

8th FIAPAC congress, 24/25. October 2008, Berlin

---

# **Society's responsibility to provide a legal setting in abortion care**

Christian Fiala, MD, PhD

[www.fiapac.org](http://www.fiapac.org)

[www.misoprostol.org](http://www.misoprostol.org)

Gynmed Clinic  
Vienna, Austria  
[www.gynmed.at](http://www.gynmed.at)

Karolinska Institutet/ University Hospital  
Department of Woman and Child Health  
Stockholm, Sweden

Abortion is the most frequently performed surgical procedure in Obstetrics and Gynaecology, regardless of whether it is illegal or legal.

The quality of care has therefore a huge impact on the whole society.

# **Society's responsibility to provide a legal setting in abortion care**

## **Transformation**

# Society's responsibility to provide a legal setting in abortion care

## Transformation

from

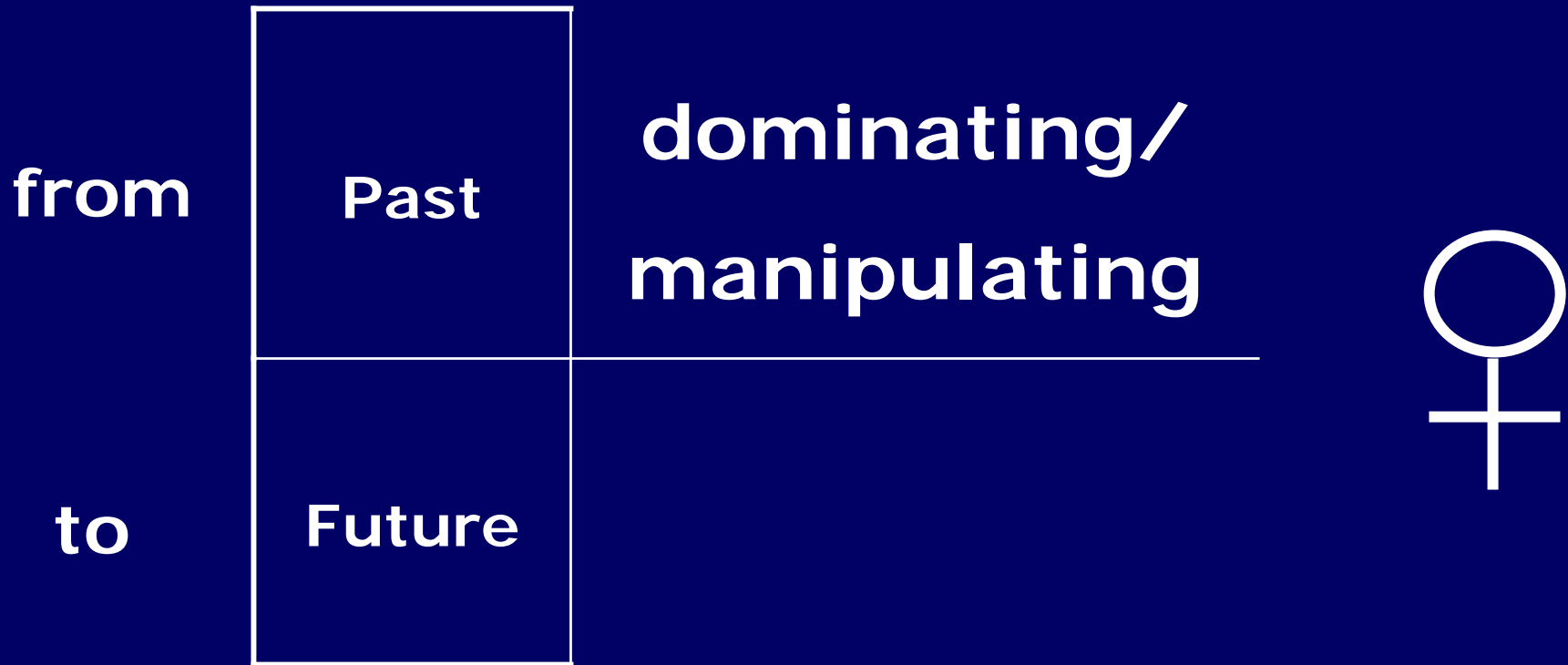
Past

to

Future

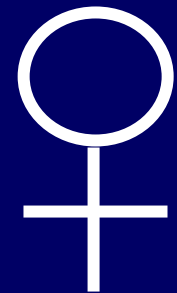
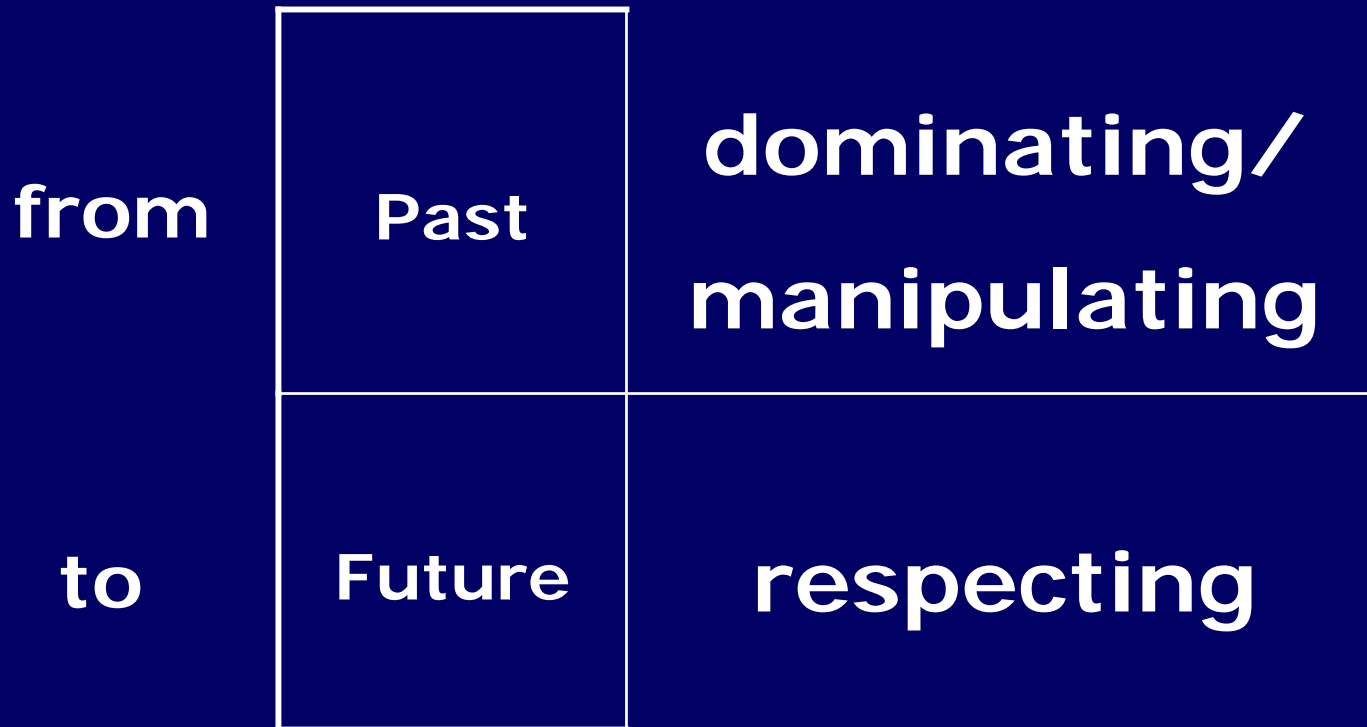
# Society's responsibility to provide a legal setting in abortion care

## Transformation



# Society's responsibility to provide a legal setting in abortion care

## Transformation



# Society's responsibility to provide a legal setting in abortion care

## Transformation

<b>From Past</b>	<b>dominating/ manipulating women</b>	<b>decision-based evidence-making</b>
<b>To Future</b>	<b>Respecting women</b>	

# Society's responsibility to provide a legal setting in abortion care

## Transformation

<b>From Past</b>	<b>dominating/ manipulating women</b>	<b>decision-based evidence-making</b>
<b>To Future</b>	<b>Respecting women</b>	<b>evidence-based decision-making</b>



We need to know the **past**

in order to understand the **present** and

be able to shape the **future**

# Past

# The origin of restrictions in access to contraception and abortion

**Initially**  
**military requirements/**  
**‘cannon fodder’ -**  
**neither based on**  
**ethical considerations nor**  
**“women centred”**

# The origin of restrictions in access to contraception and abortion

Wien, am 16. Februar 1916.

An

das k.k. Ministerium des Innern

Angesichts der großen Verluste an wertvollstem  
Menschenmaterial, die der Krieg mit sich bringt, muß die Heeres-

Letter from the Austrian Ministry of War to the Ministry of Interior,  
1916:

“In view of the great losses of most valuable human material caused by the war, the military command has to strengthen all measures that will lead to a replacement of the loss and stop all activities impairing the replacement. Contraceptives and abortions are an important aspect in the latter case...” ...”

## **A strong 'pro life' quote**

**“The state has to declare the child to the most valuable good of society. He is the highest protector of this most wonderful blessing.”**

## A strong 'pro life' quote

The state has to declare the child to the most valuable good of society. He is the highest protector of this most wonderful blessing.”

Adolf Hitler in the book “Mein Kampf”/My struggle, 1940

*Der völkische Staat hat das Kind zum kostbarsten Gut eines Volkes zu erklären. Er muß sich als oberster Schirmherr dieses köstlichsten Segens fühlen.*

*Adolf Hitler, „Mein Kampf“*

# The origin of restrictions in access to contraception and abortion

Vienna spring 1945:  
Execution of a woman  
for performing illegal  
abortions.  
A few months before the  
end of the 2<sup>nd</sup> world war

In der Strafsache  
gegen die vom Sondergericht in Wien  
am 21. November 1944 zum Tode verurteilte  
Maria G. [REDACTED]  
[REDACTED]  
ordne ich mit Ermächtigung des Führers  
die Vollstreckung des Urteils an.  
Berlin, den 7. Dezember 1944  
Der Reichsminister der Justiz  
Dr. Thierack

# Limited prevention of unwanted pregnancies

Zur Anzeige wird der QuickTime™  
Dekompressor „TIFF (Unkomprimiert)“  
benötigt.

1968: „The Church condemns as always unlawful the use  
of means which directly prevent conception”



# Past



„... in the whole human relation there is no slavery or torture so horrible as coerced, unwilling motherhood ...”

‘Married Love’ Marie Stopes, 1918, page 140

**Limited prevention of unwanted pregnancies  
> high number of abortions**

**In one year ...**

**... in Europe alone**

**about 2 million women**

**had an abortion!**

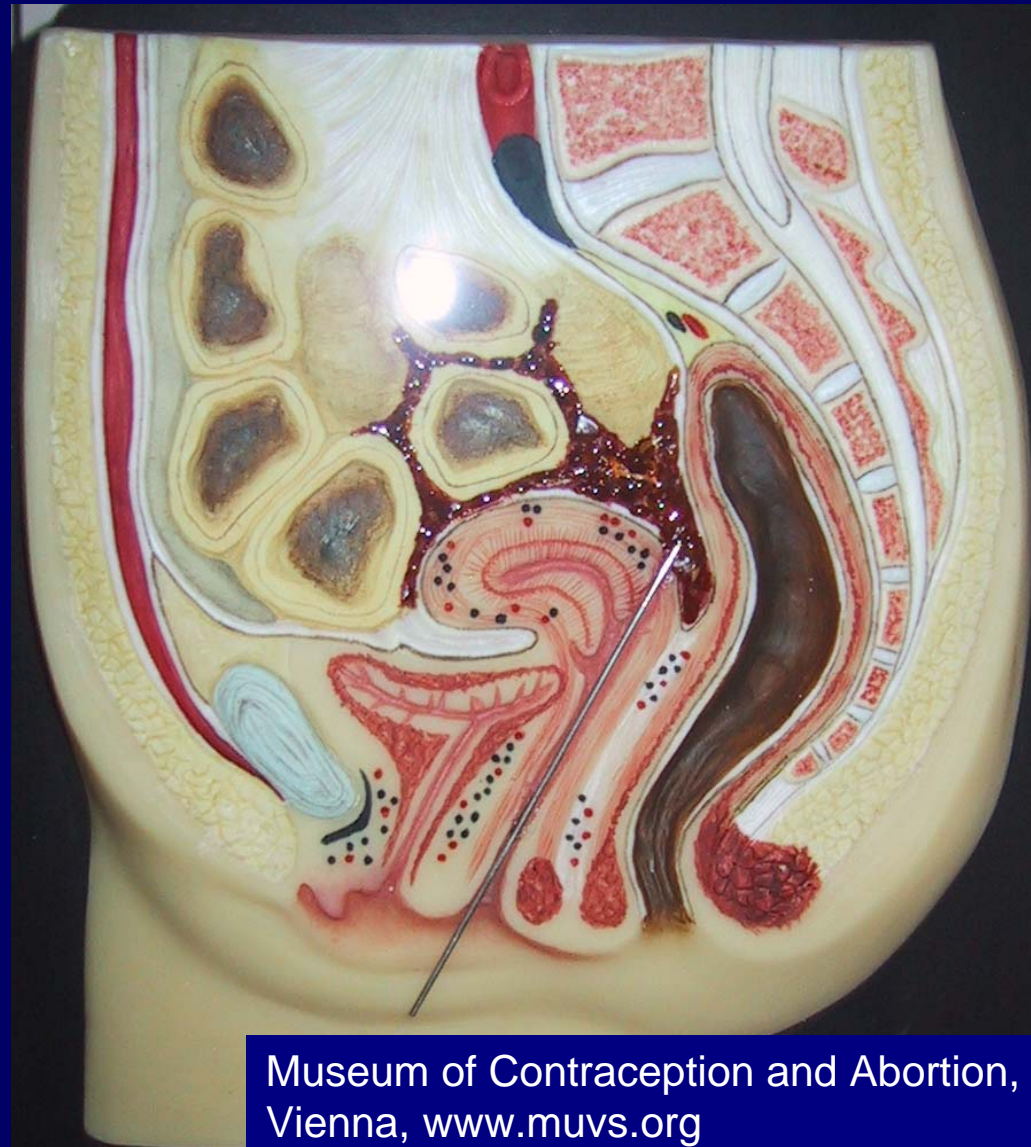
**Film: Women's misery - women's happiness 1929**

**(Frauennot - Frauenglück) [www.abortionfilms.org](http://www.abortionfilms.org)**

# Why illegal abortion is dangerous



Higginson's  
syringe



Museum of Contraception and Abortion,  
Vienna, [www.muvs.org](http://www.muvs.org)

# Why illegal abortion is dangerous

Induced rupture  
of membranes  
late in gestation,  
waiting for  
expulsion.

