FIAPAC
International Federation of Professional Abortion and Contraception Associates

The FIAPAC Newsletter, December 2018

Table of content

Editorial.

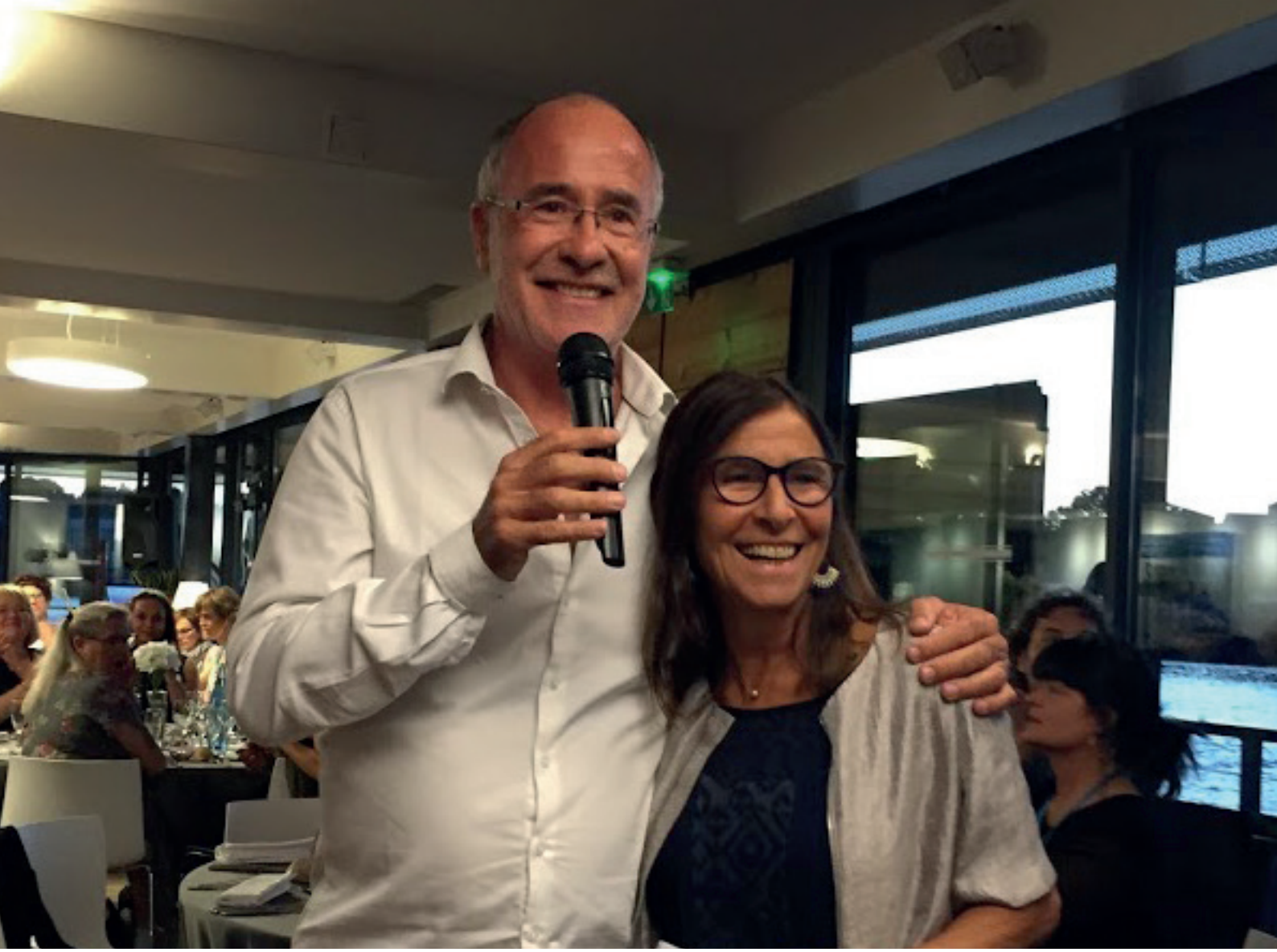
Welcome to the Autumn edition of the FIAPAC newsletter

It was wonderful to have been present at FIAPAC conference in Nantes in September and I am delighted to say that both verbal and written feedback from delegates about the conference has been overwhelmingly positive. I'd like to say a huge thank you to the local organising team of Martine Hatchuel and the two Philippes – Philippe David and Philippe Faucher (le bon et le beau).

A warm welcome also to new FIAPAC board members (Beverly Winikoff and Matt Reeves, USA) and Gabie Raven (the Netherlands). The new board met at the conference and the next board meeting will be held in Brussels in March 2019 – when new committee members will be elected. We also hope that we will be able to circulate information after that meeting about possible sites/option for the next FIAPAC conference in 2020 as well as opportunities for getting involved in the other aspects of the work of FIAPAC. We will keep you informed in future editions of the newsletter.

