

ABORTION LEGISLATION IN EUROPE

(UPDATED January 2009)

IPPF EUROPEAN NETWORK
Rue Royale 146
1000 Brussels
Belgium
Email: info@ippfen.org

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Notes

- 1) The document is in its eighth edition. The previous one was compiled in February 2004. It has been updated following information received from IPPF European Network Member Associations (MAs)
- 2) In *DISPARITY IN THE APPLICATION OF THE LAW*, and in *COMMENTS* the text is directly from the Member Associations (MAs).
- 3) The exchange rate for the conversion into US\$ was calculated at the time of the revision.

Acknowledgements

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ALBANIA
Albanian Center for Population and Development
info@acpd-al.org

LEGISLATION

Abortion Law Nr 8045, 7 December 1995, "on the interruption of pregnancy"

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- On request, in case a woman considers that a pregnancy causes psychological and social problems

Up to 22 weeks:

- For social reasons
- Rape or other sexual crime

No Limit:

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

REGULATIONS/CONDITIONS

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

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

In case a woman, after the pre-abortion counselling, repeals the request, she is asked by the physician to confirm her request in writing. This confirmation should be done at least 7 days after her first request. If the time span of 7 days surpasses the legal limits, the physician may decide to reduce it to 2 days.

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

A health commission consisting of three physicians decides, after examination and consultation, to allow for an abortion on medical grounds (thus no limit as mentioned above).

An abortion for social reasons (up to 22nd week) needs the approval of a commission of three specialists (physician, social worker and lawyer).

METHODS

Types of abortion methods available in country are:

- Vacuum aspiration (electric or manual)
- Dilatation and Curettage
- Induction with Misoprostol (PG analogues)
- Sextio caesarean minor

Medical abortion was introduced in Albania through a pilot project implemented in the Tirana Maternity Hospitals. Although many Ob/Gyns use RU486 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 lek 3.600 (US\$ 40) for the abortion fee plus laboratory tests (incl. Ultrasound).

In private clinics this sum is double.

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 this.*
- *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 both private and public clinics. The clinics supervision is not done on a regular basis.*
- *Almost half of private clinics do not comply with legal requirements regarding the 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*
- *Abortion is not performed in the MA's clinics*

ARMENIA
Armenian Association 'For Family and Health'
armfha@netsys.am
www.armfha.com

LEGISLATION

Abortion is permitted since 1955

GROUND/GESTATIONAL LIMITS

Up to 12 weeks:

- On request

Up to 22 weeks:

- Social grounds (if husband died during woman's pregnancy; if woman was deprived of maternal rights during pregnancy; divorce; rape)
- Medical grounds (such as tuberculosis, syphilis, HIV/AIDS, a malignant tumour, mental disorder or chronic alcoholism; underdeveloped reproductive system of teenager under-16)
- Family risk or diagnosed foetal malformation

REGULATIONS/CONDITIONS

- Menstrual regulation (called mini-abortion in Armenia) is permitted up to 7 weeks of pregnancy.
- Women under age of 18 should obtain consent from parents or a lawful proxy or, if this is impossible, from a relevant medical commission.
- According to the MoH standards, abortion should be performed only by a licensed obstetrician gynaecologist and only in hospital conditions such as maternity homes and obstetrics/gynaecological departments in the hospitals or clinics with at least 15 beds and relevant license. MoH permits medical abortions to be performed in the licensed out-patient medical facilities (so called Female's Consultancies).
- Although registration of the abortion is mandatory, it is not always done.
- In order to ensure the quality of abortion services, the Government has issued regulations on abortion procedures, which include a 4 hours period of stay after the intervention and family planning counselling after the abortion. However, these regulations are not followed by the medical practitioners and not controlled by the MoH.

METHODS

Although medical abortion is legalized, Armenia is still in the process of running trials and registering the necessary drugs. Mifepristone is not registered; Misoprostol is registered as a drug used to treat ulcers, but has not been registered as drug that can be used for medical abortion.

Medical abortion can be performed out of the hospital in the licensed Female's Consultancies. However, many women self-induce abortion at home using Misoprostol (brand name is Cytotec) based on the physician's advice or experience of other women. Cytotec is generally used to treat ulcers and can be obtained in the pharmacies without prescription. One tablet of Cytotec costs around US\$5-10.

Most used methods:

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

COST

The cost of a surgical abortion up to 12 weeks of gestation varies from clinic to clinic, between US\$ 30 and US\$ 50 per procedure. All state clinics providing abortion services charge an official fee of \$30, which almost equals the minimum wage.

There are also additional unofficial, illegal payments, which range from US\$ 20 to US\$ 500, 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 considerably increased in the last 10 years.

The cost of an illegal abortion significantly exceeds an average monthly salary. A social security system in Armenia does not exist yet. Although there is a state program to provide services for free to poor people, most of the poor can't access the program due to complex criteria and bureaucratic procedures.

DISPARITY IN THE APPLICATION OF THE LAW:

- *Abortion services are not available in rural areas or in some urban settings*
- *The poor and young unmarried women often perform self-induced abortion with a high risk of life threatening complications and consequences.*

COMMENTS:

- *Regardless of the permissive legislation for the abortion and availability of national regulations on abortion services, there are several problems related to abortion services in the country. They include lack of access to abortion services for poor and young women, a poor quality of the abortion care provided and a lack of post-abortion contraception.*
- *The quality of abortion services provided in health facilities is poor. Although the quality of abortion care has never been assessed at the national level, the MoH is aware of the fact that abortion services are not of high quality and needs a lot of improvement and introduction of new technologies.*
- *Presently, the most commonly used abortion technique is dilatation and curettage. Manual vacuum aspiration is being used sporadically and only in private clinics in Yerevan. Mifepristone and Misoprostol are not registered in the country to perform medical abortion.*
- *An indicator demonstrating quality of abortion services is the level of post-abortion complications that contribute to women's disability and death cases. As the NRHS (1998) showed complications after abortion were experienced by 16% of the interviewed women. The quality of abortion is also compromised by a lack of post-abortion counselling provided by service providers. The study showed that in 60% of cases, no family planning counselling after abortion was provided, and 75% of women complained about pain beyond comfort level during last abortion (NRHS, 1998).*
- *Access to safe abortion is an issue for low-income and young people who cannot afford to pay for services or don't have access to information about available services. Especially young unmarried women are at risk of unsafe abortion due to social prejudice against premarital sexual relations. Parents are not capable to provide support and help to their children that are faced with an unwanted pregnancy. The causes lie in a traditional attitude of people to avoid talks on sexual topics between young and older generations. Even when parents are willing to help, very often they lack skills to discuss sexuality issues with their children.*
- *As a result of compromised access to abortion services there are cases of unsafe self-induced abortion. According to the National reproductive Health Survey (1998), at least 23.4% out of all reported miscarriages were due to self-induced abortion. Official statistics do not provide accurate and reliable data on rate of unsafe abortion in the country.*

AUSTRIA
Österreichische Gesellschaft für Familienplanung (ÖGF)
office@oegf.at
www.oegf.at

LEGISLATION

Federal Law 23 January 1974, effective in January 1975 (Bundesgesetzblatt, No. 60, 1974)

GROUNDINGS/GESTATIONAL LIMITS

Up to three months from completed implantation:

- On request

Second trimester:

- Serious risk to physical health of women (that cannot be averted by other means)
- Risk to mental health of women (that cannot be averted by other means)
- Immediate risk to life of woman (that cannot be averted by other means)
- Serious foetal impairment (physical or mental)
- Woman is a minor (under 14 years)

REGULATIONS/CONDITIONS

- Abortion must be performed by a physician after a previous medical consultation
- 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 immediately threatening danger which cannot otherwise be averted.
- In public hospitals following examinations and tests are required: rhesus factor, ultrasound, HIV, lues, hepatitis

METHODS

Vacuum Aspiration is the most commonly used method. Medical abortion (Mifegyne) is not very common.

The regulation for Mifegyne allows the use of the drug only in hospital and clinics, therefore medical abortion can be performed only in hospitals. There are three private clinics specialised in abortion in Vienna. They also offer medical abortion. In three provinces there are no public hospitals which provide abortions. In all provinces (except one) there are private clinics.

COST

Induced abortion is covered by the (normal) health insurance

- State hospitals: € 300 – 840 (US\$ 459-1285,20)
- Private abortion clinics: € 350-450 (US\$ 535,50-688,50)
- Private practitioners: €350-450 (US\$ 535,50-688,50)

DISPARITY IN THE APPLICATION OF THE LAW:

- *Due to conscientious objection from both medical personnel and hospital management, abortion facilities are not readily available all over the country.*
- *According to the law, abortion can be performed up to 3 months after completed implantation, but in practice they are performed up to 12 weeks after Last Menstrual Period even though there is no legal basis for this.*
- *According to the law, abortion can be performed by general practitioners and gynaecologists. But the regulation for Mifegyne allows the use of the drug only in hospital and clinics, therefore medical abortion can be performed only in hospitals. There are three private clinics specialised in abortion in Vienna. They also offer medical abortion. In three provinces there are no public hospitals which provide abortions. In all provinces (except one) there are private clinics.*
- *Abortion tourism takes place from West to East Austria. Between 100 and 200 women per year are still going to the Netherlands to get a late second trimester abortion. After the 18th week it is hardly possible to get an abortion in Austria.*

COMMENTS:

- *It is believed that illegal abortion is not practised on any scale. Statistics are not available though.*
- *Public information on the availability of abortion services is very scarce.*
- *In a public hospital, the abortion will be registered, in a private clinic not*
- *Very few public hospitals are offering abortion at a reasonable price (app. 5 hospitals are offering abortion for less than € 350). It is difficult for women to get an abortion especially outside Vienna and outside other big cities*
- *Very few doctors perform abortions in private practice in rural areas*

BELGIUM

Sensoa

info@sensoa.be
www.sensoa.be

Fédération Laïque de Centres de Planning Familial
(FLCPF)

flcpf@planningfamilial.net
www.planningfamilial.net

LEGISLATION

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

GROUNDINGS/GESTATIONAL LIMITS

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

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 the state of distress).

