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# ABORTION

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## Legislation in Europe

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Updated January 2012

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## Notes

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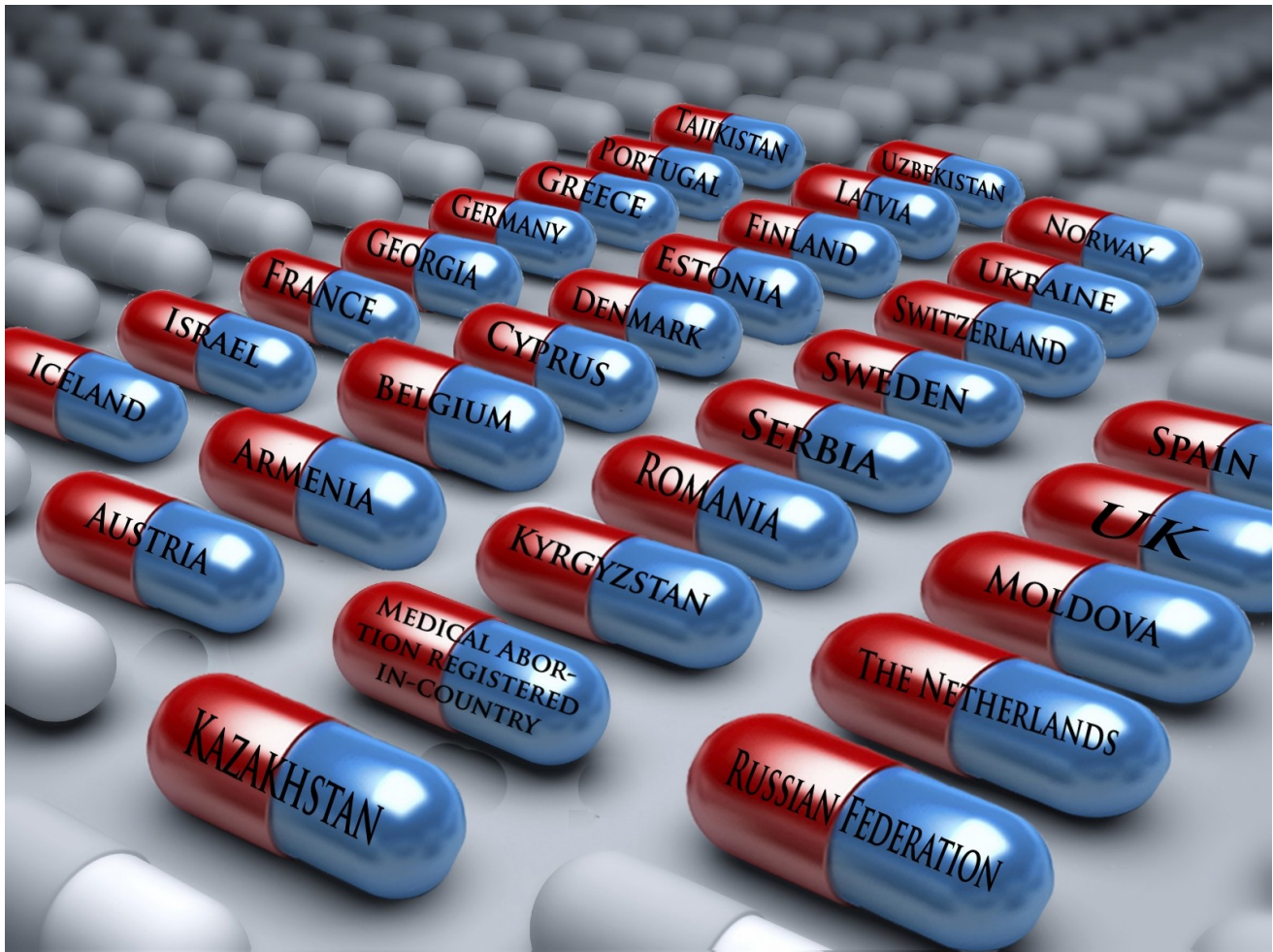
- 1) The document is the ninth edition. The previous one was compiled in January 2009. It has been updated following information received from IPPF European Network Member Associations (MAS)
- 2) This publication covers those countries in which IPPF European Network member association are situated. Information is included on the legislation of the following 41 countries: Albania, Armenia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Macedonia, Moldova, the Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Republic of Serbia, Slovak Republic, Spain, Sweden, Switzerland, Tajikistan, Turkey, Ukraine, United Kingdom, Uzbekistan. When we mention Europe or European Region in this publication we are taking into account only these 41 countries.
- 3) The exchange rate for the conversion into US\$ was calculated at the time of the revision.
- 4) For comparison of the cost we added the GNI per capita, PPP Data from 2010 as provided by the World Bank. This is the average national income (sum of value added by all resident produces plus net receipts of primary income from abroad. In addition we added the average monthly income, which was calculated by dividing the GNI per capita PPP by 12.
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## Acknowledgements

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IPPF European Network would like to thank all its Member Associations for their important contributions to this update.

**Figure 1: Countries in which Medical Abortion is legally available**



The availability of Medical Abortion refers in this context to where the abortion protocol/legislation officially recognizes Medical abortion as one of the available abortion procedures to perform. Within the European countries where IPPF EN has a Member Association (41) there are currently 11 countries where Medical Abortion is not available: Albania, Bosnia & Herzegovina, Bulgaria, Czech Republic, Ireland, Turkey, Slovak Republic, Poland, Republic of Macedonia, Lithuania and Hungary.

## LEGISLATION

Abortion Law Nr 8045, 7 December 1995, "on the interruption of pregnancy" This law overturned an earlier law that allowed abortion only on limited grounds.

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request: when a woman considers that the pregnancy causes psychological and social problems

### Up to 22 weeks:

- For social reasons
- When the pregnancy is a result of rape or another sexual crime

### No Limit:

- Severe (incurable) malformation of the foetus
- If continuing the pregnancy and/or childbirth would put the woman's life or health at risk

## REGULATIONS/CONDITIONS

### Provider and institutional requirements

- Abortion should be performed by a physician-specialist/obstetrician-gynaecologist, and can be performed in both public and private health institutions.

### Legal counselling requirements:

- Pre- and post-abortion counselling is obligatory. The physician performing the abortion is obliged to inform women of family planning services and has to advise them about contraceptive methods.

### Waiting period:

- When a woman, after pre-abortion counselling, repeats the request for abortion, she is asked by the physician to confirm her request in writing. This confirmation should be done at least 7 days after her initial request. If the time span of 7 days would surpass the legal limits, the physician may decide to reduce the waiting period to 2 days.

### Parental consent:

- Unmarried minors up to 16 need the consent of a person exercising parental authority or legal protection. The request for an abortion however does not have to be made in their presence.

### Medical and specialist approval

- For an abortion on medical grounds (no limit) a health commission consisting of three physicians has to decide on the procedure decides, after examination and consultation.
- For abortions on social grounds (up to 22<sup>nd</sup> week) women need the approval of a commission of three specialists (physician, social worker and lawyer).

## METHODS

Abortion methods available in country are:

- Vacuum aspiration (electric or manual)
- Dilatation and Curettage
- Induction with Misoprostol (Prostaglandin analogues)
- For third trimester abortions the method used to be a small caesarean incision but this has been replaced by medical induction of labour.

Medical abortion was introduced in Albania through a pilot project implemented in the Tirana Maternity Hospitals. Although many Ob/GYNs use RU486 (Mifepristone) to provide medical abortion, it is not legalized. In the Albanian Approved List of Drugs, RU486 is not included. Actually there is no amendment or law approved on medical abortion.

**COST**

A total of LEK3.600 (33 US\$) for the abortion fee plus laboratory tests (Ultrasound 6,000 LEK (56 US\$) for women who don't have a social insurance number. Insured women with a social insurance number will receive the services free of charge.

In private clinics this sum is double.

*GNI per capita: 8,520 US\$*

*Average monthly income: 710 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

- *Although required by law, routine analyses are not regularly done before the abortion procedure.*
- *The reflection period (7 days – by law) is not respected, mostly because women are not informed about their rights. Neither the social worker nor health practitioners inform women on the legal requirements e.g. waiting period.*
- *Women pay “under the table” and give bribes to the doctors who perform the abortion.*
- *Obligatory pre- and post-abortion counselling is not always respected.*
- *Most abortions performed in private clinics are not reported and there are no standard reporting forms.*
- *There is no appropriate supervision plan in place for private or public clinics. Clinics are not supervised on a regular basis.*
- *Almost half of the private clinics do not comply with legal requirements regarding needed surface and equipment.*
- *Women do not necessarily present an identification document at the clinic.*

**COMMENTS:**

- *The 1995 law overturned the previous one whereby abortion was legally permitted only on limited grounds*

## LEGISLATION

Abortion was first legalized in 1920 and banned in 1936. Abortion was again legalized in 1955 and remained for many years the primary means of birth control.

In 2002, the National Parliament ratified "The Law on Human Reproductive Health and Reproductive rights" this law regulates abortion service provision and confirms the legal status of hormonal methods of contraception and voluntary sterilization.

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks (63<sup>rd</sup> day inclusive):

- On request

### Up to 22 weeks:

- Abortions are allowed on social grounds when there are medical indications related to woman's health and when there is risk of foetal malformation
  - Social grounds (if the husband died during woman's pregnancy; if the woman was deprived of maternal rights during pregnancy; divorce; rape)
  - Medical grounds related to the woman's health (such as tuberculosis, syphilis, HIV/AIDS, a malignant tumour, mental disorder and chronic alcoholism; underdeveloped reproductive system of teenager under-16 or decreased reproductive functions, woman age 45 and older)
  - Indications related to the foetus: intrauterine foetal death, congenital abnormality incompatible with life, repeated cases of infants born with congenital deformities/malformations or chromosomal diseases and sex-linked hereditary diseases in the family.

## REGULATIONS/CONDITIONS

### Provider and institutional requirements

- Abortions are to be performed by obstetrician-gynaecologists in the licensed departments of obstetrical and gynaecological hospitals.
- Abortion services can be provided in outpatient departments of primary, secondary and tertiary level hospitals. Primary, secondary and tertiary hospitals need to have the capacity to perform abortions in all circumstances permitted by law and to manage complications of unsafe abortion.
- In cases when abortion is risky due to the health status of the pregnant woman, e.g. if she has a severe extra-genital disease, or her condition requires special investigations, intensive observation and care which cannot be provided at the given medical facility; appropriate referrals to higher (3-rd level) medical facilities have to be available.
- Women who do not want to have an induced abortion in the medical facility servicing their residence area have the right to apply to any outpatient department of obstetrical and gynaecological facility they choose.

### Parental consent

- Women under age of 18 have to obtain consent from their parents or a lawful proxy or, if this is impossible, from a relevant medical commission. Service providers should clearly guarantee confidentiality by guaranteeing the adolescent that they will not share the information about her visit to the health centre with anyone. At the same time health workers should encourage minors to consult parents or another trusted adult about their pregnancy.

### Confidentiality

- Confidentiality is breached unless the woman explicitly approves a consultation with her spouse or parent or anyone else not essential to ensure safe and appropriate care.



**Counselling requirements**

- The main components of the abortion-related counselling include: decision-making counselling; supportive counselling and informed choice; information about the procedure; contraceptive counselling; follow-up counselling and/or referrals to other resources.
- Ultrasound examination is not mandatory for the provision of early abortion, but is recommended in the following cases: previous history of, or suspected ectopic pregnancy; suspected significant abnormality of the uterus, tubes or ovaries; obesity that may preclude accurate clinical dating; suspected multiple or molar pregnancy.
- The presence of infection in the lower reproductive tract at the time of abortion is a risk factor for post-procedural RTIs. If clinical signs indicate infection, the woman should be treated immediately with antibiotics.

**Procedural requirements**

- Pregnancy is to be confirmed and gestational age estimated based on the patient history and physical examination. Occasionally, additional tests – urine or serum HCG levels may be needed.
- The diagnostic tests, such as haemoglobin level, blood group and rhesus (Rh) typing, and screening for hepatitis, human immunodeficiency virus (HIV), and STIs, may be offered depending on individual risk factors and available resources. Women who undergo induced abortion may request a sick-leave certificate to cover the day(s) of their absence from work due to abortion-related care.

**METHODS**

Mifepristone and Misoprostol are registered and available on the Armenian market since 2007-2008. (When Medical Abortion is offered MVA should be available as back-up method)

Surgical abortion via dilatation and curettage and electrical vacuum aspiration are still most commonly used methods of pregnancy termination.

Surgical abortion later in the pregnancy is performed using a combination of suction (usually electric), curettage and specialized forceps.

**COST**

The cost of a surgical abortion up to 12 weeks of gestation varies from clinic to clinic, between 30 US\$ and 50 US\$ per procedure.

All state clinics providing abortion services charge an official fee of 30 US\$, which almost equals the minimum wage. There are also additional unofficial, illegal payments, which range from 20 US\$ to 500 US\$, depending on the gestational limit.

The cost of an abortion is higher, if it is performed with anaesthesia, or if it is illegal. Both legal and illegal costs have increased considerably in the last 10 years.

There is a state program to provide services free of charge for poor women, adolescents, refugees, HIV-positive women and survivors of rape, but most of these women can't access the program due to complex criteria and bureaucratic procedures.

The rural women have additional costs related to travel to abortion service providers.

*GNI per capita: 5,660 US\$  
Average monthly income: 471 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

- The financing mechanisms, governmental regulations and control over the implication of the Law on Human Reproductive Health and Reproductive Rights (2002) and the National Standards on Abortion are still lacking.
- The fear that confidentiality will not be maintained deters many women - particularly adolescents and unmarried women - from seeking health care services and may drive them to clandestine and dangerous providers or to self-induce abortion.

**COMMENTS:**

- Many women want to avoid legal abortion services and try to self-induce abortion at home using Cytotec (Misoprostol) based on a physician's advice or the experience of other women. Cytotec is generally used to treat ulcers and can be purchased in pharmacies without prescription.

- The focus group discussions, interviews with the community and health sector key-informants and the case-studies that were conducted in Armenia in the framework of 2011 study “In-depth analysis on Family Planning and RH Commodity Security in 7 middle income countries” indicate that in general, women and men, including young people in Armenia are trying to prevent unwanted pregnancy, rather than use abortion for fertility regulation. The following comments came out of the focus group discussions
  - Unwanted pregnancy in married women is mainly a results of contraceptive failure (over 50% of the cases) due to incorrect use of the method or use of unreliable methods.
  - In the study women and men also expressed concern about the safety of the surgical abortion performed via curettage, based on the women’s experiences.
  - The study showed that there is lack of awareness about new abortion technologies. Those people, who are informed on medical abortion, believe that it is safer than surgical.
- Interviews with the Health Sector key informants indicate that there is a tendency of increasing cases of drug-induced abortion and decreasing of the surgical abortions.
  - Many women are using self-induced medication abortions, based on advice of other women and pharmacists, but lack proper instructions and medical control. As a result, the Health Care System in Armenia is experiencing increases in the number of abortion-related complications classified as spontaneous abortions.
- The official service statistics indicate decreasing rates of induced abortion because many cases are not registered.
- Due to the difficult social and economic situation in the country people now desire to have not more than 2 children which might have an impact on the rate of sex-selective abortion, as Armenian men prefer to have at least one boy.
- In 2005, the MoH of Armenia adopted WHO Medical Eligibility Criteria and Selected Practice Recommendations on Contraceptive Use.

<b>AUSTRIA</b> <b>Österreichische Gesellschaft für Familienplanung (ÖGF)</b> <a href="mailto:buero@oegf.at">buero@oegf.at</a> <a href="http://www.oegf.at">www.oegf.at</a>
<b>LEGISLATION</b> Federal Law 23 January 1974, effective in January 1975 (Bundesgesetzblatt, No. 60, 1974)
<b>GROUND/GESTATIONAL LIMITS</b> <b>Up to three months from completed implantation:</b> <ul style="list-style-type: none"> <li>On request</li> </ul> <b>Second trimester:</b> <ul style="list-style-type: none"> <li>Serious risk to physical health of women, that cannot be averted by other means</li> <li>Risk to mental health of women, that cannot be averted by other means</li> <li>Immediate risk to life of woman, that cannot be averted by other means</li> <li>Serious foetal impairment (physical or mental)</li> <li>When the woman is a minor (under 14 years)</li> </ul>
<b>REGULATIONS/CONDITIONS</b> <b>Provider and counselling requirements</b> <ul style="list-style-type: none"> <li>Abortion must be performed by a physician after a medical consultation</li> </ul> <b>Procedural requirements</b> <ul style="list-style-type: none"> <li>In public hospitals following examinations and tests. The following tests are required: blood group and Rhesus factor test, ultrasound, HIV, hepatitis.</li> </ul> <b>Conscientious objection</b> <ul style="list-style-type: none"> <li>No physician is obliged to perform an abortion or to take part in it, except where it is necessary without delay to save the life of the pregnant woman from an acute danger which cannot otherwise be averted.</li> </ul>
<b>METHODS</b> Vacuum Aspiration is the most commonly used method. Medical abortion using Mifegyne (brand name for Mifepristone) is not very common. The regulation for Mifegyne allows the use of the drug only in hospital and clinics. There are some private clinics specialised in abortion in Vienna. They also offer medical abortion. In four provinces there are no public hospitals that provide abortions. In all provinces (except one) there are private clinics.
<b>COST</b> Induced abortion is covered by the (normal) health insurance only when the abortion is requested on medical grounds. <ul style="list-style-type: none"> <li>State hospitals: € 300 – 840 (US\$ 395-1106)</li> <li>Private abortion clinics: € 460-750 (US\$ 606-987)</li> <li>Private practitioners: € 460-750 (US\$ 606-987)</li> </ul> Social tariffs are offered in private clinics and at private practitioners'. (Beginning with € 300 (US\$ 395)) <div style="text-align: right;"> <i>GNI per capita: 39,790 US\$</i>  <i>Average monthly income: 3,315 US\$</i> </div>
<b>DISPARITY IN THE APPLICATION OF THE LAW:</b> <ul style="list-style-type: none"> <li><i>Due to conscientious objection from both medical personnel and hospital management, abortion facilities are not readily available all over the country.</i></li> <li><i>According to the law, abortion can be performed up to 3 months after completed implantation, but in practice they</i></li> </ul>

*are performed up to 12 weeks after Last Menstrual Period even though there is no legal basis for this.*

- *According to the law, general practitioners and gynaecologists can provide abortions. But the regulation for Mifegyne allows the use of the drug only in hospital and clinics. There are some private clinics specialised in abortion in Vienna. They also offer medical abortion. In four provinces there are no public hospitals that provide abortions. In all provinces (except one) there are private clinics.*
- *Women travel from West to East Austria to obtain abortion services. Between 100 and 200 women per year are going to the Netherlands to get a late second trimester abortion. After the 18th week it is virtually impossible to get an abortion in Austria.*

**COMMENTS:**

- *Although there are no statistics available, it is believed that there is no illegal abortion in Austria.*
- *Public information on the availability of abortion services is very scarce.*
- *In a public hospital, abortions are registered. Private clinics do not register abortions.*
- *Very few public hospitals are offering abortion services at a reasonable price (approximately 5 hospitals are offering abortions for less than € 300 (US\$ 395)).*
- *It is difficult for women to get an abortion especially outside of Vienna and outside of other big cities*
- *Very few doctors perform abortions in their private practice in rural areas*

## BELGIUM

### SENSOA

[info@sensoa.be](mailto:info@sensoa.be)  
[www.sensoa.be](http://www.sensoa.be)

### Fédération Laïque de Centres de Planning Familial (FLCPF)

[flcpf@planningfamilial.net](mailto:flcpf@planningfamilial.net)  
[www.planningfamilial.net](http://www.planningfamilial.net)

### LEGISLATION

Law on termination of pregnancy 3 April 1990  
National Evaluation Committee (Law of 13 August 1990)

### GROUND/GESTATIONAL LIMITS

Abortion remains forbidden (art. 348, 350, 351, 352 of the Penal Code) but is legal under certain circumstances

#### Up to 12 weeks after conception (or 14 weeks after Last Menstrual Period):

- If the pregnancy causes a 'state of distress' for the woman (the law does not define "state of distress").

