

Improving women's journey through abortion in Portugal

Successes in improving women's journey

Lisa Ferreira Vicente

Sexual, Reproductive & Child Health Department

Directorate-General of Health Portugal

Until 1974: contraceptives illegal

1974: Revolution

1976 : Legal creation of national family planning services . **100,000 estimated illegal abortions**

1984: First Law decriminalizing abortion – mother/foetal/rape

Gestational age limit for different grounds for abortion

Several prosecutions on abortion (women /professionals)

National Data: **up to 10% of women 35-49 had at least 1 abortion**

1997: Law on abortion Age limit modifications

1998: National Referendum on abortion on women's request: "No" wins (70% abstention)

70 's

- 1974: France legal abortion

80's

- Developing RU-486
- 1988:France Mifepristone+Prostaglandin approved for medical abortion

90's

- 1999: Mifepristone+Prostaglandin approved for medical abortion several european countries

- Several NGO's , Associations, Citizen Groups - social debate on abortion on women request
- 2006: Association for Family Planning (APF) National study on abortion practice: 20% of W18-49y already had an abortion
- 2005-2006 : National data on contraceptive use
- 2007: National referendum : abortion on women request up to 10 W

2000-2007

- Published several studies on efficacy and safety of medical abortion
- 2005: WHO includes Mifepristone+ misoprostol in Essential Medicine List for medical abortion
- Studies on the safety of “home” utilization of medical abortion



11 february 2007

2007

**International data published
on medical abortion and
“home” utilization**

**LAW – Rapidly
regulamentation –
abortion services begin 15
july 2007**

**Health
Professionals**



**NGO's,
Associations &
Citizen Groups**

Scientific Societies

National Statistics

**New and “modern” system of
monitoring
Private and Public Services**

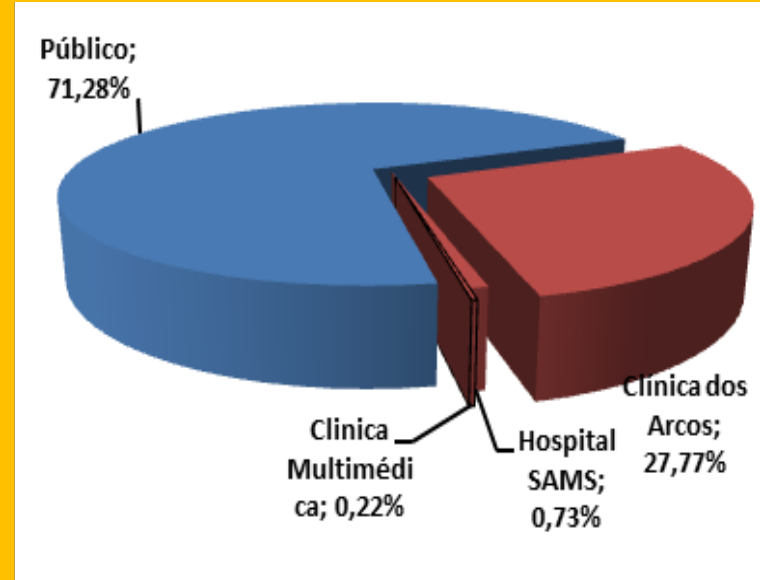
**National Guidelines:
Services organization and
Clinical Guidances
(Procedures)**

Portuguese Penal Code

- There is not punishable interruption of pregnancy by a doctor or under his direction, in establishing health official or officially recognized, and with the consent of the pregnant woman, when:
 - a) Constitute the only means of removing **danger of death or serious and irreversible injury to body or to physical or mental health of the pregnant woman; (no time limit)**
 - b) If display indicated to avoid danger of death or serious and lasting injury to body or to **physical or mental health of pregnant women** and is performed during the first **12 weeks of pregnancy;**
 - c) There is reason to expect assurance that the child will suffer from incurable form of severe disease or **congenital malformation, and is performed within the first 24 weeks** of pregnancy, except for the situations of inviable fetuses, in which case the interruption may be practiced at any time;
 - d) There are serious indications that the pregnancy resulted from **crimes against sexual freedom and of pregnancy; self-determination** and is performed in the first **16 weeks**
 - e) Is performed, at the **option of the woman, the first 10 weeks** of pregnancy.

