

## The FIAPAC Newsletter, April 2016

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### **Editorial.**

Dear FIAPAC members,

We hope you enjoy this current newsletter especially as some it contains some short articles from members.

Please remember too, that in the coming months (as voted by FIAPAC members) we will conduct the voting for country board members electronically in advance of the annual general meeting. In order to be eligible to vote or to present for election, members will have to be paid up FIAPAC members.

Its now just six months until the FIAPAC International Congress in Lisbon. We have excellent [scientific program](#) planned and look forward to receiving all your abstracts for oral and poster presentations (there are coveted prizes to be won for best poster and oral). The deadline for [submitting an abstract](#) is 30 April 2016.

As in previous years, we will also have the famous gala dinner and late night dancing (tickets sell out quickly so book early to avoid disappointment).

If you have energy after all that, then there is also the early morning FIAPAC jogging club (all levels of runners welcome).

Look forward to seeing you all at FIAPAC conference in Lisbon!

Best wishes,

Sharon Cameron  
FIAPAC President

# Lisbon congress

## Invitation to attend the 12th FIAPAC Congress 2016

Dear colleagues,

Welcome to Lisbon, for the 12th FIAPAC Congress from the 13th to the 15th October, 2016.

We live in a global world without frontiers between some of countries but with huge differences regarding the access to sexual and reproductive health care.

The aim of FIAPAC is contribute to decrease of these differences by improving the scientific knowledge regarding abortion and contraception.

We organized a program for all. For researchers and clinicians working in modern countries where all needs in these areas are mainly resolved, for those who live in countries where the sexual health conditions must be improved, and for those who live in countries where abortion is generally prohibited, or allowed only under very restrictive condition. In some countries illegal abortion is still a common reality.

As always, the FIAPAC Congress will be an open space of debate not only about medical science but also about sexual rights and unmet needs concerning access to abortion and contraception.

The success of the meeting is not completely dependent on the quality of the program but also from the contribution of all who with experiences and ideas to share.

We wish to welcome you at Lisbon and don't forget that you still have time until the 30th of April to submit a paper for oral communication or poster.

Teresa Bombas  
Congress President

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

**Improving women's journeys through abortion  
13-15 October 2016, Lisbon, Portugal**



**12<sup>th</sup> congress of FIAPAC**



## *Bulgarian abortion care providers*

After the last FIAPAC board meeting in Berlin, we set out to to popularize the medical abortion in Bulgaria and to take raise our population's awareness of safe abortion and contraception methods.

We have made several presentations at Bulgarian National Conferences. We have published several articles on the subject in newspapers as well. These attracted the attention of our gynecologist colleagues. Presentations at the national conferences led to vivid discussions and we were left with the impression that, although medical abortion is an attractive option for our patients, only a few doctors have the knowledge and willingness to perform it. Usually these are doctors, who have practiced abroad. Between healthcare providers, it was unclear whether there is any difference between illegal and off-label usage of medications and the two were believed to be one and the same thing.

*'It was unclear whether there is any difference between illegal and off-label usage of medications and the two were believed to be one and the same thing.'*

Moreover, even though currently in Bulgaria there are there registered preparations for termination of pregnancy (Mifegyne, Mifepristone Linepharma, Topogyne), medical abortion is still associated solely with the misoprostol-only regime and administration of Cytotec, which is not at all registered in Bulgaria.

This situation led several doctors to the initiative of founding Bulgarian Association of Contraception and Safe Abortion (BACSA) as a representative organization of all healthcare providers, working actively on that field of gynecological service. The purpose of this is to make provision of medical abortion easier for the professionals by spreading already available information and guidelines, and making the true facts clear with regards to medical abortion. This Association is quickly becoming popular within the obs/gynae society and is being contacted by clinicians for advice and guidance.

Recently, after a few months of active negotiation with WHO, BASCA has obtained the rights to translate the WHO "Clinical practice handbook for safe abortion" into Bulgarian. This is a great opportunity to have a practical guideline for safe abortion in our language. It is important, as we appreciate that, despite of the widespread knowledge of the English language, the actual level of proficiency for most of the specialists is not as high as to allow fluent use of clinical guidelines. We recognize this as a possible reason for the lack of knowledge and confidence with the medical abortion as a procedure.