#### No limit:

- 'Serious' risk to health of woman
- 'Extremely serious and incurable disease' of the foetus

### REGULATIONS/CONDITIONS

#### Provider and institutional requirements

- Can only be performed in a hospital/clinic by a doctor

#### Counselling requirements

- Consultation with a doctor
- Compulsory counselling on alternatives to abortion (adoption, continuing the pregnancy)

#### Waiting period

- Compulsory waiting period (6 days)

#### Procedural requirements

- "Unity of place": first consultation and the abortion has to take place in the same clinic/hospital

#### Parental consent

- Parental consent for minors is not mentioned in the law

#### Medical Approval

- The opinion of a 2nd doctor is requested in case of 'serious' risks to health of the woman or if the foetus is judged to be suffering from an 'extremely serious or incurable disease'

### METHODS

Medical abortion is legal in Belgium and part of the Belgian abortion legislation. There is no separate law set for Medical abortion. When Mifegyne became available on the Belgian market, a Decree (7 May 2000) was issued regulating the conditions for the use of Mifegyne. For the abortion client, this technical document does not have implications. Misoprostol is available on the market as a drug for stomach and gastric ulcers. The instruction leaflet for Cytotec (Misoprostol) does not mention abortion as an indication for its use, but mentions pregnancy as a contra-indication. Again, this does not have implications for the abortion client.

Medical abortion is allowed up to 7 weeks from Last Menstrual Period (LMP).

Vacuum Aspiration up to 14 weeks from LMP.

Fourteen per cent of all abortions in Belgium are medical abortions. This figure is relatively low because of the compulsory 6-day waiting period. Consequently, the choice between a medical and surgical abortion is only available for those women that are very early in their pregnancy and quick to decide.

## **COST**

The fee for a Medical Abortion is the same as for Vacuum Aspiration.

Since December 2001, abortion is reimbursed if performed in a private abortion clinic that has signed an agreement with the national institute for social security (INAMI/RIZIV). The contribution women have to pay is very limited (€ 3.08 or US\$ 4). This only applies to women who are regularly insured. Women without social security insurance, have to pay up to € 200 in the private abortion clinics.

Abortions performed in hospitals or one-day clinics/policlinics of hospitals are not fully reimbursed. Depending upon the setting, women have to pay:

- Hospitals (single room): € 75-225 (98-296 US\$)
- One-day clinics/policlinics: € 32-70 (42-92 US\$)

*GNI per capita: 38,290US\$*

*Average monthly income: 3,190 US\$*

## **DISPARITY IN THE APPLICATION OF THE LAW:**

In reality, abortion is available on demand of the woman up to 12 weeks after conception

## **COMMENTS:**

- *The law is quite liberally interpreted. Most abortions are performed in private abortion clinics (non-profit organizations).*
- *The law is quite cumbersome/heavy: compulsory waiting period without exceptions, compulsory counselling, compulsory unity of place, no second trimester abortions on demand of the woman, no reimbursement for second abortion treatments abroad*

## LEGISLATION

### **Federation of Bosnia-Herzegovina:**

Law of 7 October 1977 which proclaims that “it is a human right to decide on the birth of children”

### **Republika Srpska:**

Proclaimed a new Law on conditions and procedures for pregnancy termination. This Law was adopted by the Parliament of Republika Srpska in March 2008. In this Law gestational limits are the same as in the old Law (described below). New issues added in this Law are the provision of counselling and advice to women and men. In this Law, counselling before and after abortion have become obligatory

## GROUND/GESTATIONAL LIMITS

### **Up to 10 weeks of pregnancy:**

- On request

### **After 10 weeks of pregnancy:**

- Risk to life and health of woman
- Risk to physical or mental health of child to be born
- Rape or other sexual crime

### **After 20 weeks of gestation:**

- To save the life or health of a woman

## REGULATIONS/CONDITIONS

### **Institutional requirements**

- Abortions must be performed in a hospital or another authorized health-care facility

### **Parental consent**

- If the woman is a minor, consent of her parents or guardian is required
- Women above 16 years who are employed do not require parental consent for termination of pregnancy up to 10 weeks and if the termination will not directly endanger her life

### **Expert approval**

- After 10 weeks of pregnancy, special authorization by a commission, composed of a gynaecologist/obstetrician, a general physician or a specialist in internal medicine, and a social worker or psychologist is required.
- The woman can appeal to the Commission of Second Instance if the Commission of First Instance rejects her request

## METHODS

The most common method is Vacuum Aspiration followed by ultrasound to ensure there are no residues.

Medical abortion is still not introduced in the country. The drugs needed are neither registered nor available.

## COST

- Abortion in Clinical Centres costs BAM 130 (87 US\$) for all patients whether they are insured or not
- Abortion in Health Centres costs KM 100 (67 US\$) for all patients whether they are insured or not
- The cost of an abortion in private clinics ranges from KM 150-400 (101-270US\$)

*GNI per capita: 8,910US\$*  
*Average monthly income: 742 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*According to article 13, women's health services keep a special record about terminations of pregnancies. In practice, record keeping about termination of pregnancies is totally neglected. There are no data neither on State, Federal or Cantonal level. Some private clinics hide the fact that they are performing abortions. Consequently, they do not report on the abortions performed.*

**COMMENTS:**



## LEGISLATION

Decree No. 2 of 1 February 1990

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks of gestation:

- On request

### Up to 20 weeks of gestation:

- Medical grounds: when the woman suffers from an illness which during pregnancy or during delivery may endanger her health and life, as well as that of the offspring

### Up till end of pregnancy:

- Severe foetal malformation
- Risk to the life of the woman

## REGULATIONS/CONDITIONS

### Provider and Institutional requirements

- Abortions on request should be performed in specialized obstetric hospitals and clinics, as well as in the obstetric departments of general hospitals. Abortions are permitted in both state and private clinics, but not in private cabinets.
- The abortion must be performed by a OB/GYN only, applying local or general anaesthesia

### Counselling requirements

- In the majority of cases (mostly in bigger cities) doctors are obliged to give information about contraception
- Pre- and post-abortion counselling/care is desired

### Procedural Requirements

- Gynaecological/pelvic examination is required. When there is a history of one or more of the listed diseases additional laboratory tests are required. Minimum number of lab test: blood counts, blood group (RH incl.) and urine testing.

### Consent

- Women with a mental disability need the consent of their legal representatives or guardians.
- Parental consent required for those aged under 18

### Expert approval

- An abortion on medical grounds must be allowed by a special medical committee in the district or city hospitals, the obstetrical hospitals and clinics of the higher medical institutes. If the committee does not authorize an abortion their decision can be appealed within 7 days by appealing the decision with a specialized committee appointed by the Minister of Health and Social Care.

## COST

- Free of charge for under aged women (under 16 years of age), for women over 35, for all women on medical grounds and for women who are pregnant as a result of rape. For women who are officially registered as socially weak abortion services are free of charge as well.
- From BGN 150-350 (101-235 US\$) in all other cases.

*GNI per capita: 13,440US\$*  
*Average monthly income: 1,120 US\$*

**METHODS**

Most common methods are Vacuum Aspiration and Dilatation and Curettage  
Medical abortion drugs are not registered hence illegal.

**DISPARITY IN THE APPLICATION OF THE LAW:**

*There is no considerable disparity reported*

**COMMENTS:**

- *In the last ten years there is a stable decrease of the abortion rate*
- *A wide range of contraceptive methods are available in the country*
- *Distance hampers access of rural women to abortion*

<b>CYPRUS</b> <b>Family Planning Association of Cyprus (FPAC)</b> <a href="mailto:famplan@spidernet.com.cy">famplan@spidernet.com.cy</a> <a href="http://www.cyfamplan.org">www.cyfamplan.org</a>
<b>LEGISLATION</b> Criminal code of Cyprus (sections 167-169 and 169A) as amended in 1974 (Law No 59) and in 1986 (Law No 186)
<b>GROUND/GESTATIONAL LIMITS</b> Abortion is allowed on the following grounds: <ul style="list-style-type: none"> <li>• Risk to life of the pregnant woman</li> <li>• If the pregnancy would cause physical, mental or psychological damage to the woman (or to any existing child she may have) that is greater than if the pregnancy would be terminated</li> <li>• Under circumstances which, if the pregnancy were not terminated, would seriously jeopardize the social status of the pregnant woman or that of her family</li> <li>• Serious physical or psychological abnormalities if the child were born</li> <li>• Rape or other sexual crime</li> </ul> There is no gestational limit specified in the law
<b>REGULATIONS/CONDITIONS</b> <b>Approval Procedures</b> <ul style="list-style-type: none"> <li>• A certificate from the appropriate police authority supported by a medical certificate is required whenever this is possible in cases of rape or other sexual crime</li> <li>• The opinion of 2 medical practitioners is needed</li> </ul> <b>Parental consent</b> <ul style="list-style-type: none"> <li>• Private clinics usually request parental consent for under-aged young people (below 18 years of age)</li> <li>• Abortion is considered legal if performed as specified by the law.</li> <li>• There are no regulations on counselling and waiting periods.</li> </ul>
<b>METHODS</b> Dilatation and Curettage is rarely used and Vacuum Aspiration is the most common method. Abortion using Prostaglandins or Cytotec is used mostly during the second trimester and is followed by Vacuum Aspiration. Prostaglandins are registered drugs but Cytotec (Misoprostol) is not. Cytotec is imported from countries where it is registered and where the cost is low.
<b>COST</b> <ul style="list-style-type: none"> <li>• Hospital: free of charge for patients eligible to free medical care, strictly regulated by the law.</li> <li>• Private clinics: about 500-600 euro (658 – 790 US\$) the first trimester with the cost nearly doubling for the second trimester, reaching 1200 euro (1,580 US\$)</li> </ul> <p style="text-align: right;"><i>GNI per capita: 30,300 US\$</i> <i>Average monthly income: 2,525 US\$</i></p>
<b>DISPARITY IN THE APPLICATION OF THE LAW:</b> <ul style="list-style-type: none"> <li>• The majority of abortions are performed in private clinics by trained gynaecologists. The opinion of two medical practitioners is not always secured.</li> <li>• State Hospitals offer abortions strictly on physical grounds and mental grounds in case of mentally ill.</li> <li>• Due to the fact that abortion in Cyprus is legal under specific conditions, most doctors report the abortions as therapeutic terminations.</li> <li>• Parental consent is not always secured at the private clinics, especially in the cases where the young woman is around 17 years old. According to the law the age of consent for consensual sex is 17.</li> </ul>

**COMMENTS:**

- It is generally believed that there are no unsafe abortions in Cyprus.
- Although the abortion law is somewhat restrictive, it is, at the same time, permissive. Abortions take place in private clinics and are performed by trained gynaecologists. Abortions are not performed in a hospital, unless there are reasons which endanger the physical and mental health of the woman or the embryo/foetus, even though this is not stipulated in the law.
- A great majority of abortions is performed for medical reasons.
- Due to the fact that no research was ever done on abortion in Cyprus there is no data available regarding abortion in general and regarding illegal abortion rates.
- The Cyprus Family Planning Association in Nicosia offers pre-abortion counselling only. There is no data available on the number of abortions because there is no follow-up (of clients) after referral. Occasionally the MA offers post-abortion counselling.
- Health professionals, namely gynaecologists, can invoke conscientious objection, but there is no protocol or guidelines on conscientious objection. The objectors refer the clients to other professionals.
- Contraceptive methods are available at the practices of private gynaecologists and at the Cyprus Family Planning Association. State Hospitals do not offer contraceptive methods.
- The Cyprus Family Planning Association is advocating for a change of law:
  - to introduce clear gestational limits
  - to make sure that abortion services are available at the State Hospitals for the people eligible for free medical care.
  - to conduct a national survey on abortion services
  - to introduce family planning services at the State Hospitals

**CZECH REPUBLIC**  
**Společnost pro plánování rodiny a sexuální výchovu (SPRSV)**  
[planrod@centrum.cz](mailto:planrod@centrum.cz)  
[www.planovanirodiny.cz](http://www.planovanirodiny.cz)

### LEGISLATION

Law 66 and Regulation 75, 1986, effective 1 January 1987  
Regulation from Ministry of Health 467/1992

### GROUND/GESTATIONAL LIMITS

#### Up to 12 weeks since Last Menstrual Period:

- On request
- On health grounds
- When the pregnancy results from rape or another sexual crime

#### After 12 weeks:

- If the life of the woman is in danger
- Serious foetal malformation
- If the foetus is incapable of life

#### Until beginning of 24th week:

- If there are genetic grounds for the abortion

### REGULATIONS/CONDITIONS

#### Request and approval procedure

- Women have to make a written request to the gynaecologist of the health establishment serving her place of permanent residence, place of work or school.
- The physician designates the public health establishments competent to provide abortion services. At the request of the woman, another public health establishment can be designated provided it is connected with the designated establishment.
- If the gynaecologist does not consider that the conditions for an abortion are met, the woman may, within three days, submit a written request to the district OB/GYN specialist to review the decision. S/he shall review the request within two days of its submission.
- If the district specialist does not allow for the abortion, and the woman still insists, her written request will be reviewed by the regional OB/GYN specialist, whose decision is final.
- Only for Czech citizens or women with permanent residence or a residence permit. For non-residents abortions can be performed only when risk to life is involved
- Women who had an abortion within the last six months are not permitted to undergo a second abortion, unless they have delivered twice, or are at least 35 years of age, or the pregnancy was the result of a rape.

#### Parental consent

- For minors (under 16), the consent of her legal representative or guardian is needed
- If an abortion has been performed on a woman aged between 16 and 18, the health establishment shall notify her legal representative

#### Counselling requirements

- Compulsory counselling pre- and post abortion (on contraceptive methods and health consequences of abortion)

### COST

- Free of charge if a woman is insured (insurance is obligatory in the Czech Republic), except if the abortion is on request
- For an abortion on request, the price is around 5000 CZK (263 US\$).

*GNI per capita: 22,910 US\$*  
*Average monthly income: 1,909 US\$*

**METHODS**

Most common methods are:

- Mini-abortion (menstrual regulation) – up to 6 weeks
- Vacuum aspiration
- Dilatation and curettage

Medical abortion is not accessible in the Czech Republic.

**DISPARITY IN THE APPLICATION OF THE LAW**

- *No disparity: abortions are performed in gynaecological hospital departments;*
- *There is a sufficient network; therefore the services are easily accessible. Only one Catholic hospital does not allow abortion, causing major media debates*

**COMMENTS:**

- *Abortion for women without a long-term residence permit is illegal. The IPPF Member Association is advocating for these women to also have access to legal abortion.*

## LEGISLATION

Act No. 350, 13 June 1973. Amended through Law N° 389, 14 June 1995 and LBK No. 95 07/02/2008.

**FAROE ISLANDS:** Act No. 177, 23 June 1956. New bill in 1988

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request

### Second trimester:

- Risk to life of woman
- Risk of 'severe deterioration of woman's physical or mental health'
- If pregnancy, childbirth or care of the child entails a risk of deterioration of the woman's health on account of an existing or potential physical or mental illness or as a consequence of other conditions
- Danger that the child will be affected by a serious physical or mental disorder
- When the woman is incapable of giving proper care to a child due to a physical or a mental disability
- If the woman is for the time being incapable of giving proper care to a child on account of the woman's youth or immaturity
- If it can be assumed that pregnancy, childbirth or care of a child constitutes a serious burden to the woman which cannot otherwise be averted
- When pregnancy resulted from a criminal act

### FAROE ISLANDS:

#### Up to 16 weeks:

- Risk to the life of the woman
- In case of violation of sexual liberty
- Severe risk of foetal malformation

## REGULATIONS/CONDITIONS

### Request and Approval procedure

- A woman has to apply for an abortion to a physician of the community in Copenhagen or Frederiksberg or to the district. If it appears that the above-mentioned conditions for a legal abortion are present, the physician/district/community will refer the woman to a hospital.
- There are one or more committees of four people within each district (and community of Copenhagen and Frederiksberg) to authorize abortions to minors; and to women who are not in a position to understand the significance of the procedure (on account of a mental disease, deficiency or seriously weakened health condition, or other reason). These committees also authorize abortions after 12 weeks of pregnancy.
- A woman does not need authorization, even after the 12th week of pregnancy, in case of risk to her life or to her physical or mental health.
- The risk to a woman's life or to her physical or mental health should be based principally on circumstances of a medical character.

### Provider Requirements

- Abortions can only be performed by a physician in a district hospital; a hospital that is a member of the Copenhagen Hospital Association; or a clinic attached to the hospital.

### Parental consent

- Consent by the person exercising parental authority or the guardian is required for unmarried minors (under 18). Where this is justified by the circumstances, the committee may refrain from requiring the consent. Also, the committee may authorize an abortion even if the consent has been refused. The decision of the committee can be submitted to the board of appeal by the woman or the person exercising parental authority.

- Possibility of dispensation of parental consent for minors – e.g. in cases of religious minorities

**Counselling requirements**

- The woman is entitled to a counselling session before and after the abortion.

**Waiting period**

- The waiting period for abortion is 1 to 2 weeks for a hospital examination. The actual procedure will be performed a few days later.

**Conscientious objection**

- A health worker is entitled to choose not to perform abortion due to moral beliefs.

**FAROE ISLANDS:**

- Parental consent required for minors (under 18)
- In case of marriage: consent required from the husband

**COST**

None, part of the public health system

Since 2004 abortion for non-residents is allowed, but they have to pay for the abortion. Abortion for non-residents is not a part of the public health system.

**FAROE ISLANDS:**

- The woman needs to cover all costs.

*GNI per capita: 41,100 US\$  
Average monthly income: 3,425 US\$*

**METHODS**

Until the end of 8<sup>th</sup> week of gestation the woman can choose between medical or surgical abortion. She decides which method she prefers in consultation with a physician.

- Medical abortion is used until the end of 8<sup>th</sup> week.
- Surgical abortion is used until the end of 12<sup>th</sup> week.

Until 8<sup>th</sup> week most abortions are medical. However in general, approximately 40% of all the abortions are medical and approximately 60% of all the abortions are surgical.

For second trimester abortions labour is induced.

**DISPARITY IN THE APPLICATION OF THE LAW:**

**COMMENTS:**

- *Local hospitals are obliged to receive all women requesting an abortion up to the first trimester*
- *Since 2004 abortions for non-residents is allowed.*
- *There have been no major changes in the abortion legislation for many years. Though since 2004 private hospitals and clinics specialized in gynaecology and obstetrics are allowed to perform abortions.*
- *The availability of contraceptive methods is high.*
- *The abortion rate has been stable for many years. However there is a slight growth in abortions amongst teenagers. Moreover there are more abortions in urban than rural areas but the access to abortion is the same in all areas.*

**FAROE ISLANDS**

- *If a woman wants an abortion for other reasons than the above mentioned she has to make an application to The National Council for the Unmarried Mother and Her Child*



## LEGISLATION

Abortion was legalized in the Soviet Union in 1955. The Estonian Ministry of Social Affairs issued decrees in 1992 and 1993 setting new criteria and also regulating abortions performed in private clinics. The Estonian Parliament adopted the 'Termination of Pregnancy and Sterilization Act' on 25 November 1998. Last changes in Act were made in January 2009.

## GROUND/GESTATIONAL LIMITS

### Up to 11 weeks:

- On request

### Up to 21 weeks:

- Pregnancy poses a risk for the woman's health;
- Severe mental or physical foetal malformation;
- Disease or health related problem prevents a mother to care for the child;
- The pregnant woman is under 15 year old;
- The pregnant woman is over 45 year old.

## REGULATIONS/CONDITIONS

### Consent:

The pregnancy can only be terminated if a woman decides so; nobody can force or influence a woman to terminate her pregnancy.

### Parental consent

In 2009, without any consultation, a major change in the legislation regarding abortion was made. Since January 2009, adolescents (under 18 years of age), need written permission of their parents or a certificate of judgement when they want to apply for an abortion. In 2010, Estonian Sexual Health Association, together with Estonian Gynaecologist's Society and Ministry of Social Affairs, undertook several actions to restore the previous situation (permission was not needed, but counselling and informed consent were required). Letters with proposals and arguments for legislative organs, regular roundtables with third parties, political parties and representatives of Ministry of Justice etc.

### Provider requirements:

Only a gynaecologist can perform the abortion in a health care institution that has the appropriate license. Abortions due to disease of the woman or because of health related problem are performed in hospitals.

### Expert approval:

When a pregnancy is terminated on medical grounds (from 11 up to 21 weeks). Expert approval is needed from at least two gynaecologists, and a relevant specialist in the area of the health problem and/or social worker. In other cases, abortion on woman's request, the woman makes the decision together with the gynaecologist.