---



## Why illegal abortion is dangerous



Gerri Santoro, 27, mother of two children, died from an unsafe abortion in a Connecticut motel room, 1964; see the film: "My sister Gerri": [www.abortionfilms.org](http://www.abortionfilms.org)

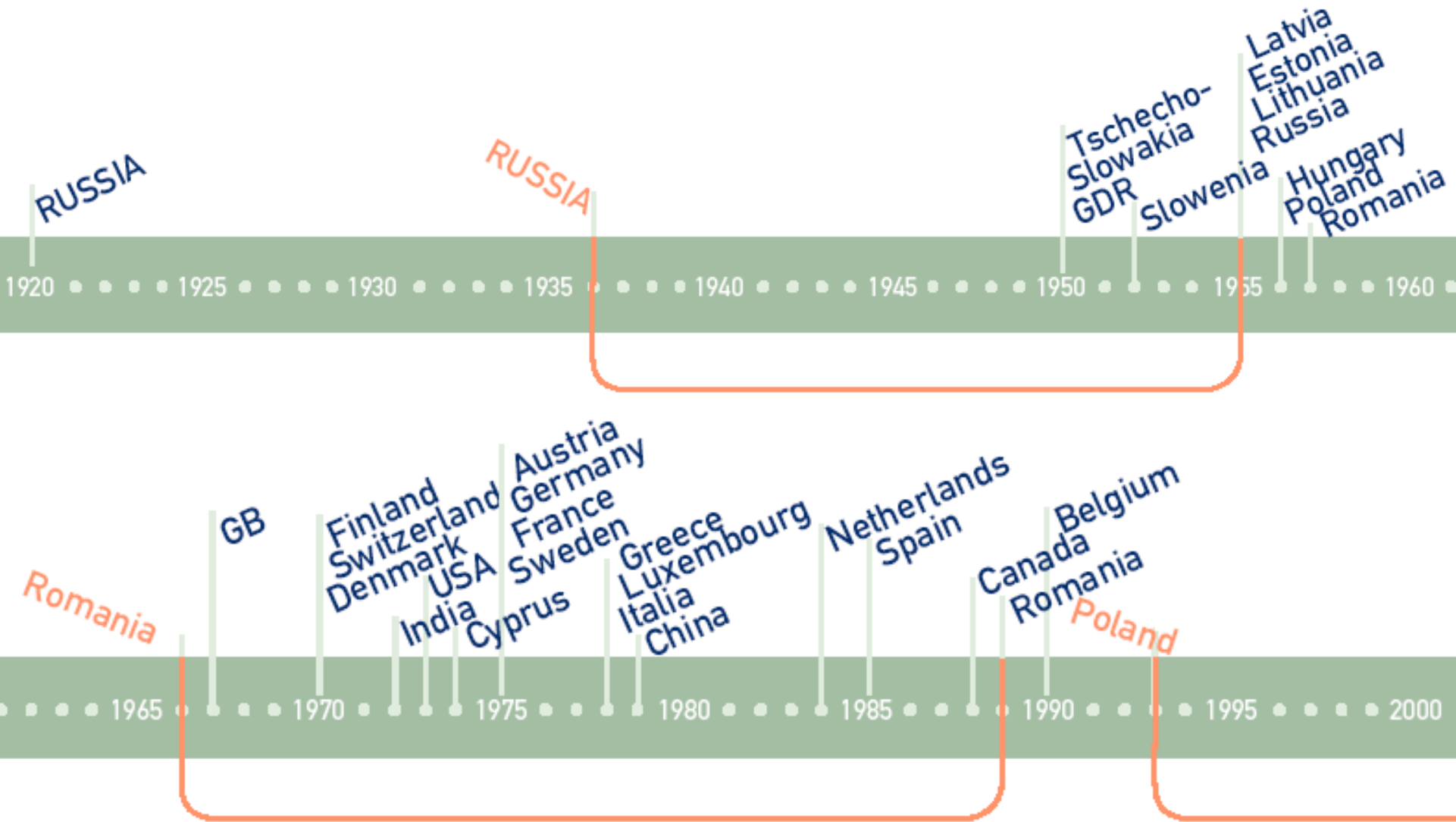
## **Illegal abortion and maternal mortality**

**"Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving."**

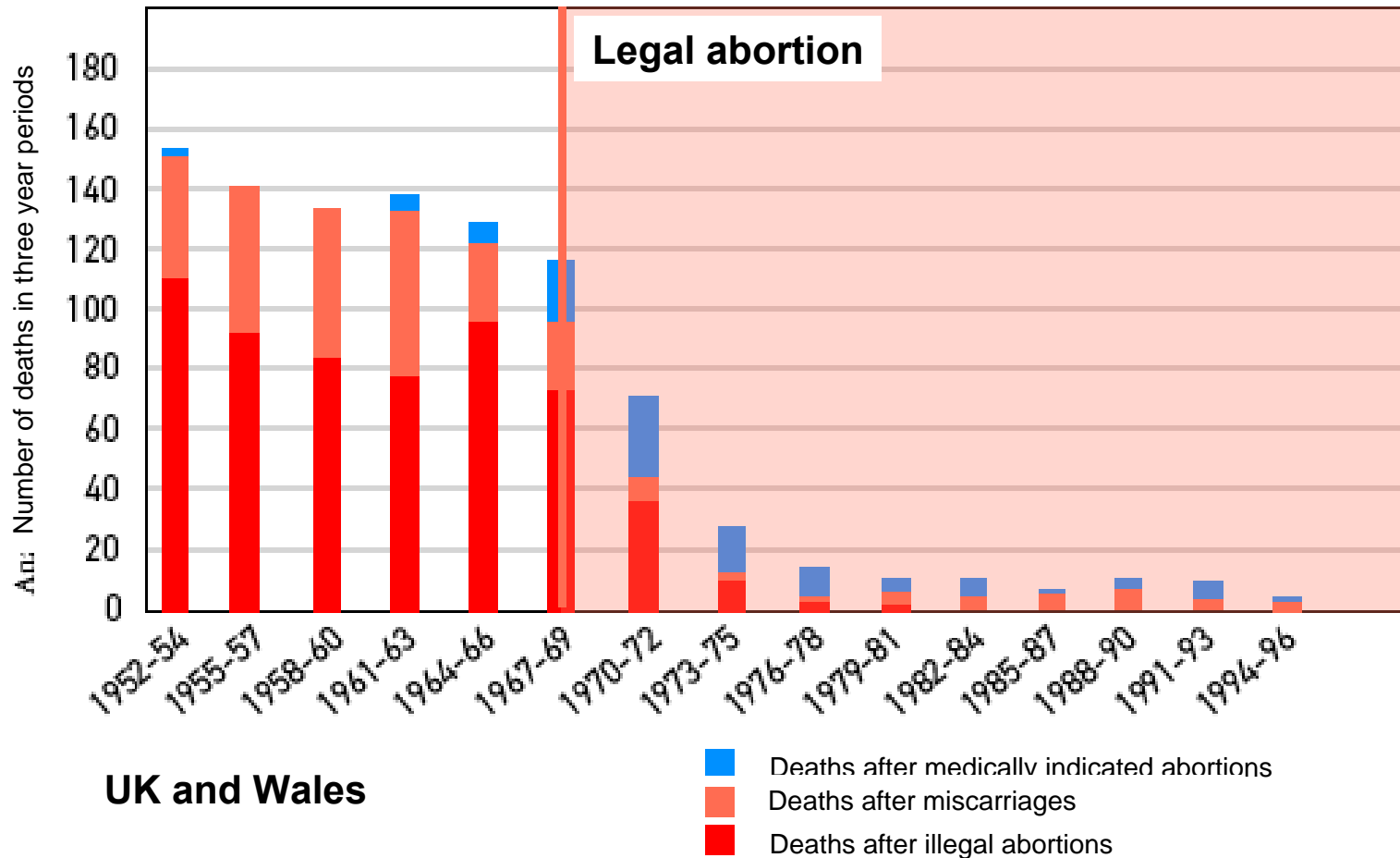
Professor M.F. Fathalla

Former President of the International Federation of Gynaecology and Obstetrics  
Professor of Obstetrics and Gynaecology, Assiut University, Egypt

# Timeline of legalising abortion in Europe



# Death cases caused by abortion in England und Wales

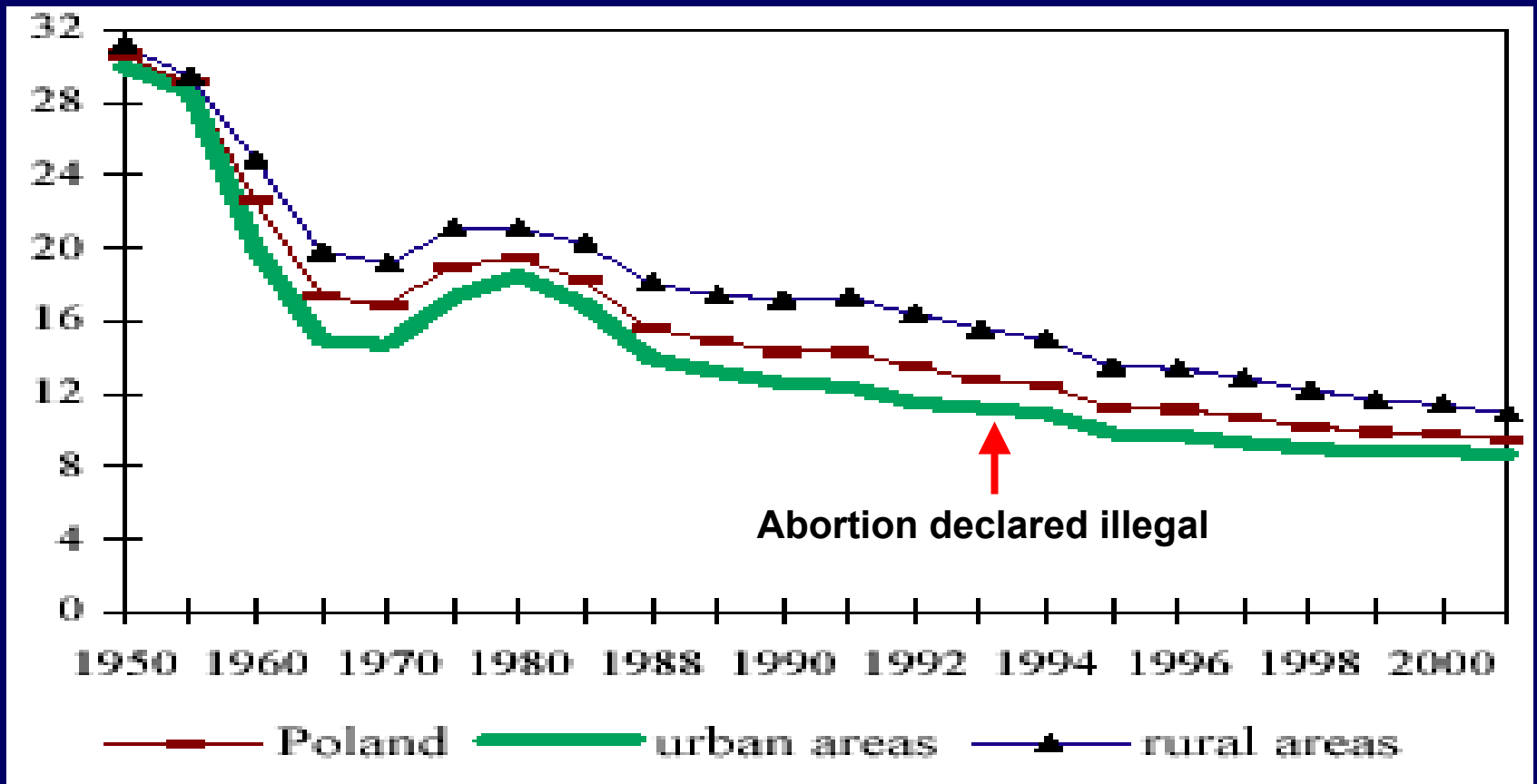


Source: 'Confidential Enquiries into Maternal Deaths', Department of Health, 1998



# Making abortion illegal does not necessarily increase the birth rate

Birth rates Poland 1950-2001 (births/1 000 population)



Sebe den geschrien Damen be  
 kann, daß die 2008  
**Frühjahrs- u.  
 Sommermode**  
 bereits eingelangt ist. Jede Dame  
 erwäge die günstige Gelegen eit, noch  
 während der Nichtsaison ihre Toi-  
 letten jeder Art zur Gasse des Saison-  
 spiel s an r tigen zu lassen.  
**Damenschneider Silberstein**  
 Raubergasse 18, 2. Stod.  
 Zuschriften werden nicht erledigt.