In an attempt to familiarize clinicians with the procedures, we successfully conducted a workshop on medical abortion. It was a one day event that took place on the 13th of February 2016 in Novotel, Sofia with the kind support of a regional pharmaceutical company. The aim was to share knowledge and experience in administration of medications for termination of pregnancy in the first and second trimester. We had the pleasure of having two guest lecturers- Sharon Cameron, president of FIAPAC and Anne Johnstone, healthcare provider from Royal Infirmary, Edinburgh, UK. They shared their long experience in providing medical abortion in their facility from the first steps back in time to the present days of offering early medical abortion at home and phone follow-ups with very high success rate and patient acceptability. Their presentations illustrated in brief the way we have to go to make medical abortion a safe and widely accepted procedure in Bulgaria.

*Dimitar Cvetkoff*  
*FIAPAC Board member, Sofia, Bulgaria*

## Membership 2016

Join FIAPAC or renew your 2016 membership!

The International Federation of Professional Abortion and Contraception Associates (FIAPAC) welcomes 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 for a regular membership is 50 euro.

### *How to arrange your membership?*

By completing and submitting the membership form at: [fiapac.org/en/home/membership](http://fiapac.org/en/home/membership)

## Call for conference bids

Bids are welcome to host the FIAPAC Conference in the year 2018.

Although it may look far away, we are aware that preparing a bid takes time and we would like to remind you that proposals for holding conferences should be presented 2 years ahead at the General Assembly. The deadline to submit a bid is **19 September 2016**.

Any FIAPAC member from any European country interested in making a bid is strongly encouraged to do so. The Central Office will be happy to reply to any request for further information on how to prepare a bid: [admin@fiapac.org](mailto:admin@fiapac.org)

## New election procedure for Board Members in 2016

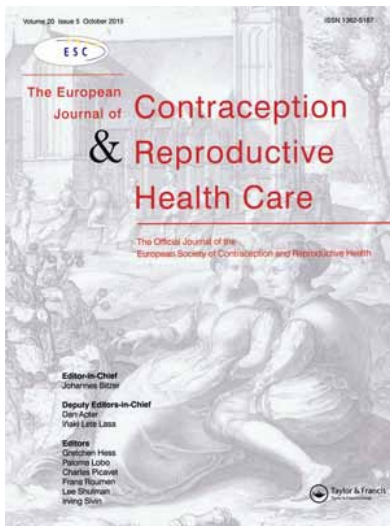
The FIAPAC Board strongly recommended the option of electing the Board BEFORE the General Assembly (GA), so as to make the process more efficient and more comfortable. Till now, Board members are elected DURING the GA. A possible change in the election process of the board induced a change of the Statutes: art 7 describes the moment of the election of the board members (currently, at the time of the GA). This can only be done by voting by the members.

As a first step, we asked the agreement of the members to organise a virtual (= through internet) extraordinary General Assembly. A majority of members agreed with this idea. As a second step, we organised a second voting round on the changes in statutes, making the new board election procedure applicable already before the next congress. Also here, a majority of members agreed.

Each country may have one representative in the Board if they have five paid-up members; two representatives if a country has twenty or more paid-up members.

### New election procedure in 2016:

- |                     |   |
|---------------------|---|
| <b>15 August</b>    | The number of paid up members per country will be calculated (reference point).   |
| <b>16 August</b>    | Each country will be advised on the number of Board Member vacancies.<br>An application form will be made available on the website and a call for application will be made. All applicants must be paid up members for the current year.  |
| <b>15 September</b> | Closing date for applications.  |
| <b>16 September</b> | Arrange of e-voting for each country (where applicable).<br>All voting members must be paid up members in the current year - All voting will be by secret e-ballot - If there is only one candidate, voting will still take place - The decision will be by simple majority ie the person with the most votes will be appointed - If there are 2 vacancies, the 2 persons getting the most votes will be appointed - If there is a 'tie' of votes, the 'winner' will be decided by the toss of a coin - There will be no proxy votes. |
| <b>October</b>      | Applicants will be advised of the results, and these will be announced formally at General Assembly.  |



## Yes we can! Successful examples of disallowing ‘Conscientious Objection’ in reproductive health care

**Christian Fiala<sup>1,2</sup>, Kristina Gemzell Danielsson<sup>2</sup>, Oskari Heikinheimo<sup>3</sup>, Jens A. Guðmundsson<sup>4</sup> and Joyce Arthur<sup>5</sup>**

1. Gynmed Clinic for Abortion and Family Planning, Vienna Austria.
2. Division of Obstetrics and Gynaecology, Department of Women’s and Children’s Health, Karolinska Institutet, Karolinska University Hospital, Stockholm Sweden.
3. Department of Obstetrics and Gynecology, University of Helsinki and Helsinki University Central Hospital, Helsinki Finland.
4. Department of Obstetrics and Gynecology, Women’s Clinic, University of Iceland and Landspítali University Hospital, Reykjavík Iceland.
5. Abortion Rights Coalition of Canada, Vancouver BC, Canada.