### Counselling and (pre-abortion) testing requirements:

Prior to the abortion the gynaecologist has to counsel the woman about the biological and medical nature of the abortion, about abortion related risks and complications. The gestational age must be confirmed, blood group and rhesus factor determined. The 'Termination of Pregnancy and Sterilization Act' states that all tests required by treatment standards must be taken – in practice, tests to exclude genital tract infections and common STIs like Chlamydia, and also HIV are taken. Counselling is in written form and should be signed by the woman and the doctor who terminates the pregnancy.

### Waiting period:

No waiting period.

**Post-abortion care**

After the abortion the woman has the right to visit the gynaecologist within two weeks after the termination without appointment.

**METHODS**

Both surgical and medical methods are available. Medical abortion is available since 2005. Medical abortion can be used up to the 63<sup>rd</sup> day of pregnancy.

According to the Estonian abortion registry, among all legally induced abortions surgical methods (vacuum aspiration, curettage) were used in 56.2 %, medical methods 43.4% and other methods (incl. small Caesarean section, used for second trimester abortions) in 0.4 % in 2010.

**COST**

Since 1994 women have to pay, except when the pregnancy is terminated on medical grounds or in case of a spontaneous abortion.

The Government pays 2/3 of the abortion if the woman is insured by the Health Insurance Fund. The woman needs to cover a 3<sup>rd</sup> of the costs incurred for the abortion herself (co-payment fee). When an abortion is needed for medical reasons the government also covers the co-payment fee, hence the procedure is free of charge for the woman.

If a woman does not have the financial means, then a social worker will try to find solution. The social worker will contact the regional health-specialist, as well as the Social- and Health Care Department that has a budget for emergency cases.

The cost of the abortion procedure is linked to the method of abortion:  
Surgical abortion costs €45 euro (59 US\$).  
Medical abortion costs €34 euro (45US\$).

*GNI per capita: 19,810 US\$  
Average monthly income: 1,650 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:****COMMENTS:**

- The Act can be found here: <https://www.riigiteataja.ee/akt/13243384>
- Estonian Sexual Health Association (ESHA) has 1 Sexual-Health Clinic, where abortion-services are not provided. As abortion is legal in Estonia and accessibility to the service is good, there is no need for the ESHA Clinic to provide abortion services.
- Lack of modern contraceptives and relevant information until the 1990s made abortion the primary method of fertility regulation in Estonia.
- During the last 20 years the rate of legally induced abortions has decreased from 69.6 per 1000 women in 1992 to 21.6 per 1000 15-49 year old women in 2010 respectively.
- The number of legally induced abortions per 100 live births was 2010: 44.5.
- In Estonia the majority of abortion clients are in the age range of 20–34 years – i.e., in the main childbearing age; 10.3% of abortion clients were under the age of 20 in 2010.
- All modern contraceptive methods (except implants) are available. The Health Insurance Fund reimburses hormonal contraceptives for 50%, except emergency contraceptive pills they are available over the counter since 2003.

## LEGISLATION

Dissatisfaction with the 1950s laws (Law of 1 June 1950) led to the enactment of the Abortion Act of 1970 (Law 239, 24 March 1970);

Law N° 564, 19 July 1978; Law N° 572, 12 July 1985; Law N° 328, 2001

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks:

- If continuation of the pregnancy or delivery would endanger the life or health of the woman on account of a disease, physical defect or weakness in the woman.
- If the delivery or taking care of the child would be a substantial burden. The burden can be of any kind.
- If a disease, mental disturbance or other comparable cause, affecting one or both parents, seriously limits their capacity to care for the child
- Risk to mental health of woman
- The pregnancy is a result of rape or another sexual crime
- If the woman is aged under 17 or above 40
- If the woman already had four children
- Risk of malformation

### Up to 20 weeks:

- Risk to physical health of woman
- If the woman is younger than 17
- or any other reason accepted by the National Board of Medico-legal Affairs

### Up to 24 weeks:

- If a major foetal malformation has been detected using reliable methods

### No Limit:

- Risk to woman's life

## REGULATIONS/CONDITIONS

### Institutional requirements:

Abortions can only be performed in hospitals that have been approved for the purpose by the National Board of Health.

### Counselling requirements:

Compulsory contraceptive counselling

### Consent requirements:

If the woman is mentally challenged and is not capable of making a valid request for the termination of pregnancy, consent is needed from the guardian or a specially appointed trustee.

### Approval/Authorization procedures:

- Authorization is needed only from the doctor performing the abortion:
  - If the woman is under 17 years
  - If the woman is over 40 years
  - If the woman has already given birth to four children

In these cases, the woman does not need to give a specific (additional) reason for the abortion

- Authorization of 2 doctors is needed (the one performing the procedure and one additional doctor):
  - If particular circumstances, pregnancy, labour and caring for a child would be a considerable burden to the woman
  - If the pregnancy is a result of rape
  - If the partner of the woman has an illness that reduces the ability to care for a child
  - If continuing the pregnancy would endanger the physical health or life of the woman
- Authorization of the National Board of Medico-legal Affairs required for second trimester abortions
  - For abortions between 12 and 20 weeks of gestation

#### **METHODS**

In 2010, most abortions were performed using Medical Abortion. 85.5% of all abortions before the 12th week of gestation were induced by drugs and 78.6% regardless of gestation were medically induced abortions.

There is no particular legislation regarding medical abortion. The client only pays for the outpatient hospital visit, and gets the medication for free. The prostaglandin medication is taken at the first outpatient visit and Mifepristone the next day either at home or during a second outpatient visit, depending on local practice and the situation of the client.

#### **COST**

Abortion is free of charge under the national health insurance but women have to pay hospital fees of € 66-112 (US \$ 87-148).

*GNI per capita: 37,070 US\$  
Average monthly income: 3,089 US\$*

#### ***DISPARITY IN THE APPLICATION OF THE LAW:***

*The law has come to be interpreted freely, and in practice a woman can get an abortion if she so wishes.*

#### ***COMMENTS:***

- *The implementation of this law is regarded as highly effective and illegal abortion is rare*
- *State hospital provision for abortion is supplemented by out-patient procedures*

## LEGISLATION

Law No 588, 2001

Since 2009 (decree n° 2009-516, May 2009 and circular n° 09-304, October 2009), medical abortion can be performed up to 5 weeks of pregnancy in family planning centres and health centres.

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks

- If the woman judges to be in a 'state of distress' because of her pregnancy.

### No limit:

- If continuation of pregnancy poses a serious risk to the health of the woman
- If a strong probability exists that the expected child will suffer from a particularly severe illness recognized as incurable

## REGULATIONS/CONDITIONS

### Request/Approval procedure and waiting period:

- The woman must consult a doctor and minors are also required to seek advice from a social worker.
- There is a waiting period of one-week between the initial request and after a week the woman needs to renew her request in writing. If the one-week waiting period causes the pregnancy to exceed the 12-week period, the doctor may accept the renewed request as early as two days after the initial request.
- For a second trimester abortion, 2 doctors (one OB/GYN and one doctor chosen by the woman) and a psychologist or social worker are required to review the request for abortion.

### Parental Consent:

Although minors need to obtain the consent of their parents or their guardian, they can obtain an exemption if they want to keep it a secret. In this case, the minor needs to be accompanied by an adult of her choice.

### Counselling requirements:

Post abortion counselling on contraceptives should be proposed to minors.

### Conscientious objection:

- Conscientious objection provision permits professionals to decline involvement in procedures, but they are required to inform the patient without delay (during the first appointment at the latest) and provide referral.
- Each public hospital medical consultant must accept the provision of the voluntary interruption of pregnancy (VIP), if this has been decided by the board of governors, in order to comply with the mission of the public health services. S/He is entitled to refuse to practice it; but cannot oppose colleagues who do so.

## METHODS

Medical abortion represents almost 50% of all performed abortions.

The following drugs are registered for medical abortion: Mifegyne 200 mg and Gymisa.

Medical Abortions can be performed in private practices, health centres and family planning centres up to 5 weeks of gestation and up to 7 weeks of gestation when they are provided in hospitals. Since 2004 Medical Abortions can be performed outside of hospitals (decree n°796, May 2002 and n° 636, July 2004). Doctors in private practice who want to perform medical abortion must have an agreement with a health institute authorized to practice abortion. Since 2009 (decree n° 2009-516, May 2009 and circular n° 09-304, October 2009), medical abortion can be performed up to 5 weeks of pregnancy in family planning centres and health centres.

**COST**

- The price ranges from € 190-383 (250 - 505 US\$)
- A medical abortion (RU-486/Mifepristone) costs € 257 (340 US\$) in hospital and € 191 (252 US\$) outside hospital (they are reimbursed for 70 % of the price)
- Private insurances can cover the difference
- Women are reimbursed for 80% of the price. Women under 18 or women living in conditions of poverty can receive full reimbursement

*GNI per capita: 34,070 US\$  
Average monthly income: 2,896 US\$*

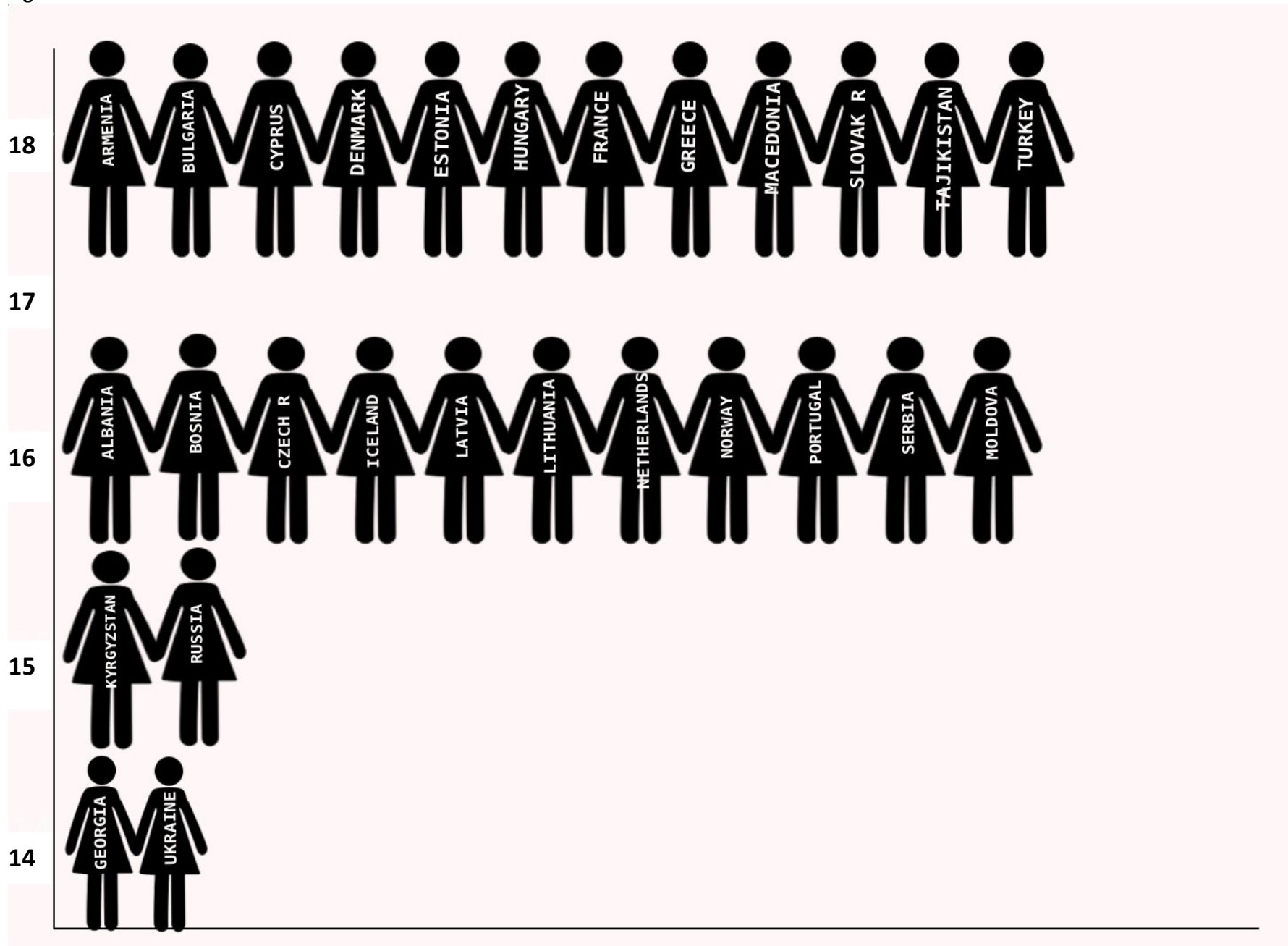
**DISPARITY IN THE APPLICATION OF THE LAW:**

- *Abortion is not available in all hospitals*
- *Accessibility in rural areas is generally not good enough*
- *Women frequently are not offered a choice of method (surgical or medical)*
- *Doctors have different attitudes/approaches when dealing with minors who are not able to produce written parental consent*
- *Medical abortion performed outside hospitals is not yet accessible everywhere*

**COMMENTS:**

- *In general there are not enough beds available in hospitals, even though the situation varies from one city to the other and some abortion services are completely closed during summer*
- *Among the new generation of doctors, less and less professionals want to perform abortion*
- *Medical University curriculum does not include theory and abortion practices*
- *Hospitals tend to push women to have a medical abortion instead of surgical abortion because the costs are lower*
- *There is not enough doctors in private practice who wants to perform medical abortion*
- *MFPP with partner organizations have launched a legal action against the French government for not implementing the 2001 Law on Abortion*

Figure 2: Parental Consent<sup>1</sup>



<sup>1</sup>Countries that are not included in the figure do not have parental consent requirements

## LEGISLATION

Law on Healthcare and its provisions concerning abortion (Chapter XXVIII, Family Planning, Articles 139 and 140), 21 July 2000; effective October 2000

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request

### Beyond 12 weeks:

- On certain medical or socioeconomic grounds

## REGULATIONS/CONDITIONS

### Request, Approval requirements & waiting periods

- The medical and social grounds are not specified in the law. The Ministry of Labour, Health Care and Social Security is responsible for defining these.
- The written consent of the woman is necessary before the abortion
- Pre-abortion counselling should be done 3 days prior to abortion.

### Institutional and provider requirements

Abortion is only permitted if performed by a doctor in a licensed medical facility.

### Parental consent

- Parental consent is required for minors (under 14 years)

### Counselling requirements

- The law states that preserving the foetus should be the main outcome of the pre-abortion counselling; however, the woman has the final say.

## METHODS

The most common methods in Georgia for abortion are vacuum aspiration and Dilatation and Curettage.

In some clinics Manual Vacuum Aspiration (MVA) was introduced in the last years.

Any method of abortion is allowed but abortions can only be provided in certified clinics and hospitals by certified gynaecologists. For MVA, an additional MVA certificate of Institute of Postgraduate Medical Education and Continuing Professional Development is required.

The process for introducing Medical abortion was started and it is now up to each clinic's management to introduce it in their facilities. The Ministry of Labour, Health and social Affairs of Georgia approved a guideline on Medical Abortion, making it legal.

## COST

Varies from 25 to 250 GEL (15 – 153 US\$) for MVA, EVA, D&C And MA.

The costs vary from region to region and depend on the method used, management and gestational period. In remote areas, where there are mostly people with low income, if abortion is accessible, it will cost a lot more than in big cities of Georgia.

As the state or insurance companies does not provide the possibility of a discount, many women have an illegal abortion at a much lower cost.

*GNI per capita: 4,990US\$  
Average monthly income: 416 US\$*

## DISPARITY IN THE APPLICATION OF THE LAW:

## COMMENTS:

- Abortion facilities are available all over the country
- There are still illegal abortions in Georgia but statistics are not available



- *Abortion is still one of the most popular methods of family planning and public information on the availability of abortion services is high although advertisement of abortion services is prohibited.*
- *The protection of women's health via reducing the number of abortions is one of the state's priority.*
- *A new law on Artificial Termination of Pregnancy has been drafted. It proposes different gestational limits:*
  - *First stage: first 12 weeks of pregnancy*
  - *Second stage: from 12 to 22 weeks (inclusive)*
  - *Third stage: beyond 22 weeks*
- *Low income women and young women have difficulty accessing safe abortion care. As the quality of care in several clinics and regions is low and does not meet international standards. Association HERA XXI worked to raise the quality of care of abortion-related services so that they meet WHO international (WHO) quality standards. For example, within the framework of the project 38 OB/GYNs from the three regions of Georgia (two regions of West Georgia and one region in South Georgia) were trained in the usage of Manual Vacuum Aspiration (MVA). This has improved the quality of care in certain regions.*
- *Medical Abortion can now be legally provided in Georgia. The introduction of medical abortion depends on the management of the individual facilities. There are no national training programmes funded by the state to facilitate the introduction of MA in the abortion service delivery.*

**LEGISLATION**

Law 27<sup>th</sup> July, 1992. Changed by Law 21<sup>st</sup> August 1995. Decision by Federal Constitutional Court 28<sup>th</sup> May, 1993  
 In 2010 there were changes to the law concerning the medical grounds for an abortion.

**GROUND/GESTATIONAL LIMITS**

**Up to 12 weeks from conception:**

- On request after mandatory counselling
- When the pregnancy is a result of rape or another sexual crime

**No limit:**

- To avert danger to the life of woman
- To avert the danger of a grave impairment of the physical or emotional state of health of the pregnant woman (This mental health risks for the woman include the ones caused by foetal malformation, and general health risks caused by adverse socio-economic conditions.)

**REGULATIONS/CONDITIONS**

**Counselling requirements:**

- Counselling is compulsory for abortion on request
- Counselling is not compulsory in case of rape
- Providers of counselling must represent the diversity of population regarding religion and conviction of life

**Waiting period:**

Compulsory waiting period after counselling (3 days)

The Government has to ensure sufficient coverage of clinics and counselling centres providing abortion –related services.

**METHODS**

- 72 % of abortions are performed by Vacuum Aspiration.
- 15 % by medical methods. (Mifegyne ®)
- 11 % by curettage.

79 % of all abortions are carried out in doctor’s clinics - not in hospitals.

Abortions are carried out safe and without complications.

**COST**

- For abortion after counselling, up to the 12<sup>th</sup> week:
  - The cost is covered partially by statutory health insurance - e.g. for medical information and ascertaining of gestational age, but not for the abortion itself and anaesthesia. (Private health insurances usually don’t cover costs related to abortion care)
  - For women whose income is below a certain level, the state covers any further costs.
- For abortion in case of rape or on medical grounds: fully covered by statutory health insurance.

*GNI per capita: 38,100 US\$*  
*Average monthly income: 3,175 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*In some regions, there are only a few abortion providers and only a limited number. Only a limited number of clinics provide second or third trimester abortion services Due to the provision in the penal code doctors cannot advertise their abortion services.*

*The choice of methods is limited: only 15 % of abortions are carried out by medical methods. Abortion with Mifepristone is only allowed up to the 9<sup>th</sup> week (after first day of last menstruation).*

**COMMENTS:**

- *The abortion rate is low: 7.1 abortions per 1000 women in the age 15-44 years. It has been decreasing over the last years.*
- *Fundamentally in the law, abortion is not seen as a sexual and reproductive right and a matter of free choice since it is regulated under the Penal Code. In addition, further regulations are laid down in the 'pregnancy-conflict-law' (Schwangerschaftskonfliktgesetz).*
- *The abortion law was created in the 1990ies (after reunification) as a broadly accepted compromise between political, social and religious groups. It connects prevention of abortion with access to sexuality education and contraceptives. In practice women have access to safe abortions up to the 12<sup>th</sup> week (after conception), when they have passed counselling and the waiting time. There is a network of different counselling centres all over Germany. After the 12th week of pregnancy abortion is only allowed for medical reasons.*

**LEGISLATION**

Law No 821 14 October 1978; Law No 1609 28 June 1986

**GROUND/GESTATIONAL LIMITS**

**Up to 12 weeks:**

- On request

**Up to 19 weeks:**

- In case of rape, seduction of a minor, incest or abuse of a woman incapable of resisting

**Up to 24 weeks:**

- If signs of severe foetal abnormality induced abnormal infant birth

**No limit**

- In case of demonstrated severe foetal dysfunction
- If there is an inevitable risk to the life of the pregnant woman or a serious and lasting damage to physical or mental health, affirmed by the relevant doctor.

