

## The FIAPAC Newsletter, April 2017

### Table of content

2	Membership
2	FIAPAC Board meeting
3	She decides...
3	Postabortion contraception
3	Sexual and reproductive health and rights
4	New Board members
4	SFP Lifetime Achievement Award
7	News from FIAPAC members
12	Events
14	Increasing access to abortion



### Editorial.

Dear Members,

We will soon be compiling the scientific program for the next FIAPAC conference that will take place in 2018, in Nantes, France. We are inviting all FIAPAC members who wish to [suggest topics and speakers to send those to admin@fiapac.org](#) by the end of May 2017.

Now is also the time for all members to renew their membership. The newsletter contains details of how to do this, and it is important that members are aware that only the new 2 year membership gives discount at the conference registration. As always, we are keen to attract new members especially from countries that have not previously been represented at FIAPAC. In particular we encourage more members from Eastern Europe and also Ireland. So please publicise FIAPAC at any appropriate events where you feel we could attract new members. And remember that FIAPAC is keen to continue to support members to advertise their local abortion care conferences in our newsletter.

This year (2017), marks the 50th anniversary of the 1967 Abortion Act in Great Britain and there will be a number of events and conferences taking place there that members from other countries are welcome to attend. Some of these are advertised in this edition of our newsletter. FIAPAC is also delighted to celebrate the much deserved SFP 'Lifetime achievement award' of our US board member Prof. James Trussell.

Look forward to receive your suggestions for FIAPAC, Nantes 2018!

**Sharon Cameron**  
**FIAPAC President**

## Membership

### **2016 was a good year:**

199 new colleagues joined the society and 87 members renewed their membership or 286 members (210 in 2014 and 143 in 2015).

### **Top 5 countries in 2016:**

Belgium (36)  
United Kingdom (30)  
Sweden (29)  
France (26)  
Netherlands (23)

### **Join FIAPAC or renew your 2017 membership!**

Membership is on a calendar year basis (from 1 January to 31 December).

The annual fee for a regular membership is 60 euro per year or 100 euro for two years.

How to arrange your membership?

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

## FIAPAC Board meeting

In the weekend of 21/22 January, the new board held his first meeting. In ice cold Vienna, we were warmly welcomed by Christian Fiala in his clinic. Some members took advantage of the opportunity to visit his Museum of Contraception and Abortion first. Other board members joined the Vienna Trump-protest for a while – as you can see from the lovely picture.

Discussing the past congress and the feedback from it took up much of this meeting. We looked at the financial balance, which was a positive one. We talked about the evaluation forms. From these, we learned that participants were overall very happy with the congress. We had a closer look though at the remarks and discussed how we can increase the appreciation level.

As we do in every meeting, we looked at the financial situation of FIAPAC. We are still a healthy organization, but we have to try to reduce costs and find enough income. The board will already bring that into practice by having fewer 'in person' meetings and instead using more digital technology. You can also help raising the incomes for FIAPAC by renewing your membership!

In June, part of the Scientific Committee will meet in person to make the first draft of the scientific programme for the next congress. As suggested in the evaluation of participants in Lisbon, we plan a well balanced program with topics for all different disciplines working in abortion care. We are also thinking of some brand new topics. As suggested by our President in the editorial, ideas for topics are more than welcome!

*Nausikaä Martens*  
FIAPAC Secretary General



## FIAPAC statement on 'She Decides...'

FIAPAC, the international federation of professionals involved in contraception and abortion care, applauds those countries that have pledged funds over and above their existing aid commitments, to make good the financial deficit caused by President Trump's ban on US aid to overseas groups that provide abortion or abortion advocacy.

Earlier this month more than 50 countries sent delegates to a meeting in Brussels to discuss the international response to Trump, and they committed 180 million euros to a fund (She Decides) launched by the Belgian Deputy prime Minister as an immediate response to the US administration re-imposition of restrictions of its aid recipients. These restrictions have come to be known as the Global Gag Rule.