**Jede  
 Flechte**

auch veraltete Kopf- und Bart-  
 Flechten, Hautausschläge, Juck-  
 krätze, wird durch mein Lösungs-  
 mittel, natürlliches Universal-  
 Heilmittel in kurzer Zeit durch  
 Auspinseln beseitigt. Viele Dank-  
 schreiben. Preis K 3.—.  
 Alleiniges Depot:  
**M. Vetter, Wien III.,  
 Albrechtgasse 15. 72-77**

**!! Damen !!**  
 Gegen Störung siche res, absolut  
 unschädliches Mittel. Anstandslos  
 gegen 30-Heller-Marke. Wien,  
 14. Bez., Mariahilferstraße 207,  
 1. Stod., 2. Etz 7. 2801

**Wanzen samt Brut**  
 Ratten, Mäuse Ruffen,  
 Schwaben w rden unt.  
 Ga an-le vernich et.  
 Komme persönlich ins  
 Haus. — **Ludwig  
 Hufnagel**, Broz.  
 Hauptplatz 3, 1. Stod.  
 Tel. 1863. — 1 Glasche  
 Wozgen-Flur 1 K  
 2. 001

# Illegal abortion and society

Daily newspaper Austria 1915

“Ladies!! Effective, absolutely safe  
 method against disturbances...”

Daily newspaper Poland 2006

“Pharmacologically, painless,  
 bringing on menstruation, Tel. ...”

“Gynaecologist  
 consulting room modern methods, bringing  
 on menstruation, IUDs, medical procedures,  
 Ultrasound, tel. ....”

## GINEKOLOGIA, POŁOŻNICTWO

● AAAAaaaaaaaaaaaaaaaaaaaaaa próżniowe  
 www.zabiegi0602722200.neostrada.pl +USG

● Aaaaaaaaaaaaaaa. Antykoncepcja, wycinki,  
 narkoza, nadżerki - wymrażanie, zabiegi,  
 USG TV, ul. Elektoralna 14B m. 19,  
 ul. Renesansowa 5A, tel. 0-605 07 28 96

● Aaaaa ginekolog farmakologicznie,  
 najtaniej; 0507 736 533

● aa FARMAKOLOGICZNE tanio 506316395

● AAA GINEKOLOGY PROFESJONALNIE  
 BEZPIECZNIE BEZBOLESNE  
 WYWOLYWANIE MIESIĄCZKI 0-663603995

● AAA GINEKOLOG FARMAKOLOGICZNE  
 WYWOLYWANIE MIESIĄCZKI  
 0-500512541 LUB 0-604381064

● A GINEKOLOG zabiegi tabletki 501519212

AA POGOTOWIE ANTYKONCEPCYJNE  
 I PILNE PORADY GINEKOLOGICZNE  
 24 GODZ. - ŚRÓDMIEŚCIE ... 654 02 00

A do Z Ginekolog - Prywatna Klinika  
 zabiegi - profesjonalizm, 0-505 721 554

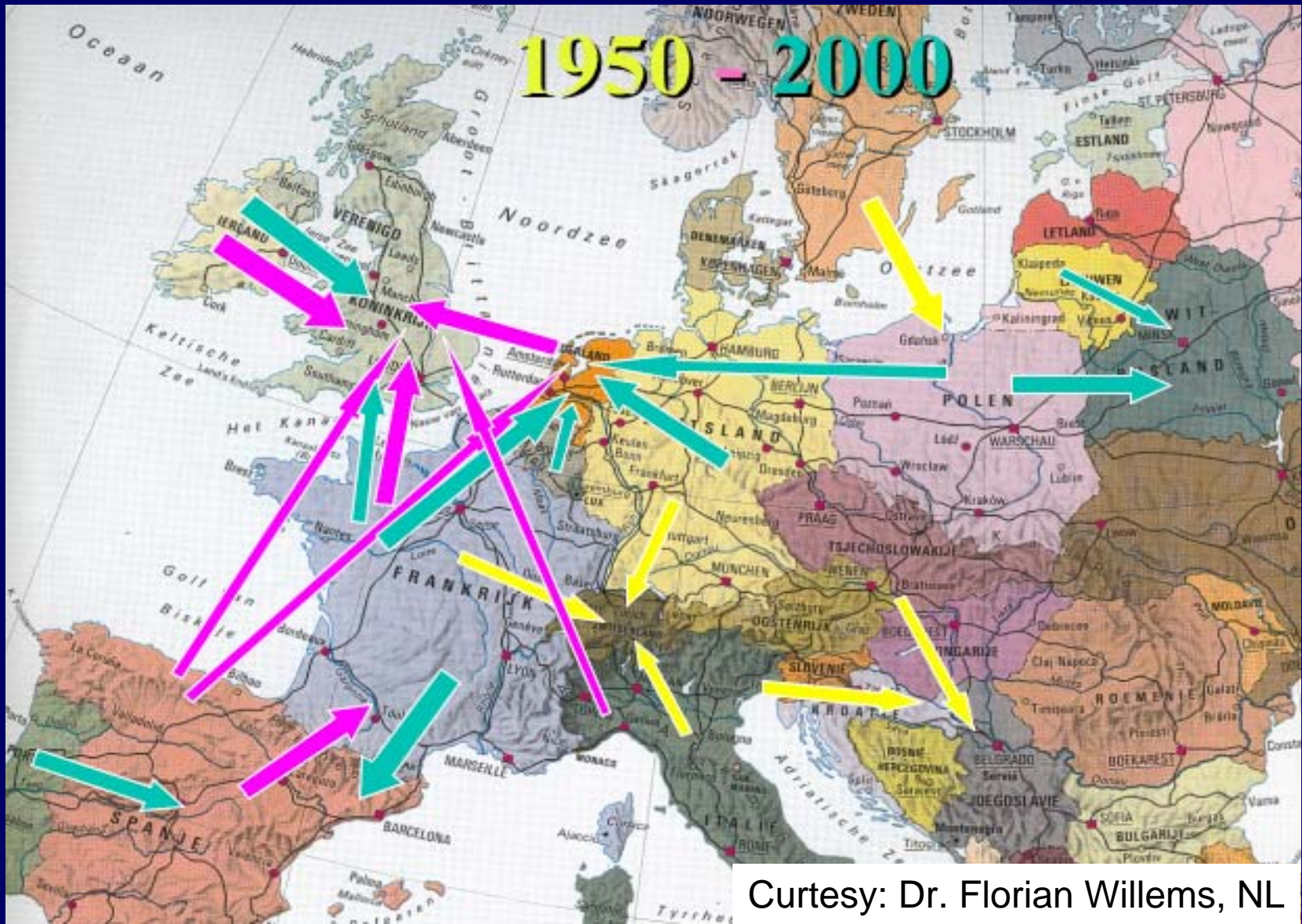
Antykoncepcja awaryjna 24h 0600 012 453

ANTYKONCEPCJA AWARYJNA PO  
 GINEKOLOG - 7 dni w tygodniu - 24 godz.  
 pełen zakres 637 52 62, 0-601 222 444

● DOSWIADCZONY GINEKOLOG PEŁEN  
 ZAKRES TANIO ! 0 602 372 540

GABINET GINEKOLOGICZNY  
 NOWOCZESNE METODY,  
 WYWOLYWANIE MIESIĄCZKI,  
 SPIRALE, ZABIEGI, USG,  
 tel. 853 46 92 Mokotów

# Abortion tourism

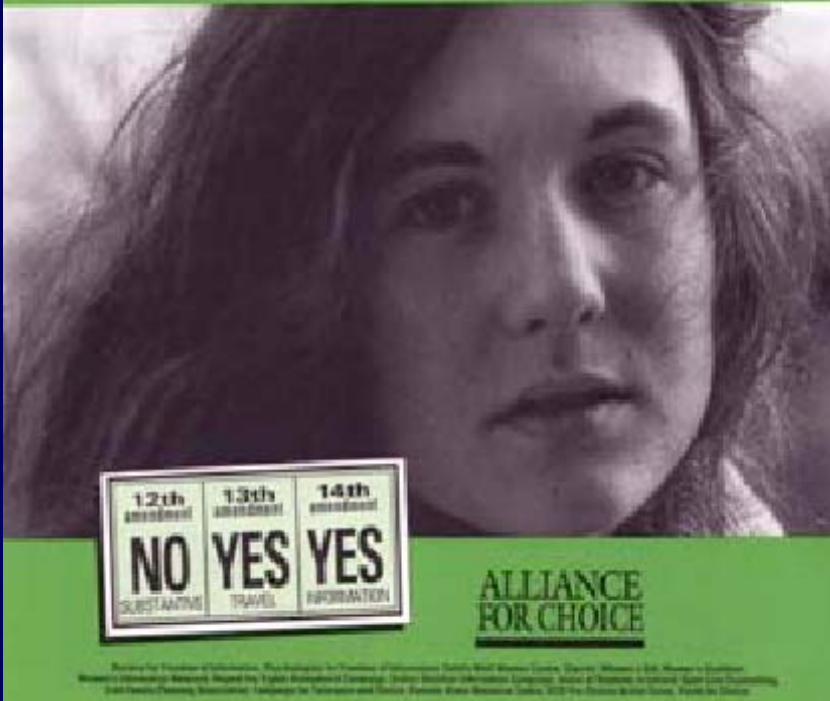


Courtesy: Dr. Florian Willems, NL

She's fourteen,  
raped and  
pregnant.  
Go on, tell her  
to kill herself.

**Denying legal abortion  
is neglecting basic  
legal rights to women**

Ireland 1992  
X case leads to a referendum on:  
Right to Travel and Information



# **Denying legal abortion is neglecting basic legal rights to women**

Romania under Ceaucescu: routine gynaecological examinations in factories to detect pregnant women

2008: Poland plans to establish a database of all pregnancies in an effort to eliminate illegal abortions. Every pregnant woman will be registered by her physician. Her pregnancy will remain under state surveillance, so that she cannot terminate it.

## What can we learn from history

There is no sensible alternative  
to unrestricted access to  
effective contraception and  
legal abortion

# Present

## Legal abortion

- Performed early in gestation
- Safe, no woman dies anymore
  - Performed by qualified medical personal
  - Technique ‘state of the art’
- Reduced costs (paid for by social security)
- Society can develop as a whole
- But remnants of medieval paternalistic restrictions are still in force against all medical evidence



# Restrictions

- Diagnosis of the pregnancy by a doctor (out of tradition or legal requirement)
- Abortion has to take place in a hospital/clinic
- Obligatory counselling
- Counselling can not be in the same institution as the abortion
- Counselling has to be in the same institution as the abortion
- Woman has to hand in a written statement that she is in distress
- Obligatory consent by 2 doctors
- Blood group, other lab examinations as prerequisite
- Abortion is legal only on mental health grounds

# Obligatory waiting periods /“cooling off“

Country	Waiting Period
Germany	3 days
The Netherlands	5 days
Belgium	6 days
Italy, France	7 days

No waiting period:

Austria, Denmark, Finland, Norway, Spain, Sweden, Switzerland

# Restrictions in access to abortion

Basic misunderstandings:

- Pregnant women have to be protected from themselves so that they do not hastily decide against having a child
- Women with an unwanted pregnancy would only enter into the actual decision-making process after counselling with someone they do not know
- A stranger is in a better position to judge what is in the best interest of the women
- Restrictions can reduce the number of abortions

The legal framework and requirements for an abortion do not reflect the needs of the women with an unwanted pregnancy.