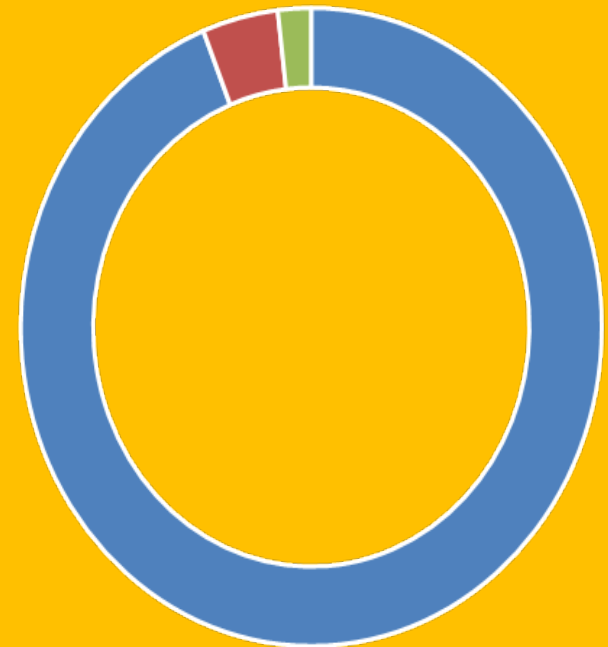
Abortion care services

	Nº	%
Public (NHS)	11728	71,28%
Private	4726	28,72%
Clínica dos Arcos	4569	27,77%
Clinica Multimédica	37	0,22%
Hospital SAMS	120	0,73%
Total	16454	100%



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■ Within SNS
■ Private referred by SNS
■ Private direct access
■

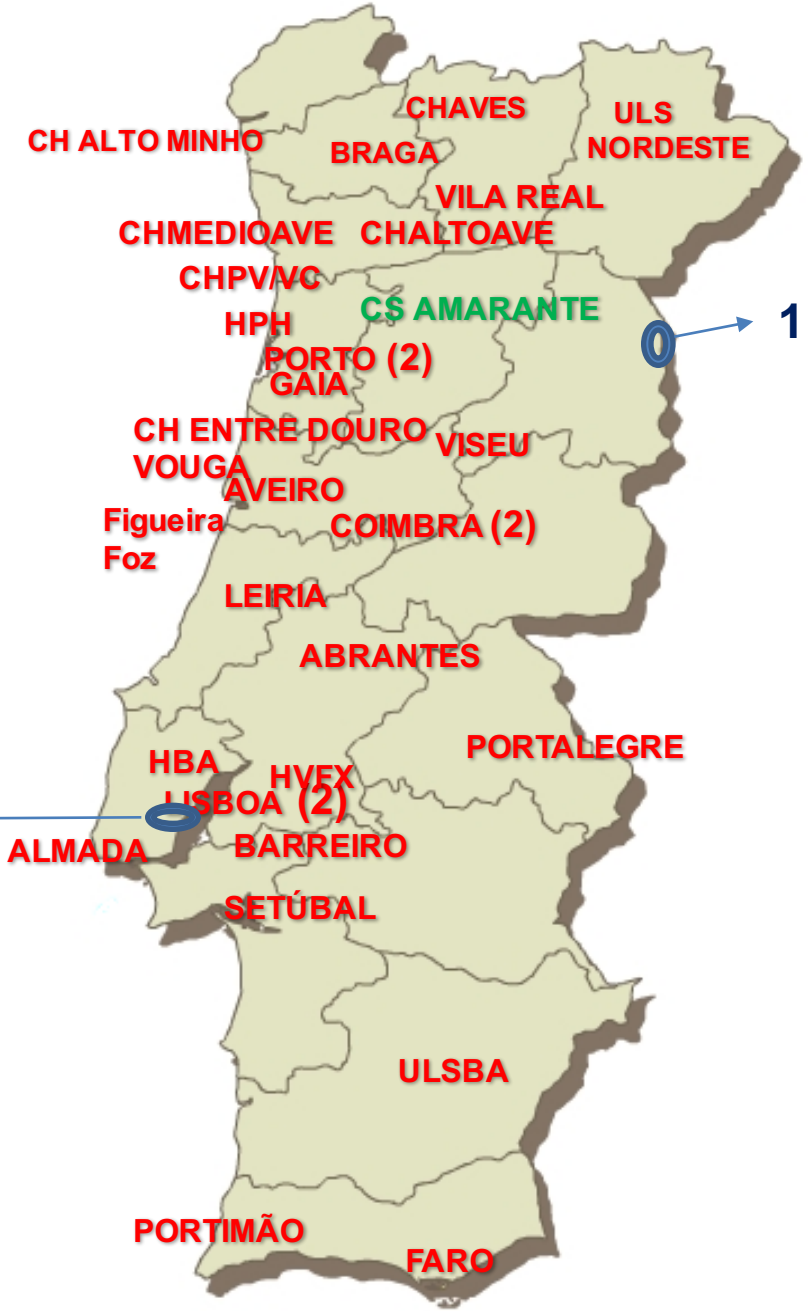
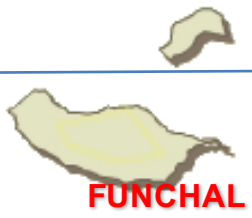
Abortion on request by abortion method and Public or Private Unit (data from year 2015)