**REGULATIONS/CONDITIONS**

**Parental consent**

- If the woman is a minor (under 18 years), the consent of one of the parents or the person having custody over the woman is necessary

**Performing institutions and personnel**

- The abortion has to be carried out by an OB/GYN, assisted by an anaesthetist in a comprehensive care unit

**Abortion on Medical Grounds**

- A medical certificate is needed in case of abortion on medical grounds

**METHODS**

90% of abortions are surgical abortions 10% are medical abortions.

The drugs (Mifepristone and Misoprostol) needed for medical abortions are registered. They are available and affordable. The woman needs to be hospitalized.

**COST**

- State hospitals: free of charge
- Private clinics: it depends on the fee requested by the doctor.

*GNI per capita: 27,630 US\$*  
*Average monthly income: 2,302 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

**COMMENTS:**

- *Most abortions are performed privately in outpatient clinics*
- *The number of abortions is estimated at about 80,000.*
- *Law 3418/2005, Article 31, stipulates that the physician may invoke the rules and principles of morality and conscience in order to refuse to join the process of artificial interruption of pregnancy, unless there is an inevitable risk to the life of the pregnant woman or a risk of serious and lasting damage to her health. In this case the consistent and reasoned opinion of the responsible physician is required.*

## LEGISLATION

Act LXXIX of 17 December 1992 on 'the Protection of the Life of the Foetus'. Latest modification: June 2000 (LXXXVII).

## GROUND/GESTATIONAL LIMITS

**Up to 12 weeks on request** with taking special conditions into consideration such as:

- 'Grave crisis situation'
- If the risk of a major genetic problem of the foetus is higher than 10 per cent
- In case of rape or other sexual crime.
- In case of serious risk to health of the woman

### Up to 18 weeks:

If any of the above conditions apply and:

- If the woman has no or limited legal capacity –the consent of her legal guardian is needed
- Minors (under 18) with parental consent
- If the woman did not learn of the pregnancy for reasons beyond her control (such as an illness, medical error, or failure of an authority)

### Up to 20 weeks:

- If the risk of a major genetic problem of the foetus is higher than 50 per cent and **up to 24 weeks** in case of delayed diagnostic procedure.

### No limit:

- To save the life or to protect the health of the woman from grave permanent injury
- If there is a substantial risk that the child will be seriously disabled or if the foetus is unable for extra-uterine life

## REGULATIONS/CONDITIONS

- A doctor must diagnose the pregnancy.

### Counselling requirements and waiting period

- After a doctor diagnoses the pregnancy, the pregnant woman is obliged to fill out a written application (except when there are medical indications) in person at the Service for the Protection of Families. This service is run by nurses trained for consultation and advice.
- There is an obligatory waiting period of three days followed by a second visit to the Service.
- Compulsory counselling is thus to be attended twice (except for abortions performed on medical grounds)
- If the patient still insists on having the abortion after the second counselling session, the date of operation is scheduled, and the fee is determined (in case the woman has a low income the costs can be reduced or waved entirely).

### Parental consent

- Parental consent required for minors (under 18)

### Institutional requirements

- Medical presence is mandatory at abortion, which is legal only in state owned hospitals (private clinics are not allowed to perform abortion).

### Approval Requirements

- **Abortion on the grounds of a grave crisis situation:** A 'Grave crisis situation' is defined by the woman herself and is therefore not discussed during an application as it is considered a private matter.
- **Abortion on Medical grounds:** Medical reasons for abortion require the joint opinion/approval of two specialists

## METHODS

Medical abortion is not available in Hungary. The most commonly applied technique is Vacuum Aspiration. Manual Vacuum Aspiration is rarely used, mainly in university settings.

## **COST**

Abortion is covered by the Health Insurance Fund:

- If it is carried out for medical reasons and if the applicant is insured;
  - If the woman is a minor living in a state institution,
  - If the woman receives state financial support on a regular basis or
  - If the pregnancy results from a crime
- Up to twelve weeks of pregnancy, in case of "serious crisis situation", the woman has to pay the full cost.
  - In case of major genetic problem the abortion is free of charge.
  - An abortion can cost up to HUF 28,540 (127 US\$), fees can vary according to the type of procedure and amount of public assistance received by women.

*GNI per capita: 19,550 US\$  
Average monthly income: 1,629 US\$*

## **DISPARITY IN THE APPLICATION OF THE LAW:**

*Service providers can refuse performing abortion on ethical/moral grounds.*

## **COMMENTS:**

- *In practice abortion is readily available*
- *There is no difference between rural and urban access*
- *The number of abortions has been decreasing since 1969. In 1969 there were 206,817 abortions registered, in 1998 it had decreased to 68,971 and it further decreased to 46,324 abortions in 2006;*
- *At the same time the number of live births has been decreasing: In 1969 the number of live births was 154,318 in 1998 it has decreased to 97,301. In 2006 the number of live birth was 99,871*
- *Rates of illegal abortion are very low, practically negligible.*
- *Practically all kinds of contraceptive methods are available, however, the National Health Insurance does not subsidize them; patients have to pay full price.*
- *A new constitution has been passed in Hungary and came into force on the 1<sup>st</sup> of January 2012. The new constitution states that "Every person has the right to life and dignity, the life of the foetus deserves protection from the moment of conception". Although the government states that they do not plan to change the abortion legislation pro-choice organizations are sceptical and fear that further restrictions will be placed on accessing abortion care.*

## LEGISLATION

Law effective since 1975

## GROUND/GESTATIONAL LIMITS

**As early as possible, preferably before end of 12<sup>th</sup> week, but no later than 16<sup>th</sup> week:**

- On medical grounds:
  - Risk to life of woman
  - Risk to physical health of woman
  - Risk to mental health of woman
  - Rape or other crime
  - Risk of foetal malformation
- On social grounds (beyond the control of the woman):
  - If because of youth or mental development, the woman cannot take care of a child in a satisfactory manner
  - If a woman has given birth to many children at short intervals
  - If the woman endures a difficult domestic situation (e.g. large family or serious bad health of others in household)
  - Other reasons fully comparable with those mentioned above

### Beyond 16 weeks:

- Unmistakable medical reasons
- If the life and health of the woman are endangered by continuing the pregnancy or by the delivery
- If the risk of malformation, hereditary defects or damage to the foetus is high

## REGULATIONS/CONDITIONS

### Expert approval:

- For abortions beyond 16 weeks, a written authorization of a committee is needed.
- A report needs to be written by 2 medical doctors, or by one social worker and a medical doctor before the abortion can take place
- If the request for an abortion is rejected, it goes to the abortion committee

### Parental consent

If a woman is younger than 16 or has been declared incompetent, her parents or a guardian shall participate in an application with her unless special reasons make this impossible

### Provider and institutional requirements

Abortion should only be performed by medical doctors within a hospital

### Counselling requirements

Post-abortion counselling on contraceptive methods is obligatory

## METHODS

The drugs for medical abortion in the first trimester are legal in Iceland and have been for the last few years. It is used in the gynaecological clinic at the University Hospital and available to all women up to 9 weeks of gestation. The cost is the same for medical and surgical abortion.

There is no accurate figure, but approximately about 15 % of abortions are medically induced. The number is increasing.

## COST

- Free of charge, abortion is covered by the National Health Insurance: the woman solely pays for the consultation, not for the abortion itself.
- There are charges for the physical examination and blood test: Krona 3,000 (24 US\$)

*GNI per capita: 28,270 US\$*  
*Average monthly income: 2,356 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*According to the law, contraceptive counselling should be provided before the woman is discharged from hospital. In reality, in the National Hospital where the majority of abortions are undertaken, the contraceptive counselling takes place before the operation when the physical examination and the blood test take place.*

**COMMENTS:**



**IRELAND**  
**Irish Family Planning Association (IFPA)**  
[post@ifpa.ie](mailto:post@ifpa.ie)  
[www.ifpa.ie](http://www.ifpa.ie)

**LEGISLATION**

The Offences Against the Person Act, 1861, Sections 58 and 59 make abortion a criminal offence in Ireland. In 1983, article 40.3.3 was inserted into the Irish Constitution. It provides that the State shall “as far as practicable, by its laws” defend and vindicate the right to life of the “unborn”.

A 1992 Supreme Court Ruling (the X case) overturned a High Court Injunction, to permit a 14 year old girl (whose life was at risk from suicide if she was forced to continue with a pregnancy resulting from rape) to travel for the purpose of having an abortion. As a result of this, a 1992 Constitutional Amendment specifically amended the 1983 Constitutional Amendment such that it could no longer be interpreted as limiting the right to travel or information.

The regulation on information (Termination of Pregnancies Outside the State) Act, 1995, provides that professional counsellors may only provide abortion information after full non-directive pregnancy counselling. This act does not limit the actions of private individuals.

A referendum held on 6<sup>th</sup> of March 2002 to further restrict abortion, was narrowly defeated. As a result the X case Court Ruling among others, stating that suicide is a ground for granting abortion, was not overturned.

**GROUND/GESTATIONAL LIMITS**

Real and substantial risk to the life of the woman that can only be avoided by the termination of the pregnancy (including the risk of suicide).

**REGULATIONS/CONDITIONS**

- The Supreme Court ruling in the ‘X case’ effectively varied the Constitution such that there is an entitlement to have an abortion when there is ‘a real and substantial risk to the life of the mother’. Such a right exists within the state. An attempt in 1992 and 2002 to exclude the risk of suicide from this right, by constitutional amendment, failed
- Legislation to regulate this position and to amend the 1861 legislation is awaited.
- Following the ABC vs. Ireland case at the European Court of Human Rights the Irish Government has committed itself to ensuring that the judgment in this case is implemented expeditiously. It is expected that this will involve changes to the 1861 Act to allow abortion where there is a risk to the life of the pregnant woman.

**COST**

Travel to the UK or the Netherlands for a termination is estimated at between €800-1,200 (US\$ 1,056-1,584).

*GNI per capita: 33,540 US\$*  
*Average monthly income: 2,795 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

No abortions known to have been carried out and each woman would probably have to have permission from the Court

**COMMENTS:**

*Over 6,000 Irish women travel to England to have abortions every year. Statistics on those who travel to other European Countries are not available. Although opinion polls show huge majorities in favour of relaxing the Irish abortion laws, the Government has yet to indicate a willingness to legislate for the X case or to hold a referendum to repeal article 40.3.3 of the constitution. The Irish Government has agreed to establish an expert group to examine the judgment of the ABC vs. Ireland case.*

**LEGISLATION**

Penal Law, clause 316 passed in 1977, into effect in 1978  
 In 1980, one of the five reasons for which abortion was permitted (socio-economic or personal/family reasons) was abolished.

**GROUND/GESTATIONAL LIMITS**

**No gestational limit is identified in the law**

**Grounds:**

In Israel there are currently four grounds that can be considered by the committee to approve an abortion:

1. The woman is under marriage age (17) or over 40
2. Pregnancy results from a relationship forbidden by criminal law, from rape, incest, or out of wedlock (any woman who is unmarried, single, divorced or widowed, is legally entitled to an abortion)
3. The child is likely to have a physical or mental defect
4. Continuation of the pregnancy may endanger the life of the woman or is likely to cause the woman physical or mental harm

**REGULATIONS/CONDITIONS**

**Approval**

- The woman has to appear before a hospital committee for approval
- There are 37 different committees operating in recognized medical facilities throughout Israel. 92-98% of the cases are approved, however, should the committee deny the women’s request for abortion she can apply to another committee for approval
- According to law, a married woman cannot have an abortion unless she can claim one of the conditions listed in the previous section.
- After 24 weeks, the foetus' legal status changes, as it is considered viable, "capable of life." At this stage, the committee may refuse to permit an abortion in spite of clauses 1 and 2. Then, the case is referred to a special ‘higher’ committee, which can approve an abortion after 24 weeks, and will do so under special circumstances (example: endangerment of the woman's life)

**Institutional requirements**

- Abortion has to be performed at a recognized medical institution

**Parental consent**

- A minor does not require the approval (or knowledge) of her representative

**METHODS**

The most common methods are vacuum aspiration and medical abortion

- Up to 7 weeks - Medical abortion
- Up to 12 weeks – (in some hospitals, 14 weeks) – Vacuum Aspiration and curettage
- Up to 22 weeks – acceleration medicines – inducing labour

**COST**

- Most of the abortions are financed by the “Israeli Health Basket” (abortions are included in the list of subsidized medicines and services). Abortions are thus free of charge, except for cases of pregnancies out of wedlock for women over 19. In these cases the cost ranges from US\$ 470 for medical abortion to US\$ 650 for surgical abortion. This cost does not include the application fee to the hospital committee.
- In cases where the woman has insufficient funds, the Israel Family Planning Association will refer the woman to her local welfare agency that may cover the cost wholly or partially. This depends on the inclusion of abortion coverage in their budget.
- The cost for a private abortion, an abortion that has not been approved by a hospital committee may range from \$742 USD to \$1,272 USD.

*GNI per capita: 27,660 US\$  
 Average monthly income: 2,305 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*The majority of the abortions in Israel are carried out within the framework of the existing law*

**COMMENTS:**

*Through the 'Open Door' sexual counselling centres, the IFPA provides all women wishing to terminate their pregnancies counselling and information on safe and legal abortion services.*

## KAZAKHSTAN

Kazakhstan Association on Sexual and Reproductive Health (KMPA)

[center.kmpa@gmail.com](mailto:center.kmpa@gmail.com); [kmpa@gmail.com](mailto:kmpa@gmail.com)

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

### LEGISLATION

Order N°626 of the Ministry of Health, October 2009: "On approving realisation rules in relation to artificial termination of pregnancy"

RK "Populations Health and Healthcare System" Code, Article 104

### GROUND/GESTATIONAL LIMITS

#### Up to 12 weeks:

- On request

#### From 12 weeks up to 22 weeks:

- Social grounds which include:
  - Death of husband during pregnancy
  - Confinement of the woman or her husband
  - Unemployment of woman or husband
  - If the woman is unmarried
  - Deprivation or limitation of parental rights
  - When the pregnancy is a result of rape
  - If the woman has refugee or forced migrant status
  - Disabled child in the family
  - Divorce during pregnancy
  - 4 or more children in the family
  - When the woman is under 18 years of age

#### No limit:

- If there are medical indications threatening the life of the pregnant woman, with her consent
- Foetal malformation

### REGULATIONS/CONDITIONS

#### Procedure requirements

- Consultation with a doctor required
- Clinical laboratory tests

#### Parental consent

- Parental consent required for minors (under 18)

#### Institutional requirements

- Abortions can only be performed in hospitals having a state license, operative unit, and a department of intensive care

### METHODS

The drugs for medical abortion are registered in Kazakhstan. The average costs of the drugs are:

- Mifepristone 200 mg N 1: 5,000 KZTg (US \$34)
- Misoprostol 0.2 N 3: 1,100 KZTg (US \$7.4)

Medical abortions are only performed in Almaty city - in private medical institutions. A project on implementation of medical abortion in state medical facilities is now being launched.

D&C is still the major method of the pregnancy termination.

### COST

- The state subsidizes abortions for medical and social reasons that are performed in medical and preventive institutions of the state health care system.
- Private practitioners: prices vary, on average 200 US dollars.

*GNI per capita: 10,770 US\$  
Average monthly income: 897.5 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*Despite the law, abortion services are still provided under older regulations:*

- *MVA and MA are not provided in most of the clinics*
- *Abortion services are not provided in most of the policlinics.*

**COMMENTS:**

*Abortion is available all over the country but illegal abortions still exist and contribute to the maternal mortality ratio.*

### LEGISLATION

- Soviet Decree of 23 November 1955;
- Decree in 1982 that declares the right to abortion.
- Ministry of Health Order № 249 from 20.10.1998.
- The Law of the Kyrgyz Republic of Kyrgyz Citizens Reproductive Rights from 10.08.2007 (the article 16).
- The Law about the Health Care of Kyrgyzstan's Population revised on 17.04.2009 (the article 37).
- The order of the Health Care Department of Obligatory Medical Insurance Fund from 10.07. 2002/ № 167 – which describes the conditions and the procedures.
- The order of carrying out the operation of artificial interruption of pregnancy № 618, 24.08. 2009 by Ministry of Health

### GROUND/GESTATIONAL LIMITS

#### Up to 12 weeks:

- Upon request

#### Up to 22 weeks:

- Social conditions

#### No limit:

- Medical conditions and consent of woman

### REGULATIONS/CONDITIONS

#### Parental consent

- Girls up to 15 years old need the consent of their parents or their legal representative

#### Testing(pre-abortion) requirements

- Up to 12 weeks the RW test, ultrasound, smear test are required. If it is a first pregnancy: Rhesus factor test is also needed. From 12 weeks pregnancy onwards, general blood and urine test, coagulability<sup>2</sup>, liver test and albuminous<sup>3</sup> fraction are also required.
- At pregnancy interruption in term more than 12 weeks there are full clinical investigation required - as for the cavernous of surgical operations (including the detailed analysis of blood with definition of time of coagulability, the general analysis of urine, hepatic tests, and albuminous fractions).

### METHODS

In most of the regions of Republic, curettage is the main and the only available method of abortion.

Manual Vacuum Aspiration (MVA) has recently been introduced in Kyrgyzstan – and is available mostly in the capital and in some areas where there were pilot projects.

Medical abortion is officially available in the pilot clinics in Bishkek and Karakol and other clinics that are officially piloting the medical abortion by the approval of Ministry of Health. The development of the clinical protocol on medical abortion is in progress and will available shortly. Unofficially medical abortion is available in many private clinics and in some governmental ones.

Other methods include: (but are used on a small scale)

- Electric Vacuum Aspiration
- E&D

### COST

Women are required to pay for the abortion themselves. There is government funding only in exceptional cases.

The prices are:

- Governmental clinic – from US\$ 6 to 50
- Private clinic – from US\$ 30 to 500

The costs also vary depending of the abortion method used and the term of the pregnancy:

- Mini – abortion (mostly MVA and EVA) – from US\$ 7 to 10

<sup>2</sup> A test of the ability of the blood to coagulate (the process by which blood forms clots)

<sup>3</sup> A proteins that can be found in blood serum that can be coagulated

- Curettage (mostly used in all governmental clinics) – from US\$ 7 – 500
- Medical abortion – from US\$ 45 to 180

GNI per capita: 2,070 US\$  
Average monthly income: 172.5 US\$

**DISPARITY IN THE APPLICATION OF THE LAW:**

*During abortion procedures the standards and rules relating to infection control, pre- and post-abortion counselling are often not upheld.*

**COMMENTS:**

- *Women in rural areas do not have access to all medical services because there are no ambulances, specialized doctors or medical equipment. In addition, people must pay for these services, which are unaffordable for the vast majority of women.*
- *Another problem (in both rural and urban areas) is that most abortions are performed using out-dated methods. Most abortions are still performed using dilatation and curettage.*
- *There are no Protocols on pre- and post-abortion counselling. Only 2 - 5% of the women receive pre- and post-abortion counselling. For the moment thanks to RHAK team efforts the protocols on abortion procedures are updated and a new version of the abortion protocol was accepted by the Ministry of Health.*
- *There are also problems with the registration of abortions. According to independent research only 35% of all abortions are recorded in the official statistics.*

## LEGISLATION

A "Sexual and Reproductive Health Law" was adopted by the Parliament on January 31, 2002. The law also determines the grounds for the termination of pregnancy. The law entered into force on July 1, 2002.

## GROUND/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request
- In case of rape

### Up to 22 weeks:

- On the grounds of medical indications

## REGULATIONS/CONDITIONS

- **Upon request of a woman:**
  - **Counselling requirements:** The "Sexual and Reproductive health Law" defines that during the counselling for an abortion on request written information approved by the Minister for Health (which includes information on the moral aspects of pregnancy termination, possible medical complications and the possibility to preserve the life of the foetus) needs to be provided by a gynaecologist or a general practitioner. At the same time they should inform the woman regarding the nature of pregnancy termination.
  - **Institutional requirements, waiting period:** an abortion may be performed by a gynaecologist in an inpatient department of a medical treatment institution not earlier than 72 hours after the first appointment, and prior to the procedure the woman must be repeatedly informed on any possible complications.
- **On medical indications:**
  - **Consent and approval:** Only upon the written confirmation of a council of doctors and the written consent of the woman (in case the woman lacks the capacity to act – upon the written consent of a guardian)
  - **Institutional and personnel requirements:** only by a gynaecologist at an inpatient medical treatment institution.

