heart, nose, ears and eyelids, nervous system, spine and umbilical cord begins to develop. In pregnancy weeks 9-12, the fetus is circa 3 cm long and weighs 20 g. Heartbeats can be heard already. Fetus is floating in amniotic fluid in a sac formed by fetal membrane and gets the nutrition through the umbilical cord. The fetus has a root of a tongue and both jaws. Vaginal ultrasonography is done usually during 10-14 pregnancy weeks (THL 2015).
2.2 Abortion methods

Abortion (abortus arte provocatus, aap) is defined as manmade act of ending the pregnancy, which is not a delivery and which leads to death of one or more foetuses. Partly terminated multiple foetus pregnancy are registered as an abortion, also. Majority of the abortions are performed medically (Käypä hoito 2013a). Abortion can be done in all central – and regional hospitals and in health care centre hospitals, which have labour ward. Otherwise, an informal application is sent to Sosiaali - ja terveysalan lupa- ja valvontavirasto [National Supervisory Authority for Welfare and Health] (Valvira). The application clarifies adequate equipment and premises, and professional staff required (Valvira 2015). The abortion method is chosen by duration of the pregnancy, by possible illnesses of the woman and by prevalent policy of the hospital. All wishes of the patient cannot be fulfilled for medical reasons. Unexpected medical problems, so called complications, occur approximately in five percent of the cases (JYTE 2015).

Care path

Woman is booking an appointment for family planning clinic with public health nurse and then with physician. After meeting the physician, the patient books an appointment for laboratory tests and for Gynaecological Out-Patients’ Department (Naisten- tautien poliklinikka). In health centre, the public health nurse goes through the method options with the woman, supports decision making, and discusses about the need for sick leave, which is possible to get for two days from Gynaecological Out-Patients’ Department. The nurse helps to pre-fill the abortion -form, and discusses about contraception and mental support. Post-procedure check-up –appointment is booked in the first meeting with the nurse (JYTE 2015). The most common laboratory samples are small blood count, chlamydia and ensuring the patient’s blood type.

Considering the patient’s health condition, other examinations are done if necessary (Eskola & Hytönen 2008, 89). Laboratory tests can be taken at the earliest five days prior to Gynaecological Out-Patients’ Department appointment (Jyväskylän kaupunki 2011). The physician fills the rest of the abortion -form, ensures the abortion method, discusses about the procedure, and prescribes contraception (JYTE 2015).
Medical abortion

The safe and effective option to conduct abortion is the medical method. The drugs used are mifepristone and misoprostol. Mifepristone is affecting by inhibiting progesterone hormone which is vital for the continuance of pregnancy and it is inhibiting metabolization of prostaglandin. Mifepristone is accepted in early abortion until 7\textsuperscript{th} pregnancy week in Finland but the effect (over 95 \%) remains the same until the end of 9\textsuperscript{th} pregnancy week if prostaglandin is given vaginally. Mostly used prostaglandin is misoprostol (Suhonen & Heikinheimo 2011, 172). Although, medical method is used in practice on 9\textsuperscript{th} to 12\textsuperscript{th} pregnancy weeks. The effect is slower, more painful, and bleeding is heavier. Dose of misoprostol may need to be repeated, which is one reason why the abortion is done in the hospital environment (Käypä hoito, 2013b).

Two different medicines are taken in 1-3 days apart. The first drug, mifepristone is blocking the effect of progesterone which is essential for pregnancy to proceed (Tiitinen 2015). The termination will happen 3-4 hours after taking the abortive drug, misoprostol (Suhonen & Heikinheimo 2011, 172). It activates the contractions and the process of emptying the womb (Tiitinen 2015). The follow-up after three weeks is required in order to make sure the pregnancy is terminated (Suhonen & Heikinheimo 2011, 172).

Surgical abortion

Surgical abortion is nowadays the less used abortion method since more than half of abortions in Jyväskylä region are done through medical ways (JYTE 2015). Before surgical abortion can take place, medical dilation of the cervix might be needed. This medication is usually given to all non-labored women and to women who have been pregnant for more than 10 weeks or if the woman has not had any previous vaginal deliveries. The dilatation is performed with prostaglandin and usually with misoprostol (Suhonen & Heikinheimo 2011, 171). Medicine tablets are placed into vagina for circa three hours to soften the cervix. Due to the medicine, adverse effect
may occur, such as lower abdominal pain and nausea (K-S KS 2006). The curettage is done always under general anesthesia and surgical abortion is carried out in day surgery. Usually cervix is dilated to 1 mm looser than the suction instrument called curette. The procedure is safer this way. The size of the curette is determined according to duration of the pregnancy: it is as thick in millimeters as the duration of the pregnancy in weeks (Suhonen & Heikinheimo 2011, 171). The patient’s condition is monitored circa two hours after the procedure. Usually the patient can go home the same day, but in some cases, monitoring needs to continue over night at the ward. Due to anesthesia, the patient can go home only with escort or by taxi. The patient must have an adult with them at home through the first night. Those who live alone and cannot have anyone with them are monitored until the next morning (K-S KS 2006). Comparison of medical and surgical abortions can be seen on table below (See table 1).