No limit:

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

REGULATIONS/CONDITIONS

- Can only be performed in a hospital/clinic by a doctor
- Consultation with a doctor
- Compulsory waiting period (6 days)
- "Unity of place": first consultation and the abortion has to take place in the same clinic/hospital
- Compulsory counselling on alternatives to abortion (adoption, keeping the baby)
- Parental consent for minors is not mentioned in the law
- The opinion of a 2nd doctor is requested in case of 'serious' risks to health of the woman or if the fetus 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. No separate law is set for it. In Flanders, the cost is the same as for vacuum aspiration.

When Mifégyne became available on the Belgian market, a Decree (7 May 2000) was issued regulating the conditions for the use of Mifégyne. 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 between the first consultation and the abortion. 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 whether they wish an abortion.

COST

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 (US\$ 97-290)
- One-day clinics/policlinics: € 32-70 (US\$ 41-90)

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), on demand of the woman.*
- *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*

BOSNIA and HERZEGOVINA

Association for Sexual and Reproductive Health - XY (APP-XY)

bhfpa.xy@bih.net.ba

www.xy.com.ba

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 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. Another major change is the adaptation of the penalties to new national currencies.

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

- Abortions must be performed in a hospital or another authorized health-care facility
- If the woman is a minor, consent of her parents or guardian is required
- Women above 16 years who are employed don't need parental consent for termination of pregnancy up to 10 weeks and if the termination will not directly endanger her life
- 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 used in the country. The drugs needed are neither registered nor available.

COST

- Abortion in Clinical Centres costs KM 130 (66 EUR) for all patients whether they are insured or not
- Abortion in Health Centres costs KM 100 (51 EUR) for all patients whether they are insured or not
- The cost of an abortion in private clinics ranges from KM 150-400 (77-205 EUR)

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:

BULGARIA

Bulgarian Family Planning and Sexual Health Association (BFPA)

bfpa@safesex.bg

www.safesex.bg

LEGISLATION

Decree No. 2 of 1 February 1990

FOUNDATIONS/GESTATIONAL LIMITS

Up to 12 weeks of gestation:

- On request - If there is no disease that can lead to complications which could threaten the health and the life of the woman after the abortion (those diseases are officially listed)

Up to 20 weeks of gestation:

- Medical grounds: when the woman suffers from an illness which during pregnancy or at birth 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

- Abortions on request should be performed in specialized obstetrical hospitals and clinics, as well as in the obstetrical 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. doctor only, applying local or general anaesthesia
- In the majority of cases – bigger cities – doctors are obliged to give information about contraception
- Pre- and post-abortion counselling/care is desired
- Gynaecological/pelvic examination is required. In case of history of some of the listed diseases is reported, laboratory tests required. Minimum number of lab test: blood counts, blood group (RH incl.), urine
- Incapacitated women need the consent of their legal representatives or guardians.
- Parental consent required for those aged under 18
- An abortion on medical grounds must be based on a decision taken by a specially established medical committee in the district or city hospitals, the obstetrical hospitals and clinics of the higher medical institutes. If the committee decides that no abortion should be performed, this decision can be appealed within 7 days to a specialized committee appointed by the Minister of Health and Social Care.

COST

- Free of charge for under aged (16), for women over 35 and for all women on medical grounds and for women who are pregnant as a result of rape. For the officially registered as socially weak women is free of charge as well.
- From BGN 40 up to 300 (EURO 20-150) for the others

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 is available in the country*
- *Distance hampers access of rural women to abortion*

CYPRUS

Family Planning Association of Cyprus (FPAC)

famplan@spidernet.com.cy

www.cyfamplan.org

LEGISLATION

Criminal code of Cyprus (sections 167-169 and 169A) as amended in 1974 (Law No 59) and in 1986 (Law No 186)

GROUND/GESTATIONAL LIMITS

- Risk to life of the pregnant woman
- 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
- Under circumstances which, if the pregnancy were not terminated, would seriously jeopardize the social status of the pregnant woman or that of her family
- Serious physical or psychological abnormalities if the child were born
- Rape or other sexual crime

There is no gestational limit specified in the law

REGULATIONS/CONDITIONS

- 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
- A 'bona fida' opinion of 2 medical practitioners
- Private clinics usually request parental consent for under age young people (=below 18 years)
- Abortion is considered legal if performed as specified by the law.
- There are no regulations on counselling and waiting periods.

METHODS

Dilatation and Curettage is seldomly 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 is not. Cytotec is imported from countries where it is registered and where the cost is low.

COST

- Hospital: free of charge for patients eligible to free medical care, strictly regulated by the law.
- Private clinics: about 500-600 euro the first trimester with the cost nearly doubling for the second trimester reaching 1200 euro.

DISPARITY IN THE APPLICATION OF THE LAW:

- *The majority of abortions are performed in private clinics by trained gynaecologists. A "bona fida" opinion of two medical practitioners is not always secured.*
- *State Hospitals offer abortions strictly on physical grounds and mental grounds in case of mentally ill.*
- *Due to the fact that abortion in Cyprus is legal under specific conditions, most doctors report the abortions as therapeutic terminations.*
- *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 consensual sex is 17.*

COMMENTS:

- *It is generally believed that no unsafe abortion takes place in Cyprus.*
- *Although the abortion law is somehow 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 the law is not that restrictive*
- *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 of course regarding illegal abortion rates.*
- *Pre abortion counselling is offered by the Cyprus Family Planning Association in Nicosia only. There is no data available as the abortion, if they proceed to abortion, is performed at a private clinic and there is no follow up. Occasionally the MA offers post abortion counselling. Advice is also given by the private gynaecologists.*
- *Health professionals, namely gynaecologists, can have conscientious objection, but there is no protocol or guidelines on the issue. They refer to other professionals.*
- *Contraceptive methods are available by the private gynaecologists and the Cyprus Family Planning Association. State Hospitals do not offer contraceptive methods.*
- *The Cyprus Family Planning Association is advocating for the change of the law so as to*
 - *Have gestational limits*
 - *Have abortion available at the State Hospitals for the people eligible for free medical care.*
 - *Conduct a national survey.*
 - *Offer family planning services at the State Hospitals.*

CZECH REPUBLIC

Společnost pro plánování rodiny a sexuální výchovu (SPRSV)

planrod@centrobox.cz
www.planovanirodiny.cz

LEGISLATION

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

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks since Last Menstrual Period:

- On request
- On health grounds
- Rape or other sexual crime

After 12 weeks:

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

Until beginning of 24th week:

- If there are genetic grounds for the abortion

REGULATIONS/CONDITIONS

- 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.
- If the gynaecologist does not find that the conditions for an abortion are satisfied, the woman may within three days, make a written request to review his decision by the district ob/gyn specialist. S/he shall review the request within two days of its being submitted.
- If the district specialist does not approve for an abortion, but if the woman still insists, her written request will be put for review to the regional ob/gyn specialist. His decision is final.
- Only for Czech citizens or women with permanent residence or residence permit
- Women who have had an abortion within six months are not permitted to undergo the procedure unless they have had two deliveries, are at least 35 years of age or the pregnancy was the result of a rape.
- For non-residents only when risk to life is involved
- The physician shall designate the public health establishments competent for the performance of abortions. At the wish of the woman, another public health establishment can be designated if it is connected with the designated establishment.
- 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
- 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 for abortion on request
- For an abortion on request, prices range from 1500-4000 CZK, depending of the clinic and/or length of gestation.

METHODS

Most common methods are:

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

Medical abortion is not possible 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.*

DENMARK

Foreningen Sex & Samfund

info@sexogsamfund.dk

www.sexogsamfund.dk

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

GROUNDINGS/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
- Woman is incapable of giving proper care to a child due to physical or mental disorder
- 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 life of woman
- In case of violation of sexual liberty
- Severe risk of fetal malformation

REGULATIONS/CONDITIONS

- A woman has to apply for an abortion to a physician, to 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.
- The abortion may 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.
- There is 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 solely or principally on circumstances of a medical character.
- 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 may 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
- The woman is entitled to a counseling session before and after the abortion.
- The waiting period for abortion is 1 till 2 weeks for a hospital examination and the actual operation is performed a few days later.
- 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 stands in for all the costs

METHODS

Until the end of 12th week the woman can choose between medical or surgical abortion. She decides on which methods in dialog with a physician.

Medical abortion is used until end of 8th week.

Surgical abortion is until end of 12th week.

Until 8th week most abortions are medical. However in general approx. 40% of all the abortions are medical and approx. 60% of all the abortions are surgical.

In second trimester, all women are giving birth to the fetus

DISPARITY IN THE APPLICATION OF THE LAW:

COMMENTS:

- *Local hospitals are obliged to receive all women wanting abortion up to the first trimester*
- *Since 2004 abortion 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 gynecology 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 teen abortions. 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*

ESTONIA
Estonian Sexual Health Association (ESTL)
estl@amor.ee
www.amor.ee

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 'Termination of Pregnancy and Sterilization Act' was adopted on 25 November 1998 by the Estonian Parliament.

GROUNDINGS/GESTATIONAL LIMITS

Up to 11 weeks:

- On request

Up to 21 weeks:

- Pregnancy complicates woman's health;
- The baby to be born may have severe mental or physical disability;
- The disease or health related problem of a mother prevents to bring up a child;
- The pregnant woman is under 15 year old;
- The pregnant woman is over 45 year old.

REGULATIONS/CONDITIONS

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

Parental consent: The act does not regulate whether parental consent is needed for minors under 18. However, in practice, in cases where pregnancy has occurred in early or middle adolescence, parents or other relevant adults are recommended to be informed by the adolescent. A parent or legal caretaker must accompany girls younger than 14 to the doctor and sign a hospital-card stating he/she agreed with an abortion. If getting permission is complicated or might jeopardize young people's wellbeing, a social-worker will deal with her and they will find another solution.