### Parental consent

- Parental consent is required for minors (under 16). If a client is younger than 16, the duty of the doctor who established the pregnancy is to consult the patient and pay full regard to her views, taking into account the age and maturity of the patient. The doctor has a duty to inform the parents or guardian of the young women. An appointment for termination of pregnancy may be issued to a patient younger than 16 years if at least one of her parents or a guardian has given written consent for the abortion.
- If there is a dispute between the young women and her parents or guardian the Orphans Court or Parish Court can consent to the procedure in their place.

### Institutional requirements

- Abortions can only be performed in registered and certified inpatient medical institutions (government or private). A contract with the health insurance is not crucial.

### Counselling requirements

- A gynaecologist must advise the woman after the abortion on family planning and must recommend adequate contraception.

## METHODS

Surgical and medical abortion methods are available.

Medical abortion became available starting from September 2008. The medicine is registered for the termination of pregnancy and medical abortion is available in Latvia. The prescription and assistance of the gynaecologist are required. Medical abortion can also be performed in registered, certified inpatient medical institution.

It is not possible to tell which method is most commonly used. A medical institution is only allowed to provide abortion services if MVA is available.



## **COST**

The cost of surgical abortion ranges from 70 - 185 EUR (92 – 244 US\$).  
The cost of medical abortion ranges from 355 - 385 EUR (468 – 508 US\$).  
Prices differ depending on the health care institution (private/public)  
Abortions are not covered by any health insurance

GNI per capita: 16,380 US\$  
Average monthly income: 1,365 US\$

## **DISPARITY IN THE APPLICATION OF THE LAW:**

*Since 2003 there has not been research on the SRHR situation in the country. Therefore no data is available on the effectiveness of pre- and post abortion counselling. It is assumed that there are no illegal abortions in Latvia.*

## **COMMENTS**

- *No changes were made to the law since it was adopted. The influence of the Church and Christian values remains and becomes stronger among decision makers – Parliament and Government institutions. The First party (a party of Priests) is one of the strongest parties in the political coalition of the Parliament. The First party ministers have several key responsibilities like the Ministry of Children and Family Affairs and the Ministry of Special Assignments for Society Integration Affairs. There are also anti-choice NGO networks that are becoming more vocal and stronger and they are mainly funded by US based organizations (e.g. “Pro Life”, “Family Association”, “Pregnancy crisis center”, “True love waits” and others) .*
- *Abortion rates are very high even though they have been continuously declining from 30.8 per 1000 women of reproductive age in 2001 to 20 per 1000 in 2007. There were 51 abortions per 100 live births in 2007. Although the overall number of abortions is declining, the number of induced abortions among 15 – 19 and 20-24 years old increased in 2007. This can be explained by a lack of SRH education in the school curricula, the low knowledge and skills on contraceptive use. The termination of the first pregnancies also has increased in 2007 – 1.6%.*

## LEGISLATION

Abortion has been legal since a governmental decision by the Soviet Union in November 1955. A November 1987 decision by the Ministry of Health of the Soviet Union extended the grounds for the interruption of pregnancy of more than 12 weeks to non-medical grounds. Since 1994, abortion is regulated by a decree of the Lithuanian Minister of Health which replaced the former Soviet law, and restricted again the grounds for abortion beyond 12 weeks of pregnancy

## GROUNDINGS/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request

### Up to 22 weeks:

- Risk to life of woman
- Risk to physical health of woman
- Risk to mental health of woman
- Risk of foetal malformation

## REGULATIONS/CONDITIONS

### Institutional requirements

- Abortions must always be performed in the gynaecological department of a hospital. Abortions up to 5 weeks may also be performed at outpatient health care institutions.

### Counselling requirements

- Prior to admission to the gynaecology department, the woman must go to an ambulatory obstetrics-gynaecology consultation. During this consultation, and before a referral is issued, the woman (and her husband, if applicable) are counselled – the counselling has to include information on potential physical and psychological risks of abortion and pregnancy. The consulting physician provides this information. In the case of a first pregnancy, both the consulting OB/GYN and the chief of the clinic provide this information. The Abortion Decree mentions that it is desirable to have a psychologist participate in this counselling.

### Procedure requirements

- Examination of the woman is required (blood test, cervical smear) prior to abortion
- The woman is required to inform the hospital in writing of her decision to terminate the pregnancy prior to the abortion.

### Spousal consent

- Consent of the husband is desirable, although not mandatory.

### Parental consent

- The written agreement from one of the parents, foster-parents, guardian or person who cares for the child is needed for pregnancy interruption for young people under 16 years old. When the young woman is between 16 to 18 years old the consent is desirable. In practice their agreement is almost always requested.

### Waiting Period

- There is no indicated waiting period in the law but in practice a woman has to wait about 10 – 12 days.

## METHODS

Medical abortion is not legal.

As data are not available we cannot state with certainty, which method is used most commonly but it will most probably be Dilatation and Curettage.

**COST**

- LTL 250 (456 US\$) for surgical abortion in public clinics, private clinics tend to charge higher fees.
- Abortions that are performed on medical grounds are covered by the compulsory health insurance fund

*GNI per capita: 18,060 US\$*

*Average monthly income: 1,505 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*None*

**COMMENTS:**

- *There is no abortion law, only a decree by the Minister of Health. This decree could easily be voided or altered by any Minister of Health holding more restrictive views on abortion. Regulations for abortion are liberal*
- *Abortions are performed by qualified medical doctors*
- *The government, in its policies, should give more attention to family planning services, and evaluate the potential socio-economic benefits of such a policy change*
- *There is a need to cover abortion expenses for women with a low income, adolescents. For them, access to abortion is limited due to financial barriers.*
- *More and more doctors refuse to perform abortions on religious grounds*
- *Abortions are not performed in Catholic hospitals. Some Catholic doctors even refuse to refer women for abortion. Other doctors, however, refer the women to clinics where these abortion services are provided.*
- *Women from rural areas have limited access to abortion*
- *Abortion rates continue to gradually decline*

## **LEGISLATION**

Law on Termination of Pregnancy June 1972, Amended May 1976 (Published in Official Journal of Socialist Republic of Macedonia)

## **GROUND/GESTATIONAL LIMITS**

### **Up to 10 weeks**

- On request

### **10 weeks and over**

- Risk to life and health of women
- Risk to physical or mental health of the foetus
- Criminal act such as rape, abuse of disabled persons, abuse of one's position, misleading or incest
- Socio-economic grounds

## **REGULATIONS/CONDITIONS**

### **Provide & Institutional requirements**

- Abortions must be carried out by gynaecologist-obstetric specialist or gynaecologist undergoing specialization in the hospitals
- Abortions must be performed in gynaecological hospitals or another authorized health-care facility that has a gynaecological-obstetrical unit. Abortions in private gynaecological cabinets are not legal

### **Parental consent**

- Parental or guardian consent is required for minors under 18

### **Medical approval**

- Special authorization by a commission (which consists of a gynaecologist-obstetrician, a specialist in internal medicine and a social worker or nurse) for termination of pregnancy after 10 weeks is required
- The women can appeal to the Commission of Second Instance if Commission of First Instance rejects her request

### **Counselling requirements**

- The gynaecologist is obliged to provide family planning counselling including contraceptive counselling

### **Testing requirements**

- Minimum lab tests – Blood test results (incl. RH). HBV, HCV and HIV tests are required in some private gynaecological hospitals. There is no practice of mandatory PAP smear taking.

## **METHODS**

- 1st trimester: Mechanical cervical dilatation, followed with electrical vacuum aspiration and the control curettage (D&C – also called “sharp curettage”)
- 2<sup>nd</sup> trimester: Intra-amniotic instillation of the 33% NaCl solution
- For pain management usually a general (short intravenous) anaesthesia is used. Para-cervical block is rarely used as a method for pain management.
- Although MVA was introduced in Macedonia in 2002, there are only few gynaecologists in private hospitals using MVA.
- Medical abortion is not used as an alternative to surgical. Mifepristone and Misoprostol are neither registered or part of the essential drug list. In December 2010 a new Safe abortion protocol was officially presented by the Professional OB/GYN Association and the Institute for Public Health in which medical abortion is recommended for the first time as an option for women to terminate a pregnancy, for first and second trimester abortions.

## **COST**

Abortion costs are not covered under the National Health Insurance. The clients have to cover the full cost of the abortion procedure (irrespective of their insurance status).

State hospitals will charge between 65 and 110 US\$ for a first trimester abortion.

The fee for a second trimester abortion is around 280 - 300 US\$. The costs depend on whether there are additional health procedures (examinations, lab tests, and ultrasound) required during the abortion or if it is performed with or without anaesthesia. However in most of the state hospitals general anaesthesia is mandatory for abortion procedure. But some hospitals (especially in the less-developed regions) allow abortion without general anaesthesia which rapidly reduces the costs.

Private hospitals will charge between 180–200 US\$ for an abortion

*GNI per capita: 10,920 US\$  
Average monthly income: 910 US\$*

## **DISPARITY IN THE APPLICATION OF THE LAW:**

- *Pre- and post-abortion counselling is not always provided. Moreover, there are no written protocols or guidelines on contraceptive counselling in place.*
- *Results from a KAP survey on medical abortion conducted by NGO HERA in April 2010 showed that despite the fact that medical abortion is still not registered (legal) and available in Macedonia, 29.5% gynaecologists reported having experience in using Misoprostol to terminate pregnancies*
- *No disparity between official and real costs of an abortion is found.*
- *There are no official data on illegal abortion rates, although it is believed that abortions are performed (illegally) within the private gynaecological cabinets.*

## **COMMENTS:**

- *The provisions of the Law on termination of Pregnancy clearly show that protection of the women's health is paramount, both in terms of protecting the health and life of women, as well as protecting the personality and the character of women.*
- *The law on Termination of pregnancy has been enacted for 30 years and requires modernization such as bringing it in line with current legal language and reforms in the health system. Also, it needs to be specified under which social and health conditions abortions will be partially or fully reimbursed from the National Health Insurance Fund.*
- *No conscientious objection is invoked by health workers based on cultural and traditional beliefs, even among the gynaecologists from the Muslim religion*
- *Over the last 15 years the number of registered abortion in Macedonia is continuously decreasing (from 52.4 abortions per 100 live births in 1995 to 22.36 per 100 live births in 2006). One of the reasons for this decline that must be considered is underreporting (or sub-registration), especially in the period of the health system reforms and the privatization of the primary health care as well as opening of the numerous private gynaecological hospitals and cabinets.*
- *None of the available contraceptive methods in Macedonia (including condoms, IUD's, pills) are reimbursed by the National health insurance Fund. Specific health policies (laws) for free contraception for young people (even for condoms) or other vulnerable groups do not exist. However condoms and oral pills are provided for free to young people in the 20 youth centres disbursed throughout country. There are no specific reimbursement regulations for different social groups, including young people. Most of the modern contraceptives are available on the market (although there is a lack of permanent supplies in the pharmacies, especially for emergency contraception). The cost of contraceptives is also seen as a barrier for access, especially for oral pills and IUD's where clients have to pay 100% of the prize.*
- *There are 15 gynaecological state hospitals throughout Macedonia that provide abortions and 3 private hospitals (all located in the capital, city of Skopje). The state hospitals are located within the different geographical regions and are easy accessible even for those who are living in the rural areas. Living in the rural areas is not seen as a barrier to access for abortion though sometimes women have to travel to the bigger cities to get the abortion*

## MOLDOVA

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### LEGISLATION

Abortion is legal since 1956. The new law on reproductive health and family planning N°185-XV from 24 May 2001 is based on previous legislation.

In 2010 the Ministry of Health of the Republic of Moldova issued the Order No. 647 from 21.09.2010 on safe voluntary interruption of pregnancy (safe abortion) and approved the Regulations on voluntary interruption of pregnancy performance.

This document: ensures accessibility of abortion services for all pregnant women; ensures high quality abortion services eliminating danger to women's life and reproductive health; promotes of the most reliable, secure and high-quality science-based practices for care during pregnancy; promotes the fundamental principles and rights, women's care during pregnancy (the right to counselling, and informed consent, guarantee respect for intimacy, confidentiality and privacy).

In 2011 the Ministry of Health of the Republic of Moldova approved the standards for safe abortion (Order No. 482 of 14.06. 2011). These standards aim to make interruption of pregnancy elective and safe and to improve the quality of abortion care for women from Moldova by:

1. Promotion of electric vacuum aspiration, manual vacuum aspiration and medical abortion as safe methods of abortion,
2. Promotion of the best practices in abortion care, based on scientific evidence,
3. Promotion of the principles and basic rights of women in abortion care, such as the right to counselling, informed consent and high quality services,
4. Providing information on the optimal management of abortion complications.

### GROUND/GESTATIONAL LIMITS

#### Up to 12 weeks:

- On request

#### Up to 22 weeks:

- Social, medical and legal grounds

Social indications:

- women aged under 18 or over 40 years of age
- Pregnancy is the result of rape, incest or trafficking
- Divorce during the pregnancy
- Husband's death during pregnancy
- Imprisonment or deprivation of parental rights of one or both spouses
- Pregnant women in the migration process
- Pregnant women with five or more children
- Pregnant women who care for: a child under 2 years or for one or more family members with 1<sup>st</sup> degree of disability, who are in essential need of care in accordance with the conclusion of the medical examination viability council
- A combination of a least two factors: lack of housing, lack of financial resources, alcohol or drug abuse, the presence of domestic violence and/or vagrancy

#### Beyond 22 weeks:

Abortion is considered the interruption of pregnancy until the end of 21<sup>st</sup> week of pregnancy. Starting from the 22<sup>nd</sup> week of pregnancy it is considered to be and recorded as a premature birth and is performed only in cases of well-defined congenital severe foetal malformations that are incompatible with life

## REGULATIONS/CONDITIONS

### Parental consent

- Parental consent required for minors (under 16 years of age)

### Institutional requirements

- **Up to 12 weeks** of pregnancy, abortions can be performed in the State clinics' in-patient department and in private health facilities. Up to 9 weeks of pregnancy, abortions can also be provided in a polyclinic (out-patients' clinic, women's health centre, peri-natal centre or licensed private clinic.)
- Abortions **between 12 weeks and 21 weeks** of pregnancy are performed only in public health facilities and need to be approved by a Medical Advisory Commission

### Legal consent

- If an urgent medical intervention is needed to save the woman's life and she is not able to express her will and the consent of her legal representative cannot be obtained in time, the medical personnel is authorized in accordance with the law to decide.

### Procedure requirements

- Voluntary interruption of pregnancy during the first 12 weeks is performed under local or general anaesthesia at the patient's choice
- The presence of congenital foetal malformations must be confirmed before the end of the 21<sup>st</sup> week of pregnancy by at least two specialist in ultrasound including one specialist from the Perinatal centre

### Approval

- The grounds for an abortion up to 22 weeks are to be examined by a special legal committee.

## COST

The cost may vary based on the level of the hospital or clinic:

- In Cahul (the southern part of the country) in the Women's Health Centre "Virginia", abortion by MVA method costs 95 MDL (8 US\$). The price includes pre-post abortion counselling, the procedure itself, anaesthesia, a hygienic pad and a cup of tea or coffee.
- In a policlinic – 130 MDL (11 US\$)
- In a hospital – 186 (15.7 US\$) in Cimislia; 215 MDL (18 US\$) in Cahul; in Chisinau - MDL 350 (29.6 US\$) up to the 12th week, etc.

The cost for medical abortion drugs vary Mifepristone will cost between 328 (27.7 US\$) to 380 (32 US\$) and Misoprostol will vary from 25 up to 27 MDL (2 - 2.3 US\$)

Since 2005, abortions on social and medical indications have been covered by the insurance system. If the abortion is officially registered, the services are free of charge, if not, than the women have to pay.

*GNI per capita: 3,360 US\$*

*Average monthly income: 280 US\$*

## METHODS:

The most commonly used methods are EVA and MVA

In accordance to the standards for safe abortion approved by the Ministry of Health the following methods are recommended

- Surgical method of Termination of Pregnancy : the recommended methods for surgical Termination of Pregnancy are EVA or MVA (they are preferred over D&C because they entail fewer complications)
- Medical abortion
  - Abortion not exceeding 9 weeks of amenorrhea: Medical Abortion up to 9 weeks of amenorrhea is recommended by using Mifepristone in combination with a prostaglandin Misoprostol. Misoprostol can be administered in a medical institution or at home depending on the patient's decision after assessing the risks of possible complications. The drugs for MA can be purchased at pharmacies (on prescription or are released from the pharmacy of the medical institution)
  - Abortion after 12 weeks of gestation until the end of week 21: Abortion after 12 weeks and up to the end of week 21 of gestation is performed by means of Medical Method by using Mifepristone and Misoprostol

Method for later-term abortions:

In case of well-defined congenital malformations which are incompatible with life and would lead to a still-birth, the delivery is provoked/caused/produced by a medical team.

Mifepristone and Misoprostol are registered in the country. These drugs are affordable and available both in the clinics and in the pharmacy.

As for Medabon, the documents are presented for registration, but there is not a decision yet.

The most commonly used methods are Electric VA and MVA.

***DISPARITY IN THE APPLICATION OF THE LAW:***

*Until September 2010 parental consent was required for women under 18 in accordance with the Regulations on voluntary interruption of pregnancy the age for parental consent was reduced to 16 years of age*



#### LEGISLATION

Law on termination of pregnancy, 1 May 1981;  
Decree of 17 May 1984 laying down provisions for the implementation of the law.

#### GROUND/GESTATIONAL LIMITS

##### Up to thirteen weeks:

- On request

##### Up to foetal viability:

- If the pregnant woman attests to a state of distress, to be jointly defined by the woman and the doctor

#### REGULATIONS/CONDITIONS

##### Gestational limit

- In the law, no gestational limits for an abortion are set. But the foetal viability is mentioned as a limit. Foetal viability is set at 24 weeks. However, clinics stick to 22 weeks, keeping a margin of two weeks.

##### Parental consent

- Parental or guardian's consent required for minors (under 16 years)

##### Waiting period

- Compulsory waiting period (5 days) (except to avert an imminent danger to the woman's life or health)

##### Consent

- A physician is obliged to determine whether the woman took the decision freely

##### Institutional and personnel requirements

- An abortion can be performed only by a physician in a licensed clinic or hospital

##### Counselling requirements

- The clinic or hospital has to ensure that there are adequate opportunities for providing the woman with information on methods of preventing unwanted pregnancies

#### METHODS

Both medical and surgical methods are widely available in clinics. Both methods are legal. There are no limitations for women to have access to surgical as well as medical abortion, other than the duration of pregnancy. For inhabitants of the Netherlands all costs are covered by national health insurance.

#### COST

Inhabitants of The Netherlands are reimbursed; women not living in the Netherlands have to pay for their termination themselves.

*GNI per capita: 41,810 US\$  
Average monthly income: 3,484 US\$*

#### DISPARITY IN THE APPLICATION OF THE LAW:

#### COMMENTS:

*The law is very liberally interpreted. Illegal abortion is almost non-existent. Most abortions are performed in non-profit clinics*

## NORWAY

*Sex og Politikk - foreningen for Seksuell og reprodutiv helse og rettig heter*

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### LEGISLATION

The Act N° 50, 13 June 1975 concerning Termination of Pregnancy, with Amendments in the Act dated 16 June 1978 no. 5 and Regulations for the implementation of the Act.

### GROUNDINGS/GESTATIONAL LIMITS

#### Up to 12 weeks:

- On request

#### After the 12th week:

- If the pregnancy, childbirth or care of the child may result in unreasonable strain upon the physical or mental health of the woman
- If the pregnancy, childbirth or care of the child may place the woman in difficult circumstances
- If there is a major risk that the foetus may suffer from a serious disease as a result of his genotype, or disease or harmful influences during pregnancy
- When the pregnancy results from rape or another sexual crime
- If the woman is suffering from severe mental illness or is mentally disabled to a considerable degree. Account shall be taken of the woman's overall situation, including the extent to which she is able to provide the child with satisfactory care. Major consideration shall be given to the woman's own assessment of her situation

However, if there is a reason to assume that the foetus is viable authorisation shall not be granted.