May I take this early opportunity to wish you all a very Merry Christmas and Happy New year and hoping that 2019 will bring us closer to achieving the dream of safe abortion care for all.

Sharon Cameron
FIAPAC President



Report Nantes Conference

14-15 September 2018

By Philippe David

The abstracts and presentations are available online

"Liberating women - removing barriers and increasing access to safe abortion care"

French version

Fin d'été à Nantes et nous sommes heureux d'accueillir autour de l'IVG et de la contraception dans une salle chaude et chaleureuse au sein d'une Cité des Congrès ensoleillée autant de congressistes (500) d'origines si diverses (50 pays).

Nos journées démarrent avec la présentation théâtrale: 'Le cas de Mlle L 14 ans'. La pression est grande pour nous car nous savons que cette amorce est peu académique pour un congrès qui veut affirmer sa valeur scientifique. Mais les soignants-acteurs entourés par de grands professionnels de l'Art Dramatique hissent «leur jeu»! Et le silence habité dans la salle témoigne (de ce que nous espérions) de la réflexion et de l'émotion mêlées et qui lancent le climat de ces journées.

Car les sessions pleinieres et les ateliers alternent les sujets scientifiques, techniques et les questions éthiques, philosophiques qui relient la communauté des femmes et des hommes qui inscrivent leurs activités dans le champ de l'avortement de la contraception et d'une façon générale pour la defense des droits des femmes.

Mais ce qui est souvent souhaité par ces praticiens c'est au fond d'être «fiers» de leur pratique.

Ces pratiques et ces actions seront valorisées par l'approche scientifique, par la recherche et par les publications.
Elles seront augmentées ainsi par l'exigence de même qualité des soins que dans n'importe quel autre segment d'activité médico-sociale.

Mais ce qui est souvent souhaité par ces praticiens c'est au fond d'être «fiers» de leur pratique. Cela a été rappelé souvent dans les différents moments de ce congrès et je pense que c'est l'approche éthique qui peut combler ce manque.

Non seulement cela nous écarte des débats aussi stériles que répétitifs «pour-contre» autour de l'avortement mais encore à mon sens témoigne de la pratique de l'avortement comme paradigmatique de la posture éthique chez les soignants: respect de l'autonomie, bienfaisance, non malfaisance et justice, et donc comme un modèle éclairant la réflexion pour d'autres soignants dans d'autres champs du soin.

A signaler la bonne fréquentation des salles pour toutes les séances ce qui donnait à ce congrès une forme cohérente, sauf pour une session pourtant forte qui témoignait d'actions fort complexes pour les intervenants - en Géorgie - dans le Sud-Soudan et au Bénin. Ceux ci ont pu illustrer « leurs difficultés » et leur invention pour améliorer la condition des femmes.

Leur humilité dans ces contextes réclamant tant de vertus pour avancer quand même doivent nous inciter à toujours travailler chez nous à défendre ce qui n'est jamais acquis et à dire et si possible à agir avec eux solidairement. Cette session pourrait justifier à elle seule s'il en était besoin l'existence de la FIAPAC.

Cette 13 eme édition sur ses axes scientifiques éthiques artistiques nous a réunis, fait penser, désirer échanger, améliorer nos pratiques, nous lier et être fiers de notre travail.

Nous hâte de préparer la 14eme.

"Liberating women - removing barriers and increasing access to safe abortion care"

English version

We were happy to welcome about 500 participants from very diverse origins (50 countries) at the end of summer in 'La Cité' Events Center in Nantes.

The Conference started with the theatre play 'The case of Miss L. 14 years old'. The pressure is high. We realised that this kind of opening session was not very academic for an event that wants to affirm its scientific value. Yet, the care providers-actors, surrounded by great professionals of the 'Art Dramatique' presented "their play"! The heavy silence in the auditorium expressed (at least this is what we hoped for) the reflections and the mixed emotions, launching the atmosphere of the conference days.

The plenary sessions and workshops alternated scientific and technical topics with ethical and philosophical issues, connecting the community of women and men working in the field of abortion and contraception and in general for the defence of women's rights.

Their practices and actions will be valued by the scientific approach, research and publications. They will be enlarged by the requirements of the same quality of care as in any other medical-social activity.

What is often desired by these practitioners is basically to be "proud" of their practice. This has been recalled often during the conference and I think it is the ethical approach that can fill this lack.