If the referring gynaecologist finds that the adolescent is not capable to decide upon her health related issues, the doctor has the right to engage parents or another relevant adult in the decision-making process.

Service provider: Only a gynaecologist can perform the abortion in a health care institution which has the appropriate license. Abortions due to the mother's disease or health related problem are performed in hospital.

In the case the pregnancy is terminated on medical grounds (from 11 up to 21 weeks), the decision is made by the woman and at least two gynaecologists, a relevant specialist in the health problem and/or social worker. In other cases (on woman's request) the decision is made by the woman together with the gynaecologist.

Counselling and tests: Before 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 determined. The 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 is signed by the woman and the doctor who terminates the pregnancy.

Waiting period: No waiting period. After the abortion a woman has the right to visit the gynaecologist within two weeks after the termination without appointment.

METHODS

Both surgical and medical methods are available (the latter since 2005).

Medical abortion can be used up to the 63rd day of pregnancy.

According to the Estonian abortion registry, among all legally induced abortions surgical methods (vacuum aspiration, curettage) were used in 70.0%, medical methods 29.7% and other methods (incl. small Caesarean section) in 0.4% in 2006.

COST

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

With the Health Insurance Fund (95.77% of the population in January 1, 2008) the woman has to pay 1/3 of the abortion cost (according to the yearly updated Health Insurance Fund's price list of health services).

The cost of an abortion is determined by a regulation of the Minister of Social Affairs and is being adjusted on a regular basis.

Prices with Estonian Health Insurance Fund subsidies:

Medical: approx 500 EEK; 32 Euros

MVA: approx 700 EEK, 45 Euros

Prices without Estonian Health Insurance Fund subsidies:

Medical: 1000 EEK, 64 Euros

MVA: 2255 EEK, 145 Euros

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

DISPARITY IN THE APPLICATION OF THE LAW:

COMMENTS:

- The 1998 Act can be found here: <https://www.riigiteataja.ee/ert/act.jsp?id=12825138>
- The Estonian Sexual Health Association (ESHA) has 1 sexual-health clinic, where abortion-service is not provided. As abortion is legal in Estonia and accessibility to the service is good, there's no need for the ESHA Clinic to provide service.
- Lack of modern contraceptives and relevant information until the 1990s made abortion the primary method of fertility regulation in Estonia. Since then the rate of legally induced abortions has decreased rapidly, being 69.6 per 1000 15–49-year-old women in 1992, and 27.6 in 2006. The number of legally induced abortions per 100 live births was 143.3 in 1992 and 63.2 in 2006. Two thirds of the abortions are repeat abortions. In Estonia the majority of abortion patients are in the age range of 20–34 years – i.e., in the main childbearing age; 14% of abortion patients were less than 20 years old in 2006.
- All modern contraceptive methods (except implants) are available. Hormonal contraceptives are reimbursed for 50% by the health insurance fund, except emergency pills which are available over the counter since 2003.

FINLAND
Väestöliitto
central.office@vaestoliitto.fi
www.vaestoliitto.fi

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

GROUNDINGS/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
- Rape or other 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 by reliable methods

No Limit:

- Risk to woman's life

REGULATIONS/CONDITIONS

- Abortions can only be performed in hospitals
- Compulsory contraceptive counselling
- If the woman is incapable, on account of a mental disease, mental retardation or mental disturbance, of making a valid request for the termination of pregnancy, the operation may be performed with the consent of her guardian or a specially appointed trustee.

Up to 12 weeks pregnancy:

- Authorization only from the doctor performing the abortion is needed:
 - 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 those cases, a woman does not need to give a specific reason for the abortion

- Authorization of 2 doctors is needed (or in other words: an additional authorization from a doctor other than the one performing the abortion):
 - 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

Up to 20 weeks:

- Authorization of the National Board of Medico-legal Affairs required for second trimester abortions

The abortion shall be carried out in a hospital which has been approved for the purpose by the National Board of Health.

METHODS

In 2006, most abortions were performed before the 12th week of gestation (92.8 per cent). The proportion of abortions induced by drugs increased, being 57.5 per cent of all induced abortions in 2006, and it is likely its share has increased further since.

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

COST

Abortion is free of charge under national health insurance but women must pay hospital fees of € 66-112 (US \$ 85-145).

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*

FRANCE

Mouvement Français pour le Planning Familial (MFPF)

mfpf@planning-familial.org

www.planning-familial.org

LEGISLATION

Law No 588, 2001

GROUNDINGS/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

- The woman must consult a doctor and minors are also required to seek advice from a social worker. If the woman still desires to terminate the pregnancy, she should renew her request in writing, no earlier than one week from the time of the first request. Should the one week waiting period cause the 12-week period of pregnancy to be exceeded, the doctor may accept the renewed request as early as two days after the initial request.
- Although minors need to have the consent of their parents or their guardian, they can obtain an exemption if they want to keep it a secret. In this case, she needs to be accompanied by an adult of her choice.
- 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.
- Post abortion counseling on contraceptives should be proposed to minors.
- 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. (Art. 2212-2,-8)
- 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. He is entitled to refuse to practice it; however he must not oppose colleagues who do so.

METHODS

Medical abortion represents almost 50% of all performed abortions
Drug registered for medical abortion: MIFEGYNE 200 mg and GYMISA

The limit for a medical abortion is 5 to 7 weeks.

Since 2004, a medical abortion can also be performed outside hospitals, by a doctor in private practice (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

Outside hospitals, medical abortion can only be performed up to 5 weeks of pregnancy. In hospitals it is possible up to 7 weeks.

COST

- The price ranges from € 190-274 (US\$ 246–354)
- A medical abortion (RU-486) costs € 257 (US\$ 332) in hospital and € 191 (US\$ 247) outside hospital (reimbursed for 70 % of the price)
- Private insurances cover the difference
- Women are reimbursed for 80% of the price. Women under 18 or women living in conditions of poverty can receive a 100% reimbursement

DISPARITY IN THE APPLICATION OF THE LAW:

- *Abortion is not performed in all hospitals*
- *Accessibility in rural areas is generally not good enough*
- *Women often cannot choose the method (medical or surgical)*
- *Different attitudes of doctors in 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*
- *Despite long term advocacy activities (since 2001) from the MA and other organizations, we are still waiting for the regulation which will permit family planning centers and health centers to perform medical abortion*

GEORGIA
Association HERA XXI (FPAGEO)
hera@caucasus.net

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 social grounds

REGULATIONS/CONDITIONS

- 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.
- Abortion is only permitted if performed by a doctor in a licensed medical facility.
- Parental consent required for minors (under 16 years)
- The law states that preserving the foetus should be the main outcome of the pre-abortion counselling; however, the woman retains the final say.

METHODS

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

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

Any method of abortion is allowed but only 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.

In Georgia, since a few years, the drugs needed are in the process of registration for medical abortion use. So far, medical abortion is legal only if performed for scientific purposes. There is not a document that would forbid the use of the drugs for medical abortion, but since they are not registered, their use is illegal. Still, medical abortion is (rarely) performed. If so, the drugs required are obtained in various ways (it is imported illegally from Russia).

COST

Varies from 30 to 120 GEL depending on the gestation and place (rural/urban) where the abortion is done. In remote areas, where there are mostly people with low income, if the methods are accessible, they cost much more than in big cities of Georgia.

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

DISPARITY IN THE APPLICATION OF THE LAW:

COMMENTS:

- *Abortion facilities are available all over the country*
- *Illegal abortion is still performed in Georgia. Statistics are not available*
- *Abortion is still one of the most popular methods to avoid unwanted pregnancy and public information on availability of abortion services is high although advertisement of abortion is prohibited.*
- *The protection of women's health via reducing the number of abortions is 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*
- *The right to safe abortion for low income and young women is problematic in Georgia. The quality of care is low and does not meet international standards. Also, women are not aware of what quality services should give. Association HERA XXI worked to raise the quality 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). Thanks to these initiatives, safe abortion has become accessible across Georgia as six cities in different regions were covered.*

GERMANY
PRO FAMILIA Bundesverband
international@profamilia.de
www.profamilia.de

LEGISLATION

Law 27th July, 1992. Changed by Law 21st August 1995. Decision by Federal Constitutional Court 28th May, 1993

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks from conception:

- If the woman declares to be in a state of distress (in practice: on request after counselling)
- Rape or other sexual crime

No limit:

- To avert danger to life of woman
- To avert the danger of a grave impairment of the physical or emotional state of health of the pregnant woman (The 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 is compulsory for abortion on request
- Compulsory waiting period after counselling (3 days)
- Counselling is not compulsory for medical cases and in case of rape
- Providers of counselling must represent the diversity of population regarding religion and conviction of life
- Government has to take care for sufficient provision of clinics and counselling centres

METHODS

- 76 % of abortions are performed by Vacuum Aspiration.
- 13 % by medical methods.
- 12 % by curettage.
- 79 % is carried out in doctor's clinics - not in hospitals.
- In 82 % of all abortions general anaesthesia is used.
- Abortions are carried out safe and without complications.

COST

- For abortion after counselling, up to the 12th 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 pay the costs of abortion)
 - For women whose income is below a certain level, the state covers any further costs.
- For abortion in case of rape or medical grounds: fully covered by statutory health insurance.

DISPARITY IN THE APPLICATION OF THE LAW:

While the law explicitly requires a network of abortion counselling facilities with different ideological orientation, in some areas women can in practice only choose between a church-related facility and another one run by local or state authorities (which are legally obliged to be ideologically neutral). In some regions, there are only few providers of abortion. The choice of methods is limited: only 13 % of abortions are carried out by medical methods. Until 2007 mifepristone was only allowed up to the 5th week (after conception).

COMMENTS:

Fundamentally in law, abortion is not seen as a sexual and reproductive right and a matter of free choice of women hence it is regulated under the Penal Code. In addition, further regulations are laid down in the 'pregnancy-conflict-law' (Schwangerschaftskonfliktgesetz). The abortion laws are 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 abortion up to the 12th week only, when the passed counselling and the waiting time. After the 12th week of pregnancy they have no choice at all.