Procedure (Method)	Public		Private		Total	% Total
	IG	%	IG	%	IG	%
Surgical under general anaesthesia I	184	1,63%	4241	92,42%	4425	27,88%
Surgical under local anaesthesia	12	0,11%	176	3,84%	188	1,18%
Medical	11064	98,05%	171	3,73%	11235	70,78%
Other	20	0,18%	1	0,02%	21	0,13%
No information	4	0,04%		0,00%	4	0,03%
Total Geral	11284	100%	4589	100%	15873	100%

NHS & Private Clinics

- 33 Hospitals
- 1 Primary Care Service
- 4 Private Clinics

3



1

Exposição Pavilhão
Vista geral instalação Estrangeiro



Clandestino



Oportunista



Mulato



Exposição Pavilhão Pret
Vista geral instalação Estrangeiro



gado



ar

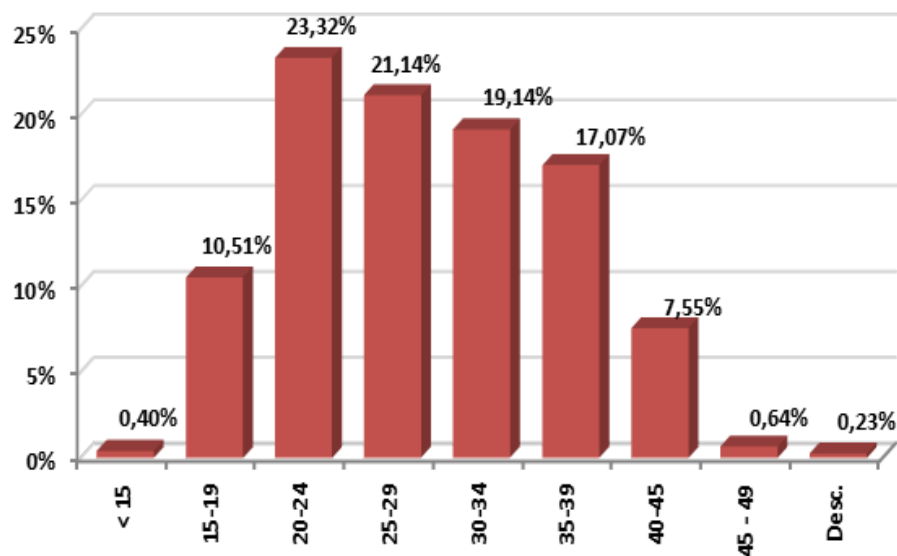


up_legal

Close-up_Negro

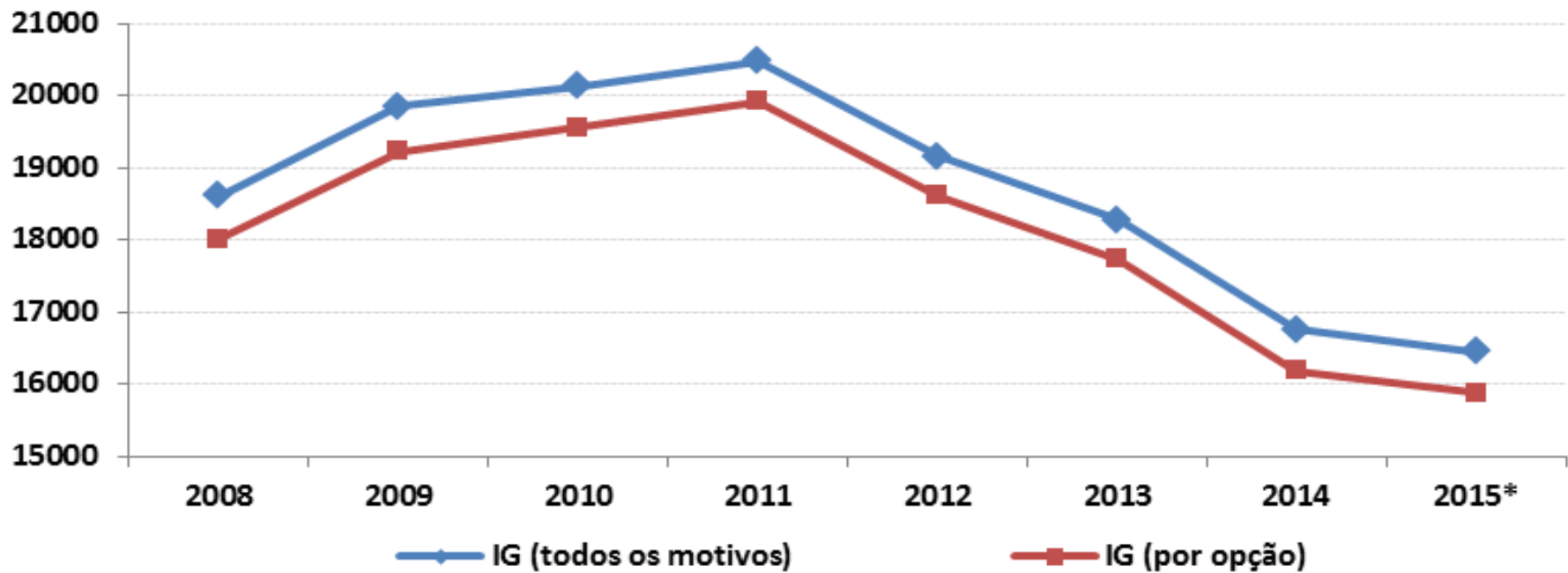
Abortion (women's request up 10W) and age group

Age	Nº	%
< 15	63	0,40%
15-19	1668	10,51%
20-24	3701	23,32%
25-29	3355	21,14%
30-34	3038	19,14%
35-39	2710	17,07%
40-45	1199	7,55%
45 - 49	102	0,64%
Unknown	37	0,23%
Total	15873	100%



Women from non-Portuguese Nationality

2015	–	18,5%
2014	–	17,2%
2013	–	16,0 %
2012	–	15,9 %
2011	–	18,3 %