The legal framework and requirements for an abortion do not reflect the needs of the women with an unwanted pregnancy.

They rather reflect the fantasies and projections of persons who are professionally inexperienced and personally not involved.

## Who decides over fertility?

Can you find a single woman on this picture?



US-president Bush signing a law against one form of late abortions, 2003

## Who decides on the access to safe abortion

- The parliament via legislation
- The social security system via funding
- The health authorities via approval
- The medical council via special requirements
- The anaesthetist
- The hospital administration
- Appointment availability for one method
- The doctor
- Media via biased reporting

## Who decides on the access to safe abortion

- The parliament via legislation
- The social security system via funding
- The health authorities via approval
- The medical council via special requirements
- The anaesthetist
- The hospital administration
- Appointment availability for one method
- The doctor
- Media via biased reporting
  
- **The women herself**





# Future

# The way forward - The example of The Netherlands

Dutch born Women have:

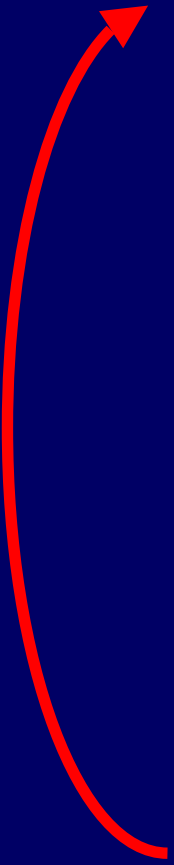
- abortion on request
- Abortion free of charge
- the lowest abortion rate
- the lowest gestational age at abortion

**What do we need to do to get there?**

## What is needed?

- 'Liberal' laws or rather who decides:  
The women involved or others  
who claim to be concerned?
- Reduce paternalism
- Give the power to decide and the autonomy to  
choose to those who are directly involved

## Who decides on the access to safe abortion

- **The women herself**
  - The parliament via legislation
  - The social security system via funding
  - The health authorities via approval
  - The medical council via special requirements
  - The anaesthetist
  - The hospital administration
  - Appointment availability for one method
  - The doctor
  - Media via biased reporting
  - **The women herself**
- 

# How can we guarantee a high standard in medical/abortion care?

- Not by regulating the procedure with legal means
- But by giving patients and health providers the freedom to apply evidence based medicine

# What is more dangerous?



or



**Which of these items are OTC and which are on prescription only?**

# What is more dangerous?



**Why are dangerous toys for boys freely available while safe and important drugs for women are restricted?**



# **Do we need a law on abortion? The example of Canada of 20 years**

There is no law on abortion in Canada

In 1988 the Supreme Court ruled the abortion law of that time was of no force or effect because it was incompatible with the Charter of Rights and Freedoms:

**"Forcing a woman by threat of criminal sanction to carry a foetus to term unless she meets certain criteria unrelated to her own priorities and aspirations, is a profound interference with a woman's body and this a violation of her security of the person."**

Chief Justice, Brian Dickson

---

Challenges in abortion care, C. Fiala

## Who can take a responsible decision

The pregnant woman is best placed to take a responsible decision on her fertility, including for pregnancy she might be carrying

# A vision?

	Car driving	Sexuality
Prevention of accidents	Society engages with obligatory measures which are checked	Society engages with encouraging prevention, paying, checking
First aid after an accident	First aid box in every car, every doctor trained in first aid, ambulance on alert 24/7	Emergency contraception in every household, also distributed 24/7 free of charge
Backup after an accident	Every hospital equipped with traumatology unit and reconvalescent:  Unrestricted access!!	Abortion provided by every hospital, gynaecologist and family planning  Unrestricted access!!

## Aspects for the UK: Deleting restrictions in access to contraception and abortion

- Requesting an adult to get approval by a stranger for a most intimate medical procedure is highly insulting and intimidating  
> **delete the requirement for signature**
- Medical abortion is very safe, effective and virtually identical to spontaneous abortion. The requirement to give the tablets in a hospital/clinic is against all medical evidence  
> **allow home use of misoprostol in medical abortion**
- Abortion has become a very safe procedure and easy to perform allowing to reduce the involvement of doctors  
> **other health care professionals should have more duties in abortion care**

## Aspects for the UK: Deleting restrictions in access to contraception and abortion

- Abortion is legal in the UK on mental health grounds, declaring all women mentally ill if they decide for an abortion  
> delete this requirement
- Lower limits (12 or 14 weeks) lead to serious limitations in most EU countries and cause an ongoing abortion tourism  
> **Keep a high gestational age limit for abortion on request** or eliminate the abortion law > see Canada

## Another gender aspect

As men, it is well known that we cannot get pregnant, let alone have an abortion ourselves.

Maintaining the reproductive health of women, however, is also in our interests. We are directly affected by and dependent on it. We should therefore argue for conditions which permit women, who have after all become pregnant through our actions, to end an unwanted pregnancy in the best possible way and without unnecessary suffering.

I dream of the day when all children are wanted,  
when men and women are equal and when  
sexuality is considered to be the expression of  
love, happiness and closeness.

Elise Ottesen Jensen

Sweden, 1896-1973

# FIAPAC - International Association of Health Professionals working in the field of Abortion and Contraception



8th congress of FIAPAC

1st Announcement

# "Reproductive Health and Responsibilities"

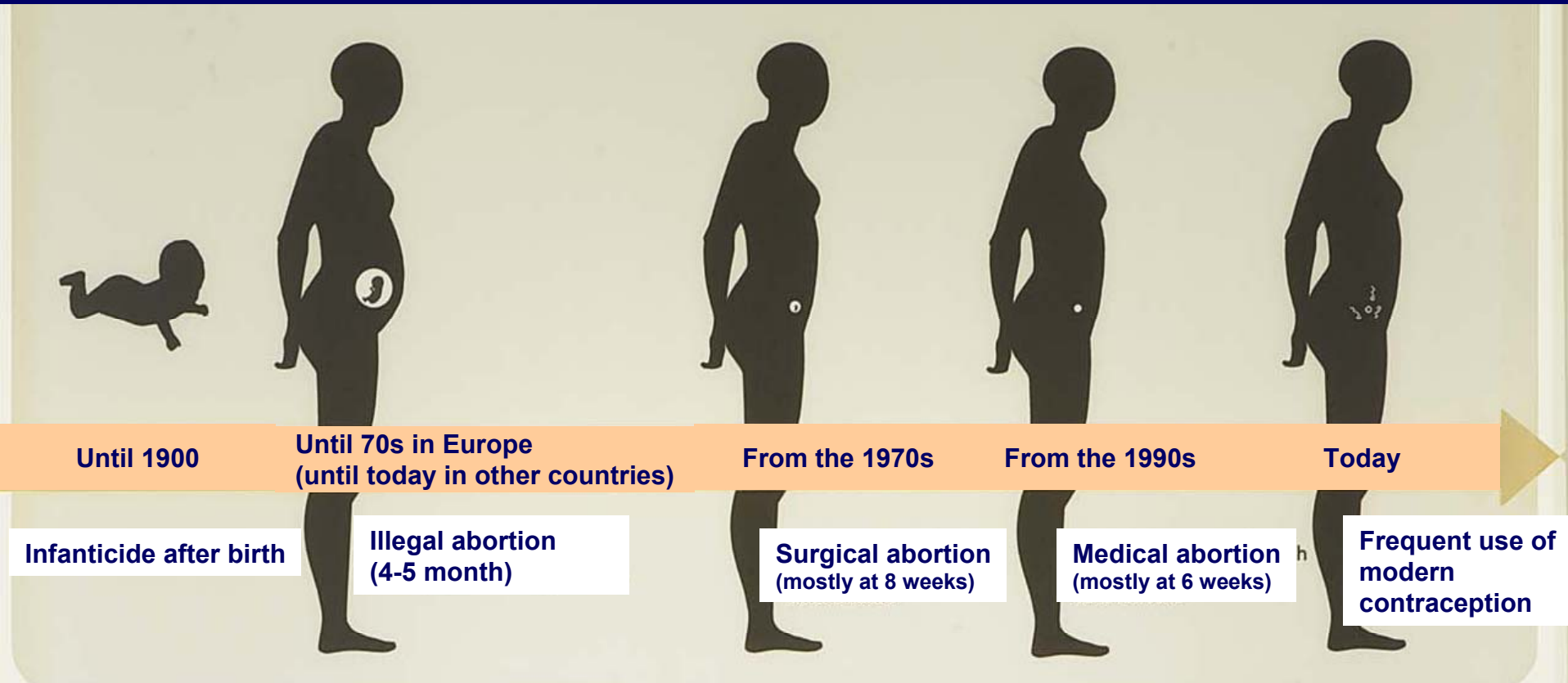
24-25 October<sup>2008</sup> Berlin, Germany





# Success story of modern contraception

From infanticide to frequent use of modern contraception



Museum of contraception and abortion, [www.muvs.org](http://www.muvs.org)

## A vision

” It would be one of the greatest triumphs of humanity ... if the act responsible for procreation could be raised to the level of a voluntary and intentional behaviour in order to separate it from the imperative to satisfy a natural urge”

Sigmund Freud, 1898

## Abortion a gender issue?

	Viagra®	Legal abortion
Delay to approval	Several months	Several decades
Indication	Not medically important	Important life event
Side effects	Many deaths reported	Virtually no side-effects, saves women from the consequences of illegal ab
Available	Everywhere	Available in almost all developed countries Still not available in developing countries
International media	Report frequently; free publicity	Emotional reporting, “controversial abortion”

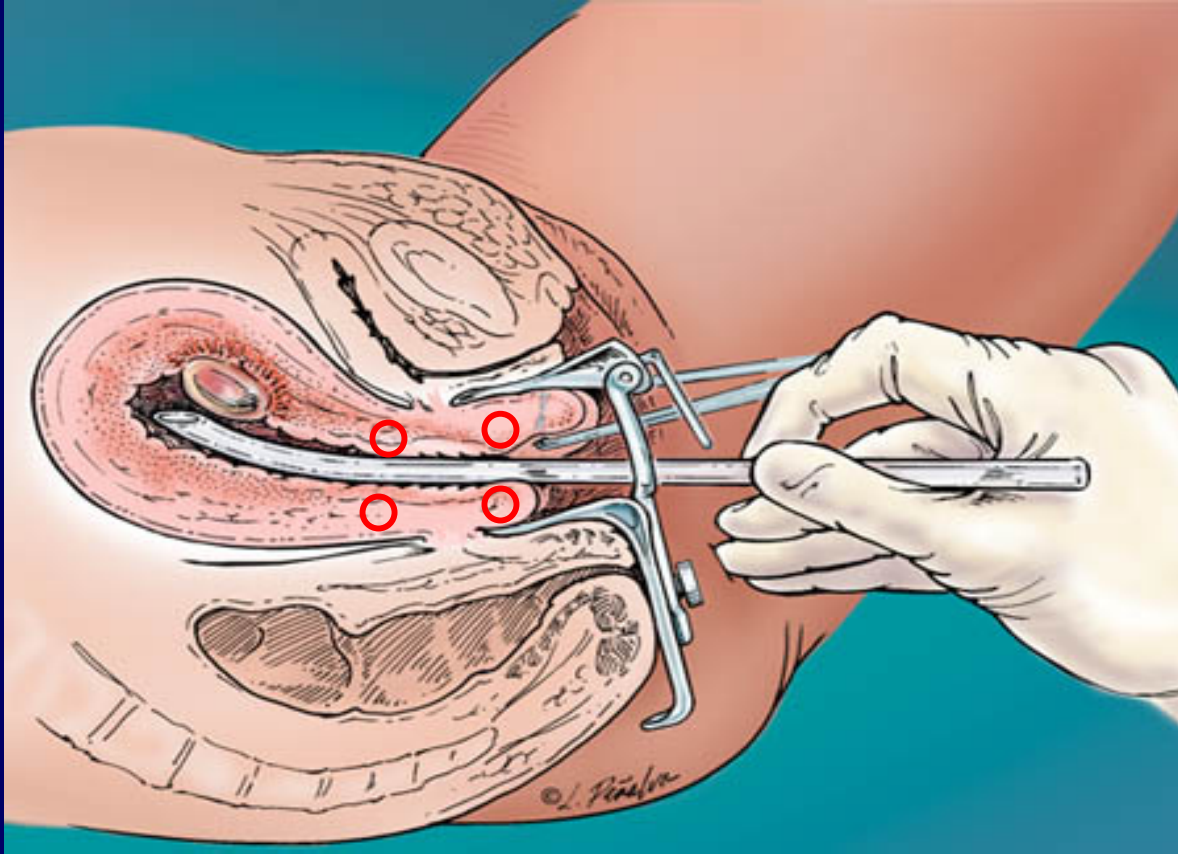
# Gynmed Clinic Vienna - Salzburg



# Gynmed Clinic Vienna - Salzburg



# Surgical abortion today

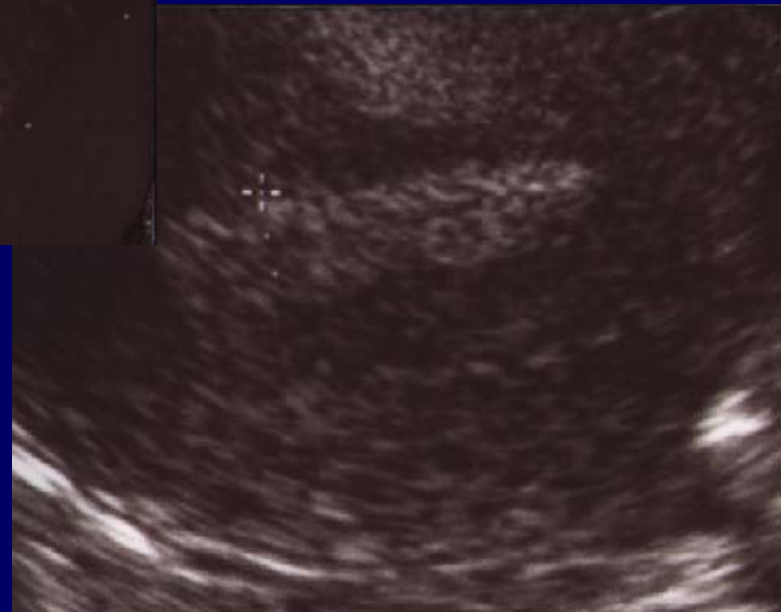


Abortion is done early, using a thin plastic canula after drug induced dilatation of the cervix (misoprostol)