<table>
<thead>
<tr>
<th>Medical Abortion</th>
<th>MVA (Surgical Abortion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High success rate (about 99%)</td>
<td>• High success rate (about 99%)</td>
</tr>
<tr>
<td>• No instruments used</td>
<td>• Instruments are used</td>
</tr>
<tr>
<td>• Requires at least two visits to the clinic</td>
<td>• Can be done in one visit</td>
</tr>
<tr>
<td>• May be used in early pregnancy and up to 8 weeks</td>
<td>• May be used in early pregnancy and up to 12 weeks</td>
</tr>
<tr>
<td>• Oral pain medication can be used</td>
<td>• Anaesthesia/sedation may be used</td>
</tr>
<tr>
<td>• Some of the process may happen at home</td>
<td>• Procedure is performed in a medical office or clinic</td>
</tr>
<tr>
<td>• Medications given cause a process similar to a miscarriage</td>
<td>• Health-care provider performs the procedure</td>
</tr>
</tbody>
</table>

Table 1. Medical versus surgical abortion (Medchrome Magazine 2015)

**Complications**

The main risk after an abortion is an infection in the womb. It is usually caused by deficient emptying of the pregnancy material from the uterus. Untreated infection can lead to pelvic inflammatory disease which may cause ectopic pregnancy or even infertility (NHS Choices 2014).
Heavy bleeding is present in less than 1 % of medical abortions. In these situations blood transfusion or curettage might be needed. Vaginal bleeding after medical abortion is more likely to be longer and heavier than after surgical method. Infection or suspicion of infection which requires antibiotic treatment is present in approximately 3-5 % of the cases. If uterus is not emptying fully by using medical method, a curettage is needed. This happens approximately to 2-4 % of the patients. The most common and immediate complication of the surgical abortion is heavy bleeding which is caused by remained pieces of placenta tissue in the uterus. Therefore, curettage has to be repeated. The more severe complication is uterus perforation which may lead to internal bleeding to abdominal cavity. 4-9 % of the infections in surgical abortions demand antibiotic treatment. Complications due to anesthesia are rare (Tiitinen 2015b).

Singular, complication-free abortion has not proved to weaken the fertility of a woman neither for increased risk for ectopic pregnancy or miscarriage. Although, the risk of possible premature labor and small babies is increased after an abortion. These risks are more likely to be greater, the more terminations the woman has had previously (Kauranen 2011, 84).

2.3 After the abortion

Taking care of hygiene is important after the termination. Washing genital area with lukewarm, running water and changing the sanitary towel often prevents infections. Tampon usage is not recommended during the bleeding and baths and swimming is not suggested over the bleeding period (K-S KS 2013). Bleeding will last after surgical termination normally less than a week (K-S KS 2006). After medical termination the bleeding continues usually 2-4 weeks. It is bloody in the beginning but fades quickly. If the volume of the blood is increasing, abdominal pain or fever emerges or secretion becomes foul-smelling, infection may be present. In case of suspicion of infection, patient should take contact to health center (K-S KS 2013).

Sexual intercourse is forbidden due to infection risk during the bleeding after the abortion. Menstrual cycle is not typically disturbed if the termination is done in early
pregnancy weeks. Menstruation occurs normally in 4-6 weeks. Unless any contraceptive method is not in use, new pregnancy can begin in the following menstrual cycle after the termination (K-S KS 2013). Typical sick leave is two days after surgical abortion, but it varies according to duration of the pregnancy (K-S KS 2006).

**Post-procedure check-up**

Whether the abortion is done either way, post-procedure check-up is done 2-4 weeks after the abortion. When the abortion has been successful without any complications, the check-up is done in primary health care (Kauranen 2011, 83). It is essential to attend post-abortion examination (Kauranen 2001, 83-84). The termination is ensured by either pregnancy test (hCG-determination) or clinical examination (Tiitinen 2015b). In the appointment is assured, that the recovery process has progressed as planned and possibly already started contraception is suitable for the woman. In the appointment the patient can share their feelings about the abortion process and the need for psychological support is evaluated and if necessary, the patient is guided for further treatments (Kauranen 2011, 83-84).

**Contraception**

Contraceptive pills are primary option for young non-labored woman and a condom need to be used if the sexual relationship is new or temporary. If contraceptive pills are not suitable, forgetfulness is causing issues or woman wants long-term contraception, implantation might be the best solution. Intrauterine device (a hormone and copper coil) are mainly for the ones who have permanent relationship with desire for long-term contraception. Sterilization need to be considered as the final contraceptive method. Emergency contraception is used in situations, when contraception has failed or has not been in use. Ideal contraceptive method which suits for everyone has not been invented. Nevertheless, nearly everybody finds suitable contraceptive method from numerous options. Finnish inhabitants prefer contraceptive pills and condoms. Nearly half of the population uses these contraceptive tools (Heikinheimo, Suhonen & Lähteenmäki 2011, 154).
2.4 Abortion legislation in Finland

The first law in Finland about abortion was enacted in 1950. Before this, abortion was illegal and was considered as a crime. Illegal abortions were done in adequate amounts, estimated 25 000 – 30 000 annually. The complications on women’s health were remarkable and especially severe gynecological infections were many. In 1960, approximately half of terminations were done due to psychiatric conditions and about in 30 percent of the cases woman was sterilized during the termination. Current law about termination of pregnancy was legislated in 1970 (Eskola & Hytönen 2008, 86).