### REGULATIONS/CONDITIONS

#### Medical/Legal approval

- For abortions after the 12th week of gestation a woman has to submit an application to a Board (Commission) consisting of two doctors. The decision regarding abortion shall be reached after consultations with the woman by the board assessing the above listed grounds. If the committee denies the approval, there is the possibility for the woman to apply to another committee.
- When assessing a request for a second trimester abortion on the first three grounds mentioned above, account must be taken of the woman's overall situation, including the extent to which she can provide the child with satisfactory care. Major considerations must be given to the woman's own assessment of her situation.
- The conditions for authorizing an abortion become more stringent as the duration of the pregnancy increases.
- Where the pregnancy constitutes an impending risk to the woman's life or health, it may be terminated without regard to the legal provisions.

#### Parental consent

If the woman is younger than 16, the person exercising parental authority or the guardian shall be given an opportunity to express his/her views, unless there are particular reasons why this is not advisable/possible. If the minor does not get the parental or guardian's consent, the abortion may only be performed with the consent of the county medical officer.

#### Counselling requirements

- The doctor that is consulted is under obligation to inform the woman about the abortion procedure and possible complications
- If a woman decides not to have an abortion, her doctor is obliged to notify her that she can ask for information about support provided by society. The woman is not obliged to ask for this information, but when she signs the request for abortion she has to confirm that she has been notified that she can get more information about the support in society.
- Women also have the right to receive counselling on contraceptive methods if they request it.

#### Institutional requirements

- Abortions can only be performed by a physician in public hospitals

**METHODS**

Medical abortion is widely practiced. The woman can decide which method she prefers.

**COST**

Free of charge for registered citizens and woman who have applied for asylum – women that are not registered as citizen or without a work permission will be charged. The price in 2011 is approximately

- Medical abortion: 260 EURO (343 US\$)
- Surgical abortion: 900-1000 EURO (1188 – 1320 US\$)

*GNI per capita: 58,570 US\$  
Average monthly income: 4,881 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*None*

**COMMENTS:**

- *There is a conscientious objection procedure, under which hospital staff can avoid participating in the operation itself, but cannot refuse to help in pre- and post-operation care*
- *The regional hospital enterprises must organise hospital services in order to make it possible for resident women to obtain abortions at any time.*
- *Abortion rates are relatively stable. In 2009: 14/1000 (source: [www.fhi.no](http://www.fhi.no))*
- *In 2009, the highest rate was registered in age-group 20-24: 30.4/1000 rate. In age group 15-19: 15.9/1000*
- *All contraceptive methods are available – for age group 16 up till 20 years, they are free of charge. Currently there is a pilot, launched by the government, that provides contraception free of charge for young people between 20 to 24 years of age in certain high school and university areas*

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<p><b>LEGISLATION</b></p> <p>Law on Family Planning, Human Embryo Protection and Conditions of Abortion, 7 January 1993.  In January 1997, new restrictive amendments were introduced</p>
<p><b>GROUND/GESTATIONAL LIMITS</b></p> <p><b>No limits:</b></p> <ul style="list-style-type: none"> <li>• Risk to life or serious risk to health of the woman</li> <li>• Risk to serious and irremediable defect in the foetus</li> <li>• Rape or other sexual crime (the criminal act has to be confirmed by a prosecutor)</li> </ul>
<p><b>REGULATIONS/CONDITIONS</b></p> <p><b>Provider requirements</b></p> <ul style="list-style-type: none"> <li>• An abortion has to be performed by a physician in a health care establishment in the public sector</li> </ul> <p>Ministry of Health Orders  Doctors performing abortions outside of stated grounds are subject to 2 years imprisonment</p> <p><b>Medical approval</b></p> <ul style="list-style-type: none"> <li>• For abortions on medical grounds, the diagnosis of two physicians other than the physician carrying out the procedure is needed. If there is an acute threat to the woman's life such diagnosis is not necessary.</li> <li>• Abortion on the ground of foetal malformation needs a prenatal diagnosis established by two physicians other than the physician carrying out the procedure.</li> </ul>
<p><b>METHODS</b></p> <p>The only officially available method is curettage.  Medical abortion is illegal due to a lack of official registration.</p>
<p><b>COST</b></p> <ul style="list-style-type: none"> <li>• Illegal abortion in private clinics' or private cabinets' gynaecological rooms is estimated to cost around zloty 2000-5000 (585-1,462 US\$)</li> <li>• Legal abortion costs are covered by the State Health Care system.</li> </ul> <p style="text-align: right;">GNI per capita: 19,160 US\$  Average monthly income: 1,5596 US\$</p>
<p><b>DISPARITY IN THE APPLICATION OF THE LAW:</b></p> <ul style="list-style-type: none"> <li>• <i>The implications of the new law remain unclear. The law is more restrictive in practice. There is a lot of evidence that many women were denied legal abortions to which they were legally entitled, particularly when their health is endangered. This is mainly due to the lack of adequate regulations on the medical grounds for abortion. It depends only on the doctors' position and it can be easily abused, because they are influenced by anti-choice campaigns</i></li> <li>• <i>According to the law, the government was obliged to promote family planning and to introduce sexuality education in schools. But up until 2003 this part of the law has not yet been implemented, and in fact both the knowledge and the use of contraception are low.</i></li> </ul>
<p><b>COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• <i>High reliance on illegal abortions in private clinics (where even doctors who refused to perform it in a state clinic do not object anymore) or abroad, and new incidents of abandonment or infanticide</i></li> <li>• <i>New amendments to the law on the physicians' profession and parallel changes in the Penal Code 1999: higher penalties for women killing their babies under post-delivery shock; reduced penalties for rapists; higher penalties for damages threatening the life of the 'conceived child', which makes doctors afraid of prenatal examinations, even those with low risk of miscarriage.</i></li> </ul>

## **LEGISLATION**

Since 1984 abortion is permitted under certain grounds and circumstances – Law 6/84 and Law 90/97 – namely when the pregnancy present a danger to the life of the pregnant woman (no limit of time); or danger for the woman's physical or mental health (until 12 weeks); fetus malformation (until 24 weeks) and pregnancy resulting from sexual crime (until 16 weeks).

Since the 17th April of 2007 abortion is also permitted on a woman's request (until 10 weeks) – Law 16/2007.

## **GROUND/GESTATIONAL LIMITS**

### **Up to 12 weeks of pregnancy (10 weeks LMP):**

On request

If it is indicated to avoid danger of death or serious and lasting injury to the body or to the physical or mental health of pregnant women.

### **No limit:**

If abortion constitutes the only means of removing danger of death or serious and irreversible damage to the body or to the physical or mental health of the woman

## **REGULATIONS/CONDITIONS**

### **Consent**

Women have to give her written consent.

### **Parental consent**

In case of minors (under 16 years old) the consent must be given by the parents (mother or father) or by a tutor.

### **Medical approval**

Prior to the abortion, a physician other than the one performing the procedure must sign a medical certificate attesting to the existence of circumstances that render an abortion permissible.

In case of rape, the verification of circumstances depends upon evidence of criminal involvement.

### **Procedure requirements**

- Laboratory tests are required before the abortion.
- Medical presence is required in the act of abortion and in the post-abortion monitoring.

### **Institutional requirements**

- Abortion is legal in public hospitals, in private clinics that are recognized from the Health Ministry and in Health Centres.

### **Waiting period and counselling requirements**

- Women have a mandatory pre-abortion consultation - where the pregnancy is dated and doubts clarified. Women have the possibility to talk with a psychologist or/and a social assistant. Women are obliged to wait for 3-days between the pre-abortion consultation and the actual procedure. The counselling must be neutral and anti-choice staff is not allowed to participate in any of the phases of legal abortion provision.

## **METHODS**

Both methods – medical abortion and surgical abortion – are commonly used depending on a woman's situation and the available resources. However, medical abortion is frequently used in public hospitals and health centres and surgical abortion is more common in private clinics.

**COST**

These procedures are totally free of charge.

*GNI per capita: 24,590 US\$  
Average monthly income: 2,049 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

- *38 of the 51 hospitals are involved in the provision of abortion services. The ones who are not involved are obliged to have contracts with other hospitals or private clinics where women are referred.*
- *All specialists (medical, nurses and health professional) have the right to conscientiously object. When hospitals don't provide legal abortion due to conscience objection or other obstacles, they are obliged to refer the woman to another service that provides legal abortion and the clinic that objected to providing abortion care services has to pay for the abortion.*
- *Officially the abortion has no costs for women (according to law abortions are free of charge in all cases, also when a woman goes to a clinic other than a public hospital or centre).*
- *In some cases, bad professional practices may cause delays and can confuse women.*

**COMMENTS:**

- *A first change to the 1984 abortion law occurred in 1997 when the gestational limits were amended.*
- *In April 2007, abortion has become legal on request of a woman until 10 weeks of pregnancy.*
- *Access is effective for both rural and urban women. Women go to their residential area hospital or are referred to another hospital or recognized clinic if the hospital is not performing abortions because of conscientious objection.*
- *There are on average 1000 abortions/month.*
- *During the pre-abortion consultation, doctors talk about future contraception. Most of the times, the woman chooses her future contraception during the pre-abortion counselling.*
- *Figures on illegal abortion are unknown.*

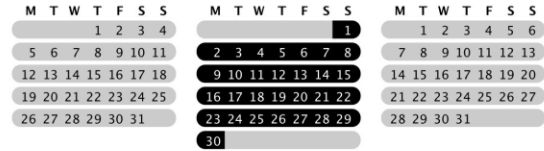
<b>ROMANIA</b> <b>Societatea de Educatie Contraceptiva si Sexuala (SECS)</b> <a href="mailto:sediu@secs.ro">sediu@secs.ro</a> <a href="http://www.secs.ro">www.secs.ro</a>
<b>LEGISLATION</b> 25 December 1989, Ministry of Health Order 605/28.12.89 Law N° 140, 5 November 1996, amending and completing the Penal Code
<b>GROUND/GESTATIONAL LIMITS</b> <b>Up to 14 weeks:</b> On request <b>Beyond 14 weeks:</b> Risk to life of woman – when abortion is necessary to save the pregnant woman’s life, health or bodily integrity from serious danger that is imminent and cannot be prevented by other means.
<b>REGULATIONS/CONDITIONS</b> <b>Provider and institutional requirements</b> Only performed in Obstetrics and Gynaecology departments or private clinics by obstetricians or gynaecologists
<b>METHODS</b> In most Obstetrics and Gynaecology departments from public hospitals, abortions are performed using dilatation and curettage. In private clinics, most abortions are performed through vacuum aspiration, but a large number of OB/GYNs still do checks of the uterine cavity with a sharp curette. Medical abortion is hardly available. Mifegyne 200 mg is registered and there are facilities offering it. Prostaglandins are registered but only for ulcer treatment, not for obstetrical or gynaecological use. Among the senior gynaecologists there is a reluctance to introduce medical abortion as they are afraid that the low level of information and education among women could lead to complications.
<b>COST</b> <ul style="list-style-type: none"> <li>• Free of charge in public hospitals for women in difficult socio-economic conditions</li> <li>• Public hospitals: 20 US\$ but in most of the hospitals there are additional charges for an initial pelvic examination (20 US\$) and frequently also for an ultrasound examination 15 US\$</li> <li>• Private clinics: 60 – 200 US\$</li> <li>• Medical abortion –150-200 US\$</li> </ul> <p style="text-align: right;"><i>GNI per capita: 14,290 US\$</i> <i>Average monthly income: 1,191 US\$</i></p>
<b>DISPARITY IN THE APPLICATION OF THE LAW:</b> <i>None</i>
<b>COMMENTS:</b> <ul style="list-style-type: none"> <li>• <i>The new Law replaces Decrees of 1957 and 1985. The latter allowed for abortion only:</i> <ul style="list-style-type: none"> <li>• <i>Medical grounds</i></li> <li>• <i>Rape</i></li> <li>• <i>Social grounds for women over 40 (up to 12 weeks)</i></li> <li>• <i>Social grounds for women with 5 or more children (up to 12 weeks)</i></li> <li>• <i>Social grounds for all women under 18 years</i></li> </ul> </li> <li>• <i>These decrees were abolished the day after a popular uprising</i></li> <li>• <i>Since the introduction of the new law, maternal mortality has decreased by 317%</i></li> </ul>

- *Abortion is performed mostly in hospitals and clinics located in urban areas – women living in rural areas have less access to abortion, especially poor women in rural areas.*
- *Although most Romanian couples understand and accept family planning, the prevalence of modern contraceptives is not high. The modern contraceptive prevalence rate increased from 14.7 % in 1993 to 38.2% in 2004. The main obstacle is lack of correct information regarding modern contraceptives, mainly fear of side effects. Hormonal methods are considered as dangerous by the majority of the medical community. There are no consistent IEC/BCC programs, and sexuality education is provided only by some public schools under the optional disciplines.*
- *The majority of women with low income have only limited access to information/education regarding modern contraceptive methods and are therefore relying on abortion for family planning.*



Figure 3: Mandatory waiting periods

Mandatory waiting period



							1
Slovak Republic Russian Federation (gestation +11 weeks)	Germany, Hungary Latvia, Portugal and Georgia		The Netherlands	Belgium	Albania, France Russian Federation (gestation 8-10 weeks)		
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	Number of days						

**RUSSIAN FEDERATION**  
**Russian Family Planning Association (RFPA)**

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[www.rfpa.ru](http://www.rfpa.ru)

**LEGISLATION**

Governmental decision, 23 November 1955 about abortion legalization.

1993 - Russian Federation Public Health Care Law No. 5487-1, 22 July, article 36: "Every woman has the right to decide in matters related to motherhood"

2003 – Decree of RF Government No. 485, 11 August: "About the list of social indications for induced abortion", the list of social grounds for abortion was limited by this decree. (four special circumstances referred to as social indications were removed from the list of social grounds under which a woman can apply for an abortion up to 22 weeks of gestation)

2007 - Decree of the Ministry of Health and Social Development N° 335 "On informative consent concerning induced abortion"

2007 - Decree of the Ministry of Health and Social Development N° 736 "On the approval of the list of medical indications for induced abortion". The number of medical grounds to apply for abortion after 12 weeks was halved. (e.g. HIV infection is excluded as a ground for second trimester abortions.)

2011 – Amendments into the Federal Law on Advertisement N°38. Any advertisements of abortion services should contain a warning that abortion can lead to infertility and other health complications. The warning message should contain no less than 10% of advertisement. No such advertisement can call abortion "safe".

2011 – New version of Russian Federation Public Health Care Law, N° 323, 21 November 2011. The law introduces a mandatory waiting period and introduces the option of conscientious objection.

**GROUND/GESTATIONAL LIMITS**

**Up to 12 weeks:**

- On request

**Up to 22 weeks**

Social grounds:

- Pregnancy is the result of rape
- Current Imprisonment of the woman
- The woman was previously deprived of her parental rights by court ruling
- Death or severe disability of husband

Permission for abortion on social grounds depends on the decision made by special commission

**No limit:**

- Medical grounds: the list includes severe foetal abnormalities and conditions that can endanger health and life of the mother if the pregnancy continues. The medical grounds are determined by the patients' gynaecologist and other medical professionals if needed.

**REGULATIONS/CONDITIONS**

**Expert approval**

- Permission for abortion on social grounds depends on a decision made by special commission to which a pregnant woman has to apply with a certificate from her OB/GYN stating the gestation of the pregnancy and additional legal documents that would support her request for an abortion on abovementioned social grounds.
- The commission decides about woman's right for second trimester abortion. The commission is composed by the head of the medical facility or his/her official deputy, head of the department (where abortions are provided), the patient's doctor and professionals (psychiatrist, legal attorney, etc.) who supplied the additional documents for commission.
- Medical grounds (determined by the MoH) are determined by the patient's gynaecologist and other medical professionals if needed. After the diagnosis the patient should apply by written request to the medical commission that must approve the abortion.

**Institutional and provider requirements**

- All abortions have to be performed in governmental clinics or in licensed private clinics by physicians with special

training.

- For early pregnancies (up to 20 days of delayed period), abortions can be performed in outpatient clinics.

#### **Parental consent**

- If the patient is under 15, parental consent is mandatory.

#### **Waiting period**

During full 12 weeks of pregnancy the following waiting periods are applied

- An abortion is performed cannot be provided earlier than 48 hours after the first consultation
- When the gestation of the pregnancy is between 8-10 weeks there is a waiting period of 7 days
- When the gestation of the pregnancy is between 11-12 weeks the waiting period should be 48 hours but it should not allow the pregnancy to go over 12 weeks of gestation.

#### **Conscientious objection**

The doctor has the right to refrain from providing an abortion, if it will not endanger the health and life of a patient or anybody else. S/He has to do this in writing. The head of the medical facility has the obligation to provide a replacement for the doctor that refuses to perform abortions.

#### **Counselling**

In some states mandatory biased counselling exists de facto, usually provided by a religious psychologist or an orthodox priest.

### **METHODS**

Dilatation and Curettage is the method most frequently used.

Medical abortion is rare, less than 3 % of all abortions used medical abortion methods.

In 2009 35,125 medical abortions were conducted and the total number of abortions in RF was 1.16 million.

Medical abortion is legal in Russia up to 42 days of menstrual delay. A number of drugs are registered including: Mifepristone and Mirolut (a brand name of Misoprostol). The clinic should be appropriately equipped in order to conduct medical abortions.

### **COST**

- Abortion performed within the compulsory health insurance programme is free of charge
- Women can undertake abortion in the framework of voluntary medical insurance, as well as in private, authorised institutions
- Many women prefer commercial clinics, these can be geographically more accessible and tend to be patient-friendlier than state clinics. They usually also allow women to choose between medical and surgical methods of abortion and provide vacuum aspirations. In state clinics this choice of method is usually not available.
- The cost for a medical abortion varies between 100 and 200 US\$ and is thus only affordable for a minority of the population.

*GNI per capita: 19,240 US\$*

*Average monthly income: 1,603 US\$*

### **DISPARITY IN THE APPLICATION OF THE LAW:**

#### **COMMENTS:**

- *Abortion rates are decreasing. According to data from the RF Statistics Committee, 3.53 million abortions or 95 abortions per 1000 women of reproductive age were performed in 1992. In 2002 1.95 million abortions or 50 abortions per 1000 women of reproductive age were registered. In 2009, there were 1.16 million abortions. The main decrease in 1993-1998 up to 25-30% was caused mainly due to Federal "Family Planning" Programme, "Safe Motherhood" Programme and some regional programs.*
- *Only one region in Russia, Kemerovskaya Oblast, is providing medical abortion for free, which is covered by their Regional Budget.*
- *Abortion remains the main method of fertility regulation in Russia, 40% of pregnancies end in induced abortion. There are several barriers to accessing contraceptives: the absence of domestic manufacturers producing hormonal contraception, absence of state support low income populations, high and unaffordable contraceptive prices, the lack of information about contraception and lack of motivation to use contraceptives are the main*

*causes of low oral contraceptive use. The unbalanced contraceptive mix, as well as unmet need of family planning, is in many cases associated with the high rates of unwanted pregnancies resulting in high abortion rates.*

- *Since 2010 there are continues attempts to restrict the right and access to abortion in Russia coming mainly from religious groups and conservative politicians in the Parliament. Two Draft Laws were prepared that would severely impede women`s access to abortion in Russia. Among those proposed changes to the existing Law there are:*
  - *Reduction of the number of indications for abortion.*
  - *Exclusion of abortion care from the list of the state healthcare insurance services, except for the cases of severe health conditions and pregnancy in result of rape.*
  - *Legal prohibition to provide abortion earlier than 48 hours since woman`s primary visit to the healthcare facility, and in case of early pregnancy (till 11th week) a woman has to wait for 7 days before having an abortion, with the exception of cases of medical emergency.*
  - *Providing medical doctors with the right to refuse abortion provision if it goes against their religious beliefs or moral reasoning, with exception of cases of medical emergency, pregnancy in the result of rape and the cases, when it is impossible to visit another doctor.*
  - *Implementing mandatory practice of written informed consent for abortion from a woman only after she is provided with information about abortion procedure and its negative consequences, including the risk of infertility.*
  - *Married women can have an abortion only after providing written consent from their husbands. Legally minors can have an abortion only after providing written consent from their parents or legal guardians.*
  - *Providing pregnant women, who want to have an abortion “with additional examination”: hearing the heartbeat “of their child”; looking “at their child” during ultrasound examination.*
  - *Reforming the licensing process of abortion healthcare services.*
  - *Providing pregnant women in hard situations with “necessary help” through special crises centres.*
- *There are a lot of biased “crisis pregnancy centres” in Russia. They are supported by Russian Orthodox Church and collaborate with some state healthcare facilities that provide free abortions.*

**LEGISLATION**

Family Law, Article 5. (1) Women are free to decide about birth. (2) Both mother and infant enjoy special protection from the government.