# Medical abortion at 4 1/2 weeks gestation



Day 1:  
 $\beta$ -hCG 269 mIU/ml



Day 9:  $\beta$ -hCG 20





**Sharing  
the  
burden ...**



**But what  
about the  
distribution  
of rights?**

# Contraception in earlier times ?

Abstinence

Coitus interruptus

Vaginal douching

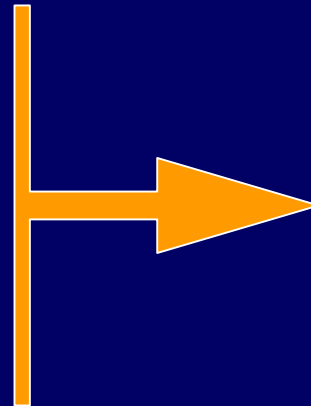
Vaginal barriers

Discovery of fertile days

Condoms

The “Pill”

Safe “IUDs”



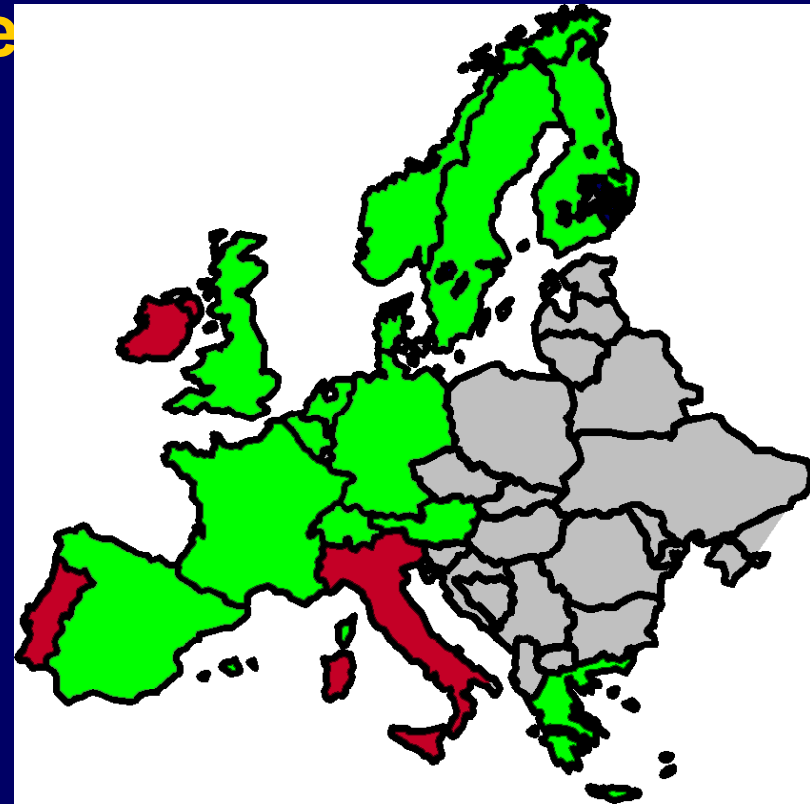
Infanticide

(“Angel maker”)

Abortion

# Marketing of mifepristone

- 1988: France (49 days LMP)
- 1991: UK (63)
- 1992: Sweden (63)
- 1999 January: Austria (49)
- 1999/2000: most other European countries (49)
- 2000: US, Mifeprex<sup>®</sup> (49)
- Now available in 33 countries; >1.5 million women treated in EU



# Fertility

## “Natural”

12-15 pregnancies

10 live deliveries

7-8 surviving children

Breastfeeding 2 years

160 ovulations in a  
lifetime

## Today

1-2 pregnancies

1-2 live deliveries

all children survive

Breastfeeding 0-4 months

450 ovulations in a lifetime  
(Effective contraception  
needed for most)

Wien, am 16. Februar 1916.

Angesichts der großen Verluste an wertvollstem Menschenmaterial, die der Krieg mit sich bringt, muß die Heeresverwaltung pflichtgemäß allen Maßregeln ihr besonderes Augenmerk zuwenden, die geeignet sind, den Ersatz der Verluste zu fördern oder eine Schmälerung dieses Ersatzes hintanzuhalten. In der zweiten Richtung spielen der Gebrauch von Mitteln zur Verhütung der Empfängnis und die Abtreibung der Leibesfrucht eine bedeutende Rolle. Sie wirken dem natürlichen Ausgleich entgegen, der

From a letter of the Imperial Ministry of War to the Ministry of Interior:

“The war results in a huge loss of “valuable human material”. The national command of the army must therefore strengthen all measures that will lead to a replacement of the loss and stop all activities impairing the replacement. Contraceptives and abortions are an important aspect in the latter case...”

## Past

AMA successfully convinced lawmakers to include “therapeutic abortion” clauses in their legislation. These clauses granted *licensed physicians* the power to decide whether or not abortions should be performed, as well as the authority to perform them. Thus, the AMA was able to remove abortion from the hands of “untrained irregulars” (many of whom were women), and channel it into the realm of the male professional. The AMA’s campaign was so successful that by 1896, abortion was a crime in every state, as well as in the District of Columbia. Only a pregnancy that endangered the life or health of the mother could be legally, and therapeutically, terminated – by a licensed physician.

~~AMA was succeeding in criminalizing abortion and eliminating competing “irregular” practitioners~~

## Past

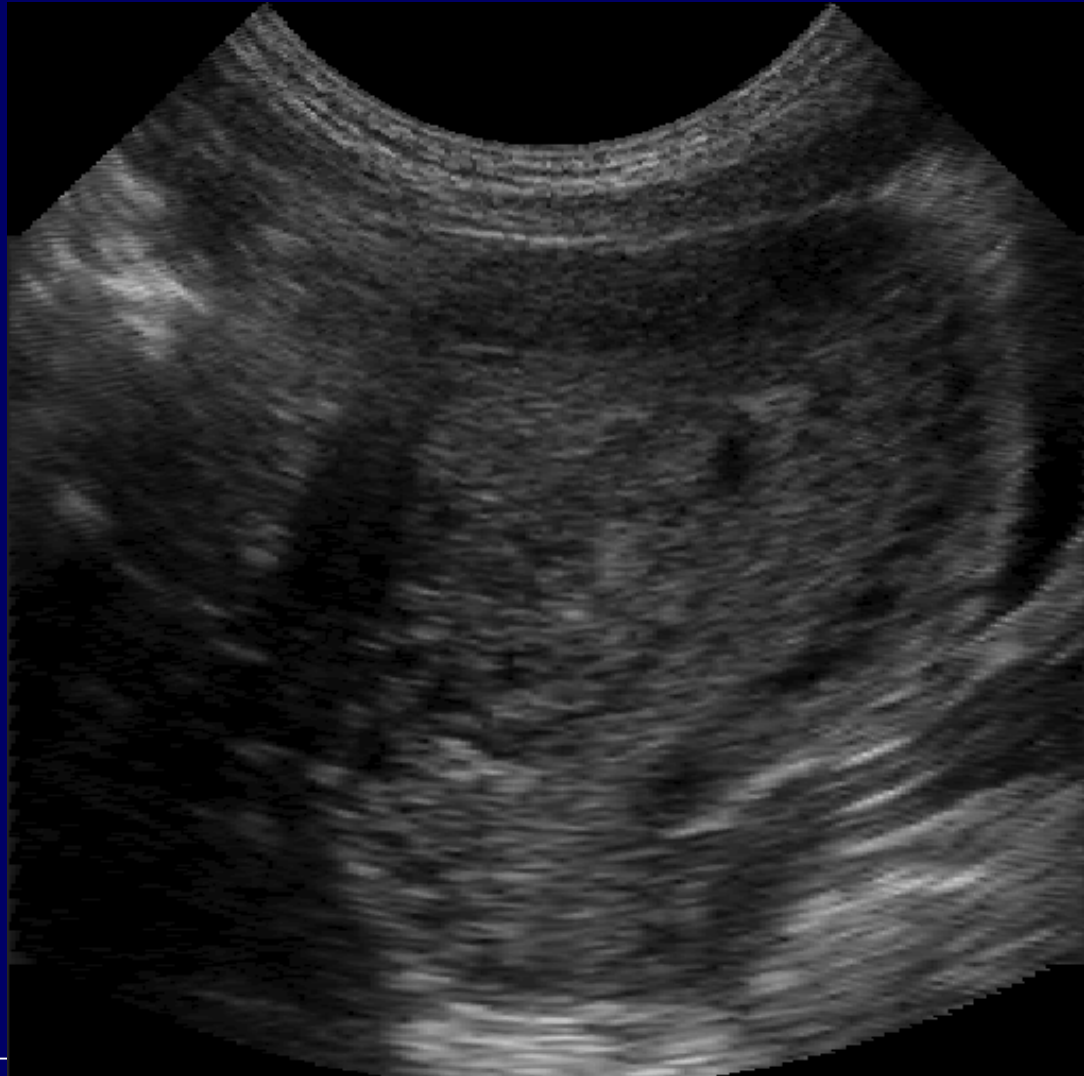
Van de Warker restated his opinion on the matter by quoting a Dr. Taylor: “These medicinal substances...rarely answer the intended purpose, and when the result is obtained, it is generally at the expense of the life of the mother.”

Van de Warker, *The Detection of Criminal Abortion and a Study of Feticidal Drugs*, 43 44.