This does not only keep us away from debates that are as sterile as they are repetitive "for-against" about abortion but, in my opinion, indicates that the practice of abortion is paradigmatic of the ethical attitude of care providers: respect for autonomy, beneficence, non-malfeasance and justice ... and therefore as a model that illuminates reflection for other care providers in other fields of care.

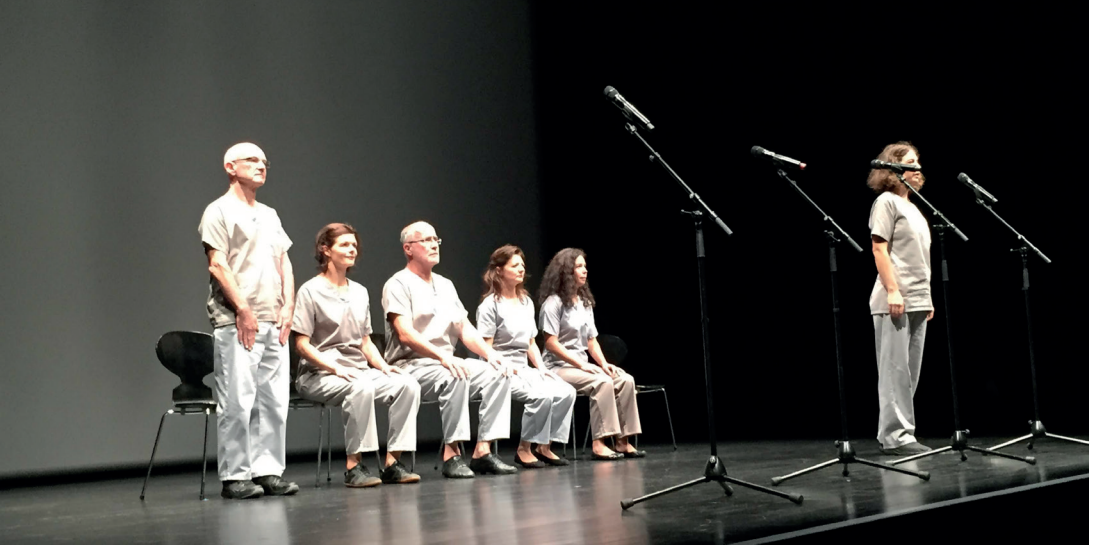
What is often desired by these practitioners is basically to be "proud" of their practice.

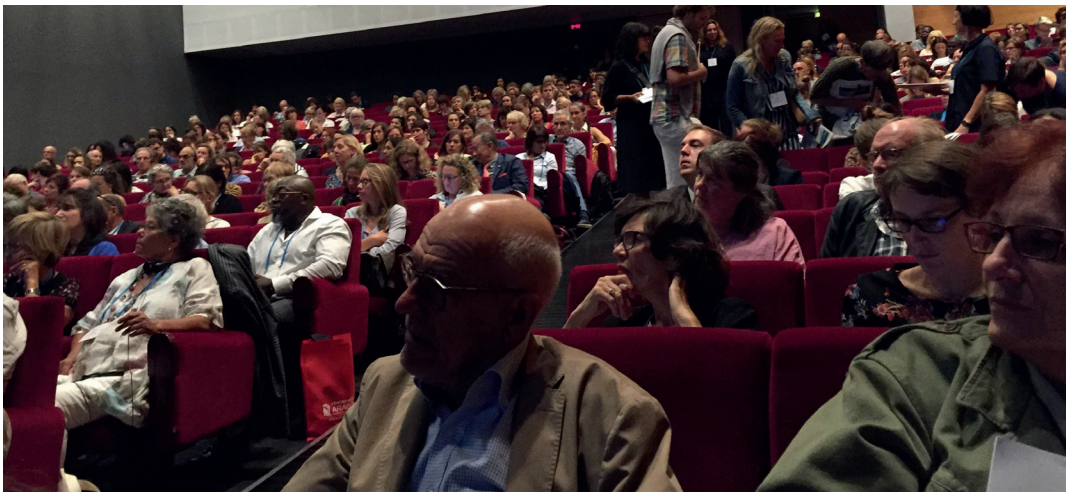
A well balanced attendance of all sessions gave this congress a consistent strong form, yet one particular session stood out which gave evidence of the complex actions of the speakers - in Georgia USA, in South Sudan, and Benin.