FIAPAC believes abortion services should be seen as basic health care and are essential in all country settings. The Federation is asking its own members to mark International Women's Day by calling on their own Governments to commit to the She Decides Fund, and joining the actions of those around the world who are using the day to protest against restrictions on women's freedom to make their own reproductive choices.

## Postabortion contraception



Published in *The European Journal of Contraception and Reproductive Health Care* (Vol 2017 – Issue 2)

Sam Rowlands <sup>(a)</sup> and Kristina Gemzell-Daniels-son <sup>(b)</sup>; for and on behalf of the European Society of Contraception and Reproductive Health, Expert Group on Abortion

<sup>(a)</sup> *Centre of Postgraduate Medical Research & Education, Bournemouth University, Bournemouth, Dorset, UK;* <sup>(b)</sup> *Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden*

**Abstract:** The European Society of Contraception Expert Group on Abortion identified as one of its priorities to disseminate up-to-date evidence-based information on postabortion contraception to healthcare providers. A concise communication was produced which summarises the latest research in an easy-to-read format suitable for busy clinicians. Information about individual methods is presented in boxes for ease of reference.

Link to this article: [www.tandfonline.com/doi/full/10.1080/13625187.2017.1287352](http://www.tandfonline.com/doi/full/10.1080/13625187.2017.1287352)

## The promotion, protection and fulfilment of sexual and reproductive health and rights

Statement by the Scientific Technical and Advisory Group and the Gender and rights Advisory Panel (UNDP/UNFPA/UNICEF/WHO/WORLD BANK) on the importance of protecting global advances in sexual and reproductive health and rights and the challenges that will need to be overcome for further progress to be made.

[www.who.int/reproductivehealth/STAG-STATEMENT.pdf?ua=1](http://www.who.int/reproductivehealth/STAG-STATEMENT.pdf?ua=1)

# New Board Members



*Deborah Bateson*  
*Board member*  
*Australia*

I was born in Liverpool, England. After a degree in biochemistry at Oxford University and a Masters degree in nutrition at the London School of Hygiene and Tropical Medicine, I worked as a nutritionist in Southern Sudan and Tanzania. I then moved to Hong Kong where I completed a medical degree in 1993.

Soon afterwards I married an Australian and moved to Sydney where I began work as a clinician, educator and researcher with Family Planning NSW, our state based family planning organization. Currently I am this organization's Medical Director. In 2013 I worked for a period as the Global Medical Director for Marie Stopes International in London, overseeing their clinical operations across a multitude of countries from Malawi to Timor L'Este.

I see my current role as a facilitator of change, working to improve clinical standards around reproductive and sexual health and to increase access to services, including high quality abortion care, through advocacy at multiple levels, from medical students through to government.



*Martine Hatchuel*  
*Board member*  
*France*

Gynecologist and obstetrician.

At the beginning of my medical studies I was engaged in the struggle for the legalisation of abortion in France (Loi Veil) and because of this I chose my speciality in gynaecology.

Since 1976 I have been involved with the French association ANCIC (Association Nationale des Centres d'Interruption de grossesse et de contraception), which advocates for the application of the law, and which originally created FIAPAC.

Today I work in the Parisien hospital « Les Bluets », well-known as a pioneer in antenatal care (Fernand Lamaze), and also for its engagement for the women's rights in reproduction: easy access for all the women for contraception and abortion.

I am responsible in this hospital for the département of orthogénie (abortion and familial planning).

I am happy to be in the FIAPAC board!



## ***Lifetime Achievement Award***

James Trussell, PhD, is the recipient of the 2017 SFP Lifetime Achievement Award. Dr. Trussell is Professor of Economics and Public Affairs Emeritus, Charles and Marie Robertson Professor of Public and International Affairs Emeritus, Senior Demographer at the Office of Population Research at Princeton University, and Honorary Fellow at the University of Edinburgh. He is the author or co-author of more than 350 scientific publications, primarily in the areas of reproductive health and demographic methodology.