GREECE

Family Planning Association of Greece (FPAG)

esop@ath.forthnet.gr

LEGISLATION

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

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- On request

Up to 19 weeks:

- Rape and sexual abuse,

Up to 24 weeks:

- If the foetus is suffering from a chromosome abnormality which would result in a serious congenital defect in the child,
- If the pregnant woman has physical health problems

REGULATIONS/CONDITIONS

- If the woman is a minor (under 18 years), the consent of one of the parents or the person having custody of the woman is necessary
- The abortion has to be carried out by an obstetrician or gynaecologist, assisted by an anaesthetist in a comprehensive care unit
- A medical certificate is needed in case of abortion on medical grounds

METHODS

90% of abortions are surgical abortions (Dilatation and Curettage), 10% are medical abortions.

The drugs (mifepristone and misoprostol) needed for medical abortions are registered. They are available and affordable. The woman should be hospitalized.

COST

- State hospitals: free of charge
- Private clinics: between € 175 and 235 (US\$ 226-304)

DISPARITY IN THE APPLICATION OF THE LAW:

None

COMMENTS:

- *Most abortions are performed privately in outpatient clinics*
- *The number of abortions is estimated at about 80 000.*

HUNGARY

Magyar Család- és Nővédelmi Tudományos Társaság

eva.barko@ksh.hu

www.novedelem.hu

LEGISLATION

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

GROUNDINGS/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 percent
- In case of a crime.
- In case of serious maternal illness

Up to 18 weeks:

If any of the above conditions apply and:

- If the woman has no or limited legal capacity with consent of her legal guardian
- 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 fetus is higher than 50 percent 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 unable for extra-uterine life

REGULATIONS/CONDITIONS

- The pregnancy must be diagnosed by a doctor.
- After the pregnancy is diagnosed by a doctor, the pregnant woman is obliged to fill out a written application (except for medical indications) in person at the Service for the Protection of Families. This service is run by specially trained nurses for consultation and advice.
- There is an obligatory waiting period of three days followed by a second visit to the Service.
- Compulsory counseling 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 counseling session, the date of operation is scheduled, and the amount of fee is determined (in case of some low income situations the cost could be reduced even waved).
- Parental consent required for minors (under 18)
- 'Grave crisis situation' is defined by the woman herself and is thus not discussed during application as it is considered a private matter.
- Medical presence is mandatory at abortion, which is legal only in state owned hospitals (private settings are not allowed to perform abortion).
- Medical reasons for abortion require the joint opinion 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 the applicant is insured; if the woman is a minor living in a state institution, if she 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 of the embryo if the risk is higher than 10 percent, the abortion is free of charge.
- Up to HUF 28540 HUF (110 Euro) for the others, with fees in accordance with the type and amount of public assistance women receive

DISPARITY IN THE APPLICATION OF THE LAW:

One can refuse performing abortion on ethical/moral grounds.

COMMENTS:

- *In practice abortion is readily available*
- *Since the law was passed there has been a slight decrease in the number of abortions*
- *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 was decreased to 68 971 and to 46 324 abortions in 2006;*
- *While the number of live births have been decreasing also: In 1969 the number of live births were 154 318, in 1998 it was decreased to 97 301. In 2006 the number of live birth was 99 871*
- *Rates of illegal abortion: 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.*

ICELAND

Fræðslusamtök um kynlíf og barneignir (FKB)

fkf@fkf.is

www.fkf.is

LEGISLATION

Law effective since 1975

GROUNDINGS/GESTATIONAL LIMITS

As early as possible, preferably before end of 12th week, but no later than 16th 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 fetal 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 continued pregnancy or child birth
- If the chance of malformation, hereditary defects or damage to the fetus are great

REGULATIONS/CONDITIONS

- For abortions beyond 16 weeks, a written authorization of a committee is needed.
- Reports need to be written by 2 medical doctors, or by one social worker and a medical doctor before abortion can take place
- If the request of abortion is rejected, it goes to the abortion committee
- 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 oppose it.
- Abortion should only be performed by medical doctors within a hospital
- Post-abortion counselling on contraceptives is obligatory

METHODS

The drug for medical abortion in the first trimester is legal in Iceland and has 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: the woman just pays for appointment but not for the treatment itself.

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

COST

- Free of charge, it is covered by the National Health Insurance
- There are charges for the physical examination and the blood test: Krona 3,000 (US\$ 44)

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
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 6th 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 life of woman which 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, but it is unlikely to be forthcoming in the foreseeable future

COST

Travel to the UK or the Netherlands for a termination is estimated at between €800-1,200 (US\$ 1034-1551).

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 indicated an unwillingness to legislate

for the X case or to hold a referendum to repeal article 40.3.3 of the constitution. In August 2005 three women lodged a case with the European Court of Human Rights on the Irish abortion laws.

ISRAEL
Israel Family Planning Association (IFPA)
ippf@post.com
www.opendoor.org.il

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 set

Grounds: Within Israel today there are four legal articles under which a girl or woman can have an abortion after a Committee approved:

- The woman is under marriage age (17) or over 40, or during army service
- Pregnancy results of a relationship forbidden by criminal law, rape, incest, or out of wedlock (any unmarried woman, single, divorced or widow, is legally entitled to an abortion)
- The child is likely to have a physical or mental defect
- Continuation of pregnancy may endanger the life of the woman or is likely to cause the woman physical or mental harm

REGULATIONS/CONDITIONS

- The woman has to file a written request for an abortion to a special committee for approval.
- Should the members of the Committee be of the opinion not to give the woman a positive response, it will inform the woman to appear before the Committee to submit her reasons for the application.
- There are 52 different committees set in recognized medical facilities throughout Israel. 92-98% of the cases are approved, however, if a woman is denied her request she may seek approval in another committee.
- Abortion has to be performed at a recognized medical institution
- A minor does not require the approval of her representative
- According to law, married women cannot have an abortion unless she can state one of the above listed grounds.
- After 24 weeks the Committee may refuse to permit an abortion in spite of clauses 1 or 2 because of the legal status of the foetus. After 24 weeks the foetus is considered "capable of life" by the law, and so the foetus receives more value than the woman's body.

METHODS

The most common methods are vacuum aspiration and medical abortion

Up to 7 weeks - Medical abortion

Up to 12 weeks - Vacuum aspiration.

Up to 22 weeks - acceleration medicines and early birth.

COST

- Most of the abortions are financed by Israeli Health Basket (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. Then, the cost can reach up to 800\$.

- In case of lack of funds on the woman's side, the welfare agencies cover the cost, following referral of Israel Family Planning Association
- Illegal abortions cost from ILS 3150 (US\$ 742) to ILS 5400 (US\$ 1,272)

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 their 'Open Door' sexual counselling centres the FPA provides new immigrant women from former Soviet Union wishing to terminate their pregnancies with counselling and access to safe and legal abortion services

ITALY
**Unione Italiana dei Centri di Educazione
Matrimoniale e Prematrimoniale (UICEMP)**
uicemp@tin.it
www.uicemp.org

LEGISLATION

Law 194, 22 May 1978

GROUNDINGS/GESTATIONAL LIMITS

Up to 90 days (between 12 and 13 weeks)

- If continuing the pregnancy, childbirth or motherhood would seriously endanger the woman's physical or mental health
- The woman's state of health
- Economic, social or family circumstances
- Circumstances in which conception occurred
- Probability that the child would be born with abnormalities or malformations

Over 90 days:

- If the pregnancy or childbirth entails a serious threat to the woman's life
- Risk to physical health of woman
- Risk to mental health of woman
- Risk of fetal malformation
- Rape or other sexual crime

REGULATIONS/CONDITIONS

- A certificate from a fully authorized medico-social agency, a public counselling centre or a physician of the woman's choice is needed.
- Compulsory waiting period of at least 7 days (if abortion is found not to be urgently required)
- The consent of the person exercising parental authority or her guardian is needed from woman under 18. There are exceptions. Consent is not needed in case of a serious threat to the health of the minor. Or if, during the first 90 days, there are serious grounds rendering it impossible or inadvisable to consult these persons, or if those persons refuse their consent, then the magistrate responsible for matters of guardianship decides. Or if there is an imminent threat to the life of the woman.
- Parental or judge's consent required for minors (under 18 years)
- Pre-abortion counselling (not compulsory)

COST

Free of charge for all women, including immigrant women, foreigners and women without legal resident's permit

METHODS

Mifepristone is not registered for medical abortion use during the first trimester.

Surgical abortion is the most common method.

DISPARITY IN THE APPLICATION OF THE LAW:

In some Regions (mainly in Southern Italy) and in rural areas, there may be disparities between the law and its application. In these areas it can be very difficult for a minor to have an abortion without her parents' consent because the local minor's judge would not give his/her consent to abortion. Furthermore the fact that people know each other and are known by hospital staff encourages use of illegal abortion

COMMENTS:

- *There is considerable conscientious objection among health personnel on religious, moral and social grounds. Illegal abortions are still numerous*
- *In some Italian regions (mainly northern and central), abortion is fairly widely accessible in spite of conscientious objection by gynaecologists. In southern regions there are still problems mainly related to conscientious objection and long waiting lists*

KAZAKHSTAN

Kazakhstan Association on Sexual and Reproductive Health (KMPA)

center.kmpa@alnet.kz

www.kmpa.kz

LEGISLATION

Order N°687 of the Ministry of Health, July 2001: "On medical reasons and regulations of abortion in the Republic of Kazakhstan"; Law on reproductive rights, signed in June 2004

GROUNDINGS/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 woman or her husband
 - Unemployment of woman or husband
 - If the woman is unmarried
 - Deprivation or limitation of parental rights
 - 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
- Foetal malformation

No limit:

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

REGULATIONS/CONDITIONS

- Consultation with a doctor required
- Clinical laboratory tests
- Parental consent required for minors (under 16)
- 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: 1970 KZTg (US \$16.4)
- Misoprostol 0.2 N 3: 390 KZTg (US \$3.25)

These drugs are available in pharmacies, but medical abortions are only performed in Almaty city in the RH centre (pilot site). There are no regulations on the state level and clinical protocols are not approved yet.