# Why illegal abortion is dangerous

Incomplete abortion

> Placental residua



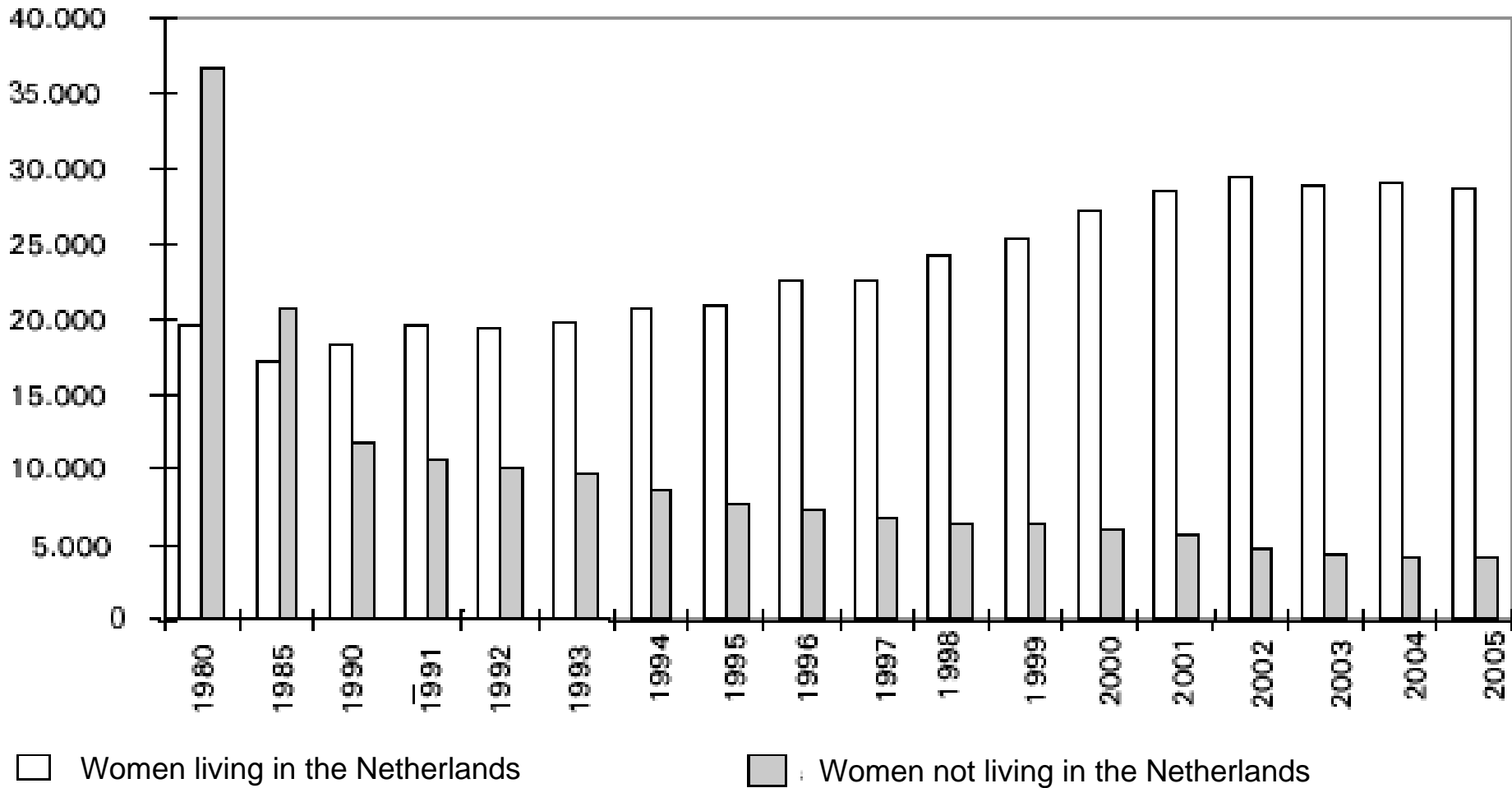


# The origin of restrictions in access to contraception and abortion

- Abortion laws in most developing countries are remnants of the former colonial laws.
- They are based on medieval European social concepts and medical knowledge.
- The European countries have long ago corrected this historical mistake.
- Legalising abortion has made countries a safe place for women and allowed unprecedented economic development.

# Abortion tourism

## Abortions in The Netherlands

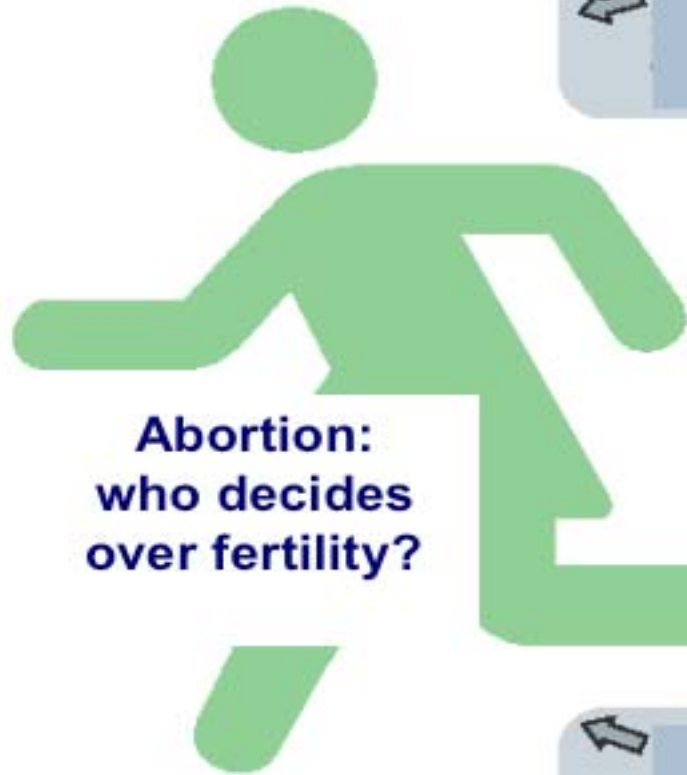


## Impact of laws making abortion illegal

performed at under 13 weeks gestation.

In 2006, about 68% were at under 10 weeks and a further 22% at 10-12 weeks.

The proportion at 13 weeks or more was 11 % in 2006. The corresponding percentages for 2005 were 67%, 23% and 10% respectively showing a continuing increase in the proportion of abortions that were performed under 10 weeks (Table 3 *iii and Figure 3*).



**Abortion:  
who decides  
over fertility?**

↖ **Man/ Father/ Brother**

↖ **Doctor**

↖ **Military**

↖ **Legal system**

↖ **Economy**

↖ **Church**

↖ **Government**

# Abortion in illegal and legal settings

	Legal setting	Intention	Government	Consequences
<b>Past</b>	Contraception and abortion illegal but exceptions for AB performed by a doctor, for women from upper class and undesired groups	Increase population, replace losses caused by wars, use fertility control as instrument of power	Monarchies, dictatorships, war leading countries	High maternal mortality, morbidity, abortion rate and infanticide; variable success
<b>Present</b>	Contraception legal, abortion legal in most developed countries with remaining historical restrictions in contradiction to medical evidence	Evolving respect for women but persistent patronizing: 'protecting them from themselves', reduce the need for abortion by legal restrictions	Democracies, religious arguments a new factor in the public debate	Unequal situation in Europe, countries with restrictions: high gestational age at abortion and high abortion rate
<b>Future</b>	Evidence based approach: No legal restrictions on abortion, no specific laws	Truly respect women, including their rights, provide the best quality of care based on individual needs	Democracies	Effective contraception widely used, abortion in early gestation as backup

## Abortion in illegal and legal settings

	Legal setting	Intention	Government	Consequences
<b>Past</b>	Contraception and abortion illegal but exceptions for AB performed by a doctor, for women from upper class and undesired groups	Increase population, replace losses caused by wars, use fertility control as instrument of power	Monarchies, dictators hips, war leading countries	High maternal mortality, morbidity, abortion rate and infanticide; variable success

## Content of the “counselling”

“The outcome of the counselling is not predetermined and it is based on the responsibility of the woman”, but:

“The counselling aims to protect the unborn. The counselling should encourage the women to continue the pregnancy and prepare her for a life with a child. The counselling should help the women to take a responsible and careful decision. The woman has to realise that the unborn has a right to life at any stage of the pregnancy even when this limits her rights.”

# Abortion in illegal and legal settings

	Legal setting	Intention	Government	Consequences
<b>Past</b>	Contraception and abortion illegal but exceptions for AB performed by a doctor, for women from upper class and undesired groups	Increase population, replace losses caused by wars, use fertility control as instrument of power	Monarchies, dictatorships, war leading countries	High maternal mortality, morbidity, abortion rate and infanticide; variable success
<b>Pre-sent</b>	Contraception legal, abortion legal in most developed countries with remaining historical restrictions in contradiction to medical evidence	Evolving respect for women but persistent patronizing: 'protecting them from themselves', reduce the need for abortion by legal restrictions	Democracies, religious arguments a new factor in the public debate	Unequal situation in Europe, countries with restrictions: high gestational age at abortion and high abortion rate



# Abortion in illegal and legal settings

	Legal setting	Intention	Government	Consequences
<b>Future</b>	Evidence based approach: No legal restrictions on abortion, no specific law	Truly respect women, including their rights, provide the best quality of care based on evidence	Democracies	Effective contraception widely used, abortion in early gestation as backup rarely used

# Illegal abortion: self induced Europe: 21<sup>st</sup> century

## Maternal Death

**CASE:** An adolescent developed upper gastrointestinal bleeding after self-medication with misoprostol orally (12 mg) to cause abortion. She presented with multiorgan failure. After several episodes of cardiac arrest, and despite resuscitation efforts, the patient died.