His research and advocacy efforts have had a significant impact on the availability and correct use of emergency contraception, both in the United States and abroad.

In addition to his research on this topic, he maintains the emergency contraception website: [not-2-late.com](http://not-2-late.com) and designed and launched a toll-free emergency contraception hotline (1-888-NOT-2-LATE).

He is a senior fellow at the Guttmacher Institute and a member of the boards of directors of FIAPAC, the Women on Web Foundation, and the Council of British Society of Abortion Care Providers. He also acts as deputy editor of *Contraception*.

Read more about Dr. Trussell's work on our website: [www.societyfp.org/About-SFP/SFP-awardees/James-Trussell-PhD.aspx](http://www.societyfp.org/About-SFP/SFP-awardees/James-Trussell-PhD.aspx)



*James Trussell*

### Paul F. A. Van Look (Switzerland)

On 21 February 2017, the World Health Organization (WHO) launched its first Consolidated guideline on sexual and reproductive health and rights of women living with HIV.

Two of the Guideline's recommendations are of direct relevance to the provision of abortion for women living with HIV. They are: 1. "WHO recommends that safe abortion services should be the same for women living with HIV who want a voluntary abortion as for all women." and 2. "WHO suggests that women living with HIV who want a voluntary abortion can be offered a choice of medical or surgical abortion, as for all women."

At the time of writing (22 February) this note, the Executive Summary of the Guideline can be accessed at [www.who.int/reproductivehealth/publications/gender\\_rights/Ex-Summ-srhr-women-hiv/en/](http://www.who.int/reproductivehealth/publications/gender_rights/Ex-Summ-srhr-women-hiv/en/) and the full Guideline will be available shortly on the website of WHO's Department of Reproductive Health and Research: [www.who.int/reproductivehealth/en/](http://www.who.int/reproductivehealth/en/)

### Ellen Wiebe (Canada)

News from Canada: FINALLY, we have mifepristone.

It was approved in July 2015 but bureaucratic delays kept it out of our hands until January 2017. Even now, it is being offered in only a few clinics because of all the barriers. It costs over CA\$300 (= 206€) per 200 mg dose. There are onerous and conflicting rules including that pharmacists cannot dispense directly to patients except in some provinces where doctors are not allowed to dispense.

The Society of Obstetricians and Gynecologists of Canada (SOGC) published guidelines that are much more patient-friendly and evidenced based than Health Canada (government) rules. For example, the SOGC says we can use it up to 10 weeks while Health Canada says only up to 7 weeks gestation.

In my clinic, we have been providing medical abortions using methotrexate and misoprostol for decades. In the first month, we offered a choice between methotrexate (\$100) and mifepristone (\$325), and 156/228 (68%) women chose mifepristone. We are thrilled to be able to offer the best medical abortions to our patients and hope for some of the barriers to be removed so more providers will join us.

### Marge Berer (International Coordinator, London, UK)

The International Campaign for Women's Right to Safe Abortion publishes a highly informative international newsletter on abortion 2-3 times each week with a broad range of news, resources and reports from members and others on what is happening in law and policy, health services, and at governmental and inter-governmental levels.

By joining the Campaign, you will receive the newsletter by email and are welcome to share it with others. Or you can access back issues on the Campaign website as individual reports or in the News Archive 2017.

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

### Kristina Gemzell, FIAPAC Executive Member (Sweden)

A Randomized Control Trial on telemedicine via Women on Web (WOW) and standard provision is being launched in Sweden. The study is based on the research at the WHO collaboration centre at Karolinska University, where medical abortion has been developed step by step and the PhD studies by Rebecca Gomperts showing that telemedicine provision is safe and accepted when provided by WOW to women living in countries with no access to legal and safe abortion.

