

The FIAPAC Newsletter, January 2017

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Editorial.

Dear members

The new FIAPAC board (see below for details) has been busy reviewing the feedback from the Lisbon conference and planning our next conference for 2018 in Nantes. We are pleased to say that the feedback from Lisbon was extremely positive and confirms its great success. We will use the feedback to make small refinements to our programme for the next one.

We are keen that members send us suggestions for topics for the next conference: simply email admin@fiapac.org with your [suggestions by the end of June 2017](#).

We are also pleased with this year, there will be a FIAPAC seminar in Bulgaria. This will be a one-day meeting held in Sofia on 1 April. This will be aimed at providers from Bulgaria and surrounding countries. Further details about the program and registration for this meeting will follow in due course from our new vice president Dr. Dimatar Cvetkov.

I would also like to remind members that subscriptions for 2017 are now due and that it is now possible to take a subscription for two years (with a small cost saving).

[Wishing you a fantastic 2017!](#)

Best wishes, Sharon

Sharon Cameron
FIAPAC President

New Executive Committee



From left to right, from top to bottom:

President: S. Cameron (UK) - Vice-President: I. Sääv (Sweden)
Vice-President: D. Cvetkov (Bulgaria) - Honorary President: E. Aubény (France)
Secretary General: N. Martens (Belgium) - Assistant Secretary: A. Furedi (UK)
Treasurer: C. Fiala (Austria) - Assistant Treasurer: K. Gemzell Danielsson (Sweden)

MEMBERSHIP 2017

Join FIAPAC or renew your 2017 membership!

- We welcome all professionals working in the field of family planning and/or abortion.
- Membership is on a calendar year basis (from 1 January to 31 December).
- The annual fee 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: fiapac.org/en/home/membership

New Board 2016 - 2020



Deborah Bateson



Anne Verougstraete



Martine Hatchuel

Australia	Deborah Bateson (new)
Austria	Christian Fiala
Belgium	Nausikaä Martens (re-elected)
Belgium	Anne Verougstraete (new)
Bulgaria	Dimitar Cvetkov
Finland	Oskari Heikinheimo
France	Philippe David (re-elected)
France	Martine Hatchuel (new)
France	Elisabeth Aubény (Honorary President)
Germany	Gabriele Halder
Italy	Mirella Parachini
Luxemburg	Catherine Chéry
Portugal	Teresa Bombas
Slovenia	Andreja Stolfa Gruntar
Spain	Alberto Stolzenburg
Sweden	Ingrid Sääv
Sweden	Kristina Gemzell Danielsson (re-elected)
Switzerland	Choon-Kang Walther (new)
Netherlands	Mirjam Denteneer
Netherlands	Raïna Brethouwer (re-elected)
UK	Sharon Cameron
UK	Ann Furedi
USA	James Trussell



Award winners Lisbon Conference

Free communication award

Evaluation of two low sensitivity urine pregnancy tests (1000 IU) used for self assessment following early medical abortion

Sarah Millar, Sharon Cameron
Chalmers Centre, Edinburgh, UK

Presentation: www.fiapac.org/media/docs/Millar-LSUP_Sarah_Millar.pdf

Poster award

Young women's reproductive agency in Uganda – A qualitative study exploring experiences of unsafe abortion

Amanda Cleeve¹, Gorette Nalwadda³, Marie Klingberg-Allvin^{1,2}, Elisabeth Faxelid¹

¹Karolinska Institutet, Stockholm, Sweden, ²Dalarna University, Falun, Sweden,

³Makerere University, Kampala, Uganda

Background: Sexual and reproductive health and rights (SRHR) includes the right to make informed decisions regarding one's sexual and reproductive health, free of coercion, discrimination and violence. Stigma, poverty, social norms and gender power relations make young women in Uganda vulnerable to unintended pregnancy and unsafe abortions. Few studies have explored reproductive agency in relation to unsafe abortion in Africa, in which women's voices, with abortion experiences, are heard.

Aim: This study aimed to explore reproductive agency in relation to unsafe abortion among young women in Uganda.