According to the Finnish legislation, pregnancy can be terminated on woman’s request when one or more reasons are fulfilled:

1) when continuing the pregnancy or delivering the child due to her illness, body defect or weakness would endanger her life or health;

2) when her own or her family’s life conditions or other circumstances considered delivering and nursing would be remarkable strain;

3) when she is impregnated in certain situations, which are enacted in criminal law;

4) when she is impregnated under the age of seventeen years or is above forty years or when she has already delivered four children;

5) when there is a reason to suspect, that the child would be retarded or that the child has or would develop a severe illness or body defect; or

6) when either or both of the parents disease, disturbed mental health or other assimilated reason which heavily restricts their ability to nurse the child (Finlex 24.3.1970/239).

In Finland, the majority of abortions are conducted based on social reasons. Over 90 percent of the reasons why pregnancy was terminated were social reasons. More than every third termination was done to women who had had previous abortion (THL 2014).
3 Immigrants in Finland and in Jyväskylä

According to Tilastokeskus (Official statistics of Finland 2015) foreknowledge the population of Finland was 5 484 308 people in the end of September 2015. The population of Finland was increasing between January and September with 12 560 people. The main reason for the increment of population was the immigration from abroad; immigrants were 9440 more than emigrants. Preponderance of birth rate comparing to death rate was only 3120 people (See figure 1) (Tilastokeskus 2015).

Figure 1. Population growth monthly in Finland 2012-2015 (Tilastokeskus 2015)

The immigrants who move to Finland are encouraged to adapt and integrate. By integration is meant that immigrants gain new skills, practices and competences and adapt to Finnish society which is greatly helping to participate in the new home country (Jyväskylän kaupunki 2015b). Immigrants differ from Finnish population by their age and social and economic attributes. Naturally the origin country matters. The more exotic the country is, the more immigrants differ from base population. Different attitudes towards family life, distinct habits on getting married and commonly high fertility are factors which might take a long time to change. Immigrants are often young working age and are mending Finnish age structure. The structure of
immigrants in Finland is dominated by 25-39 year olds. Nearly half of the immigrants are men; women are a few hundred more. The following figure (See figure 2) shows Finnish citizen age structure in black and foreigners in color. Red color is women and blue is men. Age is shown vertically and percentage laterally (Niemin 2004).

Figure 2. Foreigners and Finnish citizens’ age structure 2003 (Modified from Tilauskokeskus 2004)

Every immigrant who has the right to reside in Finland permanently has the right to receive personal integration and an initial assessment plan. Integration plan is done individually and after the immigrant has been registered as a permanently living in Finland into the population registry, the plan will be drawn up. In cooperation with the social worker of municipality or Employment and Economic Development Office the integration plan will be drafted and during the integration period the immigrant will receive assistance. The aim of the initial assessment is that it establishes the services which immigrant will need to facilitate the integration to the society of Finland. Employment and Economic Development Office will advise the immigrants in case of
being unemployed and active jobseeker or in case immigrant receives social assistance, the information about initial assessment will give municipality (Jyväskylän kaupunki 2015b).

In 2014 there were approximately 3700 foreigners in Jyväskylä. Majority of the immigrants were from Russia, Estonia and Afghanistan. According to the Jyväskylä’s reception agreement, circa 50 refugees arrive annually to Jyväskylä. Immigrant services of city of Jyväskylä are executing the consultation and give guidance and support for the integration planning. Multicultural Center Gloria in Jyväskylä offers environment for organizing small group activities for multicultural and ethnic associations (Jyväskylän kaupunki 2015a). Immigrant services in Jyväskylä is offering their services for foreigners (refugees, immigrants and remigrants), for different sectors who want to cooperate with immigrant services, and also for all those, who are interested of alien affairs. Jyväskylä Immigrant Services is supporting and guiding foreigners to integrate to a new society. It is also willing to promote and develop multi-cultural diversity acceptance in Finnish society (Sotepa, Sosiaali- ja terveyspalvelut [Social and health services] 2015).

4 Aims and purpose

The aim of this thesis is to collect comprehensive package of information about the abortion in Finland and especially in Jyväskylä and condense it to a form of informative leaflet. This leaflet is created to be shared to those English speaking citizens in Jyväskylä who need more detailed facts about abortion.

The purpose of this project is to help family planning clinics to share important information about the abortion to English speaking clients by using a leaflet in case of, for example, language barrier. The project is limited to abortions carried out under 12 pregnancy weeks. Therefore, the project is precise enough but not excessively broad.
In this thesis, Finnish legislation about pregnancy termination, the procedure itself and the risks concerning it will be included to the project. The topic will be about terminating pregnancies lasting maximum 12 weeks. Thesis will contain also guidelines for making patient information leaflet.