### Abstract

Reproductive health care is the only field in medicine where health care professionals (HCPs) are allowed to limit a patient’s access to a legal medical treatment – usually abortion or contraception – by citing their ‘freedom of conscience.’ However, the authors’ position is that ‘conscientious objection’ (‘CO’) in reproductive health care should be called dishonourable disobedience because it violates medical ethics and the right to lawful health care, and should therefore be disallowed.

Three countries – Sweden, Finland, and Iceland – do not generally permit HCPs in the public health care system to refuse to perform a legal medical service for reasons of ‘CO’ when the service is part of their professional duties. The purpose of investigating the laws and experiences of these countries was to show that disallowing ‘CO’ is workable and beneficial.

It facilitates good access to reproductive health services because it reduces barriers and delays. Other benefits include the prioritization of evidence-based medicine, rational arguments, and democratic laws over faith-based refusals. Most notably, disallowing ‘CO’ protects women’s basic human rights, avoiding both discrimination and harms to health.

Finally, holding HCPs accountable for their professional obligations to patients does not result in negative impacts. Almost all HCPs and medical students in Sweden, Finland, and Iceland who object to abortion or contraception are able to find work in another field of medicine. The key to successfully disallowing ‘CO’ is a country’s strong prior acceptance of women’s civil rights, including their right to health care.

*European Journal of Contraception and Reproductive Health Care, Vol 2016 – accepted 1 January 2016 and published online 2 February 2016*



## Pain during medical abortion: a multicenter study in France

M.J. Saurel-Cubizolles<sup>1</sup>, M. Opatowski<sup>1</sup>, P. David<sup>2</sup>, F. Bardy<sup>2</sup>, A. Dunbavand<sup>3</sup>

1. INSERM UMR 1153- Obstetrical, Perinatal and Pediatric Epidemiology Research Team (EPOPé), Center for Epidemiology and Statistics Sorbonne Paris Cité, DHU Risks in pregnancy, Paris Descartes University
2. Maternité Clinique Jules Verne, 4 route de Paris, 44300 Nantes
3. Mutualité Française, Fondation de l'Avenir, Paris

### Abstract

**OBJECTIVE:** to analyze the main factors related to the pain level in the days following a medical abortion and to compare pain intensity according to the dose of mifepristone, 200 or 600 mg.

**METHODS:** Observational study in 11 medical centers in France between October 2013 and September 2014. Women returned a questionnaire that they have fulfilled during 5 days following the abortion; pain was recorded on a scale of 0-10 daily.

**RESULTS:** 453 women were included. The pain level reported within five days after the abortion is high. It is higher among primigravida women, or among those with usual painful menstruation. A higher pain level was observed in women who had received 200 mg mifepristone compared to women with 600 mg, even after controlling for the other factors.

**CONCLUSION:** The average pain severity experienced by respondents was high. The results emphasize the need to improve the analgesic strategies and invite to opt for a protocol to 600 mg instead of 200 mg mifepristone.

European Journal of Obstetrics & Gynecology and Reproductive Biology 194 (2015) 212–217

## Abigail Fitzgibbon

**Head of Advocacy and Campaigns**  
**British Pregnancy Advisory Service (bpas)**

In February BPAS launched a campaign to remove abortion from the law across the UK, accompanied by a video. The 1967 Abortion Act was an important step forward but it did not remove abortion from the criminal law in the UK – there is no right to an abortion at any gestation. BPAS and its supporters believe this is unacceptable in 21st century Britain and our goal is to ensure the legal framework means abortion is regulated like all other medical procedures. The campaign is supported by the Fawcett Society, Women's Aid, the Royal College of Midwives and IPPF European Network, and others. 1,000 supporters have written to politicians to ask them to take action. In March BPAS held a rally in London, which had over 200 attendees.