**GROUND/GESTATIONAL LIMITS**

**Up to 10 weeks**

On request: Abortion can be performed until 10<sup>th</sup> gestational week, on the request of the pregnant women.

**10-20 Weeks**

In the following cases abortions are allowed: rape, incest, psychological trauma and socioeconomic reasons

**Beyond 20 weeks**

Life or health of the woman

**REGULATIONS/CONDITIONS**

**Parental consent:**

Parental consent is required for young people under 16 years of age

**Written consent:**

The women needs to approve by written consent

**Medical Approval/Expert Approval**

For abortions up to the 10<sup>th</sup> week of gestation a gynaecologists establishes the conditions for termination

For abortions between 10-20 weeks of gestation approval is needed by a panel of experts from the health institution.

For abortions beyond 20 weeks of gestation the approval of an ethical committee is needed.

**METHODS**

Surgical abortion:

- Aspiration – performed until 6 week of gestational pregnancy – used commonly in private health clinics
- Curettage – surgical intervention (12-15 week of gestation) most common method used in state institutions
- Dilatation and evacuation

Medical abortion:

- Prostaglandin suppositories - not common and rarely performed
- RU-486 – in institutions, up till 10 week with supervision
- Induced labour – older than 16 gestational weeks

**COST**

State health institutions do not require payment – health insurance covers the costs of an abortion.

Private clinics charge in the range from 180 – 300 EUR (237 – 396 US\$)

*GNI per capita: 11,090 US\$*  
*Average monthly income: 924 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*None recorded.*

**COMMENTS:**

*There is no clear data on the number of abortions in Serbia. Official statistics say that there are approximately 100,000 abortions per year, whereas private clinics do report their statistics and this is the reason why the real number is estimated to be closer to 200,000 abortions per year.*

## LEGISLATION

Law 73, 23 October 1986, effective January 1987 and amended through Law N° 419/1991.

## GROUNDINGS/GESTATIONAL LIMITS

### Up to 12 weeks:

- On request

### Beyond 12 weeks:

- If the woman's life or health is endangered
- If the healthy development of the foetus is endangered
- If foetal development manifests genetic anomalies

## REGULATIONS/CONDITIONS

### Approval process

- The woman has to submit a written request to the gynaecologist of the health establishment serving her place of permanent residence, place of work, or school.
- If the physician does not find that the conditions for abortion are satisfied, the woman may (within three days) make a written request that her case be examined by the director of the health establishment, who has to examine the request within two days of its submission. The director has to consult two further physicians (OB/GYN or if necessary specialized in another field). His decision is final.

### Parental consent

Consent required for minors (under 18) from their legal representative or the person who has been assigned responsibility for the woman's upbringing.

### Institutional requirements

Abortions have to be carried out in hospital. Women must apply for it but they can choose both the district and the hospitals, 'free choice of physician'

### Counselling requirements

Compulsory counselling by a gynaecologist who is obliged to inform the woman about alternatives (adoption, confidential birth). The signed informed consent has to be sent to state authority before the abortion procedure.

### Waiting period

Waiting period: from the moment of signing the informed consent there is an obligatory waiting period of 48 hours before the actual abortion procedure.

### Abortion for non residents

Abortion on request up to 12 weeks is not possible for women residing only temporarily in Slovakia.

### Approval for repeat abortions

There needs to be a period of at least 6 months between 2 abortions. Except for women with at least two births; aged 35 or over, or in case of rape

## METHODS

Vacuum Aspiration and Curettage are the most common methods.

Medical abortion is still not registered and thus not used

## COST

- Abortion on request costs US\$ 257
- Free of charge on medical grounds

*GNI per capita: 22,980 US\$*  
*Average monthly income: 1,915 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

- *Despite the law, due to attacks by anti-choice catholic groups, access to safe abortion has been reduced. Due to these campaigns, even supportive gynaecologists have taken an anti-choice position relying on the conscientious objection clause. In 2007 an American anti-choice organization 'Center for Bioethical Reform' conducted an aggressive anti-choice campaign showing on 500 billboards aborted fetuses. The campaign caused a massive controversy.*
- *A common problem is conscientious objection which is misused by some hospital leaders. Consequently, there are cities and regions in Slovakia where abortion is not available.*

**COMMENTS:**

- *At present time, the issue of abortion on request but also of abortion for medical reasons is a topic of political debates.*
- *In 2007, the Constitutional Court finally made a decision on the legal status of abortion law. A request to outlaw abortion was submitted in 2001 by the Christian Democratic Party. Six years later, the Court was asked to rule on the issue, and decided that it is not unconstitutional to perform abortions at a woman's request in the first trimester of pregnancy. Slovakia's Constitutional Court ruled against a request to make abortion illegal. The decision has been announced on December 4th, 2007.*
- *The Court said that the foetus is protected enough by the procedure a woman must go through if she wants an abortion, under the law: filing a request, receiving a medical examination, going through an interview with a doctor, receiving a second approval of the decision, and paying for the surgery.*

<b>SPAIN</b> <b>Federación de Planificación Familiar de España (FPFE)</b> <a href="mailto:info@fpfe.org">info@fpfe.org</a> <a href="http://www.fpfe.org">www.fpfe.org</a>																		
<b>LEGISLATION</b> Law on Sexual and Reproductive health, 3 <sup>rd</sup> of March 2010																		
<b>GROUNDINGS/GESTATIONAL LIMITS</b> <b>Up to 14 weeks:</b> On request <b>Up to 22 weeks</b> <ul style="list-style-type: none"> <li>• If the woman's life or health is at risk</li> <li>• Serious foetal anomalies</li> </ul> <b>Beyond 22 weeks:</b> <ul style="list-style-type: none"> <li>• If foetal malformation is deemed incompatible with life or if the foetus is diagnosed with an extremely or incurable disease.</li> </ul>																		
<b>REGULATIONS/CONDITIONS</b> <b>Specialist approval</b> <ul style="list-style-type: none"> <li>• In case of abortion beyond 14 weeks there is need for the approval/consent by two medical specialist other than the one providing the abortion</li> </ul> <b>Parental notification</b> <ul style="list-style-type: none"> <li>• The law states that minors can decide for themselves whether to terminate her pregnancy but must inform at least one parent or guardian. They are allowed to not inform them if they allege that this will "reasonably" result in a conflict situation or if there is danger for domestic violence, threats, coercion and/or abuse or a situation of neglect</li> </ul> <b>Conscientious objection</b> <ul style="list-style-type: none"> <li>• Concerning conscientious objection the text states that health professionals directly involved in abortion have the right to exercise conscientious objection if access to and quality of care is not impaired</li> </ul>																		
<b>METHODS</b> Mifepristone and Misoprostol are registered for medical abortion use in first trimester. The procedure is slightly more expensive than for surgical abortion. It is available but there are accessibility issues for access. The regulations for medical abortion are the same as surgical abortion. The 2009 report of the Ministry of Health makes the following break-down in methods of abortion used in that year: <table border="0" style="margin-left: 20px;"> <tr> <td>Vacuum aspiration:</td> <td>95.355</td> </tr> <tr> <td>Dilatation:</td> <td>4.697</td> </tr> <tr> <td>Curettage:</td> <td>3800</td> </tr> <tr> <td>Ru486:</td> <td>4832</td> </tr> <tr> <td>Intravenous Injection:</td> <td>419</td> </tr> <tr> <td>Intrauterine injection:</td> <td>40</td> </tr> <tr> <td>Hysterotomy<sup>4</sup>:</td> <td>12</td> </tr> <tr> <td>Other:</td> <td>2286 (probably in relation with a mix of methods)</td> </tr> <tr> <td>Unknown:</td> <td>3</td> </tr> </table>	Vacuum aspiration:	95.355	Dilatation:	4.697	Curettage:	3800	Ru486:	4832	Intravenous Injection:	419	Intrauterine injection:	40	Hysterotomy <sup>4</sup> :	12	Other:	2286 (probably in relation with a mix of methods)	Unknown:	3
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<sup>4</sup> Surgical incision of the uterus, performed as a method of abortion in a pregnancy beyond the first trimester of gestation when a saline injection abortion was incomplete or a tubal sterilization is to be done with the abortion. During surgery the lower segment of the uterus is incised, and the products of conception are withdrawn. Postoperative care includes close observation for excessive vaginal bleeding. (source: <http://medical-dictionary.thefreedictionary.com/hysterotomy>)



## COST

- Public health service: free of charge (most of the abortions are performed in the private clinics but the cost is covered by the National Health System)
- Private hospitals: average cost before the 12th week: € 360 (US\$ 475), approximately the same price as vasectomies in private hospitals. After the 12th week the price is highly variable depending on gestational period, anaesthetic, etc...
- Some examples of prices in private clinics:

### Clinic 1

Under 12 weeks, local anaesthesia	345€ (455US\$)
Under 12 weeks, general anaesthesia	440€ (580US\$)
13 to 14 weeks	475€ (627US\$)
15 to 16 weeks	595€ (781US\$)
17 weeks	625€ (825US\$)
18 weeks	840€ (1109US\$)
19 weeks	990€ (1307US\$)
20 weeks	1.470€ (1940US\$)
21 a 22 weeks	1.655€ (2184US\$)

### Clinic 2

Surgical abortion local anaesthesia:	310 € (409US\$)
Surgical abortion general anaesthesia:	410 € (541US\$)
Pharmacological abortion:	370 € (488US\$)

- **Situation before the new law:** Andalusia was the only region where abortion was free even when performed in private services. In Murcia, there were some agreements between the public health system and the private clinics. In Madrid and Barcelona, regional Governments covered 20% of the abortions with grants that were individually allocated to certain women, generally those in a more vulnerable situation, when they fulfil some conditions.
- **Situation after the new law:** Even if abortions are not performed in public hospitals, they do not have any cost for women, as access is guaranteed through an agreement with private clinics according to which it is the public health system which pays for the abortions.

GNI per capita: 31,800 US\$

Average monthly income: 2,650 US\$

## **DISPARITY IN THE APPLICATION OF THE LAW:**

- *The lack of the conscientious objection regulation and its generalisation in public health means that in general women have to refer themselves to private structures and that there are important differences between regions in terms of availability of service, especially in public structures*

## **COMMENTS:**

- *There is no policy on conscientious objection; therefore abortions are carried out in very few public hospitals, resulting in 2% of abortions performed there, and 98% in private clinics (2009). In 6 regions there is no public hospital offering abortion services and in one region (Navarre) there are no abortion services at all, neither public nor private.*
- *Before the change of law in 2009, 97% of the abortions were on the grounds of the health of the women and 3% on grounds of foetal health (63 % of abortions 8 weeks or less and 88,5 % within 12 weeks).*
- *Before the new law the door remained open for individual accusations against women and doctors from ex-boyfriends, ex-husbands, anti-choice groups, etc. Since the decriminalisation of abortion, at least 1,000 proceedings have been opened, and several have resulted in condemnation of doctors performing abortions in private hospitals.*

<p><b>SWEDEN</b>  <b>Riksförbundet för Sexuell Upplysning (RFSU)</b>  <a href="mailto:info@rfsu.se">info@rfsu.se</a>  <a href="http://www.rfsu.se">www.rfsu.se</a></p>
<p><b>LEGISLATION</b></p> <p>Abortion Act 595, 14 June 1974, amended 1995:660 and 2007:998</p>
<p><b>GROUND/GESTATIONAL LIMITS</b></p> <p><b>Up to 18 weeks</b>  On request</p> <p><b>Up to 22 weeks (foetal viability)</b>  ‘Strong reasons’. If it is presumable that, owing to illness or bodily defect on the part of the woman, the pregnancy entails a serious danger to her life or health</p>
<p><b>REGULATIONS/CONDITIONS</b></p> <p><b>Approval for second trimester abortions</b>  Second trimester abortions are subject to approval by the National Board of Health and Welfare</p> <p><b>Institutional and personnel requirements</b>  Abortion must be carried out in a general hospital or private clinic approved by National Board of Health and Welfare and by a qualified medical doctor</p>
<p><b>METHODS</b></p> <p>Medical abortion up to 63 days was approved in Sweden in 1992. In 2010, 87.5% of abortions carried out before the end of the 9<sup>th</sup> week of gestation were medical abortions.</p> <p>Almost 79% of all induced abortions are performed before week 9 of pregnancy. The number of abortions performed after the 18th week of gestation represents 1% of the total number of abortions.</p>
<p><b>COST</b></p> <p>The cost is almost fully covered by the National Health Insurance. Patients only have to pay a minor fee. The fees slightly differ from county to county and are reviewed yearly. They range between SEK 260 (US\$ 37) and 380 (US\$ 54).</p> <p style="text-align: right;"><i>GNI per capita: 39,730 US\$</i>  <i>Average monthly income: 3,227 US\$</i></p>
<p><b>DISPARITY IN THE APPLICATION OF THE LAW:</b></p> <p><i>None</i></p>
<p><b>COMMENTS:</b></p> <ul style="list-style-type: none"> <li>• <i>Sweden has a very good and well-functioning abortion law but there are some anti-choice activities against the Abortion Act, these groups are small but loud with around 17,000 members, mainly connected to a religious sect called ‘The word of life’</i></li> <li>• <i>The Abortion law is combined with a law making contraceptive services free of charge and subsidizing the price of contraceptives, the government also implements prevention activities, provides funds for a long-term health education programme aimed at preventing teenage pregnancies, and also funds civil society for sexuality and contraceptive information initiatives</i></li> <li>• <i>There is good access to emergency contraceptive pills. In youth clinics they are free of charge. They are otherwise easily accessed, at charge, at the pharmacy.</i></li> <li>• <i>Since 2008, the law allows foreign women to have an abortion in Sweden.</i></li> </ul>

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**LEGISLATION**

Penal Code Act, articles 118-121, January 1942, was modified on 23 March 2001 and adopted after 2 June 2002 referendum. The new law (Penal Code Act, articles 118-120) has become effective on 1 October 2002

**GROUNDINGS/GESTATIONAL LIMITS**

**Up to 12 weeks (from LMP) (10 weeks from conception):**

- On request, but the woman must “express” her distress to the physician

**After 12 weeks (from LMP):**

- If according to a medical opinion, the abortion is necessary to avert a serious risk to the physical integrity of the woman or to avert severe mental distress (which includes rape, incest, foetal malformation)

How later in the pregnancy, the more serious the risk has to be.

**REGULATIONS/CONDITIONS**

**Procedure requirements:**

- The woman has to file a written request stating that she is in a situation of distress
- The doctor has to give the woman comprehensive information. He has to discuss the decision with her in detail, give her an information sheet with addresses of counselling services and services where she can get moral and financial support and be informed about alternatives to abortion such as adoption. Guidelines about psychosocial counselling on abortion are developed by the family planning counsellor’s professional association.

**Counselling**

- Pre-abortion counselling is offered in all cantons but is not obligatory

**Parental consent/parental notification**

- Minors under 16 have to see a counsellor at a counselling service for adolescents
- Parental consent (or information) is not required for minors capable of discernment (even if they are under 16). However, if a woman is under 16, usually the physician asks that one adult in the network of the young girl is informed about the abortion

**Consent requirements**

- Consent from the woman’s legal representative is required if the woman is incapable of discernment.

**Availability of abortion services**

- All Swiss cantons must offer a hospital or medical center where a woman can have an abortion.
- A public hospital must offer abortion to any woman under 12 weeks or in distress

**METHODS**

- Vacuum Aspiration and Curettage are used up to 13-14 weeks of amenorrhea
- Mifégyne usually up to 49 days, at some places even up to 62 days.
- Different methods are used for late abortion on medical indication

Access to RU 486 up to 7 weeks of pregnancy is very good in Switzerland since 2000. 50% or even more of all abortions are medical abortions.

**COST**

Health insurance covers the costs of the lawful termination, under the same terms as for other procedures/treatments

Between CHF 700 and 3000 (740 US\$ - 3,173 US\$), if no complication.

The costs are higher for late abortion on medical indications.

*GNI per capita: 49,960 US\$*  
*Average monthly income: 4,163 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

**COMMENTS:**

- *Most abortions are performed on psycho-social grounds*
- *The abortion legislation was liberalized in 2001 but it remains part of the Penal Code.*
- *There is no difference in rural and urban access to abortion*
- *The abortion rate is rather low: 6.8/1000 women. It is most frequent among 20-25 year olds and among migrant population. The abortion rate among very young women aged 15-19 years has declined to 4.5 / 1000 women.*
- *Availability of contraceptive methods is good and there is prevention through sex education in school*
- *The practice has become more liberal over the last 25 years*
- *After 14 weeks of pregnancy, it is still difficult to obtain an abortion except in very severe cases*
- *Regional differences and travelling for abortion within Switzerland are rapidly disappearing*

## LEGISLATION

Law N°179, 15 May 1997, “on protection of public health” and Law N° 72, 2 December 2002, “On reproductive health and reproductive rights”

Strategic plan on reproductive health 2004

National action plan on providing access for the safe abortion and qualitative post abortion care in the Republic of Tajikistan approved by MoH 01.12.2008.

Order N°121 of Ministry of Health, 28 April 2000, On abortion grounds and procedures in the Republic of Tajikistan  
Order # 204 of MoH RT, 21<sup>st</sup> April, 2011 National Standards on safe abortion and post-abortion care. (TFPA/UKAID project initiative and technical support)

## GROUND/GESTATIONAL LIMITS:

### Up to 12 weeks:

On request

### Up to 22 weeks:

On social grounds:

- Husband’s death during gestation;
- Divorce during gestation;
- If the husband or wife is recognized as unemployed;
- In the court decided to revoke parental or maternal rights entirely or partly;
- If the woman is not married;
- If the pregnancy is the result of rape;
- If the husband is severely disabled (level 1-2);
- If the family has a disabled child;
- If the family does not have place of residence or lives in a dormitory;
- If the woman has a refugee or forced migrant status;
- If the family’s income is less than the minimum wage;
- If the family has many children (5 and more)

### No limit:

In case of serious risk to the physical or mental health of the woman.

## REGULATIONS/CONDITIONS:

### Grounds for abortions

- The list of social grounds is set out in a government regulation dating back from 1999
- If rape is the cause of pregnancy, the rape should be reported to the authorities in charge (police);

### Expert approval

- In case of foetal malformation, assurance of 3 doctors (OB/GYN) is needed stating that the child if born may suffer from serious physical or mental defects
- In case of serious risk to physical and psychological health of the woman, a medical report of a doctor specialized in this area is required.

### Institutional and provider requirements

- The abortion should be conducted by a doctor (OB/GYN) and only in a specialized clinic.
- The doctor (OB/GYN) can be prosecuted if the abortion was not performed in a licensed clinic.

### Parental consent

- Adolescents aged 15–18 need parental consent.

## METHODS

Two methods of abortion are most commonly used:

- Vacuum aspiration up to 12 weeks;
- Embryotomy for later term abortions.

On the 21<sup>st</sup> of April 2011 a new order came into practice (Order # 204 of MoH RT) officially introducing Medical Abortion in Tajikistan.

During the last meetings with Ministry of Health it was noted that the Medical abortion becomes more popular especially among the adolescents. There are issues around Medical Abortion that still need to be addressed. For instance a major concern is that the price of the MA drugs has doubled after approving the national standards on safe abortion and post abortion care.

**COST:**

Officially, abortion in state clinics is provided free of charge, but patients are often asked for informal payments:

- Abortions up to 5-6 weeks are provided for the sum of 5-15 US\$,
- From 6-12 weeks of pregnancy 10-20 US\$,
- From 18-22 weeks 50-100 US\$ depending on the commodities and equipment used (medicines, analgesics, etc).