In 2007 there were 11 666 abortions in Almaty city. Of those 8 674 or 74.3% were performed using

Dilatation and Curettage.

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: KZTg 5000 (US\$ 41)

DISPARITY IN THE APPLICATION OF THE LAW:

COMMENTS:

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

KYRGYZSTAN

Reproductive Health Alliance of Kyrgyzstan (RHAK)

nc@rhak.kg

www.rhak.kg

LEGISLATION

Soviet Decree of 23 November 1955; Decree in 1982 which 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 2001 (article 12).
The Law about the Health Care of Kyrgyzstan's Population from 1992 (the article 20 of the Part 2).
The order of the Health Care Department of Obligatory Medical Insurance Found from 10.07. 2002/
№ 167 – which describes the conditions and the procedures.

GROUND/GESTATIONAL LIMITS

Up to 12 weeks:

- Upon request

Up to 22 weeks:

- Upon request of the women, mostly by social conditions

No limit:

- If the pregnancy is life threatening

REGULATIONS/CONDITIONS

- Girls up to 15 years old need the consent of parents or legal representative
- 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, liver test and albuminous fraction are also required.

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 – mostly in the capital and some areas of the pilot projects.

Other methods include: (still on small scale)

- Electric Vacuum Aspiration
- E&D

Medical abortion is not available. It is not legal; the drugs are not registered as a special medicine for abortion. It has a registration only for treatment of stomach disease.

COST

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

The prices are:

- Governmental clinic – from USD 7 to USD 50
- Private clinic – from USD 30 to USD 500

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

- Mini – abortion (mostly MVA and EVA) – from 7 to 10\$
- Curettage (mostly used in all governmental clinics) – 7 – 500\$

DISPARITY IN THE APPLICATION OF THE LAW:

During the procedure of abortion the standards and the rules are often breaks. It is related also to infection control and pre- post counseling.

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.*
- *Also, one of the problems everywhere (in both rural and urban areas) is that there is no safe abortion – the curettage is the most often used method.*
- *Till nowadays there are no Protocols on pre – post abortion counseling. Only 2 – 5% of the women receives pre– and post abortion counseling. For the moment thanks to RHAK team efforts the protocols on abortion procedures are updated and a new version was accepted by the Ministry of Health.*
- *The serious problem is also the registration of abortion. According to the independent researches only 35% of conducted abortions are registered in official statistics.*

LATVIA

Latvijas Ģimenes Plānošanas un Seksuālās Veselības
Asociācija "Papardes Zieds" (LAFPSH)

info@papardeszieds.lv

www.papardeszieds.lv

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:

- The "Sexual and Reproductive health Law" defines that an appointment for the termination of a pregnancy at a woman's request should be made during which written information approved by the Minister for Health on the moral aspects of pregnancy termination, possible medical complications and the possibility to preserve the life of the baby-to-be shall be provided by a gynaecologist (childbirth specials) or a general practitioner, at the same time informing the woman regarding the nature of pregnancy termination.
- The abortion may be performed by a gynaecologist in an in-patient department of a medical treatment institution not earlier than 72 hours after the abortion appointment, and prior thereto the woman must be repeatedly informed on any possible complications resulting from an abortion.

• On medical indications:

- Only upon the written confirmation of the council of doctors and the written consent of the woman (in case a woman lacks the capacity to act – upon the written consent of a guardian)
 - May be performed only by a gynaecologist at an in-patient medical treatment institution.
- Parental consent is required for minors (under 16). If a pregnant patient is younger than 16 years, the duty of a doctor who has established the fact of 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 duty to inform the parents or guardian of the pregnant patient regarding the fact of pregnancy. An appointment for termination of pregnancy at her request 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 termination of the pregnancy.
 - It is necessary to obtain a decision of the Orphans Court (Parish Court) in order to terminate the pregnancy if there is any dispute between a patient younger than 16 years and her parents or her guardian regarding the preservation of the pregnancy
 - Abortions can only be performed in **registered, certified** in-patient medical institutions government or private. The contract with health insurance is not crucial.
 - A gynaecologist must advise the woman after the abortion on family planning and must recommend adequate contraception.

METHODS

Surgical and medical abortions are available. Medical abortion is available starting from September 2008; In other words the medicine is registered for the termination of pregnancy and available in Latvia. The prescription and assistance of the gynaecologist are required. Medical abortion also can be performed in registered, certified in-patient medical institution.

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

COST

The cost of surgical abortion ranges from 70 to 185 EUR. The cost of medical abortion ranges from 355 to 385 EUR.

Prices differ depending on the health care institution (private/public).

Abortions are not covered by any health insurance

DISPARITY IN THE APPLICATION OF THE LAW:

Since 2003 there has not been any research on SRHR situation in the country. Therefore evident data on the effectiveness of pre- and post abortion counselling is not available.

It is assumed that there are no illegal abortions in Latvia.

COMMENTS

- *Since the law was adopted, there have not been changes. However, the influence of the Church and Christian values remain and become stronger among decision makers – Parliament and Government institutions. It has to be mentioned that the First party (a party of Priests) is one of the strongest parties in the political coalition of the Parliament. The First party ministers are responsible of the Ministry of Children and Family Affairs and the Ministry of Special Assignments for Society Integration Affairs. Also, NGO networks (“Pro Life”, “Family Association”, “Pregnancy crisis center”, “True love waits” and others) supporting anti-choice values have become stronger due to Western (mainly US) funding.*
- *Abortion rates are very high even though 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 – 12,6%.*

LITHUANIA

Šeimos Planavimo ir Seksualinės Sveikatos Asociacija (FPSHA)

lithfpa@takas.lt

www.spa.lt

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

GROUND/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

- Abortions must always be performed in the gynaecological department of a hospital. Termination of pregnancy of up to 5 weeks may also be performed at outpatient health care institutions.
- 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 as to the potential physical and psychological risks of abortion and pregnancy. This information is provided by the consulting physician. In cases of first pregnancy, both the consulting OB/GYN and the chief of the consultative clinic provide this information. The Abortion Decree mentions that it is desirable to have a psychologist participate in this counselling.
- The woman is required to inform the hospital in writing of her decision to terminate the pregnancy prior to the abortion.
- Consent of the husband is desirable, although not mandatory.
- The written agreement from one of the parents, foster-parents, guardian or person who actually nurture the child is needed for pregnancy interruption for juveniles under 16 years old, and from 16 to 18 years old is desirable
- Examination of the woman is required (blood test, cervical smear) prior to abortion.
- There is no indicated waiting period

METHODS

Medical abortion is not legal.

Data are not available, but probably the most common method is Dilatation and Curettage.

COST

- LTL 115 (€34) for surgical abortion in public clinics, more expensive in the private ones
- Abortions performed due to medical indications are covered by the Compulsory Health Insurance Fund.

DISPARITY IN THE APPLICATION OF THE LAW:**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. Currently, there is a draft law presented to Lithuanian Parliament. This draft is very restrictive and would deprive women of their right to legal abortion.*
- *Regulations for abortion are liberal*
- *Abortions are performed by qualified medical doctors, and there are only few deaths related to abortion*
- *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. For them, access to abortion is financially limited.*
- *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 operations are performed.*
- *Women from rural areas have less access to abortion*
- *Abortion rates continue to gradually decline*

LUXEMBOURG

Mouvement Luxembourgeois pour le Planning Familial
et l'Éducation Sexuelle (MLPFES)

plannlux@pt.lu
www.planningfamilial.lu

LEGISLATION

Law of 15 November 1978 on sexual information, illegal abortion and termination of pregnancies, amending Penal Code Act 348-353

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- If continuing pregnancy or childbirth risk to endanger the physical or mental health of the woman
- If there is a serious risk that the child will be born with a serious disease (physical malformation or important mental disorder)
- Rape or other sexual crime

No upper limit:

- Written acknowledgement of 2 doctors asserting that there is a serious threat to the life or health of the woman or child to be born

REGULATIONS/CONDITIONS

- Consultation required with a gynaecologist or obstetrician, who is obliged to give information on health risks associated with the medical intervention
- Compulsory waiting period (at least 1 week) following the consultation
- The woman has to give her consent in writing (except in cases where her life is at risk)
- If the woman is a minor or unable to manifest her will, then the written consent from her legal representative is obligatory
- Prior residency of three months required (except when the woman's life is at stake)
- The risk associated with the pregnancy needs to be certified by a doctor
- Abortion must be performed in a hospital or other approved facility
- Medical doctors or staff cannot be forced to perform an abortion if they object (except in case of imminent threat to the woman's life)

None of the above conditions/regulations apply if a woman's life is at risk

METHODS

Both surgical and medical methods are available

"Mifegyne" is available since 2001. But doctors must buy it at the hospital pharmacy for each patient. The regulations are the same as for surgical abortion, with the exception of the time limit.

COST

Before 12 weeks: 90€ - after 12 weeks: 178€, to which you have to add :

- Visits to doctor
- Ultrasound examination
- Laboratory analysis,
- rh immunisation
- Medicines
- The cost of anaesthesia (general: 240€ local less than 5 mn: 48€)

Medical: Cytotec + Mifégyne (70€)

Women are reimbursed by the National Health Insurance, provided that they are insured and that the abortion is performed in Luxembourg.

DISPARITY IN THE APPLICATION OF THE LAW:

For several reasons, (conscientious objection, absence of social grounds in the law, written consent of parents for minors) many women still do travel to the Netherlands, Belgium, France, etc.

As most women (those who have poor social or economic support and minors) do not have access to abortion in Luxembourg, they will pay the full cost of abortion, besides the cost for the trip itself.