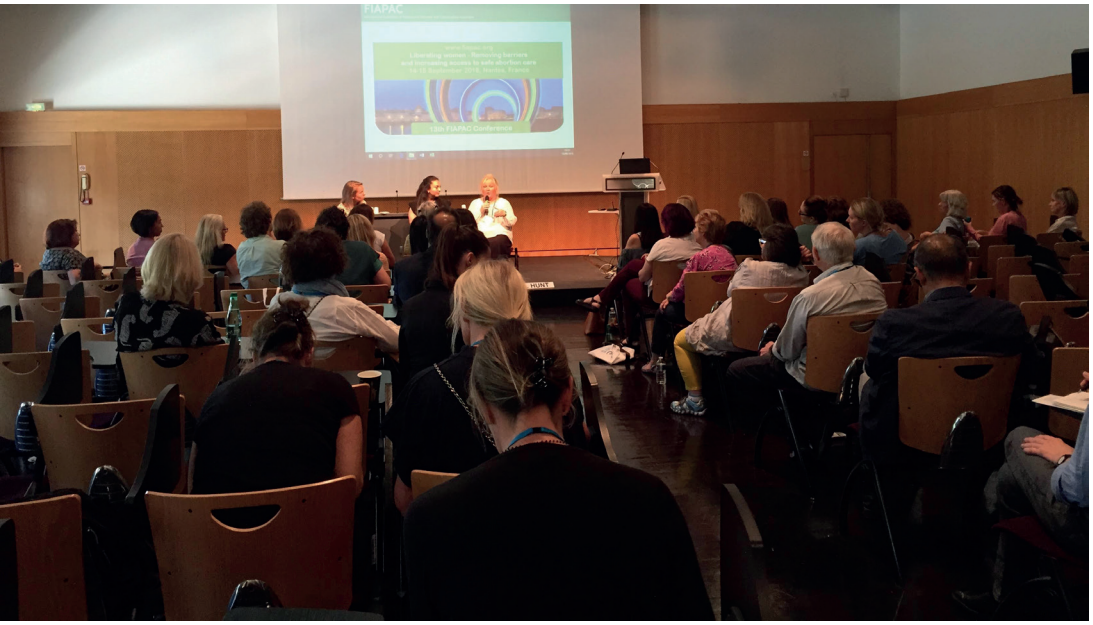
These doctors, assembled by Catholics for Choice, were able to illustrate "their difficulties" and their invention to improve the condition of women. Their humility in these contexts claiming so many merits to advance anyway must motivate us and if possible to act jointly. This session alone could justify the existence of FIAPAC.

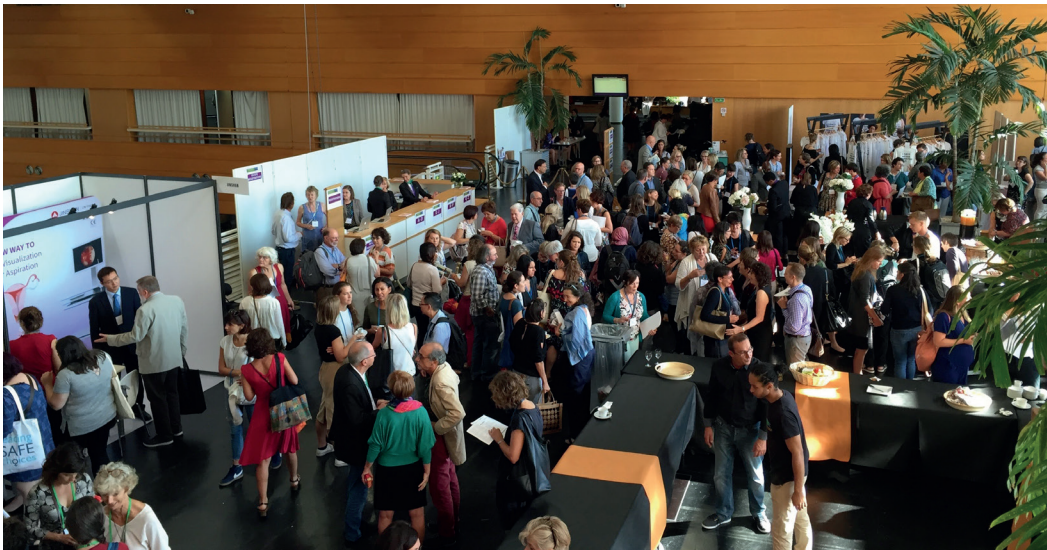
This 13th edition - through its ethical, scientific and artistic angles – brought us together, made us think, want to exchange, improve our practices, unifying us and be proud of our work.

We cannot wait to prepare the 14th Conference in 2020!






FIAPAC
13th FIAPAC Conference



"Liberating women - removing barriers and increasing access to safe abortion care"

Dinner speech by Martine Hatchuel

I am very happy to be here tonight, and although I have participated in all the FIAPAC congresses from the beginning, I am very proud that my first as a FIAPAC board member is taking place in France. I would like to thank Philippe David for suggesting Nantes as the host city for the congress this year and I would also like to thank him and his team for the organisation of the event.