2010	–	17,9 %
2009	–	17,2 %
2008	–	15,6 %



Source: National Report on Abortion 2015. General Directorate of Health Setember 2016
Acessible : www.saudereprodutiva.dgs.pt

	2012	2013	2014	2015
Abortion per 1000 women 15-49 years	7,8	7,6	6,8	6,7

	2012	2013	2014	2015
Abortion per 1000 live births	213	221	200	186

Source: National Report on Abortion 2015. General Directorate of Health Setember 2016
 Acessible : www.saudereprodutiva.dgs.pt

Years 2001 – 2014	2001*	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of answers / Number of Units	(40/50)	(40/50)	(50/50)	(49/50)	(48/50)	(42/42)	(42**/42)	(36/42)	(34/41)	(37/41)	(37/40)	(38/41)	(33/44)	(29/44)

ILEGAL ABORTION

Total complications	578	1.600	1.019	1.426	976	1.063	1.465	333	245	236	160	229		
• Incomplete abortion	359	1 030	704	911	604	610	864	211	145	132	109	177	62	13
• Missed abortion	180	502	227	361	287	336	552	96	79	82	45	47	-	-
• Infection / Sepsis	34	67	76	56	51	56	35	23	20	22	5	5	0	2
• Uterus perforation/ Other Perforation	5	1	0	0	0	1	12	3	1	0	1	0	1	0
• Not Specified	-	-	12	98	34	60	2	-	-	-	0	-	-	-