*Gomperts RJ (2008) Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe abortion services, BJOG 2008;*

*Gomperts R, Petow SA, Jelinska K, Steen L, Gemzell-Danielsson K, Kleiverda G. Regional differences in surgical intervention following medical termination of pregnancy provided by telemedicine. Acta Obstet Gynecol Scand. 2011*

*Gomperts R, van der Vleuten K, Jelinska K, da Costa CV, Gemzell-Danielsson K, Kleiverda G. Provision of medical abortion using telemedicine in Brazil. Contraception. 2014*

### James Trussell, FIAPAC Board Member (Princeton University, USA)

Abigail Aiken, Rebecca Gomperts, Irena Digol, and I have completed an analysis of safety and effectiveness of medical abortion provided by Woman on Web to women in Ireland and Northern Ireland. The results indicate that this telemedicine abortion service is safe and effective.

Patricia Lohr, Abigail Aiken, Jeanette Taylor and I are analyzing data from BPAS on the safety and effectiveness of simultaneous administration of mifepristone and misoprostol. Women in Britain overwhelmingly favor this option because it removes a second trip to the clinic to obtain misoprostol.

### Helene Huldi, President APAC (Switzerland)

The last year in Switzerland was overshadowed by the sudden death of Anne Marie Rey, who was the most important fighter for a free choice in a situation of unwanted pregnancy for the last 40 years. She founded various committees to fight for free abortion as well as APAC suisse, as Swiss part of FIAPAC. We still miss her. In the following months we reorganized APAC suisse to make it a proper association with legally correct statutes and a new president, Helene Huldi. The situation of abortion and contraception in Switzerland didn't change much with continuous very low abortion rates (6,3 per 1000 women aged 15-49) and a specially low rate of teenage abortions. Again a high percentage of early abortion with mifegyne (70%). One Stop Mtop Method is beginning to spread and the demedicalisation of mifegyne is slowly gaining ground. We intend to publish an article „myths about provoked abortion“ and one on „One Stop Mtop“ in the national doctor's journal.

### Teresa Bombas, FIAPAC Board Member (Portugal)

Portugal celebrates 10 years since the legalization of abortion. The main objective of the legalization was: have safe abortion. The morbidity and mortality related with abortion were completely decreased. The main stones for the success of the legalization were: international knowledge and support; medical abortion, support of the national health system; motivated providers (mainly doctors and nurses) and having abortion and contraception on the same law. Before 2007, the estimated number of abortion were almost 20 000. Since, 2007 the global number never crossed this number and has decreased in the last 5 years (2015: 15800 abortions; 185 abortions by 1000 newborn alive). Our rate of abortion is lower than the European average. There are barriers in our law: the gestational age limit (10 weeks); the waiting period (3 days) and access ....not always easy. But we keep going .... working for maintenance of safe abortion for all who request it.

## Angela Dawson (Australia)

On the first of February, Ulipristal Acetate moved from a prescription medicine (Schedule 4) to a Pharmacy medicine (Schedule 3 Over the Counter (OTC)). This means Australian women now have two OTC emergency contraception pill options. However, EllaOne is considerably more expensive than other LNG ECPs that may constrain access for low income women. An application has also been submitted to the Australian Committee on Medicine Scheduling (ACMS) to have EllaOne added to the Appendix H registry so it can be advertised. If successful this will be the first time an ECP will be advertised in Australia. This advertising can create awareness and increase knowledge of ECP that has been found to be lacking among young people.

<sup>(1)</sup>. Such advertising may generate demand and increase the supply of such commodities in pharmacies, especially those in rural and remote areas.

<sup>(1)</sup> Calabretto, H., 2009. *Emergency contraception—knowledge and attitudes in a group of Australian university students. Australian and New Zealand journal of public health*, 33(3), pp.234-239.