This thesis will exclude pregnancy terminations that are done because of abnormalities in the embryo and terminations done after 12 pregnancy weeks. This thesis will not focus for the nursing interventions, but for the procedure itself.

5 Implementation and development process

5.1 Literature review

A literature review is a method and a research technique. It helps to do a research of a research, which means that research results are collected, which are a base for new results (Salminen 2011, 4). A literature review is discussing published information in a specific area and sometimes with a particular time period. A literature review usually has an organizational pattern and is combining synthesis and summary but it can be also just a simple summary of different references. The review can interpret old material in new and more recent way or make from old and new interpretations a combination. Depending on the circumstances, the review may estimate the references and counsel on the most relevant matter (The Writing Center 2010-2014). The ambitious aim of literature review is to develop existing theory and build a new one. Review is used to evaluate the theory, to construct general view of a certain entity, and to identify problems. Literature review offers a possibility to represent the historical progress of a certain theory (Salminen 2011, 3).

5.2 Literature search

For this scientific and evidence-based search, Finnish national and independent guidelines Käypä hoito will be used as reference. Finnish leading publisher Duodecim
Medical Publications Ltd., which is responsible of Käypä hoito, is publishing the latest medical information, and providing the knowledge for health care professionals as well as for the general public interested in health care issues. The data in Käypä hoito is current, evidence-based and created by physicians. By using the key word “raskaudenkeskeytys” site was found that thoroughly explains the procedure and risks as well as Finnish legislation concerning abortion.

More information will be found from scientific databases such as Medic, Cinahl (EBSCO) and PubMed (See table 2). In all the searches the time frame was set to 2005-2016. From Cinahl (EBSCO), using keywords “abortion” and “Finland”, 18 hits were found but none of them was suitable for use. Other search by using keywords “abortion” and “procedure” and “termination of pregnancy”, 33 hits were found, from which four articles covered our topic. From Medic, using keywords “raskaudenkeskeytys” and “abortti”, 53 hits were found from which, two seemed relevant and interesting. From PubMed, with keywords “abortion” and “Finland”, 99 hits were found but only two relevant for the project. 39 hits were found with keywords “abortion” and “procedure” and “termination of pregnancy” and “Finland” from which only one article was useful. After searching with keywords, the titles were assessed, and the ones which were relevant for this topic, were selected. The articles chosen by title were then assessed more accurately by reading the abstract. The selection of the relevant articles was done once the full text was read.

<table>
<thead>
<tr>
<th>Database</th>
<th>Keywords</th>
<th>Results from search</th>
<th>Studies relevant by title</th>
<th>Studies relevant by abstract and full text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinahl/EBSCO</td>
<td>abortion AND procedure AND termination of pregnancy</td>
<td>33</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>
5.3 Analysis and synthesis

The selected data will be analyzed by using a content analysis. Content analysis is described as a replicable and systematic technique for compressing many words of the text into led categories which base on explicit rules of coding. Content analysis makes it possible for studies to shift through large amounts of information with relative ease in systematic fashion (Stemler 2012). Qualitative content analysis is preserving the advantages of the analysis for more of qualitative interpretational style. The primary of these advantages is to make the material to fit into communication model, rules of analysis, reliability and validity criteria and also to categories in the center of analysis (Mayring 2000). Content analysis can be used in deductive or inductive way. A choice is determined by the purpose of the research. If the former knowledge about the phenomenon is not found enough or if the information is fragmented, it is recommended to use the inductive approach. When the purpose of the research is testing the theory and the structure of analysis is operationalized on the basis of the previous knowledge, the deductive content analysis is useful (Elo & Kyngäs 2007, 109). This thesis will use deductive content analysis since former material and relevant data can be found and used for this project.
Both content analysis methods include three phases which are preparation, organization, and result reporting. Collecting adequate data for analysis of the content, understanding the data and selecting the core idea of the analysis belongs to the preparation phase. In deductive analysis, which is used in this project, organization phase means categorization development of the matrix by reviewing all the data and coding them to identified categories. The phase of the result reporting means that content categories, which are explaining the results of the project, are describing the phenomenon which uses either inductive or deductive approach (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs 2014, 1-2)

Text categorization assigns documents to existing categories such as themes and topics. Tasks can be accomplished by implementing categorization procedures such as indexing documents in libraries, classifying web pages into internet directories and categorizing documents automatically for knowledge-sharing purposes. Clustering is a process to divide a given collection into a selection of previously unknown groups of documents with same kind of content. Clustering is allowing for the discovery of previous or unknown unnoticed links in the document subsets or any particular collection of documents (Garson & Khosrow-Pour 2008, 603).

The process of qualitative analysis includes data reduction, data display, drawing a conclusion and verification. The mass of data must be organized and reconfigured. It is a process which requires selecting, focusing simplifying, abstracting and transforming the data for the analysis. This is called reduction of the data. It forces the analysts to decide which data is selected the project by following the selectivity principles (National Science Foundation 2016). In this project, the data will be searched and aggregated firstly by the heading of the material and according to the project supervisors’ recommendations. All the material will be read through and sorted according to the headlines and subtitles of the thesis. The material will be selected and categorized according to the previously mentioned criteria and they will be placed under the correct headlines. All the data will be compared, transformed and accurately adapted into the correct context. Also the data which will be produced by the interviews with the nurses, will be processed the same way.