LEGAL ABORTION

Total complications:								550	774	1.082	1.031	750	-	-
• Incomplete abortion	-	-	-	-	-	-	-	393	455	524	709	502	624	814
• Missed abortion	-	-	-	-	-	-	-	150	299	524	291	224	-	-
• Infection / Sepsis	-	-	-	-	-	-	-	5	18	31	31	23	46	31
• Uterus perforation/ Other perforation	-	-	-	-	-	-	-	2	2	3	0	1	2	0

Source: National Report on Hospitalization due to abortion complication. General Directorate of Health 2013-2014
 Acessible : www.saudereprodutiva.dgs.pt

Quadro 3 - Tipo de complicações da IG registadas e sua percentagem em função do número de IG realizadas no âmbito do quadro legal
2008 - 2009 - 2010 - 2011 - 2012 - 2013 - 2014

Total de IG / Todos os motivos	2008*		2009*		2010*		2011*		2012*		2013*		2014*	
	18.607		19.848		19.436		20.480		18.924		18.281		16.762	
Complicações registadas:	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Aborto incompleto	393	2.11%	455	2.29%	524	2.69%	709	3,46%	496	2,62%	624	3,4%	814	4,9%
Infeção/ Sépsis	5	0.03%	18	0.09%	31	0.16%	31	0,15%	23	0,12%	46	0,25%	31	0,18%
Perfuração útero/outro órgão	2	0.01%	2	0.01%	3	0.02%	0	0	1	0%	2	0,01%	0	0
Falha (persistência do saco gestacional)											185	1,01%	181	1,08%
Total	550	2.96%	774	3.90%	1.082	5.56%	1.031	5,03%	774	4,09%	903	4,93%	1058	6,31%

* Relatórios de IG acessíveis em www.saudereprodutiva.dgs.pt

June 2010: 1 Maternal Death - Clostrium Sordellii

Clostridium sordellii fatal toxic shock syndrome post-medical-abortion

- Clostridium sordellii (C. sordellii) is a gram-positive anaerobic bacillus that has been reported as a rare cause of fatal toxic syndrome after medical abortion (and other situations)
- A 16-year-old women who underwent a medically induced abortion by means of 200 mg of oral mifepristone followed by 800 µg of vaginal misoprostol, presented to the maternity hospital's emergency five days after receiving mifepristone, complaining of lipothimia in the night before and abdominal cramping.
- On admission, she was conscient, afebrile and hypotense . A few hours later she developed a rapid onset-sepsis with marked leukocytosis, hemoconcentration (hematocrit of 63.4%; hemoglobin of 21.2) and severe metabolic acidosis.
- The patient underwent a hysterectomy and uterus biopsy cultures and anatomopathological analysis were requested. Patient died 18h after presenting to emergency.
- To improve diagnosis gram staining and cultures of an endometrial biopsy specimen are a good approach to an earlier recognition of the disease's etiology.

Contraceptive care services

- Free of charge family planning » for all women in Portugal, including immigrants (independent of its legal status)
- Abortion care services are planned to have this free access guaranteed

- A Group initiative led to Parliament a plea to produce several changes to abortion on request
- July 2015 Two Laws were approved in Parliament
 - abortion on women's request paying a tax for care (not for other grounds for abortion)
 - several restraints for abortion on women request
- Law 3/2016 : Both Laws approved during July 2015 were revoked

2015

Spain – Proposal for modification of legal framework for abortion “protection of the unborn” (Garzon)

Zika and abortion an unfinished discussion

February
2016

Key points for success

- According to Portuguese legal framework NHS is responsible for assuring that all women seeking abortion have the procedure in due time » important consequences on the organization of services
- Along the years there were regular (annual) meetings organized /participated by all abortion services
- “Working together”
- Continuous mobilization

As a Portuguese Women's and Feminist NGO founded in 1976 we all show solidarity with Polish women in this current team Difficult, When You are facing a major threat on abortion and sexual and reproductive rights.

We Also show all the support for the brave women who are struggling in demonstrations and strikes for this cause, in Poland and abroad.

Abortion Rights are Women's Rights! Posted Setember 2016



Along their lifetime women can experience pregnancy (planned or unplanned), an abortion (spontaneous, induced by medical conditions or upon her option), the delivery of a child and or infertility. They all represent aspects of sexual and reproductive health (SRH).

When these events represent choices, reproductive options are determined by individual, social, cultural, religious and economic factors, as well as, by access to information and health care services.