Even if performed in Luxembourg, the cost may be much higher than the official fee

COMMENTS:

- *Abortion is still regulated under the Penal Code Act*
- *Due to its catholic roots, part of the society still rejects abortion. Despite of its legal basis, it remains a taboo. As a consequence:*
 - *Counselling before abortion is either absent or not effective (except in the FPA)*
 - *Information on abortion services is not available on a large scale.*
 - *General statistics are not available.*
- *From late 2008/beginning 2009, medical abortions will be performed in the Luxembourg FPA that has been granted after long procedures the rank of medical approved facility, which will considerably increase fair access to abortion in the country.*
- *No figures available, or general, or according to the methods used, etc.*
- *All contraceptives methods are available (pill, condoms, patch, ring, injectable contraceptive, subdermal implant, copper or hormonal DIU) out of female sterilization. Prior approval must be asked, rarely agreed as such. Emergency contraception is available over the counter.*
- *None is reimbursed but they can be obtained at our FPA (minors and marginalised women). This regulation will probably change soon.*

MACEDONIA (FYR)

Health Education and Research Association (HERA)

hera@hera.org.mk

www.hera.org.mk

LEGISLATION

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

GROUNDINGS/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 child to be delivered
- Rape or other criminal act such as rape, abuse of disabled persons, abuse of one's position, misleading or incest
- Socio-economic grounds

REGULATIONS/CONDITIONS

- Abortion must be carried out only by gynaecologist-obstetric specialist or gynaecologist undergoing specialization in the hospitals under monitoring of the gynaecologist-obstetric specialist
- Abortion must be performed in gynaecological hospitals or another authorized health-care facility that has a gynaecological-obstetrical unit. Abortion in private gynaecological cabinets is illegal
- Parental or guardian consent is required for minors under 18
- 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
- The gynaecologist is obliged to inform women of family planning services and to advice her on contraceptive methods. There are no written national protocols or guidelines on abortion counselling
- Minimum lab tests – Blood group (incl. RH). HBV, HCV and HIV tests are required within some private obstetrical hospitals.

METHODS

- 1st trimester: Mechanical cervical dilatation, followed with electrical vacuum aspiration and the control curettage (D&C – also called “sharp curettage”)
- 2nd trimester: Intra-amniotic instillation of the 33% NaCl solution
- General anaesthesia. Paracervical block using local anaesthesia is not a practiced/used method in the pain management (not even familiar for the majority of the gynaecologists)
- MVA is not a practiced/used method of abortion among gynaecologists-obstetrics although it was introduced in Macedonia in 2002. There are some gynaecologists in the private hospitals that are using the MVA method although it is not widely accepted by the majority of them.
- Mifepristone and misoprostol are not registered in the country. However, these drugs could be found on the “black market”.

COST

Abortion costs are not covered under the National Health Insurance. In accordance with the Law on Health Insurance, termination of pregnancy, if proven not to harm the health of the woman, is not considered as a service covered by the obligatory health insurance, thus the costs for this medical intervention must be entirely covered by the patient, irrespectively whether the patient is insured or not.

State hospitals: US\$ 65–110. These costs depend on whether the abortion is performed with general anaesthesia or not. In some state hospitals the abortion can be performed only with general anaesthesia. On the other hand there are some hospitals (especially in the less-developed regions) that allow abortion to be performed without general anaesthesia which rapidly reduces the costs for an abortion.

Private hospitals: US\$ 180–200

DISPARITY IN THE APPLICATION OF THE LAW:

- *Pre- and post-abortion counselling is not always respected by the gynaecologists, especially in the public hospitals.*
- *No disparity between official and real costs of an abortion is found.*
- *No conscientious objection invoked by health workers based on cultural and traditional beliefs, even among the gynaecologists from the Muslim religion*
- *There are no official data of illegal abortion rates, although it is believed that they are widely performed within the private gynaecological cabinets, especially the mini abortions up to 6 weeks of pregnancy.*
- *Over the last decade the number of registered abortions in Macedonia has shown a continuous decline. The drop in abortion rates may be as a result of low registration, especially in the period of privatization of the health sector and the opening of gynaecology clinics which are not covered by the system of regular reporting of services performed, rather than an increase in contraceptive use*

COMMENTS:

- *The provisions of the Law on termination of Pregnancy clearly show that protection of 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 what social and health conditions abortions will be partially or fully reimbursed from the National Health Insurance Fund.*
- *Over the last decade the number of registered abortion in Macedonia has continuously decreased (From 48 abortions per 100 live births in 1996 to 27 per 100 live births in 2006).*
- *None of the available contraceptive methods in Macedonia (including condoms, IUD's, pills...) are*

reimbursed from the National health insurance Fund. Specific health policies (laws) for free contraception for young people (even for condoms) or to other vulnerable groups of women do not exist. There are no specific reimbursement regulations for different social groups, including young people. The health insurance covers exactly the same health services (therapy as well) for all people regardless their social status, including if they are 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 that on the other hand are usually very difficult to find in the pharmacies). The cost of contraceptives is also seen as a barrier for access, especially for oral pills and IUD's where the clients have to pay 100% of the prize.

- *There are 15 gynaecological public hospitals and 2 private hospitals (city of Skopje) throughout Macedonia that provide abortions. All of them are located within the different geographical regions of the country that allow access even for those who are living in the most rural areas. Living in the rural areas is not seen as a barrier to access for abortion although sometimes women from the rural areas have to travel to the bigger cities to get the abortion which is usually not faraway from the places they live.*

MOLDOVA

Societatea de Planificare a Familiei din Moldova

spfm@starnet.md

www.iubire.md

LEGISLATION

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

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- On request

Up to 22 weeks:

- Social, medical and legal grounds

Up to 28 weeks

- In cases of congenital syphilis
- severe foetal malformations
- Danger to health and life of woman
- Socio-economic grounds

REGULATIONS/CONDITIONS

- Parental consent required for minors (under 16)
- Up to 12 weeks of pregnancy, abortions can be performed in the State clinics' in-patient department. Up to 8 weeks of pregnancy, abortions are also possible in a polyclinic (out-patients' clinic, women's health centre, perinatal centre or licensed private clinic.)
- The grounds for an abortion up to 22 weeks are to be examined by a special legal committee.
- In case of well-defined congenital malformations which are incompatible with life (lacking vitality) and thus would lead to a still-birth, the delivery is provoked/caused/produced by the medical team when passed the 22 weeks of pregnancy.

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 (US\$10). The price includes pre-post abortion counseling, the procedure itself, anaesthesia, a hygienic pad and a cup of tea or coffee.
- In a policlinic – 130 MDL (US\$13)
- In a hospital – 176 (US\$ 17.6) in Cimislia; 205 MDL (US\$ 20) in Cahul; in Chisinau - MDL 325 (US\$ 32.5) up to the 12th week, etc.

Mifepristone is registered for medical abortion and costs 301 MDL (US\$ 30) for a pill; Misoprostol – MDL 25 (US\$ 2.5) for a pill.

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, then the women have to pay.

METHODS:

Mifepristone and Misoprostol are registered in the country. These drugs are affordable and available both in the clinics and in the pharmacy. They cost: Mifepristone – 301 MDL (US\$ 30) per pill; Misoprostol - MDL 25 (US\$ 2.5) per pill. As for Medabon, the documents are presented for registration, but there is not a decision yet. The protocols on medical abortion are elaborated and are in place in the pilot clinics (one of the clinics in the capital city of Chisinau and one of the clinics of the town Balti - in the northern part of the country). An official Decision of the Ministry of Health of Moldova for medical abortion services to be provided countrywide (WHO has been revising them) has not yet been taken.

The most commonly used methods are electric VA and MVA.

DISPARITY IN THE APPLICATION OF THE LAW:

In the second trimester it's very difficult, sometimes impossible, to obtain an abortion. This contributes to the increase to the illegal abortion rate.

Many women with social or medical indications for abortion (including adolescents) have to pay for the services.

COMMENTS:

The NETHERLANDS
Rutgers Nisso Groep (RNG)
d.veldman@rng.nl
www.rutgersnissogroep.nl

LEGISLATION

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

GROUNDINGS/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

- 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 or guardian's consent required for minors (under 16 years)
- Compulsory waiting period (5 days) (except to avert an imminent danger to the woman's life or health)
- A physician is obliged to determine whether the woman took the decision freely
- An abortion can be performed only by a physician in a licensed clinic or hospital.
- The clinic or hospital has to ensure that an adequate opportunity is made available for providing the woman with responsible 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.

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

Norsk forening for seksualitet, samliv og reproduktiv helse (NSSR)

post@nssrr.org

www.nssr.org

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
- Rape or other sexual crime
- If the woman is suffering from severe mental illness or is mentally retarded to a considerable degree. Account shall be taken of the woman's overall situation, including the extend 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

- For abortions after the 12th week a woman has to submit an application to a Board consisting of two doctors. The decision regarding abortion shall be reached after consultations with the women 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
- 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 to the contrary. 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.
- The doctor consulted is under obligation to inform the woman about how the abortion is carried out, 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 the 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 have also the right, if they request it, to receive counselling on contraceptive methods, at the time of abortion
- When assessing a request for an abortion on the first three grounds (second trimester) 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.
- Abortions may only be performed by a physician in public hospitals.
- Where the pregnancy constitutes an impending risk to the woman's life or health, it may be terminated without regard to the legal provisions.

METHODS

Medical abortion is widely practiced but the choice is up to the woman.