Methods: In-depth interviews were conducted with young women seeking postabortion care due to complications from unsafe abortions. Connel's Relational Gender Theory inspired interpretation of the findings.

Findings: Negotiating reproductive autonomy meant navigating within gender relations, between stigma, social norms and expectations, risk, and consequences of unintended pregnancy and abortion. Abortion was a means to regain control over both body and future, while secrecy was an important tactic that facilitated agency. Maintaining secrecy was crucial but ultimately heightened health risks. The abortion experience seemed to shape future contraceptive intentions yet few were provided with the means to protect future unintended pregnancy.

Conclusions and implications: Reproductive agency among young women in Uganda was constrained by power imbalances within gender relations and driven by desire for education and a wish to conform to social norms, avoiding stigma. This study elucidates the necessity of safe abortion care access in Uganda. Efforts that strengthen young women's reproductive agency, that target gender inequality and stigma in Uganda, are urgently needed.

Bloemenhove award for multidisciplinary approach

How women perceive abortion care: A study focusing on healthy women and those with mental and posttraumatic stress

Inger Wallin Lundell^{1,2}, Susanne Georgsson^{1,3}, Inger Sundström Poromaa², Ulf Högberg², Gunilla Sydsjö⁴, Agneta Skoog Svanberg²

¹*Sophiahemmet University, Stockholm, Sweden*, ²*Uppsala University, Uppsala, Sweden*, ³*Karolinska Institutet, Stockholm, Sweden*, ⁴*Linköping University, Linköping, Sweden*

Background: Women generally rate their overall satisfaction with abortion care as high. However, when women are dissatisfied it is often related to multiple factors including patient-related aspects such as pain experiences, expectations of care and sociodemographics. How mental stress among women requesting induced abortion affects their perception of abortion care is insufficiently explored.

Objectives: To identify perceived deficiencies in quality of abortion care among healthy women and those with mental stress.

Method: This was a multi-centre cohort study including six obstetrics and gynaecology departments in Sweden. Questionnaires with validated instruments were used for self-assessment of posttraumatic stress (PTSD) and posttraumatic symptoms (PTSS), symptoms of anxiety and depression as well as evaluation of abortion care. Pain during medical abortion was assessed in a subsample using a visual analogue scale.

Results: Overall, 16% of the 708 participants assessed the abortion care as being deficient, and 22% in the subsample (n=128) experienced intense pain during medical abortion. Childless, primigravid, and young women were more likely to assess the overall experience of abortion care as deficient, as well as women with PTSD/PTSS. The latter group differed from healthy women in reports of deficiencies in support, respectful treatment, opportunities for privacy and rest, and possibilities for support from a significant person during the procedure. There was a marginally significant difference ($p=0,053$) between women with PTSD/PTSS and the healthy group regarding insufficient alleviation of pain.

Conclusion: Childless, primigravid and young women assessed the overall abortion care as deficient to a higher extent than other participants. Compared to healthy women, women with PTSD/PTSS perceived abortion care to be deficient. These findings indicate that in order to improve abortion care, these women require extra support and basic assistance in the alleviation of pain, encouraging support from specific persons and finally privacy during the abortion procedure.



Our Positive Journey Towards Abortion Rights

*FIAPAC presentation, Lisbon Portugal, October 15, 2016
By Joyce Arthur, Congress Rapporteur*

It's been an amazing experience, and a pleasure and a privilege to be here. It was an honour to be invited to be the Congress Rapporteur and I want to thank the organizers, Teresa Bombas and her colleagues, and the board of FIAPAC. It's always exciting and stimulating to see old friends, meet new ones, meet colleagues who we only knew from email, and people we admire but only knew by reputation before, or from reading their publications. There's a wonderful diversity of people from all over the world here. About 660 people from 50 countries, many from Asia and Africa and other countries outside Europe. Also a strong contingent of youth, and many young women.