Display of the data is getting beyond the data reduction by offering an organized and compact group of information that allows drawing a conclusion. Display can be useful
in identifying if a project is working or not and what could be done to change it. It can be for example a chart, a diagram or extended piece of text which is offering a new style of thinking and arranging data which is more textually embedded (National Science Foundation 2016). In the project, this phase will become fulfilled for example in thesis supervision meetings. The project will be analyzed, commented and it will be given recommendations how to reform and correct it to reach wanted goals. These meetings are giving new perspective and ideas for the project.

Third element of the qualitative analysis process is drawing a conclusion and verification. It is reminding to recall what the meaning of the analyzed data was and to evaluate their implications for the questions. Verification is essential part of the conclusion drawing and it requires revisiting the data countless times to ensure emergent conclusions. This third stage gives a special appeal for the analysis. (National Science Foundation 2016). During this project, the conclusion will be drawn by examining what sort of data has been found and qualified for the project: are the findings satisfied, is some of the topics still unclear and if so, should it be specified somehow and are the headlines and the content convergent. The best way to get honest opinion is to give the thesis for unbiased person to read and get feedback this way if the content was comprehensible. Data verification will be received by comparing the data from different sources and from different ages. Also supervisors will ensure if the project is following the correct path and is it proceeding logically.

5.4 Stakeholders and their role

JYTE was founded 1st of January 2011 to provide services for 150 000 citizens in municipalities of Jyväskylä, Hankasalmi, Muurame, and Uurainen. There are 1100 health care professionals working in JYTE (JYTE 2016a).

The aim of the family planning clinic is maintaining and promoting sexual health. Problems and questions of sexuality and relationships are addressed during appointments. Family planning clinics provide contraception counselling and individual contraception planning, guidance about sexually transmitted infections (STI’s) and treat-
ment advice. A chance to discuss comprehensively about family planning, examinations and further care of abortions, and primary inspections and guidance about childlessness are also provided by family planning clinics. Physicians, public health nurses and practical nurses are responsible of the services (JYTE 2016b).

5.5 Guidelines for patient information leaflets

Storyline structure of a good patient instruction is advancing logically, which means that it does not have sudden leaps. The information is naturally relating with context. In most patient instructions, the storyline is selected by patient’ point-of-view and written in order of importance. The language is simple, easy to understand and follow. Advices and instructions are justified; what benefit does the patient achieve when following them? Spelling and finished layout is important in order to understand the instructions correctly (Hyvärinen 2005). Contemporary knowledge will be gained by using as recent and as reliable sources as possible. By written instructions the patients receive more information and will be able to recall it. Written instructions are meant to support oral instructions, not replace it (Kääriäinen 2007).

Order and content of the information

Writing a good informational patient instruction starts with pondering who is the primary target group? Who is the reader of the guide? Good guide speaks to the patient, essentially when the guide contains practical instructions for example preparing for operation. The reader has to understand immediately that the text is meant for them. In addition to the headline, the first sentence should tell the meaning of the leaflet (Torkkola et al. 2002, 36). A good guide has to have concrete aim. This aim guides the formation of the content and specifies it. Through a good guide the patient easily perceives for what kind of health issue the material is associated with and understands the aim of the guide. Once the aim is clear the content is easier to plan (Parkkunen, Vertio & Koskinen-Ollonqvist 2001, 11-12).

The order of the information should be from the most important to less important. This is way so that the reader gets the most crucial information whether they read the whole leaflet or just the beginning. By explaining the essential facts first, the
maker of the guide indicates their appreciation towards the reader. To make the leaflet readable, the headlines and subtitles are the most meaningful parts (Torkkola et al. 2002, 39).

**Design and layout**

Functional layout supports the content of the informational leaflet. Adjusting the text and pictures is a base for a good patient informative leaflet. Neither prettiest pictures nor fanciest paper can mend poor layout. Understandability improves and tempts to read when the layout is functional. Instead unpremeditated layout is rejecting the reader. Empty space enhances understandability. At the worst, fully packed leaflet can be a chaos in which no one can understand (Torkkola, Heikkinen & Tiainen 2002, 53).