COST

Free of charge

DISPARITY IN THE APPLICATION OF THE LAW:

None

COMMENTS:

- *There is a conscientious objection, under which hospital staff can avoid participating in the operation itself, but cannot refuse to help pre- and post-operation*
- *The regional hospital enterprises must organise hospital services in order to make it possible at any time, for resident women, to obtain abortions*
- *Abortion rates are relatively stable. In 2007: 13,8/1000 (source: www.fhi.no)*
- *In 2007, the highest rate was registered in age-group 20-24: 29.3/1000 rate. In age group 15-19: 16,9/1000*
- *All contraceptive methods are available – for age groups up till 20 years, they are free of charge. There is a pilot launched by the government on contraceptives free of charge also for age-group 20-24 in certain high school – university areas*

POLAND
Towarzystwo Rozwoju Rodziny (TRR)
trr@trr.org.pl
www.trr.org.pl

LEGISLATION

'*Law on Family Planning, Human Embryo Protection and Conditions of Abortion*', 7 January 1993.
In January 1997, new restrictive amendments were introduced

GROUNDINGS/GESTATIONAL LIMITS

- If the pregnancy is endangering the mother's life or seriously jeopardizing her health
- If it is needed to save the woman's life or to prevent serious injury to her health
- If there is a serious and irremediable defect in the fetus
- Rape or other sexual crime (the criminal act has to be confirmed by a prosecutor)

REGULATIONS/CONDITIONS

- An abortion has to be performed by a physician in a health care establishment in the public sector
- For abortions on medical grounds, the diagnosis of two physicians other than the physician carrying out the procedure is needed. If a threat to the woman's life has to eliminate immediately, such diagnosis is not necessary.
- The defect in the foetus needs a prenatal diagnosis established by two physicians other than the physician carrying out the procedure.

Ministry of Health Orders

- 22/01/97 on professional qualification of doctors permitted to perform an abortion or establish the risk of the woman's life or the risk of foetal malformation
- 13/02/97 on qualifications of persons other than doctors empowered to counsel a pregnant woman intending to have an abortion; establishment of list of counsellors and the rules for counselling
- Doctors performing abortions outside of stated grounds are subject to 2 years imprisonment

METHODS

The only officially available method is curettage.

Medical abortion is illegal due to a lack of official registration.

COST

- Illegal abortion in private clinics' or private cabinets' gynaecological rooms is estimated to cost around zloty 2000-5000 (US\$ 659-1647)
- Legal abortion costs are covered by the State Health Care system.

DISPARITY IN THE APPLICATION OF THE LAW:

- *Unclear implications of the new law. 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*
- *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.*

COMMENTS:

- *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 the new phenomenon of abandonment or infanticide*
- *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.*

PORTUGAL

Associação Para o Planeamento da Família (APF)

apfportugal@mail.telepac.pt

www.apf.pt

LEGISLATION

Since 1984 abortion is permitted under certain grounds and circumstances – Law 6/84 and Law 90/97 – namely because of danger of the life of pregnant woman (no limit of time); danger for the woman's physical or mental health (until 12 weeks); foetus 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.

GROUNDINGS/GESTATIONAL LIMITS

Up to 10 weeks:

- On request

Up to 12 weeks:

- If abortion is one of the ways to avert irreversible damage to the physical or mental health of the woman

Up to 16 weeks:

- Rape or other sexual crime

Up to 24 weeks:

- If there are substantial grounds for believing that the child would be born with a serious or incurable disease or malformation

No limit

- If abortion is the only way to avert risk of death of the pregnant woman

REGULATIONS/CONDITIONS

- Women have to give her written consent.
- In the other situations, 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 cases of rape, the verification of circumstances depends upon evidence of criminal involvement.
- In case of minors (under 16 years old) the consent must be given by the parents (mother or father) or by a tutor.
- Laboratory tests are required before the abortion.
- Medical presence is required in the act of abortion and in the post-abortion monitoring.
- Abortion is legal in public Hospitals, private clinics that are recognized from the Health Ministry and Health Centres.
- Women have a mandatory prior consultation where the pregnancy is dated and doubts clarified. Women have the possibility to talk with a psychologist or/and a social assistant. Women have a period of 3 days of reflection by the law before the abortion. 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 clinic situation and the viability of resources. However, medical abortion is largely used in public hospitals and health centres and surgical abortion is more common in the private clinics.

COST

These procedures are totally free of charge

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 to pay these services to the other hospital or private clinic.*
- *Officially the abortion has no costs for women (according to law should be for free in all cases, also when a woman goes to a clinic other than a public hospital or centre that has an agreement).*
- *In some cases, bad professional practices may cause delays and confusion to women.*

COMMENTS:

- *A first change to the 1984 abortion law was done 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 to both women from rural and urban areas. 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 prior consultation, doctors talk about future contraception. Most of the times, the woman chooses her future contraception there.*
- *Figures on illegal abortion are unknown.*

ROMANIA

Societatea de Educatie Contraceptiva si Sexuala (SECS)

sediu@secs.ro

www.secs.ro

LEGISLATION

25 December 1989, Ministry of Health Order 605/28.12.89
Law N° 140, 5 November 1996, amending and completing the Penal Code

GROUNDINGS/GESTATIONAL LIMITS

Up to 14 weeks:

- On request

Beyond 14 weeks:

- Risk to life of woman (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)
- The abortion is absolutely

REGULATIONS/CONDITIONS

Only performed in Obstetrics and Gynaecology departments or private clinics by obstetricians or gynaecologists

METHODS

Medical abortion is not available; the drugs are not registered yet. There is a high opposition among leaders, decision makers and gynaecologists for introducing medical abortion.

COST

- Free of charge in public hospitals for women in difficult socio-economic conditions
- Public hospitals: US\$ 20 but in most of the hospitals there are additional charges for an initial pelvic examination (US\$ 20) and frequently also for an ultrasound examination US\$15
- Private clinics: US\$ 60 - 200

DISPARITY IN THE APPLICATION OF THE LAW:

None

COMMENTS:

- *The new Law replaces Decrees of 1957 and 1985. The latter allowed for abortion only:*
 - *Medical grounds*
 - *Rape*
 - *Social grounds for women over 40 (up to 12 weeks)*
 - *Social grounds for women with 5 or more children (up to 12 weeks)*
 - *Social grounds for all women under 18 years**These decrees were abolished the day after a popular uprising*
- *Since the introduction of the new law, maternal mortality has decreased by 317%*
- *The main problem is fear of the population to use modern contraception (fear of effects) and outdated information on contraception among gynaecologists (reluctance to use hormonal methods)*

as well as IUDs). The modern contraceptive prevalence rate increased from 14.7% in 1993 to 38.2% in 2004.

RUSSIAN FEDERATION
Russian Family Planning Association (RFPA)
info@rfpa.ru
www.rfpa.ru

LEGISLATION

Governmental decision, 23 November 1955

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"

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

03. 12.2007, Decree of the Ministry of Health and Social Development N° 736 "On the approval of the list of medical indications for induced abortion"

A draft Decree for decreasing of social indications (from 4 to 2) is under consideration. Heated public discussion is in place.

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- On request

Up to 22 weeks

- Social grounds:
- Rape
- Imprisonment
- Death or severe disability of husband
- A court ruling related to depriving or restricting a person of parental rights

No limit (with woman's consent)

- Medical grounds (half of medical grounds have been decreased in December 2007)

REGULATIONS/CONDITIONS

- All abortions have to be performed in governmental clinics and licensed private clinics by physicians with special training.
- For early pregnancies (up to 20 days of delayed period), abortion can be performed in outpatient clinics
- In August 2003, the Government narrowed the grounds for abortion. Before, women could receive an abortion between the 12th and 22nd weeks of their pregnancies by citing one of 4 special circumstances called "social indications".

METHODS

Most common methods are Dilatation and Curettage, including mini-abortion (menstrual regulation). Medical abortion is rare.

Medical abortion is legal in Russia up to 12 weeks. A number of drugs are registered including: Mifepristone and Mirolut (Misoprostol). The clinic should be appropriately equipped in order to conduct medical abortions. If the patient is under 15, parental consent is mandatory. The cost varies between 100 and 200 USD and is thus only affordable for a minority of the population.

COST

- Abortion performed within the compulsory health insurance programme, free of charge
- Women can undertake abortion in the framework of voluntary medical insurance, as well as in private, authorised institutions

DISPARITY IN THE APPLICATION OF THE LAW:

COMMENTS:

- *The trend is towards a decrease in abortion rates. 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, whereas in 2002 the figures decreased to 1.95 million or 50 per 1000 women of reproductive age. In 2006, there were 1.43 million abortions. The decrease was caused mainly due to regional programs, RFPA's and its branches activities and other partners programmes.*
- *Abortion remains the main method of fertility regulation in Russia, 6 pregnancies out of 10 end in induced abortion. The absence of domestic manufacturers producing hormonal contraception, absence of state purchases to support low income populations, high and unaffordable contraceptive prices and the constant lack of information about contraception and a lack of motivation to use contraceptives are the main causes of the low oral contraceptive use. The low level of modern contraceptive use is in many cases associated with the high rates of abortion.*

SLOVAK REPUBLIC
Spoločnosť pre plánované rodičovstvo (SPR)
sspprv@nextra.sk
www.rodicovstvo.sk

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 fetus is endangered
- If foetal development manifests genetic anomalies

REGULATIONS/CONDITIONS

- The woman has to make 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.
- Consent required for minors (under 16) from their legal representative or the person who has been assigned responsibility for the woman's upbringing.
- For minors between 16-18, parents (or the woman's legal representative) have to be informed after abortion
- Compulsory counselling
- Abortion on request up to 12 weeks is not possible for women residing only temporarily in Slovakia.
- 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'
- 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 SK 7000 (US\$ 257)
- Free of charge on medical grounds

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 Constitution Court finally made the decision on the legal status of abortion law. The 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. The time limit of 12 weeks is connected with the physiology of the foetus.*

SPAIN

Federación de Planificación Familiar de España (FPFE)

info@fpfe.org

www.fpfe.org

LEGISLATION

Organic Law 9/1985 of 5 July, reforming article 417 of Penal Cod, decriminalizing abortion on 3 grounds

Crown Decree 2409/1986, 21 November, about accreditation of centres and dictamens for legal practice of abortion

Order of 16 June 1986, about statistics and epidemiological information of abortion

Organic Law 10/1995, 23 November, Penal Code

Apart from these grounds, the Penal Code still criminalizes women

GROUND/GESTATIONAL LIMITS

Up to 12 weeks:

- Rape

Up to 22 weeks

- If the fetus, if carried to term, will suffer from severe physical or mental defects

No limit:

- If the abortion is necessary to avert a serious risk to the physical or mental health of the pregnant woman

REGULATIONS/CONDITIONS

- If the pregnancy is a result of rape, the rape must first be reported to the police.
- In case of foetal malformation 2 doctors other than the one following the case must certify that the foetus, if carried to term, would suffer from severe physical or mental defects
- In case of serious risk to the physical or mental health of the woman, a previous medical report from a doctor specialized in the subject and different from the one following the case is required
- An abortion must be performed by or under the supervision of a physician in an approved public or private health centre or establishment, provided the pregnant woman gives her express consent and one of the legal indications for abortion is met.
- A pregnant woman is penalized if the abortion is not performed in an approved public or private health centre or establishment, or if the prescribed medical opinions have not been expressed.