Learning about practices and experiences from other countries is so fascinating and often eye-opening. I was amazed and awed by the story of Dr. John Nyamu of Kenya, who went to jail for a year on trumped up charges. His courage is an inspiration to all of us, and brings home the urgency of our task – to decriminalize abortion everywhere, but also to greatly reduce stigma. Only then will providers and women be safe.

The theme of this conference was Improving women's journeys through abortion. I found this inspiring. And meaningful at various levels because there's other journeys we can talk about. The journey of criminalization to decriminalization. The journey from unsafe abortion using crude instruments to women's DIY medical abortion. The journey from heavy social stigma to growing public acceptance of abortion rights. The journey to improved medical practices and better technologies. We touched on all of these journeys at this conference.

At the decrim session on Thursday, where we talked about the challenges of reforming or repealing restrictive abortion law, Marge Berer of the International Campaign for the Right to Safe Abortion said: "I'd say we're going forward but we're going forward so slowly it's almost unbelievable". Yet there is progress, even if it's slow and piecemeal. We were all inspired by the massive Black Protests in Poland. There's still a bad law in Poland and the battle is far from over, and there's so much other unfinished work around the world.

But make no mistake – Women. Are. Powerful. Campaigning and protesting and marching do make an important difference, and send the message to governments that they can't just take women's rights away. Women fight back because we understand the fundamental importance of reproductive rights to our lives. As Clare Murphy of Bpas said: "Abortion is a linchpin for all women's issues. Without the ability to control fertility, little else is possible."

As the conference progressed, I looked for those **themes of positive improvement**, and I saw a wealth of hope and progress. I'd like to run through a few examples I heard about:

- Medical abortion – it's transforming abortion care by putting safe abortion into the hands of women, especially in developing countries. Thank you to André Uhlmann and Roussel Uclaf for getting it all started 30 years ago, and thank you to Rebecca Gomperts for starting the safe do-it-yourself revolution. Sally Sheldon, a law professor from the UK, said it best: "Women on Web is a "lovely middle finger to governments that criminalize."
- In just 8 years' time, the public perception of Women on Web has gone from "risky" to accepted and safe. The concept has been proven, and new groups like Women Help Women and Safe 2 Choose have also formed to support women and deliver mifepristone, and they're experiencing rapid growth.
- There's many advancements in medical and information technologies, too many to mention, but one example is the growth of safe abortion hotlines in more and more countries. Another example is websites, such as those that Deborah Constant of S. Africa told us about, to help women self-determine their suitability for a medical abortion, with info about the process and automated follow-up assistance by text message.
- There were calls for assistance in several sessions. Countries like Kenya and other low-resource countries need doctors, funds, and evidence from other countries to help in their court cases or law reform. WoW needs doctors to prescribe mifepristone. It shows that this conference is a valuable opportunity to find help, and brainstorm ways to solve challenges in other countries.

- Gilda Sedgh of the Guttmacher Institute told us that we now have improved methodology for estimating abortion rates. Even better, we find that abortion rates continue to decline in all sub-regions of the developed world. Even where laws are restrictive, many women who need abortion can obtain it. Not always safely, but the MM rate due to unsafe abortion is down to 22,000 deaths a year. This is partly due to refined estimates by the World Health Organization, but it seems highly likely that we've seen a significant reduction in MM from unsafe abortion, with the use of mifepristone and misoprostol playing a large role.
- The safe abortion guidelines from the WHO are being taken up by more and more countries and governments, and are becoming increasingly institutionalized. And there's growing recognition by countries that mife and miso are essential drugs.
- The WHO's new tool comparing their safe abortion guidelines with country guidelines holds great promise. It's what countries need to push for positive changes, gives them a benchmark to show what other countries are doing. It allows WHO to hold countries more accountable, as it can monitor the implementation of its guidelines. I think this tool will also make it harder for countries to argue against abortion. By normalizing and professionalizing abortion care, the implementation of the guidelines weakens anti-abortion influence.
- Anibal Faundes told us about progress on FIGO's 2008 initiative on prevention of unsafe abortion, with 47 countries trying to reduce unsafe abortion and improve standards of care. He called it timid progress, but it's a great contrast with previous decades of stagnation.
- In 2014, abortion was fully decriminalized in Luxemburg, and abortion is fully covered by gov't insurance.