## Deborah Bateson, FIAPAC Board member (Australia)

Abortion in Australia is regulated by a patchwork of different state laws with abortion remaining a crime in several states. Abortion law reform bills have recently been proposed in three states. While the signs are positive for decriminalisation in the Northern Territory, disappointingly in Queensland, two law reform bills scheduled for debate in parliament in February have now been withdrawn after a number of MPs indicated they would not support the proposal. Further consideration has now been postponed until at least the next term of parliament. A debate is also scheduled in the New South Wales parliament later in the year which will hopefully result in the removal of abortion from the Crimes Act of 1900, given that community sentiment has moved on a long time ago!

## Susanne Sjöström (Sweden)

### **American organization support anti-abortion activism in Europe**

The American conservative Christian association ADF, Alliance Defending Freedom, has been shown to give economic and legal support to a Swedish registered nurse-midwife currently processing against the Jönköping County in the Swedish Labor Court (AD). The case is reported to be part of an international campaign to influence European abortion rights.

The nurse-midwife was denied employment at three hospitals in the region of Jönköping in southern Sweden as she refused to perform abortions claiming religious reasons. The Equality Ombudsman (DO) and the District Court of Jönköping have stated that the nurse-midwife has not been subject to discrimination. The Swedish Labor Court is the highest legal instance in Sweden for work-life related disputes.

- [www.svt.se/nyheter/lokalt/jonkoping/stod-fran-usa-for-abortvagrande-barnmorskor](http://www.svt.se/nyheter/lokalt/jonkoping/stod-fran-usa-for-abortvagrande-barnmorskor)
- [www.dagensmedicin.se/artiklar/2017/01/24/stod-fran-usa-for-abortvagrande-barnmorskor/](http://www.dagensmedicin.se/artiklar/2017/01/24/stod-fran-usa-for-abortvagrande-barnmorskor/)



## Abigail Fitzgibbon

### *British Pregnancy Advisory Service (bpas)*

#### Ten Minute Rule Bill - Reproductive Health (Access to Terminations)

On Monday Parliament voted for a bill to decriminalise abortion up to 24 weeks of pregnancy. The bill seeks to protect women and medical professionals from criminal sanction. It would also remove clinically unnecessary restrictions, including the requirement for 2 doctors signatures, put in place by the 1967 Abortion Act. This would enable bpas and other providers to deliver abortion care on the basis of what is best for women – not laws passed 50 years ago. Given the number of stages a bill has to progress through to become law, it is unlikely it will become legislation in this current parliamentary session. However, it is still an important first step towards achieving the right abortion law for women and the first pro-choice bill to pass this initial stage for 50 years.

#### Abortion Act 1967 Conference: A Promise Fulfilled?

The Abortion Act was passed on 27 October 1967, at the vanguard of a wave of liberalising change across the western world and directly inspiring reform in a number of other countries. This two-day conference takes place in the week of its fiftieth anniversary. The conference aims to address a range of important socio-legal, historical, political and clinical practice-based questions, focusing on the hopes and strategies of the broad coalition in favour of liberalising change and the extent to which they have been realised. The conference will bring together and foster discussion between health care professionals, academics, policy makers, politicians, campaigners and service providers from the UK and a small number of other jurisdictions influenced by the Abortion Act. It will consist of a series of formal presentations interspersed with conversational panel discussions.

The event will take place from 24–25 October 2017 at the Royal College of Obstetricians and Gynaecologists in London.

For more information, please see:

[www.bristol.ac.uk/law/abortion-act-conference/](http://www.bristol.ac.uk/law/abortion-act-conference/).

#### Abortion for foetal abnormality in Parliament

An attempt to ban abortion for foetal anomaly over 24 weeks gestation is passing through the House of Lords in Westminster. Though extremely unlikely to become law, even if it reaches the House of Commons, it is indicative of a growing move to erode reproductive rights in the name of disability equality.