The instruction should be appropriate and appreciative and be supportive for patient’s self-determination. Various headlines are helping to perceive the aim of the guide and what is the content of it. The leaflet should be easy to read which means that vocabulary should be clear and standard language. Professional language and difficult words should be avoided. The structure of the sentence should be explicit, explanatory and brief. Excessive punctuation needs to be avoided. Layout is crucial as well and it is decided whether the instruction is either hard- or digital copy (Eloranta & Virkki 2011, 73-77)

### 6 The product

A woman’s tendency of having unwanted pregnancy and seeking for abortion is the same whether abortion is legally available or restricted on request. Legal restrictions causes numerous amount of women to search for unskilled abortion providers or to induce it themselves (World Health Organization [WHO] 2012, 17). In international level, abortion is primarily discussed in the context of diminishing the effect of unsafe abortions on health of women. Accessible and affordable abortion is considered
as women’s right. Reduction of the abortion rate according to WHO/Europe’s re-
gional strategy on sexual and reproductive health is to integrate family planning into
programmes and policies of primary health care, to provide sufficient reproductive
health services, and to remove legal barriers of contraception options (World Health
Organization [WHO], 2016). Abortion is legal in Finland. According to the Finnish law
(239/1970), pregnancy can be terminated by a woman’s request when the motive for
abortion has at least one legal reason. Abortion is considered a human right, and,
therefore, a woman has a right to decide the number of her children as well as the
time when to have them.

Abortion is always an individual process where thoughts and feelings might be very
mixed in the different phases of the pregnancy termination. The abortion process
can be stopped at any time before taking the first medication. After that, the termi-
nation must be completed. It is important to have inner peace and feel that the
woman has made the best decision regarding her life situation. It is essential to talk
about abortion and the feelings it brings with friends or family members. If needed,
health care professionals help to process the feelings which abortion may cause.

Abortion is an evidence-based procedure, and, therefore, it is safe. However, there
can be possible complications, such as heavy bleeding and infections. In a few of the
cases, an un-aborted pregnancy material may require surgery. Basically, all the abor-
tions are performed by using medical methods. Rarely, due to complications, surgical
methods are used to complete the abortion. Medical abortion means using medica-
tion to stop the placenta from functioning and emptying the womb. If the pregnancy
has lasted more than 12 weeks, a permission is needed from the National Supervi-
sory Authority for Welfare and Health (Valvira). A combination of mifepristone and
misoprostol has been proved to be effective and safe up to 9 pregnancy weeks. Miso-
prostol regimen alone with repeated doses in between weeks 9 and 12 has been
shown by limited evidence to be efficient and secure. Nevertheless, the combination
of medicines is more effective (World Health Organization [WHO] 2012, 38). A medi-
cal abortion can be done at home with the supervision of an adult if the pregnancy
weeks are 9 or less. If the number of pregnancy weeks is more than 9, the termina-
tion is performed at the hospital. Surgical abortion is always done at the hospital and
under general anaesthesia. It is meant to complete the abortion if the medical
method has not been sufficiently effective. The abortion is carried out by emptying the womb through the vagina.

When one wants to have an abortion, they book an appointment with a public health nurse and a physician at a family planning clinic. After meeting the physician, they will be guided to book an appointment for laboratory tests and for the Gynaecological Out-Patients’ Department (Naistentautien poliklinikka) at the central hospital. Abortion referral signed by the physician must be carried along to the Out-Patients’ Department.

At the Out-Patients’ Department, a physician will ensure the pregnancy by using both a gynaecological examination and ultrasound. The physician will discuss about the decision of having an abortion. After this, the first medicine is given. This is meant to start the bleeding.

The patient may finish the abortion at home if the following terms are met: the age of 18, pregnancy weeks less than 9, patient is committed to complete the abortion fully and have supportive adult at home. The actual medicine, which starts to empty the womb, is taken 24-48 hours after the first medicine either at home or in a clinic. It is possible to bring a support person. The medicine starts the bleeding in 3-4 hours and ends the pregnancy during the same day. If the patient is at the clinic, they can go home when health care professionals are certain that it is safe.

Contraction of the cervix causes lower abdominal pain, but it can be treated by painkillers, such as paracetamol and ibuprofen. Exercise and heat or cold treatment can also ease the pain. Stronger pain medication can be given at the clinic if needed. The health care professionals can prescribe a sick leave if needed.

Personal hygiene is extremely important! Because of the risk of infection, baths and swimming, intercourse and tampon usage should be avoided during the bleeding (7-14 days). Contraception is important since the next pregnancy can start at any time. The contraception method is chosen together with health care professionals.

According to the hospital procedure, abortion is ensured by either a urine or blood sample. Pregnancy test is received from the Out-Patients’ Department to be done at
home after approximately 5 weeks from the abortion. If the test is positive, the patient must contact the Out-Patients’ Department. A post-procedure check-up is done at the family planning clinic in 1-2 months after the abortion.

In case of high fewer and foul-smelling discharge, lower abdominal pain or sudden increased bleeding in the following 2 weeks, own health centre or the Gynaecological Out-Patients’ Department must be contacted.

7 Discussion

7.1 Discussion of the product and process

Annually 10 500 abortions are conducted in Finland. Incidence of termination of pregnancy is internationally small (in 2011, 9 out of 1000 women of age 15-49). The number of recurrent abortions have increased (Käypä hoito 2013a).