“By normalizing and professionalizing abortion care, the implementation of the guidelines weakens anti-abortion influence”

- In France, more restrictions on abortion have been removed. Abortion is fully funded, midwives can do abortions, 7-day waiting period removed, and women no longer have to be in distress to get abortions. There's more trust in both women and doctors.
- An initiative called Leading Safe Choices is being implemented in Africa by the Royal College of Obstetricians and Gynecologists. We heard about examples of training programs for providers in Tanzania and South Africa, aimed at strengthening their competence and raising their professional standing.
- ESAR is a group of lawyers in Latin America that provide advice, training, and technical assistance to providers in the region since 2006. In the countries they work in, investigations of doctors have become infrequent, and prosecutions and jail sentences are now rare.
 - Task sharing among midlevel providers is a growing phenomenon, with the expansion of abortion provision to midwives and other HCPs besides doctors. As Helena Kopp Kallner told us, this is very safe, with no significant difference in outcomes.
 - There's important innovations in medical education, and the video lectures, and the fellowships that Uta Landy and Jody Steinauer just presented about, are working to ensure the future of abortion provision and continually improve it.
- Now, the United States had a bad year in many ways, in terms of anti-choice persecution and violence, but Vicki Saporta told us about the outpouring of public support. The clinics are very determined to stay open, and there was an important victory in the Whole Women's Health case, with restrictive laws in Texas struck down by the Supreme Court. And Trump is gonna lose!



One of the things I always enjoy at conferences is the Q&A sessions after the talks, which often lead to some debate or disagreement. These debates are healthy, it would be boring if everyone thought the same way, and it would be impossible to make progress. I think consensus can generally be reached on important issues, but sometimes we have to agree to disagree. However, I must take this opportunity to remind everyone here that, as far as my talk right now is concerned, conscientious objection is prohibited.

This venue is very nice, but what truly makes a conference is the people. I think abortion providers and advocates are a very special kind of people. This might be one of the few fields in medicine that attracts significant numbers of non-health professionals to its conferences. We have advocates and activists, researchers, lawyers, NGO staff, health administrators and so on. There's a strong feminist vibe here too, which is rare at medical conferences. I love the environment, and I love the mix. It's a blend that works! Usually, the political and the clinical are quite separate streams, but at this conference, the lines are blurred, and that's a good thing. As Mette Løkeland of Norway told me, FIAPAC is one of the best and most important conferences for people involved in abortion provision and public health. And it's a lot of fun! Much better than an epidemiology conference, she said. There's a remarkable sense of community here at FIAPAC. It feels like we're such a close-knit community, one that sticks together and supports each other over the long-term. As we saw last night at the Gala dinner, **many of the original founding members are here** and still very active. These are strong relationships that go back many years.

The abortion provision community is not that big really, so that's one reason we can get to know each other and build that rapport and enjoy productive working relationships. But it's also out of necessity. In an often hostile climate, we need to work together, stand together, and act in solidarity to achieve our common goals – which are to ensure women's health and safety, in a way that gives them control over their fertility and maximizes their autonomy, their self-determination. This applies to our contraception professionals too, of course. Contraception is far less controversial in our world, compared to abortion, but much of our opposition wants to limit birth control as well. Sally Sheldon of the UK mentioned some new contraceptive technologies that work during or after implantation. They blur the line between abortion and contraception. I agree with the view that we shouldn't try so hard to separate abortion from contraception – sure, it has seemed necessary as a political strategy to improve contraception access. But abortion and birth control are on a continuum, it's all about controlling fertility, and abortion IS a method of birth control.

Now, I'm not a health professional, I'm an activist, so I must admit I didn't attend the purely medical sessions, I only heard about a few of the new studies, and I didn't have much time to look at the scientific posters. But I have so much admiration for all of you who do the hard work of carrying out studies, writing them up and publishing and presenting them. There's many powerhouse researchers here. Just to name a few I really admire: Kristina Gemzell Danielson, Gilda Sedgh, Christian Fiala, Jody Steinauer, Bela Ganatra, Sharon Cameron, and so many more. I apologize to those I've failed to mention.