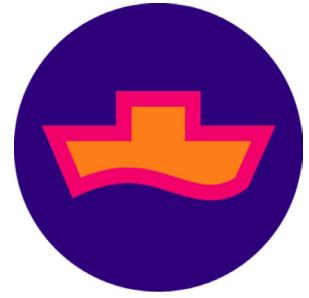
*This would enable bpas and other providers to deliver abortion care on the basis of what is best for women – not laws passed 50 years ago.*





# Women on waves campaign in Guatemala

*Christian Fiala, FIAPAC Executive Member (Austria)*



**T**he abortion ship is back - this time in Guatemala. In collaboration with local women's rights organisations, the abortion ship from the Dutch organization Women on Waves has visited Guatemala from 22-25 February 2017.

The goal of this initiative is to call attention to the violation of women's human rights caused by the restrictive abortion laws, which are based on the archaic Spanish colonial law. Although Guatemalan law only permits abortion to save a woman's life, nearly 65 000 abortions are performed annually among a population of 15 million.

Every year about 21 600 women are hospitalised and 660 women die from complications of unsafe abortion. These deaths would be totally preventable by legalizing abortion.

The goal of the initiative has been to offer women a day trip into international waters, which is a journey of 12 miles and around 2 hours. There the national Guatemala law does not apply anymore but the law of the country where the ship is registered. Consequently women could take mifepristone, the abortion pill under legal circumstances and sail back. Taking the pill would initiate an irreversible abortion process, which is indistinguishable from a spontaneous miscarriage. The initiative is organized by the Dutch doctor Rebecca Gomperts and she was accompanied this time by the Austrian gynecologist and FIAPAC board member, Christian Fiala.

However the military immediately put the ship and the crew under custody and expelled them after 4 days on the specific request of the president of Guatemala. Although the ship had entered the country in respect of all regulations and had never planned to perform abortions in Guatemala.

But the offer to help women with an unwanted pregnancy to have a legal abortion in international waters was enough threat for the government to claim violation of public order, national interest and state security as the reason for the expulsion, even without any court order or other legal procedures.

This unprecedented military crackdown shows not only that access to abortion is about fundamental freedom and democracy. It also shows

once again how far states will go to force women to bring as many children as possible into this world, regardless of the circumstances of the women and children, and regardless of how many women suffer or even die from illegal and therefore dangerous abortions.

It shows that states until today claim fertility of their population a state issue and consequently are ready to employ military and police to enforce their goal.

See more at: [www.womenonwaves.org/en/page/6686/abortion-ship-in-guatemala](http://www.womenonwaves.org/en/page/6686/abortion-ship-in-guatemala)

*Every year about 21 600 women are hospitalised and 660 women die from complications of unsafe abortion. These deaths would be totally preventable by legalizing abortion.*

## The 9th annual Scottish Abortion Care Providers Conference

The 9th annual Scottish Abortion Care Providers Conference took place in Edinburgh on 27 January with over 120 delegates (doctors, nurses, policy makers, counsellors). It was a fantastic conference as always; like a mini FIAPAC. Indeed key speakers included FIAPAC board members from France, Portugal, and US. Topics covered included new developments in medical abortion, experiences of women from Ireland and N Ireland, impact of legalisation of abortion in Portugal and novel ways to improve information about abortion for women. Delegates evaluation of the conference included 'feeling inspired' and in 'solidarity with colleagues in France and Portugal'. However delegates also expressed being 'shocked' and 'appalled' at the lack of reproductive rights for women in Ireland and Northern Ireland. SACP have expressed their resolve to support women and colleagues caring for women seeking abortion from these neighbouring countries.

Sharon Cameron, FIAPAC President (UK)