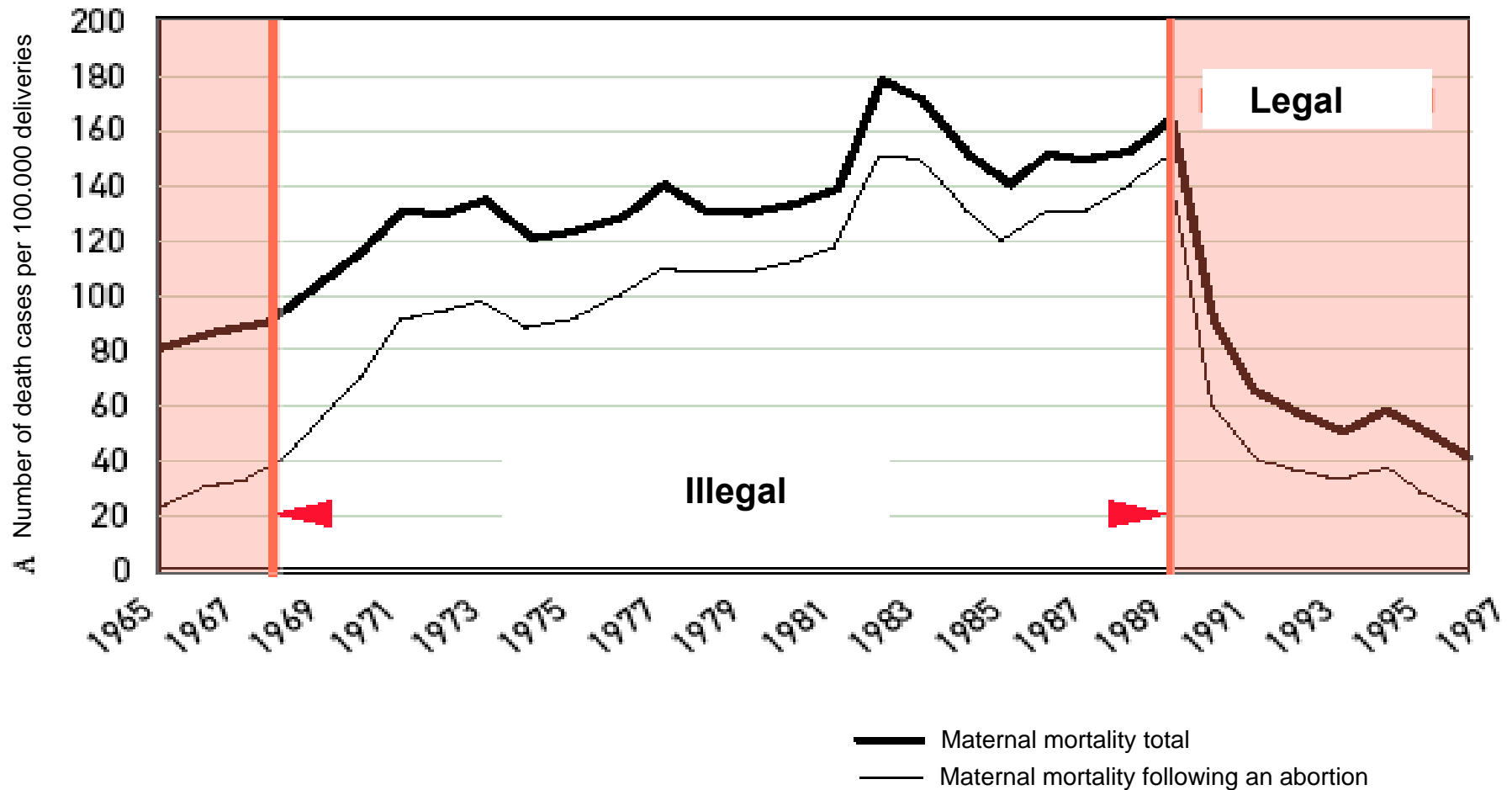
OBSTETRICS & GYNECOLOGY FEBRUARY 2007

This woman took the right drug but 60 tabs instead of 4 tabs

## Illegal abortion: self induced

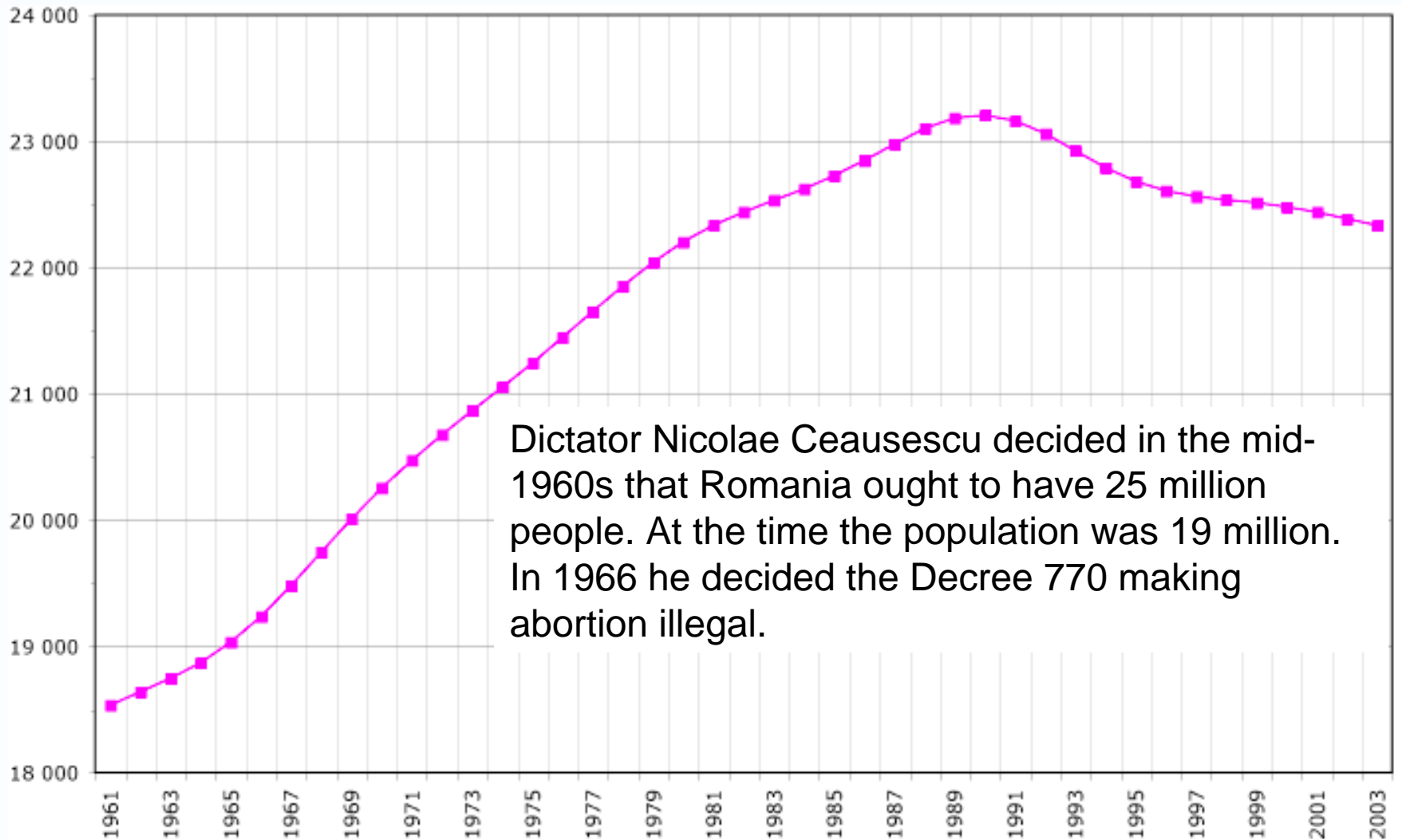
- Women postpone the abortion or are delayed and therefore come late in gestation
- Methods:
  - Swallowing all kinds of substances > high risk of intoxication
  - Rupture of membrane (knitting needle, catheter, wooden stick etc) > high risk of perforation > bleeding / infection
  - Herbal abortifacients (parsley, pennyroyal etc)

# Romania: another social experiment making abortion illegal



WHO 2004

# Romania: another social experiment making abortion illegal



## Germany



“To be used only by the German Wehrmacht. To be destroyed immediately after use.”

## US

1965: use of contraceptives by **married** couples legalised (Supreme Court: *Griswold v. Connecticut*)

1972: Use of contraceptives by **unmarried** couples legalised (Supreme Court *Baird v. Eisenstadt*)

## Ireland

1990: IFPA convicted for the illegal sale of a contraceptive in the Virgin Record Store. A fine of £400 imposed.

## Illegal abortion leading to abortion tourism



**'to take the boat to England'**

Every year about 7 000 Irish women travel to England and Wales for an abortion.

See the film „Like a ship in the night“

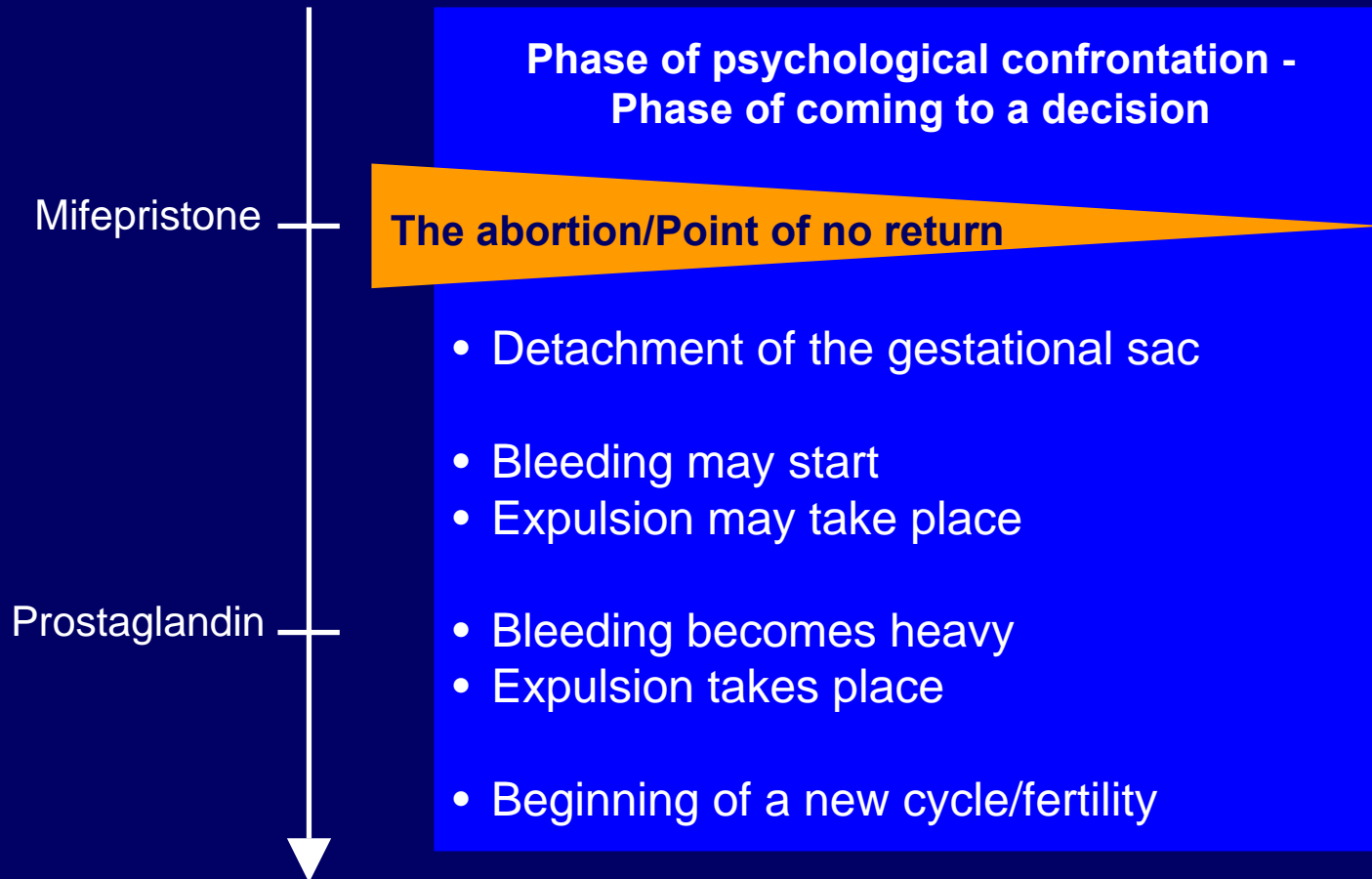
Source: Dept. Of Health, London 2003

**Abortion tourism has a negative impact on the physical and psychological health of women.**

# Restrictions:

## The abortion has to take place in the hospital

When does medical abortion take place?



**Expulsion ≠ Abortion**



# Internet and abortion

- Advantage
  - Access at any time, no need to go somewhere
  - No need to justify
  - No questions asked
  - Anonymous
  - Can choose between different sources
  - Can order the abortion pill: [www.womenonweb.org](http://www.womenonweb.org)
- Disadvantage:
  - Not all women have access
  - Sometimes wrong, misleading information

Safe access to  
medical abortion in  
countries where  
mifepristone is not  
available

• WOMEN ON WEB:

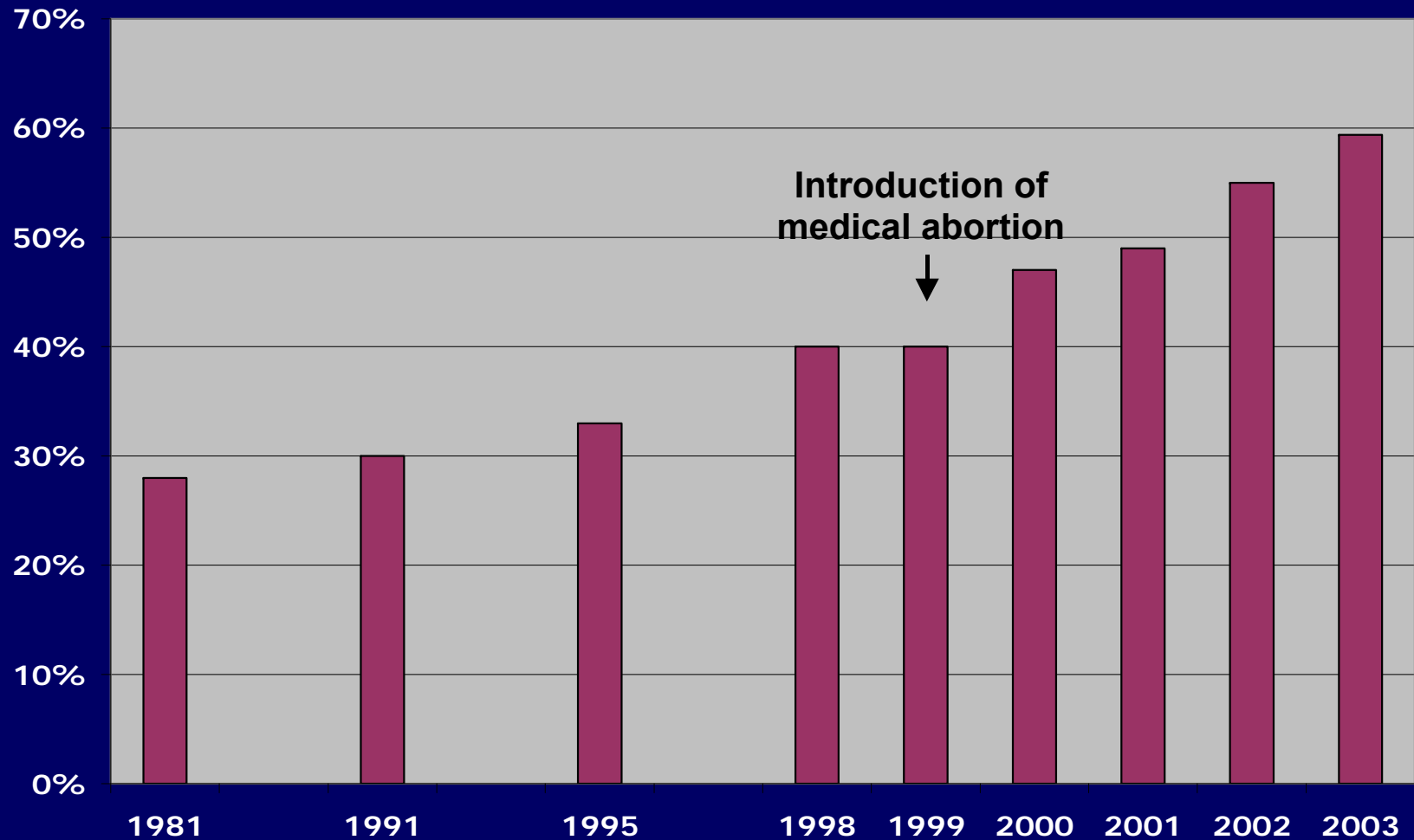
[www.womenonweb.org](http://www.womenonweb.org)