*‘Research is an act of
global solidarity with
women and providers,
because it promotes
best practices everywhere’*

I want to talk about the incredible value of all your research on contraception and abortion, especially abortion, from an activist’s perspective. In a criminalized environment, research is very difficult, usually impossible. When abortion was much more widely criminalized than today, technology and practice was stagnant, it couldn’t grow and improve. It’s only by your steady and ongoing research work, that we see continual improvements in abortion care. Every year that goes by, more and more women’s lives are being improved and saved through the cumulative research that you do.

Research in a legalized environment allows us to collect data, make measurements and comparisons, and respond to the needs and interests of women. All of that allows us to improve abortion care even more. As the field of research grows, as our networks increase, as more and more providers around the world get connected to each other, those best practices get exported around the world – even to countries with restrictive laws. The research and the best practices allow providers and advocates in criminalized countries to make abortion safer, improve post-abortion care, and advocate better – whether it’s for their patients, for law reform, for guidelines, or for greater accountability from their governments. So research is an act of global solidarity with women and providers, because it promotes best practices everywhere. The high resource countries and organizations are able to help the low-resource ones. Even here in Portugal, Lisa Ferreira Vicente told us that although Portugal lags behind the rest of Europe in law reform efforts and access to abortion, it benefits from the advances and studies in the rest of Europe to help it move forward.

It’s becoming harder and harder for governments to justify harsh laws that do nothing to reduce abortion rates and only kill and injure women.

The religious leaders and anti-choice opposition are sounding less and less credible when they fight against law reform, because it sounds like they don’t care about women dying from unsafe abortion. What will eventually defeat our opponents – in addition to the power of women – is the established best medical practices, the research, the evidence that decriminalization saves women’s lives and health. It will be another historic example of science triumphing over religious superstition. And an example of the power of a human rights-based approach, one that is bringing equality and respect to women, against the forces of oppression.

So thank you for this wonderful meeting, and all of your work that continues to expand knowledge in the field of reproductive health, to improve women’s health, to make abortion easier to access, and a more comfortable process to go through. Thank you for helping women control their fertility with the safest and most reliable forms of contraception. For those of you who are health professionals, you are so much more than that. You are dedicated to women’s right to self-determination. Whether you’re in the health-care field or not, all of you are amazing people dedicated to a cause that too much of society still thinks is controversial. It can be difficult dealing with the opposition, the hatred, the lies, the misinformation, the persecution, the violence, the politicians who pass laws against what you do. Yet here you are. I’m proud of your commitment to improve women’s health and save their lives, and of your solidarity with women and our movements to fight restrictive laws. Thank you for being here.



"Improving women's journeys through abortion"

13.-15. October 2016,
Lisbon, Portugal

Report Lisbon Conference

13-15 October 2016

Dear colleagues, dear friends,

It was an honor for Portugal and for the Portuguese Society of Contraception to host the 12th FIAPAC Conference (13 to 15 October 2016) 'Improving women's journeys through abortion'.

Portugal was one of the last European's countries where abortion was legalized and an example where legalization has led to a decrease in mortality and morbidity related with unsafe abortion together with improved uptake of effective contraception. Portugal has caught up fast with the European standard of care and currently abortions are performed in almost all hospitals and are paid for by social security.

618 professionals from 52 countries discussed law, human rights, the latest procedures and methods, safety, psychological impact, contraception counselling and much more. 155 free communications and posters have been submitted.

We hope that participants enjoyed the Conference and we are looking forward to meet you again in **Nantes (France) in October 2018.**

Thank you once more for being with us in Lisbon!

Teresa Bombas
Hosting Organizer



FIAPAC

13th International Federation of Professional
Abortion and Contraception Associates Conference

Nantes, France
October 05 - 06, 2018

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

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