## 50th UK Anniversary - Abortion Conference

5th July 2017, Birmingham, UK

The Abortion Act 1967 is an Act of the Parliament legalising abortions by registered practitioners. It was introduced by David Steel as a Private Member's Bill. With the appointment of the President of the Royal College of Obstetricians and Gynaecologists, Sir John Peel, the medical advisory committee passed the bill under a free vote on 27 October 1967, but it was not effective until 27 April 1968. The Act made abortion legal in England, Scotland, Wales but not Northern Ireland up to 28 weeks' gestation. In 1990, the law was amended by the Human Fertilisation and Embryology Act so that abortion was no longer legal after 24 weeks (other than in exceptional circumstances). In May 2008, a parliamentary debate on the 24-week limit did not reduce it down to either 22 or 20 weeks. In 2014, there were just under 185,000 abortions in England and Wales. 98% of abortions were funded by the NHS. Of these, two thirds (67%) took place in the independent sector under NHS contract. 92% were performed under 12 weeks' gestation, of which 51% were medical abortions; and Dilatation and Evacuation (D&E) only in about 4% of over 15 weeks' gestation. The conference will celebrate the 50 years since the enactment of the Abortion Act. There will be presentations of abortion care from local, national and European perspectives and the future of abortion care from the development of complex services. The afternoon will be dedicated to training workshops to cover relevant aspects in abortion care.

Venue: Botanical Gardens, Terrace Suite, Westbourne Road, Edgbaston, Birmingham B15 3TR

Programme and registration information: [mymds.bham.ac.uk/mast/top.asp](http://mymds.bham.ac.uk/mast/top.asp)

Janesh Gupta, United Kingdom



## Abortion Act 1967 Conference: A Promise Fulfilled?

24– 25 October 2017 at the Royal College of Obstetricians and Gynaecologists in London. For more information, please see:

[www.bristol.ac.uk/law/abortion-act-conference](http://www.bristol.ac.uk/law/abortion-act-conference)

More detailed information on page 9

## 13th FIAPAC Conference

**NEW dates: 14 to 15 September 2018**

Nantes, France

Dear Colleagues,

Nantes, capital of the region Pays de la Loire, and France are particularly happy to host the FIAPAC Conference in 2018.

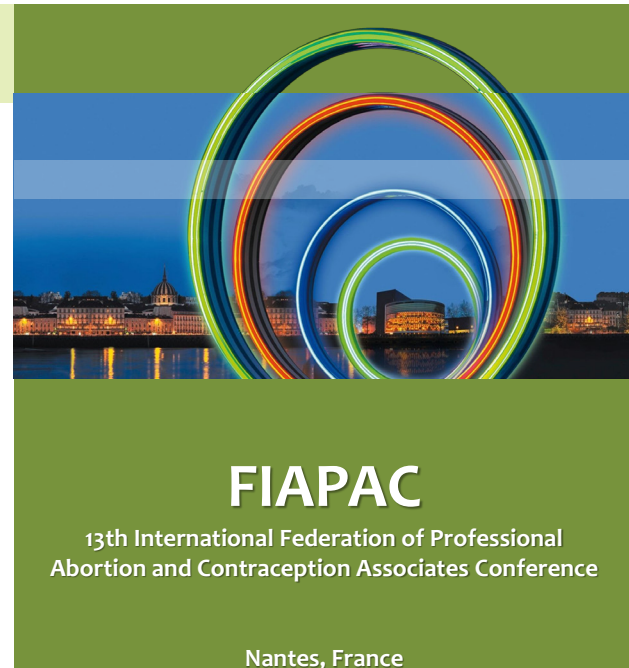
A little more than 40 years after the adoption of the Veil law, the care provision of abortion and contraception is being modified by new organisations of the concerned departments, as well as the evolution of techniques and thoughts. It is a good thing to have in France all this questions re-explored and discussed, with a positive support from professionals. Indeed, this event is warmly supported by the National Association of Abortion and Contraception Centers ANCIC, and the National College of Gynecologists and Obstetrics – CNOGF and will certainly also be supported and promoted by the Réseau Sécurité Naissance.

The way of taking care of abortion and contraception has no universal model. We all grow and better ourselves thanks to our exchanges with the others. This melting pot, the FIAPAC conference, will therefore be fertile to improve the abortion and contraception care, to increase professional reflexions, with an ethic view of woman health, control of her reproductive life and sexuality. The Scientific Committee will meet in June to prepare the programme. We will keep you updated!