Jyväskylän yhteistoiminta-alueen terveyskeskus (JYTE) is providing health care services according to collaboration contract in nearby municipalities. As stated in the contract, Jyväskylä provides public health, special health care and social services (JYTE 2016a). Aim of family planning clinic is to enhance and maintain sexual health. Problems and questions regarding to relationships and sexuality are conversed on at the clinic (JYTE 2016b). During the writing process of the written report, discussions about the content of the patient information leaflet were held with the health care professionals from JYTE. Their expertise on the matter was combined with latest evidence based information both to the written report and to the leaflet. Patient leaflets which considers the same topic, were found only in Finnish. These were utilized as an example for this project. The instruction are written appropriately and appreciatively and are supportive for patient’s self-determination. Various headlines are helping to perceive the aim of the guide and what is the content of it. The leaflet is easy to read which means that vocabulary is clear and in standard language. Professional language and difficult words are avoided (Eloranta & Virkki 2011, 73-77). JYTE is providing the use of graphic designer to design a layout of the leaflet to be equivalent to professionals’ expectations. The feedback from JYTE focused mainly towards
the working methods and co-operation, and official written feedback from the end result was not received.

The aim of this thesis was to collect comprehensive package of information about the abortion in Finland and especially in Jyväskylä and condense it to a form of informative leaflet. This leaflet was created to be shared to those English speaking citizens in Jyväskylä who need more detailed facts about abortion. The purpose of this project was to help family planning clinics to share important information about the abortion to English speaking clients by using the leaflet in case of, for example, language barrier. The project was limited to abortions carried out under 12 pregnancy weeks. Therefore, the project was precise enough but not excessively broad.

7.2 Ethical consideration

Fraud in scientific action means deception against scientific society. It is presenting false information or results to scientific society or distributing incorrect data in publications, presentations, scripts, learning materials, or financial applications. Fraud means also stealing from some other researchers work, or presenting it as your own.

Deceit is divided into four subcategories, which are fabrication, falsification/misrepresentation, plagiarism, and misappropriation. In Finland, division is kept more analytic and comprehensive comparing to international instructions. Misappropriation is separated from plagiarism as its own category (Tutkimuseettinen neuvottelukunta 2012, 9).

Fabrication, which means presenting fictitious discovery to scientific society. Fabricated discoveries are not done as described in the report (TENK 2012, 8). The references for this thesis are all from reliable sources, which provide evidence-based information. The material in the thesis is not contrived.

Falsification/misrepresentation, which means modifying or presenting in a way, that the original result of the discovery becomes distorted. From the stance of conclusions, the essential results or information which is deliberately excluded, is also falsification (TENK 2012, 8). This thesis contains relevant information of the topic. Part of
the material is translated from Finnish to English in such way, that the original meaning is remained.

Plagiarism, which means illicitly borrowing and presenting scripts, articles, research plans, or any other text or its part as your own. Plagiarism is both direct and retell copying. Misappropriation means using or presenting someone else’s research plan, - idea, - discoveries, - data, or - results as your own (TENK 2012, 9). References are appropriately and accurately marked both in the text and in reference list by following Jyväskylä University of Applied Sciences’ project reporting instructions. The writers of this thesis have not quoted themselves.

Other ethical issue relating to this thesis is the risks of bias. Selective bias can be different when someone else is choosing the references for the topic. Language is also an ethical issue, since this thesis has been done by collecting data only in English and Finnish, and someone else might find different information in other language bias.

The data is collected from databases provided by Jyväskylän ammattikorkeakoulu (JAMK) and from so-called free knowledge, which presents the ethical dilemma of availability bias. Also money can be ethical problem when someone else uses money to conduct the thesis (Garbrah 2016). This project is conducted without funding.

7.3 Validity and reliability of the product

Assessing the validity and reliability of the product is one of the main approaches when assessing the quality of the quantitative work. Reliability is referring to whether the measurement is reliable and would produce the same results when repeating the measurements. Validity is referring to whether the research is measuring what it is intending to. The author’s critical appraisal of quantitative studies is highly assisted if the particular research method used in the study is familiarized (Aveyard 2010, 103).

Literature review is showing to the readers that the author is familiar with the major contributions which have already been done by other authors. Literature is helping to identify the key issues of the research area and clear gaps in the current literature (Dudovskiy 2012).
7.4 Conclusions and recommendations

This thesis was divided into a written report and to an informative leaflet. The informative leaflet is produced for Jyväskylän yhteistoiminta-alueen terveyskeskus (JYTE). It will be used in family planning clinics to share knowledge about Finnish legislation and procedure of abortion for immigrants or English speaking patients. Great amount of information was processed and selected through the literature research and the current informative material was adapted into the written report and to the actual product. It is emphasizing women’s rights to have an abortion and explains the abortion care path in Jyväskylä region. Assessed material was presented more closely in theoretical, written part and in more understandable form in informative leaflet for the patients.

Head nurse of maternity and child health clinics and public health nurses of family planning clinic were consulted in this thesis process of the informative leaflet about abortion. Therefore, the leaflet contains material which the public health nurses find useful and important when having an abortion. Thus, it would be interesting to receive feedback from the patients and the nurses once it has been in use. Aggregating feedback could be another thesis project in future years. In addition, it would be important to update the content of the product in few years since the knowledge of the abortion procedure slightly changed during this project. Translating the informative abortion leaflet into the most necessary languages, such as Persian, is highly recommended, as well.
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Appendices

Appendice 1. Unwanted pregnancy – Abortion and its care path
Unwanted pregnancy – Abortion and its care path

Abortion is legal in Finland. According to the Finnish law (239/1970), pregnancy can be terminated by a woman’s request when the motive for abortion has at least one legal reason. Abortion is considered a human right, and, therefore, a woman has a right to decide the number of her children as well as the time when to have them.