METHODS

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 its low number means that there are difficulties for access; regulations are the same as surgical abortion.

The 2007 report of the Ministry of Health makes the following break-down in methods of abortion used in that year:

Vacuum aspiration:	95.848
Dilatation:	4.896
Curettage:	4.194
Ru486:	4.650
Intravenous Injection:	415
Intrauterine injection:	139
Hysterotomy:	29
Other:	1.935
Unknown:	25

COST

- Public health service: free of charge
- Private hospitals: average cost before the 12th week: € 360 (US\$ 465), 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	345,00 €
Under 12 weeks, general anaesthesia	440,00 €
13 to 14 weeks	475,00 €
15 to 16 weeks	595,00 €
17 weeks	625,00 €
18 weeks	840,00 €
19 weeks	990,00 €
20 weeks	1.470,00 €
21 a 22 weeks	1.655,00 €

Clinic 2

Surgical abortion local anaesthesia:	310 €
Surgical abortion general anaesthesia:	410 €
Pharmacological abortion:	370 €

- Andalusia is the only region where abortion is free even when performed in private services. This way, 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 the private clinic according to which it is the public health system which pays for the abortions. In Murcia, there are some agreements between the public health system and the private clinics. In Madrid and Barcelona, regional Governments cover 20% of the abortions with grants that are individually allocated to certain women, generally those in a more vulnerable situation, when they fulfil some conditions.

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 3% of abortions performed there, and 97% in private ones. In 6 regions there is no public hospital available for abortions and in one region (Navarre) there are not any services, neither public nor private.*
- *In 2004, 86.72% of induced abortions were performed outside hospital (clinics,...), in private centers. 13.28% were performed in hospital (3.6% of them public hospitals and 9.71% of them in private hospitals).*
- *Legal practice leaves the door open to 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.*
- *In 2004, 96.7% of induced abortions were performed because of severe risk to physical/ mental health of woman. The foetal risk was present in 3.06% of cases in 2004; rape for 0.02%.*
- *In more than 60% of abortions, the pregnancy was at 8 weeks or less.*
- *In 2008, the Spanish government appointed a committee to recommend changes to the abortion law.*
- *Due to several trials, late abortions (after 22 weeks) have become less accessible in the past year.*

SWEDEN
Riksförbundet för Sexuell Uppllysning (RFSU)
info@rfsu.se
www.rfsu.se

LEGISLATION

Abortion Act 595, 14 June 1974, amended 1995:660 and 2007:998

GROUNDINGS/GESTATIONAL LIMITS

Up to 18 weeks

- On request

Up to 22 weeks (foetal viability)

- 'Strong reasons'

No limit

- 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 (with permission of the National Board of Health and Welfare)

REGULATIONS/CONDITIONS

- Second trimester abortions are subject to approval by the National Board of Health and Welfare
- 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

METHODS

Medical abortion up to 63 days was approved in Sweden in 1992. In 2007, 79.9% of abortions carried out before the end of the 9th week of gestation were medical abortions.

Almost 75% of all induced abortions are performed before the end of the 9th week of pregnancy. The number of abortions performed after the 18th week of gestation represents 1% of the total.

COST

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).

DISPARITY IN THE APPLICATION OF THE LAW:

None

COMMENTS:

- *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'*
- *The Abortion law is combined with a law making contraceptive services free of charge and*

subsidizing the price of contraceptives, the government also carries on 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

- *Since 2008, the law allows foreign women to have an abortion in Sweden.*

SWITZERLAND

PLANeS - Fondation Suisse pour la Santé
Sexuelle et Reproductive

info@plan-s.ch

www.plan-s.ch

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 severe mental distress (which includes rape, incest, malformation of foetus)

The later the pregnancy, the more serious the risk has to be.

REGULATIONS/CONDITIONS

- 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, hand her out an information sheet with addresses of counselling services and services where she can get moral and material help 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.
- Pre-abortion counselling is offered in all cantons but is not obligatory
- 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 from the woman's legal representative is required if the woman is incapable of discernment.
- All Swiss cantons must offer a hospital 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 up to 49 days
- Different methods are used for late abortion on medical indication (because of severe risks for the fetus or the woman - up to 23 weeks)

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 90% of the costs of the lawful termination, under the same terms as illness (Art. 30 Federal Law, March 18, 1994)
- Between CHF 1500 and 1700, if no complication. Costs are higher for late abortion on medical indications.

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 to 7/1000 women. It is most frequent among 20-25 year olds and among migrant population.*
- *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 "abortion tourism" within Switzerland are rapidly disappearing*

TAJIKISTAN
Tajik Family Planning Alliance
tajik-fpa@rambler.ru
www.tfpa.tj

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"

Order N°121 of Ministry of Health, 28 April 2000, "On abortion grounds and procedures in the Republic of Tajikistan"

GROUNDINGS/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 presence of court decision regarding entirely or partly revocation of paternity or maternity;
 - 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:

- 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);
- 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.
- The abortion should be conducted by a doctor (ob/gyn) and only in a specialized clinic.
- The doctor (ob/gyn) is prosecuted by the law if the abortion was not performed in a licensed clinic.
- Adolescents aged 15–18 don't have a right to abortion without consent of their tutors.

METHODS

Two methods of abortion are most commonly used:

- Vacuum aspiration up to 12 weeks;
- [Embryotomy within high terms.](#)

Medical abortion is practiced among service providers in big cities though it is not legal. National legislation does not regulate medical abortion (using misoprostol and mifepristone).

COST:

Officially, abortion in state clinics is provided free of charge, but there is informal payment:

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

DISPARITY IN THE APPLICATION OF THE LAW:

- *Manual vacuum aspiration is allowed only within 6 weeks of pregnancy officially, but in practice it is allowed within 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 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, TFP, MoH of Tajikistan, however it is not yet approved by the Government of Tajikistan;*
- *There is an unofficial policy to work on the abortion index, but not on widening the access to safe abortion methods;*

TURKEY
Türkiye Aile Planlamasi Dernegi (TAPD)
tapd@tapd.org.tr
www.tapd.org.tr

LEGISLATION

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

GROUNDINGS/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 the child to be born or its offspring will be damaged

REGULATIONS/CONDITIONS

- Married women need spousal consent
- Parental, guardian's or magistrate's courts consent required for minors (under 18) or mentally disabled.
- The above two requirements may be waived if there could be danger to life or to a vital organ unless urgent action is taken.
- 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 fetal malformation

METHODS

A series of feasibility studies to introduce medical abortion technology for first trimester abortion into the health care system have been undertaken in Turkey by academics. Although scientific committees recommend the clinical use of mifepristone and RU486 the pharmaceutical companies were not interested to get registration in Turkey. The multi-centered study was carried out by Hacettepe University Public Health Department WHO Reproductive Health Collaboration Center (Akin A., et al.) in collaboration with WHO. Although Turkey does yet have a registered mifepristone product, 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

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.

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 the drugs are registered 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 by law and the new system has also covered the contracted private medical centers and hospitals. Under the new law, each individual has gained an opportunity to access services in the private sector health units by paying some extra cost, including abortion. Unfortunately, the law only covers a limited amount (~\$ 50-110) of the total cost of abortion practiced in the private sector. Thus the

woman has to pay the extra cost by herself (~\$200-300).

DISPARITY IN THE APPLICATION OF THE LAW:

Women in rural areas have limited access to safe abortion. Pre- and post-abortion counselling has not been widely provided for, and there has been scarcity of family planning services in some settlements, which could reduce the recourse to abortion law is very liberal in Turkey still there exist some problems in practice which cause some barriers to access the safe abortion.

COMMENTS:

UNITED KINGDOM

fpa

library&information@fpa.org.uk

www.fpa.org.uk

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

- 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
- 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 upwards, depending on gestation and method (minimum US\$ 993)
- About 89% of abortions in England and Wales, and 99.3% in Scotland, are funded by the NHS [2007 figures]

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 will continue to campaign for the modernisation of British abortion law in order to extend 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 70 per cent of NHS funded abortions were carried out less than 10 weeks gestation in 2007, some areas only carried out 40 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 18.6 per 1,000 women aged 15-44 (compared with 18.3 in 2006).*
- *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.*

UZBEKISTAN

Uzbek Association on Reproductive Health (UARH)

uarz@uarz.uz

www.uarz.uz

LEGISLATION

Order 500, September 15, 1992
Order 721 - 722, October 29, 1996

GROUNDINGS/GESTATIONAL LIMITS

Up to 12 weeks:

- On request

Second trimester:

- Medical grounds
- Social grounds

REGULATIONS/CONDITIONS

- Consultation with a doctor
- 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.

METHODS

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.

COST

- Regional hospital: free of charge
- State hospitals on request of special conditions: sum 15,000 – 20,000 (US\$ 10.0-15)
- Private clinics: sum 30,000 (US\$ 20)

DISPARITY IN THE APPLICATION OF THE LAW:

None

COMMENTS:

- *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 counseling on contraception among service providers.*
- *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.

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 date 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 ± 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).