Looking forward to welcoming you in France!

Best regards,

Philippe DAVID  
FIAPAC Board Member  
Hosting Organizer



# Events

# Increasing access to abortion – provider perspectives from different settings

*Thesis for PhD degree by Susanne Sjöström.  
Karolinska Institutet, Stockholm, Sweden.  
Main Supervisor: Kristina Gemzell-Danielsson.  
Co-supervisors Birgitta Essén and Marie Klingberg-Allvin.*

The extent to which education and knowledge influence the willingness of potential caregivers to perform safe abortions was stressed in a thesis recently defended at Karolinska Institutet in which factors that influence the availability of caregivers for safe abortions in different settings was studied. It was also shown that abortion care given by non-physicians is more cost-effective and that such care is equally acceptable to women as care provided by physicians.

That the availability of caregivers performing abortions is determined by their medical knowledge and willingness to provide safe abortion care was exemplified in two studies conducted among medical students in India, where abortion-related maternal mortality rates remain high despite legal abortion on wide grounds since 1971. Even though the majority of medical students recognised that unsafe abortions are a huge problem in India, many claimed to be worried about reprisals and said that they were afraid to perform the procedure in their future practice<sup>1, 2</sup>.

The WHO recommends that non-physician providers can be trained to perform abortions which can increase the number of abortion providers and thus reduce unsafe abortion and maternal morbidity and death. A Cost-Effectiveness Analysis based on a previous study from a university hospital in Sweden showed that abortion care given by midwives is not only as safe but also cheaper than when provided by doctors. This evidence further strengthens the WHO recommendation to task-shift abortion care services to other trained health care staff than physicians<sup>3</sup>.

A systematic overview of randomised studies of abortion care showed that women find medical

abortions and treatments for incomplete abortions administered by nurses and midwives to be equally acceptable as when administered by doctors. This evidence is particularly important for decision makers determining who can provide abortions<sup>4</sup>.

The overall finding of this thesis stress the importance of continuing to educate develop and advocate the field of sexual and reproductive health and rights in order to ensure and increase access to safe abortion care.

The research was financed with grants from the Swedish Research Council, FORTE and SIDA and through the ALF agreement between Karolinska Institutet and Stockholm County Council.

Increasing access to abortion – perspectives on provider availability from different settings. Susanne Sjöström, Karolinska Institutet (2016), ISBN: 978-91-7676-363-6. The thesis had its public defence on 20 January 2017.

1. Sjöström S, Essen B, Syden F, Gemzell-Danielsson K, Klingberg-Allvin M. Medical students' attitudes and perceptions on abortion: a cross-sectional survey among medical interns in Maharashtra, India. *Contraception*. 2014 Jul;90(1):42-6.
2. Sjöström S, Essen B, Gemzell-Danielsson K, Klingberg-Allvin M. Medical students are afraid to include abortion in their future practices: in-depth interviews in Maharashtra, India. *BMC medical education*. 2016;16(1):8.
3. Sjöström S, Kopp Kallner H, Simeonova E, Mades-tam A, Gemzell-Danielsson K. Medical Abortion Provided by Nurse-Midwives or Physicians in a High Resource Setting: A Cost-Effectiveness Analysis. *PloS one*. 2016;11(6):e0158645.
4. Sjöström S, Dragoman M, Fønhus M S, Ganatra B, Gemzell-Danielsson K. Effectiveness, safety and acceptability of non-physician provision of first trimester medical termination of pregnancy: a systematic review. Submitted *BJOG*

Link to the thesis: [https://openarchive.ki.se/xmlui/bitstream/handle/10616/45377/Thesis\\_Susanne\\_Sj%C3%B6str%C3%B6m.pdf?sequence=4&isAllowed=y](https://openarchive.ki.se/xmlui/bitstream/handle/10616/45377/Thesis_Susanne_Sj%C3%B6str%C3%B6m.pdf?sequence=4&isAllowed=y)