As you know in France, the situation regarding abortion is quite favorable. Indeed we are lucky to have a law that allows abortion up to 14 (fourteen) weeks after amenorrhea. You also know that abortion is 100% supported by social security, and that young women under 18 do not need parental permission.

Finally, 2 years ago, the notion of distress was removed from French law, and the requirement for a period of reflection was also removed.

However, it's not all peace and light!

However, it's not all peace and light! As elsewhere in Europe, mentalities are changing.

As elsewhere in Europe, mentalities are changing in France, and we have to deal with a return of moral order.

In my own hospital, I recently heard young gynecologists say that their job is to give life (and) not death, and that they didn't study gynecology to practice abortions. It was unthinkable to hear such words only 10 years ago…

The defenders of free abortion are fewer and fewer. In practice, in a lot of regions in France, the doctors are retiring, and there is no-one to replace them, especially in the practice of abortion.

Young health professionals are not as combative as before in defending women's rights, and therefore conscientious objection is becoming an issue. Budgets dedicated to health in our country are more restricted in all areas, and in the organisation of the health care system, abortion is never a priority!

Therefore, choosing one's method of abortion is not always possible: some women see the obligation to accept medical abortion, although they would have preferred a surgical abortion. Sometimes women will be alone with their pregnancy, and must abort alone at home, simply because no doctor is available to practice surgical abortion.

But I don't want to be too pessimistic!

We cannot complain in France, if we compare the situation with other countries in the world!

So I would like to finish on a positive note, and I will repeat what Elisabeth Aubeny said in the last Fiapac Newsletter: "we are here not only to exchange technical news about abortion, but also to maintain the friendship and fraternity between us. This is essential because we have to support each other in our battles, which can sometimes be violent. That is why we need to meet as often as we can and to share to be strong!"

Free communication award

Results from a randomised controlled trial of an mHealth intervention to increase post-menstrual regulation contraceptive use in Bangladesh

Kate Reiss, London School of Hygiene & Tropical Medicine and Marie Stopes International, United Kingdom; Kathryn Andersen, Ipas, United States; Manuela Colombini, London School of Hygiene & Tropical Medicine, United Kingdom; Loraine Bacchus, London School of Hygiene & Tropical Medicine, United Kingdom; Erin Pearson, Ipas, United States; Caroline Free, London School of Hygiene & Tropical Medicine, United Kingdom; Tanzila Tabassum, Marie Stopes Bangladesh, Bangladesh; Katharine Footman, Marie Stopes International, United Kingdom; Kamal Biswas, Ipas Bangladesh, Bangladesh; Mobarak Hossain, Marie Stopes Bangladesh, Bangladesh; Jamie Menzel, Ipas, Bangladesh

Objectives: In Bangladesh, women undergoing menstrual regulation (MR) (an approved procedure to regulate menstruation in women at risk of pregnancy) are a key group to target with contraceptive services. We used a randomised controlled trial to evaluate an intervention delivered by mobile phone which was designed to promote contraceptive use among MR clients in Bangladesh.
Methods: In 2015/2016, we recruited 972 women after their MR procedure from 41 facilities, and randomised them to intervention or control groups. The intervention group were sent 11 automated, interactive voice messages with optional call centre counselling over 4-months post-MR. The primary outcome was self-reported LARC (long acting reversible contraceptive) use at four months post-MR; secondary outcomes were use of any effective
modern method, subsequent pregnancy or MR and intimate partner violence (IPV). We used Logistic regression modelling to calculate odds ratios, allowing adjustment for baseline differences between the groups among pre-defined variables. In 2017, we conducted in-depth interviews (IDIs) with 30 trial participants to explore the intervention effects/non-effects.
Results: We interviewed 773 participants (80%) at 4-months. Full details of the results from the trial and IDIs will be presented at the conference. Many IDI participants reported that they learnt more about contraception from the intervention however some women faced barriers to accessing the automated content due to low phone literacy. IDIs indicated a high frequency of phone sharing and that women's phone use is sometimes monitored or
controlled by others in the home. The majority of IDI participants had told their husbands about the study and their MR.
Conclusions: These findings highlight the importance of considering familial contexts when designing interventions that reach into homes. The results of this trial will help us to understand whether this type of intervention can be successfully translated to the Bangladesh context.