For more information please visit: [www.wetrustwomen.org.uk](http://www.wetrustwomen.org.uk)

The rise of anti-abortion activism targeted at women outside clinics led BPAS to call for 'buffer zones' outside clinics. BPAS resisted calling for legislation since the arrival of Abort67 and 40 Days for Life in Britain in 2010 but sadly the situation has deteriorated and activists are causing intolerable distress to women. The 'Back Off' campaign has secured support from women's and medical organisations and that of high profile politicians. BPAS is hopeful that when the opportunity arises the majority of MPs in Westminster will take action to protect women in England and Wales. [www.back-off.org](http://www.back-off.org)

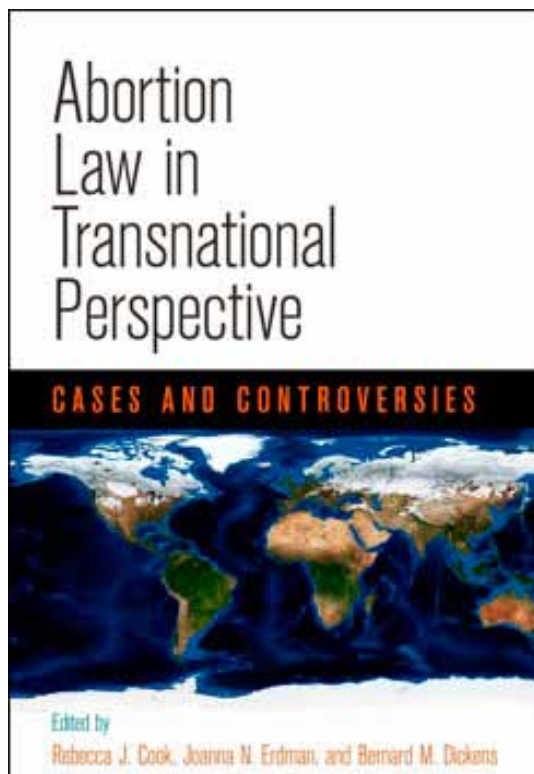
For more information on our work please get in touch with the External Affairs team at BPAS: [press@bpas.org](mailto:press@bpas.org)

*In February  
BPAS launched  
a campaign  
to remove  
abortion  
from the law  
across the UK*



## Abortion Law in Transnational Perspective: Cases and Controversies

**Rebecca J. Cook, Joanna N. Erdman, and Bernard M. Dickens**  
**U Penn Press, 2014**



Abortion Law in Transnational Perspective: Cases and Controversies, ed. Rebecca J. Cook, Joanna N. Erdman, and Bernard M. Dickens (U Penn Press, 2014), offers a fresh look at significant transnational legal developments in recent years, examining key judicial decisions, constitutional texts, and regulatory reforms of abortion law in order to envision ways ahead.

The chapters investigate issues of access, rights, and justice, as well as social constructions of women, sexuality, and pregnancy, through different legal procedures and regimes. They address the promises and risks of using legal procedure to achieve reproductive justice from different national, regional and international vantage points; how public and courtroom debates are framed within medical, religious and human rights arguments; the meaning of different narratives that recur in abortion litigation and language; and how respect for women and prenatal life are expressed in various legal regimes. By exploring how legal actors advocate, regulate, and adjudicate the issue of abortion, this timely volume seeks to build on existing developments to bring about change of a larger order.

[Publisher's bookpage](#)

[Table of Contents with chapter abstracts](#)

Pronto en español. A Spanish edition is forthcoming from CIDE/FCE in summer 2016

### Christine Sieber, Switzerland

There is good news about emergency contraception in Switzerland: ulipristal acetate (ellaOne®) is now available without medical prescription as anywhere else in Europe. So both levonorgestrel and ulipristal acetate have the same regulations.

[www.sexuelle-gesundheit.ch](http://www.sexuelle-gesundheit.ch)

### Sam Rowlands, UK

The British Society of Abortion Care Providers was founded during 2015. It held its inaugural meeting on 29 October 2015 at the Royal College of Obstetricians and Gynaecologists in London. We aim to assist providers with education, training and quality standards.

[www.bsacp.org.uk](http://www.bsacp.org.uk)



# Talking about abortion, and getting it right

*Manuelle Hurwitz, Senior Abortion Adviser  
International Planned Parenthood Federation Central Office*

IPPF is pleased to share two abortion stigma-busting resources with the FIAPAC network. In a series of short films made by IPPF, four women in different countries - Uruguay, India, Cameroon and France - and from different socio-economic backgrounds share their personal experience of abortion. Though each of the woman's experience is different and unique, what they have in common is that they each made a choice that was right for them. You can view the Women's Voices films at:

[www.ippf.org/resources/publications/Womens-Voices](http://www.ippf.org/resources/publications/Womens-Voices)