Abortion is always an individual process where thoughts and feelings might be very mixed in the different phases of the pregnancy termination. The abortion process can be stopped at any time before taking the first medication. After that, the termination must be completed. It is important to have inner peace and feel that you have made the best decision regarding your life situation. It is essential to talk about abortion and the feelings it brings with your friends or family members. If you need more help with processing your feelings, feel free to turn to health care professionals.

Abortion is an evidence-based procedure, and, therefore, it is safe. However, there can be possible complications, such as heavy bleeding and infections. In a few of the cases, an un-abortiond pregnancy material may require surgery.

Abortion methods

Basically, all the abortions are performed by using medical methods. Rarely, due to complications, surgical methods are used to complete the abortion.

Medical abortion means using medication to stop the placenta from functioning and emptying the womb. If the pregnancy has lasted more than 12 weeks, a permission is needed from the National Supervisory Authority for Welfare and Health (Valvira). A medical abortion can be done at home with the supervision of an adult if the pregnancy weeks are 9 or less. If the number of pregnancy weeks is more than 9, the termination is performed at the hospital.

Surgical abortion is always done at the hospital and under general anaesthesia. It is meant to complete the abortion if the medical method has not been sufficiently effective. The abortion is carried out by emptying the womb through the vagina.

When you want to have an abortion, book an appointment with a public health nurse at a family planning clinic and after that, book a meeting to physician at a health care centre. After meeting the physician, you will be guided to book an appointment for laboratory tests and at the Gynaecological Out-Patients’ Department (Naistentautien poliklinikka) at the central hospital.
Remember to take the abortion referral signed by the physician with you to the Out-Patients’ Department. At the Out-Patients’ Department, a physician will ensure the pregnancy by using both a gynaecological examination and ultrasound. The physician will discuss your decision of having an abortion with you. After this, you will receive the first medicine which is meant to start the bleeding.

**You may finish the abortion at home if:**
- You are 18 years old
- Pregnancy has lasted less than 9
- You are committed to completing the abortion fully
- You have a supportive adult at home

The actual medicine, which starts to empty the womb, is taken 24-48 hours after the first medicine either at home or in a clinic. You may bring a support person with you. The second medicine starts the bleeding in 3-4 hours and ends the pregnancy during the same day. If you are at the clinic, you can go home when the health care professionals are certain that it is safe.

Contraction of the cervix causes lower abdominal pain, but it can be treated by painkillers, such as paracetamol and ibuprofen. Exercise and heat or cold treatment can also ease the pain. Stronger pain medication can be given at the clinic if needed. The health care professionals can prescribe a sick leave if needed.

Personal hygiene is extremely important! Because of the risk of infection, avoid baths, swimming, intercourse and tampon usage during the bleeding (7-14 days). Contraception is important since the next pregnancy can start at any time. The contraception method is chosen together with health care professionals.

According to the hospital procedure, abortion is ensured by either a urine or blood sample. You will receive a pregnancy test from the Out-Patients’ Department to be done at home after approximately 5 weeks from the abortion. If the test is positive, contact the Out-Patients’ Department. A post-procedure check-up is done at the family planning clinic about a month after the abortion.

If you have high fever and foul-smelling discharge, lower abdominal pain or sudden increased bleeding in the following 2 weeks, contact your own health centre or the Gynaecological Out-Patients’ Department.
Contact information
Naistentautien polikliniikka (Gynaecological Out-Patients' Department)
Mon–Fri 8 am - 2.30 pm 014 269 1023
Naistenosasto (Women’s ward) 014 269 1002, 014 269 1005

Address:
Central Finland Central Hospital, Main building, A2-wing, 2nd floor
Postal address: Keskussairaantie 19, 40620 Jyväskylä

In Perhesuunnitteluneuvola/Family planning clinic (in health center):

1. Book an appointment with public health nurse
   Date

2. Book an appointment with physician
   Date

3. Book the first appointment for Naistentautien polikliniikka/
   Gynaecological Out-Patients' Dep.
   Date

4. Book an appointment for laboratory tests (finlab.fi)
   Date

The first visit to Naistentautien polikliniikka/Gynaecological Out-
Patients' Department (in the central hospital): Carry the abortion referral!

The physician:
- makes gynaecological examination and ultrasound
- discusses about the abortion decision

At home, take the tablet according to hospital instructions

OR

At the second visit to Naistentautien polikliniikka/Gynaecological Out-
Patients' Dep.:

The nurse:
- gives the second tablet which will finish the abortion

In Perhesuunnitteluneuvola/Family planning clinic (in health center)

Book an appointment for post-procedure check-up with public health nurse
Date

REMEMBER CONTRACEPTION!