Poster award

Extending medical home abortion up to 70 days' gestational age in a Swedish setting- an interim analysis

Volodymyr Podolskyi, Karolinska Institutet, Sweden; Lena Maltzman, Södersjukhuset, Sweden; Kristina Gemzell-Danielsson, Karolinska Institutet, Sweden; Lena Marions, Karolinska Institutet, Sweden

Objectives To evaluate the efficacy and acceptability of home administration of misoprostol up to 70 days' gestational age.
Methods Women seeking medical home abortion up to 70 days were invited to participate in the study. They were stratified in two groups due to gestational length, up to 63 days or 64-70 days. In both groups Mifepristone was administered at the clinic and Misoprostol was administered by the woman at home 24-48 hours later. Primary outcome was success of treatment, defined as complete abortion without the need for further intervention. Secondary outcomes were adverse events, reported pain and level of satisfaction. Required sample size was calculated to be 500 participants.
Results This is an interim report after inclusion of 112 subjects,77 in the early group and 55 in the late group. Primary outcome was assessed for 62 women in the early group and 50 women from the late group. Mean age of the participants was similar 27.5 years (18-46) and 29 years (18-44) for early and late groups respectively. Success rate was 95.2% for the early group and 96% for the late group. In the late group one ongoing pregnancy was found and the pregnancy was terminated medically. Surgical intervention was performed in one woman in the early group and two in the late group. Medical interventions were performed in three cases in the early group and in two cases in the late group. Total days of bleeding were 13.7 + 5.6 in the early group and 16 + 7.2 in the late group. Most women in both groups found the abortion method acceptable regardless of gestational length.
Conclusions The preliminary results support that home use of misoprostol in medical abortion is safe and well accepted up to 70 days of gestation.

Best Young Researcher

Increase of manual vacuum aspiration in the treatment of incomplete abortions in Malawi

Maria Lisa Odland, Norwegian University of Science and Technology, Norway; Gladys Membe-Gadama, Queen Elizabeth Central Hospital, Malawi; Ursula Kafulafula Kamuzu College of Nursing, Malawi; Elisabeth Darj, Norwegian University of Science and Technology; Norway

Objectives: The overall main objective of this study is to improve post abortion care in Malawi by increasing the use of manual vacuum aspiration (MVA) in the treatment of incomplete abortions. More specifically our aim is to investigate if an intervention of training health personnel could increase the safer and cheaper method of MVA by 15%.
Methods: A prospective cross-sectional assessment of the pre/post use of MVA was performed at three public hospitals in Malawi. Health personnel at these hospitals were trained in MVA using theory and practice in April 2016. Two hospitals served as controls. Ethical approval was obtained from Malawian and Norwegian Ethics Committees.
Results: The intervention was successful with an overall increase of 21.3% in the use of MVA after one year. The control hospitals only had 3.0% increase during the same time period.
Conclusion: Training health personnel in using MVA is an efficient way of increasing a safer and cheaper method of treating incomplete abortions in Malawi. However, other factors, such as equipment, is crucial as well.

Your privavcy as a member

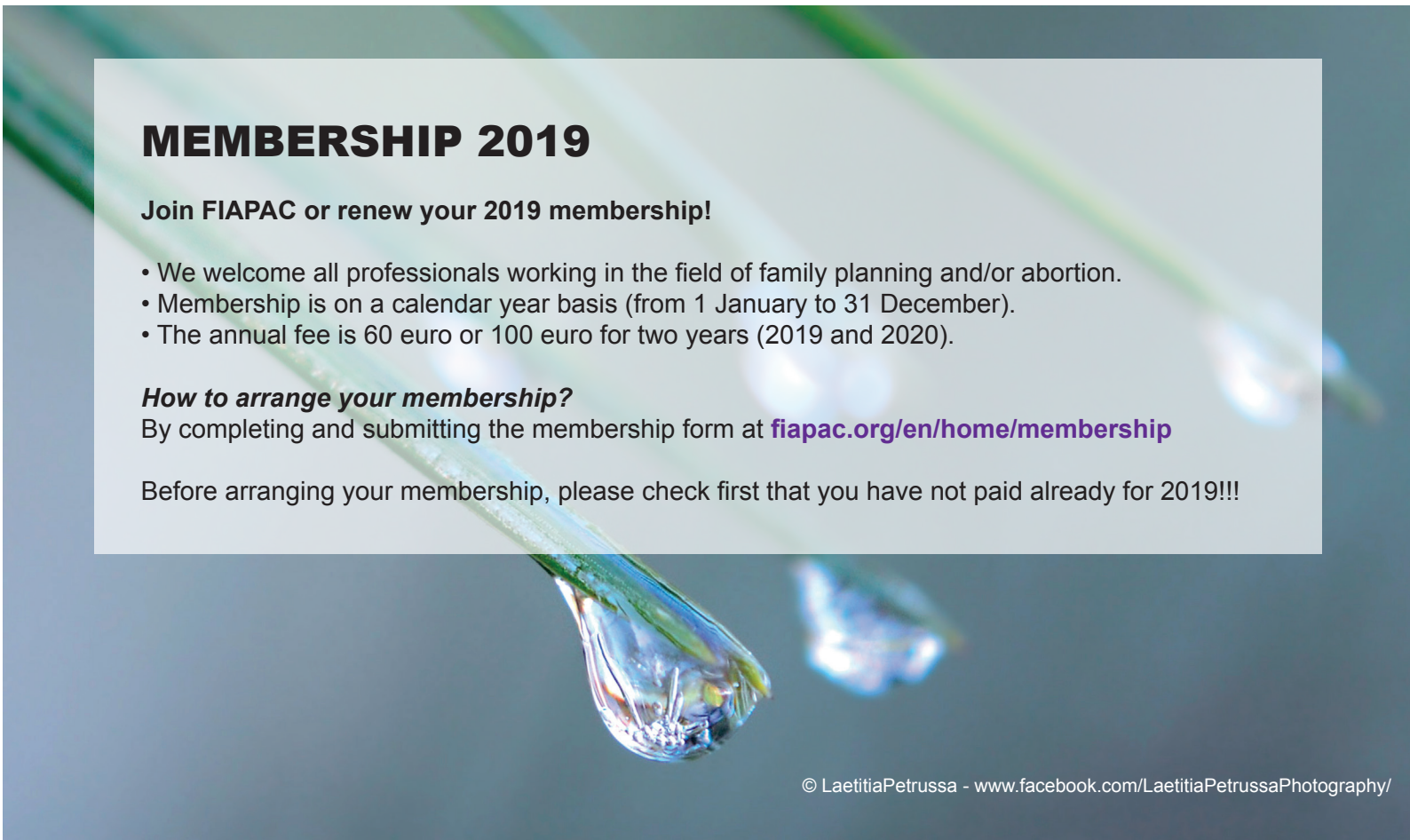
FIAPAC strives to comply with the General Data Protection Regulation of 27 April 2016 regarding the processing of personal data and privacy.