# I need an abortion



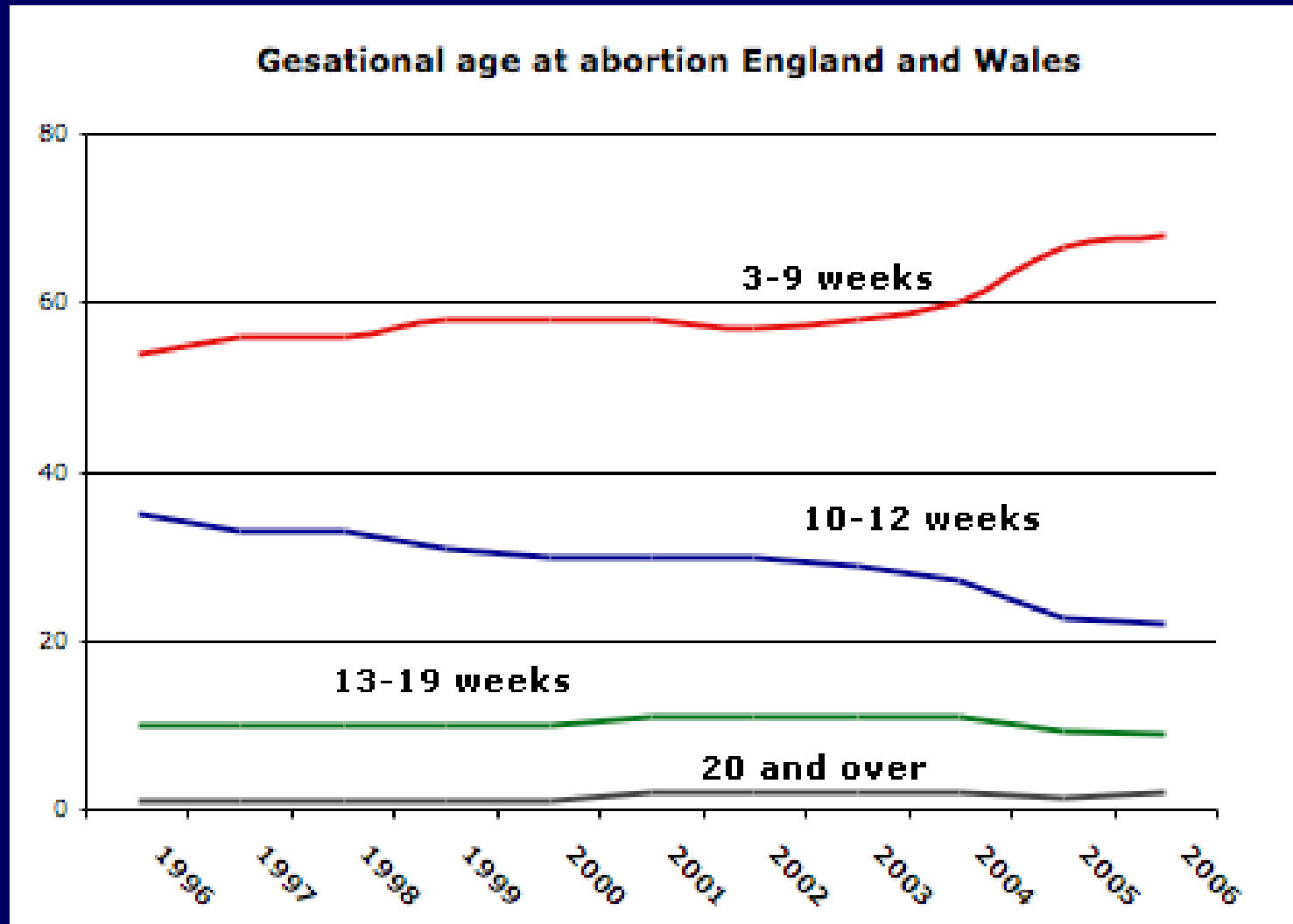
**Do you have an unwanted pregnancy? Click here. This online medical abortion service helps women gain access to a safe medical abortion in order to reduce the number of deaths due to unsafe abortions.**

# Medical abortion leads to abortions being performed earlier



Percentage of abortions <8 weeks in Bern county (CH)

# Impact of laws making abortion illegal



# Restrictions in access to abortion

- Do not lead to a reduced frequency of unwanted pregnancies or abortions
- Do not lead to an improvement in the quality of care
- Do not lead to an increase in birth (of wanted children)
- Delay gestational age at abortion
- Increase the risk for the physical and psychological health
- Increase costs without benefit

## Certifying doctors should not hold extreme views

the following views shall be considered incompatible

- (a) That an abortion should not be performed in any circumstances:
- (b) That the question of whether an abortion should or should not be performed in any case is entirely a matter for the woman and a doctor to decide.

## Impact of laws making abortion illegal

- Limited prevention of unwanted pregnancies > high number of abortions
- No increase of the birth rate (of wanted children)
- Women come late in gestation
- Women are forced into:
  - Abortion tourism
  - Illegal abortion by doctors: safe but expensive
  - Illegal abortion self-induced: unsafe and dangerous

# Restrictions in access to abortion lead to late abortions

<b>Netherlands</b>	<b>&lt; 8 weeks</b>	<b>77% (2004)</b>
<b>Germany</b>	<b>&lt; 8 weeks</b>	<b>35% (2007)</b>
<b>Finland</b>	<b>&lt; 9 weeks</b>	<b>75% (2005)</b>
<b>Norway</b>	<b>&lt; 9 weeks</b>	<b>72% (2005)</b>
<b>Sweden</b>	<b>&lt; 9 weeks</b>	<b>75% (2007)</b>
<b>Denmark</b>	<b>&lt; 9 weeks</b>	<b>65% (2005)</b>
<b>Iceland</b>	<b>&lt; 9 weeks</b>	<b>64% (2005)</b>
<b>US</b>	<b>&lt; 9 weeks</b>	<b>63% (2004)</b>
<b>England/Wales</b>	<b>&lt; 10 weeks</b>	<b>68% (2006)</b>
<b>NZ</b>	<b>&lt; 10 weeks</b>	<b>36% (2004)</b>

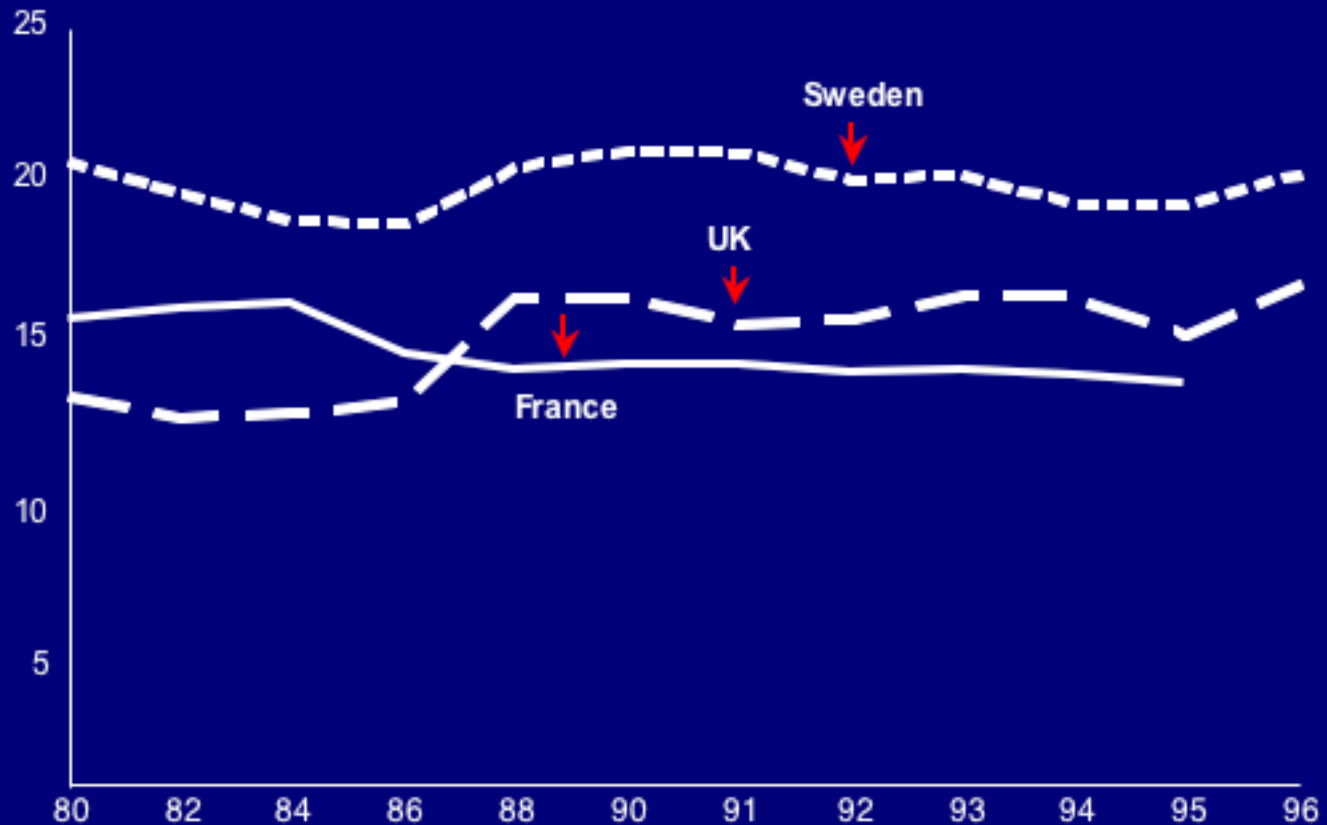


# Fantasy and reality



Gestational sac at  
6 weeks gestation

# Introduction of medical abortion does not increase abortion rate



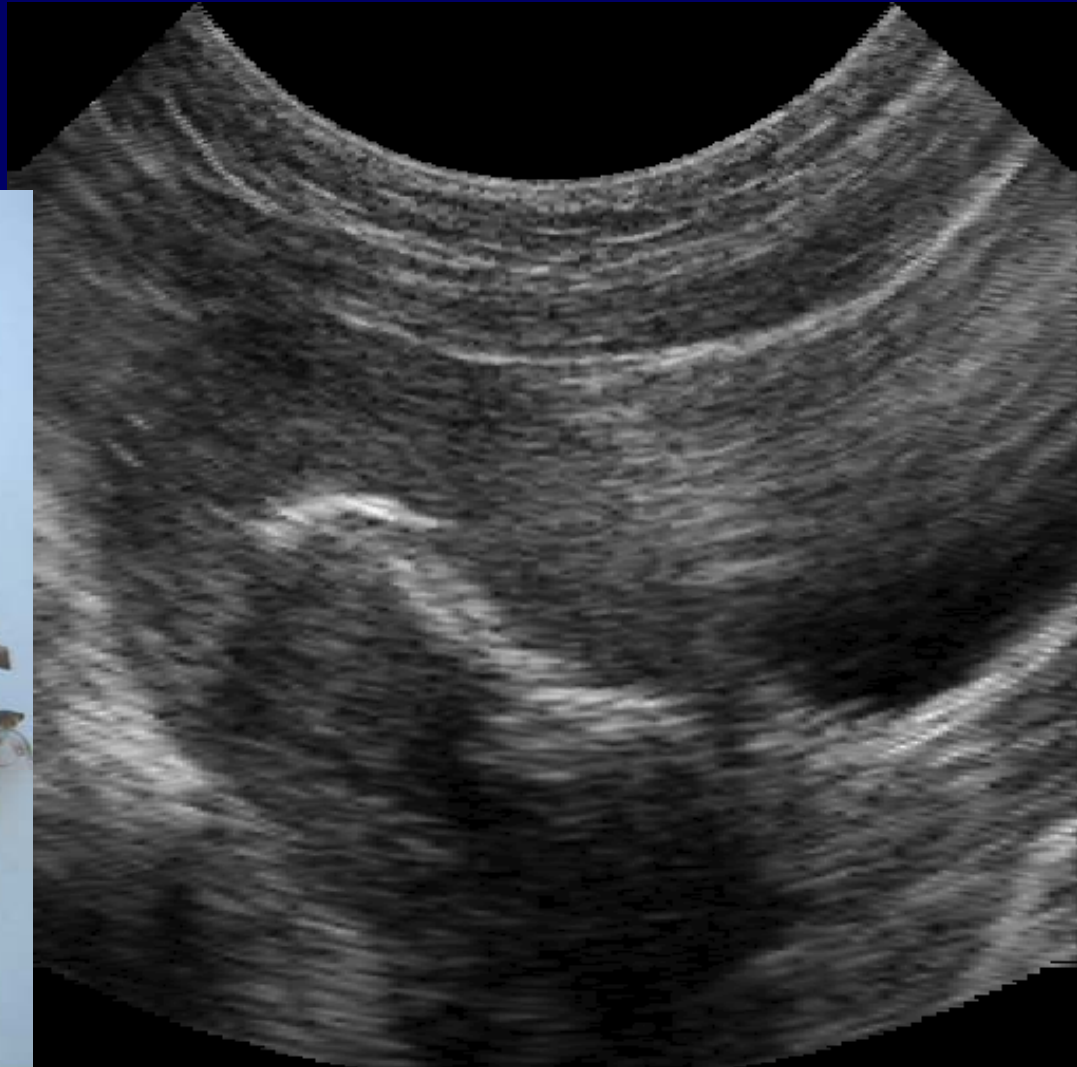
↓ Year of introduction of MIFEGYNE®

Abortions per 1.000 women aged 15 to 45

Source: The Alan Guttmacher Institute New York

# Why illegal abortion is dangerous

Foreign bodies retrieved from the uterine cavity



# Impact of legalisation of abortion

**Table 1.** Grounds on which abortion is legally permitted in 193 countries, 2001

	To save the woman's life	To preserve physical health	To preserve mental health	Rape or incest	Fetal impairment	Economic or social reasons	On request
<b>Developed countries (n = 48)</b>							
Permitted	46	42	41	39	39	36	31
Not permitted	2	6	7	9	9	12	17
<b>Developing countries (n = 145)</b>							
Permitted	143	80	79	44	37	27	21
Not permitted	2	65	66	101	108	118	124

Source: United Nations<sup>12</sup>