*GNI per capita: 2,140 US\$*

*Average monthly income: 178.3 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

- *Manual vacuum aspiration is allowed only within 6 weeks of pregnancy officially, but in practice it is performed up until 12 weeks.*
- *Provision of abortion is allowed only in specialized health institutions (of which there are only a few). This hampers access to abortion services and leads to illegal abortion.*

**COMMENTS:**

- *If high-quality contraceptives were available and accessible and service providers were trained on providing abortion services, the number of illegal abortions and unwanted pregnancies would decrease. At the moment, there is no access to high-quality contraceptives in Tajikistan so far. The country just cannot afford them, and all contraceptives come from humanitarian aid and are of low quality.*
- *An updated strategy was developed in 2008 with support of WHO, TFPA, MoH of Tajikistan, however it is not yet approved by the Government of Tajikistan;*
- *There is an unofficial policy to work on reducing the abortion rate, but not on widening the access to safe abortion methods;*
- *According the official MoH reports the contraceptive uptake is very high, at the same time the number of abortions remains high. These conflicting indicators show us that this situation needs to be further researched.*

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**LEGISLATION**

Law N° 2827, Sec 5-6, 24 May 1983, "Population Planning"

**GROUND/GESTATIONAL LIMITS**

**Up to 10 weeks:**

On request

**Over 10 weeks:**

- If the pregnancy represents, or will constitute, a danger to the woman's life
- If there are severe foetal impairment

**REGULATIONS/CONDITIONS**

**Spousal consent**

Married women need spousal consent (this requirement can be waived if urgent action needs to be taken because the pregnancy endangers the life of the woman or presents a danger to vital organs of the woman)

**Parental/Legal guardian consent**

Parental, guardian's or magistrate's courts consent required for minors (under 18) or mentally disabled. (this requirement can be waived if urgent action needs to be taken because the pregnancy endangers the life of the woman or presents a danger to vital organs of the woman)

**Medical/Specialist approval**

Confirmation in writing, on the basis of objective findings by 2 specialists (one in OB/GYN and one in a related field) is needed in cases where there is risk to life of woman or risk of foetal malformation

**METHODS**

The most commonly used methods are manual vacuum aspiration for induced abortion. However, if the abortion is performed due to medical reasons, it could be performed during all three trimesters by using the appropriate abortion method including D&C, laparoscopy etc.

Although scientific committees recommend the clinical use of Mifepristone and RU486, following feasibility studies, pharmaceutical companies were not interested to register Mifepristone in Turkey. Although Mifepristone is not registered in Turkey yet ongoing research is planned, including a multi-site national study. These studies will continue to generate evidence for its use in different clinical settings and inform future introduction

**COST**

Every woman has the right to access to safe abortion services. If she has an abortion in a Government or University Hospital, the operation is free of charge and paid for by the Social Security System or by the Social Welfare System. In July 2007 three separate social security units were combined under the same General Directorate this new system also covers the contracted private medical centres and hospitals. The accessibility of services in private sector health units (for instance when accessing abortion care in a private clinic) in consequence has improved under the new law. Unfortunately, the law covers only a limited amount (50 US\$ - 110 US\$) of the total cost of the abortion and the woman has to pay the extra cost by herself (200 US\$ - 300 US\$).

*GNI per capita: 1,294US\$*  
*Average monthly income: 15,530 US\$*

**DISPARITY IN THE APPLICATION OF THE LAW:**

*Women in rural areas have limited access to safe abortion. Pre- and post-abortion counselling is not always provided. In some settlements there are no or limited family planning services. Problems in relation to barriers to accessing safe abortion persist despite a quite liberal abortion law.*

**COMMENTS:**

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**NGO “Women health & Family Planning” (WHFP)**  
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**LEGISLATION**

# 2801-XII dated November 19, 1992 the Fundamentals of Health Legislation of Ukraine, article 50: *The operation of artificial termination of pregnancy (abortion) may be conducted at the will of the woman in the environment of medical establishments with a required level of accreditation, in gestation before 12 weeks.*

# 111 Order “On approving the instructions for the artificial pregnancy termination procedure and the method of vacuum aspiration”, dated June 28, 1994, the Ministry of Health of Ukraine.

#192 Order “On approving the instruction for the medical artificial pregnancy termination procedure in early terms by using Misoprostol and Mifepristone and other analogous medication registered in Ukraine”, dated May 05, 2003, the Ministry of Health of Ukraine.

# 144 Decree “On the Realization of Article 281 of the Civil Code of Ukraine”, dated February 15, 2006 the Cabinet of Ministers of Ukraine. *The List of serious illnesses, with which pregnancy can threaten the patient’s life and health. In such cases terminating pregnancy in 12-22 weeks of gestation is allowed.*

# 508 Order “Statement on abortion procedures and obligatory requirements regarding statistics, recording”, dated July 20, 2006, the Ministry of Health of Ukraine.

#1177 Order / Clinical protocol “Comprehensive care of unwanted pregnancies”, dated December 31, 2010, the Ministry of Health of Ukraine.

**GROUND/GESTATIONAL LIMITS**

**Up to 12 weeks:**

- On request

**Up to 22 weeks:**

- Judicial
- Genetic
- Life treat
- Medical grounds: Woman’s life in danger; Rape or incest; Foetal impairment, or in order to preserve physical or mental health<sup>5</sup>.
- Social grounds: three or more children in family; divorce during pregnancy; the death of husband during pregnancy; pregnancy caused by rape, woman or her husband are in prison, woman deprived of her parental rights; disability of woman's child, husband’s is severely ill or injury that caused his disability during the women’s pregnancy.

**REGULATIONS/CONDITIONS**

**Institutional requirements**

Abortions can be carried out in accredited health care institution in which that have the capacity to provide emergency medical care ( $\leq 49$  days gestation in out-patient clinics, from  $50 \leq 63$  days gestation only in hospitals).

**Provider requirements**

Abortions are carried out exclusively by OB/GYN

**Parental consent**

Abortions for patients under 14 years or people with special needs can be conducted at the request (application) of her legal representatives.

**Counselling and waiting periods**

The guidelines on counselling and waiting periods are regulated by the Order #1177 of Ukrainian Ministry of Health, from December 31, 2010 Clinical protocol “Comprehensive care of unwanted pregnancies” according to WHO recommendations.

<sup>5</sup> Rubella during pregnancy; HIV/AIDS; Tuberculosis; Tumours; Diabetes with complications; Hyperparathyroidism with complications; Hereditary diseases; Anaemia; Dementia; Mental diseases; Alzheimer's disease; Nervous disease; Heart disease; Essential hypertension III; Heart disease; Disease of blood circulation; Respiratory disease; Digestion disease; Kidney disease; arthropathy (disease of the joint(s)) and muscle disease; Chromosome diseases and malformation / according 10 International Statistic Classification of diseases  
September 2012



## METHODS

### 1<sup>st</sup> Trimester

- Medical abortion (MA) with Mifepristone and Misoprostol ( $\leq 63$  days, Mifepristone 200 mg or 600 mg per os (presence of gynaecologist), 24-36 hours later – Misoprostol 400 mg);
- Dilatation and Curettage (D&C) ( $\leq 12$  weeks);
- Electric vacuum aspiration (EVA) ( $\leq 12$  weeks);
- Manual vacuum aspiration MVA ( $\leq 12$  weeks).

According to the new Order -Clinical protocol # 1177 “Comprehensive care of unwanted pregnancies” (December 31, 2010) MA is the procedure recommended. The EVA equipment used in hospitals is rather old and the access to MVA equipment is limited. The method most commonly used remains D&C.

### 2<sup>nd</sup> Trimester

Requirements for 2<sup>nd</sup> trimester abortion:

- Gestational age of less than 22 weeks;
- Decision of Special Medical Commission;
- Procedure only in accredited hospitals III levels.

According to the new Order / Clinical protocol # 1177 “Comprehensive care of unwanted pregnancies” (December 31, 2010) the MA, MVA and EVA or recommended methods.

According to Order # 508 “Statement on abortion procedures and obligatory requirements regarding statistics, recording”(July 20, 2006) the recommended procedure is as follows: Intra-amniotic injection of 40 mg (8 ml) Dinoprost; Endocervical gel Dinoproston with follow-on of Dinoproston intravenously; Intra-amniotic instillation of Hypertonic saline (20% NaCl).

In 2010 3,782 cases of MA and 45,393 cases of EVA were officially registered. It is necessary to note that in the majority of cases an EVA will be followed by curettage to check if the abortion was complete.

## COST

Abortion procedures in the public sector are free of charge (although sometimes a payment of 20-40 USD must be made)

The private sector charges for D&C and MVA/EVA around 50-150 US\$. Medical Abortion is very expensive (from 100 US\$ to 300 US\$) and the costs are not reimbursed.

*GNI per capita: 6,620 US\$  
Average monthly income: 552 US\$*

## **DISPARITY IN THE APPLICATION OF THE LAW:**

*The access to “safe abortion” (MA, EVA and MVA) is extremely low.*

## **COMMENTS:**

*The abortion rate remains high even with the continuing decline in the abortion rate.*

*Here follow some official statistics from the Ministry of Health: total rate per woman – 1.2; general abortion rate per 1.000 women - 19,5 in 2005; 18,6 in 2006; 14,0 in 2010; abortion ratio per 100 live births – 64,0 abortions in 2004; 50,5 in 2006; 44,9 in 2007; 33,4 in 2010; age specific abortion rate (per 1.000 women) age 15-17 – 4,7 in 2007; 2,89 in 2010; In absolute numbers in 2010 – 83 abortions among girls under 14 years old, 2249 abortions among girls aged 15-17; total legal abortion in Ukraine – 264.074 according to MOH report in 2004; 229.618 in 2006; 164.467 in 2010. Number of medical abortions performed in 2004 – 1.205; in 2010 – 3.782 in absolute number.*

*During the past years, maternal mortality rate (MMR) due to abortions has increased. In 2007 – 4.7% of all MMR were due to complications following an abortion (4 cases), in 2008 – 8.0% (6 cases), in 2009 – 9.2% (12 cases).*

*According to the latest official statistics on Maternal Mortality from the Ministry of Health of Ukraine 9.9% of all Maternal Mortality could be attributed to complications following an (unsafe) abortion (unsafe procedures and post-abortion infections) (2010 data)*

*Most women know where they can obtain abortion services (in the public and private sector) and know the fees requested for services. The gynaecological departments and private clinics, providing abortion services, are situated almost exclusively in towns and cities. Therefore urban population has better access to abortion related services. The situation is different in the countryside. According to the existing system of health organization abortions are conducted on hospital level. Many rural women have to travel long distances to access abortion services. Sometimes they need to come several times, which limits rural women’s access to abortion services.*

*There is also a difference in the accessibility to contraception. The majority of the population buys contraceptives at own expense. Some categories of women (low-income, with many children, with extra-genital pathology) receive contraceptives at the cost of medical establishments, non-governmental organizations and charitable funds. The cost of contraceptives is vitally important, as it determines their accessibility. On the other hand, many low-income women are reluctant to use cheap contraceptives, doubting their quality. The conditions for the urban population are more favourable, owing to higher salaries and the availability of a wider range of contraceptives, while rural inhabitants have a limited choice, which often doesn't correspond to their financial possibilities.*

## UNITED KINGDOM

FPA

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### LEGISLATION

Abortion Act, 17 October 1967,  
Amended with Human Fertilization and Embryology Act, 24 April 1990

### GROUNDINGS/GESTATIONAL LIMITS

#### Up to 24 weeks

- If continuing the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family

#### No limit:

- If abortion is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman
- If continuing the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated
- If there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped

### REGULATIONS/CONDITIONS

#### Requirements in regards with later term abortion

- In determining whether continuing a pregnancy would involve such risk of injury to the health as is mentioned above, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.
- Consent of two doctors required

#### Parental consent

- Parents/guardians or social worker consent is not required for minors (under 16 or if in care) if both doctors concerned agree that the minor involved has sufficient maturity and understanding to appreciate what is involved.

### METHODS

- Early Medical Abortion (to 9 weeks)
- Manual Vacuum Aspiration (to 10 weeks)
- Vacuum Aspiration (to 15 weeks)
- Surgical dilatation and evacuation (after 15 weeks)
- Medical abortion (9-20 weeks)
- Abortion after 21 weeks involves either medical abortion or surgical dilatation and evacuation

### COST

- Free of charge (on National Health Service) in principle
- Private or charitable clinics: 11% of women in England and Wales pay £500 (796 US\$) upwards, depending on gestation and method
- About 95% of abortions in England and Wales [2010 figures], and 99.3% in Scotland, are funded by the NHS [2007 figures]

GNI per capita: 35,840 US\$  
Average monthly income: 2,986 US\$

### DISPARITY IN THE APPLICATION OF THE LAW:

- *The 1967 Abortion Act was not extended to Northern Ireland upon its enactment in 1968, and only applies to England, Wales and Scotland (Great Britain). Women from Northern Ireland are not entitled to an NHS abortion in Great Britain; if they wish to obtain an abortion, they must travel to Great Britain and pay for a private abortion.*
- *The legislation related to abortion in Northern Ireland is much more restrictive: under sections 58 and 59 of the "Offences Against The Person Act" 1861, it is an offence unlawfully to procure a miscarriage, punishable by a maximum sentence of life imprisonment. However, on the basis of a 1930s court decision, abortion is regarded as*

*permissible in order to avoid serious long term harm to the mother's physical or mental health. Lack of guidance around abortion means that clinicians in Northern Ireland interpret this extremely strictly, and on average, only 60-80 abortions are performed in Northern Ireland each year.*

- *Choice of methods and indeed access to abortion in other parts of Britain is restricted by a lack of clinical staff willing to take part in the abortion process – clinicians opt in rather than out of abortion treatment and care.*
- *Approximately 20 per cent of General Practitioners describe themselves as 'anti-abortion' – conscientious objection and unwillingness to refer women to a colleague for a consultation can mean that women who wish to have an abortion may be delayed for several weeks. Younger doctors working within Obstetrics and Gynaecology may also declare conscientious objection which is not grounded in either religious or moral belief and may be more to do with a lack of training or commitment. This results in a shortage of clinicians willing to perform abortions, and leads to further delays for women.*

**COMMENTS:**

- *During summer 2008, the UK Parliament debated the Human Fertilisation and Embryology Bill, which includes abortion in its scope. An attempt to reduce the abortion time limit from 24 weeks was unsuccessful. Several amendments were tabled, some to modernize the abortion law and extend the Abortion Act to Northern Ireland, and others to restrict women's access by imposing waiting periods and mandatory counselling. These amendments were planned to be debated late 2008. However, in October 2008 a Programme Motion from the Government restricted debate on amendments, including extending the act to Northern Ireland. FPA continues to campaign for the modernisation of British abortion law including the extension of access to abortion to women in Northern Ireland.*
- *Abortion access varies widely across Britain. There are particular variations between areas in the number of women who have their abortion under 10 weeks, and so are able to choose a medical or manual vacuum aspiration abortion. While 76 per cent of NHS funded abortions were carried out before 10 weeks of gestation in 2010, some areas only carried out between 55 and 65 per cent of NHS funded abortions before 10 weeks.*
- *Around one in five pregnancies (22.6 per cent in 2006) end in abortion each year. This proportion has remained constant for several years. The abortion rate is currently 17.5 per 1,000 women aged 15-44 (compared with 18.2 in 2008).*
- *In 2006-07, 76 per cent of women aged 16-49 used at least one method of contraception. The most used methods were oral contraceptives, sterilization or male condoms, although the use of long acting reversible methods of contraception is slowly rising (now at 14 per cent). Emergency hormonal contraception is freely available from general practice, community contraceptive clinics or hospitals, and can be bought without prescription in pharmacies since 2001.*

<b>UZBEKISTAN</b> <b>Uzbek Association on Reproductive Health (UARH)</b> <a href="mailto:uarz@uarz.uz">uarz@uarz.uz</a> <a href="http://www.uarz.uz">www.uarz.uz</a>
<b>LEGISLATION</b> Order 500, September 15, 1992 Order 721 - 722, October 29, 1996
<b>GROUND/GESTATIONAL LIMITS</b> <b>Up to 12 weeks:</b> <ul style="list-style-type: none"> <li>On request</li> </ul> <b>Second trimester:</b> <ul style="list-style-type: none"> <li>Medical grounds</li> <li>Social grounds</li> </ul>
<b>REGULATIONS/CONDITIONS</b> <b>Procedure requirements</b> <ul style="list-style-type: none"> <li>Consultation with a doctor</li> </ul> <b>Institutional/legal requirements</b> <ul style="list-style-type: none"> <li>Induced abortions are legal, if they are done at out-patient facilities and maternity hospitals during the first twelve weeks of pregnancy. In some cases abortion may be done at a later period of gestation if there are certain medical and social indications for termination of pregnancy. These cases require strict control by qualified medical personnel.</li> </ul>
<b>METHODS</b> Surgical abortion is the most commonly used method. Vacuum aspiration is not a common method as it is relatively new in the country and in its initial stage. Mifepristone is registered for medical abortion use. However, the method is not widely used. A 2008 Gynuity study aimed to encourage the Ministry of Health of Uzbekistan to establish national guidelines on medical abortion and improve access to the procedure.
<b>COST</b> <ul style="list-style-type: none"> <li>Regional hospital: free of charge</li> <li>State hospitals on request on special conditions: sum 15,000 – 20,000 (8US\$ – 10.5US\$ )</li> <li>Private clinics: sum 30,000 (US\$ 16)</li> </ul> <p style="text-align: right;"><i>GNI per capita: 3,110 US\$</i> <i>Average monthly income: 259 US\$</i></p>
<b>DISPARITY IN THE APPLICATION OF THE LAW:</b> <i>None</i>
<b>COMMENTS</b> <ul style="list-style-type: none"> <li><i>The main cause of the high abortion rate is poor access to contraceptives especially for low income women, poor skills and knowledge on post abortion counselling on contraception among service providers. Estimates show that women on average have 0,7 induced abortions per lifetime</i></li> <li><i>The main causes for post-abortion complications are a lack of modern abortion technologies and equipment, poor skills of modern personnel in providing safe abortion and a low awareness among the population on post-abortion complications.</i></li> <li><i>The unmet need in family planning remains high. The contraceptive prevalence rate is 66.8%.</i></li> </ul>

## GLOSSARY OF TERMS

**Conception:** happens during the hours following ovulation.

**Implantation:** usually takes place about 1 week after ovulation about 3 weeks from LMP, but there is no scientifically confirmed data for this, it could be between 3-4 weeks LMP.

**Foetal viability:** depends on the scientific standard of the neonatal care unit. The limit has decreased considerably during the last decades. It stands at about 23-25 weeks, but this is not a sharp limit.

**LMP:** First day of Last Menstrual Period is the most widely used term; 14 days later ovulation takes place. (There are considerable differences between women, in fact 14 days is a statistical median used for practical purposes. An ultrasound examination in early pregnancy can date the pregnancy more accurately  $\pm 3$  days).

**Gestation:** the period during which a fertilized egg cell develops into a baby that is ready to be delivered. Gestation averages 266 days in humans (or 280 days from the first day of the last menstrual period).

**Gestational age:** during pregnancy, time from day one of the last menstrual period up to present

**MVA:** manual vacuum aspiration, surgical method for abortion. The process uses a suction device to remove fluids or tissues from the body with a manually controlled syringe.

**EVA:** Electric Vacuum Aspiration, surgical method for abortion. The process uses a suction device to remove fluids or tissues from the body using an electric pump – the technique is fundamentally the same as with manual vacuum aspiration

**D&C:** dilatation and curettage (or dilation and curettage) a surgical procedure in which the cervix is dilated and the uterine cavity is scraped with a curette. Dilatation and curettage is sometimes referred to as sharp curettage.

**D&E:** Dilatation and Evacuation is a second trimester abortion procedure in which the cervix is dilated and the foetus removed with a combination of forceps and vacuum aspiration

**Counselling:** giving guidance and or advice related to decision making. Counselling is optimally based on a theoretical framework

**Mandatory counselling:** as opposed to voluntary counselling, mandatory counselling obliges the client or patient to attend as counselling session before being offered treatment.

**Mifepristone:** Sometimes referred to as RU486; is an anti-progestin that blocks the endometrial progesterone receptors and is used in combination with Misoprostol to induce an abortion.

**Misoprostol:** Misoprostol is a prostaglandin that makes the uterus contract and can be used alone or in combination with Mifepristone to induce an abortion. Misoprostol can also be used to treat gastric ulcers.

**Parental consent:** the requirement that minors must involve one or both parents (or legal guardians) in their abortion decision.

**Minor(s):** children and young people under the age of legal majority

**Parental notification:** these laws/policies require that a parent is notified before their minor daughter can receive an abortion.

**Spousal consent:** requirement that woman must involve their husband in their abortion decision

**Rape:** the crime of having forced sexual intercourse or sexual activities with someone without her or his consent

**Misoprostol:** is an abortifacient that can be used alone or after Mifepristone administration

**Mifepristone:** or RU486 is an anti-progestin can be used in combination with Misoprostol to induce an abortion.