FIAPAC respects your privacy and is committed to safeguarding the confidentiality of your personal information. The privacy policy includes information about the personal data collected by FIAPAC, how FIAPAC uses the personal information of its members, and how FIAPAC protects your privacy.

General Assembly (GA)

The FIAPAC GA took place in Nantes on Friday 14 September 2018 from 18:00 - 19:30. The minutes of this meeting will follow soon.

The Board discussed and agreed on a few minor, non controversial, changes in the Rules of Procedure. New or changes in Rules need to be approved by the Board and not by the General Assembly. Still, the members should evidently be informed. You can view the adapted Rules here.



MEMBERSHIP 2019

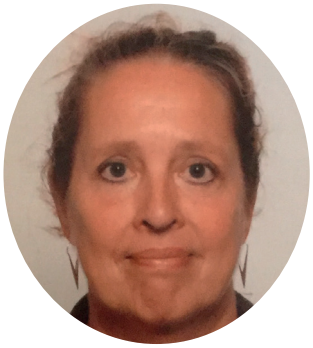
Join FIAPAC or renew your 2019 membership!

- We welcome all professionals working in the field of family planning and/or abortion.
- Membership is on a calendar year basis (from 1 January to 31 December).
- The annual fee is 60 euro or 100 euro for two years (2019 and 2020).

How to arrange your membership?
By completing and submitting the membership form at **fiapac.org/en/home/membership**

Before arranging your membership, please check first that you have not paid already for 2019!!!

New Board
2018



Gabie Raven

Matthew Reeves

Beverly Winikoff

Australia	D. Bateson
Austria	C. Fiala (re-elected)
Belgium	N. Martens
Belgium	A. Verougstraete
Bulgaria	D. Cvetkov (re-elected)
France	M. Hatchuel
France	Ph. David
France	E. Aubény
Germany	G. Halder (re-elected)
Italy	M. Parachini
Spain	A. Stolzenburg (re-elected)
Sweden	I. Sääv (re-elected)
Sweden	K. Gemzell
Switzerland	C.K. Walther
The Netherlands	R. Brethouwer
The Netherlands	G. Raven (new)
United Kingdom	S. Cameron (re-elected)
United Kingdom	A. Furedi (re-elected)
USA	M. Reeves (new)
USA	B. Winikoff (new)

BOARD MEMBER PROFILE
Beverly Winikoff, USA

I am a public health physician with strong interest in the ways in which social and political factors influence the provision of health care. At university, I studied international relations with an emphasis on US foreign policy in the post-World War II era. After medical school, I studied public health and especially issues affecting women and their families. My journey to a strong emphasis on abortion issues moved from infant nutrition and the determinants of breastfeeding to contraception and abortion.