Sharing our abortion stories is essential for reducing abortion stigma and normalising abortion as an everyday healthcare need and human right. How we talk about abortion is just as important, to ensure that we communicate effectively using accurate and non-stigmatizing language and images. "How to talk about abortion: A guide to rights based messaging" is a comprehensive guide that can be used by individuals and organizations to inform the development of a wide range of communication materials, as well as providing guidance on stigma-free terminology and images. You can access the guide via IPPF's website at: [www.ippf.org/resource/How-talk-about-abortion-guide-rights-based-messaging](http://www.ippf.org/resource/How-talk-about-abortion-guide-rights-based-messaging)



**Mirella Parachini**  
Italy  
Vice President FIAPAC

## **Women in Italy who have illegal abortions now face fines of between €5,000 and €10,000.**

Abortion has been legal in Italy since 1978, but many women are forced to have their pregnancies terminated illegally because of the growing number of doctors who refuse to perform the operation, mainly for the great number of conscientious objection not only among the Italian gynaecologists but also claimed by health facilities.

It is estimated that nationwide, 70 percent of doctors and nurses are conscientious objectors, a figure which rises as high as 90 percent in some regions. The new fines replace a 'symbolic' fine of €51, provided by law 194, which had been given to women who obtained an illegal abortion, and was aimed at encouraging them to denounce doctors who performed it as well as encourage them to use the state healthcare system in case any complications arose.

Whether or not the government will abolish the fines remains to be seen. The abortion providers, wrote the ministry a open letter to stigmatize this irresponsible choice that does not see the peculiarity of abortion and the risk of this new law on women's health, and received the promise that government will change the law within 18 months. An other crucial issue is medical abortion. In Italy medical abortion is permitted only up to 49 days of pregnancy, despite the EMA approval.

[www.repubblica.it/salute/2016/02/24/news/aborto\\_clandestino\\_su\\_web\\_dilaga\\_protesta\\_contro\\_maxi-multa-134164143/](http://www.repubblica.it/salute/2016/02/24/news/aborto_clandestino_su_web_dilaga_protesta_contro_maxi-multa-134164143/)





## APAC, Switzerland

APAC-Suisse (Association de professionnels de l'avortement et de la contraception) carried out research in Switzerland on the practice of medical abortion in public hospitals. The results were published in 2015 in the Swiss Medical Forum. Evidently the protocols are very diverse between hospitals, varying from 2 consultations (including the post-abortion control visit) to 5 consultations imposed on women. However, the trend goes towards less control: more and more hospitals offer home use of misoprostol. But there is still a great potential to simplify procedures. The results of the study have been published in German and French.

In the same journal an article has been published by André Seidenberg and Christian Fiala on "One stop MToP", describing medical abortion with only one consultation at a doctor's office and post-abortion self control with the CheckToP® pregnancy test.

German at:

[www.medicalforum.ch/docs/smf/2015/34/de/smf-02375.pdf](http://www.medicalforum.ch/docs/smf/2015/34/de/smf-02375.pdf)

French at:

[www.medicalforum.ch/docs/smf/2015/34/fr/fms-02375.pdf](http://www.medicalforum.ch/docs/smf/2015/34/fr/fms-02375.pdf)

André Seidenberg has compiled statistics on the approximately 200 medical abortions at his office in 2015. Of these 200 women 100% chose taking Cytotec at home. 97% received the CheckToP® pregnancy test for post-abortion self-control and 67% required a single visit to the doctor.

[www.seidenberg.ch/media/AR%20ASe%202015.pdf](http://www.seidenberg.ch/media/AR%20ASe%202015.pdf)

APAC-Suisse, with the support of Santé Sexuelle Suisse (Swiss branch of IPPF), put up a Fund to help residents without insurance or financial resources to have access to abortion. APAC-Suisse positioned itself against a bill proposing to forbid any information to women about the sex of their fetus before 12 weeks of pregnancy (time limit in Switzerland for abortion on request). The bill will now be submitted to Parliament.

As emergency contraception is also an issue treated by Fiapac, you might be interested in this specific news. Sexual health Switzerland holding the secretary of the "Interdisciplinary Group of Experts on Emergency contraception – IENK" is involved in lowering the barriers to emergency contraception since many years.

[www.sante-sexuelle.ch/fr/nos-activites/acces-pour-tous/contraception-durgence/ienk/](http://www.sante-sexuelle.ch/fr/nos-activites/acces-pour-tous/contraception-durgence/ienk/)

All materials to be included in the FIAPAC Newsletter should be submitted (electronically) to: [admin@fiapac.org](mailto:admin@fiapac.org)  
FIAPAC Central Office, p/a Orga-Med Congress Office, Opalfeneweg 3, 1740 Ternat, Belgium.

**Chief Editor:** Nausikaä Martens (Belgium)