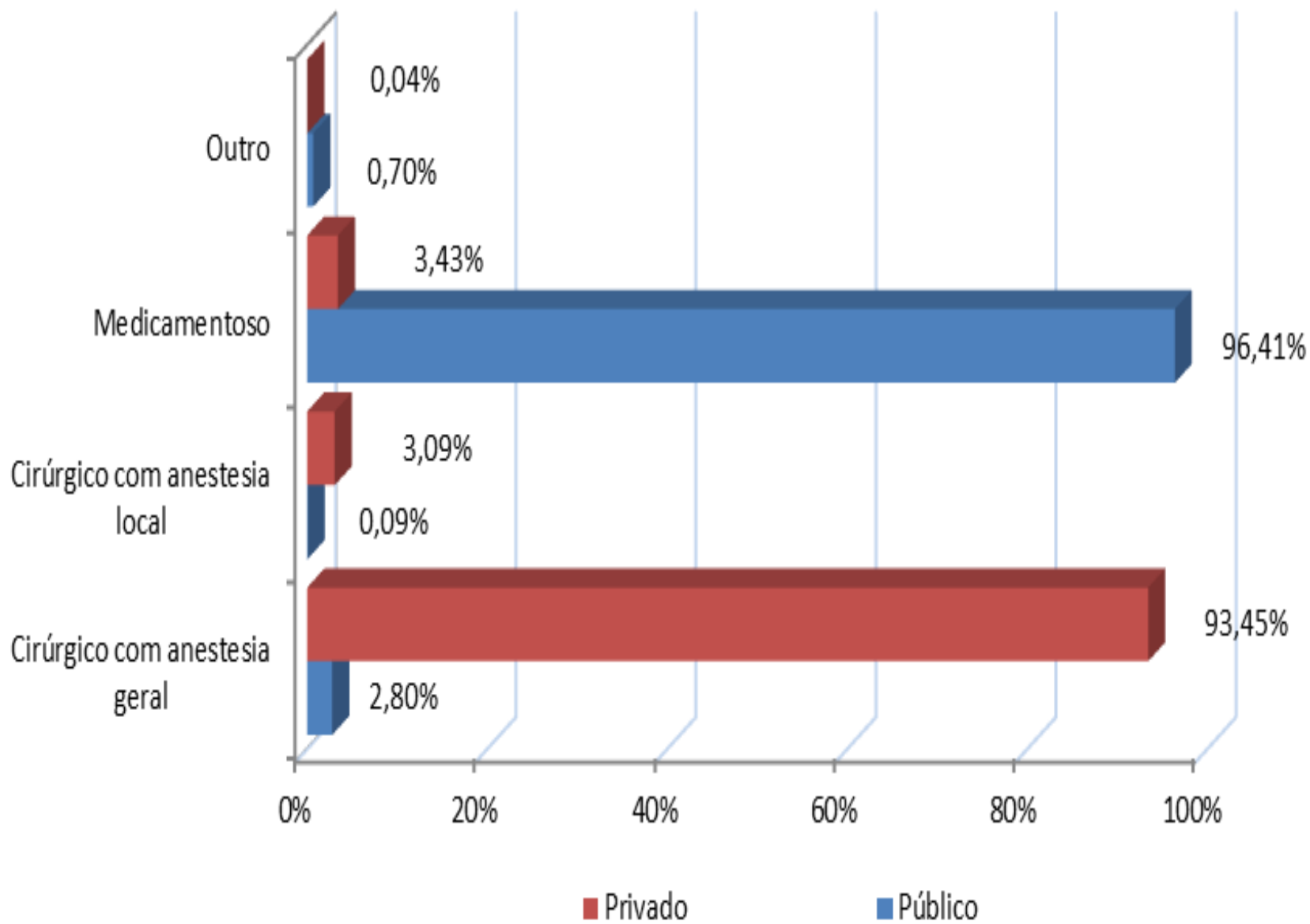


Abortion care services

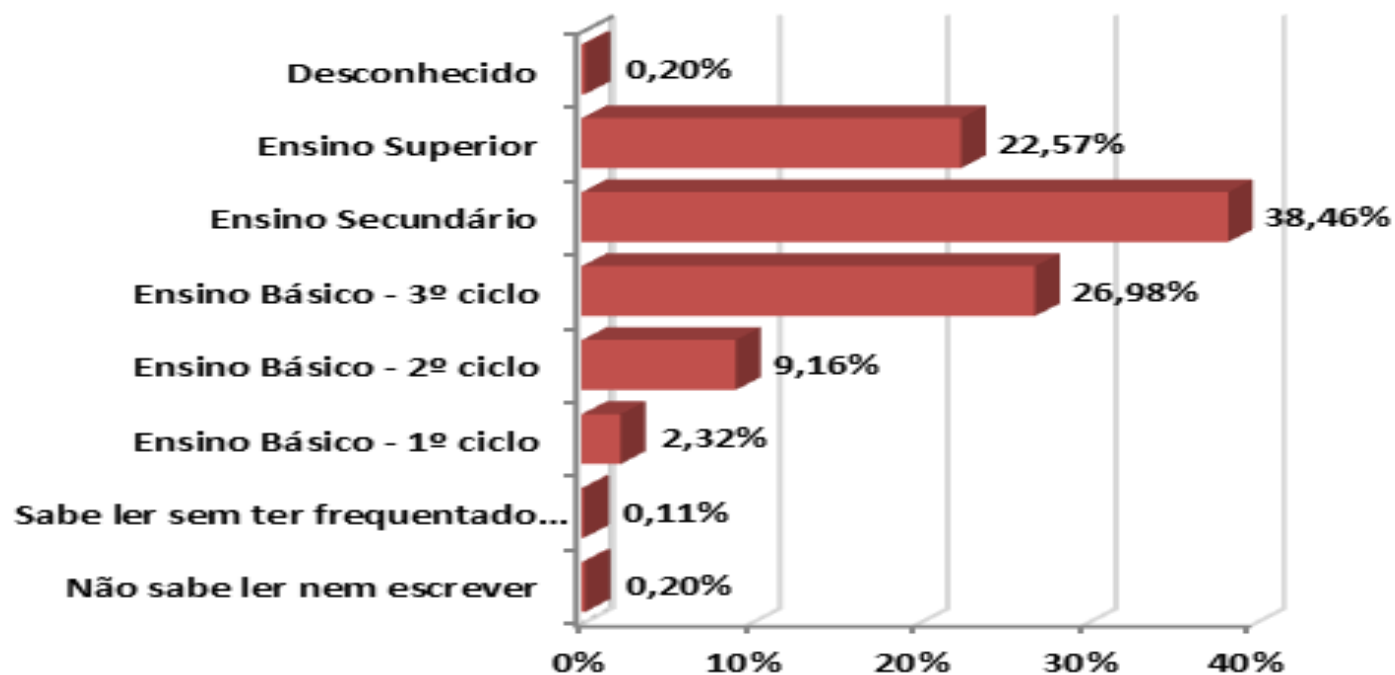


1 Private Clinic

3 Private Clinics



Abortion (women's request up to 10 W) and education level



Source: National Report on Abortion 2015. General Directorate of Health Setember 2016
Acessible : www.saudereprodutiva.dgs.pt

Abortion (women's request up 10 W) and number of previous children

Nº Children	Nº abortion	%
0	6712	42,29%
1	4583	28,87%
2	3425	21,58%
3	865	5,45%
4	217	1,37%
5	52	0,33%
6	11	0,07%
7	3	0,02%
8	1	0,01%
10+	4	0,03%
Total	15873	100%

Abortion (women's request up 10W) and previous abortion (all grounds)

Previous abortion (all grounds)	Nº	%
0	11129	70,11%
1	3449	21,73%
2	902	5,68%
3	270	1,70%
4	69	0,43%
5	21	0,13%
6	15	0,09%
7	6	0,04%
8	2	0,01%
9	2	0,01%
10+	8	0,06%
Total	15873	100%

Abortion on women's request up to 10 (completed) weeks gestation , it is necessary to fulfill the following requirements under the Ordinance Nr. 741-A/2007 of 21 June, regulating the practice of abortion:

- a. The interruption of pregnancy is performed until 10 completed weeks;
- b. What is the woman provided all necessary information, so you can freely and make a clear decision. This information should include the possibilities available regarding restraints on motherhood;
- c. To be given the woman a **reflection period of at least 3 days**;
- d. What information is provided and access to contraception and family planning consultation.