It was my good fortune to have been at the Population Council during the era when it had the task of getting mifepristone registered in the US. I participated in that effort and also began to look at ways to introduce medical abortion in other countries. That work involved developing a clinical trials expertise as well as an understanding of national and international regulatory policy and practice. When the Population Council began to de-emphasize abortion work, I moved our efforts to a new organization, Gynuity Health Projects, where we are still deeply engaged in the struggle to make abortion safer, simpler, easier, and more accessible to women and girls. I am thrilled to be a part of FIAPAC's Board and look forward to interacting with the entire membership.

BOARD MEMBER PROFILE
Matthew Reeves, USA

I am excited to join the FIAPAC board representing the United States! I live in Washington, DC, where I work clinically as an obstetrician/gynecologist practicing at the DuPont Clinic. I am also involved in the development of new contraceptive methods and surgical devices. I attended Harvard Medical School and completed residency in Obstetrics & Gynecology and fellowship in Clinical Ultrasound at the University of California, San Francisco (UCSF). I then completed fellowship in Family Planning & Contraceptive Research at the University of Pittsburgh before moving to Washington, DC in 2009.

Prior to moving to Washington, DC, in 2009, I worked at Magee-Womens Hospital of the University of Pittsburgh on both the family planning and ultrasound teams. After moving to Washington, DC, I worked as as a Medical Officer at CONRAD, focusing on early stage development of new contraceptive and HIV-prevention products. From 2010-2014, I was the Chief Medical Officer of WomanCare Global, where I worked to expand access to manual-vacuum uterine aspiration, mifepristone, and contraceptive methods in Africa, Asia, and Latin America. From 2013 to 2018, I had the privilege of being the first Medical Director of the National Abortion Federation, where I led the medical team in expanding quality assurance throughout the NAF community. I am involved in research in abortion and contraception with adjunct faculty appointments at Stanford University School of Medicine and at the Johns Hopkins Bloomberg School of Public Health.

I am looking forward to working with FIAPAC as we continue to expand the community of abortion and contraception professionals.

United Kingdom – Ann Furedi

This October, MPs in the House of Commons have voted on two separate occasions to liberalise the abortion law in Northern Ireland. Both votes were won by a large margin, signifying a strong show of support in Westminster for reform, across the major political parties.
The first vote was for a Ten Minute Rule Bill to decriminalise consensual abortion up to 24 weeks in England, Wales and – crucially – Northern Ireland, where currently women can only access abortion care in the rarest of circumstances. 208 MPs voted in favour of this Bill, which will now move onto the next stage. The very next day, MPs also voted in favour of an amendment to hold the government accountable for the resulting human rights violations in Northern Ireland, which have been described as "grave and systematic" by UN Human Rights body CEDAW.
Real change on this front is both necessary and long overdue, and these recent votes demonstrate strong parliamentary support. The decriminalisation of abortion is supported by UK women's groups and health bodies, including the Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Faculty of Sexual and Reproductive Healthcare and British Medical Association. We will continue the campaign until it becomes a reality.

Norway – Ingrid Sääv

One of the supporting parties (Kristelig Folkeparti) has voted whether they should turn to the left or to the right in politics. The voting resulted in a decision to turn to the right and to take active part in the government together with the right-wing parties. As a negotiation, the right-wing parties offered a debate to change the abortion law. The party want to make it more difficult for women with pathological pregnancies to abort after the 12th week of gestation, and also to stop women from reducing the number of fetuses on demand, which today can be done within the timeframe of the abortion law, ie up to 12 weeks of gestation. The argument among other is to counteract a society where people with function variations are "sorted out". The suggestions have yet to be approved by the parliament.

Germany – Gabriele Halder

The German public still is much envolved in the discussion obout our §219a which prohibits German doctors to mention abortion on their website as one of their sevices. Several gynecologists are brought up before the court. One case, that of our FIAPC member Kristina Haenel, is on the way to the German High Court. This could lead possibly to the deletion of this article. But not only this very obvious backward article is in the public focus. The whole topic abortion is it. The public for decades was not aware of the fact that abortion is illegal.
The fact of being illegal led to:

- Abortion is not part of the Curriculum or has a role only in the context of prenatal diagnostics.
- The universities do not research on abortion.
- Germany is an underdeveloped country when it comes to techniques used for abortion and even also miscarriage.
- Only 22 % medical abortion till week 9, still 15% curettage.
- No medical treatment for missed abortion.
- Vast areas in Germany are lacking abortion sevices.
- Abortion is not part of the national health plan.

The German OBGyn societies never have abortion on the agenda. There is a total neglect on their side even now, while public and politics are dabating about like on our biggest congress of the highest society (DGGG) that just passed 2 weeks ago in Berlin.

All materials to be included in the FIAPAC Newsletter should be submitted to: admin@fiapac.org
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Chief Editor: Nausikaä Martens (Belgium)